Nebraska Medicaid DUR Board

Policy Statements

The purpose of the Drug Utilization Review (DUR) Board is to improve the quality of pharmaceutical care by ensuring that prescribed medications are appropriate, medically necessary and that they are not likely to result in adverse medical outcomes.

1. All pharmacist and physician members of the Nebraska DUR Board with voting privileges are licensed in the State of Nebraska and are actively practicing their profession. Pharmacy students and medical students serving on the DUR Board do not have voting privileges.

2. The Board may serve as a teaching body welcoming pharmacy students and medical students to participate in all Board functions except voting when such students are willing to donate their time.

3. All voting members of the Nebraska DUR Board attending meetings will be reimbursed for the actual mileage driven to attend the meeting upon request by the Board member.

4. The voting members of the Nebraska DUR Board shall include at least one-third (1/3) but no more than fifty-one percent (51%) actively practicing physicians and at least one-third (1/3) actively practicing pharmacists, not exceeding a total of thirteen (13) people. A quorum of 50% of the current voting DUR Board members is needed to be present to vote on any meeting items or agendas. When a quorum is present, a simple majority is needed for a vote to pass or fail.

5. Board membership vacancies will be filled, and board reappointments made by the DUR Director upon the recommendation of the appropriate state professional associations, professional colleges, or DUR Board member recommendation, with the final approval by the Nebraska Department of Health & Human Services, Division of Medicaid & Long-Term Care. Board members will serve one (1) term of three (3) consecutive years with the privilege of being reappointed for one (1) additional three-year term. At the end of a Board member's term, the member may be reappointed at the discretion of DHHS MLTC.

A Board Member may resign by written notice to the Pharmacy Director of the Division Medicaid & Long-Term Care (MLTC). Any Committee Member may be removed by the Director of MLTC for good cause. Good cause may include, but is not limited to the following:

- Non-attendance - Two consecutive, unexcused absences from scheduled meetings may constitute a resignation at the discretion of the State.
- Wrong-doing or misconduct while serving as a member of the Board.
- Failure to comply with conflict-of-interest disclosure requirements or confidentiality requirements.

Items and conflicts on the DUR Board will be resolved by majority vote of the voting members present when a quorum is present.

The DUR Director is not considered to be a voting member of the DUR Board, except in the event of a tie vote when the DUR Director will cast the tie-breaking vote.

6. The Nebraska DUR Program will~~,~~ when appropriate, refer specific cases or providers to the Nebraska Department of Health & Human Services, Division of Medicaid & Long-Term Care or the Nebraska Department of Health & Human Services, Licensing & Registration division for action.

7. Public comment at DUR Board meetings will follow these guidelines: Unsolicited presentations are limited to 5 minutes per drug or topic, regardless of the number of presenters and time will be evenly divided among presenters. Public comment must be presented in person at the meeting unless the meeting is held per virtual conferencing.

8. All meetings of the Nebraska DUR Board or any subcommittee of the Board will be open meetings, unless a specific beneficiary or provider or proprietary information is being discussed. Should specific persons be under discussion or proprietary information be discussed, the DUR Board will enter closed session.

9. The Nebraska Medicaid DUR Board will conduct meetings in the following order, unless special circumstances dictate a different order:

1. Opening and Introductions
2. Declaration of any Conflict of Interest or changes
3. Approval of Agenda
4. Approval of Minutes of Previous Meeting
5. Update on Recommendations from Previous Meeting
6. Retrospective DUR

Old Business

Current Profile Review

New Business

Recommendations for Future Profile Review

7. Prospective DUR

Old Business

New Business

8. Special Requests from the Department
9. Future Meeting Dates
10. Concerns & Comments from the DUR Board
11. Concerns & Comments from the DUR Director
12. Concerns & Comments from State DHHS Representatives
13. Concerns & Comments from MCO Representatives
14. Concerns & Comments from Public Attendees
15. Adjournment

10. It will be the general policy of the Nebraska DUR Board that at least 4 and no more than 6 meetings will be held annually.

11. At least one physician board member may assist the DUR Director in the preparation of intervention letters. All DUR intervention letters will be signed by one board physician and the DUR director, when it is possible to do so.
The DUR Board will not intervene directly with patients, unless the Board member has a bona fide patient-provider relationship. Providers may be notified by letter of a patient's drug use. Inquiries from patients will be referred to the Nebraska Department of Health & Human Services, Division of Medicaid & Long-Term Care.

12. The DUR Board will conduct a minimum of two Retrospective DUR projects annually that address the most clinically relevant Prospective DUR messaging, as identified in the CMS Annual Report. When necessary, the DUR Board may review profiles generated and may select those profiles requiring intervention. When the results of each Retrospective DUR project are reviewed by the DUR Board, the DUR Board may decide to recommend changes for Prospective DUR screens.

13. The DUR Board may research and develop drug use criteria for recommendation to the Medicaid department after approval by the DUR Board. The DUR Board will annually review all existing criteria.

14. All intervention letters from the Nebraska DUR Project will be informative in nature.

15. All communication sent to the Nebraska DUR Program for distribution to the Nebraska DUR Board must be accompanied by twenty (20) copies. Any communication not meeting these requirements will be sent at the discretion of the DUR office staff. No communication is to be sent directly to any member of the DUR Board from any interested party without first being sent

to the DUR Program office. Communication intended to be provided to subcommittees of the Board will require additional copies.

16. The DUR program may charge a reasonable fee to pharmaceutical companies, manufacturers, or other individuals or companies for copying and mailing of information to the Board members.

17. Meeting agendas should be posted to the website 30 days prior to the scheduled meeting. From the date that the agenda is posted until after the DUR Board meeting is held, it is inappropriate for anyone receiving compensation from a pharmaceutical manufacturer, to contact a board member regarding DUR Board agenda items. If a Board Member is contacted by anyone receiving compensation from a pharmaceutical manufacturer, no public comment will be allowed on that manufacturer's agenda item during that DUR Board meeting. If a DUR Board Member is contacted about an agenda item, the contact and communication must be reported to the DUR Director.

18. New drug products will require prior authorization by Nebraska Medicaid for a minimum of 6 months. The 6-month prior authorization period will begin on the date on which a valid claim for a bona fide prescription could be paid for by Medicaid through the NE-POS system. The manufacturer may request a review of the new drug after the 6-month period. If any additional drug information is required, it will be requested.

19. The managed care organizations will nominate one non-voting staff member to attend the - DUR website.

Revised effective date: August 1, 2024

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