

# North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Acentra Health

Quarter 1

WINTER 2024

## Pharmacist Administered Medications

Medications requiring administration by a healthcare provider can be obtained through different processes. In some cases when patients do not return for medication administration, the medication can be reused for another patient, avoiding wasted healthcare costs. The various processes are detailed below:

### Medication cannot be reused for another patient:

1. “White bagging” occurs when the pharmacy dispenses a prescription directly to an office, hospital, or clinic for patient-specific administration. When patients do not return for medication administration, it cannot be used for a different patient after it is dispensed.
2. “Brown bagging” occurs when the pharmacy dispenses a prescription to the patient. The patient may transport the medication to be administered at the doctor’s office. This practice creates a risk for lost and damaged medications.<sup>1</sup>

### Medication can be returned to stock and reused for another patient:

1. The medication can be ordered through buy-and-bill where the clinic buys the medication and bills for it through professional billing. The medication is administered at the clinic. When patients do not return for medication administration, the medication is returned to stock and can be reused. There can be a financial risk to the clinic when the medication is not subsequently used.
2. The medication can be administered at the pharmacy. When patients do not pick up their prescription requiring medication administration, the medication is returned to stock and can be reused; pharmacist administration can help decrease avoidable health care costs.<sup>1</sup>

Pharmacists can administer both vaccines and medications in accordance with the state law and regulations (CHAPTER 61-04-11).<sup>2</sup> As the most accessible health care provider, pharmacist administration of medications provides readily available counseling on expected efficacy and safety outcomes, methods to mitigate adverse effects, importance of adherence, and proposed follow-up schedules.<sup>3</sup> For example, nearly eighty percent of patients receiving pharmacist-administered long-acting injectable antipsychotic medications were found to be adherent in a descriptive study.<sup>4</sup> Proper medication safety is improved with pharmacists’ practice of drug utilization reviews and assessment of drug interactions.<sup>1</sup> These processes can also aid prescribers in providing safe and effective treatment for their patients through pharmacist collaboration.<sup>3</sup> Pharmacists have the expertise to effectively manage medication inventory, storage, insurance reimbursement, and administration.<sup>1,3</sup>

### North Dakota Medicaid Updates:

#### *Flovent Discontinuation and Single Maintenance and Reliever Therapy (SMART)*

Brand name Flovent (fluticasone) HFA has been discontinued. Generic fluticasone HFA is a non-preferred agent that requires prior authorization. Preferred agent trials may be bypassed for coverage of HFA products (Asmanex HFA and fluticasone HFA) if the member is unable to meet inspiratory flow rate requirements. Prior authorization is not required for generic fluticasone HFA for patients 4 years old and younger. As an alternative, GINA (Global Initiative for Asthma) recommends asthma treatment regimens should include an ICS (inhaled corticosteroid)-formoterol containing controller treatment.<sup>6</sup>

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## SMART Therapy <sup>6</sup>

- Medication regimen that consists of ICS-formoterol inhaler for daily maintenance treatment and taking additional doses for as needed symptom relief.
  - In mild asthma, treatment with as-needed-only low dose ICS-formoterol reduces the risk of severe exacerbations by about two-thirds versus a short-acting beta-2 agonist (SABA) alone.
  - Formoterol is a rapid, long-acting beta-2 agonist (LABA) and can be used as a reliever medication in place of a SABA.
  - Currently, the combination of ICS-formoterol is available in two agents, budesonide/formoterol (Symbicort) and mometasone/formoterol (Dulera), with budesonide/formoterol being recommended as first-treatment by the asthma guidelines.
- Patients prescribed ICS-non-formoterol maintenance medication should continue to use SABA as their reliever medication.<sup>6</sup>

ND Medicaid accommodates SMART therapy by allowing 2 Symbicort or Dulera inhalers per 30- day supply not to exceed a total of 9 inhalers per 182 days without prior approval.

## National Drug Code (NDC) Drug Lookup Tool

North Dakota Medicaid has a new “NDC Drug Lookup” tool available. This tool can be accessed by using the tab on the left side of the [www.hidesigns.com/ndmedicaid](http://www.hidesigns.com/ndmedicaid) website or by using the Directories drop down menu on the top of the [mmis.nd.gov](http://mmis.nd.gov) website.

### Instruction on how to use:

1. Search using the NDC or Drug Name (partial drug names are allowed)
2. Enter the claim date of service (default is current date)
3. Select the Benefit Plan 100-ND Medicaid Fee for Service (other Benefit Plan selections may be used when appropriate)

### This tool will display the following on a selected NDC:

- Age limits
- Quantity limits
- Prior authorization requirements
- Pricing\*
- Coverage status\*\*

Keep in mind, the information contained on this website is not a guarantee of payment. Prior Authorization forms and ND Medicaid's preferred drug list can be found at <http://www.hidesigns.com/ndmedicaid>

*\* Actual payments to providers are based on "lesser of" payment methodology which can be found in ND Medicaid's provider manuals. If an NDC displays 'covered' but doesn't show pricing, ND Medicaid will use the current WAC price to determine pricing.*

*\*\* Drugs for newly participating labelers in the Medicaid Drug Rebate Program (MDRP) will appear as not covered until the drug shows active in the CMS quarterly rebate file. Call 1-800-755-2604 with any questions.*

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## References:

1. Catizone CA. *White and Brown Bagging Emerging Practices, Emerging Regulation*. [Internet]. Mount Prospect (IL): National Association of Boards of Pharmacy; 2018 April [cited 2024 Jan 2]. Available from: [https://nabp.pharmacy/wp-content/uploads/2018/04/White-Bagging-and-Brown-Bagging-Report-2018\\_Final-1.pdf](https://nabp.pharmacy/wp-content/uploads/2018/04/White-Bagging-and-Brown-Bagging-Report-2018_Final-1.pdf)
2. North Dakota State Board of Pharmacy. *North Dakota Century Code (Law)*. [Internet]. Bismarck (ND): North Dakota State Board of Pharmacy; 2022 August [cited 2024 Jan 2]. Available from: <https://www.nodakpharmacy.com/pdfs/lawbooknew.pdf>
3. American Pharmacists Association. *Practice Guidance for Pharmacy-Based Medication Administration Services*. December 2017. [cited 2024 Jan 2]. Available from: [https://aphanet.pharmacist.com/sites/default/files/files/MASPracticeGuidance\(1\).pdf?\\_gl=1\\*6a7rfj\\*\\_ga\\*MTU3OTE0MjQ1NS4xNzA0MjMwODEw\\*\\_ga\\_8FD2YTJG6Y\\*MTcwNDIzMDgwOS4xLjAuMTcwNDIzMDgwOS42MC4wLjA](https://aphanet.pharmacist.com/sites/default/files/files/MASPracticeGuidance(1).pdf?_gl=1*6a7rfj*_ga*MTU3OTE0MjQ1NS4xNzA0MjMwODEw*_ga_8FD2YTJG6Y*MTcwNDIzMDgwOS4xLjAuMTcwNDIzMDgwOS42MC4wLjA).
4. Lin C, Strauss R, Hong J, et al. *Impact of a pharmacist-administered long-acting injectable antipsychotic service in a supermarket-based community pharmacy on medication adherence*. [Internet]. *J Am Coll Clin Pharm*. 2019; 2: 343–348. <https://doi.org/10.1002/jac5.1159>
5. North Dakota Health & Human Services. *Pharmacy Medical Billing Provider Manual*. [Internet]. Bismarck (ND): Medical Services Division; 2023 December [cited 2024 Jan 2]. Available from: <https://www.hhs.nd.gov/sites/www/files/documents/pharmacy-medical-billing-manual.pdf>
6. Global Initiative for Asthma. *Global Strategy for Asthma Management and Prevention*, 2022. Available from: [www.ginasthma.org](http://www.ginasthma.org)
7. Lin J, Zhou X, Wang C, Liu C, Cai S, Huang M. *Symbicort® Maintenance and Reliever Therapy (SMART) and the evolution of asthma management within the GINA guidelines*. *Expert Rev Respir Med*. 2018 Mar;12(3):191-202. doi: 10.1080/17476348.2018.1429921. Epub 2018 Feb 5. PMID: 29400090.

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The “North Dakota Medicaid Pharmacy Program Quarterly News” is a pharmacy newsletter presented by the North Dakota Department of Health and Human Services and published by Acentra Health. 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 Health and Human Services has contracted with Acentra Health 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 Acentra Health 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).

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact Acentra Health at 1-800-225-6998, or e-mail us at [ND\\_Info@kepro.com](mailto:ND_Info@kepro.com).



#### Helpful Numbers

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

#### Stay Informed:

##### Quarter 2 Newsletter:

Benzodiazepine Deprescribing  
Drug Diversion Combinations

##### Upcoming DUR Board Meetings:

Wednesday, March 6, 2024 at 1:00 PM  
Wednesday, June 5, 2024 at 1:00 PM