

North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Acentra Health

2026: Quarter 1

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 Quality Measures: Core Sets**
This issue introduces the Child and Adult Health Care Quality Measures (referred to as Core Sets). Stay tuned to upcoming newsletters for ND-specific data and opportunities to impact patient outcomes.
- 3 Psychotropic Certification: What to Expect Next Quarter**
A provider mailing will be sent in the second quarter of 2026 for the annual certification program. Early awareness of upcoming requirements, 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.

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/>

Procedure Code Look-Up: <https://www.hhs.nd.gov/healthcare/medicaid/provider/look-up-tool>

Use the Procedure Code Look-Up Tool to identify procedure codes that ND Medicaid covers, with key requirements for each code (including PA requirements).

Medical Billing Drug Coverage Updates

Effective April 1, 2026: The HCPCS codes below require PA.

Aukelso/Bosaya	Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg
Avtozma	Q0237	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg
Itvisma	C9309	Injection, onasemnogene abeparvovec-brve, per treatment
Keytruda Qlex	J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph
Papzimeos	J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose (Papzimeos)
Vyalev	J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg (vyalev)
Yimmugo	J1553	Injection, immune globulin (yimmugo), 100 mg

Recent Drug Coverage Updates

Diabetes:

- DPP-4 inhibitors are no longer allowed concurrently with insulin
- The American Diabetes Association (ADA) Standards of Care in Diabetes – 2026 indicate that GLP-1 RA or dual GIP and GLP-1 RA therapy should be considered prior to initiating insulin for most individuals

Proton Pump Inhibitors (PPI) Non-Solid Dosage Forms:

- Brand Nexium packet requires PA for members over 1 year of age
- Lansoprazole ODT and Protonix packet remain preferred PPIs (for the non-solid dosage forms) and do not require PA for members under 10 years of age
- All other non-solid dosage form PPIs (including generic esomeprazole packet) remain non-preferred and require PA

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Coverage Updates

Ustekinumab Biosimilars (Pharmacy Billing):

- Steqeyma is no longer preferred and requires PA (when billed on a pharmacy claim)
- Pyzchiva, Selarsdi, and Starjemza are preferred and do not require PA
- All other ustekinumab biosimilars are non-preferred and require PA

Respiratory:

- Advair Diskus and Advair HFA are no longer preferred and require PA
 - Dulera is the only ICS/LABA inhaler that does not require PA
 - Dulera claims will reject if the strength is not indicated for the member's age
 - Electronic age verification occurs during claim adjudication at the point of sale
 - All other ICS/LABA inhalers remain non-preferred status and require PA
- Formoterol is no longer a preferred LABA and requires PA
 - Arformoterol and Serevent Diskus remain preferred LABAs and do not require PA

Estrogen Patches:

- Brand Climara is now preferred (bill with DAW 9) and does not require PA
 - Menostar is no longer preferred and requires PA
 - Generic weekly estradiol patch is no longer preferred and requires PA
- Minivelle is no longer preferred and requires PA
 - Brand Vivelle-Dot remains preferred (bill with DAW 9) and does not require PA
 - Generic twice weekly estradiol patch, Dotti, and Lyllana remain non-preferred and require PA

Triptans – Nasal Spray & Injectable:

- Sumatriptan nasal spray and vial are no longer preferred and require PA
- Zolmitriptan nasal spray is now preferred and requires PA

Interferons:

- Rebif and Betaseron are no longer preferred and require PA
- Avonex remains preferred and does not require PA

Opioid-Induced Constipation:

- Movantik is no longer preferred and requires PA
- Lubiprostone and Symproic remain preferred and do not require PA

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Quality Measures

The Medicaid Child and Adult Core Sets are standardized quality measures issued by the Centers for Medicare & Medicaid Services (CMS) to monitor access and evaluate quality and outcomes of health care across Medicaid populations and domains of care. Core Set Measures address the following domains of care:

- Primary Care Access and Preventive Care
- Care of Acute and Chronic Conditions
- Dental and Oral Health Services
- Long-Term Services and Supports
- Maternal and Perinatal Health
- Behavioral Health Care
- Experience of Care



State-level data is submitted to CMS annually. Reporting is mandatory for the Child Core Set and behavioral health measures on the Adult Core Set.



The Core Set Annual Review Workgroup reviews and provides recommendations to CMS for annual updates to the quality measures.



Core Set Data Dashboard: <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/welcome>

Example Measures

Antibiotics: Avoidance of antibiotic treatment for acute bronchitis/bronchiolitis

Substance Use: Concurrent use of opioids and benzodiazepines

Initiation and engagement of substance use disorder treatment

Use of pharmacotherapy for opioid use disorder

Psychotropics: Adherence to antipsychotic medications for individuals with schizophrenia

Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications

Metabolic monitoring for children and adolescents on antipsychotics

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Psychotropic Certification

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



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.



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

The annual certification notice will be mailed to prescribers in the 2nd 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.