

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)

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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](#).

| | | |
|--------------------------|--------------------------|----------------------------|
| Acanya | Effient | Norvir |
| Adcirca | Epiduo | Pulmicort Respules 1 mg/mL |
| Adderall XR | Exelon patch | Relpax |
| Aggrenox | Felbetol oral suspension | Renvela |
| Alphagan P 0.15% | Focalin XR | Retin-A cream |
| Biltricide | Fosrenol | Riomet |
| Buphenyl | Istalol | Sabril Powder Packet |
| Butrans | Kapvay | Tamiflu |
| Catapres TTS | Lialda | Tobradex drops |
| Cellcept oral suspension | Lotronex | Xopenex HFA |

| | | |
|-------------------------------|------------------------|--------------------------|
| Clobex Lotion, Shampoo, Spray | Luzu | Valcyte oral solution |
| Concerta | Mephyton | Voltaren Gel |
| Copaxone | Methylin oral solution | Zavesca |
| Differin cream and gel | Natroba | Ziana |
| | | Zyclara 3.75% cream pump |

Concurrent Medications and Step Care

| Medication | Required Concurrent Medication and Lookback | Rational |
|--|--|--|
| DPP4-Inhibitors GLP-1 Agonists SGLT-2 Inhibitors | A total of a 84 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. Gestational Diabetes is a covered indication for diabetic testing supplies. Patients with gestational diabetes must have prenatal vitamins or folic acid preparations in their prescription claim history for testing supplies to pay. | 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. |

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| 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 not otherwise require prior authorization. | The CDC Guideline for Prescribing Opioids for Chronic Pain recommend that ER/LA opioids only be considered for patients who have received immediate-release opioids daily for at least 1 week. |
| Ventolin HFA | A total of 30 days of steroid inhaler must be paid within 40 days prior to Ventolin HFA's date of service. **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). | 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. |
| - Toujeo, Tresiba | A total of 50 days of Toujeo, or Tresiba must be paid within 70 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 28 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 |
|--------------------------|--------------------------------|
| ANTIPSYCHOTICS | |
| SEROQUEL | QUETIAPINE |
| BENZODIAZEPINES | |
| XANAX | ALPRAZOLAM |
| ATIVAN | LORAZEPAM |
| VALIUM | DIAZEPAM |
| KLONIPIN | CLONAZEPAM |
| TRANXENE T | CLORAZEPATE |
| | CHLORDIAZEPOXIDE |
| | OXAZEPAM |
| 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 |
| PERFOROMIST | FORMOTEROL FUMARATE |
| SEEBRI NEOHALER | GLYCOPYRROLATE |
| SPIRIVA RESPIMAT | TIOTROPIUM BROMIDE |

| | |
|----------------------------------|--------------------------------|
| STIOLTO RESPIMAT | TIOTROPIUM BR/OLODATEROL HCL |
| STRIVERDI RESPIMAT | OLODATEROL HCL |
| TRELEGY ELLIPTA | FLUTICASONE/UMECLIDIN/VILANTER |
| UTIBRON NEOHALER | INDACATEROL/GLYCOPYRROLATE |
| Corticosteroids - Topical | |
| | AMCINONIDE |
| | BETAMETHASONE |
| | BETAMETHASONE DP AUGMENTED |
| | CLOBETASOL |
| | DESONIDE |
| | DESOXIMETHASONE |
| | DIFLORASONE |
| | DIPROLENE AF |
| | FLUOCINONIDE |
| | FLUOCINONIDE-E |
| | FLUTICASONE |
| | HALCINONIDE |
| | HALOBETASOL |
| | HYDROCORTISONE |
| | MOMETASONE |
| | PREDNICARBATE |
| | PRENICARBATE |
| | TRIAMCINOLONE |
| 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 | ETANERCEPT |
| HUMIRA | ADALIMUMAB |
| KEVZARA | SARILUMAB |
| KINERET | ANAKINRA |
| ORENCIA | ABATACEPT |
| OTEZLA | APREMILAST |
| SILIQ | BRODALUMAB |

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|---|--------------------------------|
| SIMPONI | GOLIMUMAB |
| STELARA | USTEKINUMAB |
| TALTZ | IXEKIZUMAB |
| TREMFYA | GUSELKUMAB |
| XELJANZ, XELJANZ XR | TOFACITINIB CITRATE |
| Interferons | |
| PEGASYS, PEGASYS PROCLICK | PEGINTERFERON ALFA-2A |
| PEGINTRON, SYLTRON, INTRON A | PEGINTERFERON ALFA-2B |
| 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 | |
| SAVAYSA | EDOXYBAN TOSYLATE |
| Pulmonary Hypertension | |
| ADEMPAS | RIOCIGUAT |
| TRACLEER | BOSENTAN |
| EPOPROSTENOL SODIUM | EPOPROSTENOL SODIUM (GLYCINE) |
| ORENITRAM ER | TREPROSTINIL DIOLAMINE |
| VELETRI | EPOPROSTENOL SODIUM (ARGININE) |

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|--|-------------------------------|
| VENTAVIS | ILOPROST TROMETHAMINE |
| Progesterone | |
| CRINONE, PROMETRIUM | PROGESTERONE |
| N/A | PROGESTERONE IN OIL |
| N/A | PROGESTERONE POWDER |
| Steroid/Long Acting Beta Agonists (LABA) Inhaler Combinations | |
| ADVAIR DISKUS AND HFA | FLUTICASONE/SALMETEROL |
| AIRDUO RESPICLICK | FLUTICASONE/SALMETEROL |
| BREO ELLIPTA | FLUTICASONE/VILANTEROL |
| SYMBICORT | BUDESONIDE/FORMOTEROL |
| DULERA | MOMETASONE/FORMOTEROL |
| Testosterone | |
| ANDRODERM, ANDROGEL, FORTESTA, NATESTO, TESTIN, TESTOPEL | TESTOSTERONE |
| Other | |
| ACTIVASE, CATHFLO ACTIVASE | ALTEPLASE |
| ADDERALL, ADDERALL XR | DEXTROAMPHETAMINE/AMPHETAMINE |
| ARCALYST | RILONACEPT |
| BENLYSTA | BELIMUMAB |
| BILCITRIDE | PRAZIQUANTEL |
| BUPHENYL | SODIUM PHENYLBUTYRATE |
| CARBAGLU | CARGLUMIC ACID |
| CERDELGA | ELIGLUSTAT TARTRATE |
| CHENODAL | CHENODIOL |
| CHOLBAM | CHOLIC ACID |
| CUPRIMINE | PENICILLAMINE |
| DARAPRIM | PYRIMETHAMINE |
| DUPIXENT | DUPILUMAB |
| ELAPRASE | IDURSULFASE |
| ESBRIET | PIRFENIDONE |
| GALAFOLD | MIGALASTAT |
| HETLIOZ | TASIMELTEON |
| ILARIS | CANAKINUMAB/PF |
| JYNARQUE | TOLVAPTAN |
| KALYDECO | IVACAFTOR |
| KEVEYIS | DICHLORPHENAMIDE |
| KORLYM | MIFEPRISTONE |
| LYRICA | PREGABALIN |
| MARINOL | DRONABINOL |
| METHERGINE | METHYLERGONOVINE |

| | |
|---|----------------------------|
| MYTESI | CROFELEMER |
| NATPARA | PARATHYROID HORMONE |
| NEUPRO | ROTIGOTINE |
| NEURONTIN | GABAPENTIN |
| NITYR | NITISINONE |
| NORTHERA | DOXIDOPA |
| NUVIGIL | ARMODAFINIL |
| OCALIVA | OBETICHOLIC ACID |
| ORFADIN | NITISINONE |
| ORKAMBI | LUMACAFTOR/IVACAFTOR |
| PHENOXYBENZAMINE HCL | PHENOXYBENZAMINE HCL |
| PROGLYCEM | DIAZOXIDE |
| PROMACTA | ELTROMBOPAG OLAMINE |
| PROVIGIL | MODAFINIL |
| PULMOZYME | DORNASE ALFA |
| RAVICTI | GLYCEROL PHENYLBUTYRATE |
| REVIA | NALTREXONE HCL |
| SAMSCA | TOLVAPTAN |
| SIGNIFOR | PASIREOTIDE DIASPARTATE |
| SIGNIFOR LAR | PASIREOTIDE PAMOATE |
| SOMAVERT | PEGVISOMANT |
| STRENSIQ | ASFOTASE ALFA |
| SULFAMYLON | MAFENIDE |
| SYMDEKO | TEZACAFTOR/IVACAFTOR |
| SYPRINE | TRIENTINE |
| TOPAMAX, QUDEXY XR, TROKENDI XR | TOPIRAMATE |
| VELTASSA | PATIROMER CALCIUM SORBITEX |
| WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XR, FORFIVO XR, APLENZIN | BUPROPION |
| ZAVESCA | MIGLUSTAT |
| VELTASSA | PATIROMER CALCIUM SORBITEX |

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
- Antidepressants – *First fill limited to 10 days with 34 day lookback*
 - Viibryd
 - Trintellix
- 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 |
| Lovenox | | |
| 00781313301 | ENOXAPARIN SODIUM | 30MG/0.3ML |
| 00781313363 | ENOXAPARIN SODIUM | 30MG/0.3ML |
| 00955100310 | ENOXAPARIN SODIUM | 30MG/0.3ML |
| 63323056883 | ENOXAPARIN SODIUM | 30MG/0.3ML |
| 63323056894 | ENOXAPARIN SODIUM | 30MG/0.3ML |
| 00781322402 | ENOXAPARIN SODIUM | 40MG/0.4ML |
| 00781322464 | ENOXAPARIN SODIUM | 40MG/0.4ML |
| 00955100410 | ENOXAPARIN SODIUM | 40MG/0.4ML |
| 63323056887 | ENOXAPARIN SODIUM | 40MG/0.4ML |
| 63323056896 | ENOXAPARIN SODIUM | 40MG/0.4ML |
| 00955100610 | ENOXAPARIN SODIUM | 60MG/0.6ML |
| 63323056888 | ENOXAPARIN SODIUM | 60MG/0.6ML |
| 63323056898 | ENOXAPARIN SODIUM | 60MG/0.6ML |
| 00955100810 | ENOXAPARIN SODIUM | 80MG/0.8ML |
| 63323056899 | ENOXAPARIN SODIUM | 80MG/0.8ML |
| 63323056890 | ENOXAPARIN SODIUM | 80MG/0.8ML |
| 00955101010 | ENOXAPARIN SYRINGE | 100 MG/ML |
| 63323056884 | ENOXAPARIN SYRINGE | 100 MG/ML |
| 63323056895 | ENOXAPARIN SYRINGE | 100 MG/ML |
| 00955101210 | ENOXAPARIN SYRINGE | 120MG/.8ML |
| 00955101510 | ENOXAPARIN SODIUM | 150 MG/ML |
| 63323056984 | ENOXAPARIN SODIUM | 150 MG/ML |
| 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 without Pump | | |
| 51672138102 | CLINDAMYCIN-BENZOYL PEROXIDE | 1 %-5 % |
| 51672138104 | CLINDAMYCIN-BENZOYL PEROXIDE | 1 %-5 % |
| Dexadrine ER | | |
| 51862034690 | DEXTROAMPHETAMINE ER | 15 MG |
| Invega ER | | |
| 00591369319 | PALIPERIDONE ER | 3 MG |
| 00591369330 | PALIPERIDONE ER | 3 MG |
| 00591369419 | PALIPERIDONE ER | 6 MG |
| 00591369430 | PALIPERIDONE ER | 6 MG |
| 00591369519 | PALIPERIDONE ER | 9 MG |
| 00591369530 | PALIPERIDONE ER | 9 MG |
| 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](#).