# North Dakota Medicaid Pharmacy Program Quarterly News

*Published Quarterly by Acentra Health*

2026: Quarter 2

## Inside this Issue



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

### Medical Billing Drug Coverage Updates

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

| | | |
|---|---|---|
| Contepo | J0528 | Injection, fosfomycin disodium, 20 mg |
| Enoby/Xtrenbo | Q5167 | Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg |
| Epioxa | J2789 | Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml |
| Exdensur | J2361 | Injection, depemokimab-ulaa, 1 mg |
| Fesilty | J7176 | Injection, human fibrinogen - chmt (fesilty), 1 mg |
| Iopidine | J2374 | Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml |
| Itvisma | J3405 | Injection, onasemnogene abeparvovec-brve, per treatment |
| Osvyrti/Jubereq | Q5166 | Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg |
| Qivigy | J1577 | Injection, immune globulin (qivigy), 100 mg |
| Starjemza | Q5164 | Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg |
| Vykoura | C9310 | Injection, leucovorin calcium (avyxa), 1 mg |
| Yartemlea | J1289 | Injection, narsoplimab-wuug, 1 mg |

## Tablet Splitting

Practical Tips for Splitting Tablets:

- Do not split the entire supply at one time and store for later use
- Do not split if enteric coated
- Most sustained, controlled, or time-release tablets should not be split
- Use a tablet splitter when possible[1, 2]

Rexulti Tablet Splitting Program:

There is no coating or release mechanism that precludes splitting the tablet.

Steady levels are expected due to the 91-hour half-life despite potential uneven halving.[3]


1. U.S. Food and Drug Administration. *Tablet Splitting*. Published August 23, 2013. Accessed June 30, 2026.
2. Academy of Managed Care Pharmacy. *Professional Practice Advisory on Tablet Splitting*. February 2007. Accessed June 30, 2026.
3. Otsuka America Pharmaceutical, Inc. *REXULTI (brexpiprazole) Prescribing Information*. Revised May 2025. Accessed June 10, 2026.

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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.

State reporting for the measure below is based on Healthcare Effectiveness Data and Information Set (HEDIS) specifications. Core Set Year 2024 uses data from January 2023 to December 2023.[4]

**ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA: AGE 18 AND OLDER (SAA-AD)**

Mandatory measure

Percentage with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on Antipsychotic Medication for at Least 80 Percent of their Treatment Period: Age 18 and Older

Population: **All states view (mixed populations)**
Methodology: **All states view (mixed methodologies)**
Core Set Year: **2024**

How to read this chart

↑ Higher values are better


Exported from the Centers for Medicare & Medicaid Services (CMS) Medicaid and Children's Health Insurance Program (CHIP) Core Set Data Dashboard, https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/
Date of download: 06/30/2026

## Impacting Adherence

Adherence barriers stem from a variety of factors (e.g., patient/condition/medication-related, socioeconomic reasons, healthcare system issues, etc.). Non-adherence may involve not starting, incorrectly taking, or discontinuing medication.

What can you do to help improve your patients' medication adherence?

- Assess adherence and consider non-adherence as a contributor to ongoing symptoms
- Identify reasons for non-adherence
- Educate and engage patients regarding their therapy
- Evaluate access to care (health care team, medication, etc.)
- Adjust the regimen if needed[5, 6]


4. Centers for Medicare & Medicaid Services. *Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Age 18 and Older (SAA-AD)*. 2024 Adult Core Set Data Dashboard. Accessed June 30, 2026.
5. World Health Organization. *Adherence to Long-Term Therapies: Evidence for Action*. World Health Organization; 2003. Accessed June 30, 2026.
6. Kvarnström K, Westerholm A, Airaksinen M, Liira H. *Factors Contributing to Medication Adherence in Patients with a Chronic Condition: A Scoping Review of Qualitative Research*. *Pharmaceutics*. 2021;13(7):1100. doi:10.3390/pharmaceutics13071100.

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## Clozapine & REMS

Clozapine is recommended first-line for treatment-resistant schizophrenia (TRS).[7, 8]

TRS is defined as failure to respond to at least two different antipsychotic medications at adequate doses for at least 6 weeks with confirmed adherence. Once TRS is identified, clozapine is recommended as monotherapy prior to initiating multiple antipsychotics.

To be eligible for a clozapine trial:

- Benefits outweigh risks
- Baseline ANC ≥ 1500/µL (≥1000/µL for those with Benign Ethnic Neutropenia)
- Patient can adhere to treatment monitoring, including regular blood draws
- Caregiver agreement

The FDA removed the clozapine risk evaluation and mitigation strategy (REMS) program in 2025, citing that the REMS program is no longer necessary to mitigate the risk of neutropenia.[9]

Clozapine still carries the risk of severe neutropenia. Labeling outlines the risks of clozapine and recommended monitoring frequency.

Pharmacies, providers, and patients are no longer required to enroll in the REMS program.

ANC levels do not need to be reported but should be monitored as recommended in the prescribing information.

Counsel patients to report flu-like symptoms, wounds taking a long time to heal, fever or chills, infection, sores in mouth or rectal area, and abdominal pain.


7. Kane J. Treatment-resistant schizophrenia. In: Case SM, Furst DE, Ridby WF, eds. UpToDate [Internet]. Waltham, MA: UpToDate; August 15, 2024. Available from: www.uptodate.com.
8. American Psychiatric Association. *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia*. 3rd ed. American Psychiatric Association Publishing; 2021. doi:10.1176/appi.books.9780890424841.
9. U.S. Food and Drug Administration. FDA removes risk evaluation and mitigation strategy (REMS) program for the antipsychotic drug Clozapine. April 3, 2026. FDA removes risk evaluation and mitigation strategy (REMS) program for the antipsychotic drug Clozapine | FDA. Accessed June 10, 2026.