

**To:** All Providers Participating in Nebraska Medicaid Program  
**From:** Kevin Bagley, Director *KB*  
**Date:** December 27, 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 **January 20, 2023**. These changes were reviewed and approved by the Nebraska Medicaid Pharmaceutical and Therapeutics Committee.

The complete Nebraska Medicaid PDL, including drug class and drug-specific criteria changes, will be posted at <https://nebraska.fhsc.com/PDL/PDLlistings.asp> on December 21, 2022.

The table below displays the changes made to the preferred and non-preferred drugs in the drug classes noted below as of January 20, 2023:

PREFERRED	NON-PREFERRED DRUGS
<b>ALZHEIMER'S AGENTS</b>	
-rivastigmine (generic Exelon) PATCH	-ADLARITY (donepezil) PATCH -EXELON (rivastigmine) CAPSULE, PATCH
<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>	
-clonidine TRANSDERMAL	
<b>ANTIPARKINSON'S AGENTS, ORAL</b>	
	-apomorphine (generic Apokyn) SUB-Q -DHIVY (carbidopa/levodopa)
<b>ANXIOLYTICS</b>	
	-LOREEV XR (lorazepam)
<b>BILE SALTS</b>	
	-BYLVAY (odevixibat) CAPSULE, PELLET -LIVMARLI (maralixibat) SOLUTION -RELTONE (ursodiol) CAPSULE
<b>BRONCHODILATORS, BETA AGONIST</b>	
-PROVENTIL HFA (albuterol) -VENTOLIN HFA (albuterol)	-albuterol HFA (generic ProAir HFA)
<b>COLONY STIMULATING FACTORS</b>	
-NYVEPRIA (pegfilgrastim- apgf) SUB-Q	-FULPHILA (pegfilgrastim- jmdb) SUB-Q -LEUKINE (sargramostim) -NEULASTA (pegfilgrastim) SYRINGE -RELEUKO (filgrastim-ayow) SYRINGE, VIAL -UDENYCA (pegfilgrastim-cbqv) SUB-Q

PREFERRED	NON-PREFERRED DRUGS
<b>CYTOKINE &amp; CAM ANTAGONISTS</b>	
-COSENTYX (secukinumab)	-CIBINQO (abrocitinib) -SKYRIZI ON-BODY (risankizumab-rzaa)
<b>EPINEPHRINE, SELF-INJECTED</b>	
-EPIPEN (epinephrine) AUTOINJECTOR -EPIPEN JR. (epinephrine) AUTOINJECTOR	
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	
-EPOGEN (rHuEPO)	
<b>GLUCOCORTICOIDS, INHALED</b>	
	-fluticasone HFA (generic Flovent HFA) -fluticasone/vilanterol (generic Breo Ellipta)
<b>GLUCOCORTICOIDS, ORAL</b>	
	-TARPEYO (budesonide) CAPSULES
<b>IDIOPATHIC PULMONARY FIBROSIS</b>	
	-pirfenidone (generic Esbriet)
<b>IMMUNOMODULATORS, ATOPIC DERMATITIS</b>	
-DUPIXENT (dupilumab) PEN, SYRINGE -PROTOPIC (tacrolimus)	-ADBRY (tralokinumab-ldrm) SUB-Q -OPZELURA (ruxolitinib phosphate) CREAM
<b>INTRNASAL RHINITIS DRUGS</b>	
	-fluticasone OTC (generic Flonase OTC)

PREFERRED	NON-PREFERRED DRUGS
<b>NSAIDS, ORAL</b>	
-ibuprofen OTC (generic Advil, Motrin) CAPSULES	
<b>NSAIDS, TOPICAL</b>	
-diclofenac (generic Pennsaid Pump) SOLUTION	
<b>ONCOLOGY AGENTS, ORAL, BREAST</b>	
-capecitabine (generic Xeloda)	-IBRANCE (palbociclib) -XELODA (capecitabine)
<b>ONCOLOGY AGENTS, ORAL, HEMATOLOGIC</b>	
	-IMBRUVICA (ibrutinib) -JAKAFI (ruxolitinib) -lenalidomide (generic Revlimid) -SCEMBLIX (asciminib) -SPRYCEL (dasatinib) -VENCLEXTA (venetoclax) -VONJO (pacritinib)
<b>ONCOLOGY AGENTS, ORAL, LUNG</b>	
	-ALECENSA (alectinib) -EXKIVITY (mobocertinib) -TAGRISSO (osimertinib)
<b>ONCOLOGY AGENTS, ORAL, OTHER</b>	
	-AYVAKIT (avapritinib) -CAPRELSA (vandetanib) -LYNPARZA (olaparib) -ZEJULA (niraparib)
<b>ONCOLOGY AGENTS, ORAL, PROSTATE</b>	
	-ORGOVYX (relugolix) -XTANDI (enzalutamide) -ZYTIGA (abiraterone)
<b>ONCOLOGY AGENTS, ORAL, RENAL</b>	
	-everolimus (generic Afinitor Disperz) SUSPENSION -FOTIVDA (tivozanib) -INLYTA (axitinib) -LENVIMA (lenvatinib) -sorafenib (generic Nexavar) -VOTRIENT (pazopanib) -WELIREG (belzutifan)
<b>OPHTHALMICS, ALLERGIC CONJUNCTIVITIS</b>	
	-LASTACAFT (alcaftadine ) OTC -olopatadine 0.2% (generic Pataday once daily, Pataday OTC twice daily)

PREFERRED	NON-PREFERRED DRUGS
<b>OPHTHALMICS, ANTI-INFLAMMATORIES</b>	
	-difluprednate (generic Durezol)
<b>OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATORS</b>	
	-TYRVAYA (varenicline tartrate)
<b>OPHTHALMICS, GLAUCOMA</b>	
	-brimonidine/timolol (generic Combigan) -VUITY (pilocarpine)
<b>OTIC ANTIBIOTICS</b>	
-CIPRO HC (ciprofloxacin/hydrocortisone)	
<b>PROGESTERONE (hydroxyprogesterone caproate)</b>	
	-MAKENA AUTO INJECTOR (hydroxyprogesterone caproate)
<b>SEDATIVE HYPNOTICS</b>	
	-QUVIVIQ (daridorexant)
<b>SICKLE CELL ANEMIA TREATMENT</b>	
-ENDARI (L-glutamine)	
<b>STEROIDS, TOPICAL</b>	
-DERMA-SMOOTHIE FS (fluocinolone)	-clobetasol propionate GEL
<b>STIMULANTS AND RELATED AGENTS</b>	
-dexamethylphenidate XR (generic Focalin XR) -QELBREE (viloxazine)	-FOCALIN XR (dexamethylphenidate) -methylphenidate TD 24 PATCH (generic Daytrana)

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 health plan:

Nebraska Total Care  
 Phone: 1-844-330-7852, or  
 Fax: 1-833-404-2254, 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)

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