North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Health Information Designs, LLC

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Welcome to the "North Dakota Medicaid Pharmacy Program Quarterly 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, 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 benzodiazepine receptor agonist use in insomnia and a recently published guideline regarding discontinuing these agents, updates regarding claims processing edits diabetic testing supplies, and updates to the Preferred Drug List.

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.

north dakota department of human services

Helpful Numbers

PA Help Desk	866-773-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

Inside this issue:

Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, *www.hidesigns.com/ndmedicaid.*

Overview of Newer Pharmacy Claims Processing Edits Requiring Concurrent Use

During 2018, North Dakota Medicaid has instituted several pharmacy claim processing edits for certain products that require concurrent use of specific agents, as evident by paid pharmacy claims. These edits were created to promote safe and appropriate utilization of these agents. For your convenience, please see the summary of these newer requirements and the rationale for their development below. To request use of these agents in patients who do not meet these requirements, please fill out the Concurrent Medication Required Form, and provide all medical justification explaining why the patient cannot meet these requirements. These requests will be subject to clinical review.

For the Concurrent Medication Required Form and a full list of these requirements and other coverage rules, please see the "Coverage Rules on Medications" page of the North Dakota Medicaid Prior Authorization Website at www.hidesigns.com/ndmedicaid.

- **DPP4-Inhibitors, GLP-1 Agonists, and SGLT-2 Inhibitors:**
  - **Required Concurrent Product:** Paid claims for a metformin containing agent for a total of 84 days within the last 100 days prior to processing the claim for the requested agent.
  - **Rationale:** The ADA guidelines recommend metformin be continued with all Dual Therapy and Triple Therapy regimens including ones containing DPP4-Inhibitors, GLP-1 Agonists or SGLT-2 Inhibitors. This limit looks for a 3-month trial of metformin, with good compliance, prior to the DPP4-Inhibitors, GLP-1 Agonist or SGLT-2 Inhibitor.
- **Diabetic Testing Supplies:**
  - **Required Concurrent Product:** Paid claims for an insulin or a sulfonylurea containing agent for a 25-day supply within 150 days prior to processing the claim for diabetic test supplies. These products will also be covered for patients with a diagnosis of gestational diabetes who have prenatal vitamins or folic acid preparations in their prescription claim history.
  - **Rationale:** The ADA guidelines point out the lack of clinical utility and cost-effectiveness of routine Self-Monitoring of Blood Glucose (SMBG) in noninsulin treated patients. Both the Society of General Internal Medicine and the Endocrine Society recommend against routine SMBG for type 2 diabetes patients not on insulin or agents that cause hypoglycemia.
- **Long-Acting Opioid Analgesics:**
  - **Required Concurrent Product:** Paid claims for an opioid analgesic for a total of 7 days within the last 34 days prior to processing the claim for a long-acting opioid analgesic.
  - **Rationale:** The CDC Guideline for Prescribing Opioids for Chronic Pain recommend that ER/LA opioids only be considered for patients who have received immediate-release opioids daily for at least 1 week.
- **Ventolin HFA:**
  - **Required Concurrent Product:** Paid claims for an inhaled corticosteroid agent for a total of 30 days within the last 40 days prior to processing the claim for Ventolin HFA.
  - **Rationale:** According to the Asthma EPR 3 Guidelines, a steroid inhaler is the preferred add-on therapy for step 2 and beyond. Use of a short-acting beta agonist (SABA) >2 days weekly (2 canisters per year) indicates a need to step up treatment. Use of 2 canisters per month indicates a high risk of asthma related death. The quantity limit for ProAir HFA is set to 2 canisters per 6 months (3 puffs per day). If more is needed, patient must switch to Ventolin HFA and be on a steroid inhaler to control asthma.
- **Non-Preferred Long-Acting Insulins (after prior authorization approval):**
  - **Required Concurrent Product:** Paid claims for the agent for a total of 50 days within the last 70 days prior to processing the claim for the non-preferred long-acting insulin agent.
  - **Rationale:** This edit is set to evaluate proper medication adherence. For medications to be effective, they must be taken as prescribed.
- **Steroid/Long-Acting Beta Agonist Combination Inhalers:**
  - **Required Concurrent Product:** Paid claims for a SABA inhaler (e.g. ProAir HFA, Ventolin HFA, etc.) for a total of 25 days within the last 365 days prior to processing the claim for the requested agent.
  - **Rationale:** Steroid/LABAs are indicted for asthma and COPD treatment. They are not indicated for post infectious cough or allergy. Step down therapy should be considered in patients with well-controlled asthma, and patients with a diagnosis of COPD or asthma should always have a rescue inhaler available for use during an acute episode.

Appropriate use of Proton-Pump Inhibitors

Long-term use of proton-pump inhibitors (PPIs) is associated with a host of potentially significant adverse health risks including Clostridum difficile, Campylobacter, and Salmonella infections (>8 weeks of use), increased risk of hip and vertebral fractures, symptomatic hypomagnesemia including paresthesia, seizures, and arrhythmia (>3 months of use), vitamin B12 deficiency (>2 years of use), fundic gland polyps (>1 year of use), atrophic gastritis, acute interstitial nephritis are also associated with longer term PPI use, and reduced exposure to drugs requiring acidic environment for absorption or CYT P450 for metabolism.

PPIs are typically only indicated for long-term use in diagnoses associated with significant ulceration and GI bleeding such as Barrett's esophagus, Zollinger-Ellison syndrome, and Los Angeles Grade C and D esophagitis. Please note that the recommended duration of PPI use for conditions where PPIs are most commonly used are as follows:

- Gastroesophageal Reflux Disease (GERD) and H. pylori – up to 4 weeks (12 months for refractory GERD)
- Erosive esophagitis (EE), gastric and duodenal ulcer – up to 8 weeks (12 months for maintenance of EE)

To avoid long-term risks of PPI therapy, providers should consider attempting to taper PPI treatment at least annually for most patients with a goal of discontinuation. This taper should be done slowly (over the course of months, depending on starting dose, frequency, and length of treatment) to prevent symptomatic rebound acid secretion, that can lead to ongoing treatment when it is no longer medically indicated.

To move towards limiting long-term use of PPIs in high doses, please be advised that North Dakota Medicaid plans on instituting a pharmacy claims processing edit for PPIs that will limit PPI use to at a quantity of 1 per day starting February 1st.

Updates to Claims Processing Edits and the 2019 Preferred Drug List

New and Upcoming Claims Processing Updates:

Effective as of now:

- Diagnosis Code (ICD-10) will be required with prescriptions for the following: Seroquel, Steroid/LABA combinations, Topical Steroids, Benzodiazepines, Lyrica, and Gabapentin.
- Concomitant use of 1st generation antipsychotics with 2nd generation antipsychotics will no longer be allowed.
- Concomitant use of quetiapine with opioids will no longer be allowed, due to the SUPPORT for Patients and Communities Act.

Effective January 1st:

- All long acting opioid analgesics will require prior authorization (see 2019 PDL for criteria)

Effective February 1st:

- PPIs quantity limit will be changed to one per day
- Age Edits will be placed on antipsychotics (limited to patients of FDA or compendia approved ages)
- Concomitant use of any antipsychotic with any of the following agents will no longer be allowed: Rexulti, Saphris, Fanapt, and 1st generation antipsychotics

Please see the below summary of select changes that will appear as a part of the 2019 North Dakota Medicaid Preferred Drug List (PDL). To see the 2019 PDL in its entirety, please visit the North Dakota Medicaid Prior Authorization Website at www.hidesigns.com/ndmedicaid.

PDL: Moved to Preferred

- **Constipation - IBS/OIC:** Movantik, Relistor
- **Cystic Fibrosis Inhaled:** tobramycin
- **Hepatitis C Treatment:** Zepatier
- **Pulmonary Hypertension:** Letairis
- **Urinary Antispasmodics:** Trospium, Tolerodine

PDL: Moved to Non-Preferred

- **Androgens:** Aveed
- **Growth Hormone:** Genotropin, Genotropin Miniquick
- **Ophthalmic Antihistamines:** Pataday 0.2%
- **Pulmonary Hypertension:** Tracleer