North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Kepro

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 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 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, 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 updates about hormone treatment coverage and pharmacotherapy for bipolar insomnia.

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.

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Helpful Numbers

PA Help Desk	866-733-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

Inside this issue:

Visit Kepro's North Dakota Department of Human Services Prior Authorization Webpage, *www.hidesigns.com/ndmedicaid*.

Hormone Treatment

Beginning March 1st, 2022, North Dakota Medicaid turned off the point-of-sale electronic gender edit. Turning off this edit allows members to fill gender-affirming hormone agents without an override. For this to happen, an electronic diagnosis code verification was turned on at point-of-sale for testosterone, estrogen, and progesterone products to ensure proper use of these hormone therapies. Please include a diagnosis on the prescription for the pharmacy to process these prescriptions.

Regardless of the indication, if the hormone therapy is listed as a non-preferred agent in the Preferred Drug List, then a prior authorization must be submitted. A list of preferred agents can be found on the Preferred Drug List at www.hidesigns.com/ndmedicaid.

Pharmacotherapy for Insomnia in Members with Bipolar Disorder

Sleep and sleep disturbances have been found to play a crucial role in patients with bipolar disorder. Studies suggest that patients with bipolar disorder may experience more manic episodes in response to poor sleep. This correlation between impaired sleep and relapse in patients with bipolar disorder has made pharmacotherapy for insomnia a part of treatment for patients with bipolar.

Currently, there is no medication specifically approved for the management of insomnia in patients with bipolar disorder. Thus, providers utilize empiric treatment with benzodiazepines, benzodiazepine agonists, sedating antidepressants, sedating antipsychotics, anticonvulsants, and melatonin agonists. Choosing an agent is patient-specific and should be done with careful consideration of risks versus benefits. Please see chart below for considerations when using these agents for insomnia in patients with bipolar disorder.

Medication Class	Pros	Cons
Benzodiazepines	• Wide range of half-lives • Clonazepam was found to be effective as a replacement for neuroleptics used adjunctively with lithium in the maintenance treatment of bipolar disorder in an uncontrolled retrospective chart review and a prospective open trial	• Abuse potential, tolerance, withdrawal, daytime sedation, and motor/cognitive impairment • Daytime sedation • Motor/cognitive impairment
Benzodiazepine receptor agonists (BzRAs)	• Like traditional benzodiazepines but more specific to $GABA_A$ receptors • Short to intermediate half-life, with the potential to reduce daytime sleepiness	• Potential for tolerance and withdrawal

Sedating antidepressants	• Most commonly prescribed agents for chronic insomnia at low doses • Less concern about long-term use than benzodiazepines and BzRAs • Access widely available	• Trazodone and antidepressants (specifically tricyclic antidepressants) are known to have to ability to induce mania in bipolar patients • Should be used with caution in patients with bipolar disorder
Sedating antipsychotics	• Can be used as monotherapy to improve sleep and as maintenance treatment of bipolar disorder	• Unfavorable side effect profile (metabolic abnormalities, daytime sedation, extrapyramidal symptoms, etc.) • May induce or worsen sleep-related movement disorders
Anticonvulsants	• Agents not approved for bipolar treatment (gabapentin, topiramate, and tiagabine) are sometimes used as hypnotics in patients with bipolar disorder • Sedating and not associated with manic switching • Some have demonstrated mood stabilizing properties	• Probably less effective than benzodiazepines and BzRAs in insomnia • Possible side effects of cognitive impairment and daytime sedation
Melatonin receptor agonists	• May be useful in patients with comorbid substance use, as these agents are not associated with abuse • Melatonin has shown some promise in treatment-refractory mania in rapid-cycling patients	• Have not been carefully studied in maintenance treatment of bipolar disorder • A case series of five rapid-cycling patients suggested that melatonin has little effect on mood and sleep, and melatonin withdrawal delayed sleep onset time and may have mild mood-elevating effects

Plante, David, M.D. and Winkelman, John, M.D., Ph.D. Sleep Disturbance in Bipolar Disorder: Therapeutic Implications | American Journal of Psychiatry (psychiatryonline.org)