

# Coverage rules on Medications:

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This is NOT an all exclusive list of coverage rules on medications. Notably, the following are not included so please follow the provided links for more information:

- Therapeutic Duplication: [http://www.hidesigns.com/assets/files/ndmedicaid/2017/Drug\\_Edits.pdf](http://www.hidesigns.com/assets/files/ndmedicaid/2017/Drug_Edits.pdf)
- Quantity Limits: <http://nddruglookup.hidinc.com/>
- Age Limits: [http://www.hidesigns.com/assets/files/ndmedicaid/2017/Age\\_Edits1.pdf](http://www.hidesigns.com/assets/files/ndmedicaid/2017/Age_Edits1.pdf)

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## Brand Preferred

The following is a list of medications in which the brand name product is the preferred product over generic. When filling for these products, pharmacies need to use DAW9 which does not require prescriber approval to use. For use of a brand name medication and ND Medicaid does not prefer the brand, please submit the “Dispense as Written PA Form” found at:

<http://www.hidesigns.com/ndmedicaid/pa-forms.html>

- Adderall XR
- Airduo Respiclick
- Alphagan P 0.15%
- Butrans
- Catapres TTS
- Cellcept oral suspension
- Copaxone
- Differin gel
- Effient
- Enablex
- Epiduo

- Exelon patch
- Focalin XR
- Fosrenol
- Lialda
- Lotronex
- Natroba
- Pulmicort Respules 1 mg/mL
- Relpax
- Renvela Powder Pack
- Retin-A cream
- Tobradex drops
- Valcyte oral solution

## Concurrent Medications and Step Care

Medication	Required Concurrent Medication and Lookback	Rational
Adlyxin Bydureon Bydureon BCISE Byetta Ozempic Tanzeum Trulicity Victoza	A total of a 90 day supply of metformin must be paid within 100 days prior to the GLP-1 Agonist's date of service.	The ADA guidelines recommend metformin be continued with all Dual Therapy and Triple Therapy regimens including ones containing insulin and GLP-1 receptor agonists. This limit looks for a 3 month trial of metformin with good compliance prior to GLP-1 agonist.

## Diagnosis Code Required

You must include the ICD-10 diagnosis code on all claims for the drugs listed in this table. The purpose of this information is to minimize cost and ensure appropriate use and without restricting access to preferred products through prior authorization for diagnosis verification.

Medication Brand Name(s)	Medication Generic Name
<b>COPD</b>	
ANORO ELLIPTA	UMECLIDINIUM BRM/VILANTEROL TR

ARCAPTA NEOHALER BEVESPI AEROSPHERE BROVANA COMBIVENT RESPIMAT INCRUSE ELLIPTA PERFOROMIST SEEBRI NEOHALER SPIRIVA, SPIRIVA RESPIMAT STIOLTO RESPIMAT STRIVERDI RESPIMAT TRELEGY ELLIPTA TUDORZA PRESSAIR UTIBRON NEOHALER	INDACATEROL MALEATE GLYCOPYRROLATE/FORMOTEROL FUM ARFORMOTEROL TARTRATE IPRATROPIUM/ALBUTEROL SULFATE UMECLIDINIUM BROMIDE FORMOTEROL FUMARATE GLYCOPYRROLATE TIOTROPIUM BROMIDE TIOTROPIUM BR/OLODATEROL HCL OLODATEROL HCL FLUTICASONE/UMECLIDIN/VILANTER ACLIDINIUM BROMIDE INDACATEROL/GLYCOPYRROLATE
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### Diabetes

ADLYXIN BYDUREON BYETTA OZEMPIC TANZEUM TRULICITY VICTOZA 2-PAK	LIXISENATIDE EXENATIDE MICROSPHERES EXENATIDE SEMAGLUTIDE ALBIGLUTIDE DULAGLUTIDE LIRAGLUTIDE
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### Immunomodulators

ACTEMRA CIMZIA COSENTYX ENBREL HUMIRA KEVZARA KINERET ORENCIA OTEZLA SILIQ SIMPONI, SIMPONI ARIA STELARA TALTZ TREMIFYA XELJANZ, XELJANZ XR	TOCILIZUMAB CERTOLIZUMAB PEGOL SECUKINUMAB ETANERCEPT ADALIMUMAB SARILUMAB ANAKINRA ABATACEPT APREMILAST BRODALUMAB GOLIMUMAB USTEKINUMAB IXEKIZUMAB GUSELKUMAB TOFACITINIB CITRATE
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### Interferons

PEGASYS, PEGASYS PROCLICK PEGINTRON, SYLTRON	PEGINTERFERON ALFA-2A PEGINTERFERON ALFA-2B
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### Meds that cost over \$3000/prescription

ARCALYST	RILONACEPT
BENLYSTA	BELIMUMAB
BUPHENYL	SODIUM PHENYLBUTYRATE
CARBAGLU	CARGLUMIC ACID
CERDELGA	ELIGLUSTAT TARTRATE
CHENODAL	CHENODIOL
CHOLBAM	CHOLIC ACID
CUPRIMINE	PENICILLAMINE
DARAPRIM	PYRIMETHAMINE
DUPIXENT	DUPILUMAB
ESBRIET	PIRFENIDONE
ILARIS	CANAKINUMAB/PF
KEVEYIS	DICHLORPHENAMIDE
KORLYM	MIFEPRISTONE
NATPARA	PARATHYROID HORMONE
NITYR	NITISINONE
OCALIVA	OBETICHOLIC ACID
ORFADIN	NITISINONE
ORKAMBI	LUMACAFTOR/IVACAFTOR
PHENOXYBENZAMINE HCL	PHENOXYBENZAMINE HCL
PROMACTA	ELTROMBOPAG OLAMINE
RAVICTI	GLYCEROL PHENYLBUTYRATE
SAMSCA	TOLVAPTAN
SOMAVERT	PEGVISOMANT
STRENSIQ	ASFOTASE ALFA
SYMDEKO	TEZACAFTOR/IVACAFTOR
SYPRINE	TRIENTINE
ZAVESCA	MIGLUSTAT

### Narcotics

BUTRANS, BELBUCA, BUPRENEX	BUPRENORPHINE
N/A	BUTORPHANOL TARTRATE
N/A	CODEINE SULFATE
FENTORA, ACTIQ, DURAGESIC, ABSTRAL, SUBSYS, LAZANDA	FENTANYL
HYSINGLA ER, ZOHYDRO ER	HYDROCODONE BITARTRATE
DILAUDID, EXALGO	HYDROMORPHONE HCL
N/A	LEVORPHANOL TARTRATE
DEMEROL	MEPERIDINE HCL
METHADOSE, DISKETS, DOLOPHINE	METHADONE HCL
ARYMO ER, MORPHABOND ER, ASTRAMORPH, KADIAN, MS CONTIN, INFUMORPH	MORPHINE SULFATE

EMBEDA	MORPHINE SULFATE/NALTREXONE
N/A	NALBUPHINE HCL
N/A	OPIUM/BELLADONNA ALKALOIDS
OXYCODONE ER, OXAYDO, OXYCONTIN, ROXICODONE	OXYCODONE HCL
XTAMPZA ER	OXYCODONE MYRISTATE
OPANA	OXYMORPHONE HCL
N/A	PENTAZOCINE HCL/NALOXONE HCL
TALWIN	PENTAZOCINE LACTATE
NUCYNTA, NUCYNTA ER	TAPENTADOL HCL
CONZIP, ULTRAM	TRAMADOL HCL
<b>Oral Anticoagulants</b>	
ELIQUIS XARELTO PRADAXA SAVAYSA	APIXABAN RIVAROXABAN DABIGATRAN ETEXILATE MESYLATE EDOxabAN TOSYLATE
<b>Pulmonary Hypertension</b>	
ADEMPAS TRACLEER EPOPROSTENOL SODIUM ORENITRAM ER VELETRI VENTAVIS	RIOCIGUAT BOSENTAN EPOPROSTENOL SODIUM (GLYCINE) TREPROSTINIL DIOLAMINE EPOPROSTENOL SODIUM (ARGININE) ILOPROST TROMETHAMINE
<b>Progesterones</b>	
CRINONE, PROMETRIUM	PROGESTERONE
N/A	PROGESTERONE IN OIL
MAKENA	HYDROXYPROGESTERONE
<b>Testosterone</b>	
ANDRODERM, ANDROGEL, FORTESTA, NATESTO, TESTIN, TESTOPEL	TESTOSTERONE
<b>Other</b>	
ACTIVASE, CATHFLO ACTIVASE ADDERALL, ADDERALL XR LYRICA CR MARINOL REVIA NUVIGIL PROVIGIL TOPAMAX, QUDEXY XR, TROKENDI XR WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XR, FORFIVO XR, APLENZIN	ALTEPLASE DEXTROAMPHETAMINE/AMPHETAMINE PREGABALIN DRONABINOL NALTREXONE HCL ARMODAFINIL MODAFINIL TOPIRAMATE BUPROPION

## First Fill Edits

The following is a list of medications where the first fill of the medication is limited to a 14 day supply.

- Antipsychotics:
  - Fanapt
  - Latuda
  - Paliperidone ER
  - Rexulti
  - Saphris
  
- All Long acting ADHD medications
  
- Immediate Release Narcotics
  - Acetaminophen/Codeine #2 300-15mg
  - Acetaminophen/Codeine #3 300-30mg
  - Acetaminophen/Codeine #4 300-60mg
  - Hydrocodone-Acetaminophen 5-325mg
  - Hydrocodone-Acetaminophen 7.5-325mg/15mL liquid
  - Morphine sulfate IR 15mg tablets
  - Morphine 100mg/5mL liquid
  - Hydromorphone 2mg, 4mg
  - Morphine 100mg/5mL liquid
  - Morphine sulfate IR 15mg tablets
  - Oxaydo 5mg, 7.5mg
  - Oxycodone 5mg/5mL, 100mg/5mL liquid
  - Oxycodone 5mg, 10mg
  - Oxycodone/Acetaminophen 5-325mg
  - Oxymorphone 5mg
  - Tramadol 50mg

## Generics Preferred

NDC	Drug Name	Strength
<b>Adderall XR Authorized Generic – Preferred along with Brand</b>		
00781232901	DEXTROAMPHETAMINE-AMPHET ER	5 MG
00781234301	DEXTROAMPHETAMINE-AMPHET ER	15 MG
00781235201	DEXTROAMPHETAMINE-AMPHET ER	20 MG
00781236801	DEXTROAMPHETAMINE-AMPHET ER	25 MG

00781237101	DEXTROAMPHETAMINE-AMPHET ER	30 MG
<b>EpiPen Jr Authorized Generic</b>		
49502010101	EPINEPHRINE	0.15MG/0.3
49502010102	EPINEPHRINE	0.15MG/0.3
<b>EpiPen Authorized Generic</b>		
49502010201	EPINEPHRINE	0.3MG/0.3
49502010202	EPINEPHRINE	0.3MG/0.3

## Medical Billing Only

The following drugs are **ONLY** allowed / reimbursed by ND Medicaid when billed via 837I and 837P transactions. They are not reimbursed by outpatient point-of-sale billing through the pharmacy claims payment system. For questions on how to bill these medications, please contact customer service at 1-877-328-7098

Actemra
Adasuve
Artiss
Benlysta IV
Brineura
Cinvanti
Dalvance
Defitelio
Elelyso
Entyvio
Exondys 51
Fabrazyme
Fibryga
Flolan
Inflectra
Jetrea
Kanuma
Kengreal
Kepivance
Ketamine
Kymriah
Lemtrada
Lucentis
Luxturna
Makena IM
Mepsevii

Ocrevus
Orbactiv
Panhematin
Prevymis
Prolastin-C
Quadramet
Qutenza
Radicava
Remicade
Simponi Aria
Soliris
Spinraza
Sustol
Sylvant
Synagis
Tysabri
Varubi
Veletri
Vimizim
Vpriv
Xeomin
Xiaflex
Xolair
Yescarta
Zilretta
Zinplava