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 an overview of posttraumatic stress disorder and its treatment, as well as a summary of findings and recommendations regarding the use of benzodiazepines for the treatment of PTSD.

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.

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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.*

Tablet Splitting: Latuda

North Dakota Medicaid has implemented claims processing edits on the antipsychotic medication Latuda that requires split tablets to be used when possible. As such, please refer to the following list indicating which tablets should be used to achieve the corresponding daily dose:

- 20 mg dose: Use split 40 mg tablets (15 tablets for 30 days)
- 40 mg dose: Use split 80 mg tablets (15 tablets for 30 days)
- 60 mg dose: Use split 120 mg tablets (15 tablets for 30 days)
- 80 mg dose: Use whole 80 mg tablets (30 tablets for 30 days)
- 120 mg dose: Use whole 120 mg tablets (30 tablets for 30 days)

Please note that pharmacies are allowed to use the appropriate strength (listed above) to fill the prescription, despite how it is written.

Specialty Medications Pharmacy Fills

While North Dakota Medicaid does not have a preferred pharmacy, there is a requirement that all medications must be dispensed from an in-state (ND, MN, SD, or MT) pharmacy whenever possible.

If a recipient's preferred in-state pharmacy can dispense a medication such as Humira, Copaxone, Enbrel, etc., prescriptions should be relocated back or sent to recipient's preferred pharmacy.

Listed below are some specialty medications are not able to be dispensed from in-state pharmacies due to manufacturer or FDA restrictions. In these cases, ND Medicaid does not have a preferred out-of-state specialty pharmacy.

Prior authorization approval is required for an out-of-state pharmacy to fill these medications. To request a prior authorization for out-of-state pharmacy fills for any medication, the "Out of State Pharmacy PA Form" must be completed and faxed in (as you would a normal prior authorization request). The Out of State Pharmacy PA Form is found by going to www.hidesigns.com/ndmedicaid, then navigating to the PA Forms tab on the left-hand side of the webpage.

Specialty Medications Unable to be Dispensed by ND Pharmacies				
Adagen	Cystadane	Iclusig	Mirena	Revlimid
Adempas	Cystagon	Idhifa	Mugard	Rubraca
Alunbrig	Cystaran	Ilaris	Myalept	Ruconest
Ampyra	Daraprim	Iluvien	Natpara	Sabril
Apokyn	Elelyso	Imbruvica	Ninlaro	Sancuso Patch
Arcalyst	Erwinaze	Increlex	Northera	Signifor
Arestin	Eylea	Ingrezza	Nuplazid	Solesta
Atryn	Ferriprox	Inlyta	Ocaliva	Soltamox
Aubagio	Flolan	Istodax	Ofev	Somatuline Depot
Austedo	Fulyzaq	Jetrea	Onsolis	Valchor
Avastin	Gattex	Juxtapid	Opsumit	Varithena
Bexxar	Gazyva	Kadcyla	Oralair	Varubi
Blincyto	Gel-One	Kineret	Orenitram ER	Veletri
Bosulif	Gengraf	Korlym	Orfadin	Ventavis
Cabometyx	Gilotrif	Kynamro	Perjeta	Viracept
Caprelsa	Glassia	Lemtrada	Pomalyst	Xenazine
Calquence	Healon	Lenvima	Procysbi	Xyrem
Chenodal	Hemangeol	Letairis	Prolastin	Zejula
Cholbam	Hetlioz	Lexiva	Provenge	Zemaira
Cometriq	Hyqvia	Lynparza	Rasuvo	Zevalin
Cyramza	Ibrance	Matulane	Remodulin	Zydelig

Clarification on GINA Recommendations Regarding Reliever Inhalers

The Global Initiative for Asthma (GINA) has recently released an alert to clarify the most recently published GINA 2019 treatment recommendations regarding a misinterpreted recommended for 'Preferred reliever' for asthma.

The misinterpretation is in relation to Box 3-5A regarding management of adults and adolescents with asthma. Steps 3-5 of the figure outlines recommended medication options for patients with moderate to severe asthma, including the recommendation that as-needed low dose inhaled corticosteroid (ICS)-formoterol be used for patients prescribed maintenance and reliever therapy, with an inhaled short-acting beta agonist (SABA) listed as an other reliever option.

The GINA alert has set out to clarify that the recommendation for use of low-dose ICS-formoterol as a reliever should only be considered applicable to these patients who are **also prescribed maintenance therapy with ICS-formoterol**. Furthermore, GINA expressly states that they **do not recommend using ICS-formoterol as a reliever for patients that are taking a combination ICS-long-acting beta agonist (LABA) inhaler that contains a LABA other than formoterol.** For these patients, their as-needed reliever inhaler should be a short-acting b2-agonist (SABA).

This recommended maintenance and reliever therapy (MART) regimen includes the use of either low dose beclometasone-formoterol or low dose budesonide-formoterol as an as-needed reliever inhaler. The regimen involves the patient receiving ICS-formoterol as their regular, daily maintenance treatment, and then taking additional doses of a low-dose ICS-formoterol (instead of as-needed SABA) for relief of symptoms. The recommendation was based on results from numerous studies that found that use of the ICS-formoterol maintenance and reliever regimen in adult and adolescent patients with ≥1 exacerbation in the previous year resulted significantly reduces exacerbations and provided similar levels of asthma control, as compared to patients receiving maintenance treatment with an ICS-LABA or a higher dose of ICS (both with as-needed SABA).

In an effort to further clarify the application for the MART recommendation beyond posting this alert, GINA has added an extra slide to their 'What's new in GINA 2019?' slide set on the GINA website (slide 12), which is available at https://ginasthma.org/gina-reports/.

References

Bateman E1, Hurd SS, Barnes PJ, Bousquet J, Drazen JM, FitzGerald M, Gibson P, Ohta K, O'byrne P, Pedersen SE, Pizzichini E. Global strategy for asthma management and prevention: GINA executive summary. European Respiratory Journal. 2008 Jan 1;31(1):143-78.

Global Initiative for Asthma. GINA 2019 Recommendations About Reliever Medications in Steps 3-5 [Press release] (2019, Nov 12). Available from https://ginasthma.org/gina-2019-recommendations-about-reliever-medications-in-steps-3-5/

Please visit http://www.hidesigns.com/ndmedicaid for information on prior authorization. Helpful links include PA Forms, PA Criteria, and NDC Drug Lookup.

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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