

March 25, 2020

North Dakota (ND) Medicaid: Coronavirus (COVID-19) Frequently Asked Questions

What do I do if I can't access a preferred albuterol inhaler due to the shortage?

In response to the albuterol market changes, ND Medicaid has suspended all prior authorization requirements, brand and generic preferences and step care (a steroid inhaler will no longer be required on profile for Ventolin HFA and ProAir Respiclick). This applies to all forms of albuterol and levalbuterol inhalers (Ventolin HFA, ProAir HFA, Proventil HFA, Xopenex HFA, and ProAir Respiclick.). To bill a brand medication that has a generic, please use a DAW of 9 to be paid at the brand rate. Diagnosis requirement have also been removed from Symbicort and Dulera to allow them to be used as rescue medications in accordance with the GINA guidelines.

What ND Medicaid policies have changed to reduce wait time or return trips to the pharmacy?

ND Medicaid has suspended first fill and underutilization rejections. All prescriptions can now be filled for a 34 days supply on an initial fill. Please exercise special caution when dispensing first time opioid analgesic prescriptions. Please continue to counsel patients on the importance of compliance, especially in cases where non-compliance can result in immediate or severe negative consequences. As a reminder, some medications can be dispensed as a 90 days supply. A list is available at www.hidesigns.com/ndmedicaid under the Coverage Rules on Medications tab. Insulins and birth control also can be dispensed in a larger days supply.

Has the medication prior authorization process changed to decrease provider burden?

ND Medicaid is identifying expiring prior authorizations and extending the end date to the end of May. Please contact provider relations at 1-800-755-2604, Option 2, then Option 5 for requests for prior authorization renewal extensions or overrides for all rejections other than prior authorization required. For new prior authorizations, please complete [PA Forms](#) found at www.hidesigns.com/ndmedicaid as usual to expedite processing.

Can providers that are not enrolled prescribe medications?

No. We are aware of that electronic visits are being utilized in some cases by providers that are not enrolled with ND Medicaid. Providers are still required to be enrolled to provide services to ND Medicaid recipients, including writing prescriptions. Providers will need to enroll with ND Medicaid or find an alternative provider that is enrolled to prescribe the medication.

Is there an increase of medication shortages?

Just as some business in the United States have closed temporarily to keep workers safe, some manufacturing plants in China have decreased production due to closures to prevent virus spread. In addition, India has restricted export of some drug ingredients that are used in manufacturing processes to increase access for its domestic population. The impact of these developments to the US supply chain is not known, but some shortages are likely. As with any shortage, please notify ND Medicaid if you have an inability to access medications or show a loss while dispensing.

Will there be changes in reimbursement to deal with increased costs during this pandemic?

We have not been notified of anything specific from CMS. We strongly encourage providers to respond to the NADAC surveys promptly to ensure pricing is as up to date as possible. Also, we will be talking to CMS regarding the impact of increased amounts of medication being mailed or delivered.

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Can I override an early refill rejection if my patient needs extra medications?

Yes, the DUR override codes ER, m0, 1b can be submitted at the pharmacist's discretion when 61% of the medication is used. However, this will not override the early refill rejection if there is also an accumulation early refill rejection. Early refill edits will remain in place to mitigate contribution to drug supply chain issues. An overwhelming majority of early refill attempts are due to renewal e-prescriptions billed when the patient still has a supply at home. If your patient has an exceptional circumstance requiring extra medication due to the emergency, and the DUR override codes do not work, please contact provider relations at 1-800-755-2604, Option 2, then Option 5 to have your case evaluated.

(Revised 4/15/2020)

When will suspended coverage rules related to the emergency be effective again?

Drug shortages and supply chain issues are continuously being monitored. Prior authorization, brand and generic requirements, and step care for affected albuterol, levalbuterol, and steroid/long-acting beta agonist (ICS/LABA) products will be resumed as soon as shortages resolve. First fill and underutilization coverage rules will be resumed as social distancing measures are implemented, such as mailing prescriptions and physical barriers in pharmacies. Current workforce capacity and disruptions will also be considered before resuming coverage rules.

(Revised 4/15/2020)