Provider Bulletin 25-28

NEBRASKA
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To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director
Date: December 15, 2025
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 16, 2026**.

The Nebraska Medicaid Pharmaceutical and Therapeutics (P&T) Committee reviewed and made recommendations for several classes of drugs on the PDL at the October 2025 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 17, 2025.

The table below displays the final changes made to the preferred and non-preferred drugs in the drug classes noted below, effective January 16, 2026.

PREFERRED	NON-PREFERRED DRUGS
ALZHEIMER'S AGENTS	
	-memantine/donepezil (genericNamzaric) -ZUNVEYL DR (benzgalantamine)
ANTIPARKINSON'S AGENTS, ORAL	
-entacapone (generic Comtan)	-levodopa/carbidopa/entacapone (generic Stalevo)
ANXIOLYTICS	
	-BUCAPSOL (buspirone HCL) CAPSULES
BILE SALTS	
	-CTEXLI (chenodiol) TABLETS -LIVMARLI (maralixibat) TABLETS
COPD AGENTS	
	-umeclidinium/vilanterol (generic Anoro Ellipta)
CYTOKINE & CAM ANTAGONISTS	
-HADLIMA (adalimumab-bwwd) PUSHTOUCH, SYRINGE - HADLIMA (CF) (adalimumab-bwwd) PUSHTOUCH, SYRINGE -PYZCHIVA (ustekinumab-ttwe) SYRINGE -SIMLANDI (CF) (adalimumab-ryvk) PEN KIT -STEQEYMA (ustekinumab-stba) SYRINGE	-ADALIMUMAB-ADAZ (CF) KIT -COSENTYX (secukinumab) PEN, SYRINGE -CYLTEZO (adalimumab-adbm) 50mg/ml KIT, PEN-KIT -CYLTEZO (adalimumab-adbm) 100mg/ml KIT, PEN-KIT -HUMIRA (adalimumab) -IMULDOSA (ustekinumab-srlf) SYRINGE -LEQSELVI (deuruxolitinib) TABLETS

PREFERRED	NON-PREFERRED DRUGS
CYTOKINE & CAM ANTAGONISTS (CONTINUED)	
-TALTZ (ixekizumab) AUTOINJECTOR, SYRINGE	-OMVOH (mirikizumab-mrkz) PEN, SYRINGE -OTULFI (ustekinumab-aauz) SYRINGE -SELARSDI (Stelara biosimilar) SYRINGE -STELARA (ustekinumab) VIAL -TREMFYA (guselkumab) PEN -USTEKINUMAB SYRINGE, VIAL -USTEKINUMAB-AEKN SYRINGE -USTEKINUMAB-TTWE SYRINGE -YESINTEK (ustejinumab-kfce) SYRINGE, VIAL
EPINEPHRINE, SELF-ADMINISTERED	
	-NEFFY (epinephrine) NASAL SPRAY
GLUCOCORTICOIDS, INHALED	
	-fluticasone furoate (generic Arnuity Ellipta)
GLUCOCORTICOIDS, ORAL	
	-KHINDIVI (hydrocortisone) SOLUTION
HEMOPHILIA TREATMENTS	
	-ALHEMO PEN -HYMPAVZI PEN -QFITLIA PEN, VIAL

PREFERRED	NON-PREFERRED DRUGS
IMMUNOMODULATORS, ATOPIC DERMATITIS	
-EBGLYSS (lebrikizumab-lbkz) PEN, SYRINGE	-ANZUPGO (delgocitinib) CREAM -NEMLUVIO (nemolizumab-ilto)
NSAIDs	
	-DOLOBID (diflunisal) 250 MG TABLET
ONCOLOGY AGENTS, ORAL, BREAST	
	-ITOVEBI (inavolisib)
ONCOLOGY AGENTS, ORAL, HEMATOLOGIC	
	-DANZITEN (nilotinib) -dasatinib (generic Sprycel) -IMKELDI (imatinib) -mercaptopurine (generic Purixan) SUSPENSION -nilotinib HCL (gneric Tasigna) -nilotinib TARTRATE (generic Dansiten) -REVUFORJ (revumenib) TABLETS
ONCOLOGY AGENTS, ORAL, OTHER	
	-AVMAPKI-FAKZYNJA (avutometinib/defactinib) Combo-Pack -GOMEKLI (mirdametinib) CAPSULES, TABLETS for ORAL SUSPENSION -ROMVIMZA (vimseltinib) CAPSULES

PREFERRED	NON-PREFERRED DRUGS
OPHTHALMICS, DRY EYE AGENTS	
	-TRYPTYR (acoltremon) SOLUTION
OPHTHALMICS, GLAUCOMA	
	-timolol (generic Betimol)
SICKLE CELL ANEMIA TREATMENT	
	-XROMI (hydroxyurea) SOLUTION
STEROIDS, TOPICAL	
	-clobetasol propionate CREAM (generic Impoyz) -halcinonide SOLUTION (generic Halog) -hydrocortisone SOLUTION (generic Texacort)
STIMULANTS AND RELATED ADHD DRUGS	
	-ADDERALL XR (amphetamine salt combo)
THROMBOPOIESIS STIMULATING PROTEINS	
	-eltrombopag (generic Promacta) SUSPENSION, TABLETS

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

Provider Resources

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.