NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

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Pursuant to
Neb. Rev. Stat. § 84-901.03

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Provider Bulletin 25-09

NEBRASKA
Good Life. Great Mission.

To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director
Date: June 18, 2025
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 **July 18, 2025**. The Nebraska Medicaid Pharmaceutical and Therapeutics (P&T) Committee reviewed and approved several classes of drugs on the PDL at the May 2025 P&T meeting.

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 June 18, 2025.

The table below displays the changes made to the preferred and non-preferred drugs in the drug classes noted below as of July 18, 2025.

PREFERRED	NON-PREFERRED DRUGS
ACNE AGENTS, TOPICAL	
	-DIFFERIN (adapalene) CREAM, LOTION, GEL PUMP
ANALGESICS, OPIOID SHORT-ACTING	
	-tramadol 75 mg
ANGIOTENSIN MODULATORS	
	-amlodipine/valsartan/HCTZ (generic Exforge HCT) -benazepril/HCTZ (generic Lotensin HCT) -ENTRESTO (sacubitril/valsartan) SPRINKLE CAPSULE -quinapril (generic Accupril) -quinapril/HCTZ (generic Accuretic)
ANTIBIOTICS, GASTROINTESTINAL	
-vancomycin (generic Firvanq) SOLUTION	-FIRVANQ (vancomycin) SOLUTION -metronidazole 125 mg TABLET
ANTIBIOTICS, TOPICAL	
	-bacitracin PACKET-OTC
ANTIBIOTICS, VAGINAL	
-CLEOCIN (clindamycin) CREAM	-clindamycin (GENERIC Cleocin) CREAM
ANTIEMETICS/ANTIVERTIGO AGENTS	
-TRANSDERM-SCOP (scopolamine) TRANSDERMAL	-ondansetron 16 mg ODT (generic Zofran ODT)
ANTIFUNGALS, ORAL	
	-nystatin TABLET

PREFERRED	NON-PREFERRED DRUGS
ANTIFUNGALS, TOPICAL	
-clotrimazole SOLUTION RX (generic Lotrimin)	-clotrimazole SOLUTION OTC -TRIPENICOL (undecylenic acid) CREAM OTC
ANTIMIGRAINE AGENTS, TRIPTANS	
	-sumatriptan KIT
ANTIVIRALS, ORAL	
-PAXLOVID (nirmatrelvir/ritonavir)	
BETA BLOCKERS, ORAL	
	-BYSTOLIC (nebivolol)
BLADDER RELAXANT PREPARATIONS	
	-mirabegron ER TABLET (generic Myrbetriq)
CALCIUM CHANNEL BLOCKERS, ORAL	
	-nimodipine (generic Nymalize) SOLUTION -verapamil SR (generic Verelan) CAPSULES
CONTRACEPTIVES, ORAL	
-EMZAHH (norethindrone) -FEIRZA (norethindrone/ethinyl estradiol/ferrous fumarate) -FEMLYV ODT (norethindrone/ethinyl estradiol) -MINZOYA (levonorgestrel/ethinyl estradiol/ferrous bisglycinate) -OPILL (norgestrel) OTC -VALTYA (ethynodiol diacetate/ethinyl estradiol)	
CYSTIC FIBROSIS, ORAL	
	-ALYFTREK (vanzacaftor/teza-caftor/deutivacaftor) TABLET

PREFERRED	NON-PREFERRED DRUGS
DIURETICS	
-KERENDIA (finerenone) TABLET	
FLUOROQUINOLONES, ORAL	
-moxifloxacin (generic Avelox)	
GI MOTILITY, CHRONIC	
-lubiprostone (generic Amitiza)	-AMITIZA (lubiprostone) -MOVANTIK (naloxegol oxalate) -prucalopride (generic Motegrity)
GLUCAGON AGENTS	
-GLUCAGON EMERGENCY (glucagon) INJECTION KIT (Fresenius) -GVOKE (glucagon) PEN, SYRINGE	
HAE TREATMENTS	
-TAKHZYRO (lanadelumab-flyo) SYRINGE	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
	-liraglutide (generic Victoza) -sitagliptin (generic Zituvio) -sitagliptin/metformin (Zituvimet) -ZITUVIMET (sitagliptin/metformin) TABLET -ZITUVIMET XR (sitagliptin/metformin) TABLET
HYPOGLYCEMICS, INSULIN AND RELATED DRUGS	
-insulin lispro/lispro protamine KWIKPEN (Humalog Mix Kwikpen)	-APIDRA (insulin glulisine) SOLOSTAR, VIAL -HUMALOG (insulin lispro) U-100 CARTRIDGE, PEN, VIAL -HUMALOG JR. (insulin lispro) U-100 KWIKPEN -HUMALOG MIX VIAL (insulin lispro/lispro protamine) -HUMALOG MIX KWIKPEN (insulin lispro/lispro protamine) -insulin glargine PEN, VIAL -LEVEMIR (insulin detemir) PEN, VIAL -NOVOLIN PEN-OTC -NOVOLOG (insulin aspart) CARTRIDGE, FLEXPEN, VIAL -NOVOLOG MIX FLEXPEN
HYPOGLYCEMICS, METFORMINS	
	-metformin 750 mg
HYPOGLYCEMICS, SGLT2	
	-INVOKAMET (canagliflozin/metformin) -INVOKANA (canagliflozin)
HYPOGLYCEMICS, SULFONYLUREAS	
	-glimepiride 3 mg (generic Amaryl)

PREFERRED	NON-PREFERRED DRUGS
IMMUNOSUPPRESSIVES, ORAL	
-mycophenolic acid (generic Myfortic)	-MYPHIBBIN (mycophenolate) SUSPENSION
LIPOTROPICS, OTHER	
-REPATHA (evolocumab) SURECLICK, SYRINGE	-TRYNGOLZA (olezarsen) INJECTION
LIPOTROPICS, STATINS	
	-pitavastatin (generic Livalo)
MULTIPLE SCLEROSIS DRUGS	
	-BETASERON (interferon beta-1b) -dimethyl fumarate (generic Tecfidera) STARTER PACK
OPIOID DEPENDENCE TREATMENTS	
	-lofexidine (generic Lucemyra)
OPIOID-REVERSAL TREATMENTS	
-NARCAN (naloxone) NASAL (OTC)	-naloxone (generic Narcan) SYRINGE (RX) -REXTOVY (naloxone) NASAL
PAH (PULMONARY ARTERIAL HYPERTENSION AGENTS), ORAL AND INHALED	
	-OPSYNVI (macitentan/tadalafil) TABLET -TYVASO (teprostinil) INHALATION -VENTAVIS (iloprost) INHALATION
PEDIATRIC VITAMIN PREPARATIONS	
	-DAVIMET W/FLUORIDE (ped mvi no.247/fluoride) CHEW OTC -FLORAFOL (mvi/fluoride) CHEW OTC, DROPS-OTC -FLORAFOL FE PEDIATRIC DROPS OTC -PEDI MULTIVITAMIN A, C, AND D3 NO.21 DROPS OTC -SOLUVITA A, C, D WITH FLUORIDE DROPS OTC
PHOSPHATE BINDERS	
	-CALPHRON OTC (calcium acetate)
PRENATAL VITAMINS	
	-NEO-VITAL RX TABLET OTC -PNV 11-IRON FUMARATE-FOLIC ACID-OMEGA 3
PROTON PUMP INHIBITORS	
	-rabeprazole (generic Aciphex)
SINUS NODE INHIBITORS	
	-ivabradine (generic Corlanor) TABLET

PREFERRED	NON-PREFERRED DRUGS
SKELETAL MUSCLE RELAXANTS	
	-TANLOR (methocarbamol) TABLET
TETRACYCLINES	
-minocycline HCL TABLET (generic Dynacin/Myrac)	-doxycycline hyclate IR TABLET (generic Vibramycin) -doxycycline monohydrate 50 mg, 100 mg CAPSULES -minocycline HCL CAPSULES (generic Dynacin/Minocin/Myrac)
ULCERATIVE COLITIS	
-mesalamine (generic Lialda)	-LIALDA (mesalamine)

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 plan:

- **Molina Health Care**
  - Phone: 1-844-782-2678
  - Fax: 1-877-281-5364
  - https://www.molinahealthcare.com/providers/ne/medicaid/resources/pharmacy.apx

- **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.