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, 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.*

Update to 2019 GINA Treatment Recommendations

The Global Initiative for Asthma (GINA) recommendations were updated in 2019 and includes an update that they describe as the "most important change in asthma management in 30 years". This significant change is that GINA no longer recommends treatment with a short-acting beta agonist (SABA) alone at any stage of treatment.

Inhaled SABA has been considered a first-line treatment for asthma for over 50 years, including up to as recent as the 2018 GINA treatment guidelines. These guidelines recommended treatment with a SABA inhaler without use of a controller for patients in "Step 1" (patients with rare symptoms, normal FEV1, and no exacerbations). The 2018 recommendations were to then add on a low-dose inhaled corticosteroid (ICS) in patients not controlled on SABA monotherapy.

The 2019 GINA treatment recommendations for controller treatment are based on evidence generated in several trials[2-4] indicating that regular or frequent use of SABA alone is associated with an increased risk of severe asthma exacerbations (data shows that over-use of SABAs at a rate of ≥3 canisters per year is associated with higher risk of severe exacerbations and use of ≥12 canisters per year is associated with higher risk of asthma-related death). Furthermore, results of these trials indicated that the addition of any ICS in these patients results in a significantly reduced risk of severe exacerbations.

Based on this evidence, the 2019 GINA update recommends as-needed low-dose ICS and formoterol "preferred reliever" for all steps of treatment and, for Step 1, recommends the use of as-needed low-dose ICS and formoterol as a "preferred controller", with use of a low-dose ICS to be taken whenever a SABA is taken as an "other controller option". Also based on this evidence, Step 2 of the 2019 GINA update has also been changed to add daily use of low-dose ICS and formoterol as a preferred controller. It should be noted that while the 2019 GINA recommendations no longer lists as needed SABA as the preferred reliever, it is still included in the recommendations as an "other reliever option" for all steps of treatment.

	Step 1	**Step 2**	**Step 3**	**Step 4**	**Step 5**
Preferred Controller	PRN low-dose ICS + formoterol	Daily PRN low-dose ICS, or PRN low-dose ICS + formoterol	Low-dose ICS + long-acting beta agonist (LABA)	Medium-dose ICS + LABA	High dose-ICS + LABA AND add-on therapy
Other Controller	*low-dose ICS taken with SABA*	*Leukotriene receptor antagonist (LTRA), or low-dose ICS with SABA*	*Medium-dose ICS, low-dose ICS + LTRA*	*High dose ICS, add on tiotropium, Add on LTRA*	*Low-dose oral steroid*
Preferred Reliever	PRN low-dose ICS + formoterol				
Other Reliever	*PRN SABA*				

References:

1. Global Initiative for Asthma. Global strategy for asthma management and prevention. 2019. Available from: www.ginasthma.org. Accessed August 15, 2019.
2. Bateman ED, Reddel HK, O'Byrne PM, Barnes PJ, Zhong N, Keen C, et al. As-needed budesonide-formoterol versus maintenance budesonide in mild asthma. N Engl J Med. 2018;378(20):1877–87.
3. O'Byrne PM, FitzGerald JM, Bateman ED, Barnes PJ, Zhong N, Keen C, et al. Inhaled combined budesonide-formoterol as needed in mild asthma. N Engl J Med. 2018;378(20):1865–76.
4. Beasley R, Holliday M, Reddel HK, Braithwaite I, Ebmeier S, Hancox RJ, et al. Controlled trial of budesonide–formoterol as needed for mild asthma. N Engl J Med. 2019;380:2020–30.

Utilization Criteria for Short-Acting Beta Agonists

To encourage their safe and appropriate use. North Dakota Medicaid currently has in place several coverage rules for the utilization of inhaled short-acting beta agonists. These requirements include concurrent medication requirements, quantity limits, drug overlap limitations, and prior authorization requirements for non-preferred agents. Each of these coverage rules are explained below:

Concurrent Medication and Step Care Requirements: These requirements do not require prior authorization, as the claim will automatically pay if the patient has a paid claim for the required medication in their pharmacy claims history during the stated lookback time.

- **Applicable Medications:** Ventolin HFA and ProAir Respiclick
    - **Requirement**: The patient must have a paid claim for a total of 30 days of an inhaled corticosteroid within 40 days prior to Ventolin HFA or ProAir Respiclick's date of service
    - **Rationale**: According to the GINA guidelines:
        - A low dose ICS should be taken whenever SABA taken for step 1 control of asthma.
        - Dispensing ≥ 3 canisters per year is associated with higher risk of emergency department presentations
        - Dispensing ≥ 12 canisters per year is associated with higher risk of death
    - **Exception**: If the patient has primary insurance that will only pay for Ventolin HFA or ProAir Respiclick and patient is well-controlled without steroid inhaler. For these patients, please submit a prior authorization request to Health Information Designs and specify that the patient has primary insurance requiring use of these agents.

Quantity Limits: The claim will automatically pay if the request is within the outlined quantity limits (quantity limit applies to brand and generic).

- **Proventil HFA, Xopenex HFA, and ProAir HFA:** 1 canister per 90 days or 2 canisters per 180 days
- **Ventolin HFA:** 1 canister per 60 days or 2 canisters per 120 days (2 puffs per day)
- **ProAir RespiClick:** 1 canister per 90 days

Prior Authorization Criteria:

Preferred agents do not require prior authorization. Criteria for use of non-preferred agents requires that the patient must meet dispense as written (DAW) criteria

- Criteria for DAW requests (must meet one of the following (A or B):
    A. Primary insurance requires a ND Medicaid non-preferred branded product
    B. All of the following are met (1-3):
        1. The requested brand-name product must not have an authorized generic available
        2. The patient must have failed a 30-day trial of each pharmaceutically equivalent generic product from each available manufacturer, as evidenced by paid claims or pharmacy print outs.
        3. A MedWatch form for each trial of each product from the available manufacturer(s) must be filled out and attached to request

PREFFERED AGENTS (NO PA REQUIRED)	NON-PREFFERED AGENTS (PA REQUIRED)
Albuterol HFA – Labeler 66993***	Albuterol HFA – Labeler 00933 and 00254
PROAIR (albuterol) HFA – *Brand Preferred*	ProAir Digihaler
PROAIR RESPICLICK (albuterol)***	PROVENTIL (albuterol) HFA
XOPENEX (levalbuterol) HFA - *Brand Preferred*	VENTOLIN (albuterol) HFA***