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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).



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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

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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."

These are the medications included in first fill limitation edit:

Acetaminophen/Codeine #2 300-15 mg	Morphine sulfate IR 15mg tablets
Acetaminophen/Codeine #3 300-30 mg	Oxycodone 100mg/5mL liquid
Acetaminophen/Codeine #4 300-60 mg	Oxycodone 10 mg Hydrocodone-Acetaminophen 5-325 mg
Hydrocodone-Acetaminophen 7.5-325 mg/15 mL liquid	Oxycodone 5 mg
Hydromorphone 2 mg	Oxycodone 5mg/5mL liquid
Hydromorphone 4 mg	Oxycodone/Acetaminophen 5-325mg
Morphine 100mg/5mL liquid	Oxymorphone 5mg
	Tramadol 50mg

## Benzodiazepines Edit Update

### Therapeutic Duplication Edit:

ND Medicaid will no longer cover benzodiazepines that are only indicated for insomnia with non-barbiturate medications indicated for insomnia.

### Quantity Limit:

Halcion and Restoril are indicated for short-term treatment of insomnia (generally 7-10 days) so a quantity limit has been put in place to allow 10 tablets per 30 day supply.

### Prior Authorization:

Benzodiazepines indicated only for insomnia have been added to prior authorization.

## Codeine Containing Products Age Edit

ND Medicaid has implemented age limits on codeine-containing products. These products will ONLY be covered for recipients 6 years of age and older:

- Guaifenesin/codeine liquids
- Promethazine/codeine liquids
- Phenylephrine/codeine/guaifenesin liquid
- Promethazine/phenylephrine/codeine liquid

These products will ONLY be covered for recipients 13 years of age and older:

- Acetaminophen with codeine liquid
- Acetaminophen with codeine tablets
- Codeine tablets

## Brand-Generic Preferred Agent Updates

No longer requires brand necessary:

Niacin ER  
Tindamax

Now requires brand necessary:

Seroquel XR

### The 2017 PDL is now in effect

It can now be accessed at <http://www.hidesigns.com/ndmedicaid/pdl>.

New category on PDL:

Ophthalmic Anti-inflammatories: Prednisolone sodium phosphate and prednisolone acetate (Omnipred, Pred-Forte) are no longer preferred.

Categories no longer managed by PDL:

Generic epinephrine pens are preferred over Epi-Pen and Epi-Pen Jr.

Insulin vials are preferred over insulin pens.

All H. pylori and bio c combinations have been removed from PA.

Removed from PA	Removed from PA	Added to PA	Added to PA	Added to PA
Alocril	Mesalamine Enema	Acular LS	Fosrenol	Prednisolone Acetate
Alomide	Ofloxacin	Adlyxin	Humulin Kwikpen	Prednis Sod Phos
Aubagio	Olopatadine HCL	Afrezza	Hyqvia	Prepopik
Azasite	Omeclamox-Pak	Alogliptin-Metformin	Jentaduet XR	Prestalia
Azelastine HCL	Omnaris	Alogliptin-Pioglit	Kanuma	Procrit
Beconase AQ	Oxytrol	Apriso	Kepivance	Prolensa
Besivance	Qnasl	Aranesp	Lialda	Relistor
Brovana	Renvela	Basaglar Kwikpen	Migranal	Soliqua
Ciloxan 0.3%	S olto Respimat	Benlysta	Mircera	Spinraza
Dexilant	Synjardy	Calcipotriene	Moviprep	Spiriva Respimat
Dipentum	Tanzeum	Cuvitru	Namenda XR	Suprep
Epinephrine	Tramadol ER	Dalvance	Neomycin/poly/hydro	Tetracycline
Eurax	Vusion	Dihydroergotamine	Nesina	Tirosint
Gelnique	Zetonna	Enablex	Nucynta/Nucynta ER	Tobradex ST
Gilenya		Ens lar	Orbac ve	Tudorza Pressair
Invokana		Epogen	Otovel	Viekira XR
Jardiance		Evzio	Otrexup	Vonvendi
Lansoprazole		Exondyxs 51	Pataday	Zubsolv
Lansop-Amox-Clarith		Fabrazyme	Panhematin	Zurampic

### Prior Authorization Updates

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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