

**To:** All Providers Participating in Nebraska Medicaid Program  
**From:** Kevin Bagley, Director  
**Date:** January 13, 2022  
**Re:** Nebraska Preferred Drug List (PDL) Changes

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This provider bulletin is being issued to notify Medicaid providers of upcoming changes to the Nebraska Medicaid preferred drug list (PDL), which are effective **January 21, 2022**.

On November 3, 2021, the Nebraska Medicaid Pharmaceutical and Therapeutics Committee reviewed proposed changes to the PDL. Nebraska Medicaid has decided to adopt these changes, effective January 21, 2022.

**The approved changes are available at:** <https://nebraska.fhsc.com/PDL/PDLlistings.asp>

### The changes to the PDL include:

- *Bronchodilators, Beta Agonist:* albuterol HFA (TEVA's generic for ProAir HFA) is moved to the preferred position.
- *Hemophilia Treatments:* Alprolix is moved to the preferred position.
- *Immunomodulators, Asthma:* Xolair syringe is moved to the preferred position.
- *Movement Disorders:* Ingrezza capsules are moved to the preferred position.
- *Oncology Agents, Oral, Prostate:* Zytiga is moved to the preferred position

The current PDL will not include the approved changes to the PDL until the effective date of January 21, 2022. The current PDL is available at <https://nebraska.fhsc.com>

For all persons served by Nebraska Medicaid (whether in fee-for-service or Heritage Health managed care), prior authorization (PA) requirements apply to some of the drugs moved to the preferred position on the PDL. More information about the PA requirements is available at <https://nebraska.fhsc.com>

When seeking prior authorization, if the person is a member of a Heritage Health plan you must use that plan's PA form; if the person is not a member of a Heritage Health plan, you must use Magellan Rx's PA form.

You must submit prior authorization requests to the appropriate entity as follows:

#### Nebraska Total Care

Phone: 1-844-330-7852, or

Fax: 1-866-399-0929, or

[www.covermy meds.com/epa/envolverx/](http://www.covermy meds.com/epa/envolverx/)

#### UnitedHealthcare Community Plan of Nebraska

Phone: 1-800-310-6826, or

Fax: 1-866-940-7328, or

[www.unitedhealthcareonline.com](http://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](https://nebraska.fhsc.com/Downloads/NEfaxform_MedicalNecessity-201210.pdf)

If you have questions regarding this bulletin, please email [DHHS.Medicaid.PharmacyUnit@nebraska.gov](mailto:DHHS.Medicaid.PharmacyUnit@nebraska.gov)

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