

Coverage Rules on Medications:

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 Edits](#)
- [Drug Utilization Management List](#) (Quantity limits, Age Edits, and Prior Authorization)
- [NDC Drug Lookup](#) (search for PA form and quantity limits by NDC or Drug Name)

Table of Contents

Brand Preferred	1
Concurrent Medications and Step Care	2
Diagnosis Code Required	4
First Fill Edits	7
Generic NDCs Preferred	8
Generic NDCs Non-Preferred	9
Medical Billing Only	10
Out of State	10

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](#).

Adderall XR	Effient	Pulmicort Respules 1 mg/mL
Aggrenox	Epiduo	Relpax
Airduo Respiclick	Exelon patch	Renvela
Alphagan P 0.15%	Focalin XR	Retin-A cream
Biltricide	Fosrenol	Sabril Powder Packet
Buphenyl	Istalol	Tobradex drops
Butrans	Lialda	Xopenex HFA
Catapres TTS	Lotronex	Valcyte oral solution
Cellcept oral suspension	Mephyton	Zavesca
Clobex Lotion, Shampoo, Spray	Natroba	Ziana

Copaxone	Norvir	
Differin cream and gel		

Concurrent Medications and Step Care

Medication	Required Concurrent Medication and Lookback	Rational
DPP4-Inhibitors GLP-1 Agonists SGLT-2 Inhibitors	A total of a 90 day supply of metformin must be paid within 100 days prior to the DPP4-Inhibitors, GLP-1 Agonists or SGLT-2 Inhibitor's date of service.	The ADA guidelines recommend metformin be continued with all Dual Therapy and Triple Therapy regimens including ones containing DPP4-Inhibitors, GLP-1 Agonists or SGLT-2 Inhibitors. This limit looks for a 3 month trial of metformin with good compliance prior to the DPP4-Inhibitors, GLP-1 Agonist or SGLT-2 Inhibitor.
Test Strips Lancets Meters	A total of a 25 day supply of Insulin and/or Sulfonylurea therapy must be paid within 150 days prior to diabetic test strip's date of service.	The ADA guidelines point out the lack of clinical utility and cost-effectiveness of routine Self-Monitoring of Blood Glucose (SMBG) in non-insulin treated patients. Both the Society of General Internal Medicine and the Endocrine Society recommend against routine SMBG for type 2 diabetes patients not on insulin or agents that cause hypoglycemia.
Preferred Long Acting Narcotics	A total of a 7 day supply of narcotics must be paid within 34 days prior to extended release narcotics that do	The CDC Guideline for Prescribing Opioids for Chronic Pain recommend that ER/LA opioids only be considered for

	not otherwise require prior authorization.	patients who have received immediate-release opioids daily for at least 1 week.
Ventolin HFA	<p>A total of 30 days of steroid inhaler must be paid within 40 days prior to Ventolin HFA's date of service.</p> <p>**Please call for exception if primary insurance will only pay for Ventolin HFA and patient is well-controlled without steroid inhaler (i.e. uses less than 2 canisters per 6 months).</p>	<p>According to the Asthma EPR 3 Guidelines, a steroid inhaler is the preferred step 2 option and preferred/alternative options for step 3 and beyond. Use of SABA > 2 days a week (2 canisters per year) indicates a need to step up treatment. Use of 2 canisters of SABA per month indicates patients at high risk of asthma related death. The quantity limit for ProAir is set to 2 canisters per 6 months (3 puffs per day). If more is needed, patient must switch to Ventolin HFA and be on a steroid inhaler to control asthma.</p>
DPP4-Inhibitors, Toujeo, Tresiba	A total of 30 days of DPP-4 Inhibitors, Toujeo, or Tresiba must be paid within 40 days prior to the requested fill of the same product.	This edit is looking for compliance. For medications to be effective, they must be taken as prescribed.
Xadago	A total of 30 days of levodopa/carbidopa treatment must be paid within 40 days prior to Xadago's date of service	Xadago is FDA approved for adjunctive treatment to levodopa/carbidopa.
Steroid/LABA	A total of 25 days of Albuterol must be paid within 365 days prior to Steroid/LABA's date of service.	Steroid/LABAs are indicated for asthma and COPD treatment. They are not indicated for post infectious cough or allergy. Step down therapy should be

		considered in controlled asthma.
Glucagon	A total of 30 days of test strips must be paid within 60 days prior to Glucagon's date of service	Patients experiencing hypoglycemia should be testing blood sugars.

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
COPD	
ANORO ELLIPTA	UMECLIDINIUM BRM/VILANTEROL TR
ARCAPTA NEOHALER	INDACATEROL MALEATE
BEVESPI AEROSPHERE	GLYCOPYRROLATE/FORMOTEROL FUM
BROVANA	ARFORMOTEROL TARTRATE
COMBIVENT RESPIMAT	IPRATROPIUM/ALBUTEROL SULFATE
INCRUSE ELLIPTA	UMECLIDINIUM BROMIDE
PERFORMIST	FORMOTEROL FUMARATE
SEEBRI NEOHALER	GLYCOPYRROLATE
SPIRIVA, SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE
STIOLTO RESPIMAT	TIOTROPIUM BR/OLODATEROL HCL
STRIVERDI RESPIMAT	OLODATEROL HCL
TRELEGY ELLIPTA	FLUTICASONE/UMECLIDIN/VILANTER
TUDORZA PRESSAIR	ACLIDINIUM BROMIDE
UTIBRON NEOHALER	INDACATEROL/GLYCOPYRROLATE
Diabetes	
ADLYXIN	LIXISENATIDE
BYDUREON	EXENATIDE MICROSPHERES
BYETTA	EXENATIDE
OZEMPIC	SEMAGLUTIDE
TANZEUM	ALBIGLUTIDE
TRULICITY	DULAGLUTIDE
VICTOZA 2-PAK	LIRAGLUTIDE
Immunomodulators	
ACTEMRA	TOCILIZUMAB
CIMZIA	CERTOLIZUMAB PEGOL
COSENTYX	SECUKINUMAB

ENBREL HUMIRA KEVZARA KINERET ORENCIA OTEZLA SILIQ SIMPONI STELARA TALTZ TREMIFYA XELJANZ, XELJANZ XR	ETANERCEPT ADALIMUMAB SARILUMAB ANAKINRA ABATACEPT APREMILAST BRODALUMAB GOLIMUMAB USTEKINUMAB IXEKIZUMAB GUSELKUMAB TOFACITINIB CITRATE
Interferons	
PEGASYS, PEGASYS PROCLICK PEGINTRON, SYLTRON, INTRON A	PEGINTERFERON ALFA-2A PEGINTERFERON ALFA-2B
Meds that cost over \$3000/prescription	
ARCALYST BENLYSTA BUPHENYL CARBAGLU CERDELGA CHENODAL CHOLBAM CUPRIMINE DARAPRIM DUPIXENT ESBRIET ILARIS KEVEYIS KORLYM NATPARA NITYR OCALIVA ORFADIN ORKAMBI PHENOXYBENZAMINE HCL PROMACTA RAVICTI SAMSCA SOMAVERT STRENSIQ SYMDEKO	RILONACEPT BELIMUMAB SODIUM PHENYLBUTYRATE CARGLUMIC ACID ELIGLUSTAT TARTRATE CHENODIOL CHOLIC ACID PENICILLAMINE PYRIMETHAMINE DUPILUMAB PIRFENIDONE CANAKINUMAB/PF DICHLORPHENAMIDE MIFEPRISTONE PARATHYROID HORMONE NITISINONE OBETICHOLIC ACID NITISINONE LUMACAFTOR/IVACAFTOR PHENOXYBENZAMINE HCL ELTROMBOPAG OLAMINE GLYCEROL PHENYLBUTYRATE TOLVAPTAN PEGVISOMANT ASFOTASE ALFA TEZACAFTOR/IVACAFTOR

SYPRINE ZAVESCA	TRIENTINE 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
Oral Anticoagulants	
ELIQUIS XARELTO PRADAXA SAVAYSA	APIXABAN RIVAROXABAN DABIGATRAN ETEXILATE MESYLATE EDOxabAN TOSYLATE
Pulmonary Hypertension	
ADEMPAS TRACLEER EPOPROSTENOL SODIUM ORENITRAM ER VELETRI VENTAVIS	RIOCIGUAT BOSENTAN EPOPROSTENOL SODIUM (GLYCINE) TREPROSTINIL DIOLAMINE EPOPROSTENOL SODIUM (ARGININE) ILOPROST TROMETHAMINE
Progesterone	
CRINONE, PROMETRIUM	PROGESTERONE

N/A	PROGESTERONE IN OIL
N/A	PROGESTERONE POWDER
Testosterone	
ANDRODERM, ANDROGEL, FORTESTA, NATESTO, TESTIN, TESTOPEL	TESTOSTERONE
Other	
ACTIVASE, CATHFLO ACTIVASE ADDERALL, ADDERALL XR BILCITRIDE ELAPRASE HETLIOZ LYRICA CR MARINOL MYTESI NORTHERA NUVIGIL PROGLYCEM PROVIGIL PULMOZYME REVIA TOPAMAX, QUDEXY XR, TROKENDI XR WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XR, FORFIVO XR, APLENZIN	ALTEPLASE DEXTROAMPHETAMINE/AMPHETAMINE PRAZIQUANTEL IDURSULFASE TASIMELTEON PREGABALIN DRONABINOL CROFELEMER DOXIDOPA ARMODAFINIL DIAZOXIDE MODAFINIL DORNASE ALFA NALTREXONE HCL TOPIRAMATE BUPROPION

First Fill Edits

The following is a list of medications where the day supply on the first fill of the medication is limited as described below

- Antipsychotics – *First fill limited to 10 days with 34 day lookback*
 - Fanapt
 - Latuda
 - Paliperidone ER
 - Rexulti
 - Saphris

- All Long acting ADHD medications - *First fill limited to 14 days with 90 day lookback*

- Immediate Release Narcotics – *First fill limited to 7 days with 34 day lookback*
 - 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

Generic NDCs Preferred

These NDCs are preferred over other generic NDCs for the same drug. The other generic NDCs will reject at the point of sale.		
NDC	Drug Name	Strength
Adderall XR Authorized Generic – Preferred along with Brand		
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
Edecrin		
68682001110	ETHACRYNIC ACID TABLET	25 MG
EpiPen Jr Authorized Generic		
49502010101	EPINEPHRINE	0.15MG/0.3
49502010102	EPINEPHRINE	0.15MG/0.3
EpiPen Authorized Generic		
49502010201	EPINEPHRINE	0.3MG/0.3
49502010202	EPINEPHRINE	0.3MG/0.3
Intuniv ER		
00228285011	GUANFACINE HCL ER TABL	1 MG
00378106101	GUANFACINE HCL ER TABL	1 MG
24979053301	GUANFACINE HCL ER TABL	1 MG
00228285111	GUANFACINE HCL ER TABL	2 MG
00378106201	GUANFACINE HCL ER TABL	2 MG
24979053401	GUANFACINE HCL ER TABL	2 MG

Lovenox		
00955101010	ENOXAPARIN SYRINGE	100 MG/ML
00955101210	ENOXAPARIN SYRINGE	120MG/.8ML
Prilosec		
00781278531	OMEPRAZOLE	10 MG
51991064233	OMEPRAZOLE	10 MG
51991064290	OMEPRAZOLE	10 MG
00781279010	OMEPRAZOLE	20 MG
00781279031	OMEPRAZOLE	20 MG
00781279001	OMEPRAZOLE	20 MG
51991064310	OMEPRAZOLE	20 MG
51991064333	OMEPRAZOLE	20 MG
51991064390	OMEPRAZOLE	20 MG
00781223431	OMEPRAZOLE	40 MG
00781223410	OMEPRAZOLE	40 MG
00781223401	OMEPRAZOLE	40 MG
51991064405	OMEPRAZOLE	40 MG
51991064433	OMEPRAZOLE	40 MG
51991064490	OMEPRAZOLE	40 MG
Pulmicort		
00115168774	BUDESONIDE	0.25 MG/2 ML
00115168974	BUDESONIDE	0.5 MG/2 ML
69097031887	BUDESONIDE	0.25MG/2ML
69097031987	BUDESONIDE	0.5 MG/2ML
Zofran		
16714067102	ONDANSETRON 4 MG/5 ML SOLUT	4 MG/5 ML

Generic NDCs Non-Preferred

These NDCs will reject at the point of sale. All other generic NDCs for the same drug are preferred.		
NDC	Drug Name	Strength
Benzaclin		
45802050704	CLINDA-BENZOYL PEROX 1-5 P	1% -5%
Dexadrine ER		
51862034690	DEXTROAMPHETAMINE ER	15 MG
Intuniv ER		
10370053601	GUANFACINE HCL ER 3 MG TABL	3 MG

10370053801	GUANFACINE HCL ER 4 MG TABL	4 MG
Invega ER		
00591369319	PALIPERIDONE ER 3 MG TABLET	3 MG
00591369430	PALIPERIDONE ER 6 MG TABLET	6 MG
00591369530	PALIPERIDONE ER 9 MG TABLET	9 MG
Lovenox		
00548560200	ENOXAPARIN 40 MG/0.4 ML SYR	40MG/0.4ML
Strattera		
00093354256	ATOMOXETINE HCL 10 MG CAPSU	10 MG
00093354356	ATOMOXETINE HCL 18 MG CAPSU	18 MG
00093354456	ATOMOXETINE HCL 25 MG CAPSU	25 MG
00093354556	ATOMOXETINE HCL 40 MG CAPSU	40 MG
00093354656	ATOMOXETINE HCL 60 MG CAPSU	60 MG
00093354756	ATOMOXETINE HCL 80 MG CAPSU	80 MG
00093354856	ATOMOXETINE HCL 100 MG CAPS	100 MG

Medical Billing Only

Several drugs require an office visit to be given or are for inpatient use only and should not be billed through the pharmacy point of sale system.

Some of these medications have been identified and will deny with NCPDP reject “75- Prior Auth Required” with a message to bill the medication with 837I and 837P transactions, not POS. This means the medication should be billed through physician buy and bill on the medical side rather than through the pharmacy point of sale system.

If a medication is being dispensed to a clinic or a patient to be brought into a clinic for administration or for inpatient use, it should be billed through physician buy and bill on the medical side rather than through the pharmacy point of sale system, even if it doesn’t deny to do so.

For questions on how to bill these medications, please contact customer service at 1-877-328-7098

Out of State

ND Medicaid requires medications to be dispensed by an in-state pharmacy if possible. In-state is defined as pharmacies located within North Dakota or within a border state (Minnesota, South Dakota, or Montana).

If a medication is not able to be filled at a retail pharmacy due to a limited distribution program, one of the in-state specialty pharmacies may have access to fill medications. When in question if a medication can be filled in-state, the drug company and the in-state specialty pharmacies are good resources to consult.

Sometimes a medication is not able to be filled at an in-state pharmacy either because:

1. The eligible recipient is residing out of state

2. The medication has a limited distribution program and the in-state specialty pharmacies do not have access to the drug.

In these cases, the out of state pharmacy must be enrolled with ND Medicaid and fill out the [out of state prior authorization form](#).