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# North Dakota Medicaid Pharmacy Program Quarterly News

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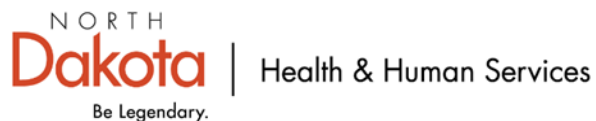
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Welcome to the “North Dakota Medicaid Pharmacy Program Quarterly News,” a pharmacy newsletter presented by the North Dakota Department of Health and Human Services and published by Kepro. This newsletter is published as part of a continuing effort 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 Kepro 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 Kepro 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 about respiratory syncytial virus (RSV) season determination, Synagis coverage, Omnipod coverage, and albuterol inhaler coverage.

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



<u>Helpful Numbers</u>	
PA Help Desk	866-733-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

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**Visit Kepro’s North Dakota Department of Human Services Prior Authorization Webpage, [www.hidesigns.com/ndmedicaid](http://www.hidesigns.com/ndmedicaid).**

## RSV Season Determination

Effective September 7<sup>th</sup>, to better align Synagis coverage with RSV outbreaks as reported to the Centers for Disease Control and Prevention (CDC), the RSV season will be identified using data reported by the National Respiratory and Enteric Virus Surveillance System (NREVSS) Midwest Region.

<https://www.cdc.gov/surveillance/nrevss/rsv/region.html#midwest>.

- RSV season onset: first of two consecutive weeks when percentage of polymerase chain reaction (PCR) tests positive for RSV is greater than 3%. Up to five weight-based doses will be authorized within 6 months of the RSV season onset.
- RSV season offset: last of two consecutive weeks when percentage of PCR tests positive for RSV is less than 3%. No further prior authorization requests will be approved following the season offset.
- The Synagis onset date for this year is 08/27/2022.

The American Academy of Pediatrics (AAP) continues to support the use of palivizumab in eligible infants in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall-winter season. The AAP recommends initiating the standard administration of palivizumab, which consists of 5 consecutive monthly doses. This regimen provides serum levels associated with protection for 6 months, the length of a typical RSV season.

## Synagis Coverage

The method of requesting a prior authorization (PA) for Synagis has not changed; however, the member's weight will need to be provided on the PA form to calculate authorized units. Once approved, the number of authorized units and duration of PA approval will be noted on the approval letter.

## Omnipod Coverage

Effective October 1<sup>st</sup>, ND Medicaid will cover Omnipod DASH and Omnipod 5 Tubeless Automated Insulin Delivery Systems. Omnipod DASH and Omnipod 5 will be covered through pharmacy point-of-sale billing for members with type 1 diabetes less than 21 years old. Requests for greater than 10 pods per 30 days must include clinical justification vs using a tubed pump. If requested quantity exceeds 15 pods per 30 days, the request will be denied for Omnipod.

Please refer to the Preferred Drug List (PDL) located at [www.hidesigns.com/ndmedicaid](http://www.hidesigns.com/ndmedicaid) for prior authorization forms, clinical criteria, and frequently asked questions (FAQ) regarding coverage and billing.

## Albuterol Inhaler Coverage

Effective October 1<sup>st</sup>, ProAir HFA is being discontinued from the market. Ventolin HFA will no longer require a concurrent steroid and will require a 90-day supply for 1 inhaler, or 180-day supply for 2 inhalers. ProAir Respiclick is still available for those requiring a 60-day supply and also requires a concurrent steroid inhaler.

## References

1. United States, Department of Health and Human Services, Centers for Disease Control and Prevention. "RSV Census Regional Trends." *Centers for Disease Control and Prevention*, 25 Aug. 2021, <https://www.cdc.gov/surveillance/nrevss/rsv/region.html#midwest>.
1. American Academy of Pediatrics. Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season. American Academy of Pediatrics; July 2022. Available at: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/>