

# North Dakota Medicaid Pharmacy Program Quarterly News

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## Inside this Issue

### 1 Drug Coverage Updates

Stay informed of recent and upcoming changes to our drug coverage policies to support continuity of care and avoid prescription delays.

### 2 Substance Use Disorder (SUD): Preferred Drugs

This issue highlights coverage for SUD treatments (e.g., opioid, alcohol, and nicotine). Review preferred agents and related coverage policies to support prescribing.

### 3 Medicaid Drug Rebate Program (MDRP)

North Dakota (ND) Medicaid cannot pay for a drug when the manufacturer does not participate in the MDRP. Learn more about Bausch Health's patient assistance program (PAP).

### 4 Provider Mailings in 2026

Look ahead to important 2026 provider mailings that will require timely review and response. Early awareness of upcoming requirements, key deadlines, and next steps can help minimize disruptions and administrative burden.

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](mailto: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/ndpdli/>

### Upcoming Drug Coverage Updates: Effective January 1, 2026

**Liraglutide (generic) is non-preferred status and requires PA.**

- Ozempic, Rybelsus, and Victoza (brand) remain preferred glucagon-like peptide 1 (GLP-1) agonists and do not require PA.
- Trulicity remains non-preferred status and requires PA.

*Note: GLP-1 doses that are not effective for glycemic control are only covered during initial titration for the duration recommended in the FDA label to mitigate gastrointestinal adverse effects.*

**The HCPCS codes below require PA.**

Azmiro	J1072	Injection, testosterone cypionate (azmiro), 1 mg
Emrelis	J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Imaavy	J9256	Injection, nipocalimab-aahu, 3 mg
Jobevne	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg
Ryzneuta	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Skysona	J3387	Injection, elivaldogene autotemcel, per treatment
Zevaskyn	J3389	Topical administration, prademagene zamikeracel, per treatment

**Systemic and topical eczema/atopic dermatitis agents have separate coverage criteria.**

- Systemic and topical agents will have different previous therapy trial requirements.
- Systemic agents will have an initial BSA criterion and renewal criteria.
- Refer to the PDL to review the updated criteria.

**Magnesium oxide is no longer covered.**

### Recent Drug Coverage Updates

**Arnuity Ellipta and Asmanex** – Electronic age verification applies to claims.

**J0248 (Veklury)** – PA is required. Paxlovid is preferred for COVID-19 and does not require PA.

**J1745 (Remicade\*\* or infliximab)** – PA is no longer required, but generic infliximab should be used as an alternative to brand Remicade for adequate reimbursement.

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## SUD Drug Coverage

### Preferred Agents: No PA Required

#### Opioid Use Disorder

- Covered under pharmacy and medical benefits
- Resources, [policies](#), and links:
  - [Medication for Opioid Use Disorder \(MOUD\)](#)
  - [Non-Emergency Transportation](#)
  - [Physician Administered Drugs](#)
  - [SUD Treatment and Housing Providers](#)
  - [SUD Treatment Services](#)

buprenorphine-naloxone tablets  
Sublocade  
Brixadi  
naltrexone  
Vivitrol  
clonidine  
guanfacine

#### Reversal Agents:

Kloxxado nasal spray  
nalmefene injection  
naloxone nasal spray  
naloxone injection  
Narcan nasal spray  
Opree nasal spray  
Rextoxy nasal spray

#### Alcohol Use Disorder

naltrexone  
Vivitrol  
topiramate  
acamprosate  
disulfiram

#### Nicotine Dependence

- A total of 12 consecutive weeks is covered every 6 months (coverage may be extended to 24 weeks for varenicline and bupropion SR)
- Short-acting nicotine agents (gum, nasal spray, and lozenge) require concurrent nicotine patch, bupropion SR (generic Zyban), or varenicline due to better outcomes associated with concurrent use of short- and long-acting agents

bupropion SR  
nicotine lozenge  
nicotine patch  
nicotine gum  
Nicotrol spray  
varenicline

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## MDRP

The new manufacturer of Pulmicort Flexhaler does not participate in the MDRP, and the manufacturer of Xifaxan and Trulance (not an all-inclusive drug list) ceased MDRP participation.

- Pulmicort Flexhaler (from the new manufacturer), Xifaxan, and Trulance are not eligible for coverage by ND Medicaid.
- Medicaid members may apply to the manufacturer's PAP to obtain Xifaxan or Trulance (<https://www.bauschhealthpap.com/>).

ND Medicaid cannot 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.

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).

## 2026 PDMP Mailing

State Medicaid programs are required to report provider PDMP use percentages to CMS annually. The annual survey will be mailed to CS prescribers in February 2026.

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\(4\)](#)

[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

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## 2026 Psychotropic Mailing

ND Medicaid is required by state law N.D.C.C. § 50-24.6-04(7) to implement an annual certification program verifying medical necessity of each psychotropic drug when the regimen contains **five or more concurrent prescriptions** for drugs in the following classes:

Antipsychotic

Anticonvulsant

Mood stabilizer

ADHD

Antidepressant

Benzodiazepine

Sedative hypnotic

Coverage of the psychotropic drug will be denied if you fail to certify within the allotted time.



Psychotropic certification **must be completed within 90 days** of the notice date to prevent treatment disruption.



Each prescriber of a medication in an impacted regimen must certify the medical necessity of each psychotropic drug they prescribed within the regimen.

**The annual certification notice will be mailed to prescribers in the 2<sup>nd</sup> quarter of 2026**

- The mailing will include a list of your patients and their psychotropic drugs.
- If multiple prescribers are involved with the regimen, each will receive the information.
- You must respond regarding each psychotropic drug where you have been identified as the prescriber.