North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Acentra Health

2026: Quarter 3

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 **Antipsychotics: Monitoring**
Antipsychotics can various metabolic side effects like weight gain, diabetes, and dyslipidemia.

3 **Quality Measures: Core Sets**
This issue highlights the child and adult antipsychotic screening and monitoring measures.

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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Drug 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

Drug Coverage Updates: Albuterol

Effective Immediately: Generic albuterol HFA 6.7 g and 8.5 g are preferred and do not require prior authorization.

- Brand Ventolin HFA remains preferred and does not require prior authorization.
- ProAir Respiclick remains preferred and does not require prior authorization (concurrent steroid required).

Drug Coverage Updates: ADHD

Generic lisdexamfetamine capsule is preferred and does not require prior authorization.

- Brand Vyvanse capsule remains preferred and does not require prior authorization for all strengths except 10mg.
- Generic lisdexamfetamine chewable remains preferred and requires prior authorization.

Methylphenidate patch and Onyda XR are non-preferred and require prior authorization.

Drug Coverage Updates: Diabetes

Effective Immediately: Glyxambi and Synjardy XR are preferred and do not require prior authorization.

- Trijardy XR remains preferred and does not require prior authorization.
- Dapagliflozin, dapagliflozin/metformin ER, Jardiance, and Synjardy remain preferred and do not require prior authorization.

Rybelsus is being discontinued by the manufacturer.

- Ozempic injection remains preferred and does not require prior authorization.
- Trulicity and Ozempic tablets will no longer require prior authorization.

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Drug Coverage Updates

Drug Coverage Updates: Other

Effective Immediately: Cosentyx Unoready is non-preferred and requires prior authorization.

- Cosentyx Sensoready remains preferred and requires prior authorization.
- Cosentyx syringe remains preferred and requires prior authorization.

Effective Immediately: Generic tofacitinib is preferred and does not require prior authorization.

- Brand Xeljanz is no longer preferred and requires prior authorization.

Effective immediately:

- Xiidra will be non-preferred and will require prior authorization.
- Mavyret and sofosbuvir/velpatasvir no longer require prior authorization.
- Orencia will no longer require prior authorization.
- Brand name is no longer required and will require prior authorization for Promacta, Tresiba, Orfadin, Trokendi XR, Rectiv, Zituvimet XR, and Ravicti.

Drug Coverage Updates: Biosimilars

Effective October 1, 2026:

- Riabni and Truxima will be non-preferred and will require prior authorization.
- Avsola will be non-preferred and will require prior authorization.
- Lucentis will be non-preferred and will require prior authorization.

Effective January 1, 2027

- Humira will be non-preferred starting January 1, 2027. Please work to transition your patients currently on Humira to avoid treatment disruption.
    - Hadlima, adalimumab-fkjp, adalimumab-adaz will remain preferred and not require PA into the new year.
    - Humira and Simlandi will be non-preferred and require PA.

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Drug Coverage Updates

Drug Coverage Updates: Medical Billing

The below medically billed medications require prior authorization. Please use the following form to submit requests for these medications (sfn00511.pdf).

Brand Name	HCPCS	Description
Aurlumyn	J1749	Injection, iloprost, 0.1 mcg
Avlayah	J1757	Injection, tividenofushp alfa-eknm
Decnupaz	C9313	Injection, pivekimab sunirine
Favlyxa	J9191	Injection, fluorouracil (avyxa), 10 mg
Filkri	Q5172	Injection, filgrastim-laha (filkri), biosimilar, 1 microgram
Furoscix	J1947	Inj, furoscix, 20 mg
Lasix ONYU	J1946	furosemide onbody
Loargys	J1946	Injection, pegzilarginase-nbln
Neulasta	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Omisirge	J3406	Injection, omidubicel-onlv, per therapeutic dose
Riabni	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
Truxima	Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Vykoura	J0644	Injection, leucovorin calcium (avyxa), 1 mg
Yesafili	Q5155	Inj, aflibercept-jbvf (yesafili), biosimilar, 1 mg

Drug Coverage Updates: Medications to treat Gender Dysphoria

ND Medicaid will require PA for drugs to treat gender dysphoria effective October 13, 2026 due to CMS final rule CMS-2451-F. If you receive a rejection on these medications, the message will read "Please call 701-328-4086 with indication".

- Use will be restricted to age 19 and older for CHIP and age 18 and older for Medicaid. Claims will reject at age 18 and under for all populations, an override will have to be requested for those that are 18 years old and on Medicaid.
- For those currently receiving treatment, a tapering period of up to 6 months may be allowed.
- Please request an override if you receive a rejected claim for a non-gender dysphoria indication.

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Drug Coverage Updates

Metabolic side effects caused by antipsychotics include weight gain, diabetes, and dyslipidemia. Patients with pre-existing metabolic issues, obesity, diabetes or prediabetes, and high-risk lipid profiles are more likely to experience these metabolic side effects.

- A thorough family history and patient medical history should be completed prior to antipsychotic selection.
- Recommended monitoring:
    - Fasting glucose or hemoglobin A1c: baseline, every 12 weeks, and then annually if controlled.
    - Lipid profile: baseline, every 12 weeks, and then annually if controlled.
        - Should be monitored at 4 weeks, 12 weeks, then annually if controlled for patients taking olanzapine, quetiapine, or clozapine.
    - Weight and BMI: Baseline, monthly, then quarterly if stable.
    - Blood pressure: baseline, every 12 weeks, and then annually if controlled.
- Aripiprazole may be the best option for patients with diabetes, obesity, dyslipidemia, or uncontrolled cardiovascular risks.
- Clozapine and olanzapine carry significantly higher risks for metabolic side effects than other antipsychotics.
- Quetiapine carries an intermediate risk for weight gain and a significant risk for diabetes and worsening lipid profile.
- Aripiprazole, lurasidone, pimavanserin, and ziprasidone are associated with the lowest risk of metabolic side effects.
- When to consider a change in medication, a dose reduction, or addition of an adjunctive medication:
    - A weight gain of greater than or equal to 5% of baseline weight within one month of starting an antipsychotic.
    - Ongoing weight gain or body mass index greater than or equal to 25 despite three months of lifestyle modification.
    - The individual is unable or unwilling to execute a lifestyle change and is willing to take an adjunctive medication.
    - An adjunctive medication for weight gain can be initiated at the same time as starting any antipsychotic medication to maximize the potential preventative benefits of adjunctive treatment.

Drug Coverage Updates

- Tips to improve monitoring:
  - Ensure patients have a scale, blood glucose monitor, and blood pressure cuff at home.
  - Obtaining labs in a fasting state is not required.
  - Order monitoring in a timely manner and communicate with the patient and/or caregiver during the visit.
  - Collaborate with other healthcare providers.

1. Jibson,Michael D, et al. Second-generation and other antipsychotic medications: Pharmacology, administration, and side effects. July 7, 2026. Second-generation and other antipsychotic medications: Pharmacology, administration, and side effects - UpToDate
2. Stroup, T. Scott, et al. Schizophrenia in adults: Maintenance therapy and side effect management. Mar 5, 2026. Schizophrenia in adults: Maintenance therapy and side effect management - UpToDate
3. Jarskog, L Fredrik, et al. Prevention and management of antipsychotic-associated weight-gain and obesity. Sept 30, 2026. Prevention and management of antipsychotic-associated weight-gain and obesity - UpToDate
4. Bostwick, Jolene R. et al. Metabolic Monitoring of Antipsychotic Medications: What Psychiatrists Need to Know. Psychiatric Times. Vol 34; No 5. May 29, 2017. Metabolic Monitoring of Antipsychotic Medications: What Psychiatrists Need to Know | Psychiatric Times

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Quality Measures: Core Sets

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.[5, 6]

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS: AGES 1 TO 17 (APM-CH)

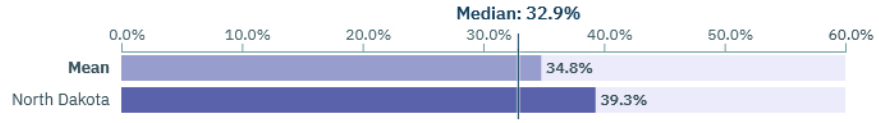
Mandatory measure

Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose and Cholesterol: Ages 1 to 17

Rate: **Blood Glucose and Cholesterol Testing**
Age: **Total (Ages 1 to 17)**
Population: **All states view (mixed populations)**
Methodology: **Electronic Clinical Data Systems (ECDS)**
Core Set Year: **2025**

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: 10/05/2026

DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS: AGES 18 TO 64 (SSD-AD)

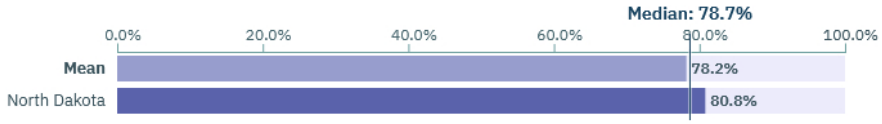
Mandatory measure

Percentage with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test: Ages 18 to 64

Population: **All states view (mixed populations)**
Methodology: **Administrative**
Core Set Year: **2025**

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: 10/05/2026

5. Centers for Medicare & Medicaid Services. *Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 to 17 (APM-CH). 2025 Child Core Set Data Dashboard.* Accessed October 5, 2026.
6. Centers for Medicare & Medicaid Services. *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Ages 18 to 64 (SSD-AD).* 2025 Adult Core Set Data Dashboard. Accessed October 5, 2026.