

North Dakota Medicaid Pharmacy Program Quarterly News

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Quarter 2 - Spring

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Biosimilars

A biosimilar is a biologic medication that is highly similar to and has no clinically meaningful differences from an existing FDA-approved biologic, called a reference product.¹

- Made with the same types of living sources
- Given the same way
- Have the same strength, dosage, potential treatment benefits, and potential side effects
- An interchangeable biosimilar is a biosimilar that may be substituted for the reference product without consulting the prescriber (subject to state law)
- The FDA publishes a current list of biosimilars: [Biosimilar Product Information | FDA](#)²

The [ND Medicaid Preferred Drug List \(PDL\)](#) includes a list of preferred biosimilar agents, and some examples of preferred biosimilars are:

- Adalimumab: Humira, adalimumab-adaz, adalimumab-adbm (labeler 00597), adalimumab-fkjp, Hadlima, Hulio, and Simlandi
- Infliximab: Avsola and Inflectra
- Rituximab: Riabni, Ruxience, and Truxima

GLP-1 Agonists & GIP/GLP-1 Agonists

ND Medicaid covers GLP-1 agonists and GIP/GLP-1 agonists for the following indications (prior authorization may be required):

- Type 2 diabetes mellitus
- Reduction of major adverse cardiovascular events (MACE)
- Obstructive sleep apnea (OSA)
- Metabolic dysfunction-associated steatohepatitis (MASH)

ND Medicaid does NOT cover GLP-1 agonists and GIP/GLP-1 agonists for weight loss. However, Victoza is covered for antipsychotic-induced weight gain by submitting diagnosis code T43.505A.

If criteria are met for a covered indication and prior authorization (PA) is approved for a particular drug, the most cost-effective product for that drug (and route of administration) will be authorized.

Liraglutide	Semaglutide	Tirzepatide
<ul style="list-style-type: none">• Victoza• Saxenda	<ul style="list-style-type: none">• Ozempic• Wegovy	<ul style="list-style-type: none">• Mounjaro• Zepbound

The [Preferred Drug List \(PDL\)](#) outlines preferred products and coverage criteria for each indication.

- Victoza (brand) does not require PA. If Victoza is unavailable due to market shortage, generic liraglutide will be covered.
- Ozempic, Rybelsus, Trulicity, and Mounjaro require PA.

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Coverage Updates

ND Medicaid Preferred Drug List (PDL): <https://ndmedicaid.acentra.com/ndpdl/>

Diabetes Coverage Updates

Effective March 3, 2025: Insulin lispro pens are preferred.

- Vials require PA to verify member has an insulin pump.
- PA is not required for insulin lispro vials when used with Omnipod. If the member uses an Omnipod insulin pump, electronic lookback will confirm pump use within 90 days prior to the insulin claim date of service.

Effective May 1, 2025: Dexcom does not require PA for members using insulin.

- Electronic lookback will confirm insulin use within 90 days prior to the Dexcom sensor claim date of service.
- If the electronic lookback does not confirm insulin use, you can submit a PA request.

Effective July 1, 2025: Januvia, Janumet, Janumet XR, and Jentadueto XR will require PA.

- Tradjenta and Jentadueto will be the only DPP-4 inhibitors that do not require PA.
- Please start transitioning your patients now to avoid treatment disruption.

Renal HCPCS Code Drug Coverage Updates

Effective April 1, 2025: Drugs billed with HCPCS codes that are specific for end stage renal disease (ESRD) in the description require PA.

- PA is required to rule out Medicare eligibility if a member is on renal dialysis or has an ESRD diagnosis.
- Please use the [Procedure Code Look-up Tool](#) to search for the HCPCS codes that require PA.

Respiratory Drug Coverage Updates

Effective October 1, 2025: Advair Diskus, Advair HFA, and Airduo Respiclick will require PA.

- Dulera will be the only inhaled corticosteroid/long-acting beta agonist (ICS/LABA) inhaler that does not require PA.
 - Dulera contains formoterol and can be used for maintenance-and-reliever therapy (SMART) as recommended in asthma guidelines.
 - ND Medicaid allows up to two Dulera inhalers per 30-day supply for SMART use.
- Please start transitioning your patients now to avoid treatment disruption.

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Academic Detailing

- Academic detailing provides education for healthcare professionals about important topics relating to the ND Medicaid Pharmacy Program.
- Please visit the [Academic Detailing](#) link to sign up for the next webinar on June 18, 2025.

The “North Dakota Medicaid Pharmacy Program Quarterly News” is a pharmacy newsletter presented by the North Dakota Department of Health and Human Services and published by Acentra Health. 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 Acentra Health 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 <https://ndmedicaid.acentra.com/> or call Acentra Health 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).

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact Acentra Health at 1-800-225-6998 or e-mail us at ND_Medicaid_Info@acentra.com.

References

1. U.S. Food and Drug Administration. Overview for Health Care Professionals. Available from: <https://www.fda.gov/drugs/biosimilars/overview-health-care-professionals>.
2. U.S. Food and Drug Administration. Biosimilar Product Information. Available from: <https://www.fda.gov/drugs/biosimilars/biosimilar-product-information>



Helpful Numbers

PA Help Desk	866-773-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

STAY INFORMED: 2025 DUR Board Meetings at 1 PM

March 5
June 4
September 3
December 3