



# North Dakota Medicaid Academic Detailing

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Quarter 3 2024

# Agenda

- General Updates
- Prior Authorization Updates
- Preferred Product Changes
- Drug Shortages
- Respiratory Syncytial Virus (RSV) Prophylaxis



# General Updates

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- 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](#)
- New [Prior Authorization forms](#) for GLP-1 and GIP/GLP-1 agonists, food allergy, primary hyperoxaluria type 1, and Voquezna
- Please see the [academic detailing page](#) for information previously presented



# Prior Authorization Updates

Drug	PA Status	Class
Acthar	PA	Medications Over \$3000 Criteria
Cimzia	PA	Cytokine Modulators
ciprofloxacin/dexamethasone	PA	ophthalmic anti-infectives
Dexlansoprazole	PA	PPIs
Elfabrio	PA	Physician Administered Drug
Freshkote	PA	Dry Eye Syndrome
Invokamet	PA	Diabetes
Invokana	PA	Diabetes
Katerzia	PA	non-preferred dosage form
Libervant	PA	non-preferred dosage form
Myhibbin	PA	non-preferred dosage form
Novolog	PA	Insulins
Ohtuvayre	PA	Agents Used to Treat COPD
pimecrolimus	PA	Eczema/Atopic Dermatitis
pitavastatin	PA	Lipid-Lowering Therapy
Sentia	PA	Dry Eye Syndrome
Spevigo	PA	Medications Over \$3000
Symbicort	PA	Steroid/LABA
tolvaptan	PA	Heart Failure/CKD
Vafseo	PA	Chronic Kidney Disease
verapamil ER PM	PA	non-preferred dosage form
Vetiva	PA	Dry Eye Syndrome
Vigafyde	PA	non-preferred dosage form
Voydeya	PA	Medications Over \$3000
Lotronex	remove PA	Irritable Bowel Syndrome
tazarotene cream	remove PA	Acne



# Preferred Product Changes

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- SGLT-2 Inhibitors

- Invokana and Invokamet requires prior authorization
- Invokana and Invokamet requires a trial of each preferred SGLT-2 inhibitor of a unique active ingredient and clinical justification as to why other preferred agents or classes cannot be used (subject to clinical review)

- Estrogens

- Delestrogen is preferred and does not require prior authorization, however, the highest strength has been discontinued
- Depo-estradiol injection is another preferred option without prior authorization



# Drug Shortages

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- Victoza Shortage

- ND Medicaid will not approve alternative GLP-1 Agonists (including generic liraglutide) due to the Victoza shortage.
- Substitute a different Victoza pack size: Quantity limits have been temporarily adjusted.
  - Victoza 2-pack can be used for 1.8 mg dose by billing qty 9 for 30-day supply.
  - Victoza 3-pack can be used for 1.2 mg dose by billing qty 9 for 45-day supply.
- Substitute a DPP-4 inhibitor (with a SGLT-2 inhibitor if needed):
  - The alternative GLP-1 Agonist products are already experiencing shortages.
  - GLP-1 Agonists typically have a long titration period and variable direct switch tolerability, which can contribute to changes in A1c.
  - GLP-1 Agonists and DPP-4 inhibitors have a very similar mechanism of action.
  - SGLT2-inhibitors also have cardiovascular benefit.

- Procentra Solution: brand name is required

- Product is not on manufacturer backorder
- Pharmacies should contact their wholesaler to have stocked



# Respiratory Syncytial Virus (RSV) Prophylaxis

- North Dakota Medicaid will not pay for RSV prophylaxis for the following patients:
  - Infants eligible to receive Beyfortus through the VFC program
  - Infants who have received immunity through a maternal RSV vaccine and/or another monoclonal antibody for RSV prophylaxis during the current season
- If the member is unable to receive Beyfortus through the VFC program, please see the RSV prophylaxis criteria in the PDL
- Respiratory Syncytial Virus (RSV) Season defined as onset (1st of 2 consecutive weeks when percentage of PCR tests positive for RSV is > 3% and offset (Last of 2 consecutive weeks when percentage of PCR tests positive for RSV is < 3%) as reported by The National Respiratory and Enteric Virus Surveillance System (NREVSS) Region 8 RSV Regional Trends



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