

To: All Providers Participating in the Nebraska Medicaid Program
From: Kevin Bagley, Director
Date: January 5, 2021
Re: Nebraska State Preferred Drug List (PDL) Changes

This provider bulletin is being issued to notify Medicaid providers that there will be upcoming changes to the Nebraska Medicaid preferred drug list reviewed at the November 2020 Pharmaceutical and Therapeutics committee meeting.

On November 4, 2020, the Nebraska Medicaid Pharmaceutical and Therapeutics Committee convened through a virtual meeting and reviewed 57 therapeutic classes of drugs on the preferred drug list. Changes reviewed by the committee will be implemented **January 21, 2020**.

Highlighted changes: Three new therapeutic classes were added to the preferred drug list, Immunomodulators Asthma, Sickle Cell Anemia Treatments, and Thrombopoiesis Stimulating Proteins. Prior Authorization/Class Criteria will be available and posted by the implemented date of January 21, 2020 at <https://nebraska.fhsc.com>.

IMMUNOMODULATORS, ASTHMA^{NR}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FASENRA (benralizumab) ^{NR} PEN, SYR	NUCALA (mepolizumab) ^{NR} AUTO-INJ, SYR, VIAL	

SICKLE CELL ANEMIA TREATMENTS^{NR}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
DROXIA (hydroxyurea)	ENDARI (L-glutamine) OXBRYTA (voxelotor) SIKLOS (hydroxyurea)	

THROMBOPOIESIS STIMULATING PROTEINS^{NR}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
PROMACTA (eltrombopag) TABLET	DOPTELET (avatrombopag) MULPLETA (lusutrombopag) PROMACTA (eltrombopag) SUSP TAVALISSE (fostamatinib)	

To see other approved changes, please visit the following link:

<https://nebraska.fhsc.com/PDL/PTcommittee.asp>

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

Nebraska Total Care

Phone: 1-844-385-2192, or

Fax: 1-866-399-0929, or

www.covermy meds.com/epa/envolverx/

UnitedHealthcare Community Plan of Nebraska

Phone: 866-331-2243, or

Fax: 1-866-940-7328, or

<https://www.uhcprovider.com/en/health-plans-by-state/nebraska-health-plans/ne-comm-plan-home/ne-cp-pharmacy.html>

WellCare of Nebraska

Phone: 1-855-599-3811, or

Fax: 1-877-276-9630, or

<https://www.wellcare.com/en/nebraska>

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 contact via email at:

DHHS.MedicaidPharmacyUnit@nebraska.gov

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.