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# North Dakota Medicaid Pharmacy Program Quarterly News

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*Published Quarterly by Health Information Designs, LLC*

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 narcotic first fill edits, therapeutic duplication edits, and PA updates.

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).



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<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).**

## Retrospective Drug Utilization Review Program Summary

The ND Retrospective Drug Utilization Review (RDUR) Program is back to reviewing profiles and sending letters on a monthly basis. A brief summary of the RDUR process and the benefits of the program is provided below.

RDUR is a review of a patient's claims data and health history that is performed after medications have been dispensed in order to identify potential instances of medication abuse, misuse, underutilization, and overuse as well as screen for other inappropriate drug therapy. On a monthly basis, ND Medicaid selects a set of interventions to screen the patient population for to determine whether the drug therapy met approved criteria for appropriate use. In instances where the criteria is not met, prescribers are mailed letters that identify the specific patient and potential intervention needed as well as ask for a prescriber response indicating whether a therapy change will be made or why no change is necessary.

Through these educational letters, the RDUR program may aid prescribers in improving patient care both directly and indirectly. Patient care can directly be improved by highlighting specific instances of abuse and inappropriate drug therapy (e.g., therapy duplication, drug-drug and drug-disease interactions, inappropriate drug dosing, medication underutilization and overutilization, etc.). These letters may also aid prescribers indirectly by allowing them to compare their approach to treating certain diseases with their peers, which can improve the care of their patients, both individually and within entire patient populations. While the RDUR program may create the opportunity for wide-ranging improvements in health outcomes, it is incumbent on the prescribers receiving these letters to both respond to the letters and make the necessary interventions in order to attain these benefits. Because of this, we ask all prescribers to please continue to respond and provide feedback on this program in order for it to be as effective and useful as possible.

## Brand Preferred Medications List

The following is a list of medications for which the brand name product is preferred over the generic.

- Adderall XR
- Benzaclin gel
- Catapres TTS
- Cellcept oral suspension
- Copaxone
- Diastat
- Differin gel
- Exelon patch
- Focalin XR
- Kapvay ER
- Natroba
- Pulmicort Respules
- Retin-A cream
- Retin-A gel
- Seroquel XR
- Tobradex drops
- TOBI
- Valcyte tablets
- Valcyte oral solution

When filling for these products, pharmacies must use DAW9, which does not require prescriber approval to use. For use of a brand name medication when ND Medicaid does not prefer the brand, please submit the "Dispense as Written PA Form," which is found at <http://www.hidesigns.com/ndmedicaid/pa-forms.html>.

## Medications with First Fill Edits

The following medications have the first fill of the medication limited to a 14-day supply.

### Antipsychotics

- Fanapt
- Latuda
- Paliperidone ER
- Rexulti
- Saphris

### Long-acting ADHD Medications

- All Long Acting ADHD Medications

### Immediate-release Narcotics

- Acetaminophen/codeine #4 300–60 mg
- Hydrocodone-acetaminophen 5–325 mg tablets, 7.5–325 mg/15 mL liquid
- Morphine IR 15 mg tablets
- Morphine 100 mg/5 mL liquid
- Hydromorphone 2 mg, 4 mg
- Oxycodone 5 mg/5 mL, 100 mg/5 mL liquid
- Oxycodone 5 mg, 10 mg
- Oxycodone/acetaminophen 5–325 mg
- Oxymorphone 5 mg
- Tramadol 50 mg

## Medical Billing Only Medications

The following medications are only reimbursed by ND Medicaid when billed via 837I and 837P transactions. They are not reimbursed by outpatient point-of-sale billing through the pharmacy claims payment system. For question regarding billing, contact customer service at 1-877-328-7098.

- |              |              |            |
|--------------|--------------|------------|
| • Benlysta   | • Kanuma     | • Remicade |
| • Dalvance   | • Kepivance  | • Spinraza |
| • Defitelio  | • Lemtrada   | • Sustol   |
| • Eleyso     | • Lucentis   | • Synagis  |
| • Emflaza    | • Makena     | • Tysarbi  |
| • Entyvio    | • Ocrevus    | • Vimizim  |
| • Exondys 51 | • Orbactiv   | • Vpriv    |
| • Fabrazyme  | • Panhematin | • Zinplava |
| • Inflectra  | • Quadramet  |            |

## Prior Authorization Updates

### **Added to PA:**

- |                       |                          |               |
|-----------------------|--------------------------|---------------|
| • Adenovate 3000 unit | • Esbriet                | • Siliq       |
| • Airduo Respiclick   | • fluticasone/salmeterol | • Synjardy XR |
| • Arymo EE            | • Ingrezza               | • Trulance    |
| • Austedo             | • Ixinity                | • Xultophy    |
| • Dupixent            | • Migergot               |               |
| • Emflaza             | • Ocaliva                |               |

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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