

To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director *DG*
Date: December 17, 2024
Re: Changes to the Nebraska Medicaid Preferred Drug List (PDL)

This provider bulletin is being issued to notify Nebraska Medicaid providers of upcoming changes to the Nebraska Medicaid Preferred Drug List (PDL), effective **January 17, 2025**. The Nebraska Medicaid Pharmaceutical and Therapeutics (P&T) Committee reviewed and approved several classes of drugs on the PDL at the November 2024 P&T meeting.

The complete Nebraska Medicaid PDL, including drug class criteria changes, will be posted at <https://nebraska.fhsc.com/PDL/PDLlistings.asp> on December 18, 2024.

The table below displays the changes made to the preferred and non-preferred drugs in the drug classes noted below as of January 17, 2025.

PREFERRED	NON-PREFERRED DRUGS
ANTIHYPURICEMICS	
	-probenecid/colchicine (generic Col-Probenecid)
ANTIPSORIATICS, ORAL	
-acitretin (AG) (generic Soriatane) Prasco Labs manufacturer only	-acitretin (generic Soriatane) Non-AG manufacturers
COLONY STIMULATING FACTORS	
-FULPHILA (pegfilgrastim-jmdb)	
COPD AGENTS	
-SPIRIVA RESPIMAT (tiotropium)	
CYTOKINE & CAM ANTAGONISTS	
-ADALIMUMAB-ADBIM (CF) Does not include Quallent manufacturer -CYLTEZO (adalimumab-adbm) -CYLTEZO (adalimumab-adbm) (CF)	-ADALIMUMAB-ADBIM (CF) Quallent manufacturer only
GLUCOCORTICOIDS, INHALED	
-fluticasone HFA (generic Flovent HFA)	
IDIOPATHIC PULMONARY FIBROSIS	
	-OFEV (nintedanib esylate)

PREFERRED	NON-PREFERRED DRUGS
IMMUNOMODULATORS, ATOPIC DERMATITIS	
-ADBRY (tralokinumab-ldrm) AUTOINJECTOR	
MOVEMENT DISORDERS	
-INGREZZA (valbenazine) SPRINKLES	
NSAIDS, ORAL	
-celecoxib (generic Celebrex) Non-AG manufacturers	-celecoxib (AG) (generic Celebrex) Actavis, Greenstone, Lupin, Mylan, PD-Rx manufacturers only
ONCOLOGY AGENTS, ORAL, PROSTATE	
	XTANDI (enzalutamide) CAPSULES, TABLETS
ONCOLOGY AGENTS, ORAL, RENAL	
-everolimus (generic Afinitor) TABLETS -sunitinib malate (generic Sutent)	
ONCOLOGY AGENTS, ORAL, SKIN	
	-ERIVEDGE (vismodegib)
OTIC ANTIBIOTICS	
	-CIPRODEX (ciprofloxacin/dexamethasone)
SEDATIVE HYPNOTICS	
-eszopiclone (generic Lunesta)	

PREFERRED	NON-PREFERRED DRUGS
STIMULANTS AND RELATED ADHD DRUGS	
-amphetamine salt combo ER (generic Adderall XR) Non-AG manufacturers -lisdexamfetamine (generic Vyvanse) CHEWABLES, CAPSULES	-amphetamine salt combo ER (AG) AHP, Amerigen, Global Pharm, Prasco, Sandoz, Teva manufacturers only

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

<https://www.molinahealthcare.com/providers/ne/medicaid/resources/pharmacy.aspx>

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 (Prime Therapeutics State Government Solutions LLC)

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.