

Provider Bulletin 22-12

To: All Providers Participating in Nebraska Medicaid Program
From: Kevin Bagley, Director *KB*
Date: June 22, 2022
Re: Changes to the Nebraska Medicaid Preferred Drug List (PDL)

This provider bulletin is being issued to notify Medicaid providers of changes to the Nebraska Medicaid PDL, effective **July 22, 2022**. These changes were reviewed and approved by the Nebraska Medicaid Pharmaceutical and Therapeutics Committee.

The revised Nebraska Medicaid PDL, including drug class and drug-specific criteria changes, will be posted at <https://nebraska.fhsc.com/PDL/PDLlistings.asp> on June 22, 2022.

The table below displays the changes made to the preferred and non-preferred drugs in the drug classes noted below as of July 22, 2022:

PREFERRED	NON-PREFERRED DRUGS
ACNE AGENTS, TOPICAL	
-clindamycin/BPO (generic Benzaclin) PUMP	-adapalene/BPO (generic Epiduo Forte) -clindamycin phosphate (generic Clindagel) GEL -clindamycin/BPO (generic Duac) -tazarotene FOAM (generic Fabior)
ANALGESICS, OPIOID LONG-ACTING	
	-buprenorphine BUCCAL (generic Belbuca) -hydrocodone ER (generic Hysingla ER) -methadone ORAL SYRINGE
ANALGESICS, OPIOID SHORT-ACTING	
	-SEGLENTIS (celecoxib/tramadol) -tramadol (generic Qdolo) SOLUTION
ANGIOTENSIN MODULATORS	
	-fosinopril (generic Monopril) -fosinopril/HCTZ (generic Monopril HCT)
ANTIBIOTICS, VAGINAL	
-metronidazole, vaginal	-VANDAZOLE (metronidazole)
ANTICOAGULANTS	
	-XARELTO (rivaroxaban) SUSPENSION

PREFERRED	NON-PREFERRED DRUGS
ANTIFUNGALS, ORAL	
	-BREXAFEMME (ibrexafungerp)
ANTIFUNGALS, TOPICAL	
	-tavaborole SOLUTION (generic Kerydin)
ANTIMIGRAINE AGENTS, OTHER	
-AJOVY (FREMANEZUMAB-VFRM) Autoinjector 3-pack -NURTEC ODT (rimegepant)	-ELYXYB (celecoxib) SOLUTION -QULIPTA (atogepant) -TRUDHESA (dihydroergotamine mesylate) NASAL
ANTIPARASITICS, TOPICAL	
	-ivermectin (generic Sklice) LOTION
BETA BLOCKERS, ORAL	
	-nebivolol (generic Bystolic)
BLADDER RELAXANT PREPARATIONS	
	-GEMTESA (vibegron) -MYRBETRIQ (mirabegron) SUSPENSION
BONE RESORPTION SUPPRESSION AND RELATED DRUGS	
-FORTEO (teriparatide)	-teriparatide (generic Forteo)
CONTRACEPTIVES, ORAL	
-DOLISHALE (ethinyl estradiol/levonorgestrel) -NEXTSTELLIS (drospirenone/estetrol) -TAYSOFY (norethindrone/ethinyl estradiol/iron) -TYBLUME (levonorgestrel/ethinyl/estradiol)	

PREFERRED	NON-PREFERRED DRUGS
DIURETICS	
	-KERENDIA (finerenone) TABLET -THALITONE (chlorthalidone) TABLET
GLUCAGON AGENTS	
	-GVOKE (Glucagon) KIT, VIAL -ZEGALOGUE (dasiglucagon) AUTO-INJECTOR, SYRINGE
GROWTH HORMONES	
-NUTROPIN AQ (somatropin)	-SKYTROFA (lonapegsomatropin-tcgd)
HIV/AIDS CCR5 ANTAGONISTS	
	-maraviroc (generic Selzentry)
HIV/AIDS NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	
	-etravirine (generic Intelence)
HIV/AIDS PROTEASE INHIBITORS	
	-LEXIVA SUSPENSION (fosamprenavir)
HIV/AIDS COMBINATION PROTEASE INHIBITORS (PIs) or PIs plus PHARMACOKINETIC ENHANCER	
	-lopinavir/ritonavir TABLET (generic Kaletra)
HIV/AIDS COMBINATION NUCLEOS(T)IDE REVERSE TRANSCRIPTASE INHIBITORS	
-emtricitabine/tenofovir (generic Truvada)	-TRUVADA (emtricitabine/tenofovir)
HIV/AIDS COMBINATION PRODUCTS – MULTIPLE CLASSES	
-DOVATO (dolutegravir/lamivudine) -efavirenz/emtricitabine/tenofovir (generic Atripla) -SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir)	-ATRIPLA (efavirenz/emtricitabine/tenofovir)
HYPOGLYCEMICS, GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1 RA)	
-OZEMPIC (semaglutide)	-BYDUREON (exenatide ER) SQ, PEN -BYETTA (exenatide)
HYPOGLYCEMICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR	
	-GLYXAMBI (empagliflozin/linagliptin)
HYPOGLYCEMICS, INSULIN AND RELATED DRUGS	
-NOVOLIN (insulin) PEN	-insulin Glargine-YFGN PEN, VIAL (generic Semglee-YFGN) -NOVOLOG MIX (insulin aspart/aspart protamine) VIAL -SEMGLEE YFGN (insulin glargine) PEN, VIAL

PREFERRED	NON-PREFERRED DRUGS
IMMUNOSUPPRESSIVES, ORAL	
-everolimus (generic Zortress)	-REZUROCK (belumosudil) TABLET -TAVNEOS (avacopan) CAPSULE -ZORTRESS (everolimus)
MACROLIDES AND KETOLIDES, ORAL	
-E.E.S. (erythromycin ethylsuccinate) SUSPENSION	-erythromycin ethylsuccinate SUSPENSION
MULTIPLE SCLEROSIS DRUGS	
-dimethyl fumarate (generic Tecfidera)	-PONVORY (ponesimod) -TECFIDERA (dimethyl fumarate)
OPIOID-REVERSAL TREATMENTS	
	-KLOXXADO (naloxone) NASAL -naloxone SPRAY (generic Narcan) -ZIMHI (naloxone) SYRINGE
PAH (PULMONARY ARTERIAL HYPERTENSION AGENTS), ORAL AND INHALED	
-REVATIO (sildenafil) SUSPENSION -REVATIO (sildenafil) TABLET	-sildenafil TABLET (generic Revatio)
PANCREATIC ENZYMES	
-PANCREAZE (pancrelipase)	
PHOSPHATE BINDERS	
	-calcium acetate CAPSULE
PRENATAL VITAMINS	
-EXPECTA PRENATAL OTC -FE C/FA (Elite-OB) -IRON 100 PLUS TABLET (Fe C/VIT B12/FA) OTC -MARNATAL-F CAPSULE -O-CAL FA TABLET -PNV 11/IRON FUM/FA/OM3 (VIRT-NATE DHA SOFTGEL) -pnv2/iron B-G SUC/FA/omeg3 (Complete natal DHA, Trust natal DHA) -PRENATAL 118/FE/FOLATE 6/DHA (PRIMACARE SOFTGEL) -PRENATAL NO. 137/FE/FA (Prenatal Vitamin OTC) OTC -PRENATAL VIT, CALC76/FE/FOLIC (PNV 29-1 TABLET) -PRENATAL VIT68/FE/FA NO6 DHA (Prenate Enhance Softgel) -pnv w/CA, No. 72/FE/FA CHEW -PNV119/FE FUMARATE/FA/DSS -PRETAB (prenatal vit no.78/fe/fa) -PUREFE OB PLUS CAPSULE -PUREFE PLUS CAPSULE -STUART ONE CAPSULE -THRIVITE RX(prenatal VIT, CALC76/FE/FA) -VITAFOL CHEW	-DERMACINRX PRETRATE CAPLET

PREFERRED	NON-PREFERRED DRUGS
PRENATAL VITAMINS (CONTINUED)	
-VITAFOL ULTRA SOFTGEL -VP-PNV-DHA SOFTGEL	
PROTON PUMP INHIBITORS	
	-dexlansoprazole (generic Dexilant) -esomeprazole magnesium (generic Nexium) OTC
SKELETAL MUSCLE RELAXANTS	
	-FLEQSUVY (baclofen) SUSPENSION
UTERINE DISORDER TREATMENT	
-MYFEMBREE (relugolix/ estradiol/ norethindrone acetate)	

Prior authorization criteria for certain preferred and non-preferred drugs can be found on the website <https://nebraska.fhsc.com>. Requests for prior authorization should be submitted to the member's plan:

Nebraska Total Care
 Phone: 1-844-330-7852, or
 Fax: 1-833-404-2254, or
www.covermymeds.com/epa/envolverx/

UnitedHealthcare Community Plan of Nebraska
 Phone: 1-800-310-6826, or
 Fax: 1-866-940-7328, or
www.unitedhealthcareonline.com

Healthy Blue Nebraska
 Phone: 1-833-388-1406, or
 Fax: 1-833-370-0702
<https://www.healthybluene.com>

Nebraska Medicaid Fee-For-Service (Magellan Rx)
 Phone: 1-800-241-8335, or
 Fax: 1-866-759-4115, or
https://nebraska.fhsc.com/Downloads/NEfaxform_MedicalNecessity-201210.pdf

If you have questions regarding this bulletin, please email DHHS.Medicaid.PharmacyUnit@nebraska.gov

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