Acentra HEALTH

North Dakota Medicaid Academic Detailing

Quarter 2 2024

Prior Authorization Updates

Drug name	PA Status	Class
Alvaiz	PA	Thrombocytopenia
Zymfentra	PA	Cytokine Modulators
Revivasil Kit	PA	Kits
Opsynvi	PA	Pulmonary Hypertension
Rezdiffra	PA	Medications Over $3000
Winrevair	PA	Pulmonary Hypertension
Bivigam	Remove PA	Immune Globulins
Flebogamma Dif	Remove PA	Immune Globulins
Gammagard	Remove PA	Immune Globulins
Gammagard S-D	Remove PA	Immune Globulins
Gamunex-C	Remove PA	Immune Globulins
Hizentra	Remove PA	Immune Globulins
Hyqvia	Remove PA	Immune Globulins
Octagam	Remove PA	Immune Globulins
Privigen	Remove PA	Immune Globulins

Version Changes

Category	Change
Asthma / COPD	Anticholinergics - Long Acting Electronic Concurrent Medications Requirement clarification
Axial Spondyloarthritis/Ankylosing Spondylitis	Criteria Updated - Rinvoq ER criteria updated
Concurrent Long-Acting Injectable and Oral Antipsychotics	Criteria Updated
General Policies	Added TPL policy information
Growth Hormone	Criteria Updated - Epiphyseal Closure and Non-Preferred Agent Criteria updated
Hyperkalemia	Criteria and Preferred Product Update - Added SPS and cardiologist
Menopause - Vasomotor Symptoms	Criteria Updated - Trial requirements updated
Migraine	Treatment of Migraine - Nasal Criteria updated
Myasthenia Gravis	Criteria Updated
Opioid Analgesics	Opioid and Bnezodiazepine Concurrent Use criteria updated
Opioid Analgesics	Long-Acting Opioids - Removed chart note requirement
Opioid Analgesics	Short Acting Opioids - Removed chart note requirement
Osteoporosis	Criteria Updated - Removed bisphosphonate trial requirement
Paroxysmal Nocturnal Hemoglobinuria	Criteria Updated
Peanut Allergy	Criteria Updated - Defined allergy to peanut
Phenylketonuria	Criteria Updated - Removed chart note requirement
Primary Hyperoxaluria Type 1	Criteria Updated
Pseudobulbar Affect	Criteria Updated - Removed chart note requirement and renewal criteria updated
Pulmonary Hypertension	Criteria Updated – New Products

Reduction of Major Adverse Cardiovascular Events (MACE)	Category Added
Sickle Cell Disease	Category Added – Gene Therapy
Spinal Muscular Atrophy	Criteria Updated - Removed chart note requirement
Tardive Dyskinesia	Criteria Updated – AIMS score
Tubeless Insulin Pump	Criteria Updated – Ages 21+ eligible
Ulcerative Colitiis	Criteria Updated - Rinvoq ER criteria updated
Weight Loss	Category Added

Agenda

- General Updates
- Preferred Product Changes
- Weight Loss
- Omnipod Updates
- Brixadi and Sublocade
- COVID-19 Treatment Updates
- Medical Prior Authorization Updates
- Non-Emergent Transportation Coverage

General Updates

- The ND Medicaid PA website has migrated to a new URL. Please save this link for the new landing page: https://ndmedicaid.acentra.com/

- Preferred Drug List (PDL) Changes
  - Monitor for PDL changes often throughout the year. Save this URL to see the most current version: https://ndmedicaid.acentra.com/ndpdl/
  - Average Manufacturer Price (AMP) cap changes effective 1/1/2024 may lead to more product discontinuations and preferred product placements changes.

- New NDC Drug Lookup Tool
  - Instructions for how to use can be found in North Dakota Medicaid's Winter 2024 Newsletter

- Please see the Quarter 1 Academic Detailing presentation for information provided in March 2024

Preferred Product Changes

- Insulin
  - Novolog, insulin aspart, and Apidra (insulin glulisine) require PA.
    - Please begin transitioning members currently on Apidra, Novolog, or insulin aspart to Humalog or insulin lispro to avoid disruption to insulin treatment.
  - Fiasp (insulin aspart) does not require PA but does require an electronic lookback for a 3-month supply of Humalog within the past 180 days in claim history
- GLP-1 Agonist
  - Ozempic, Rybelsus, and Bydureon Bcise are covered after a trial with Victoza with 2 other antihyperglycemic agents.
  - Trulicity requires a trial of Ozempic with 2 other antihyperglycemic agents.
  - Victoza is still covered without PA.
- Steroid/Long-Acting Beta Agonist (LABA) Combination Inhalers
  - Symbicort requires prior authorization
  - Dulera (which contains formoterol) may be used for SMART (single inhaler for maintenance and rescue therapy) as recommended by the GINA (Global Initiative for Asthma) guidelines.
  - The Dulera quantity limit allows up to 2 inhalers per 30 days (not to exceed a total of 9 inhalers per 182 days) for maintenance and rescue utilization.

Preferred Product Changes

- Otic Anti-infectives/Anti-inflammatories
  - Ciprodex is no longer manufactured
  - Generic ciprofloxacin dexamethasone requires prior authorization evidencing a failed trial of the preferred agent or documentation evidencing a perforated ear drum
  - Please note, ciprofloxacin and ofloxacin eye drops are preferred agents that do not require prior authorization
- PCSK9 Inhibitors
  - Repatha no longer requires prior authorization
- Proton Pump Inhibitor
  - Dexilant and Konvomep require prior authorization evidencing a failed trial of all preferred agents
  - Requests for proton pump inhibitors in non-solid dosage forms should also meet the non-solid dosage form criteria

Weight Loss

Weight Loss

Antipsychotic Induced Weight Gain

- Metformin is covered without prior authorization.
- Victoza is covered without prior authorization by submitting diagnosis code T43.505A

Obesity

- The following drugs are covered without prior authorization by submitting a corresponding diagnosis code for the indication:
    - phentermine, bupropion, naltrexone, topiramate

Omnipod

Tubeless Insulin Pumps

Quantity limits:

- NDC 08508200005 - Omnipod DASH Refill Pods – 10 pods per 30-day supply
- NDC 08508300001 - Omnipod 5 Intro Kit – 1 per 30-day supply (payable 1 per 365 days)
- NDC 08508300021 - Omnipod 5 Refill Pods – 10 pods per 30-day supply
- NDC 08508300053 - Omnipod 5 G6-G7 Pods (Gen 5) - 10 pods per 30-day supply
- NDC 08508300050 - Omnipod 5 G6-G7 Intro Kit - 1 per 30-day supply (payable 1 per 365 days)

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, request will be denied for Omnipod. Member may still be eligible for tubed pump (requires separate medical prior authorization).

Manufacturer Name	NDC	Product Description
Insulet, Inc.	08508-2000-05	Omnipod DASH Refill Pods
Insulet, Inc.	08508-3000-01	Omnipod 5 Intro Kit
Insulet, Inc.	08508-3000-21	Omnipod 5 Refill Pods
Insulet, Inc.	08508-3000-53	Omnipod 5 G7 Pack Pods
Insulet, Inc.	08508-3000-50	Omnipod 5 G7 Intro Kit

Prior Authorization Criteria

Tubeless Insulin Pump (Omnipod) Prior Authorization Form

Initial Criteria – Approval Duration: 12 months

- The requested medication must be prescribed by, or in consult with, an endocrinologist, diabetic educator, or prescriber specializing in the treatment of diabetes or prescriber must attest to BOTH of the following:
  A. The member will maintain regular provider visits to review glycemic control data every 3-6 months.
  B. The member will receive Omnipod training from Omnipod System Trainer or a healthcare provider.
- The member has not received a tubed insulin pump within the past 4 years or must be experiencing elevated glucose levels from disconnecting due to contact or swimming sports.
- The member must be using a compatible rapid-acting insulin.
- The member must have one of the following (A, B, or C):
  A. Diabetes type 1
  B. Diabetes due to pancreatectomy
  C. Diabetes due to an auto-immune beta cell destruction requiring insulin therapy with a long-acting and short-acting insulin for the past 6 months, as evidenced by paid claims or pharmacy print outs.

Brixadi and Sublocade

- Sublocade is a monthly subcutaneous formulation of buprenorphine which can be initiated following stabilization with a transmucosal buprenorphine 8 to 25 mg/day for at least 7 days
- Brixadi is a weekly or monthly subcutaneous formulation which can be initiated following a single dose of a transmucosal buprenorphine product
  - There are dosing options of Brixadi that are recommended for those stabilized on doses of buprenorphine < 8 mg/day

COVID-19 Treatment Updates

- Medicaid plans must cover all COVID-19 treatments until the end of the third quarter of calendar year 2024. On November 1, 2023, the manufacturers of Lagevrio and Paxlovid began a transition from distribution by the US Government to distribution through the commercial channel.
- Paxlovid: No prior authorization required
  - Through December 31, 2024, Medicaid members can obtain Paxlovid directly at the pharmacy at no cost without having to enroll in the patient assistance program (PAP). Pharmacies can bill commercial supply directly to Medicaid. Pharmacies may not use 340b stock for Paxlovid.
  - Medicaid members may also obtain Paxlovid at no cost through the PAP program: https://www.paxlovid.com/paxcess or call 1-877-219-7225 (1-877-C19-PACK).
- Lagevrio: Prior authorization required
  - Approved under emergency use authorization (EUA), Lagevrio should only be used in cases where Paxlovid is not an option, and the use of Lagevrio is a medically urgent need. Prior authorization will be used to verify that FDA-approved Paxlovid cannot be utilized.
  - Medicaid members cannot receive Lagevrio through the PAP operated by the manufacturer. Merck has published program information at https://www.merckhelps.com/LAGEVRIO or 1-800-727-5400.

Medical Prior Authorization Updates

- See Provider Updates
- See updates on agents requiring medical service authorization: Provider Guidelines, Manuals and Policies | Health and Human Services North Dakota
- See previous newsletters
- Use this link to sign up for newsletters: ND Medicaid Provider Information | Health and Human Services North Dakota

Stay in the know! Medicaid provider newsletter subscription

Signing up to receive ND Medicaid's quarterly provider newsletters is easy.

Step 1: Go to the Provider webpage.

Step 2: Enter your email address and click submit.

Step 3: Follow directions to set up and choose your subscription options. Select Medicaid Provider Newsletter.

ORP Provider Updates

- Effective for dates of service May 1, 2024, and after, ND Medicaid will require that the ORP provider's individual National Provider Identifier (NPI) be present on all 837P transactions (professional claims) for certain services, including those related to immunizations and tobacco cessation. Reference the ORP Providers policy for the full list of services and billing information.
- Pharmacists may be listed as the ORP provider on claims if their scope of practice allows for the order/referral/prescription. For services ordered by the pharmacist (such as MTM, tobacco cessation counseling, etc.), the pharmacist NPI must be listed on the claim as the ordering provider NPI.
- ORP providers must be enrolled with ND Medicaid.

Non-Emergent Transportation Coverage

- ND Medicaid covers transportation to covered medical services, including pharmacies. The member should contact their human service zone or tribal office to coordinate transportation. Please keep this in mind if you hear of non-adherence to office visits or medication due to transportation issues.
- For more information regarding the Non-Emergent Medicaid Transportation program: Non-Emergency-Medical-Transportation.pdf (nd.gov)