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# North Dakota Medicaid Pharmacy Program Quarterly News

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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](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 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](mailto:info@hidinc.com).



<u>Helpful Numbers</u>	
PA Help Desk	866-773-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

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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).**

## Overview of Newer Pharmacy Claims Processing Edits Requiring Concurrent Use

Available practice recommendations for the treatment of schizophrenia maintain that treatment with a single antipsychotic agent should be the mainstay of treatment in these patients, with recommendations for use of combination antipsychotic therapy as last line therapy and limited to patient that are treatment resistant after multiple adequate trials in dose and duration of antipsychotic monotherapy, including clozapine. Examples of where combination antipsychotic therapy can be considered are summarized by guideline below:

- **The American Psychiatric Association's (APA):**
  - When cross-titrating while switching from one agent to another
  - When an additional antipsychotic is being used to augment clozapine monotherapy in patients with inadequate response to multiple monotherapy trials of adequate dose and duration with no intolerability (including clozapine monotherapy)
  - A potential option in treatment resistant patients that have not benefitted from monotherapy with each individual agent
- **The International Psychopharmacology Algorithm Project (IPAP)**
  - When an additional antipsychotic is being used to augment clozapine monotherapy in patients with inadequate response to multiple monotherapy trials of adequate dose and duration with no intolerability (including clozapine monotherapy)
- **The Texas Medication Algorithm Project (TMAP)**
  - When an additional antipsychotic is being used to augment clozapine monotherapy in patients with inadequate response to multiple monotherapy trials of adequate dose and duration with no intolerability (including clozapine monotherapy)
  - When the patient has achieved no response to a trial of augmented clozapine therapy, followed by a trial of another previously untried antipsychotic
- **The Joint Commission (JC) Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures:**
  - When there is documentation that the patient has had at least 3 adequate trials of monotherapy with antipsychotics without a sufficient improvement in symptoms
  - When cross-titrating while switching from one agent to another
  - When an additional antipsychotic is being used to augment clozapine monotherapy

While each of these organizations created their own recommendations via their own internal panels and processes, the similarity between their recommendations regarding combination antipsychotic therapy is apparent. These similarities are largely due to what each of these groups generally described as a lack of an adequate amount of trial data supporting the safe and effective use of combination antipsychotic therapy (studies have primarily been limited to combination therapy with clozapine), as well as the potential risk of increased drug interactions and adverse events, and concerns regarding increased cost and decreased adherence.

## Appropriate use of Proton-Pump Inhibitors

Approximate utilization management implementation dates:

Approximate Date of Implementation	Planned Utilization Management Pharmacy Claims Edit	Agents Affected by Utilization Management
February 1, 2019	Rejection for therapeutic duplication	Saphris, Fanapt, and 1st generation antipsychotics
February 1, 2019	Patient age requirements per FDA-approval/Compendia	All antipsychotic agents
July 1, 2019	Rejection for therapeutic duplication	Latuda, paliperidone, quetiapine, ziprasidone, and olanzapine
July 1, 2019	Diagnosis Required with Prescription	Required for all antipsychotics except aripiprazole and risperidone
September 1, 2019	Rejection for therapeutic duplication	Long Acting Antipsychotics, aripiprazole, risperidone

## Updates to Claims Processing Edits and the 2019 Preferred Drug List

### New and Upcoming Claims Processing Updates:

Lehman AF, Lieberman JA, Dixon, LB, et al. Practice guideline for the treatment of patients with schizophrenia, second edition. *Am J Psychiatry*. 2004;161:1-56.

Moore TA, Buchanan RW, Buckley PF, et al. The Texas Medication Algorithm project antipsychotic algorithm for schizophrenia: 2006 update. *J Clin Psychiatry*. 2007;68:1751-1762

The Joint Commission. Hospital-based inpatient psychiatric services. [www.jointcommission.org/hospital-based\\_inpatient\\_psychiatric\\_services/](http://www.jointcommission.org/hospital-based_inpatient_psychiatric_services/). Updated May 5, 2014..

International Psychopharmacology Algorithm Project

[http://www.ipap.org/pdf/schiz/IPAP\\_Schiz\\_flowchart20060327.pdf](http://www.ipap.org/pdf/schiz/IPAP_Schiz_flowchart20060327.pdf). Accessed December 19, 2019

Gallego JA, Nielsen J, De Hert M, Kane JM, Correll CU. Safety and tolerability of antipsychotic polypharmacy. *Expert Opin Drug Saf*. 2012;11(4):527–42. DOI: 10.1517/14740338.2012.683523.

Correll CU, Frederickson AM, Kane JM, Manu P. Does antipsychotic polypharmacy increase the risk for metabolic syndrome?. *Schizophrenia Research*. 2007;89(1–3):91–100. DOI: 10.1016/j.schres.2006.08.017.

Faries D, Ascher-Svanum H, Zhu B, Correll C, Kane J. Antipsychotic monotherapy and polypharmacy in the naturalistic treatment of schizophrenia with atypical antipsychotics. *BMC Psychiatry*. 2005;5:26. DOI: 10.1186/1471-244X-5-26.

#### 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 1<sup>st</sup> generation antipsychotics with 2<sup>nd</sup> 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 1<sup>st</sup> 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](http://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