Acentra HEALTH

North Dakota Medicaid Academic Detailing

Quarter 1 2024

Prior Authorization Updates

Drug name	PA Status	Class
Betaseron	PA	Multiple Sclerosis - Interferons
Coxanto	PA	NSAIDs
Jylamvo	PA	Non-Preferred Dosage Forms
Ogsiveo	PA	Medications Over $3000
Omvoh	PA	Ulcerative Colitis
Perseris	PA	Antipsychotics – Long Acting Injectable (LAI)
Rykindo ER	PA	Antipsychotics – Long Acting Injectable (LAI)
Triamterene	PA	Diuretics
Veozah	PA	Menopause – Vasomotor Symptoms
Vevye	PA	Dry Eye Syndrome
Xphozah	PA	Chronic Kidney Disease and Ulcerative Colitis
Zimhi	Remove PA	Opioid Reversal Medications
Zituvio	PA	Diabetes - DPP4 Inhibitors
Zoryve	PA	Plaque Psoriasis

Version Changes

Category	Change
Antipsychotics – Long Acting Injectable (LAI)	Preferred Products Updated
Asthma / COPD - Corticosteroids - Inhaled	Criteria Updated
Cystic Fibrosis	Preferred Products Updated
Diabetes	GLP-1 & GIP/GLP-1 Agonist Criteria Updated
Diabetic Supplies	Covered Products Added Syringes, Inpen; test strip and Omnipod NDCs updated
Diuretics – Potassium Sparing / Sodium Channel Blockers	Criteria Added
Hepatitis C	Criteria Updated
Hidradenitis Suppurativa	Criteria Updated; New product added
Hyperkalemia	Criteria Updated
Idiopathic Pulmonary Fibrosis	Preferred Products Updated
Menopause – Vasomotor Symptoms	Category Added
Migraine	Preferred Products Updated
Multiple Sclerosis - Interferons	Preferred Products Updated
Obstetrics / Gynecology	Section Moved to Alphabetical Placement
Opioid Reversal Medications	Preferred Products Updated
Psoriatic Arthritis	Remicade and biosimilars added
Uterine Fibroids	Preferred Products Updated

Agenda

- General updates
- GLP-1/GIP Agonist Criteria
- Hepatitis C Treatment
- Asthma/COPD: SMART Therapy
- New Criteria: Diuretics and Menopause
- Naloxone

General Updates

- Preferred Drug List (PDL) Changes
  - Monitor for PDL changes often throughout the year. . Save this URL to see the most current version: https://ndmedicaid.acentra.com/ndpdl/
  - Average Manufacturer Price (AMP) changes effective 1/1/2024 may lead to more product discontinuations

- New NDC Drug Lookup Tool
  - Instructions for how to use can be found in North Dakota Medicaid's Winter 2024 Newsletter

General Updates

- New covered products added for diabetic supplies
  - Inpen: 1 InPen is now covered every 365 days for patients who meet electronic concurrent medication or prior authorization criteria requirements

- Product Discontinuations
  - Flovent HFA
  - Levemir
    - Lantus will remain a preferred agent
    - Toujeo and Tresiba U-200 are preferred agents for doses >100 units/day and ≤ 200 units/day

- Changes in Preferred Products
  - Hepatitis C Treatment: generic Epclusa is now preferred over Mavyret
  - Migraine Prophylaxis: Ajovy and Emgality are now preferred over Aimovig
    - Members currently on Aimovig who meet renewal criteria will be grandfathered and allowed to continue their medication

GLP-1/GIP Agonists

- Criteria Updates:
  - Triple therapy is defined as Victoza, metformin, SGLT-2 inhibitor or insulin (may be met with other agents with clinical justification).
  - GI intolerances:
    - Transient in nature and common across the class
    - Mitigation efforts must be trialed, documented, and assessed after at least two months
    - If the clinical justification is met for bypassing preferred agents (Victoza or Trulicity), triple therapy must be met with SGLT-2 inhibitor + DPP4 inhibitor + another agent
  - Added specialist or education requirements for non-preferred step 2 agents and Mounjaro

- Covered products for weight loss: phentermine, topiramate, bupropion, naltrexone
  - GLP-1/GIP Agonists are not covered for weight loss under this plan
  - Victoza and metformin are covered for antipsychotic induced weight gain. Victoza must be billed with the appropriate diagnosis code (T43.505A).

Hepatitis C Treatment

- Generic Epclusa is now preferred over Mavyret
- Epclusa (and its generic), Mavyret, and Vosevi: The entire treatment course must be dispensed at the initial fill.
- Criteria changes
  - Removed pre-adherence, sobriety, and attestation form requirements
  - Added requirement for participation in harm reduction pathway for active people who inject drugs and alcohol use disorder
  - HCV RNA Tests:
    - For F1 fibrosis, decreased the number of HCV RNA tests down to 1 test (instead of 2) to show chronic Hepatitis C
    - One HCV RNA test is required if the last likely HCV exposure occurred at least 6 months before the most recent positive test.
  - First time and re-infection treatment are classified with the same criteria (re-treatment due to failure or incomplete therapy have additional criteria)
  - Decreased Adherence MTM requirement to one visit for re-treatment
- The updated form can be found at http://nddruglookup.hidinc.com/forms/Hep_C_form.pdf

Asthma/Chronic Obstructive Pulmonary Disorder

- Corticosteroids – Inhaled (ICS)
  - Brand name Flovent (fluticasone) HFA has been discontinued
  - Generic fluticasone HFA is a non-preferred agent that requires prior authorization.
  - Preferred agent trials may be bypassed for coverage of HFA products (Asmanex HFA, fluticasone HFA, and QVAR Redihaler) if the member is unable to meet inspiratory flow rate requirements.
  - Prior authorization is not required for generic fluticasone HFA for patients 4 years old and younger.
- Steroid/Anticholinergics/Long-Acting Beta Agonists Combinations: Trelegy Ellipta
  - The member must have failed a 60-day trial of fluticasone inhaler + umeclidinium + vilanterol which have the same active ingredients as Trelegy Ellipta
    - Available combination products to achieve this are fluticasone + Anoro Ellipta (umedclidium/vilanterol) and Breo Ellipta (fluticasone/vilanterol) + Incluse Ellipta (umeclidinium)
  - The member must have failed a 60-day trial of triple therapy (Steroid/Long-Acting Beta Agonist/Long-Acting Anticholinergic) that has at least one ingredient different from fluticasone inhaler + umeclidinium + vilanterol combination therapy
- As an alternative, GINA (Global Initiative for Asthma) recommends asthma treatment regimens should include an ICS (inhaled corticosteroid)-formoterol containing controller treatment which are both HFA inhalers.

Single Maintenance and Reliever Therapy (SMART)

- Medication regimen that consists of ICS-formoterol inhaler for daily maintenance treatment and taking additional doses for as needed symptom relief.
  - In mild asthma, treatment with as-needed-only low dose ICS-formoterol reduces the risk of severe exacerbations by about two-thirds versus a short-acting beta-2 agonist (SABA) alone.
  - Formoterol is a rapid, long-acting beta-2 agonist (LABA) and can be used as a reliever medication in place of a SABA.
  - Currently, the combination of ICS-formoterol is available in two agents, budesonide/formoterol (Symbicort) and mometasone/formoterol (Dulera), with budesonide/formoterol being recommended as first-treatment by the asthma guidelines.
- Patients prescribed ICS-non-formoterol maintenance medication should continue to use SABA as their reliever medication.
- ND Medicaid accommodates SMART therapy by allowing 2 Symbicort or Dulera inhalers per 30- day supply not to exceed a total of 9 inhalers per 182 days without prior approval.

References:

- *Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2022. Available from: www.ginasthma.org*
- *Lin J, Zhou X, Wang C, Liu C, Cai S, Huang M. Symbicort® Maintenance and Reliever Therapy (SMART) and the evolution of asthma management within the GINA guidelines. Expert Rev Respir Med. 2018 Mar;12(3):191-202. doi: 10.1080/17476348.2018.1429921. Epub 2018 Feb 5. PMID: 29400090.*

New Criteria

Diuretics

Diuretics - Loop

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
furosemide	ethacrynic acid
bumetanide	
torsemide	

Prior Authorization Criteria

Initial Criteria - Approval Duration: 12 months

- Ethacrynic acid: One of the following must be met:
  - The member must have a documented sulfa allergy.
  - The member must have failed a 30-day trial of each preferred agent, as evidenced by paid claims or pharmacy print outs.

Diuretics – Potassium Sparing / Sodium channel blocker

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
amiloride	triamterene

Prior Authorization Criteria

Initial Criteria - Approval Duration: 12 months

- The member must have failed a 30-day trial of each preferred agent of an unique ingredient, as evidenced by paid claims or pharmacy print outs.

Diuretics - Potassium Sparing / Aldosterone Antagonist

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
amiloride	ALDACTONE (spironolactone) TABLET
CAROSPIR (spironolactone) SUSPENSION – *Brand Required*	INSPRA (eplerenone)
eplerenone	spironolactone suspension
spironolactone tablet	

New Criteria

Menopause – Vasomotor Symptoms	
PREFERRED AGENTS (NO PA REQUIRED)	**NON-PREFERRED AGENTS (PA REQUIRED)**
citalopram	BRISDELLE (paroxetine mesylate)
clonidine	paroxetine mesylate 7.5mg capsules
desvenlafaxine	VEOZAH (fezolinetant)
escitalopram	
estrogen products	
gabapentin	
oxybutynin	
paroxetine hydrochloride tablets	
venlafaxine	

Prior Authorization Criteria

Initial Criteria - Approval Duration: 12 months

- BOTH of the following must be met (1 and 2):
  - One of the following must be met (a or b):
    - The member must have failed a 90-day trial of estrogen therapy, as evidenced by paid claims or pharmacy printouts
    - The member has prior history of stroke, myocardial infarction, venous thromboembolism, coronary artery disease, or breast cancer.
  - The member must have failed a 90-day trial of venlafaxine, as evidenced by paid claims or pharmacy printouts
- Paroxetine mesylate: See Preferred Dosage Form Criteria

Naloxone

- OTC items must be prescribed by an enrolled provider to receive payment from ND Medicaid. Naloxone may be prescribed by an enrolled pharmacist or be prescribed by a standing order from an enrolled provider.

- Standing orders
  - When submitting claims from the standing order, please remove the Provider Auto-Refill Notification and Refill Request settings on these prescriptions.
  - Link to standing order https://www.hhs.nd.gov/sites/www/files/documents/naloxone-standing-order.pdf

- Pharmacist Prescribing - To enroll, please find more information at the following link: https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment
- As a pharmacist provider, please visit https://us11.campaign-archive.com/?u=851a362b85cd6e8791c6a5384&id=5d54e43f39 for further information