

# Nebraska Medicaid

# DUR Matters

Newsletter of the Nebraska Drug Utilization Review (DUR) Program  
Administered for the Department of Health and Human Services by the Nebraska Pharmacists Association

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## What is the DUR Board?

Federal law requires that each state institute a Drug Utilization Review Program. Nebraska's program is governed by a Board of eight pharmacists and five physicians who are active in their respective professions. The DUR Board members' professional experiences include family practice, internal medicine, psychiatry, pediatrics, community pharmacy practice, hospital pharmacy practice and academia. Board meetings are open to the public. Agendas and meeting information can be found at [www.durnebraska.org](http://www.durnebraska.org).

### *Activities of the DUR Board*

The Board is responsible for conducting medication reviews which are either patient specific or therapeutic/problem-focused. It reviews policy issues and provides recommendations on a variety of topics, including the Prior Authorization program, as requested by Nebraska Medicaid. Recommendations made to Nebraska Medicaid by the DUR Board are not binding upon Nebraska Medicaid in any way. The Board also informs providers of their patients' drug use patterns through provider intervention letters. Provider intervention letters are designed for educational purposes and are meant

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## Why Am I Getting This Newsletter?

You have been identified as a provider of services to Nebraska Medicaid recipients. The intent is to offer information that will assist you in the treatment of Medicaid patients.

## The Prior Authorization Process for New Drugs

The 2005 Nebraska Medicaid Reform Plan requires Medicaid to place new drugs on Prior Authorization pending review by the Drug Utilization Review (DUR) board. The New Drug Review process was instituted to examine new drugs and formulations. These drugs generally fall into one of the following categories:

- a safety concern or require intense monitoring.
- potential for off-label or non-covered use.
- are reformulated in an attempt to prolong patent life, without clinical benefit or for patient convenience.
- potential for abuse or misuse.
- very costly, for which lower-priced alternatives are available.

Prior to DUR review the drug requires prior authorization.

Coverage is limited to cases of medical necessity for recipients who:

- have failed covered therapies or covered therapies are inappropriate.
- have diagnosis within the FDA approved indications.
- are prescribed doses within FDA approved guidelines.
- are of an age approved within the FDA guidelines.

New drugs will require Prior Authorization for 6 months and then will be reviewed by the DUR Board to determine if Prior Authorization should continue. During the 6 month-review period, prescribers may submit a Medical Necessity form to Medicaid for a patient to obtain the medication. Verification of previous therapies will be documented utilizing Medicaid paid claims data. Nebraska Medicaid may request chart documentation to verify information.

The Medical Necessity form can be found at the following website:  
<http://www.hhs.state.ne.us/med/pharm/>.

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to assist the provider in the further assessment of the patient's drug therapy requirements.

**Goals of the DUR Board**

The goals of the DUR Board are to improve the quality of pharmacy services and to ensure rational, cost-effective medication therapy for Nebraska Medicaid recipients. DUR Board members assess the utilization, quality, medical appropriateness and cost of prescribed medication through the evaluation of claims data.

**Tamper-Resistant Prescription Pads**

Effective April 1, 2008 all Medicaid outpatient drugs will be reimbursable only if non-electronic prescriptions are written on a tamper-resistant pad.

The intent of this federal legislation is to eliminate funds spent on fraudulent prescriptions. To be considered tamper-resistant, a prescription blank must prevent unauthorized copying, erasure or modification, or the use of counterfeit prescription forms. All three of these requirements must be met by October 1, 2008 in order to be compliant.

These requirements apply to all non-electronic prescriptions, legend and over-the-counter, written for Nebraska Medicaid recipients, when Nebraska Medicaid is the primary or secondary payer. Prescriptions that are exempt from the tamper-resistant requirement include those that are faxed from the provider's office, telephoned by the provider, E-prescribed, or refills for which the original prescription was filled before April 1, 2008.

Emergency fills for prescriptions written on non-tamper resistant pads are permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled. In an emergency situation, this allows a pharmacy to telephone a prescriber to obtain a verbal order for a prescription written on a non-compliant prescription pad. The pharmacy must document the phone call on the face of the written prescription. DEA and Nebraska Pharmacy laws and regulations pertaining to written and electronic prescriptions still apply.

Additional information can be found in the Provider Bulletin at [www.hhs.state.ne.us/med/PB/pb0720.pdf](http://www.hhs.state.ne.us/med/PB/pb0720.pdf) or in the Frequently Asked Questions on the CMS website at [www.cms.hhs.gov/DeficitReductionAct/Downloads/MIPTRPFAQs9122007.pdf](http://www.cms.hhs.gov/DeficitReductionAct/Downloads/MIPTRPFAQs9122007.pdf).

**Cough and Cold Formulary**

Federal regulations identify cough and cold medications as an optional category for Medicaid programs to cover. The DUR Board feels strongly that these medications should be available to Medicaid patients, but in order to decrease the cost of drugs in this category, the DUR Board recommended a list of *generic only* products for treatment effective October 1, 2007. Examples of drugs included in the formulary are listed below. For a complete list, see the Medicaid pharmacy page at [www.hhs.state.ne.us/med/pharm/](http://www.hhs.state.ne.us/med/pharm/).

Example Drug Name	Ingredients and Strengths
Rondec DM drops®	Dextromethorphan 3 mg Phenylephrine 3.5 mg Chlorpheniramine 1 mg/ml
Tessalon Perles®	Benzonatate 100 and 200 mg
Robitussin DM®	Guaifenesin 100 mg Dextromethorphan 10 mg/5 ml
Robitussin AC®	Guaifenesin 100 mg Codeine 10 mg/5 ml
Phenergan with Codeine®	Promethazine 6.25 mg Codeine 10 mg/5 ml
Histinex HC®	Phenylephrine 5 mg Hydrocodone 2.5 mg Chlorpheniramine 2 mg/5 ml
Robitussin®	Guaifenesin 100 mg/5 ml
Dallergy Tablet®	Phenylephrine 20 mg Chlorpheniramine 12 mg Scopolamine 2.5 mg

Please note that brand name cough and cold medications will not be reimbursed by Nebraska Medicaid for any reason. Examples of products that will no longer be covered by Medicaid include *Tussionex*® and *Mucinex*®. Many brand name products have been reformulated, and generic equivalents of prior formulations may be covered. Per federal regulations Medicaid will not cover medications that are being marketed without FDA approval. These drugs include certain carbinoxamine containing products and long-acting guaifenesin tablets.

**NEBRASKA DUR**

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