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# North Dakota Medicaid Pharmacy Program Newsletter

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*Published by Health Information Designs, LLC*

Welcome to the “North Dakota Medicaid Pharmacy Program News,” a pharmacy newsletter presented by the North Dakota Department of Human Services and published by Health Information Designs, LLC (HID). This newsletter is published as part of a continuing effort to keep the Medicaid provider community informed of important changes in the North Dakota Medicaid Pharmacy Program.

The North Dakota Department of Human Services has contracted with HID to review and process prior authorizations (PAs) for medications. For a current list of medications requiring a PA, as well as the necessary forms and criteria, visit [www.hidesigns.com/ndmedicaid](http://www.hidesigns.com/ndmedicaid), or call HID at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup, which allows you to determine if a specific NDC is covered (effective date), reimbursement amount, MAC pricing, copay information, and any limitations (prior authorization or quantity limits).

This newsletter provides information regarding an overview of some recent updates/changes to the North Dakota Medicaid Preferred Drug List (PDL). The overview is to bring attention to some of the potentially more notable updates to the PDL. The full PDL can be found on Health Information Designs' North Dakota Medicaid Prior Authorization website.

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact HID at (334) 502-3262, call toll free at 1-800-225-6998, or e-mail us at [info@hidinc.com](mailto:info@hidinc.com).

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**Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, [www.hidesigns.com/ndmedicaid](http://www.hidesigns.com/ndmedicaid).**

## Updates to North Dakota Medicaid Pharmacy Program's Preferred Drug List

Starting January 1, 2021, an updated version of the Preferred Drug List (PDL) will be in effect. The updated PDL contains multiple changes, including newly added medications, medications that have been moved from preferred to non-preferred (and vice versa), new prior authorization (PA) criteria, and updated prior authorization criteria.

The remainder of this newsletter will highlight several of the notable changes/updates to the new PDL. Please be advised that this does not encompass all of the updates to the PDL that have been made. To view the new PDL in its entirety, please click on "Version 1" on the 2021 Preferred Drug List (PDL) page of Health Information Designs' North Dakota Medicaid Prior Authorization website at <http://hidesigns.com/ndmedicaid/>

### Hepatitis C Treatments

- **All** requests require that the patient must be drug (drugs of abuse by injection) and alcohol free as documented by 2 drug and alcohol tests, dated at least 3 months apart, with the most current test completed within 30 days of the request date
- Patients with a history of either alcohol use disorder or using drugs of abuse by injection will require one of the following (A or B):
  - A. The patient must submit an additional drug/alcohol test dated 12 months (+/- 3 months) prior to request date
  - B. The patient must be receiving treatment from an enrolled addiction medicine/chemical dependency treatment provider, the provider/facility name must be provided with the request, and chart notes must be attached regarding assessment of readiness for treatment of the patient including readiness for abstinence from alcohol/illicit drug use by injection during and after treatment

### Parkinson's Agents - Dopaminergic Agents for Intermittent Treatment of Off Episode

- Criteria related to specific medication trials has been replaced with criteria requiring one of the following criteria must be met (A and/or B):
  - A. Patient is experiencing unpredictable OFF periods, morning OFF, delayed ON, no ON or failure of ON response
  - B. Patient is experiencing wearing OFF episodes or other levodopa dose cycle related dystonia or akathisia. Documentation of the treatment adjustment plan is attached to the request (e.g. levodopa dose and interval adjustments, bedtime dose of CR or ER levodopa/carbidopa, addition of adjunctive therapy)

### Insulin

- **Toujeo Max Solostar 300 unit/mL and Tresiba 200 unit/mL** at doses between 100-200 units/day are covered automatically with no PA required
  - For dose <100 unit/day, the same criteria as Toujeo Solostar 100 unit/mL or Tresiba 100 unit/mL must be met
  - For dose >200 units of insulin per day, clinical justification must be provided explaining why the patient is not a candidate for U-500R

### Eczema / Atopic Dermatitis

- **Eucria (crisaborole)** will now require a 6-week trial of a topical calcinurin inhibitor AND two 2-week trials of topical corticosteroids (minimum potency determined by location of affected area)

## Updates to North Dakota Medicaid Pharmacy Program's Preferred Drug List

### Diarrhea - Irritable Bowel Syndrome

- **Viberzi (eluxadoline)** and **Xifaxan (rifaximin)** are now non-preferred agents which will require prior authorization
- Initial approvals of PAs for non-preferred agents will be for a duration of 3 months
- Criteria for non-preferred agents now requires that the provider submit documentation confirming that infectious and medication-induced etiologies of diarrhea have been ruled out

### Immunology – Cytokine Modulators

- **Taltz (ixekizumab)** is now a preferred agent for treatment of ankylosing spondylitis, non-radiographic axial spondylarthritis, plaque psoriasis, and psoriatic arthritis
- **Xeljanz (tofacitinib)** is now a preferred agent for treatment of rheumatoid arthritis and ulcerative colitis
- **Otezla (apremilast)** is now a preferred agent for the treatment of Bechet's syndrome
- **Cosentyx (secukinumab)** is now a non-preferred agent for all indications (PA required)

### CGRP Inhibitors

- **Aimovig (erenumab-aooe)** is no longer a preferred agent (non-preferred agents PA criteria must be met)
- **Ajovy (fremanezumab-vfrm)** is now a preferred agent (clinical AP still required)

### Eosinophilic Asthma

- **Fasenra (benralizumab)** is now a preferred product (clinical PA still required)
- **Dupixent (dupilumab)** and **Nucala (mepolizumab)** are now non-preferred products
- Criteria for coverage of all agents will now require that the requested medication must be prescribed by, or in consultation with, a pulmonologist or allergist/immunologist
- Criteria for coverage of non-preferred eosinophilic asthma agents requires that the patient must have had a 3-month trial of 1 preferred Eosinophilic Asthma agent, as evidenced by paid claims or pharmacy printouts

### Lipid-Lowering Agents

- **All Repatha (evolocumab) products** are now non-preferred products, which will need to meet the "Group Criteria" for lipid-lowering agents for coverage
  - **Praluent (alirocumab) from labeler 72733** is still a preferred product (no PA required)

### Osteoporosis

- **Forteo (teriparatide)** no longer has product-specific criteria for coverage (PA still required)
- Coverage of **Tymlos (abaloparatide)** now requires the additional product-specific PA criteria below to be met (in addition to the osteoporosis "Non-Preferred Agents Criteria"):
  - The patient must have a current BMD T-score  $\leq -2.5$  OR new fracture after a 6-month trial of Forteo (teriparatide), as evidenced by paid claims or pharmacy printouts

### \*\*\*GLP-1 Agonists

- Beginning in March 2021, **Bydureon (exenatide)** is expected to be discontinued and thus will be unavailable as a preferred product. Please be advised that **Bydureon BCise** will remain a non-preferred GLP-1 agonist



Health Information Designs, LLC is the most experienced and qualified provider of drug utilization review and pharmacy support services in the country. We specialize in helping our clients promote clinically appropriate and cost-effective prescribing, dispensing, and utilization of prescription drugs.



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