



**Nebraska Medicaid DUR Board Meeting**  
**Tuesday Jan 14<sup>th</sup>, 2025**  
**In Person & Virtual**  
**Public Meeting 6:30pm**  
**Best Western Plus Lincoln Inn & Suites**  
**2201 Wildcat Circle Lincoln, Nebraska 68521**

**JOIN VIA WEBEX**

<https://sonvideo.webex.com/sonvideo/j.php?MTID=m814fb5bb9692a7bee3c9370289ae4992>

**MEETING NUMBER**

2489 145 6921

- I. Opening and Introductions
- II. Declaration of any Conflict of Interest or changes
- III. Agenda approval
- IV. Review and Approval of Minutes from previous Board meeting
  - a. November 12, 2024
- V. Update on Recommendations from Previous Meeting
- VI. Retrospective DUR
  - a. Old Business
    - i. Current Profile Review
      1. Gabapentin and Pregabalin concomitant use
    - b. New Business
      - i. Recommendations for Future Profile Review
        1. Stimulant use in 18 years and younger
        2. SUD treatment utilization discussion
- VII. Prospective DUR
  - a. Old Business-None
  - b. New Business
    - i. Annual Review of Self-Administered Immunomodulators PA (**See attachment**)
- VIII. Special Requests from the Department
- IX. Future Meeting Dates
- X. Concerns and Comments from the DUR Board
- XI. Concerns and Comments from the DUR Director
- XII. Concerns and Comments from the State DHHS Representatives
- XIII. Concerns and Comments from the MCO Representatives
- XIV. Concerns and Comments from the Public Attendees
- XV. Adjournment













Nebraska Medicaid Program Request for Prior Authorization of Payment  
Immunomodulators: Self-Administered Injectables

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND EOSINOPHILIC TYPE:**

1. The patient had a positive clinical response to therapy as confirmed by at least **ONE** of the following (select all that apply):

Decreased frequency of exacerbations

Dyspnea Improvement

2. Has the patient been compliant with therapy?

Yes  No

---

**Prescriber Signature (Required)**

*(By signing, the prescriber confirms that the above information is accurate and verifiable by patient records.)*

**Date**

Fax this form to: 866-759-4115

or mail to:

Prime Therapeutics State Government Solutions LLC MAP Dept.

Attn: GV – 4201

P.O. Box 64811

St. Paul, MN 55164-0811

Tel: 1-800-241-8335

Revised June 5, 2024

Page 7 of 7