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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. This 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 prior authorization 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).



### Helpful Numbers

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).

## Immediate Release Narcotics First Fill Edit

At the request of the DUR board, some immediate release narcotics have been added to the first fill limitation edit.

If a patient has not received the exact medication and strength within the last 34 days, a 14-day supply or less will be required or the claim will reject for plan limitations exceeded with the following message: "PLEASE USE A 10-14-DAY SUPPLY SINCE THIS IS THE INITIAL FILL. NEXT FILL ONLY USE A 30-DAY SUPPLY IF STABLE."

Starting September 13, 2016, the following immediate release narcotics began posting the first fill limitation edit:

Tramadol 50 mg  
Hydrocodone-acetaminophen 5-325 mg  
Morphine sulfate IR 15 mg tablets  
Hydrocodone-acetaminophen 7.5-325 mg/15 mL liquid  
Oxycodone 5 mg/5 mL liquid  
Oxycodone 100 mg/5 mL liquid  
Morphine 100 mg/5 mL liquid

## H2 Blocker and PPI Therapeutic Duplication Edit

H2-receptor antagonist (H2RA) therapy at bedtime can be added to proton pump inhibitor (PPI) therapy to treat nocturnal acid breakthrough (NAB), but after several weeks of use, the benefit of PPI + H2CA combination therapy is diminished because of H2RA tolerance when compared to PPI therapy alone. Because of the lack of evidence supporting efficacy of long term PPI + H2RA combination therapy, ND Medicaid will implement a therapeutic duplication edit on October 25, 2016 to reduce the use of this combination.

## ADHD Therapeutic Duplication Edit

ND Medicaid will no longer cover concurrent use of a stimulant from the methylphenidate therapeutic class and a stimulant from the amphetamine therapeutic class. Concurrent use of dexamethylphenidate and methylphenidate will also no longer be covered. This edit has been put in place due to the lack of evidence indicating that this practice is safe and more effective than using a short-acting stimulant plus long-acting stimulant from the same therapeutic class. ND Medicaid will still allow methylphenidate ER plus methylphenidate IR, dexamethylphenidate ER plus dexamethylphenidate IR, or any ER product from the amphetamine class plus an IR product from the amphetamine class. There is no change to Vyvanse or liquid/chewable stimulants, which are still not covered with any other stimulants.

## Pharmacy Messaging on Denials

ND Medicaid has the capability to send pharmacy messages with coverage details about the specific medication being denied for NCPDP Reject Code 76 – Plan Limitations Exceeded and NCPDP Reject Code 75 – Prior Authorization Required denials. When you receive a denial, please review your screen carefully before calling provider relations. General messages are also sent on other denials now such as eligibility and third party denials with more clear instruction on who to contact.

## Brand - Generic Preferred Agent Updates

No longer requires brand necessary:

Carbamazepine 100 mg/5 mL

Carbamazepine ER 200 mg

Carbamazepine 100 mg

Levalbuterol 0.31 mg/3 mL

Rosuvastatin 5 mg

## Prior Authorization Updates

### Removed from PA

Apidra

Butrans

Edarbi

Extavia

Irbesartan-HCTZ

Levocetirizine

Losartan-HCTZ

Nexium Packet

Perindopril

Rizatriptan ODT

Tramadol ER

Trandolapril

Valsartan

### Added to PA

Altoprev

Benazepril-HCTZ

Bevespi Aerosphere

Byvalson

Candesartan and combos

Doryx MPC

Eprosartan

Estazolam

Fentanyl 12 mcg/hr

Flurazepam

Halcion

Kadian

Orfadin

Qbrelis

Relistor

Restoril

Telmisartan

Utibron Neohaler

Victoza

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



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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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