

North Dakota Medicaid Pharmacy Program Quarterly News

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1 Drug Coverage Updates

We are updating our coverage policies for ADHD, respiratory, diabetes, and ustekinumab biosimilar drugs. Stay informed to support continuity of care and avoid prescription delays.

2 Medicaid Drug Rebate Program (MDRP)

North Dakota (ND) Medicaid cannot pay for a drug when the manufacturer does not participate in the MDRP. Learn how to find covered alternatives.

3 Prescription Drug Monitoring Program (PDMP) Requirements

In ND, prescribers and dispensers of controlled substances (CS) are required to register with and use the PDMP. Learn how to comply with federal and state PDMP laws and rules.

4 Benzodiazepine (BZD) Tapering: New Guidelines

A new clinical practice guideline offers consensus-based recommendations on BZD tapering. Key highlights include patient-centered care, taper strategies, and withdrawal management.

This newsletter is presented by the North Dakota Department of Health and Human Services (HHS) and published by Acentra Health as part of a continuing effort to keep the Medicaid provider community informed of important changes in the ND Medicaid Pharmacy Program.

HHS 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 the website at <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, reimbursement amount, MAC pricing, copay information, and any limitations (PA or quantity limits).

The ND 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.

Helpful Numbers

PA Help Desk	866-773-0695
Fax PA Requests	855-207-0250
Report Adverse Reactions	800-FDA-1088

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Coverage Updates

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

Diabetes Drug Coverage Updates

Effective October 1, 2025: Concurrent metformin will be required with DPP-4 inhibitors.

- Members with GI intolerance to high-dose IR metformin must trial metformin ER 500 mg at minimum. Mitigation efforts also should be attempted and documented.
- According to the American Diabetes Association (ADA) 2025 Standards of Care, metformin is more effective than DPP-4 inhibitors in lowering A1c and weight when used as monotherapy.
- Initiate metformin now to avoid treatment disruption.

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 single-inhaler 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.
- Start transitioning your patients now to avoid treatment disruption.

Biosimilar Drug Coverage Updates

Effective July 1, 2025: Steqeyma is the preferred ustekinumab biosimilar and requires PA.

- Existing Stelara PA approvals have been updated to Steqeyma to facilitate the transition.
- Selarsdi and Yesintek are Step 1 non-preferred status and require PA.
- Stelara and other ustekinumab biosimilars are Step 2 non-preferred status and require PA.

Other Drug Coverage Updates

Anoro Ellipta – Brand is required.

Promacta – Brand is preferred. Brand and generic require PA.

Clonidine patch – The diagnosis code is required on clonidine patch claims for adults.

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MDRP

ND Medicaid is not able to pay for a drug when the manufacturer does not participate in the MDRP due to federal law, [Sec.1927. \[42. U.S.C. 1396r-8\] \(a\)](#).

- Manufacturers choose whether they will sign up for the MDRP.
- Manufacturer participation is outside of ND Medicaid's control.
- An alternative, participating manufacturer's product or different drug that is covered must be used for Medicaid to be able to pay.

Finding Covered Alternatives





Use the [NDC Drug Lookup](#) to find covered alternatives. Access this tool through the [Acentra Health](#) website (NDC Drug Lookup link) or the [North Dakota MMIS Web Portal](#) (Directories dropdown).

How to Use the NDC Drug Lookup:

1. Search for the NDC or Drug Name (partial drug names are allowed)
2. Enter the Date of Service (default is current date)
3. Select the Benefit Plan 100-ND Medicaid Fee for Service (use other selections if appropriate)

PDMP

[Federal law](#) requires providers to check the PDMP before prescribing or dispensing a CS to a Medicaid member as outlined below and in the [Pharmacy Provider Manual](#):

-  New or unestablished treatment
-  Every 6 months during established treatment
-  Early refills or patterns of taking more than prescribed dosage
-  Suspicion or known drug overuse, diversion, or abuse

In North Dakota, prescribers and dispensers of CS are required to register with and utilize the PDMP based on rules adopted by their respective professional licensing boards.



Dispensers: [NDAC 61-12-01-04](#)



Prescribers: [NDAC 50-05-02](#)
[NDAC 54-05-03.1-10\(4\)](#)

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BZD Guideline

Key Guideline Highlights



Risk-Benefit Assessment

Regularly evaluate if continued BZD use is justified and assess the risks and benefits of tapering/discontinuation. Consider alternative treatments.



Tapering Over Discontinuation

When discontinuation or a lower dose is appropriate, a gradual taper is preferred to reduce withdrawal and rebound symptoms. Abrupt cessation is discouraged unless clinically necessary.



Patient-Centered Plans

Individualize tapering schedules based on the patient's history, comorbidities, dose, and duration of use. Engage patients in shared decision-making to improve adherence and outcomes.



Ongoing Monitoring & Flexibility

Monitor closely during the taper. Adjust the taper pace based on withdrawal symptoms, with the option to pause or slow the taper when needed.



Mental Health Support

Address co-occurring psychiatric conditions with behavioral therapies and pharmacologic alternatives during and after tapering.

A newly released joint clinical guideline offers practical, consensus-based strategies for tapering BZDs when the risks of continued use outweigh the benefits in "adult patients who have been taking BZDs regularly and may be at risk for physical dependence."

While BZDs are effective for short-term anxiety and insomnia, there is lack of evidence for long-term clinical benefit. The risks of long-term use—such as tolerance, dependence, cognitive impairment, falls, and overdose—can outweigh the benefits and may change over time.

This guideline encourages a proactive and thoughtful approach to deprescribing BZDs with an emphasis on safety, communication, and collaboration. It also underscores the value of interdisciplinary care, particularly when managing complex cases.

Providers are encouraged to review the full guideline and consider integrating these recommendations into care for patients on long-term BZDs.

Recommendations in the guideline address considerations for:

- Whether to taper and taper strategies
- Level of care
- Withdrawal management
- Specific patient populations

Brunner, E. et al. | July 2025 | *The Joint Clinical Practice Guideline on Benzodiazepine Tapering*