

To: All Providers Participating in the Nebraska Medicaid Program
From: Matthew Ahern, Interim Director *MLA*
Date: December 27, 2023
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 19, 2024**. The Nebraska Medicaid Pharmaceutical and Therapeutics (P&T) Committee reviewed and approved several classes of drugs on the PDL at the November 2023 P&T meeting.

The complete Nebraska Medicaid PDL, including drug class and drug-specific criteria changes, was posted at <https://nebraska.fhsc.com/PDL/PDLlistings.asp> on December 20, 2023.

The table below displays the changes made to the preferred and non-preferred drugs in the drug classes noted below as of January 19, 2024.

PREFERRED	NON-PREFERRED DRUGS
ANTIHISTAMINES, MINIMALLY SEDATING	
-cetirizine (OTC) (generic Zyrtec) SOLUTION	-cetirizine (RX) (generic Zyrtec) SOLUTION
ANTIHYPERURICEMICS	
-colchicine (generic Colcrys) TABLET	-MITIGARE (colchicine)
BRONCHODILATORS, BETA AGONIST	
-albuterol HFA (generic Proventil HFA) -XOPENEX HFA (levalbuterol HFA)	
COLONY STIMULATING FACTORS	
-FYLNETRA (pegfilgrastim-pbbk) -NEUPOGEN (filgrastim) DISPOSABLE SYRINGE	-NYVEPRIA (pegfilgrastim-apgf)
COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) AGENTS	
-roflumilast (generic Daliresp)	
EPINEPHRINE, SELF-INJECTED	
-AUVI-Q 0.1 mg (epinephrine)	
ERYTHROPOIESIS STIMULATING PROTEINS	
-ARANESP (darbepoetin alfa) DISPOSABLE SYRINGE, VIAL	-RETACRIT (epoetin alfa) *Vifor manufacturer only*

PREFERRED	NON-PREFERRED DRUGS
GLUCOCORTICOIDS, INHALED	
-ARNUITY ELLIPTA (fluticasone) -ASMANEX HFA (mometasone) -TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	
HEMOPHILIA TREATMENTS	
-KOVALTRY	
IDIOPATHIC PULMONARY FIBROSIS	
-pirfenidone (generic Esbriet) CAPSULE, TABLET	
IMMUNOMODULATORS, ATOPIC DERMATITIS	
-ADBRY (tralokinumab-ldrm) SUB-Q -tacrolimus (generic Protopic)	-PROTOPIC (tacrolimus)
MOVEMENT DISORDERS	
-AUSTEDO XR (deutetrabenazine) TABLET, TITRATION PACK	
NSAIDS, TOPICAL	
-PENNSAID (diclofenac) PUMP	-diclofenac (generic Pennsaid) PUMP
ONCOLOGY AGENTS, ORAL, HEMATOLOGIC	
-melphalan (generic Alkeran)	
ONCOLOGY AGENTS, ORAL, LUNG	
-erlotinib (generic Tarceva)	

PREFERRED	NON-PREFERRED DRUGS
ONCOLOGY AGENTS, ORAL PROSTATE	
-XTANDI (enzalutamide) CAPSULE, TABLET	
ONCOLOGY AGENTS, ORAL RENAL	
-VOTRIENT (pazopanib)	
OPHTHALMICS, ALLERGIC CONJUNCTIVITIS	
-olopatadine OTC (Pataday twice daily)	-olopatadine 0.1% (generic Patanol)
OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS	
-tobramycin/dexamethasone (generic TobraDex) SUSPENSION *Falcon manufacturer only*	-tobramycin/dexamethasone (generic TobraDex) SUSPENSION *All other manufacturers*
OTIC ANTIBIOTICS	
-ciprofloxacin/dexamethasone (generic Ciprodex)	
STIMULANTS AND RELATED AGENTS	
-DAYTRANA (methylphenidate) PATCH -DYANAVAL XR (amphetamine) -QUILLIVANT XR (methylphenidate) SUSPENSION	

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:

Molina Health Care

Phone: 1-844-782-2678

Fax: 1-877-281-5364

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

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

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

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.