

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.

Brand Name	Generic Name	Strength	Dosage Form	Package Size	PA Min Age	PA Max Age	Quantity/Day	Min Supply	Max Supply	Max Days	PA Ind
SODIUM CHLORIDE	0.9 % SODIUM CHLORIDE	0.90%	IV SOLN	50				25		30	
ABACAVIR	ABACAVIR SULFATE	300 MG	TABLET	60			2.00	1	68	34	
TRIUMEQ	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	600-50-300	TABLET	30			1.00	1	34	34	
TYMLOS	ABALOPARATIDE	80MCG/DOSE	PEN INJCTR	1.56			0.05	1.56	1.56	30	P
ORENCIA	ABATACEPT	125 MG/ML	SYRINGE	1			0.29	4	8	28	P
ORENCIA CLICKJECT	ABATACEPT	125 MG/ML	AUTO INJCT	1			0.29	4	8	28	P
ORENCIA	ABATACEPT	50MG/0.4ML	SYRINGE	0.4			0.06	0.4	1.6	28	P
ORENCIA	ABATACEPT	87.5MG/0.7	SYRINGE	0.7			0.10	0.7	2.8	28	P
ORENCIA	ABATACEPT/MALTOSE	250 MG	VIAL	1			0.14	2	4	28	P
DYSPORT	ABOBOTULINUMTOXINA	300 UNIT	VIAL	1			0.01	1	1	84	P
DYSPORT	ABOBOTULINUMTOXINA	500 UNIT	VIAL	1			0.01	1	1	84	P
CHILDREN'S NON-ASPIRIN	ACETAMINOPHEN	100 MG/ML	DROPS	15			6.00	15	180	30	
ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	118			125.00	5	4250	34	
ACETAMINOPHEN	ACETAMINOPHEN	325 MG	TABLET	150			12.00	1	408	34	
ACETAMINOPHEN	ACETAMINOPHEN	500 MG	TABLET	100			8.00	1	272	34	
ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG	TABLET ER	50			6.00	1	204	34	
ACETAMINOPHEN	ACETAMINOPHEN	80MG/0.8ML	DROPS SUSP	15			20.00	5	680	34	
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	120-12MG/5	SOLUTION	118	13	999	42.86	301	300	7	
CAPITAL W-CODEINE	ACETAMINOPHEN WITH CODEINE	120-12MG/5	ORAL SUSP	473	13	999	42.86	301	300	7	
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG/12.5	SOLUTION	12.5	13	999	3.00	1	90	30	
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET	100	13	999	2.00	1	68	34	
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET	100	13	999	2.00	1	68	34	
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET	100	13	999	2.00	1	68	34	
ACETAZOLAMIDE	ACETAZOLAMIDE	125 MG	TABLET	100			3.00	1	102	34	
ACETAZOLAMIDE	ACETAZOLAMIDE	250 MG	TABLET	100			4.00	1	136	34	
ACETAZOLAMIDE	ACETAZOLAMIDE	500 MG	CAPSULE ER	100			8.00	1	272	34	
ACITRETIN	ACITRETIN	10 MG	CAPSULE	30			1.00	1	30	30	P
ACITRETIN	ACITRETIN	17.5 MG	CAPSULE	30			1.00	1	34	34	P
ACITRETIN	ACITRETIN	25 MG	CAPSULE	30			2.00	1	60	30	P
TUDORZA PRESSAIR	ACLIDINIUM BROMIDE	400 MCG	AER POW BA	1	40	999	0.03	1	1	30	P
SITAVIG	ACYCLOVIR	50 MG	MA BUC TAB	2			0.06	1	2	34	P
ACYCLOVIR	ACYCLOVIR	5.00%	OINT. (G)	15			0.50	15	15	30	
ACYCLOVIR	ACYCLOVIR	5.00%	OINT. (G)	30			1.00	1	30	30	
ZOVIRAX	ACYCLOVIR	5.00%	CREAM (G)	5			0.17	5	5	30	
XERESE	ACYCLOVIR/HYDROCORTISONE	5 %-1 %	CREAM (G)	5			0.15	5	5	34	
HUMIRA	ADALIMUMAB	10MG/0.2ML	SYRINGEKIT	2			0.07	2	2	28	P
HUMIRA	ADALIMUMAB	20MG/0.4ML	SYRINGEKIT	2			0.07	2	2	28	P
HUMIRA	ADALIMUMAB	40MG/0.8ML	SYRINGEKIT	2			0.07	2	2	28	P
HUMIRA PEDIATRIC CROHN'S	ADALIMUMAB	40MG/0.8ML	SYRINGEKIT	3			0.11	3	3	28	P
HUMIRA PEDIATRIC CROHN'S	ADALIMUMAB	40MG/0.8ML	SYRINGEKIT	6			0.21	6	6	28	P
HUMIRA PEN	ADALIMUMAB	40MG/0.8ML	PEN IJ KIT	2			0.07	2	2	28	P
HUMIRA PEN CROHN-UC-HS STARTER	ADALIMUMAB	40MG/0.8ML	PEN IJ KIT	6			0.21	6	6	28	P
HUMIRA PEN PSORIASIS-UVEITIS	ADALIMUMAB	40MG/0.8ML	PEN IJ KIT	4			0.14	4	4	28	P
ADAPALENE	ADAPALENE	0.30%	GEL (GRAM)	45			1.50	45	45	30	P
ADAPALENE	ADAPALENE	0.30%	GEL W/PUMP	45	12	35					P
ADAPALENE	ADAPALENE	0.10%	CREAM (G)	45	12	35	1.50	45	45	30	
ADAPALENE	ADAPALENE	0.10%	GEL (GRAM)	45	12	35	1.50	45	45	30	
DIFFERIN	ADAPALENE	0.10%	LOTION	59	12	35					
ADAPALENE-BENZOYL PEROXIDE	ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	45	12	35	1.50	45	45	30	P
EPIDUO FORTE	ADAPALENE/BENZOYL PEROXIDE	0.3 %-2.5%	GEL W/PUMP	45	12	35	1.32	45	45	34	
EYLEA	AFLIBERCEPT	2MG/0.05ML	VIAL	0.05			0.00	0.05	0.05	34	
FABRAZYME	AGALSIDASE BETA	35 MG	VIAL	1			0.03	1	1	34	P
FABRAZYME	AGALSIDASE BETA	5 MG	VIAL	1			0.03	1	1	34	P
ALBENZA	ALBENDAZOLE	200 MG	TABLET	2			2.00	2	2	1	

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
Brand Name	Generic Name	Strength	Dosage Form	Date placed on PA	CATEGORY	MANAGED BY
SODIUM CHLORIDE	0.9 % SODIUM CHLORIDE	0.90%	IV SOLN			
ABACAVIR	ABACAVIR SULFATE	300 MG	TABLET			
TRIUMEQ	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	600-50-300	TABLET			
TYMLOS	ABALOPARATIDE	80MCG/DOSE	PEN INJCTR	9/6/2017	MIACALCIN AND TYMLOS	PA CRITERIA
ORENCIA	ABATACEPT	125 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ORENCIA CLICKJECT	ABATACEPT	125 MG/ML	AUTO INJCT	9/14/2009	CYTOKINE MODULATORS	PDL
ORENCIA	ABATACEPT	50MG/0.4ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ORENCIA	ABATACEPT	87.5MG/0.7	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ORENCIA	ABATACEPT/MALTOSE	250 MG	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
DYSPORT	ABOBOTULINUMTOXINA	300 UNIT	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
DYSPORT	ABOBOTULINUMTOXINA	500 UNIT	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
CHILDREN'S NON-ASPIRIN	ACETAMINOPHEN	100 MG/ML	DROPS			
ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML	ORAL SUSP			
ACETAMINOPHEN	ACETAMINOPHEN	325 MG	TABLET			
ACETAMINOPHEN	ACETAMINOPHEN	500 MG	TABLET			
ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG	TABLET ER			
ACETAMINOPHEN	ACETAMINOPHEN	80MG/0.8ML	DROPS SUSP			
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	120-12MG/5	SOLUTION			
CAPITAL W-CODEINE	ACETAMINOPHEN WITH CODEINE	120-12MG/5	ORAL SUSP			
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG/12.5	SOLUTION			
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET			
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET			
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET			
ACETAZOLAMIDE	ACETAZOLAMIDE	125 MG	TABLET			
ACETAZOLAMIDE	ACETAZOLAMIDE	250 MG	TABLET			
ACETAZOLAMIDE	ACETAZOLAMIDE	500 MG	CAPSULE ER			
ACITRETIN	ACITRETIN	10 MG	CAPSULE	6/1/2016	ACITRETIN	PA CRITERIA
ACITRETIN	ACITRETIN	17.5 MG	CAPSULE	6/1/2016	ACITRETIN	PA CRITERIA
ACITRETIN	ACITRETIN	25 MG	CAPSULE	6/1/2016	ACITRETIN	PA CRITERIA
TUDORZA PRESSAIR	ACLIDINIUM BROMIDE	400 MCG	AER POW BA	12/3/2013	COPD	PDL
SITAVIG	ACYCLOVIR	50 MG	MA BUC TAB	9/9/2013	ODT PREPERATIONS	PA CRITERIA
ACYCLOVIR	ACYCLOVIR	5.00%	OINT. (G)			
ACYCLOVIR	ACYCLOVIR	5.00%	OINT. (G)			
ZOVIRAX	ACYCLOVIR	5.00%	CREAM (G)			
XERESE	ACYCLOVIR/HYDROCORTISONE	5 %-1 %	CREAM (G)			
HUMIRA	ADALIMUMAB	10MG/0.2ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA	ADALIMUMAB	20MG/0.4ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA	ADALIMUMAB	40MG/0.8ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA PEDIATRIC CROHN'S	ADALIMUMAB	40MG/0.8ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA PEDIATRIC CROHN'S	ADALIMUMAB	40MG/0.8ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA PEN	ADALIMUMAB	40MG/0.8ML	PEN IJ KIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA PEN CROHN-UC-HS STARTER	ADALIMUMAB	40MG/0.8ML	PEN IJ KIT	9/14/2009	CYTOKINE MODULATORS	PDL
HUMIRA PEN PSORIASIS-UVEITIS	ADALIMUMAB	40MG/0.8ML	PEN IJ KIT	9/14/2009	CYTOKINE MODULATORS	PDL
ADAPALENE	ADAPALENE	0.30%	GEL (GRAM)	3/5/2012	ACNE	PA CRITERIA
ADAPALENE	ADAPALENE	0.30%	GEL W/PUMP	3/5/2012	ACNE	PA CRITERIA
ADAPALENE	ADAPALENE	0.10%	CREAM (G)			
ADAPALENE	ADAPALENE	0.10%	GEL (GRAM)			
DIFFERIN	ADAPALENE	0.10%	LOTION			
ADAPALENE-BENZOYL PEROXIDE	ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	3/5/2012	ACNE	PA CRITERIA
EPIDUO FORTE	ADAPALENE/BENZOYL PEROXIDE	0.3 %-2.5%	GEL W/PUMP			
EYLEA	AFLIBERCEPT	2MG/0.05ML	VIAL			
FABRAZYME	AGALSIDASE BETA	35 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
FABRAZYME	AGALSIDASE BETA	5 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
ALBENZA	ALBENDAZOLE	200 MG	TABLET			

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This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
TANZEUM	ALBIGLUTIDE	30MG/0.5ML	PEN INJCTR	1			0.14	1	4	28	P
TANZEUM	ALBIGLUTIDE	50MG/0.5ML	PEN INJCTR	1			0.14	1	4	28	P
PROAIR RESPICLICK	ALBUTEROL SULFATE	90 MCG	AER POW BA	1			0.03	1	1	34	P
VENTOLIN HFA	ALBUTEROL SULFATE	90 MCG	HFA AER AD	18			0.60	18	36	60	P
ALBUTEROL SULFATE	ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	3							
ALBUTEROL SULFATE	ALBUTEROL SULFATE	4 MG	TABLET	100			8.00	1	272	34	
PROAIR HFA	ALBUTEROL SULFATE	90 MCG	HFA AER AD	8.5			0.28	8.5	17	60	
PROVENTIL HFA	ALBUTEROL SULFATE	90 MCG	HFA AER AD	6.7			0.11	6.7	13.4	120	
LASTACAFT	ALCAFTADINE	0.25%	DROPS	3			0.09	3	3	34	P
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM (G)	15			0.50	15	15	30	
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM (G)	45			1.50	45	45	30	
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM (G)	60			2.00	60	60	30	
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	OINT. (G)	15			0.50	15	15	30	
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	OINT. (G)	45			1.50	45	45	30	
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	OINT. (G)	60			2.00	60	60	30	
LEMTRADA	ALEMTUZUMAB	12MG/1.2ML	VIAL	1.2			0.03	1	1	34	P
BINOSTO	ALENDRONATE SODIUM	70 MG	TABLET EFF	4			0.14	4	4	28	P
ALENDRONATE SODIUM	ALENDRONATE SODIUM	10 MG	TABLET	100			1.00	1	34	34	
ALENDRONATE SODIUM	ALENDRONATE SODIUM	35 MG	TABLET	12			0.14	1	4	28	
ALENDRONATE SODIUM	ALENDRONATE SODIUM	40 MG	TABLET	30			1.00	1	34	34	
ALENDRONATE SODIUM	ALENDRONATE SODIUM	5 MG	TABLET	100			1.00	1	34	34	
ALENDRONATE SODIUM	ALENDRONATE SODIUM	70 MG	TABLET	12			0.14	1	4	28	
FOSAMAX PLUS D	ALENDRONATE SODIUM/VITAMIN D3	70 MG-2800	TABLET	4			0.14	1	4	28	
FOSAMAX PLUS D	ALENDRONATE SODIUM/VITAMIN D3	70 MG-5600	TABLET	4			0.07	1	2	28	
ALFUZOSIN HCL ER	ALFUZOSIN HCL	10 MG	TAB ER 24H	90			1.00	1	34	34	
PRALUENT PEN	ALIROCUMAB	150 MG/ML	PEN INJCTR	1			0.07	1	2	28	P
PRALUENT PEN	ALIROCUMAB	75 MG/ML	PEN INJCTR	1			0.07	1	2	28	P
TEKTURNA	ALISKIREN HEMIFUMARATE	150 MG	TABLET	30			1.00	1	34	34	P
TEKTURNA	ALISKIREN HEMIFUMARATE	300 MG	TABLET	30			1.00	1	34	34	P
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	30			1.00	1	34	34	P
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	150MG-25MG	TABLET	30			1.00	1	34	34	P
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	30			1.00	1	34	34	P
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	300MG-25MG	TABLET	30			1.00	1	34	34	P
PANRETIN	ALITRETINOIN	0.10%	GEL (GRAM)	60							P
ALMOTRIPTAN MALATE	ALMOTRIPTAN MALATE	12.5 MG	TABLET	12			0.40	1	12	30	P
ALMOTRIPTAN MALATE	ALMOTRIPTAN MALATE	6.25 MG	TABLET	6			0.40	1	12	30	P
ALOGLIPTIN-METFORMIN	ALOGLIPTIN BENZ/METFORMIN HCL	12.5-1000	TABLET	60			2.00	1	68	34	P
ALOGLIPTIN-METFORMIN	ALOGLIPTIN BENZ/METFORMIN HCL	12.5-500MG	TABLET	60			2.00	1	68	34	P
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	12.5-15 MG	TABLET	30			1.00	1	34	34	P
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	12.5-30 MG	TABLET	30			1.00	1	34	34	P
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	12.5-45 MG	TABLET	30			1.00	1	34	34	P
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	25 MG-15MG	TABLET	30			1.00	1	34	34	P
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	25 MG-30MG	TABLET	30			1.00	1	34	34	P
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	25 MG-45MG	TABLET	30			1.00	1	34	34	P
ALOGLIPTIN	ALOGLIPTIN BENZOATE	12.5 MG	TABLET	30			1.00	1	30	30	P
ALOGLIPTIN	ALOGLIPTIN BENZOATE	25 MG	TABLET	30			1.00	1	30	30	P
ALOGLIPTIN	ALOGLIPTIN BENZOATE	6.25 MG	TABLET	30			1.00	1	30	30	P
ALOSETRON HCL	ALOSETRON HCL	0.5 MG	TABLET	30			2.00	1	68	34	P
ALOSETRON HCL	ALOSETRON HCL	1 MG	TABLET	30			2.00	1	68	34	P
ARALAST NP	ALPHA-1-PROTEINASE INHIBITOR	1000 MG	VIAL	1			0.03	1	1	34	P
PROLASTIN C	ALPHA-1-PROTEINASE INHIBITOR	1000 MG/20	VIAL	1			0.03	1	1	34	P
ALPRAZOLAM ODT	ALPRAZOLAM	0.25 MG	TAB RAPDIS	100			1.00	1	34	34	P
ALPRAZOLAM ODT	ALPRAZOLAM	0.5 MG	TAB RAPDIS	100			1.00	1	34	34	P
ALPRAZOLAM ODT	ALPRAZOLAM	1 MG	TAB RAPDIS	100			1.00	1	34	34	P
ALPRAZOLAM ODT	ALPRAZOLAM	2 MG	TAB RAPDIS	100			1.00	1	34	34	P

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Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
TANZEUM	ALBIGLUTIDE	30MG/0.5ML	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
TANZEUM	ALBIGLUTIDE	50MG/0.5ML	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
PROAIR RESPICLICK	ALBUTEROL SULFATE	90 MCG	AER POW BA	4/8/2015	ALBUTEROL/LEVALBUTEROL RESCUE INHALERS	PA CRITERIA
VENTOLIN HFA	ALBUTEROL SULFATE	90 MCG	HFA AER AD	4/8/2015	ALBUTEROL/LEVALBUTEROL RESCUE INHALERS	PA CRITERIA
ALBUTEROL SULFATE	ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB			
ALBUTEROL SULFATE	ALBUTEROL SULFATE	4 MG	TABLET			
PROAIR HFA	ALBUTEROL SULFATE	90 MCG	HFA AER AD			
PROVENTIL HFA	ALBUTEROL SULFATE	90 MCG	HFA AER AD			
LASTACAFT	ALCAFTADINE	0.25%	DROPS	9/12/2011	OPHTHALMIC ANTIHISTAMINES	PDL
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM (G)			
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM (G)			
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM (G)			
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	OINT. (G)			
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	OINT. (G)			
ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	0.05%	OINT. (G)			
LEMTRADA	ALEMTUZUMAB	12MG/1.2ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
BINOSTO	ALENDRONATE SODIUM	70 MG	TABLET EFF	12/6/2010	ODT PREPERATIONS	PA CRITERIA
ALENDRONATE SODIUM	ALENDRONATE SODIUM	10 MG	TABLET			
ALENDRONATE SODIUM	ALENDRONATE SODIUM	35 MG	TABLET			
ALENDRONATE SODIUM	ALENDRONATE SODIUM	40 MG	TABLET			
ALENDRONATE SODIUM	ALENDRONATE SODIUM	5 MG	TABLET			
ALENDRONATE SODIUM	ALENDRONATE SODIUM	70 MG	TABLET			
FOSAMAX PLUS D	ALENDRONATE SODIUM/VITAMIN D3	70 MG-2800	TABLET			
FOSAMAX PLUS D	ALENDRONATE SODIUM/VITAMIN D3	70 MG-5600	TABLET			
ALFUZOSIN HCL ER	ALFUZOSIN HCL	10 MG	TAB ER 24H			
PRALUENT PEN	ALIROCUMAB	150 MG/ML	PEN INJCTR	9/2/2015	PCSK9 INHIBITORS	PA CRITERIA
PRALUENT PEN	ALIROCUMAB	75 MG/ML	PEN INJCTR	9/2/2015	PCSK9 INHIBITORS	PA CRITERIA
TEKTURNA	ALISKIREN HEMIFUMARATE	150 MG	TABLET	8/20/2007	RENIN INHIBITOR	PA CRITERIA
TEKTURNA	ALISKIREN HEMIFUMARATE	300 MG	TABLET	8/20/2007	RENIN INHIBITOR	PA CRITERIA
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	8/20/2007	RENIN INHIBITOR	PA CRITERIA
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	150MG-25MG	TABLET	8/20/2007	RENIN INHIBITOR	PA CRITERIA
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	8/20/2007	RENIN INHIBITOR	PA CRITERIA
TEKTURNA HCT	ALISKIREN/HYDROCHLOROTHIAZIDE	300MG-25MG	TABLET	8/20/2007	RENIN INHIBITOR	PA CRITERIA
PANRETIN	ALITRETINOIN	0.10%	GEL (GRAM)	3/5/2012	ACNE	PA CRITERIA
ALMOTRIPTAN MALATE	ALMOTRIPTAN MALATE	12.5 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ALMOTRIPTAN MALATE	ALMOTRIPTAN MALATE	6.25 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ALOGLIPTIN-METFORMIN	ALOGLIPTIN BENZ/METFORMIN HCL	12.5-1000	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-METFORMIN	ALOGLIPTIN BENZ/METFORMIN HCL	12.5-500MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	12.5-15 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	12.5-30 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	12.5-45 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	25 MG-15MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	25 MG-30MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	25 MG-45MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN	ALOGLIPTIN BENZOATE	12.5 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN	ALOGLIPTIN BENZOATE	25 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOGLIPTIN	ALOGLIPTIN BENZOATE	6.25 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS	PDL
ALOSETRON HCL	ALOSETRON HCL	0.5 MG	TABLET	12/2/2015	DIARRHEA - IRRITABLE BOWEL SYNDROME	PDL
ALOSETRON HCL	ALOSETRON HCL	1 MG	TABLET	12/2/2015	DIARRHEA - IRRITABLE BOWEL SYNDROME	PDL
ARALAST NP	ALPHA-1-PROTEINASE INHIBITOR	1000 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PROLASTIN C	ALPHA-1-PROTEINASE INHIBITOR	1000 MG/20	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
ALPRAZOLAM ODT	ALPRAZOLAM	0.25 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
ALPRAZOLAM ODT	ALPRAZOLAM	0.5 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
ALPRAZOLAM ODT	ALPRAZOLAM	1 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
ALPRAZOLAM ODT	ALPRAZOLAM	2 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
ALPRAZOLAM	ALPRAZOLAM	0.25 MG	TABLET	100			3.00	1	102	34	
ALPRAZOLAM	ALPRAZOLAM	0.5 MG	TABLET	100			4.00	1	136	34	
ALPRAZOLAM ER	ALPRAZOLAM	0.5 MG	TAB ER 24H	60			1.00	1	34	34	
ALPRAZOLAM	ALPRAZOLAM	1 MG	TABLET	100			4.00	1	136	34	
ALPRAZOLAM ER	ALPRAZOLAM	1 MG	TAB ER 24H	60			1.00	1	34	34	
ALPRAZOLAM	ALPRAZOLAM	2 MG	TABLET	100			3.00	1	102	34	
ALPRAZOLAM ER	ALPRAZOLAM	2 MG	TAB ER 24H	60			1.00	1	34	34	
ALPRAZOLAM ER	ALPRAZOLAM	3 MG	TAB ER 24H	60			1.00	1	34	34	
ACTIVASE	ALTEPLASE	100 MG	VIAL	1			1.00	1	1	1	P
CATHFLO ACTIVASE	ALTEPLASE	2 MG	VIAL	1			0.30	1	3	10	P
ACTIVASE	ALTEPLASE	50 MG	VIAL	1			1.00	1	1	1	P
GOCOVRI	AMANTADINE HCL	137 MG	CAP ER 24H	60	60	999	2.00	1	68	34	
GOCOVRI	AMANTADINE HCL	68.5 MG	CAP ER 24H	60	60	999	1.00	1	34	34	
LETAIRIS	AMBRISENTAN	10 MG	TABLET	30			1.00	1	34	34	P
LETAIRIS	AMBRISENTAN	5 MG	TABLET	30			1.00	1	34	34	P
AMCINONIDE	AMCINONIDE	0.10%	CREAM (G)	15			0.50	15	15	30	
AMCINONIDE	AMCINONIDE	0.10%	CREAM (G)	30			1.00	30	30	30	
AMCINONIDE	AMCINONIDE	0.10%	CREAM (G)	60			2.00	60	60	30	
AMCINONIDE	AMCINONIDE	0.10%	LOTION	60			2.00	60	60	30	
AMILORIDE HCL	AMILORIDE HCL	5 MG	TABLET	100			4.00	1	136	34	
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	30			1.00		34	34	P
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	30			1.00		34	34	P
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	30			1.00		34	34	P
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	30			1.00		34	34	P
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	10 MG	TABLET	90			1.00	1	34	34	
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	2.5 MG	TABLET	90			1.00	1	34	34	
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	5 MG	TABLET	90			1.50	1	51	34	
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	30			1.00	1	34	34	P
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	2.5MG-10MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	2.5MG-20MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	2.5MG-40MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-80 MG	TABLET	30			1.00	1	34	34	
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	10-160-25	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	10-320-25	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	10MG-160MG	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-12.5	TABLET	30			1.00	1	34	34	P
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-25MG	TABLET	30			1.00	1	34	34	P
AMOXICILLIN	AMOXICILLIN	125 MG/5ML	SUSP RECON	100			30.00	10	900	30	
AMOXICILLIN	AMOXICILLIN	200 MG/5ML	SUSP RECON	100			30.00	10	900	30	
AMOXICILLIN	AMOXICILLIN	250 MG/5ML	SUSP RECON	100			30.00	10	900	30	
AMOXICILLIN	AMOXICILLIN	400 MG/5ML	SUSP RECON	100			30.00	10	900	30	
AMOXICILLIN	AMOXICILLIN	500 MG	CAPSULE	500			9.00	1	306	34	
AMOXICILLIN	AMOXICILLIN	875 MG	TABLET	100			3.00	1	102	34	
AUGMENTIN	AMOXICILLIN/POTASSIUM CLAV	125-31.25/	SUSP RECON	75			30.00	10	900	30	
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON	100			30.00	10	900	30	

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
ALPRAZOLAM	ALPRAZOLAM	0.25 MG	TABLET			
ALPRAZOLAM	ALPRAZOLAM	0.5 MG	TABLET			
ALPRAZOLAM ER	ALPRAZOLAM	0.5 MG	TAB ER 24H			
ALPRAZOLAM	ALPRAZOLAM	1 MG	TABLET			
ALPRAZOLAM ER	ALPRAZOLAM	1 MG	TAB ER 24H			
ALPRAZOLAM	ALPRAZOLAM	2 MG	TABLET			
ALPRAZOLAM ER	ALPRAZOLAM	2 MG	TAB ER 24H			
ALPRAZOLAM ER	ALPRAZOLAM	3 MG	TAB ER 24H			
ACTIVASE	ALTEPLASE	100 MG	VIAL	6/2/2014	ALTEPLASE	PA CRITERIA
CATHFLO ACTIVASE	ALTEPLASE	2 MG	VIAL	6/2/2014	ALTEPLASE	PA CRITERIA
ACTIVASE	ALTEPLASE	50 MG	VIAL	6/2/2014	ALTEPLASE	PA CRITERIA
GOCOVRI	AMANTADINE HCL	137 MG	CAP ER 24H			
GOCOVRI	AMANTADINE HCL	68.5 MG	CAP ER 24H			
LETAIRIS	AMBRISENTAN	10 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
LETAIRIS	AMBRISENTAN	5 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
AMCINONIDE	AMCINONIDE	0.10%	CREAM (G)			
AMCINONIDE	AMCINONIDE	0.10%	CREAM (G)			
AMCINONIDE	AMCINONIDE	0.10%	CREAM (G)			
AMCINONIDE	AMCINONIDE	0.10%	LOTION			
AMILORIDE HCL	AMILORIDE HCL	5 MG	TABLET			
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-OLMESARTAN	AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	10 MG	TABLET			
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	2.5 MG	TABLET			
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	5 MG	TABLET			
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	2.5MG-10MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	2.5MG-20MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	2.5MG-40MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET			
AMLODIPINE-ATORVASTATIN	AMLODIPINE/ATORVASTATIN	5 MG-80 MG	TABLET			
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	10-160-25	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	10-320-25	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	10MG-160MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-12.5	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
AMOXICILLIN	AMOXICILLIN	125 MG/5ML	SUSP RECON			
AMOXICILLIN	AMOXICILLIN	200 MG/5ML	SUSP RECON			
AMOXICILLIN	AMOXICILLIN	250 MG/5ML	SUSP RECON			
AMOXICILLIN	AMOXICILLIN	400 MG/5ML	SUSP RECON			
AMOXICILLIN	AMOXICILLIN	500 MG	CAPSULE			
AMOXICILLIN	AMOXICILLIN	875 MG	TABLET			
AUGMENTIN	AMOXICILLIN/POTASSIUM CLAV	125-31.25/	SUSP RECON			
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON			

North Dakota Medicaid  
Drug Utilization Management List

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AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON	75				30.00	10	900	30	
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON	100				30.00	10	900	30	
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON	200				30.00	10	900	30	
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	20				3.00	1	102	34	
ADZENYS ER	AMPHETAMINE	1.25 MG/ML	SUS BP 24H	450	6	9		15.00	1	510	34	
ADZENYS XR-ODT	AMPHETAMINE	12.5 MG	TAB RAP BP	30	6	9		1.00	1	34	34	
ADZENYS XR-ODT	AMPHETAMINE	15.7 MG	TAB RAP BP	30	6	9		1.00	1	34	34	
ADZENYS XR-ODT	AMPHETAMINE	18.8 MG	TAB RAP BP	30	6	9		1.00	1	34	34	
DYANAVEL XR	AMPHETAMINE	2.5 MG/ML	SUS BP 24H	464	6	9		8.00	1	272	34	
ADZENYS XR-ODT	AMPHETAMINE	3.1 MG	TAB RAP BP	30	6	9		1.00	1	34	34	
ADZENYS XR-ODT	AMPHETAMINE	6.3 MG	TAB RAP BP	30	6	9		1.00	1	34	34	
ADZENYS XR-ODT	AMPHETAMINE	9.4 MG	TAB RAP BP	30	6	9		1.00	1	34	34	
EVEKEO	AMPHETAMINE SULFATE	10 MG	TABLET	100				6.00	1	204	34	
EVEKEO	AMPHETAMINE SULFATE	5 MG	TABLET	100				2.50	1	85	34	
KINERET	ANAKINRA	100MG/0.67	SYRINGE	0.67				0.67	0.6	18.8	28	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1500 (+/-)	VIAL	1				1400.00	3000	42000	30	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	250 (+/-)	VIAL	1				1400.00	1000	42000	30	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2500 (+/-)	VIAL	1				1400.00	3000	42000	30	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	3000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	500 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	1000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	1500 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	2000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	250 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	3000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	500 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ADYNOVATE	ANTIHEM.FVIII,FULL LENGTH PEG	750 (+/-)	VIAL	1				1400.00	1000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	1000 UNIT	VIAL	1				1400.00	1000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	1500 UNIT	VIAL	1				1400.00	1500	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	2000 UNIT	VIAL	1				1400.00	2000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	250 UNIT	VIAL	1				1400.00	250	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	3000 UNIT	VIAL	1				1400.00	3000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	4000 UNIT	VIAL	1				1400.00	3000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	500 UNIT	VIAL	1				1400.00	500	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	5000 UNIT	VIAL	1				1400.00	3000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	6000 UNIT	VIAL	1				1400.00	3000	42000	30	P
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	750 UNIT	VIAL	1				1400.00	750	42000	30	P
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1500 (+/-)	VIAL	1				1400.00	1000	42000	30	P
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	2000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	250 (+/-)	VIAL	1				1400.00	1000	42000	30	P
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	3000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	500 (+/-)	VIAL	1				1400.00	1000	42000	30	P
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	SYRINGE	1				1400.00	1000	42000	30	P
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	VIAL	1				1400.00	1000	42000	30	P
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	SYRINGE	1				1400.00	1000	42000	30	P
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	VIAL	1				1400.00	1000	42000	30	P
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	SYRINGE	1				1400.00	1000	42000	30	P
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	3000 (+/-)	SYRINGE	1				1400.00	1000	42000	30	P
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	VIAL	1				1400.00	1000	42000	30	P
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	SYRINGE	1				1400.00	1000	42000	30	P
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	1000 (+/-)	VIAL	1				1400.00	1000	42000	30	P

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON			
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON			
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON			
AMOXICILLIN-CLAVULANATE POTASS	AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET			
ADZENYS ER	AMPHETAMINE	1.25 MG/ML	SUS BP 24H			
ADZENYS XR-ODT	AMPHETAMINE	12.5 MG	TAB RAP BP			
ADZENYS XR-ODT	AMPHETAMINE	15.7 MG	TAB RAP BP			
ADZENYS XR-ODT	AMPHETAMINE	18.8 MG	TAB RAP BP			
DYANAVEL XR	AMPHETAMINE	2.5 MG/ML	SUS BP 24H			
ADZENYS XR-ODT	AMPHETAMINE	3.1 MG	TAB RAP BP			
ADZENYS XR-ODT	AMPHETAMINE	6.3 MG	TAB RAP BP			
ADZENYS XR-ODT	AMPHETAMINE	9.4 MG	TAB RAP BP			
EVEKEO	AMPHETAMINE SULFATE	10 MG	TABLET			
EVEKEO	AMPHETAMINE SULFATE	5 MG	TABLET			
KINERET	ANAKINRA	100MG/0.67	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	3000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
AFSTYLA	ANTIHEM.FVIII,SIN-CHN,B-DM TRU	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	3000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADYNOVATE	ANTIHEMO.FVIII,FULL LENGTH PEG	750 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	1000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	1500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	2000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	250 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	3000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	4000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	5000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	6000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELOCTATE	ANTIHEMOPH.FVIII REC,FC FUSION	750 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	3000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NOVOEIGHT	ANTIHEMOPH.FVIII,B-DOM TRUNCAT	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	SYRINGE	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	SYRINGE	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	SYRINGE	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	3000 (+/-)	SYRINGE	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA	ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
XYNTHA SOLOFUSE	ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	SYRINGE	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	2000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	250 (+/-)	VIAL	1			1400.00	1000	42000	30	P
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	2500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	3000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	4000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	1000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	1500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	2000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	250 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	3000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	4000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	1000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	1500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	2000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	250 (+/-)	VIAL	1			1400.00	1000	42000	30	P
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
KOATE	ANTIHEMOPHILIC FACTOR, HUMAN	1000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
HEMOFIL M	ANTIHEMOPHILIC FACTOR, HUMAN	1501-2000	VIAL	1			1400.00	1000	42000	30	P
HEMOFIL M	ANTIHEMOPHILIC FACTOR, HUMAN	220-400	VIAL	1			1400.00	1000	42000	30	P
KOATE	ANTIHEMOPHILIC FACTOR, HUMAN	250 (+/-)	VIAL	1			1400.00	1000	42000	30	P
HEMOFIL M	ANTIHEMOPHILIC FACTOR, HUMAN	401-800	VIAL	1			1400.00	1000	42000	30	P
KOATE	ANTIHEMOPHILIC FACTOR, HUMAN	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
HEMOFIL M	ANTIHEMOPHILIC FACTOR, HUMAN	801-1500	VIAL	1			1400.00	1000	42000	30	P
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	1000 (400)	VIAL	1			1400.00	1000	42000	30	P
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF	1000-2400	VIAL	1			1400.00	1000	42000	30	P
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	1500 (600)	VIAL	1			1400.00	1000	42000	30	P
WILATE	ANTIHEMOPHILIC FACTOR/VWF	1K-1K UNIT	VIAL	1			1400.00	1000	42000	30	P
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	2000 (800)	VIAL	1			1400.00	1000	42000	30	P
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	250 (100)	VIAL	1			1400.00	1000	42000	30	P
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF	250-600	VIAL	1			1400.00	1000	42000	30	P
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	500 (200)	VIAL	1			1400.00	1000	42000	30	P
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF	500-1200	VIAL	1			1400.00	1000	42000	30	P
WILATE	ANTIHEMOPHILIC FACTOR/VWF	500-500	VIAL	1			1400.00	1000	42000	30	P
OBIZUR	ANTIHEMOPHILIC FVIII,REC PORC	500 (+/-)	VIAL	1			1400.00	100	42000	30	P
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	1750-3250	VIAL	1			1400.00	1000	42000	30	P
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	400-650	VIAL	1			1400.00	1000	42000	30	P
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	651-1200	VIAL	1			1400.00	1000	42000	30	P
ELIQUIS	APIXABAN	2.5 MG	TABLET	60			2.00	1	68	34	P
ELIQUIS	APIXABAN	5 MG	TABLET	60			2.00	1	68	34	P
ELIQUIS	APIXABAN	5 MG (74)	TAB DS PK	74			2.47	74	74	30	
OTEZLA	APREMILAST	10-20-30MG	TAB DS PK	55			1.96	55	55	28	P
OTEZLA	APREMILAST	30 MG	TABLET	60			2.00	1	68	34	P
CINVANTI	APREPITANT	130MG/18ML	VIAL	18			0.03	1	1	34	P
APREPITANT	APREPITANT	125 MG	CAPSULE	6			1.00	1	1	1	
EMEND	APREPITANT	125 MG	SUSP RECON	1			0.10	1	3	30	
APREPITANT	APREPITANT	125MG-80MG	CAP DS PK	3			1.00	1	3	3	
APREPITANT	APREPITANT	40 MG	CAPSULE	1			1.00	1	2	2	
APREPITANT	APREPITANT	80 MG	CAPSULE	2			1.00	1	2	2	
BROVANA	ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	2	40	999	4.00	2	120	30	P
ARIPIRAZOLE	ARIPIRAZOLE	1 MG/ML	SOLUTION	150			5.00	10	170	34	
ABILIFY	ARIPIRAZOLE	10 MG	TABLET	30			1.00	1	34	34	
ARIPIRAZOLE ODT	ARIPIRAZOLE	10 MG	TAB RAPDIS	30			1.00	1	34	34	
ABILIFY	ARIPIRAZOLE	15 MG	TABLET	30			1.00	1	34	34	

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	2500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	3000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
NUWIQ	ANTIHEMOPH.FVIII,HEK B-DELETE	4000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	3000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	4000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ADVATE	ANTIHEMOPHIL.FVIII,FULL LENGTH	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
RECOMBINATE	ANTIHEMOPHILIC FACTOR, HUM REC	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
KOATE	ANTIHEMOPHILIC FACTOR, HUMAN	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMOPIL M	ANTIHEMOPHILIC FACTOR, HUMAN	1501-2000	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMOPIL M	ANTIHEMOPHILIC FACTOR, HUMAN	220-400	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
KOATE	ANTIHEMOPHILIC FACTOR, HUMAN	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMOPIL M	ANTIHEMOPHILIC FACTOR, HUMAN	401-800	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
KOATE	ANTIHEMOPHILIC FACTOR, HUMAN	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMOPIL M	ANTIHEMOPHILIC FACTOR, HUMAN	801-1500	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	1000 (400)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF	1000-2400	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	1500 (600)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
WILATE	ANTIHEMOPHILIC FACTOR/VWF	1K-1K UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	2000 (800)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	250 (100)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF	250-600	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF	500 (200)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF	500-1200	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
WILATE	ANTIHEMOPHILIC FACTOR/VWF	500-500	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
OBIZUR	ANTIHEMOPHILIC FVIII,REC PORC	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	1750-3250	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	400-650	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	651-1200	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ELIQUIS	APIXABAN	2.5 MG	TABLET	3/1/2012	ANTICOAGULANTS - ORAL	PDL
ELIQUIS	APIXABAN	5 MG	TABLET	3/1/2012	ANTICOAGULANTS - ORAL	PDL
ELIQUIS	APIXABAN	5 MG (74)	TAB DS PK			
OTEZLA	APREMILAST	10-20-30MG	TAB DS PK	6/3/2015	CYTOKINE MODULATORS	PDL
OTEZLA	APREMILAST	30 MG	TABLET	6/3/2015	CYTOKINE MODULATORS	PDL
CINVANTI	APREPITANT	130MG/18ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
APREPITANT	APREPITANT	125 MG	CAPSULE			
EMEND	APREPITANT	125 MG	SUSP RECON			
APREPITANT	APREPITANT	125MG-80MG	CAP DS PK			
APREPITANT	APREPITANT	40 MG	CAPSULE			
APREPITANT	APREPITANT	80 MG	CAPSULE			
BROVANA	ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	12/3/2013	COPD	PDL
ARIPIRAZOLE	ARIPIRAZOLE	1 MG/ML	SOLUTION			
ABILIFY	ARIPIRAZOLE	10 MG	TABLET			
ARIPIRAZOLE ODT	ARIPIRAZOLE	10 MG	TAB RAPDIS			
ABILIFY	ARIPIRAZOLE	15 MG	TABLET			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
ARIPIRAZOLE ODT	ARIPIRAZOLE	15 MG	TAB RAPDIS	30			1.00	1	34	34	
ABILIFY	ARIPIRAZOLE	2 MG	TABLET	30			1.00	1	34	34	
ABILIFY	ARIPIRAZOLE	20 MG	TABLET	30			1.00	1	34	34	
ABILIFY	ARIPIRAZOLE	30 MG	TABLET	30			1.00	1	34	34	
ABILIFY MAINTENA	ARIPIRAZOLE	300 MG	SUSER SYR	1			0.04	1	1	28	
ABILIFY MAINTENA	ARIPIRAZOLE	300 MG	SUSER VIAL	1			0.04	1	1	28	
ABILIFY MAINTENA	ARIPIRAZOLE	400 MG	SUSER SYR	1			0.04	1	1	28	
ABILIFY MAINTENA	ARIPIRAZOLE	400 MG	SUSER VIAL	1			0.04	1	1	28	
ABILIFY	ARIPIRAZOLE	5 MG	TABLET	30			1.00	1	34	34	
ARISTADA	ARIPIRAZOLE LAUROXIL	1064MG/3.9	SUSER SYR	3.9			0.07	3.9	3.9	60	
ARMODAFINIL	ARMODAFINIL	150 MG	TABLET	30	17	999	1.00	1	34	34	P
ARMODAFINIL	ARMODAFINIL	200 MG	TABLET	30			1.00	1	34	34	P
ARMODAFINIL	ARMODAFINIL	250 MG	TABLET	30	17	999	1.00	1	34	34	P
ARMODAFINIL	ARMODAFINIL	50 MG	TABLET	30	17	999	2.00	1	68	34	P
COARTEM	ARTEMETHER/LUMEFANTRINE	20MG-120MG	TABLET	24			1.00	1	24	24	P
SAPHRIS	ASENAPINE MALEATE	10 MG	TAB SUBL	1			2.00	1	68	34	
SAPHRIS	ASENAPINE MALEATE	2.5 MG	TAB SUBL	60			2.00	1	68	34	
SAPHRIS	ASENAPINE MALEATE	5 MG	TAB SUBL	1			2.00	1	68	34	
AGGRENOX	ASPIRIN/DIPYRIDAMOLE	25MG-200MG	CPMP 12HR	60			2.00	1	68	34	
YOSPRALA	ASPIRIN/OMEPRAZOLE	325MG-40MG	TAB IR DR	30			1.00	1	34	34	P
YOSPRALA	ASPIRIN/OMEPRAZOLE	81 MG-40MG	TAB IR DR	30			1.00	1	34	34	P
EVOTAZ	ATAZANAVIR SULFATE/COBICISTAT	300-150 MG	TABLET	30			1.00	1	34	34	
ATENOLOL	ATENOLOL	100 MG	TABLET	100			2.00	1	68	34	
ATENOLOL	ATENOLOL	25 MG	TABLET	100			2.00	1	68	34	
ATENOLOL	ATENOLOL	50 MG	TABLET	100			2.00	1	68	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	10 MG	CAPSULE	30			2.00	1	68	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	100 MG	CAPSULE	30			1.00	1	34	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	18 MG	CAPSULE	30			2.00	1	68	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	25 MG	CAPSULE	30			2.00	1	68	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	40 MG	CAPSULE	30			1.00	1	34	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	60 MG	CAPSULE	30			1.00	1	34	34	
ATOMOXETINE HCL	ATOMOXETINE HCL	80 MG	CAPSULE	30			1.00	1	34	34	
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	10 MG	TABLET	90			0.50	1	17	34	
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	20 MG	TABLET	90			0.50	1	17	34	
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	40 MG	TABLET	90			0.50	1	17	34	
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	80 MG	TABLET	90			1.00	1	34	34	
ATOVAQUONE-PROGUANIL HCL	ATOVAQUONE/PROGUANIL HCL	250-100 MG	TABLET	100							P
ATOVAQUONE-PROGUANIL HCL	ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	100							P
RIDAURA	AURANOFIN	3 MG	CAPSULE	60			3.00	1	102	34	
YESCARTA	AXICABTAGENE CILOLEUCEL		PLAST. BAG	1			0.03	1	1	34	P
INLYTA	AXITINIB	1 MG	TABLET	180			4.00	1	136	34	
INLYTA	AXITINIB	5 MG	TABLET	60			2.00	1	60	30	
AZATHIOPRINE	AZATHIOPRINE	50 MG	TABLET	100			1.00	1	34	34	
FINACEA	AZELAIC ACID	15.00%	GEL (GRAM)	50			1.47	50	50	34	
AZELEX	AZELAIC ACID	20.00%	CREAM (G)	30	12	35	1.00	30	30	30	
AZELEX	AZELAIC ACID	20.00%	CREAM (G)	50	12	35	1.67	50	50	30	
AZELASTINE HCL	AZELASTINE HCL	137 MCG	SPRAY/PUMP	30			2.00	1	60	30	
ASTEPRO	AZELASTINE HCL	205.5 MCG	SPRAY/PUMP	30			2.00	1	60	30	
DYMISTA	AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP	23			0.68	23	23	34	
EDARBYCLOR	AZILSARTAN MED/CHLOROTHALIDONE	40 MG-25MG	TABLET	30			1.00	1	34	34	
EDARBYCLOR	AZILSARTAN MED/CHLOROTHALIDONE	40-12.5 MG	TABLET	30			1.00	1	34	34	
EDARBI	AZILSARTAN MEDOXOMIL	40 MG	TABLET	30			1.00	1	34	34	
EDARBI	AZILSARTAN MEDOXOMIL	80 MG	TABLET	30			1.00	1	34	34	
AZASITE	AZITHROMYCIN	1.00%	DROPS	2.5	41	999	0.15	2.5	5	34	
AZITHROMYCIN	AZITHROMYCIN	1 G	PACKET	10			1.00	1	10	10	

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ARIPIRAZOLE ODT	ARIPIRAZOLE	15 MG	TAB RAPDIS			
ABILIFY	ARIPIRAZOLE	2 MG	TABLET			
ABILIFY	ARIPIRAZOLE	20 MG	TABLET			
ABILIFY	ARIPIRAZOLE	30 MG	TABLET			
ABILIFY MAINTENA	ARIPIRAZOLE	300 MG	SUSER SYR			
ABILIFY MAINTENA	ARIPIRAZOLE	300 MG	SUSER VIAL			
ABILIFY MAINTENA	ARIPIRAZOLE	400 MG	SUSER SYR			
ABILIFY MAINTENA	ARIPIRAZOLE	400 MG	SUSER VIAL			
ABILIFY	ARIPIRAZOLE	5 MG	TABLET			
ARISTADA	ARIPIRAZOLE LAUROXIL	1064MG/3.9	SUSER SYR			
ARMODAFINIL	ARMODAFINIL	150 MG	TABLET	1/1/2010	NUVIGIL	PA CRITERIA
ARMODAFINIL	ARMODAFINIL	200 MG	TABLET	1/1/2010	NUVIGIL	PA CRITERIA
ARMODAFINIL	ARMODAFINIL	250 MG	TABLET	1/1/2010	NUVIGIL	PA CRITERIA
ARMODAFINIL	ARMODAFINIL	50 MG	TABLET	1/1/2010	NUVIGIL	PA CRITERIA
COARTEM	ARTEMETHER/LUMEFANTRINE	20MG-120MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
SAPHRIS	ASENAPINE MALEATE	10 MG	TAB SUBL			
SAPHRIS	ASENAPINE MALEATE	2.5 MG	TAB SUBL			
SAPHRIS	ASENAPINE MALEATE	5 MG	TAB SUBL			
AGGRENOX	ASPIRIN/DIPYRIDAMOLE	25MG-200MG	CPMP 12HR			
YOSPRALA	ASPIRIN/OMEPRAZOLE	325MG-40MG	TAB IR DR	9/7/2016	PLATELET AGGREGATION INHIBITORS	PDL
YOSPRALA	ASPIRIN/OMEPRAZOLE	81 MG-40MG	TAB IR DR	9/7/2016	PLATELET AGGREGATION INHIBITORS	PDL
EVOTAZ	ATAZANAVIR SULFATE/COBICISTAT	300-150 MG	TABLET			
ATENOLOL	ATENOLOL	100 MG	TABLET			
ATENOLOL	ATENOLOL	25 MG	TABLET			
ATENOLOL	ATENOLOL	50 MG	TABLET			
ATOMOXETINE HCL	ATOMOXETINE HCL	10 MG	CAPSULE			
ATOMOXETINE HCL	ATOMOXETINE HCL	100 MG	CAPSULE			
ATOMOXETINE HCL	ATOMOXETINE HCL	18 MG	CAPSULE			
ATOMOXETINE HCL	ATOMOXETINE HCL	25 MG	CAPSULE			
ATOMOXETINE HCL	ATOMOXETINE HCL	40 MG	CAPSULE			
ATOMOXETINE HCL	ATOMOXETINE HCL	60 MG	CAPSULE			
ATOMOXETINE HCL	ATOMOXETINE HCL	80 MG	CAPSULE			
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	10 MG	TABLET			
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	20 MG	TABLET			
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	40 MG	TABLET			
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	80 MG	TABLET			
ATOVAQUONE-PROGUANIL HCL	ATOVAQUONE/PROGUANIL HCL	250-100 MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
ATOVAQUONE-PROGUANIL HCL	ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
RIDAURA	AURANOFIN	3 MG	CAPSULE			
YESCARTA	AXICABTAGENE CILOLEUCEL		PLAST. BAG	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
INLYTA	AXITINIB	1 MG	TABLET			
INLYTA	AXITINIB	5 MG	TABLET			
AZATHIOPRINE	AZATHIOPRINE	50 MG	TABLET			
FINACEA	AZELAIC ACID	15.00%	GEL (GRAM)			
AZELEX	AZELAIC ACID	20.00%	CREAM (G)			
AZELEX	AZELAIC ACID	20.00%	CREAM (G)			
AZELASTINE HCL	AZELASTINE HCL	137 MCG	SPRAY/PUMP			
ASTEPRO	AZELASTINE HCL	205.5 MCG	SPRAY/PUMP			
DYMISTA	AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP			
EDARBYCLOR	AZILSARTAN MED/CHLOROTHALIDONE	40 MG-25MG	TABLET			
EDARBYCLOR	AZILSARTAN MED/CHLOROTHALIDONE	40-12.5 MG	TABLET			
EDARBI	AZILSARTAN MEDOXOMIL	40 MG	TABLET			
EDARBI	AZILSARTAN MEDOXOMIL	80 MG	TABLET			
AZASITE	AZITHROMYCIN	1.00%	DROPS			
AZITHROMYCIN	AZITHROMYCIN	1 G	PACKET			

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AZITHROMYCIN	AZITHROMYCIN	1 G	PACKET	3			1.00	1	3	3
AZITHROMYCIN	AZITHROMYCIN	100 MG/5ML	SUSP RECON	15			6.00	15	180	30
AZITHROMYCIN	AZITHROMYCIN	200 MG/5ML	SUSP RECON	15			6.00	15	180	30
AZITHROMYCIN	AZITHROMYCIN	250 MG	TABLET	6			1.20	1	36	30
AZITHROMYCIN	AZITHROMYCIN	500 MG	TABLET	3			2.00	1	68	34
CAYSTON	AZTREONAM LYSINE	75 MG/ML	VIAL-NEB	1						P
MYNPHROCAPS	B COMPLEX W-C NO.20/FOLIC ACID	1 MG	CAPSULE	100			1.00	1	34	34
BACITRACIN	BACITRACIN	500 UNIT/G	OINT. (G)	3.5						P
BACLOFEN	BACLOFEN	10 MG	TABLET	100			4.00	1	136	34
GABLOFEN	BACLOFEN	10000/20ML	VIAL	20			2.35	20	80	34
BACLOFEN	BACLOFEN	20 MG	TABLET	100			4.00	1	136	34
GABLOFEN	BACLOFEN	40000/20ML	VIAL	20			2.35	20	80	34
GABLOFEN	BACLOFEN	50 MCG/ML	SYRINGE	1			0.06	1	2	34
GIAZO	BALSALAZIDE DISODIUM	1.1 G	TABLET	180			6.00	1	180	30
REGRANEX	BECAPLERMIN	0.01%	GEL (GRAM)	15			1.07	15	30	28
QNASL CHILDREN	BECLOMETHASONE DIPROPIONATE	40 MCG	HFA AER AD	4.9			0.16	4.9	4.9	30
QVAR REDIHALER	BECLOMETHASONE DIPROPIONATE	40 MCG	HFA AEROBA	10.6			0.35	10.6	10.6	30
QVAR REDIHALER	BECLOMETHASONE DIPROPIONATE	80 MCG	HFA AEROBA	10.6			0.35	10.6	10.6	30
BECONASE AQ	BECLOMETHASONE DIPROPIONATE	42 MCG	SPRAY	25			0.83	25	25	30
QNASL	BECLOMETHASONE DIPROPIONATE	80 MCG	HFA AER AD	8.7			0.29	8.7	8.7	30
BENLYSTA	BELIMUMAB	120 MG	VIAL	1			0.03	1	1	34
BENAZEPRIL HCL	BENAZEPRIL HCL	10 MG	TABLET	100			2.00	1	68	34
BENAZEPRIL HCL	BENAZEPRIL HCL	20 MG	TABLET	100			2.00	1	68	34
BENAZEPRIL HCL	BENAZEPRIL HCL	40 MG	TABLET	100			2.00	1	68	34
BENAZEPRIL HCL	BENAZEPRIL HCL	5 MG	TABLET	100			2.00	1	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	100			2.00	1	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	100			2.00	1	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	100			2.00	1	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	100			2.00	1	68	34
FASENRA	BENRALIZUMAB	30 MG/ML	SYRINGE	1			0.02	1	1	56
BENZONATATE	BENZONATATE	100 MG	CAPSULE	100			3.00	1	102	34
BENZONATATE	BENZONATATE	150 MG	CAPSULE	100			3.00	1	102	34
BENZONATATE	BENZONATATE	200 MG	CAPSULE	100			3.00	1	102	34
BEPREVE	BEPOTASTINE BESILATE	1.50%	DROPS	10			0.33	10	10	30
BEPREVE	BEPOTASTINE BESILATE	1.50%	DROPS	5			0.17	5	5	30
BESIVANCE	BESIFLOXACIN HCL	0.60%	DROPS SUSP	5			0.15	5	5	34
CYSTDANE	BETAINE	1 G/1.7 ML	POWDER	180			6.00	1	180	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	CREAM (G)	15			0.50	15	15	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	CREAM (G)	45			1.50	45	45	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	GEL (GRAM)	15			0.50	15	15	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	GEL (GRAM)	50			1.67	50	50	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	LOTION	60			2.00	60	60	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	OINT. (G)	15			0.50	15	15	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	OINT. (G)	45			1.50	45	45	30
SERNIVO	BETAMETHASONE DIPROPIONATE	0.05%	SPRAY/PUMP	120			4.00	120	120	30
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	CREAM (G)	15			0.50	15	15	30
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	CREAM (G)	45			1.50	45	45	30
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	LOTION	60			2.00	60	60	30
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	OINT. (G)	15			0.50	15	15	30
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	OINT. (G)	45			1.50	45	45	30
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.12%	FOAM	50			1.47	50	50	34
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.12%	FOAM	100			2.94	100	100	34
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	CREAM (G)	15			0.50	15	15	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	CREAM (G)	50			1.67	50	50	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	LOTION	30			1.00	30	30	30

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AZITHROMYCIN	AZITHROMYCIN	1 G	PACKET			
AZITHROMYCIN	AZITHROMYCIN	100 MG/5ML	SUSP RECON			
AZITHROMYCIN	AZITHROMYCIN	200 MG/5ML	SUSP RECON			
AZITHROMYCIN	AZITHROMYCIN	250 MG	TABLET			
AZITHROMYCIN	AZITHROMYCIN	500 MG	TABLET			
CAYSTON	AZTREONAM LYSINE	75 MG/ML	VIAL-NEB	12/2/2015	CYSTIC FIBROSIS INHALED ANTIBIOTICS	PDL
MYNPHROCAPS	B COMPLEX W-C NO.20/FOLIC ACID	1 MG	CAPSULE			
BACITRACIN	BACITRACIN	500 UNIT/G	OINT. (G)	2/4/2008	OPHTHALMIC ANTIINFECTIVES	PDL
BACLOFEN	BACLOFEN	10 MG	TABLET			
GABLOFEN	BACLOFEN	10000/20ML	VIAL			
BACLOFEN	BACLOFEN	20 MG	TABLET			
GABLOFEN	BACLOFEN	40000/20ML	VIAL			
GABLOFEN	BACLOFEN	50 MCG/ML	SYRINGE			
GIAZO	BALSALAZIDE DISODIUM	1.1 G	TABLET	9/9/2013	ULCERATIVE COLITIS AGENTS - NONSTEROIDAL	PDL
REGANEX	BECAPLERMIN	0.01%	GEL (GRAM)			
QNASL CHILDREN	BECLOMETHASONE DIPROPIONATE	40 MCG	HFA AER AD	3/2/2016	NASAL STEROIDS	PA CRITERIA
QVAR REDIHALER	BECLOMETHASONE DIPROPIONATE	40 MCG	HFA AEROBA	3/2/2016	STEROIDS - INHALED	PDL
QVAR REDIHALER	BECLOMETHASONE DIPROPIONATE	80 MCG	HFA AEROBA	3/2/2016	STEROIDS - INHALED	PDL
BECONASE AQ	BECLOMETHASONE DIPROPIONATE	42 MCG	SPRAY			
QNASL	BECLOMETHASONE DIPROPIONATE	80 MCG	HFA AER AD			
BENLYSTA	BELIMUMAB	120 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
BENAZEPRIL HCL	BENAZEPRIL HCL	10 MG	TABLET			
BENAZEPRIL HCL	BENAZEPRIL HCL	20 MG	TABLET			
BENAZEPRIL HCL	BENAZEPRIL HCL	40 MG	TABLET			
BENAZEPRIL HCL	BENAZEPRIL HCL	5 MG	TABLET			
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
BENAZEPRIL-HYDROCHLOROTHIAZIDE	BENAZEPRIL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
FASENRA	BENRALIZUMAB	30 MG/ML	SYRINGE	10/1/2007	MEDICATIONS THAT COST OVER \$3000/MONTH	PA CRITERIA
BENZONATATE	BENZONATATE	100 MG	CAPSULE			
BENZONATATE	BENZONATATE	150 MG	CAPSULE			
BENZONATATE	BENZONATATE	200 MG	CAPSULE			
BEPREVE	BEPOTASTINE BESILATE	1.50%	DROPS			
BEPREVE	BEPOTASTINE BESILATE	1.50%	DROPS			
BESIVANCE	BESIFLOXACIN HCL	0.60%	DROPS SUSP			
CYSTADANE	BETAINE	1 G/1.7 ML	POWDER			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	CREAM (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	CREAM (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	GEL (GRAM)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	GEL (GRAM)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	LOTION			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	OINT. (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE	0.05%	OINT. (G)			
SERNIVO	BETAMETHASONE DIPROPIONATE	0.05%	SPRAY/PUMP			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	CREAM (G)			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	CREAM (G)			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	LOTION			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	OINT. (G)			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.10%	OINT. (G)			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.12%	FOAM			
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	0.12%	FOAM			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	CREAM (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	CREAM (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	LOTION			

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Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.										
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	LOTION	60			2.00	60	60	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	OINT. (G)	15			0.50	15	15	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	OINT. (G)	50			1.67	50	50	30
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	OINT. (G)	45			1.50	45	45	30
BETAXOLOL HCL	BETAXOLOL HCL	10 MG	TABLET	100			1.00	1	34	34
BETAXOLOL HCL	BETAXOLOL HCL	20 MG	TABLET	100			2.00	1	68	34
ZINPLAVA	BEZLOTOXUMAB	1000 MG/40	VIAL	40			0.03	1	1	34 P
PYLERA	BISMUTH/METRONID/TETRACYCLINE	125-125 MG	CAPSULE	120			12.00	120	120	10
PRECISION XTRA	BLOOD KETONE TEST, STRIPS		STRIP	10			1.00	10	10	10
ACCU-CHEK AVIVA PLUS	BLOOD SUGAR DIAGNOSTIC		STRIP	100			6.67	100	200	30 P
EMBRACE	BLOOD SUGAR DIAGNOSTIC		STRIP	50			6.67	50	200	30 P
ONETOUCH ULTRA BLUE TEST STRP	BLOOD SUGAR DIAGNOSTIC		STRIP	25			6.67	1	200	30 P
CONTOUR	BLOOD SUGAR DIAGNOSTIC		STRIP	50			6.67	50	200	30
CONTOUR	BLOOD SUGAR DIAGNOSTIC		STRIP	100			6.67	100	200	30
BREEZE 2	BLOOD SUGAR DIAGNOSTIC, DISC		STRIP	50			6.67	1	200	30 P
FREESTYLE CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL		EACH	1			0.00	1	1	250
FREESTYLE LITE METER	BLOOD-GLUCOSE METER		KIT	1			0.00	1	1	250 P
FREESTYLE INSULINX	BLOOD-GLUCOSE METER		EACH	1			0.00	1	1	250
TRACLEER	BOSENTAN	125 MG	TABLET	30			2.00	1	68	34 P
TRACLEER	BOSENTAN	32 MG	TAB SUSP	1			2.00	56	56	28 P
TRACLEER	BOSENTAN	62.5 MG	TABLET	30			2.00	1	68	34 P
BOSULIF	BOSUTINIB	100 MG	TABLET	120			1.00	1	34	34
BOSULIF	BOSUTINIB	500 MG	TABLET	30			1.00	1	34	34
REXULTI	BREXPIPIRAZOLE	0.25 MG	TABLET	30	18	999	1.00	1	34	34
REXULTI	BREXPIPIRAZOLE	0.5 MG	TABLET	30	18	999	1.00	1	34	34
REXULTI	BREXPIPIRAZOLE	1 MG	TABLET	30	18	999	1.00	1	34	34
REXULTI	BREXPIPIRAZOLE	2 MG	TABLET	30	18	999	1.00	1	34	34
REXULTI	BREXPIPIRAZOLE	3 MG	TABLET	30	18	999	1.00	1	34	34
REXULTI	BREXPIPIRAZOLE	4 MG	TABLET	30	18	999	1.00	1	34	34
BRIVIACT	BRIVARACETAM	10 MG	TABLET	60			2.00	1	68	34
BRIVIACT	BRIVARACETAM	10 MG/ML	SOLUTION	300			20.00	1	680	34
BRIVIACT	BRIVARACETAM	100 MG	TABLET	100			2.00	1	68	34
BRIVIACT	BRIVARACETAM	25 MG	TABLET	100			2.00	1	68	34
BRIVIACT	BRIVARACETAM	50 MG	TABLET	100			2.00	1	68	34
BRIVIACT	BRIVARACETAM	75 MG	TABLET	60			2.00	1	68	34
SILIQ	BRODALUMAB	210 MG/1.5	SYRINGE	1.5			0.11	1.5	3	28 P
PROLENSA	BROMFENAC SODIUM	0.07%	DROPS	3			0.10	3	3	30 P
BROMSITE	BROMFENAC SODIUM	0.08%	DROPS	5			0.31	5	5	16 P
BROMFENAC SODIUM	BROMFENAC SODIUM	0.09%	DROPS	1.7						P
POLY-TUSSIN AC	BROMPHENIRAMINE/P-EPH/CODEINE	4-10-10/5	LIQUID	473	13	999	1.00	30	30	30
UCERIS	BUDESONIDE	2 MG	FOAM/APPL	33.4						P
UCERIS	BUDESONIDE	9 MG	TABDR - ER	30			1.00	1	34	34 P
BUDESONIDE	BUDESONIDE	0.25MG/2ML	AMPUL-NEB	2			4.00	2	120	30
PULMICORT	BUDESONIDE	0.25MG/2ML	AMPUL-NEB	2			4.00	2	120	30
BUDESONIDE	BUDESONIDE	0.5 MG/2ML	AMPUL-NEB	2			4.00	2	120	30
PULMICORT	BUDESONIDE	0.5 MG/2ML	AMPUL-NEB	2			4.00	2	120	30
BUDESONIDE	BUDESONIDE	1 MG/2 ML	AMPUL-NEB	2			4.00	2	120	30
PULMICORT	BUDESONIDE	1 MG/2 ML	AMPUL-NEB	2			4.00	2	120	30
PULMICORT FLEXHALER	BUDESONIDE	180 MCG	AER POW BA	1			0.03	1	1	30
BUDESONIDE EC	BUDESONIDE	3 MG	CAPDR - ER	100			3.00	1	90	30
PULMICORT FLEXHALER	BUDESONIDE	90 MCG	AER POW BA	1			0.03	1	1	30
SYMBICORT	BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD	10.2			0.34	10.2	10.2	30
SYMBICORT	BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD	10.2			0.34	10.2	10.2	30
SUBLOCADE	BUPRENORPHINE	100 MG/0.5	SOLER SYR	0.5			0.02	0.5	0.5	30 P
SUBLOCADE	BUPRENORPHINE	300 MG/1.5	SOLER SYR	1.5			0.05	1.5	1.5	30 P

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	LOTION			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	OINT. (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	OINT. (G)			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE/PROPYLENE GLYC	0.05%	OINT. (G)			
BETAXOLOL HCL	BETAXOLOL HCL	10 MG	TABLET			
BETAXOLOL HCL	BETAXOLOL HCL	20 MG	TABLET			
ZINPLAVA	BEZLOTOXUMAB	1000 MG/40	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PYLERA	BISMUTH/METRONID/TETRACYCLINE	125-125 MG	CAPSULE			
PRECISION XTRA	BLOOD KETONE TEST, STRIPS		STRIP			
ACCU-CHEK AVIVA PLUS	BLOOD SUGAR DIAGNOSTIC		STRIP	7/1/2005	DIABETIC SUPPLIES	PDSL
EMBRACE	BLOOD SUGAR DIAGNOSTIC		STRIP	7/1/2005	DIABETIC SUPPLIES	PDSL
ONETOUCH ULTRA BLUE TEST STRP	BLOOD SUGAR DIAGNOSTIC		STRIP	7/1/2005	DIABETIC SUPPLIES	PDSL
CONTOUR	BLOOD SUGAR DIAGNOSTIC		STRIP			
CONTOUR	BLOOD SUGAR DIAGNOSTIC		STRIP			
BREEZE 2	BLOOD SUGAR DIAGNOSTIC, DISC		STRIP	7/1/2005	DIABETIC SUPPLIES	PDSL
FREESTYLE CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL		EACH			
FREESTYLE LITE METER	BLOOD-GLUCOSE METER		KIT	7/1/2005	DIABETIC SUPPLIES	PDSL
FREESTYLE INSULINX	BLOOD-GLUCOSE METER		EACH			
TRACLEER	BOSENTAN	125 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
TRACLEER	BOSENTAN	32 MG	TAB SUSP	3/5/2012	PULMONARY HYPERTENSION	PDL
TRACLEER	BOSENTAN	62.5 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
BOSULIF	BOSUTINIB	100 MG	TABLET			
BOSULIF	BOSUTINIB	500 MG	TABLET			
REXULTI	BREXPIRAZOLE	0.25 MG	TABLET			
REXULTI	BREXPIRAZOLE	0.5 MG	TABLET			
REXULTI	BREXPIRAZOLE	1 MG	TABLET			
REXULTI	BREXPIRAZOLE	2 MG	TABLET			
REXULTI	BREXPIRAZOLE	3 MG	TABLET			
REXULTI	BREXPIRAZOLE	4 MG	TABLET			
BRIVIACT	BRIVARACETAM	10 MG	TABLET			
BRIVIACT	BRIVARACETAM	10 MG/ML	SOLUTION			
BRIVIACT	BRIVARACETAM	100 MG	TABLET			
BRIVIACT	BRIVARACETAM	25 MG	TABLET			
BRIVIACT	BRIVARACETAM	50 MG	TABLET			
BRIVIACT	BRIVARACETAM	75 MG	TABLET			
SILIQ	BRODALUMAB	210 MG/1.5	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
PROLENSA	BROMFENAC SODIUM	0.07%	DROPS	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
BROMSITE	BROMFENAC SODIUM	0.08%	DROPS	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
BROMFENAC SODIUM	BROMFENAC SODIUM	0.09%	DROPS	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
POLY-TUSSIN AC	BROMPHENIRAMINE/P-EPH/CODEINE	4-10-10/5	LIQUID			
UCERIS	BUDESONIDE	2 MG	FOAM/APPL	12/2/2015	UCERIS RECTAL FOAM	PA CRITERIA
UCERIS	BUDESONIDE	9 MG	TABDR - ER	12/2/2015	PREFERRED DOSAGE FORMS - UCERIS	PA CRITERIA
BUDESONIDE	BUDESONIDE	0.25MG/2ML	AMPUL-NEB			
PULMICORT	BUDESONIDE	0.25MG/2ML	AMPUL-NEB			
BUDESONIDE	BUDESONIDE	0.5 MG/2ML	AMPUL-NEB			
PULMICORT	BUDESONIDE	0.5 MG/2ML	AMPUL-NEB			
BUDESONIDE	BUDESONIDE	1 MG/2 ML	AMPUL-NEB			
PULMICORT	BUDESONIDE	1 MG/2 ML	AMPUL-NEB			
PULMICORT FLEXHALER	BUDESONIDE	180 MCG	AER POW BA			
BUDESONIDE EC	BUDESONIDE	3 MG	CAPDR - ER			
PULMICORT FLEXHALER	BUDESONIDE	90 MCG	AER POW BA			
SYMBICORT	BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD			
SYMBICORT	BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD			
SUBLOCADE	BUPRENORPHINE	100 MG/0.5	SOLER SYR	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
SUBLOCADE	BUPRENORPHINE	300 MG/1.5	SOLER SYR	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL



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BUPRENORPHINE	BUPRENORPHINE	10 MCG/HR	PATCH TDWK	4			0.14	1	4	28
BUPRENORPHINE	BUPRENORPHINE	15 MCG/HR	PATCH TDWK	4			0.14	1	4	28
BUPRENORPHINE	BUPRENORPHINE	20 MCG/HR	PATCH TDWK	4			0.14	1	4	28
BUPRENORPHINE	BUPRENORPHINE	5 MCG/HR	PATCH TDWK	4			0.14	1	4	28
BUPRENORPHINE	BUPRENORPHINE	7.5 MCG/HR	PATCH TDWK	4			0.14	1	4	28
BUPRENORPHINE HCL	BUPRENORPHINE HCL	2 MG	TAB SUBL	30						P
PROBUPHINE	BUPRENORPHINE HCL	74.2 MG	IMPLANT	4						P
BUPRENORPHINE HCL	BUPRENORPHINE HCL	8 MG	TAB SUBL	30			3.00	1	102	34 P
BELBUCA	BUPRENORPHINE HCL	150 MCG	FILM	60			2.00	1	68	34 P
BELBUCA	BUPRENORPHINE HCL	300 MCG	FILM	60			2.00	1	68	34 P
BELBUCA	BUPRENORPHINE HCL	450 MCG	FILM	60			2.00	1	68	34 P
BELBUCA	BUPRENORPHINE HCL	600 MCG	FILM	60			2.00	1	68	34 P
BELBUCA	BUPRENORPHINE HCL	75 MCG	FILM	60			2.00	1	68	34 P
BELBUCA	BUPRENORPHINE HCL	750 MCG	FILM	60			2.00	1	68	34 P
BELBUCA	BUPRENORPHINE HCL	900 MCG	FILM	60			2.00	1	68	34 P
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	0.7-0.18MG	TAB SUBL	30			1.00	1	34	34 P
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	1.4-0.36MG	TAB SUBL	30			2.00	1	68	34 P
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	11.4-2.9MG	TAB SUBL	30			1.00	1	34	34 P
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	12 MG-3 MG	FILM	1			2.00	1	68	34 P
BUPRENORPHINE-NALOXONE	BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	30			3.00	1	102	34 P
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	1			3.00	1	102	34 P
BUNAVAIL	BUPRENORPHINE HCL/NALOXONE HCL	2.1-0.3 MG	FILM	1			2.00	1	68	34 P
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	2.9-0.71MG	TAB SUBL	30			1.00	1	34	34 P
BUNAVAIL	BUPRENORPHINE HCL/NALOXONE HCL	4.2-0.7 MG	FILM	1			2.00	1	68	34 P
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	1			2.00	1	68	34 P
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	5.7-1.4 MG	TAB SUBL	30			2.00	1	68	34 P
BUNAVAIL	BUPRENORPHINE HCL/NALOXONE HCL	6.3MG-1MG	FILM	1			2.00	1	68	34 P
BUPRENORPHINE-NALOXONE	BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	30			3.00	1	102	34 P
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	1			3.00	1	102	34 P
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	8.6-2.1 MG	TAB SUBL	30			2.00	1	68	34 P
APLENZIN	BUPROPION HBR	174MG	TAB ER 24H	30			0.03	1	1	30
APLENZIN	BUPROPION HBR	348MG	TAB ER 24H	30			0.03	1	1	30
APLENZIN	BUPROPION HBR	522MG	TAB ER 24H	30			0.03	1	1	30
BUPROPION HCL SR	BUPROPION HCL	150 MG	TAB ER 12H	100			2.00		60	30 P
BUPROPION HCL SR	BUPROPION HCL	100 MG	TAB ER 12H	100			2.00	1	68	34
BUPROPION HCL SR	BUPROPION HCL	150 MG	TAB ER 12H	100			2.00	1	68	34
BUPROPION XL	BUPROPION HCL	150 MG	TAB ER 24H	30			1.00	1	34	34
BUPROPION HCL SR	BUPROPION HCL	200 MG	TAB ER 12H	60			2.00	1	68	34
BUPROPION XL	BUPROPION HCL	300 MG	TAB ER 24H	500			1.00	1	34	34
FORFIVO XL	BUPROPION HCL	450 MG	TAB ER 24H	30			0.03		1	30
BUSPIRONE HCL	BUSPIRONE HCL	10 MG	TABLET	100			4.00	1	136	34
BUSPIRONE HCL	BUSPIRONE HCL	15 MG	TABLET	100			4.00	1	136	34
BUSPIRONE HCL	BUSPIRONE HCL	30 MG	TABLET	500			3.00	1	102	34
BUSPIRONE HCL	BUSPIRONE HCL	5 MG	TABLET	100			3.00	1	102	34
BUSPIRONE HCL	BUSPIRONE HCL	7.5 MG	TABLET	100			3.00	1	102	34
BUTALBITAL-ACETAMINOPHEN-CAFFE	BUTALB/ACETAMINOPHEN/CAFFEINE	50-300-40	CAPSULE	100			6.00	1	204	34
VANATOL LQ	BUTALB/ACETAMINOPHEN/CAFFEINE	50-325/15	SOLUTION	473			6.00	1	204	34
BUTALBITAL-ACETAMINOPHEN-CAFFE	BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	TABLET	100			6.00	1	204	34
BUTALB-ACETAMINOPH-CAFF-CODEIN	BUTALBIT/ACETAMIN/CAFF/CODEINE	50-300-30	CAPSULE	100	13	999	2.00	15	60	30
BUTALB-CAFF-ACETAMINOPH-CODEIN	BUTALBIT/ACETAMIN/CAFF/CODEINE	50-325-30	CAPSULE	100	13	999	2.00	15	60	30
BUPAP	BUTALBITAL/ACETAMINOPHEN	50MG-300MG	TABLET	100			6.00	1	204	34
BUTALBITAL-ACETAMINOPHEN	BUTALBITAL/ACETAMINOPHEN	50MG-325MG	TABLET	100			6.00	1	204	34
BUTALBITAL-ASPIRIN-CAFFEINE	BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE	100			6.00	1	204	34
GYNAZOLE 1	BUTOCONAZOLE NITRATE	2.00%	CRM/PF APP	5			5.80	5.8	5.8	1
BUTORPHANOL TARTRATE	BUTORPHANOL TARTRATE	10 MG/ML	SPRAY	2.5			0.17	2.5	5	30

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BUPRENORPHINE	BUPRENORPHINE	10 MCG/HR	PATCH TDWK			
BUPRENORPHINE	BUPRENORPHINE	15 MCG/HR	PATCH TDWK			
BUPRENORPHINE	BUPRENORPHINE	20 MCG/HR	PATCH TDWK			
BUPRENORPHINE	BUPRENORPHINE	5 MCG/HR	PATCH TDWK			
BUPRENORPHINE	BUPRENORPHINE	7.5 MCG/HR	PATCH TDWK			
BUPRENORPHINE HCL	BUPRENORPHINE HCL	2 MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
PROBUPHINE	BUPRENORPHINE HCL	74.2 MG	IMPLANT	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BUPRENORPHINE HCL	BUPRENORPHINE HCL	8 MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BELBUCA	BUPRENORPHINE HCL	150 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
BELBUCA	BUPRENORPHINE HCL	300 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
BELBUCA	BUPRENORPHINE HCL	450 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
BELBUCA	BUPRENORPHINE HCL	600 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
BELBUCA	BUPRENORPHINE HCL	75 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
BELBUCA	BUPRENORPHINE HCL	750 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
BELBUCA	BUPRENORPHINE HCL	900 MCG	FILM	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	0.7-0.18MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	1.4-0.36MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	11.4-2.9MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	12 MG-3 MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BUPRENORPHINE-NALOXONE	BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BUNAVAIL	BUPRENORPHINE HCL/NALOXONE HCL	2.1-0.3 MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	2.9-0.71MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BUNAVAIL	BUPRENORPHINE HCL/NALOXONE HCL	4.2-0.7 MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	5.7-1.4 MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BUNAVAIL	BUPRENORPHINE HCL/NALOXONE HCL	6.3MG-1MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
BUPRENORPHINE-NALOXONE	BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
ZUBSOLV	BUPRENORPHINE HCL/NALOXONE HCL	8.6-2.1 MG	TAB SUBL	6/14/2010	OPIOID PARTIAL ANTAGONIST - OPIOID DEPENDENCE	PDL
APLENZIN	BUPROPION HBR	174MG	TAB ER 24H			
APLENZIN	BUPROPION HBR	348MG	TAB ER 24H			
APLENZIN	BUPROPION HBR	522MG	TAB ER 24H			
BUPROPION HCL SR	BUPROPION HCL	150 MG	TAB ER 12H	11/15/2008	TOBACCO CESSATION	PA CRITERIA
BUPROPION HCL SR	BUPROPION HCL	100 MG	TAB ER 12H			
BUPROPION HCL SR	BUPROPION HCL	150 MG	TAB ER 12H			
BUPROPION XL	BUPROPION HCL	150 MG	TAB ER 24H			
BUPROPION HCL SR	BUPROPION HCL	200 MG	TAB ER 12H			
BUPROPION XL	BUPROPION HCL	300 MG	TAB ER 24H			
FORFIVO XL	BUPROPION HCL	450 MG	TAB ER 24H			
BUSPIRONE HCL	BUSPIRONE HCL	10 MG	TABLET			
BUSPIRONE HCL	BUSPIRONE HCL	15 MG	TABLET			
BUSPIRONE HCL	BUSPIRONE HCL	30 MG	TABLET			
BUSPIRONE HCL	BUSPIRONE HCL	5 MG	TABLET			
BUSPIRONE HCL	BUSPIRONE HCL	7.5 MG	TABLET			
BUTALBITAL-ACETAMINOPHEN-CAFFE	BUTALB/ACETAMINOPHEN/CAFFEINE	50-300-40	CAPSULE			
VANATOL LQ	BUTALB/ACETAMINOPHEN/CAFFEINE	50-325/15	SOLUTION			
BUTALBITAL-ACETAMINOPHEN-CAFFE	BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	TABLET			
BUTALB-ACETAMINOPH-CAFF-CODEIN	BUTALBIT/ACETAMIN/CAFF/CODEINE	50-300-30	CAPSULE			
BUTALB-CAFF-ACETAMINOPH-CODEIN	BUTALBIT/ACETAMIN/CAFF/CODEINE	50-325-30	CAPSULE			
BUPAP	BUTALBITAL/ACETAMINOPHEN	50MG-300MG	TABLET			
BUTALBITAL-ACETAMINOPHEN	BUTALBITAL/ACETAMINOPHEN	50MG-325MG	TABLET			
BUTALBITAL-ASPIRIN-CAFFEINE	BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE			
GYNAZOLE 1	BUTOCONAZOLE NITRATE	2.00%	CRM/PF APP			
BUTORPHANOL TARTRATE	BUTORPHANOL TARTRATE	10 MG/ML	SPRAY			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
HAEGARDA	C1 ESTERASE INHIBITOR	2000 UNIT	VIAL	1				0.54	1	15	28	P
HAEGARDA	C1 ESTERASE INHIBITOR	3000 UNIT	VIAL	1				0.54	1	15	28	P
BERINERT	C1 ESTERASE INHIBITOR	500(10 ML)	KIT	1				0.04	1	1	28	P
RUCONEST	C1 ESTERASE INHIBITOR, RECOMB	2100 UNIT	VIAL	1								P
CABERGOLINE	CABERGOLINE	0.5 MG	TABLET	8				0.57	1	16	28	
RAYALDEE	CALCIFEDIOL	30 MCG	CAP SA 24H	30				1.00	1	34	34	
CALCIPOTRIENE	CALCIPOTRIENE	0.01%	CREAM (G)	60				2.00	60	60	30	P
CALCIPOTRIENE	CALCIPOTRIENE	0.01%	CREAM (G)	120				4.00	120	120	30	P
SORILUX	CALCIPOTRIENE	0.01%	FOAM	120				3.53		120	34	P
CALCIPOTRIENE	CALCIPOTRIENE	0.01%	SOLUTION	60				2.00	60	60	30	
ENSTILAR	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	FOAM	60				1.76	60	60	34	P
CALCIPOTRIENE-BETAMETHASONE DP	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	60				2.00	60	60	30	
CALCIPOTRIENE-BETAMETHASONE DP	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	100				3.33	15	100	30	
TACLONEX	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	60				1.76	60	60	34	
TACLONEX	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	120				3.53	120	120	34	
MIACALCIN	CALCITONIN, SALMON, SYNTHETIC	200/ML	VIAL	2				0.50	2	14	28	P
CALCITONIN-SALMON	CALCITONIN, SALMON, SYNTHETIC	200/SPRAY	SPRAY/PUMP	3.7				1.00	3.7	30	30	
CALCITRIOL	CALCITRIOL	3 MCG/G	OINT. (G)	100				28.57	100	800	28	
CALCIUM ACETATE	CALCIUM ACETATE	667 MG	CAPSULE	30								P
INVOKANA	CANAGLIFLOZIN	100 MG	TABLET	30				1.00	1	34	34	
INVOKANA	CANAGLIFLOZIN	300 MG	TABLET	30				1.00	1	34	34	
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	150-500 MG	TABLET	60				2.00	1	68	34	
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	150-1000MG	TAB BP 24H	60				2.00	1	68	34	P
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	150-500 MG	TAB BP 24H	60				2.00	1	68	34	P
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	50-1000 MG	TAB BP 24H	60				2.00	1	68	34	P
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	50MG-500MG	TAB BP 24H	60				2.00	1	68	34	P
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	150-1000MG	TABLET	60				2.00	1	68	34	
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	50-1000 MG	TABLET	60				2.00	1	68	34	
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	50MG-500MG	TABLET	60				2.00	1	68	34	
ATACAND	CANDESARTAN CILEXETIL	16 MG	TABLET	30				1.50	1	51	34	P
ATACAND	CANDESARTAN CILEXETIL	32 MG	TABLET	30				1.00	1	34	34	P
ATACAND	CANDESARTAN CILEXETIL	4 MG	TABLET	30				1.50	1	51	34	P
ATACAND	CANDESARTAN CILEXETIL	8 MG	TABLET	30				1.50	1	51	34	P
ATACAND HCT	CANDESARTAN/HYDROCHLOROTHIAZID	16-12.5MG	TABLET	90				1.50	1	51	34	P
ATACAND HCT	CANDESARTAN/HYDROCHLOROTHIAZID	32-12.5MG	TABLET	90				1.00	1	34	34	P
ATACAND HCT	CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	90				1.00	1	34	34	P
KENGREAL	CANGRELOR TETRASODIUM	50 MG	VIAL	10				0.03	1	1	34	P
QUTENZA	CAPSAICIN/SKIN CLEANSER	8.00%	KIT	1				0.03	1	1	34	P
CARBAMAZEPINE ER	CARBAMAZEPINE	100 MG	TAB ER 12H	100				3.00	2	102	34	
EQUETRO	CARBAMAZEPINE	100 MG	CPMP 12HR	120				1.00		34	34	
CARBAMAZEPINE	CARBAMAZEPINE	100 MG/5ML	ORAL SUSP	450				60.00	1	1800	30	
CARBAMAZEPINE ER	CARBAMAZEPINE	200 MG	TAB ER 12H	100				3.00	2	102	34	
EQUETRO	CARBAMAZEPINE	200 MG	CPMP 12HR	120				2.00		68	34	
EQUETRO	CARBAMAZEPINE	300 MG	CPMP 12HR	120				5.00		170	34	
CARBAMAZEPINE ER	CARBAMAZEPINE	400 MG	TAB ER 12H	100				4.00	4	136	34	
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET	100				8.00	1	240	30	
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	18.75-75MG	TABLET	100				8.00	1	240	30	
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	25-100-200	TABLET	100				8.00	1	240	30	
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	31.25-125	TABLET	100				8.00	1	240	30	
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	37.5-150MG	TABLET	100				8.00	1	240	30	
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET	100				6.00	1	180	30	
RYVENT	CARBINOXAMINE MALEATE	6 MG	TABLET	100				1.00	1	34	34	
LUBRICANT EYE DROPS	CARBOXYMETHYLCELLULOSE SODIUM	0.50%	DROPERETTE	70				2.33	70	70	30	
VRAYLAR	CARIPRAZINE HCL	1.5 MG	CAPSULE	1	18	999		1.00	1	34	34	
VRAYLAR	CARIPRAZINE HCL	1.5 MG-3MG	CAP DS PK	7	18	999		1.00	7	7	7	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
HAEGARDA	C1 ESTERASE INHIBITOR	2000 UNIT	VIAL	12/5/2011	HEREDITARY ANGIOEDEMA	PA CRITERIA
HAEGARDA	C1 ESTERASE INHIBITOR	3000 UNIT	VIAL	12/5/2011	HEREDITARY ANGIOEDEMA	PA CRITERIA
BERINERT	C1 ESTERASE INHIBITOR	500(10 ML)	KIT	12/5/2011	HEREDITARY ANGIOEDEMA	PA CRITERIA
RUCONEST	C1 ESTERASE INHIBITOR, RECOMB	2100 UNIT	VIAL	12/5/2011	HEREDITARY ANGIOEDEMA	PA CRITERIA
CABERGOLINE	CABERGOLINE	0.5 MG	TABLET			
RAYALDEE	CALCIFEDIOL	30 MCG	CAP SA 24H			
CALCIPOTRIENE	CALCIPOTRIENE	0.01%	CREAM (G)	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CALCIPOTRIENE	CALCIPOTRIENE	0.01%	CREAM (G)	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
SORILUX	CALCIPOTRIENE	0.01%	FOAM	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CALCIPOTRIENE	CALCIPOTRIENE	0.01%	SOLUTION			
ENSTILAR	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	FOAM	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CALCIPOTRIENE-BETAMETHASONE DP	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)			
CALCIPOTRIENE-BETAMETHASONE DP	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)			
TACLONEX	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION			
TACLONEX	CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION			
MIACALCIN	CALCITONIN, SALMON, SYNTHETIC	200/ML	VIAL	9/6/2017	MIACALCIN AND TYMLOS	PA CRITERIA
CALCITONIN-SALMON	CALCITONIN, SALMON, SYNTHETIC	200/SPRAY	SPRAY/PUMP			
CALCITRIOL	CALCITRIOL	3 MCG/G	OINT. (G)			
CALCIUM ACETATE	CALCIUM ACETATE	667 MG	CAPSULE	12/3/2014	PHOSPHATE BINDERS	PDL
INVOKANA	CANAGLIFLOZIN	100 MG	TABLET			
INVOKANA	CANAGLIFLOZIN	300 MG	TABLET			
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	150-500 MG	TABLET			
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	150-1000MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	150-500 MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	50-1000 MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	50MG-500MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	150-1000MG	TABLET			
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	50-1000 MG	TABLET			
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	50MG-500MG	TABLET			
ATACAND	CANDESARTAN CILEXETIL	16 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
ATACAND	CANDESARTAN CILEXETIL	32 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
ATACAND	CANDESARTAN CILEXETIL	4 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
ATACAND	CANDESARTAN CILEXETIL	8 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
ATACAND HCT	CANDESARTAN/HYDROCHLOROTHIAZID	16-12.5MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
ATACAND HCT	CANDESARTAN/HYDROCHLOROTHIAZID	32-12.5MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
ATACAND HCT	CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
KENGREAL	CANGRELOR TETRASODIUM	50 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
QUTENZA	CAPSAICIN/SKIN CLEANSER	8.00%	KIT	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
CARBAMAZEPINE ER	CARBAMAZEPINE	100 MG	TAB ER 12H			
EQUETRO	CARBAMAZEPINE	100 MG	CPMP 12HR			
CARBAMAZEPINE	CARBAMAZEPINE	100 MG/5ML	ORAL SUSP			
CARBAMAZEPINE ER	CARBAMAZEPINE	200 MG	TAB ER 12H			
EQUETRO	CARBAMAZEPINE	200 MG	CPMP 12HR			
EQUETRO	CARBAMAZEPINE	300 MG	CPMP 12HR			
CARBAMAZEPINE ER	CARBAMAZEPINE	400 MG	TAB ER 12H			
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET			
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	18.75-75MG	TABLET			
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	25-100-200	TABLET			
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	31.25-125	TABLET			
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	37.5-150MG	TABLET			
CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET			
RYVENT	CARBINOXAMINE MALEATE	6 MG	TABLET			
LUBRICANT EYE DROPS	CARBOXYMETHYLCELLULOSE SODIUM	0.50%	DROPERETTE			
VRAYLAR	CARIPRAZINE HCL	1.5 MG	CAPSULE			
VRAYLAR	CARIPRAZINE HCL	1.5 MG-3MG	CAP DS PK			

North Dakota Medicaid  
Drug Utilization Management List

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VRAYLAR	CARIPRAZINE HCL	3 MG	CAPSULE	1	18	999	1.00	1	34	34	
VRAYLAR	CARIPRAZINE HCL	4.5 MG	CAPSULE	30	18	999	1.00	1	34	34	
VRAYLAR	CARIPRAZINE HCL	6 MG	CAPSULE	30	18	999	1.00	1	34	34	
CARISOPRODOL	CARISOPRODOL	250 MG	TABLET	100			1.00		34	34	P
CARISOPRODOL	CARISOPRODOL	350 MG	TABLET	100			4.00	1	136	34	P
CARISOPRODOL-ASPIRIN	CARISOPRODOL/ASPIRIN	200-325 MG	TABLET	100			1.00	1	34	34	P
CARISOPRODOL-ASPIRIN-CODEINE	CARISOPRODOL/ASPIRIN/CODEINE	200-325-16	TABLET	100	13	999	1.00	30	30	30	P
GLIADEL	CARMUSTINE IN POLIFEPROSAN 20	7.7-192.3	WAFER	8			0.29	8	8	28	
CARVEDILOL	CARVEDILOL	12.5 MG	TABLET	100			2.00		68	34	
CARVEDILOL	CARVEDILOL	25 MG	TABLET	100						34	
CARVEDILOL	CARVEDILOL	3.125 MG	TABLET	100			2.00		68	34	
CARVEDILOL	CARVEDILOL	6.25 MG	TABLET	100			2.00		68	34	
CARVEDILOL ER	CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR	30			1.00	1	34	34	
CARVEDILOL ER	CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR	30			1.00	1	34	34	
CARVEDILOL ER	CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR	30			1.00	1	34	34	
CARVEDILOL ER	CARVEDILOL PHOSPHATE	80 MG	CPMP 24HR	30			1.00	1	34	34	
CEFDINIR	CEFDINIR	125 MG/5ML	SUSP RECON	60			20.00	10	600	30	
CEFDINIR	CEFDINIR	250 MG/5ML	SUSP RECON	60			20.00	10	600	30	
SUPRAX	CEFIXIME	100 MG	TAB CHEW	10			0.04	1	1	28	
SUPRAX	CEFIXIME	200 MG	TAB CHEW	10			0.04	1	1	28	
SUPRAX	CEFIXIME	400 MG	CAPSULE	50			0.04	1	1	28	
CEFPROZIL	CEFPROZIL	250 MG/5ML	SUSP RECON	50			20.00	50	600	30	
CEFTRIAZONE	CEFTRIAZONE SODIUM	1 G	VIAL	1			4.00	1	136	34	
CEFTRIAZONE	CEFTRIAZONE SODIUM	10 G	VIAL	1			0.41	1	14	34	
CEFTRIAZONE	CEFTRIAZONE SODIUM	2 G	VIAL	1			2.00	1	68	34	
CEFTRIAZONE	CEFTRIAZONE SODIUM	250 MG	VIAL	1			8.00	1	272	34	
CEFTRIAZONE	CEFTRIAZONE SODIUM	500 MG	VIAL	1			8.00	1	272	34	
CELEBREX	CELECOXIB	100 MG	CAPSULE	100			2.00	1	68	34	P
CELEBREX	CELECOXIB	200 MG	CAPSULE	100			2.00	1	68	34	P
CELEBREX	CELECOXIB	400 MG	CAPSULE	100			0.03	1	1	34	P
CELEBREX	CELECOXIB	50 MG	CAPSULE	60			1.00	1	34	34	P
CEPHALEXIN	CEPHALEXIN	125 MG/5ML	SUSP RECON	100			40.00	10	1200	30	
CEPHALEXIN	CEPHALEXIN	250 MG/5ML	SUSP RECON	100			40.00	10	1200	30	
CEPHALEXIN	CEPHALEXIN	750 MG	CAPSULE	20			0.50	1	17	34	
BRINEURA	CERLIPONASE ALFA	300MG/10ML	KIT	1			0.03	1	1	34	P
CIMZIA	CERTOLIZUMAB PEGOL	400 MG	KIT	1			0.04	1	1	28	P
CIMZIA	CERTOLIZUMAB PEGOL	400MG/2ML	SYRINGEKIT	1			0.04	1	1	28	P
CIMZIA	CERTOLIZUMAB PEGOL	400MG/2ML	SYRINGEKIT	3			0.11	1	3	28	P
ALLERGY RELIEF	CETIRIZINE HCL	1 MG/ML	SOLUTION	120			10.00	10	340	34	
24HOUR ALLERGY	CETIRIZINE HCL	10 MG	TABLET	45			1.00	1	34	34	
CETIRIZINE HCL	CETIRIZINE HCL	10 MG	TAB CHEW	30			1.00	1	34	34	
CETIRIZINE HCL	CETIRIZINE HCL	5 MG	TAB CHEW	1			1.00	1	34	34	
CETIRIZINE HCL	CETIRIZINE HCL	5 MG	TABLET	100			1.00	1	34	34	
CEVIMELINE HCL	CEVIMELINE HCL	30 MG	CAPSULE	100			3.00	1	90	30	
CHLORHEXIDINE GLUCONATE	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	118			27.82	473	473	17	
CHLORHEXIDINE GLUCONATE	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	473			29.56	473	473	16	
CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	250 MG	TABLET	50							P
CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	500 MG	TABLET	25							P
ZODRYL DAC 25	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15-3MG/3	ORAL SUSP	118	13	999	1.00	30	30	30	
ZODRYL DAC 35	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15-4MG/4	ORAL SUSP	118	13	999	1.00	30	30	30	
ZODRYL DAC 30	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15MG/3.5	ORAL SUSP	118	13	999	1.00	30	30	30	
ZODRYL DAC 40	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15MG/4.5	ORAL SUSP	118	13	999	1.00	30	30	30	
ZODRYL DAC 80	CHLORPHEN/PSEUDOEPHED/CODEINE	2-30-10/10	ORAL SUSP	236	13	999	1.00	30	30	30	
ZODRYL DAC 50	CHLORPHEN/PSEUDOEPHED/CODEINE	2-30-5MG/5	ORAL SUSP	236	13	999	1.00	30	30	30	
ZODRYL DAC 60	CHLORPHEN/PSEUDOEPHED/CODEINE	2-30MG/7.5	ORAL SUSP	236	13	999	1.00	30	30	30	

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VRAYLAR	CARIPRAZINE HCL	3 MG	CAPSULE			
VRAYLAR	CARIPRAZINE HCL	4.5 MG	CAPSULE			
VRAYLAR	CARIPRAZINE HCL	6 MG	CAPSULE			
CARISOPRODOL	CARISOPRODOL	250 MG	TABLET	9/8/2008	CARISOPRODOL	PA CRITERIA
CARISOPRODOL	CARISOPRODOL	350 MG	TABLET	9/8/2008	CARISOPRODOL	PA CRITERIA
CARISOPRODOL-ASPIRIN	CARISOPRODOL/ASPIRIN	200-325 MG	TABLET	9/8/2008	CARISOPRODOL	PA CRITERIA
CARISOPRODOL-ASPIRIN-CODEINE	CARISOPRODOL/ASPIRIN/CODEINE	200-325-16	TABLET	9/8/2008	CARISOPRODOL	PA CRITERIA
GLIADEL	CARMUSTINE IN POLIFEPROSAN 20	7.7-192.3	WAFER			
CARVEDILOL	CARVEDILOL	12.5 MG	TABLET			
CARVEDILOL	CARVEDILOL	25 MG	TABLET			
CARVEDILOL	CARVEDILOL	3.125 MG	TABLET			
CARVEDILOL	CARVEDILOL	6.25 MG	TABLET			
CARVEDILOL ER	CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR			
CARVEDILOL ER	CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR			
CARVEDILOL ER	CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR			
CARVEDILOL ER	CARVEDILOL PHOSPHATE	80 MG	CPMP 24HR			
CEFDINIR	CEFDINIR	125 MG/5ML	SUSP RECON			
CEFDINIR	CEFDINIR	250 MG/5ML	SUSP RECON			
SUPRAX	CEFIXIME	100 MG	TAB CHEW			
SUPRAX	CEFIXIME	200 MG	TAB CHEW			
SUPRAX	CEFIXIME	400 MG	CAPSULE			
CEFPROZIL	CEFPROZIL	250 MG/5ML	SUSP RECON			
CEFTRIAZONE	CEFTRIAZONE SODIUM	1 G	VIAL			
CEFTRIAZONE	CEFTRIAZONE SODIUM	10 G	VIAL			
CEFTRIAZONE	CEFTRIAZONE SODIUM	2 G	VIAL			
CEFTRIAZONE	CEFTRIAZONE SODIUM	250 MG	VIAL			
CEFTRIAZONE	CEFTRIAZONE SODIUM	500 MG	VIAL			
CELEBREX	CELECOXIB	100 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
CELEBREX	CELECOXIB	200 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
CELEBREX	CELECOXIB	400 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
CELEBREX	CELECOXIB	50 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
CEPHALEXIN	CEPHALEXIN	125 MG/5ML	SUSP RECON			
CEPHALEXIN	CEPHALEXIN	250 MG/5ML	SUSP RECON			
CEPHALEXIN	CEPHALEXIN	750 MG	CAPSULE			
BRINEURA	CERLIPONASE ALFA	300MG/10ML	KIT	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
CIMZIA	CERTOLIZUMAB PEGOL	400 MG	KIT	9/14/2009	CYTOKINE MODULATORS	PDL
CIMZIA	CERTOLIZUMAB PEGOL	400MG/2ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
CIMZIA	CERTOLIZUMAB PEGOL	400MG/2ML	SYRINGEKIT	9/14/2009	CYTOKINE MODULATORS	PDL
ALLERGY RELIEF	CETIRIZINE HCL	1 MG/ML	SOLUTION			
24HOUR ALLERGY	CETIRIZINE HCL	10 MG	TABLET			
CETIRIZINE HCL	CETIRIZINE HCL	10 MG	TAB CHEW			
CETIRIZINE HCL	CETIRIZINE HCL	5 MG	TAB CHEW			
CETIRIZINE HCL	CETIRIZINE HCL	5 MG	TABLET			
CEVIMELINE HCL	CEVIMELINE HCL	30 MG	CAPSULE			
CHLORHEXIDINE GLUCONATE	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH			
CHLORHEXIDINE GLUCONATE	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH			
CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	250 MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	500 MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
ZODRYL DAC 25	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15-3MG/3	ORAL SUSP			
ZODRYL DAC 35	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15-4MG/4	ORAL SUSP			
ZODRYL DAC 30	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15MG/3.5	ORAL SUSP			
ZODRYL DAC 40	CHLORPHEN/PSEUDOEPHED/CODEINE	1-15MG/4.5	ORAL SUSP			
ZODRYL DAC 80	CHLORPHEN/PSEUDOEPHED/CODEINE	2-30-10/10	ORAL SUSP			
ZODRYL DAC 50	CHLORPHEN/PSEUDOEPHED/CODEINE	2-30-5MG/5	ORAL SUSP			
ZODRYL DAC 60	CHLORPHEN/PSEUDOEPHED/CODEINE	2-30MG/7.5	ORAL SUSP			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
ZODRYL AC 30	CHLORPHENIRAMINE/CODEINE PHOS	1-3.5/3.5	ORAL SUSP	118	18	999	1.00	30	30	30	
ZODRYL AC 25	CHLORPHENIRAMINE/CODEINE PHOS	1-3MG/3ML	ORAL SUSP	118	18	999	1.00	30	30	30	
ZODRYL AC 40	CHLORPHENIRAMINE/CODEINE PHOS	1-4.5/4.5	ORAL SUSP	118	18	999	1.00	30	30	30	
ZODRYL AC 35	CHLORPHENIRAMINE/CODEINE PHOS	1-4MG/4ML	ORAL SUSP	118	18	999	1.00	30	30	30	
ZODRYL AC 80	CHLORPHENIRAMINE/CODEINE PHOS	2-10MG/10	ORAL SUSP	236	18	999	1.00	30	30	30	
ZODRYL AC 60	CHLORPHENIRAMINE/CODEINE PHOS	2-7.5/7.5	ORAL SUSP	236	18	999	1.00	30	30	30	
ZODRYL AC 50	CHLORPHENIRAMINE/CODEINE PHOS	2MG-5MG/5	ORAL SUSP	236	18	999	1.00	30	30	30	
LORZONE	CHLORZOXAZONE	375 MG	TABLET	100			4.00	1	136	34	P
LORZONE	CHLORZOXAZONE	750 MG	TABLET	100			4.00	1	136	34	P
CHLORZOXAZONE	CHLORZOXAZONE	500 MG	TABLET	100			4.00	1	136	34	
D-VI-SOL	CHOLECALCIFEROL (VITAMIN D3)	400/ML	DROPS	50			5.00	50	150	30	
ALVESCO	CICLESONIDE	160 MCG	HFA AER AD	6.1			0.41	6.1	12.2	30	
ZETONNA	CICLESONIDE	37 MCG	HFA AER AD	6.1			0.20	6.1	6.1	30	
OMNARIS	CICLESONIDE	50 MCG	SPRAY/PUMP	12.5			0.37	12.5	12.5	34	
ALVESCO	CICLESONIDE	80 MCG	HFA AER AD	6.1			0.20	6.1	6.1	30	
CICLOPIROX	CICLOPIROX	0.77%	GEL (GRAM)	30			1.00	30	30	30	
CICLOPIROX	CICLOPIROX	0.77%	GEL (GRAM)	45			1.50	45	45	30	
CICLOPIROX	CICLOPIROX	0.77%	GEL (GRAM)	100			3.33	100	100	30	
CICLOPIROX	CICLOPIROX	1.00%	SHAMPOO	120			4.00	120	120	30	
CICLODAN	CICLOPIROX	8.00%	SOLUTION	6.6			0.24	6.6	6.6	28	
CICLODAN	CICLOPIROX OLAMINE	0.77%	CREAM (G)	90			3.00	90	90	30	
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	CREAM (G)	15			0.50	15	15	30	
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	CREAM (G)	30			1.00	30	30	30	
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	SUSPENSION	60			2.00	30	60	30	
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	SUSPENSION	30			1.00	30	30	30	
LOPROX	CICLOPIROX/SKIN CLEANSER NO.40	0.77%	COMBO. PKG	544			18.13	1	544	30	
CIMETIDINE	CIMETIDINE	300 MG	TABLET	100			2.00	1	68	34	
CIMETIDINE	CIMETIDINE	400 MG	TABLET	100			2.00	1	68	34	
CIMETIDINE	CIMETIDINE	800 MG	TABLET	100			2.00	1	68	34	
OTIPRIO	CIPROFLOXACIN	6.00%	VIAL	1			0.14	1	1	7	
CIPRO	CIPROFLOXACIN	250 MG/5ML	SUS MC REC	100			10.00	5	340	34	
CIPRO	CIPROFLOXACIN	500 MG/5ML	SUS MC REC	100			15.00	5	510	34	
CILOXAN	CIPROFLOXACIN HCL	0.30%	DROPS	5			0.71	5	5	7	
CILOXAN	CIPROFLOXACIN HCL	0.30%	OINT. (G)	3.5			0.50	3.5	3.5	7	
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL	0.30%	DROPS	2.5			0.25	2.5	2.5	10	
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL	0.30%	DROPS	10			1.00	10	10	10	
CIPRO	CIPROFLOXACIN HCL	250 MG	TABLET	100			2.00	1	68	34	
CIPRO	CIPROFLOXACIN HCL	500 MG	TABLET	100			2.00	1	68	34	
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL	750 MG	TABLET	50			2.00	1	68	34	
CIPRODEX	CIPROFLOXACIN HCL/DEXAMETH	0.3%-0.1%	DROPS SUSP	7.5			1.07	7.5	7.5	7	
OTOVEL	CIPROFLOXACIN HCL/FLUOCINOLONE	0.3-0.025%	VIAL	14			2.00	14	14	7	
CIPROFLOXACIN-DSW	CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK	100			100.00	100	3000	30	
CIPRO I.V.	CIPROFLOXACIN IN 5 % DEXTROSE	400MG/0.2L	PIGGYBACK	200			400.00	200	12000	30	
CIPRO XR	CIPROFLOXACIN/CIPROFLOXA HCL	1000 MG	TBMP 24HR	50			1.00	1	14	14	
CIPRO XR	CIPROFLOXACIN/CIPROFLOXA HCL	500 MG	TBMP 24HR	50			1.00	1	14	14	
CIPRO HC	CIPROFLOXACIN/HYDROCORTISONE	0.2%-1%	DROPS SUSP	10			1.43	10	10	7	
CELEXA	CITALOPRAM HYDROBROMIDE	10 MG	TABLET	100			1.50	1	51	34	
CELEXA	CITALOPRAM HYDROBROMIDE	20 MG	TABLET	100			1.50	1	51	34	
CELEXA	CITALOPRAM HYDROBROMIDE	40 MG	TABLET	100			1.00	1	34	34	
CLEOCIN PALMITATE	CLINDAMYCIN PALMITATE HCL	75 MG/5 ML	SOLN RECON	100			130.00	10	4420	34	
BENZACLIN	CLINDAMYCIN PHOS/BENZOYL PEROX	1%-5%	GEL (GRAM)	25	12	35	0.89	25	25	28	
BENZACLIN	CLINDAMYCIN PHOS/BENZOYL PEROX	1%-5%	GEL W/PUMP	35	12	35	1.25	35	35	28	
BENZACLIN	CLINDAMYCIN PHOS/BENZOYL PEROX	1%-5%	GEL W/PUMP	50	12	35	1.79	50	50	28	
CLINDAMYCIN-BENZOYL PEROXIDE	CLINDAMYCIN PHOS/BENZOYL PEROX	1%-5%	GEL (GRAM)	50	12	35	1.79	50	50	28	
ACANYA	CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-2.5%	GEL W/PUMP	50	12	35	1.67	50	50	30	

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ZODRYL AC 30	CHLORPHENIRAMINE/CODEINE PHOS	1-3.5/3.5	ORAL SUSP			
ZODRYL AC 25	CHLORPHENIRAMINE/CODEINE PHOS	1-3MG/3ML	ORAL SUSP			
ZODRYL AC 40	CHLORPHENIRAMINE/CODEINE PHOS	1-4.5/4.5	ORAL SUSP			
ZODRYL AC 35	CHLORPHENIRAMINE/CODEINE PHOS	1-4MG/4ML	ORAL SUSP			
ZODRYL AC 80	CHLORPHENIRAMINE/CODEINE PHOS	2-10MG/10	ORAL SUSP			
ZODRYL AC 60	CHLORPHENIRAMINE/CODEINE PHOS	2-7.5/7.5	ORAL SUSP			
ZODRYL AC 50	CHLORPHENIRAMINE/CODEINE PHOS	2MG-5MG/5	ORAL SUSP			
LORZONE	CHLORZOXAZONE	375 MG	TABLET	6/4/2012	LORZONE	PA CRITERIA
LORZONE	CHLORZOXAZONE	750 MG	TABLET	3/1/2013	LORZONE	PA CRITERIA
CHLORZOXAZONE	CHLORZOXAZONE	500 MG	TABLET			
D-VI-SOL	CHOLECALCIFEROL (VITAMIN D3)	400/ML	DROPS			
ALVESCO	CICLESONIDE	160 MCG	HFA AER AD			
ZETONNA	CICLESONIDE	37 MCG	HFA AER AD			
OMNARIS	CICLESONIDE	50 MCG	SPRAY/PUMP			
ALVESCO	CICLESONIDE	80 MCG	HFA AER AD			
CICLOPIROX	CICLOPIROX	0.77%	GEL (GRAM)			
CICLOPIROX	CICLOPIROX	0.77%	GEL (GRAM)			
CICLOPIROX	CICLOPIROX	0.77%	GEL (GRAM)			
CICLOPIROX	CICLOPIROX	1.00%	SHAMPOO			
CICLODAN	CICLOPIROX	8.00%	SOLUTION			
CICLODAN	CICLOPIROX OLAMINE	0.77%	CREAM (G)			
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	CREAM (G)			
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	CREAM (G)			
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	SUSPENSION			
CICLOPIROX	CICLOPIROX OLAMINE	0.77%	SUSPENSION			
LOPROX	CICLOPIROX/SKIN CLEANSER NO.40	0.77%	COMBO. PKG			
CIMETIDINE	CIMETIDINE	300 MG	TABLET			
CIMETIDINE	CIMETIDINE	400 MG	TABLET			
CIMETIDINE	CIMETIDINE	800 MG	TABLET			
OTIPRIO	CIPROFLOXACIN	6.00%	VIAL			
CIPRO	CIPROFLOXACIN	250 MG/5ML	SUS MC REC			
CIPRO	CIPROFLOXACIN	500 MG/5ML	SUS MC REC			
CILOXAN	CIPROFLOXACIN HCL	0.30%	DROPS			
CILOXAN	CIPROFLOXACIN HCL	0.30%	OINT. (G)			
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL	0.30%	DROPS			
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL	0.30%	DROPS			
CIPRO	CIPROFLOXACIN HCL	250 MG	TABLET			
CIPRO	CIPROFLOXACIN HCL	500 MG	TABLET			
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL	750 MG	TABLET			
CIPRODEX	CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP			
OTOVEL	CIPROFLOXACIN HCL/FLUOCINOLONE	0.3-0.025%	VIAL			
CIPROFLOXACIN-DSW	CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK			
CIPRO I.V.	CIPROFLOXACIN IN 5 % DEXTROSE	400MG/0.2L	PIGGYBACK			
CIPRO XR	CIPROFLOXACIN/CIPROFLOXA HCL	1000 MG	TBMP 24HR			
CIPRO XR	CIPROFLOXACIN/CIPROFLOXA HCL	500 MG	TBMP 24HR			
CIPRO HC	CIPROFLOXACIN/HYDROCORTISONE	0.2 %-1 %	DROPS SUSP			
CELEXA	CITALOPRAM HYDROBROMIDE	10 MG	TABLET			
CELEXA	CITALOPRAM HYDROBROMIDE	20 MG	TABLET			
CELEXA	CITALOPRAM HYDROBROMIDE	40 MG	TABLET			
CLEOCIN PALMITATE	CLINDAMYCIN PALMITATE HCL	75 MG/5 ML	SOLN RECON			
BENZACLIN	CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL (GRAM)			
BENZACLIN	CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL W/PUMP			
BENZACLIN	CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL W/PUMP			
CLINDAMYCIN-BENZOYL PEROXIDE	CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL (GRAM)			
ACANYA	CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-2.5%	GEL W/PUMP			



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Drug Utilization Management List

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ONEXTON	CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-3.75%	GEL W/PUMP	50	12	35	1.67	50	50	30	
CLINDAMYCIN PHOS-BENZOYL PEROX	CLINDAMYCIN PHOS/BENZOYL PEROX	1.2(1)%-5%	GEL (GRAM)	45	12	35					
CLINDAMYCIN PHOSPHATE	CLINDAMYCIN PHOSPHATE	1.00%	FOAM	50			2.94		100	34	P
CLINDAMYCIN PHOSPHATE	CLINDAMYCIN PHOSPHATE	1.00%	SOLUTION	60			2.00	60	60	30	
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	GEL (GRAM)	60			2.00	60	60	30	
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	GEL (GRAM)	30			1.00	30	30	30	
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	LOTION	60			2.00	60	60	30	
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	MED. SWAB	60			2.00	60	60	30	
CLINDACIN ETZ	CLINDAMYCIN PHOSPHATE	1.00%	MED. SWAB	1			0.03	1	1	30	
NEUAC	CLINDAMYCIN/BENZOYL/EMOL CMB94	1.2(1)%-5%	CMB CR GEL	130	12	35					
CLINDAMYCIN PHOS-TRETINOIN	CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)	30	12	35	0.88	30	30	34	
CLINDAMYCIN PHOS-TRETINOIN	CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)	60	12	35	1.76	60	60	34	
ONFI	CLOBAZAM	10 MG	TABLET	100			2.00	1	68	34	
ONFI	CLOBAZAM	20 MG	TABLET	100			2.00	1	68	34	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	FOAM	100			3.33	100	100	30	P
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	FOAM	50			1.67	50	50	30	P
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)	15			0.50	15	15	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)	30			1.00	30	30	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)	45			1.50	45	45	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)	60			2.00	60	60	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	GEL (GRAM)	15			0.50	15	15	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	GEL (GRAM)	30			1.00	30	30	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	GEL (GRAM)	60			2.00	60	60	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	LOTION	59			1.97	59	59	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	LOTION	118			3.93	118	118	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)	15			0.50	15	15	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)	30			1.00	30	30	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)	45			1.50	45	45	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)	60			2.00	60	60	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SHAMPOO	118			3.93	118	118	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SOLUTION	50			1.67	50	50	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SOLUTION	25			0.83	25	25	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SPRAY	59			1.97	59	59	30	
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SPRAY	125			4.17	125	125	30	
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	FOAM	50			1.67	50	50	30	P
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	FOAM	100			3.33	100	100	30	P
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)	15			0.50	15	15	30	
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)	30			1.00	30	30	30	
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)	60			2.00	60	60	30	
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)	45			1.50	45	45	30	
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)	45			1.50	45	45	30	
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)	75			2.50	75	75	30	
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)	90			3.00	90	90	30	
CLODERM	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)	30			1.00	30	30	30	
CLOFARABINE	CLOFARABINE	20 MG/20ML	VIAL	20			5.88	20	200	34	
ANAFRANIL	CLOMIPRAMINE HCL	25 MG	CAPSULE	30			3.00	1	102	34	
ANAFRANIL	CLOMIPRAMINE HCL	50 MG	CAPSULE	30			5.00	1	170	34	
ANAFRANIL	CLOMIPRAMINE HCL	75 MG	CAPSULE	30			3.00	1	102	34	
CLONAZEPAM	CLONAZEPAM	0.125 MG	TAB RAPDIS	60			2.00	1	68	34	
CLONAZEPAM	CLONAZEPAM	0.25 MG	TAB RAPDIS	60			2.00	1	68	34	
CLONAZEPAM	CLONAZEPAM	0.5 MG	TAB RAPDIS	60			1.00	1	34	34	
CLONAZEPAM	CLONAZEPAM	0.5 MG	TABLET	100			4.00	1	136	34	
CLONAZEPAM	CLONAZEPAM	1 MG	TAB RAPDIS	60			1.00	1	34	34	
CLONAZEPAM	CLONAZEPAM	1 MG	TABLET	100			4.00	1	136	34	
CLONAZEPAM	CLONAZEPAM	2 MG	TAB RAPDIS	60			1.00	1	34	34	

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
ONEXTON	CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-3.75%	GEL W/PUMP			
CLINDAMYCIN PHOS-BENZOYL PEROX	CLINDAMYCIN PHOS/BENZOYL PEROX	1.2(1)%-5%	GEL (GRAM)			
CLINDAMYCIN PHOSPHATE	CLINDAMYCIN PHOSPHATE	1.00%	FOAM	3/5/2012	ACNE	PA CRITERIA
CLINDAMYCIN PHOSPHATE	CLINDAMYCIN PHOSPHATE	1.00%	SOLUTION			
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	GEL (GRAM)			
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	GEL (GRAM)			
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	LOTION			
CLEOCIN T	CLINDAMYCIN PHOSPHATE	1.00%	MED. SWAB			
CLINDACIN ETZ	CLINDAMYCIN PHOSPHATE	1.00%	MED. SWAB			
NEUAC	CLINDAMYCIN/BENZOYL/EMOL CMB94	1.2(1)%-5%	CMB CR GEL			
CLINDAMYCIN PHOS-TRETINOIN	CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)			
CLINDAMYCIN PHOS-TRETINOIN	CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)			
ONFI	CLOBAZAM	10 MG	TABLET			
ONFI	CLOBAZAM	20 MG	TABLET			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	FOAM	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	FOAM	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	CREAM (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	GEL (GRAM)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	GEL (GRAM)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	GEL (GRAM)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	LOTION			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	LOTION			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	OINT. (G)			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SHAMPOO			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SOLUTION			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SOLUTION			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SPRAY			
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	0.05%	SPRAY			
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	FOAM	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	FOAM	9/7/2016	ANTIPSORIATICS - TOPICAL	PA CRITERIA
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)			
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)			
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)			
CLOBETASOL EMOLLIENT	CLOBETASOL PROPIONATE/EMOLL	0.05%	CREAM (G)			
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)			
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)			
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)			
CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)			
CLODERM	CLOCORTOLONE PIVALATE	0.10%	CREAM (G)			
CLOFARABINE	CLOFARABINE	20 MG/20ML	VIAL			
ANAFRANIL	CLOMIPRAMINE HCL	25 MG	CAPSULE			
ANAFRANIL	CLOMIPRAMINE HCL	50 MG	CAPSULE			
ANAFRANIL	CLOMIPRAMINE HCL	75 MG	CAPSULE			
CLONAZEPAM	CLONAZEPAM	0.125 MG	TAB RAPDIS			
CLONAZEPAM	CLONAZEPAM	0.25 MG	TAB RAPDIS			
CLONAZEPAM	CLONAZEPAM	0.5 MG	TAB RAPDIS			
CLONAZEPAM	CLONAZEPAM	0.5 MG	TABLET			
CLONAZEPAM	CLONAZEPAM	1 MG	TAB RAPDIS			
CLONAZEPAM	CLONAZEPAM	1 MG	TABLET			
CLONAZEPAM	CLONAZEPAM	2 MG	TAB RAPDIS			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
CLONAZEPAM	CLONAZEPAM	2 MG	TABLET	100				3.00	1	102	34	
CATAPRES-TTS 1	CLONIDINE	0.1MG/24HR	PATCH TDWK	4				0.14	1	4	28	
CATAPRES-TTS 2	CLONIDINE	0.2MG/24HR	PATCH TDWK	4				0.14	1	4	28	
CATAPRES-TTS 3	CLONIDINE	0.3MG/24HR	PATCH TDWK	4				0.14	1	4	28	
CLONIDINE HCL ER	CLONIDINE HCL	0.1 MG	TAB ER 12H	60	6	17		4.00	1	136	34	P
CLOPIDOGREL	CLOPIDOGREL BISULFATE	300 MG	TABLET	30				1.00	1	1	1	
CLOPIDOGREL	CLOPIDOGREL BISULFATE	75 MG	TABLET	500				1.00		34	34	
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	15 MG	TABLET	100				10.00	1	340	34	
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	3.75 MG	TABLET	100				10.00	1	340	34	
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	7.5 MG	TABLET	100				10.00	1	340	34	
DERMACINRX THERAZOLE PAK	CLOTRIMAZOLE/BETAMETH DIP/ZINC	1-0.05-20%	COMBO. PKG	135				0.03	1	1	30	
CLOZAPINE ODT	CLOZAPINE	150 MG	TAB RAPDIS	100				0.03	1	1	34	
CLOZAPINE ODT	CLOZAPINE	200 MG	TAB RAPDIS	100				0.01	1	1	134	
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	1 MG	VIAL	1				1400.00	1000	42000	30	P
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	2 MG	VIAL	1				1400.00	1000	42000	30	P
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	5 MG	VIAL	1				1400.00	1000	42000	30	P
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	8 MG	VIAL	1				1400.00	1000	42000	30	P
COAGADEX	COAGULATION FACTOR X	250 (+/-)	VIAL	1								P
COAGADEX	COAGULATION FACTOR X	500 (+/-)	VIAL	1								P
CHERATUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	118	18	999		60.00	10	1800	30	
GUAIIATUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	5	18	999		20.00	5	240	12	
CODITUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	10-200MG/5	LIQUID	473	18	999		20.00	5	240	12	
GUAIIATUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	20-200/10	LIQUID	10	18	999		20.00	5	240	12	
M-CLEAR WC	CODEINE PHOSPHATE/GUAIFENESIN	6.3-100/5	LIQUID	473	18	999		20.00	5	240	12	
MAR-COF CG	CODEINE PHOSPHATE/GUAIFENESIN	7.5-225/5	LIQUID	473	18	999		20.00	5	240	12	
NINJACOF-XG	CODEINE PHOSPHATE/GUAIFENESIN	8-200 MG/5	LIQUID	473	18	999		20.00	5	240	12	
CODEINE SULFATE	CODEINE SULFATE	15 MG	TABLET	100	13	999		6.00	1	180	30	
CODEINE SULFATE	CODEINE SULFATE	30 MG	TABLET	100	13	999		6.00	1	180	30	
CODEINE SULFATE	CODEINE SULFATE	60 MG	TABLET	100	13	999		6.00	1	180	30	
ASCOMP WITH CODEINE	CODEINE/BUTALBITAL/ASA/CAFFEIN	30-50-325	CAPSULE	100	13	999		2.00	15	60	30	
COLCHICINE	COLCHICINE	0.6 MG	TABLET	100				2.00	1	68	34	P
COLCHICINE	COLCHICINE	0.6 MG	CAPSULE	100				2.00	1	68	34	
XIAFLEX	COLLAGENASE CLOSTRIDIUM HIST.	0.9 MG	VIAL	1				1.00	1	1	1	
PARAGARD T 380-A	COPPER	380 SQ MM	IUD	1				0.00	1	1	998	
EUCRISA	CRISABOROLE	2.00%	OINT. (G)	60				2.00	60	60	30	
XALKORI	CRIZOTINIB	200 MG	CAPSULE	60				2.00	1	60	30	
XALKORI	CRIZOTINIB	250 MG	CAPSULE	60				2.00	1	60	30	
MYTESI	CROFELEMER	125 MG	TABLET DR	60				2.00	1	68	34	P
EURAX	CROTAMITON	10.00%	LOTION	454				15.13	454	454	30	P
EURAX	CROTAMITON	10.00%	LOTION	60				2.00	60	60	30	P
EURAX	CROTAMITON	10.00%	CREAM (G)	60				2.00	60	60	30	
CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL	1				0.04	1	1	28	
AMRIX	CYCLOBENZAPRINE HCL	15 MG	CAP ER 24H	60				0.03	1	1	34	P
AMRIX	CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	60				1.00	1	34	34	P
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL	7.5 MG	TABLET	100				3.00	1	63	21	P
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL	10 MG	TABLET	100				3.00	1	102	34	
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL	5 MG	TABLET	100				3.00	1	63	21	
CYCLOSERINE	CYCLOSERINE	250 MG	CAPSULE	30				2.00	1	68	34	P
RESTASIS	CYCLOSPORINE	0.05%	DROPERETTE	30				2.00	1	60	30	
RESTASIS MULTIDOSE	CYCLOSPORINE	0.05%	DROPS	5,5				0.18	5,5	5,5	30	
PROCSYBI	CYSTEAMINE BITARTRATE	25 MG	CAP DR SPR	60				1.00	1	30	30	P
PROCSYBI	CYSTEAMINE BITARTRATE	75 MG	CAP DR SPR	250				1.00	1	30	30	P
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	110 MG	CAPSULE	60				2.00	1	68	34	P
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	60				2.00	60	60	30	P
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	75 MG	CAPSULE	60				2.00	60	60	30	P

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).							
CLONAZEPAM	CLONAZEPAM	2 MG	TABLET				
CATAPRES-TTS 1	CLONIDINE	0.1MG/24HR	PATCH TDWK				
CATAPRES-TTS 2	CLONIDINE	0.2MG/24HR	PATCH TDWK				
CATAPRES-TTS 3	CLONIDINE	0.3MG/24HR	PATCH TDWK				
CLONIDINE HCL ER	CLONIDINE HCL	0.1 MG	TAB ER 12H	6/4/2012	KAPVAY		PDL
CLOPIDOGREL	CLOPIDOGREL BISULFATE	300 MG	TABLET				
CLOPIDOGREL	CLOPIDOGREL BISULFATE	75 MG	TABLET				
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	15 MG	TABLET				
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	3.75 MG	TABLET				
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	7.5 MG	TABLET				
DERMACINRX THERAZOLE PAK	CLOTRIMAZOLE/BETAMETH DIP/ZINC	1-0.05-20%	COMBO. PKG				
CLOZAPINE ODT	CLOZAPINE	150 MG	TAB RAPDIS				
CLOZAPINE ODT	CLOZAPINE	200 MG	TAB RAPDIS				
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	1 MG	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS		PA CRITERIA
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	2 MG	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS		PA CRITERIA
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	5 MG	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS		PA CRITERIA
NOVOSEVEN RT	COAGULATION FACTOR VIIA,RECOMB	8 MG	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS		PA CRITERIA
COAGADEX	COAGULATION FACTOR X	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS		PA CRITERIA
COAGADEX	COAGULATION FACTOR X	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS		PA CRITERIA
CHERATUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID				
GUAIAIUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID				
CODITUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	10-200MG/5	LIQUID				
GUAIAIUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	20-200/10	LIQUID				
M-CLEAR WC	CODEINE PHOSPHATE/GUAIFENESIN	6.3-100/5	LIQUID				
MAR-COF CG	CODEINE PHOSPHATE/GUAIFENESIN	7.5-225/5	LIQUID				
NINJACOF-XG	CODEINE PHOSPHATE/GUAIFENESIN	8-200 MG/5	LIQUID				
CODEINE SULFATE	CODEINE SULFATE	15 MG	TABLET				
CODEINE SULFATE	CODEINE SULFATE	30 MG	TABLET				
CODEINE SULFATE	CODEINE SULFATE	60 MG	TABLET				
ASCOMP WITH CODEINE	CODEINE/BUTALBITAL/ASA/CAFFEIN	30-50-325	CAPSULE				
COLCHICINE	COLCHICINE	0.6 MG	TABLET	9/7/2016	PREFERRED DOSAGE FORMS - COLCHICINE		PA CRITERIA
COLCHICINE	COLCHICINE	0.6 MG	CAPSULE				
XIAFLEX	COLLAGENASE CLOSTRIDIUM HIST.	0.9 MG	VIAL				
PARAGARD T 380-A	COPPER	380 SQ MM	IUD				
EUCRISA	CRISABOROLE	2.00%	OINT. (G)				
XALKORI	CRIZOTINIB	200 MG	CAPSULE				
XALKORI	CRIZOTINIB	250 MG	CAPSULE				
MYTESI	CROFELEMER	125 MG	TABLET DR	6/3/2013	MYTESI		PA CRITERIA
EURAX	CROTAMITON	10.00%	LOTION	6/1/2016	LICE		PDL
EURAX	CROTAMITON	10.00%	LOTION	6/1/2016	LICE		PDL
EURAX	CROTAMITON	10.00%	CREAM (G)				
CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL				
AMRIX	CYCLOBENZAPRINE HCL	15 MG	CAP ER 24H	8/20/2007	PREFERRED DOSAGE FORMS - AMRIX		PA CRITERIA
AMRIX	CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	8/20/2007	PREFERRED DOSAGE FORMS - AMRIX		PA CRITERIA
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL	7.5 MG	TABLET	8/20/2007	PREFERRED DOSAGE FORMS - AMRIX		PA CRITERIA
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL	10 MG	TABLET				
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL	5 MG	TABLET				
CYCLOSERINE	CYCLOSERINE	250 MG	CAPSULE	N/A	TUBERCULOSIS		HEALTH DEPARTMENT
RESTASIS	CYCLOSPORINE	0.05%	DROPERETTE				
RESTASIS MULTIDOSE	CYCLOSPORINE	0.05%	DROPS				
PROCYSBI	CYSTEAMINE BITARTRATE	25 MG	CAP DR SPR	9/6/2017	PROCYSBI		PA CRITERIA
PROCYSBI	CYSTEAMINE BITARTRATE	75 MG	CAP DR SPR	9/6/2017	PROCYSBI		PA CRITERIA
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	110 MG	CAPSULE	3/1/2012	ANTICOAGULANTS - ORAL		PDL
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	3/1/2012	ANTICOAGULANTS - ORAL		PDL
PRADAXA	DABIGATRAN ETEXILATE MESYLATE	75 MG	CAPSULE	3/1/2012	ANTICOAGULANTS - ORAL		PDL

North Dakota Medicaid  
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DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	30 MG	TABLET	28			1.00	28	28	28	P
DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	60 MG	TABLET	28			1.00	28	28	28	P
DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	90 MG	TABLET	28			1.00	28	28	28	P
DALVANCE	DALBAVANCIN HCL	500 MG	VIAL	1			0.03	1	1	34	P
AMPYRA	DALFAMPRIDINE	10 MG	TAB ER 12H	60			2.00	1	68	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	10000/ML	SYRINGE	1			1.00	1	34	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	12500/0.5	SYRINGE	0.5			1.00	0.5	34	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	15000/0.6	SYRINGE	0.6			1.20	0.6	40.8	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	18000/0.72	SYRINGE	0.72			1.44	0.72	48.96	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	2500/0.2ML	SYRINGE	0.2			0.40	0.2	13.6	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	25000/ML	VIAL	3.8			1.00	3.8	34	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	5000/0.2ML	SYRINGE	0.2			0.40	0.2	13.6	34	P
FRAGMIN	DALTEPARIN SODIUM,PORCINE	7500/0.3ML	SYRINGE	0.3			0.60	0.3	20.4	34	P
FARXIGA	DAPAGLIFLOZIN PROPANEDIOL	10 MG	TABLET	30			1.00	1	34	34	P
FARXIGA	DAPAGLIFLOZIN PROPANEDIOL	5 MG	TABLET	30			1.00	1	34	34	P
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	10-1000 MG	TAB BP 24H	30			1.00	1	34	34	P
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	10MG-500MG	TAB BP 24H	30			1.00	1	34	34	P
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	2.5-1000MG	TAB BP 24H	60			1.00	1	34	34	P
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	5 MG-500MG	TAB BP 24H	30			1.00	1	34	34	P
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	5MG-1000MG	TAB BP 24H	60			1.00	1	34	34	P
QTERN	DAPAGLIFLOZIN/SAXAGLIPTIN HCL	10 MG-5 MG	TABLET	30			1.00	1	34	34	P
ACZONE	DAPSONE	5.00%	GEL (GRAM)	60	12	35	1.76	60	60	34	
ACZONE	DAPSONE	5.00%	GEL (GRAM)	90	12	35					
ACZONE	DAPSONE	7.50%	GEL W/PUMP	60	12	35					
CUBICIN	DAPTOMYCIN	500 MG	VIAL	1			2.00	1	68	34	
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	100 MCG/ML	VIAL	1			2.00	0.3	68	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	100MCG/0.5	SYRINGE	0.5			1.00	0.3	34	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	10MCG/0.4	SYRINGE	0.4							P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	150MCG/0.3	SYRINGE	0.3			0.60	0.3	20.4	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	200 MCG/ML	VIAL	1			2.00	0.3	68	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	200MCG/0.4	SYRINGE	0.4			0.80	0.3	27.2	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	25 MCG/ML	VIAL	1			2.00	0.3	68	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	25MCG/0.42	SYRINGE	0.42			0.84	0.3	28.56	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	300 MCG/ML	VIAL	1			2.00	0.3	68	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	300MCG/0.6	SYRINGE	0.6			1.20	0.3	40.8	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	40 MCG/0.4	SYRINGE	0.4			0.80	0.3	27.2	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	40 MCG/ML	VIAL	1			2.00	0.3	68	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	500 MCG/ML	SYRINGE	1			2.00	0.3	68	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	60 MCG/0.3	SYRINGE	0.3			0.60	0.3	20.4	34	P
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT	60MCG/ML	VIAL	1			2.00	0.3	68	34	P
DARIFENACIN ER	DARIFENACIN HYDROBROMIDE	15 MG	TAB ER 24H	90			1.00	1	34	34	P
DARIFENACIN ER	DARIFENACIN HYDROBROMIDE	7.5 MG	TAB ER 24H	90			1.00	1	34	34	P
PREZISTA	DARUNAVIR ETHANOLATE	150 MG	TABLET	240			1.00	1	34	34	
PREZISTA	DARUNAVIR ETHANOLATE	600 MG	TABLET	60			2.00	1	68	34	
PREZISTA	DARUNAVIR ETHANOLATE	75 MG	TABLET	480			3.00	1	102	34	
PREZCOBIX	DARUNAVIR/COBICISTAT	800-150 MG	TABLET	30			1.00	1	34	34	
JADENU	DEFERASIROX	180 MG	TABLET	30			1.00	1	30	30	P
JADENU SPRINKLE	DEFERASIROX	180 MG	GRAN PACK	30			1.00	1	30	30	P
JADENU	DEFERASIROX	360 MG	TABLET	30			4.00	1	120	30	P
JADENU SPRINKLE	DEFERASIROX	360 MG	GRAN PACK	30			4.00	1	120	30	P
JADENU	DEFERASIROX	90 MG	TABLET	30			1.00	1	30	30	P
JADENU SPRINKLE	DEFERASIROX	90 MG	GRAN PACK	30			1.00	1	30	30	P
DEFITELIO	DEFIBROTIDE SODIUM	80 MG/ML	VIAL	2.5			0.03	1	1	34	P
EMFLAZA	DEFLAZACORT	18 MG	TABLET	30			1.00	1	34	34	P
EMFLAZA	DEFLAZACORT	22.75MG/ML	ORAL SUSP	13			1.00	1	34	34	P

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	30 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	60 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	90 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
DALVANCE	DALBAVANCIN HCL	500 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
AMPYRA	DALFAMPRIDINE	10 MG	TAB ER 12H	9/13/2010	AMPYRA	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	10000/ML	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	12500/0.5	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	15000/0.6	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	18000/0.72	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	2500/0.2ML	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	25000/ML	VIAL	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	5000/0.2ML	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FRAGMIN	DALTEPARIN SODIUM,PORCINE	7500/0.3ML	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
FARXIGA	DAPAGLIFLOZIN PROPANEDIOL	10 MG	TABLET	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
FARXIGA	DAPAGLIFLOZIN PROPANEDIOL	5 MG	TABLET	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	10-1000 MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	10MG-500MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	2.5-1000MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	5 MG-500MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN HCL	5MG-1000MG	TAB BP 24H	12/2/2015	DIABETES - SGLT2 INHIBITORS	PDL
QTERN	DAPAGLIFLOZIN/SAXAGLIPTIN HCL	10 MG-5 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS/SGLT2 INHIBITOR COMBINATIONS	PDL
ACZONE	DAPSONE	5.00%	GEL (GRAM)			
ACZONE	DAPSONE	5.00%	GEL (GRAM)			
ACZONE	DAPSONE	7.50%	GEL W/PUMP			
CUBICIN	DAPTOMYCIN	500 MG	VIAL			
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	100 MCG/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	100MCG/0.5	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	10MCG/0.4	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	150MCG/0.3	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	200 MCG/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	200MCG/0.4	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	25 MCG/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	25MCG/0.42	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	300 MCG/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	300MCG/0.6	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	40 MCG/0.4	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	40 MCG/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	500 MCG/ML	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	60 MCG/0.3	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
ARANESP	DARBEOETIN ALFA IN POLYSORBAT	60MCG/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
DARIFENACIN ER	DARIFENACIN HYDROBROMIDE	15 MG	TAB ER 24H	3/11/2013	URINARY ANTISPASMODICS	PDL
DARIFENACIN ER	DARIFENACIN HYDROBROMIDE	7.5 MG	TAB ER 24H	3/11/2013	URINARY ANTISPASMODICS	PDL
PREZISTA	DARUNAVIR ETHANOLATE	150 MG	TABLET			
PREZISTA	DARUNAVIR ETHANOLATE	600 MG	TABLET			
PREZISTA	DARUNAVIR ETHANOLATE	75 MG	TABLET			
PREZCOBIX	DARUNAVIR/COBICISTAT	800-150 MG	TABLET			
JADENU	DEFERASIROX	180 MG	TABLET	9/6/2017	PREFERRED DOSAGE FORM - JADENU	PA CRITERIA
JADENU SPRINKLE	DEFERASIROX	180 MG	GRAN PACK	9/6/2017	PREFERRED DOSAGE FORM - JADENU	PA CRITERIA
JADENU	DEFERASIROX	360 MG	TABLET	9/6/2017	PREFERRED DOSAGE FORM - JADENU	PA CRITERIA
JADENU SPRINKLE	DEFERASIROX	360 MG	GRAN PACK	9/6/2017	PREFERRED DOSAGE FORM - JADENU	PA CRITERIA
JADENU	DEFERASIROX	90 MG	TABLET	9/6/2017	PREFERRED DOSAGE FORM - JADENU	PA CRITERIA
JADENU SPRINKLE	DEFERASIROX	90 MG	GRAN PACK	9/6/2017	PREFERRED DOSAGE FORM - JADENU	PA CRITERIA
DEFITELIO	DEFIBROTIDE SODIUM	80 MG/ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
EMFLAZA	DEFLAZACORT	18 MG	TABLET	12/6/2017	EMFLAZA	PA CRITERIA
EMFLAZA	DEFLAZACORT	22.75MG/ML	ORAL SUSP	12/6/2017	EMFLAZA	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.

EMFLAZA	DEFLAZACORT	30 MG	TABLET	30			1.00	1	34	34	P
EMFLAZA	DEFLAZACORT	36 MG	TABLET	30			1.00	1	34	34	P
EMFLAZA	DEFLAZACORT	6 MG	TABLET	100			1.00	1	34	34	P
BAXDELA	DELAFOXACIN MEGLUMINE	300 MG	VIAL	1			2.00	1	28	14	
BAXDELA	DELAFOXACIN MEGLUMINE	450 MG	TABLET	20			2.00	1	28	14	
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	150 MG	TABLET	100			4.00	1	136	34	
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	300 MG	TABLET	48			2.00	1	68	34	
PROLIA	DENOSUMAB	60 MG/ML	SYRINGE	1			0.01	1	1	180	
IPRIVASK	DESIRUDIN	15 MG	VIAL	1			2.00	1	24	12	
DES Loratadine	DES Loratadine	2.5 MG	TAB RAPDIS	30			1.00	1	34	34	P
CLARINEX	DES Loratadine	2.5 MG/5ML	SYRUP	473			10.00	10	340	34	P
CLARINEX	DES Loratadine	5 MG	TABLET	100			1.00	1	34	34	P
DES Loratadine	DES Loratadine	5 MG	TAB RAPDIS	30			1.00	1	34	34	P
DDAVP	DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP	5			0.20	5	5	25	
NOCTIVA	DESMOPRESSIN ACETATE	0.83/SPRAY	SPRAY/PUMP	3.8			0.13	3.8	3.8	30	
NOCTIVA	DESMOPRESSIN ACETATE	1.66/SPRAY	SPRAY/PUMP	3.8			0.13	3.8	3.8	30	
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE	10/SPRAY	SPRAY/PUMP	5			0.20	5	5	25	
STIMATE	DESMOPRESSIN ACETATE	150/SPRAY	SPRAY/PUMP	2.5			0.08	2.5	2.5	30	
AZURETTE	DESOG-E. ESTRADIOL/E. ESTRADIOL	21-5	TABLET	28			1.33	28	112	84	
APRI	DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	28			1.33	28	112	84	
CAZIAN	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	28			1.33	28	112	84	
DESONATE	DESONIDE	0.05%	GEL (GRAM)	60			2.00	60	60	30	
DESONIDE	DESONIDE	0.05%	CREAM (G)	15			0.50	15	15	30	
DESONIDE	DESONIDE	0.05%	CREAM (G)	60			2.00	60	60	30	
DESONIDE	DESONIDE	0.05%	LOTION	59			1.97	59	59	30	
DESONIDE	DESONIDE	0.05%	LOTION	118			3.93	118	118	30	
DESONIDE	DESONIDE	0.05%	OINT. (G)	15			0.50	15	15	30	
DESONIDE	DESONIDE	0.05%	OINT. (G)	60			2.00	60	60	30	
DES OXIMETASONE	DES OXIMETASONE	0.05%	CREAM (G)	60			2.00	60	60	30	
DES OXIMETASONE	DES OXIMETASONE	0.05%	CREAM (G)	100			3.33	100	100	30	
DES OXIMETASONE	DES OXIMETASONE	0.05%	GEL (GRAM)	15			0.50	15	15	30	
DES OXIMETASONE	DES OXIMETASONE	0.05%	GEL (GRAM)	60			2.00	60	60	30	
DES OXIMETASONE	DES OXIMETASONE	0.05%	OINT. (G)	60			2.00	60	60	30	
DES OXIMETASONE	DES OXIMETASONE	0.05%	OINT. (G)	100			3.33	100	100	30	
DES OXIMETASONE	DES OXIMETASONE	0.25%	CREAM (G)	15			0.50	15	15	30	
DES OXIMETASONE	DES OXIMETASONE	0.25%	CREAM (G)	60			2.00	60	60	30	
DES OXIMETASONE	DES OXIMETASONE	0.25%	CREAM (G)	100			3.33	100	100	30	
DES OXIMETASONE	DES OXIMETASONE	0.25%	OINT. (G)	15			0.50	15	15	30	
DES OXIMETASONE	DES OXIMETASONE	0.25%	OINT. (G)	60			2.00	60	60	30	
DES OXIMETASONE	DES OXIMETASONE	0.25%	OINT. (G)	100			3.33	100	100	30	
TOPICORT	DES OXIMETASONE	0.25%	SPRAY	100			3.33	100	100	30	
DES VENLAFAXINE ER	DES VENLAFAXINE	100 MG	TAB ER 24	30			1.00	1	34	34	
DES VENLAFAXINE ER	DES VENLAFAXINE	100 MG	TAB ER 24H	30			1.00	1	34	34	
DES VENLAFAXINE ER	DES VENLAFAXINE	50 MG	TAB ER 24	30			1.00	1	34	34	
DES VENLAFAXINE ER	DES VENLAFAXINE	50 MG	TAB ER 24H	30			1.00	1	34	34	
DES VENLAFAXINE FUMARATE ER	DES VENLAFAXINE FUMARATE	100 MG	TAB ER 24	90			1.00	1	34	34	
DES VENLAFAXINE FUMARATE ER	DES VENLAFAXINE FUMARATE	50 MG	TAB ER 24	90			1.00	1	34	34	
DES VENLAFAXINE SUCCINATE ER	DES VENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	30			1.00	1	34	34	
DES VENLAFAXINE SUCCINATE ER	DES VENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	30			1.00	1	34	34	
DES VENLAFAXINE SUCCINATE ER	DES VENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	30			1.00	1	34	34	
AUSTEDO	DEUTETRABENAZINE	12 MG	TABLET	60			4.00	1	136	34	P
AUSTEDO	DEUTETRABENAZINE	6 MG	TABLET	60			4.00	1	136	34	P
AUSTEDO	DEUTETRABENAZINE	9 MG	TABLET	60			4.00	1	136	34	P
DEXPAK	DEXAMETHASONE	1.5MG (21)	TAB DS PK	21			3.50	21	21	6	P
TAPERDEX	DEXAMETHASONE	1.5 MG(49)	TAB DS PK	49			4.08	49	49	12	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
EMFLAZA	DEFLAZACORT	30 MG	TABLET	12/6/2017	EMFLAZA	PA CRITERIA
EMFLAZA	DEFLAZACORT	36 MG	TABLET	12/6/2017	EMFLAZA	PA CRITERIA
EMFLAZA	DEFLAZACORT	6 MG	TABLET	12/6/2017	EMFLAZA	PA CRITERIA
BAXDELA	DELAFLOXACIN MEGLUMINE	300 MG	VIAL			
BAXDELA	DELAFLOXACIN MEGLUMINE	450 MG	TABLET			
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	150 MG	TABLET			
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	300 MG	TABLET			
PROLIA	DENOSUMAB	60 MG/ML	SYRINGE			
IPRIVASK	DESIRUDIN	15 MG	VIAL			
DES Loratadine	DES Loratadine	2.5 MG	TAB RAPDIS	6/6/2005	ANTIHISTAMINES	PA CRITERIA
CLARINEX	DES Loratadine	2.5 MG/5ML	SYRUP	6/6/2005	ANTIHISTAMINES	PA CRITERIA
CLARINEX	DES Loratadine	5 MG	TABLET	6/6/2005	ANTIHISTAMINES	PA CRITERIA
DES Loratadine	DES Loratadine	5 MG	TAB RAPDIS	6/6/2005	ANTIHISTAMINES	PA CRITERIA
DDAVP	DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP			
NOCTIVA	DESMOPRESSIN ACETATE	0.83/SPRAY	SPRAY/PUMP			
NOCTIVA	DESMOPRESSIN ACETATE	1.66/SPRAY	SPRAY/PUMP			
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE	10/SPRAY	SPRAY/PUMP			
STIMATE	DESMOPRESSIN ACETATE	150/SPRAY	SPRAY/PUMP			
AZURETTE	DESOG-E. ESTRADIOL/E. ESTRADIOL	21-5	TABLET			
APRI	DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET			
CAZIANI	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET			
DESONATE	DESONIDE	0.05%	GEL (GRAM)			
DESONIDE	DESONIDE	0.05%	CREAM (G)			
DESONIDE	DESONIDE	0.05%	CREAM (G)			
DESONIDE	DESONIDE	0.05%	LOTION			
DESONIDE	DESONIDE	0.05%	LOTION			
DESONIDE	DESONIDE	0.05%	OINT. (G)			
DESONIDE	DESONIDE	0.05%	OINT. (G)			
DESOXIMETASONE	DESOXIMETASONE	0.05%	CREAM (G)			
DESOXIMETASONE	DESOXIMETASONE	0.05%	CREAM (G)			
DESOXIMETASONE	DESOXIMETASONE	0.05%	GEL (GRAM)			
DESOXIMETASONE	DESOXIMETASONE	0.05%	GEL (GRAM)			
DESOXIMETASONE	DESOXIMETASONE	0.05%	OINT. (G)			
DESOXIMETASONE	DESOXIMETASONE	0.05%	OINT. (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	CREAM (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	CREAM (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	CREAM (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	OINT. (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	OINT. (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	OINT. (G)			
DESOXIMETASONE	DESOXIMETASONE	0.25%	OINT. (G)			
TOPICORT	DESOXIMETASONE	0.25%	SPRAY			
DESVENLAFAXINE ER	DESVENLAFAXINE	100 MG	TAB ER 24			
DESVENLAFAXINE ER	DESVENLAFAXINE	100 MG	TAB ER 24H			
DESVENLAFAXINE ER	DESVENLAFAXINE	50 MG	TAB ER 24			
DESVENLAFAXINE ER	DESVENLAFAXINE	50 MG	TAB ER 24H			
DESVENLAFAXINE FUMARATE ER	DESVENLAFAXINE FUMARATE	100 MG	TAB ER 24			
DESVENLAFAXINE FUMARATE ER	DESVENLAFAXINE FUMARATE	50 MG	TAB ER 24			
DESVENLAFAXINE SUCCINATE ER	DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H			
DESVENLAFAXINE SUCCINATE ER	DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H			
DESVENLAFAXINE SUCCINATE ER	DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H			
AUSTEDO	DEUTETRABENAZINE	12 MG	TABLET	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
AUSTEDO	DEUTETRABENAZINE	6 MG	TABLET	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
AUSTEDO	DEUTETRABENAZINE	9 MG	TABLET	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
DEXPAK	DEXAMETHASONE	1.5MG (21)	TAB DS PK	6/4/2012	DEXPAK/ZODEX	PA CRITERIA
TAPERDEX	DEXAMETHASONE	1.5 MG(49)	TAB DS PK			



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
PRO-RED AC	DEXCHLORPHEN/PHENYLEPH/CODEINE	1-5-9 MG/5	LIQUID	473	13	999	1.00	30	30	30	
DEXILANT	DEXLANSOPRAZOLE	30 MG	CAP DR BP	30			1.00	1	34	34	
DEXILANT	DEXLANSOPRAZOLE	60 MG	CAP DR BP	30			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	10 MG	TABLET	100			3.50	1	119	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	15 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	100			2.50	1	85	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50	100			1.00	1	34	34	
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	5 MG	TABLET	100			2.50	1	85	34	
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	100			1.00	1	34	34	
DEXEDRINE	DEXTROAMPHETAMINE SULFATE	10 MG	CAPSULE ER	90			2.00	1	68	34	
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	10 MG	TABLET	100			6.00	1	204	34	
DEXEDRINE	DEXTROAMPHETAMINE SULFATE	15 MG	CAPSULE ER	90			2.00	1	68	34	
ZENZEDI	DEXTROAMPHETAMINE SULFATE	15 MG	TABLET	100			3.50	1	119	34	
ZENZEDI	DEXTROAMPHETAMINE SULFATE	2.5 MG	TABLET	100			0.50	1	17	34	
ZENZEDI	DEXTROAMPHETAMINE SULFATE	20 MG	TABLET	100			3.50	1	119	34	
ZENZEDI	DEXTROAMPHETAMINE SULFATE	30 MG	TABLET	100			2.50	1	85	34	
DEXEDRINE	DEXTROAMPHETAMINE SULFATE	5 MG	CAPSULE ER	90			1.00	1	34	34	
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	5 MG	TABLET	100			2.50	1	85	34	
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	5 MG/5 ML	SOLUTION	473			40.00	10	1360	34	
ZENZEDI	DEXTROAMPHETAMINE SULFATE	7.5 MG	TABLET	100			0.50	1	17	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET	100			2.50	1	85	34	
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	CAP ER 24H	100			1.00	1	34	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	TABLET	100			2.50	1	85	34	
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	CPTP 24HR	100	13	55	1.00	1	34	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	TABLET	100			2.50	1	85	34	
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	CAP ER 24H	100			1.00	1	34	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET	100			2.50	1	85	34	
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	CAP ER 24H	100			1.00	1	34	34	
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CAP ER 24H	100			1.00	1	34	34	
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CPTP 24HR	100	13	55	1.00	1	34	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET	100			1.00	1	34	34	
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	CAP ER 24H	100			1.00	1	34	34	
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	37.5 MG	CPTP 24HR	100	13	55	1.00	1	34	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	TABLET	100			3.50	1	119	34	
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H	100			1.00	1	34	34	
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	50 MG	CPTP 24HR	100	13	55	1.00	1	34	34	
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	7.5 MG	TABLET	100			2.50	1	85	34	
NUEDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE	20 MG-10MG	CAPSULE	60			2.00	1	68	34	P
DIAZEPAM	DIAZEPAM	10 MG	TABLET	100			3.00	1	102	34	
DIASTAT ACUDIAL	DIAZEPAM	12.5-15-20	KIT	1			0.04	1	1	28	
DIAZEPAM	DIAZEPAM	2 MG	TABLET	100			3.00	1	102	34	
DIASTAT	DIAZEPAM	2.5 MG	KIT	1			0.04	1	1	28	
DIAZEPAM	DIAZEPAM	5 MG	TABLET	100			3.00	1	102	34	
DIASTAT ACUDIAL	DIAZEPAM	5-7.5-10MG	KIT	1			0.04	1	1	28	
PROGLYCEM	DIAZOXIDE	50 MG/ML	ORAL SUSP	30			3.00	1	90	30	P
XRYLIX	DICLOFEN SOD/KINESIOLOGY TAPE	1.50%	KIT	1							P
FLECTOR	DICLOFENAC EPOLAMINE	1.30%	PATCH TD12	30			2.00	1	68	34	
ZIPSOR	DICLOFENAC POTASSIUM	25 MG	CAPSULE	120			4.00	1	136	34	P
CAMBIA	DICLOFENAC POTASSIUM	50 MG	POWD PACK	1			0.30	1	9	30	P
DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	50 MG	TABLET	100			4.00	1	136	34	P

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PRO-RED AC	DEXCHLORPHEN/PHENYLEPH/CODEINE	1-5-9 MG/5	LIQUID			
DEXILANT	DEXLANSOPRAZOLE	30 MG	CAP DR BP			
DEXILANT	DEXLANSOPRAZOLE	60 MG	CAP DR BP			
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	10 MG	TABLET			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	15 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50			
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	5 MG	TABLET			
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50			
DEXEDRINE	DEXTROAMPHETAMINE SULFATE	10 MG	CAPSULE ER			
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	10 MG	TABLET			
DEXEDRINE	DEXTROAMPHETAMINE SULFATE	15 MG	CAPSULE ER			
ZENZEDI	DEXTROAMPHETAMINE SULFATE	15 MG	TABLET			
ZENZEDI	DEXTROAMPHETAMINE SULFATE	2.5 MG	TABLET			
ZENZEDI	DEXTROAMPHETAMINE SULFATE	20 MG	TABLET			
ZENZEDI	DEXTROAMPHETAMINE SULFATE	30 MG	TABLET			
DEXEDRINE	DEXTROAMPHETAMINE SULFATE	5 MG	CAPSULE ER			
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	5 MG	TABLET			
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	5 MG/5 ML	SOLUTION			
ZENZEDI	DEXTROAMPHETAMINE SULFATE	7.5 MG	TABLET			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET			
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	CAP ER 24H			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	TABLET			
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	CPTP 24HR			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	TABLET			
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	CAP ER 24H			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET			
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	CAP ER 24H			
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CAP ER 24H			
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CPTP 24HR			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET			
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	CAP ER 24H			
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	37.5 MG	CPTP 24HR			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	TABLET			
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H			
MYDAYIS	DEXTROAMPHETAMINE/AMPHETAMINE	50 MG	CPTP 24HR			
ADDERALL	DEXTROAMPHETAMINE/AMPHETAMINE	7.5 MG	TABLET			
NUEDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE	20 MG-10MG	CAPSULE	6/6/2011	NEUDEXTA	PA CRITERIA
DIAZEPAM	DIAZEPAM	10 MG	TABLET			
DIASAT ACUDIAL	DIAZEPAM	12.5-15-20	KIT			
DIAZEPAM	DIAZEPAM	2 MG	TABLET			
DIASAT	DIAZEPAM	2.5 MG	KIT			
DIAZEPAM	DIAZEPAM	5 MG	TABLET			
DIASAT ACUDIAL	DIAZEPAM	5-7.5-10MG	KIT			
PROGLYCEM	DIAZOXIDE	50 MG/ML	ORAL SUSP	9/6/2017	PROGLYCEM	PA CRITERIA
XRYLIX	DICLOFEN SOD/KINESIOLOGY TAPE	1.50%	KIT	9/7/2016	PREFERRED DOSAGE FORMS - KITS	PA CRITERIA
FLECTOR	DICLOFENAC EPOLAMINE	1.30%	PATCH TD12			
ZIPSOR	DICLOFENAC POTASSIUM	25 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
CAMBIA	DICLOFENAC POTASSIUM	50 MG	POWD PACK	12/13/2004	NSAIDS	PA CRITERIA
DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	50 MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA

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VOPAC MDS	DICLOFENAC SODIUM	1.50%	KIT	1			0.00		0.01	30	P
DICLOFENAC SODIUM	DICLOFENAC SODIUM	1.50%	DROPS	150			8.82	150	300	34	P
DICLOFENAC SODIUM	DICLOFENAC SODIUM	3.00%	GEL (GRAM)	100			3.57	100	100	28	P
DICLOFENAC SODIUM ER	DICLOFENAC SODIUM	100 MG	TAB ER 24H	100			2.00	1	68	34	P
DICLOFENAC SODIUM	DICLOFENAC SODIUM	75 MG	TABLET DR	60			4.00	1	136	34	P
DICLOFENAC SODIUM	DICLOFENAC SODIUM	0.10%	DROPS	2.5						30	
DICLOFENAC SODIUM	DICLOFENAC SODIUM	1.00%	GEL (GRAM)	100			2.94	100	100	34	
PENNSAID	DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP	112			3.73	112	112	30	
ARTHROTEC 50	DICLOFENAC SODIUM/MISOPROSTOL	50 MG-200	TAB IR DR	60			3.00	1	102	34	P
ARTHROTEC 75	DICLOFENAC SODIUM/MISOPROSTOL	75 MG-200	TAB IR DR	60			2.00	1	68	34	P
ZORVOLEX	DICLOFENAC SUBMICRONIZED	18 MG	CAPSULE	90			3.00	1	90	30	P
ZORVOLEX	DICLOFENAC SUBMICRONIZED	35 MG	CAPSULE	90			3.00	1	90	30	P
DERMACINRX LEXITRAL	DICLOFENAC/CAPSICUM OLEORESIN	1.5-0.025%	CMB SOL CR	387							P
INFLAMMACIN	DICLOFENAC/CAPSICUM OLEORESIN	75MG-.025%	KIT	1							P
MOTOFEN	DIFENOXIN HCL/ATROPINE SULFATE	1-0.025MG	TABLET	100			8.00	1	16	2	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	CREAM (G)	15			0.50	15	15	30	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	CREAM (G)	30			1.00	30	30	30	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	CREAM (G)	60			2.00	60	60	30	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	OINT. (G)	15			0.50	15	15	30	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	OINT. (G)	30			1.00	30	30	30	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	OINT. (G)	60			2.00	60	60	30	
APEXICON E	DIFLORASONE DIACETATE/EMOLL	0.05%	CREAM (G)	30			1.00	30	30	30	
APEXICON E	DIFLORASONE DIACETATE/EMOLL	0.05%	CREAM (G)	60			2.00	60	60	30	
DUREZOL	DIFLUPREDNATE	0.05%	DROPS	5			0.17	5	5	30	P
DIHYDROERGOTAMINE MESYLATE	DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	SPRAY/PUMP	1			0.27	8	8	30	P
D.H.E.45	DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	1							P
CARDIZEM CD	DILTIAZEM HCL	120 MG	CAP ER 24H	30			1.00	1	34	34	
CARDIZEM LA	DILTIAZEM HCL	120 MG	TAB ER 24H	30			1.00	1	34	34	
DILTIAZEM 24HR ER	DILTIAZEM HCL	120 MG	CAP SA 24H	30			1.00	1	34	34	
DILTIAZEM ER	DILTIAZEM HCL	120 MG	CAP ER DEG	100			1.00	1	34	34	
CARDIZEM CD	DILTIAZEM HCL	180 MG	CAP ER 24H	30			2.00	1	68	34	
CARDIZEM LA	DILTIAZEM HCL	180 MG	TAB ER 24H	30			1.00	1	34	34	
DILTIAZEM 24HR ER	DILTIAZEM HCL	180 MG	CAP SA 24H	30			1.00	1	34	34	
DILTIAZEM ER	DILTIAZEM HCL	180 MG	CAP ER DEG	100			2.00	1	68	34	
CARDIZEM CD	DILTIAZEM HCL	240 MG	CAP ER 24H	30			1.00	1	34	34	
CARDIZEM LA	DILTIAZEM HCL	240 MG	TAB ER 24H	30			1.00	1	34	34	
DILTIAZEM 24HR ER	DILTIAZEM HCL	240 MG	CAP SA 24H	30			1.00	1	34	34	
DILTIAZEM ER	DILTIAZEM HCL	240 MG	CAP ER DEG	100			1.00	1	34	34	
CARDIZEM CD	DILTIAZEM HCL	300 MG	CAP ER 24H	30			1.00	1	34	34	
CARDIZEM LA	DILTIAZEM HCL	300 MG	TAB ER 24H	30			1.00	1	34	34	
DILTIAZEM 24HR ER	DILTIAZEM HCL	300 MG	CAP SA 24H	90			1.00	1	34	34	
CARDIZEM CD	DILTIAZEM HCL	360 MG	CAP ER 24H	90			1.00	1	34	34	
CARDIZEM LA	DILTIAZEM HCL	360 MG	TAB ER 24H	30			1.00	1	34	34	
DILTIAZEM 24HR ER	DILTIAZEM HCL	360 MG	CAP SA 24H	30			1.00	1	34	34	
CARDIZEM LA	DILTIAZEM HCL	420 MG	TAB ER 24H	30			1.00	1	34	34	
DILTIAZEM 24HR ER	DILTIAZEM HCL	420 MG	CAP SA 24H	90			1.00	1	34	34	
TECFIDERA	DIMETHYL FUMARATE	120 MG	CAPSULE DR	14			2.00	14	14	7	P
TECFIDERA	DIMETHYL FUMARATE	120-240 MG	CAPSULE DR	60			2.00	1	60	30	P
TECFIDERA	DIMETHYL FUMARATE	240 MG	CAPSULE DR	60			2.00	1	68	34	P
DOFETILIDE	DOFETILIDE	125 MCG	CAPSULE	60			2.00	1	68	34	
DOFETILIDE	DOFETILIDE	250 MCG	CAPSULE	60			2.00	1	68	34	
DOFETILIDE	DOFETILIDE	500 MCG	CAPSULE	60			2.00	1	68	34	
ANZEMET	DOLASETRON MESYLATE	100 MG	TABLET	5			0.03	1	1	30	
ANZEMET	DOLASETRON MESYLATE	50 MG	TABLET	5			0.03	1	1	30	
DONEPEZIL HCL ODT	DONEPEZIL HCL	10 MG	TAB RAPDIS	30	30	999	1.00	1	34	34	P

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VOPAC MDS	DICLOFENAC SODIUM	1.50%	KIT	12/13/2004	ANALGESICS - NSAIDS - TOPICAL	PDL
DICLOFENAC SODIUM	DICLOFENAC SODIUM	1.50%	DROPS	12/13/2004	NSAIDS	PA CRITERIA
DICLOFENAC SODIUM	DICLOFENAC SODIUM	3.00%	GEL (GRAM)	12/13/2004	NSAIDS	PA CRITERIA
DICLOFENAC SODIUM ER	DICLOFENAC SODIUM	100 MG	TAB ER 24H	12/13/2004	NSAIDS	PA CRITERIA
DICLOFENAC SODIUM	DICLOFENAC SODIUM	75 MG	TABLET DR	12/13/2004	NSAIDS	PA CRITERIA
DICLOFENAC SODIUM	DICLOFENAC SODIUM	0.10%	DROPS			
DICLOFENAC SODIUM	DICLOFENAC SODIUM	1.00%	GEL (GRAM)			
PENNSAID	DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP			
ARTHROTEC 50	DICLOFENAC SODIUM/MISOPROSTOL	50 MG-200	TAB IR DR	12/13/2004	NSAIDS	PA CRITERIA
ARTHROTEC 75	DICLOFENAC SODIUM/MISOPROSTOL	75 MG-200	TAB IR DR	12/13/2004	NSAIDS	PA CRITERIA
ZORVOLEX	DICLOFENAC SUBMICRONIZED	18 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
ZORVOLEX	DICLOFENAC SUBMICRONIZED	35 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
DERMACINRX LEXITRAL	DICLOFENAC/CAPSICUM OLEORESIN	1.5-0.025%	CMB SOL CR	9/7/2016	PREFERRED DOSAGE FORMS - KITS	PA CRITERIA
INFLAMMACIN	DICLOFENAC/CAPSICUM OLEORESIN	75MG-.025%	KIT	9/7/2016	PREFERRED DOSAGE FORMS - KITS	PA CRITERIA
MOTOFEN	DIFENOXIN HCL/ATROPINE SULFATE	1-0.025MG	TABLET			
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	CREAM (G)			
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	CREAM (G)			
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	CREAM (G)			
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	OINT. (G)			
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	OINT. (G)			
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	0.05%	OINT. (G)			
APEXICON E	DIFLORASONE DIACETATE/EMOLL	0.05%	CREAM (G)			
APEXICON E	DIFLORASONE DIACETATE/EMOLL	0.05%	CREAM (G)			
DUREZOL	DIFLUPREDNATE	0.05%	DROPS	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
DIHYDROERGOTAMINE MESYLATE	DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	SPRAY/PUMP	12/7/2016	DIHYDROERGOTAMINE	PA CRITERIA
D.H.E.45	DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	12/7/2016	DIHYDROERGOTAMINE	PA CRITERIA
CARDIZEM CD	DILTIAZEM HCL	120 MG	CAP ER 24H			
CARDIZEM LA	DILTIAZEM HCL	120 MG	TAB ER 24H			
DILTIAZEM 24HR ER	DILTIAZEM HCL	120 MG	CAP SA 24H			
DILTIAZEM ER	DILTIAZEM HCL	120 MG	CAP ER DEG			
CARDIZEM CD	DILTIAZEM HCL	180 MG	CAP ER 24H			
CARDIZEM LA	DILTIAZEM HCL	180 MG	TAB ER 24H			
DILTIAZEM 24HR ER	DILTIAZEM HCL	180 MG	CAP SA 24H			
DILTIAZEM ER	DILTIAZEM HCL	180 MG	CAP ER DEG			
CARDIZEM CD	DILTIAZEM HCL	240 MG	CAP ER 24H			
CARDIZEM LA	DILTIAZEM HCL	240 MG	TAB ER 24H			
DILTIAZEM 24HR ER	DILTIAZEM HCL	240 MG	CAP SA 24H			
DILTIAZEM ER	DILTIAZEM HCL	240 MG	CAP ER DEG			
CARDIZEM CD	DILTIAZEM HCL	300 MG	CAP ER 24H			
CARDIZEM LA	DILTIAZEM HCL	300 MG	TAB ER 24H			
DILTIAZEM 24HR ER	DILTIAZEM HCL	300 MG	CAP SA 24H			
CARDIZEM CD	DILTIAZEM HCL	360 MG	CAP ER 24H			
CARDIZEM LA	DILTIAZEM HCL	360 MG	TAB ER 24H			
DILTIAZEM 24HR ER	DILTIAZEM HCL	360 MG	CAP SA 24H			
CARDIZEM LA	DILTIAZEM HCL	420 MG	TAB ER 24H			
DILTIAZEM 24HR ER	DILTIAZEM HCL	420 MG	CAP SA 24H			
TECFIDERA	DIMETHYL FUMARATE	120 MG	CAPSULE DR	3/11/2013	MULTIPLE SCLEROSIS	PDL
TECFIDERA	DIMETHYL FUMARATE	120-240 MG	CAPSULE DR	3/11/2013	MULTIPLE SCLEROSIS	PDL
TECFIDERA	DIMETHYL FUMARATE	240 MG	CAPSULE DR	3/11/2013	MULTIPLE SCLEROSIS	PDL
DOFETILIDE	DOFETILIDE	125 MCG	CAPSULE			
DOFETILIDE	DOFETILIDE	250 MCG	CAPSULE			
DOFETILIDE	DOFETILIDE	500 MCG	CAPSULE			
ANZEMET	DOLASETRON MESYLATE	100 MG	TABLET			
ANZEMET	DOLASETRON MESYLATE	50 MG	TABLET			
DONEPEZIL HCL ODT	DONEPEZIL HCL	10 MG	TAB RAPDIS	3/3/2012	ANTIDEMENTIA	PDL

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DONEPEZIL HCL ODT	DONEPEZIL HCL	5 MG	TAB RAPDIS	30	30	999	1.00	1	34	34	P	
ARICEPT	DONEPEZIL HCL	10 MG	TABLET	30	30	999	1.00	1	34	34		
ARICEPT	DONEPEZIL HCL	23 MG	TABLET	30	30	999	1.00	1	34	34		
ARICEPT	DONEPEZIL HCL	5 MG	TABLET	30	30	999	1.50	1	51	34		
CARDURA XL	DOXAZOSIN MESYLATE	4 MG	TAB ER 24	30	65	999	0.50	1	17	34	P	
CARDURA XL	DOXAZOSIN MESYLATE	8 MG	TAB ER 24	30	65	999	0.50	1	17	34	P	
CARDURA	DOXAZOSIN MESYLATE	1 MG	TABLET	100			1.50	1	51	34		
CARDURA	DOXAZOSIN MESYLATE	2 MG	TABLET	100			1.50	1	51	34		
CARDURA	DOXAZOSIN MESYLATE	4 MG	TABLET	100			1.50	1	51	34		
CARDURA	DOXAZOSIN MESYLATE	8 MG	TABLET	100			2.00	1	68	34		
SILENOR	DOXEPIN HCL	3 MG	TABLET	30			1.00	1	34	34		
SILENOR	DOXEPIN HCL	6 MG	TABLET	30			1.00	1	34	34		
VIBRAMYCIN	DOXYCYCLINE CALCIUM	50 MG/5 ML	SYRUP	473								
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	20 MG	TABLET	100			2.00	1	68	34		
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	100 MG	CAPSULE	500	12	35	2.00	1	68	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	100 MG	TABLET	500			2.00	1	68	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	100 MG	TABLET DR	100			2.00	1	68	34	P	
DORYX MPC	DOXYCYCLINE HYCLATE	120 MG	TABLET DR	30			1.00	1	34	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	150 MG	TABLET	60			2.00	1	68	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	150 MG	TABLET DR	100			1.00	1	34	34	P	
DORYX	DOXYCYCLINE HYCLATE	200 MG	TABLET DR	60			1.00	1	34	34	P	
DORYX	DOXYCYCLINE HYCLATE	50 MG	TABLET DR	120			1.00	1	34	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	50 MG	CAPSULE	50			2.00	1	68	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	75 MG	TABLET	60			2.00	1	68	34	P	
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	75 MG	TABLET DR	60			1.00	1	34	34	P	
DOXY 100	DOXYCYCLINE HYCLATE	100 MG	VIAL	1			2.00	1	68	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE	50			2.00	1	68	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	100 MG	TABLET	50			2.00	1	68	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	25 MG/5 ML	SUSP RECON	60			40.00	1	1360	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE	100			1.00	1	34	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	50 MG	TABLET	100			1.00	1	34	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	75 MG	TABLET	100			4.00	1	136	34		
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	150 MG	CAPSULE	60			0.03	1	1	34	P	
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	150 MG	TABLET	30			0.03	1	1	34	P	
DOXYCYCLINE IR-DR	DOXYCYCLINE MONOHYDRATE	40 MG	CAP IR DR	30	18	18	1.00		30	30	P	
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	75 MG	CAPSULE	100			0.03	1	1	34	P	
MORGIDOX	DOXYCYCLINE/SKIN CLEANSER NO19	50 MG	KIT	1							P	
DICLEGIS	DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	100			4.00	1	136	34	P	
SYNDROS	DRONABINOL	5 MG/ML	SOLUTION	30			30.00	1	900	30	P	
MULTAQ	DRONEDARONE HCL	400 MG	TABLET	100			2.00	1	60	30		
BEYAZ	DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.02(24)	TABLET	28			1.33	28	112	84		
SAFYRAL	DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.03(21)	TABLET	28			1.33	28	112	84		
ANGELIQ	DROSPIRENONE/ESTRADIOL	0.25-0.5MG	TABLET	28			2.00	1	68	34		
NORTHERA	DROXIDOPA	100 MG	CAPSULE	90			3.00	1	42	14	P	
NORTHERA	DROXIDOPA	200 MG	CAPSULE	90			3.00	1	42	14	P	
NORTHERA	DROXIDOPA	300 MG	CAPSULE	90			6.00	1	84	14	P	
TRULICITY	DULAGLUTIDE	0.75MG/0.5	PEN INJCTR	0.5			0.07	0.5	2	28	P	
TRULICITY	DULAGLUTIDE	1.5 MG/0.5	PEN INJCTR	0.5			0.07	0.5	2	28	P	
CYMBALTA	DULOXETINE HCL	20 MG	CAPSULE DR	60			2.00	1	68	34		
CYMBALTA	DULOXETINE HCL	30 MG	CAPSULE DR	30			34.00	34	68	2		
DULOXETINE HCL	DULOXETINE HCL	40 MG	CAPSULE DR	30			1.00	1	34	34		
CYMBALTA	DULOXETINE HCL	60 MG	CAPSULE DR	1000			2.00	1	68	34		
DUPIXENT	DUPILUMAB	300 MG/2ML	SYRINGE	2			0.14	2	4	28	P	
AVODART	DUTASTERIDE	0.5 MG	CAPSULE	90			1.00	1	34	34		
DUTASTERIDE-TAMSULOSIN	DUTASTERIDE/TAMSULOSIN HCL	0.5-0.4 MG	CPMP 24HR	90	45	999	1.00	1	34	34		

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
DONEPEZIL HCL ODT	DONEPEZIL HCL	5 MG	TAB RAPDIS	3/3/2012	ANTIDEMENTIA	PDL
ARICEPT	DONEPEZIL HCL	10 MG	TABLET			
ARICEPT	DONEPEZIL HCL	23 MG	TABLET			
ARICEPT	DONEPEZIL HCL	5 MG	TABLET			
CARDURA XL	DOXAZOSIN MESYLATE	4 MG	TAB ER 24	3/5/2012	BENIGN HYPERPLASIA	PA CRITERIA
CARDURA XL	DOXAZOSIN MESYLATE	8 MG	TAB ER 24	3/5/2012	BENIGN HYPERPLASIA	PA CRITERIA
CARDURA	DOXAZOSIN MESYLATE	1 MG	TABLET			
CARDURA	DOXAZOSIN MESYLATE	2 MG	TABLET			
CARDURA	DOXAZOSIN MESYLATE	4 MG	TABLET			
CARDURA	DOXAZOSIN MESYLATE	8 MG	TABLET			
SILENOR	DOXEPIN HCL	3 MG	TABLET			
SILENOR	DOXEPIN HCL	6 MG	TABLET			
VIBRAMYCIN	DOXYCYCLINE CALCIUM	50 MG/5 ML	SYRUP			
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	20 MG	TABLET			
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	100 MG	CAPSULE	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	100 MG	TABLET	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	100 MG	TABLET DR	3/5/2012	ACNE	PA CRITERIA
DORYX MPC	DOXYCYCLINE HYCLATE	120 MG	TABLET DR	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	150 MG	TABLET	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	150 MG	TABLET DR	3/5/2012	ACNE	PA CRITERIA
DORYX	DOXYCYCLINE HYCLATE	200 MG	TABLET DR	3/5/2012	ACNE	PA CRITERIA
DORYX	DOXYCYCLINE HYCLATE	50 MG	TABLET DR	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	50 MG	CAPSULE	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	75 MG	TABLET	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	75 MG	TABLET DR	3/5/2012	ACNE	PA CRITERIA
DOXY 100	DOXYCYCLINE HYCLATE	100 MG	VIAL			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	100 MG	TABLET			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	25 MG/5 ML	SUSP RECON			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	50 MG	TABLET			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	75 MG	TABLET			
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	150 MG	CAPSULE	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	150 MG	TABLET	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE IR-DR	DOXYCYCLINE MONOHYDRATE	40 MG	CAP IR DR	3/5/2012	ACNE	PA CRITERIA
DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	75 MG	CAPSULE	3/5/2012	ACNE	PA CRITERIA
MORGIDOX	DOXYCYCLINE/SKIN CLEANSER NO19	50 MG	KIT	3/5/2012	ACNE	PA CRITERIA
DICLEGIS	DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	9/9/2013	DICLEGIS	PA CRITERIA
SYNDROS	DRONABINOL	5 MG/ML	SOLUTION	12/2/2015	SYNDROS	PA CRITERIA
MULTAQ	DRONEDARONE HCL	400 MG	TABLET			
BEYAZ	DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.02(24)	TABLET			
SAFYRAL	DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.03(21)	TABLET			
ANGELIQ	DROSPIRENONE/ESTRADIOL	0.25-0.5MG	TABLET			
NORTHERA	DROXIDOPA	100 MG	CAPSULE	9/3/2014	NORTHERA	PA CRITERIA
NORTHERA	DROXIDOPA	200 MG	CAPSULE	9/3/2014	NORTHERA	PA CRITERIA
NORTHERA	DROXIDOPA	300 MG	CAPSULE	9/3/2014	NORTHERA	PA CRITERIA
TRULICITY	DULAGLUTIDE	0.75MG/0.5	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
TRULICITY	DULAGLUTIDE	1.5 MG/0.5	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
CYMBALTA	DULOXETINE HCL	20 MG	CAPSULE DR			
CYMBALTA	DULOXETINE HCL	30 MG	CAPSULE DR			
DULOXETINE HCL	DULOXETINE HCL	40 MG	CAPSULE DR			
CYMBALTA	DULOXETINE HCL	60 MG	CAPSULE DR			
DUPIXENT	DUPILUMAB	300 MG/2ML	SYRINGE	10/1/2007	MEDICATIONS THAT COST OVER \$3000/MONTH	PA CRITERIA
AVODART	DUTASTERIDE	0.5 MG	CAPSULE			
DUTASTERIDE-TAMSULOSIN	DUTASTERIDE/TAMSULOSIN HCL	0.5-0.4 MG	CPMP 24HR			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
KALBITOR	ECALLANTIDE	10MG/ML(1)	VIAL	3			0.11	1	3	28	P
ECONAZOLE NITRATE	ECONAZOLE NITRATE	1.00%	CREAM (G)	30			1.00	30	30	30	
ECONAZOLE NITRATE	ECONAZOLE NITRATE	1.00%	CREAM (G)	15			0.50	15	15	30	
ECONAZOLE NITRATE	ECONAZOLE NITRATE	1.00%	CREAM (G)	85			2.83	85	85	30	
SOLIRIS	ECULIZUMAB	300MG/30ML	VIAL	30			0.03	1	1	34	P
RADICAVA	EDARAVONE	30MG/100ML	PIGGYBACK	100			0.03	1	1	34	P
SAVAYSA	EDOXABAN TOSYLATE	15 MG	TABLET	30			1.00	1	34	34	P
SAVAYSA	EDOXABAN TOSYLATE	30 MG	TABLET	10			1.00	1	34	34	P
SAVAYSA	EDOXABAN TOSYLATE	60 MG	TABLET	10			1.00	1	34	34	P
JUBLIA	EFINACONAZOLE	10.00%	SOL W/APPL	4			0.13	4	4	30	P
JUBLIA	EFINACONAZOLE	10.00%	SOL W/APPL	8			0.27	8	8	30	P
ZEPATIER	ELBASVIR/GRAZOPREVIR	50MG-100MG	TABLET	14			1.00	1	28	28	P
ELETRIPTAN HBR	ELETRIPTAN HBR	20 MG	TABLET	6			0.60	1	18	30	
ELETRIPTAN HBR	ELETRIPTAN HBR	40 MG	TABLET	6			0.60	1	18	30	
VIMIZIM	ELOSULFASE ALFA	5 MG/5 ML	VIAL	5			0.03	1	1	34	P
VIBERZI	ELUXADOLINE	100 MG	TABLET	60			2.00	1	68	34	P
VIBERZI	ELUXADOLINE	75 MG	TABLET	60			2.00	1	68	34	P
EMADINE	EMEDASTINE DIFUMARATE	0.05%	DROPS	5							P
HEMLIBRA	EMICIZUMAB-KXWH	105 MG/0.7	VIAL	0.7			1400.00	1000	42000	30	P
HEMLIBRA	EMICIZUMAB-KXWH	150 MG/ML	VIAL	1			1400.00	1000	42000	30	P
HEMLIBRA	EMICIZUMAB-KXWH	30 MG/ML	VIAL	1			1400.00	1000	42000	30	P
HEMLIBRA	EMICIZUMAB-KXWH	60MG/0.4ML	VIAL	0.4			1400.00	1000	42000	30	P
JARDIANCE	EMPAGLIFLOZIN	10 MG	TABLET	30			1.00	1	34	34	
JARDIANCE	EMPAGLIFLOZIN	25 MG	TABLET	30			1.00	1	34	34	
GLYXAMBI	EMPAGLIFLOZIN/LINAGLIPTIN	10 MG-5 MG	TABLET	30			1.00	1	34	34	P
GLYXAMBI	EMPAGLIFLOZIN/LINAGLIPTIN	25 MG-5 MG	TABLET	30			1.00	1	34	34	P
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	12.5-1000	TABLET	180			2.00	1	68	34	
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	12.5-500MG	TABLET	180			2.00	1	68	34	
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	5 MG-500MG	TABLET	180			2.00	1	68	34	
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	5MG-1000MG	TABLET	180			2.00	1	68	34	
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	10-1000 MG	TAB BP 24H	30			1.00	1	34	34	
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	12.5-1000	TAB BP 24H	60			1.00	1	34	34	
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	25-1000 MG	TAB BP 24H	90			1.00	1	34	34	
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	5MG-1000MG	TAB BP 24H	180			1.00	1	34	34	
COMPLERA	EMTRICITA/RILPIVIRINE/TENOF DF	200-25-300	TABLET	30			1.00	1	30	30	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	100 MG/ML	SYRINGE	1			2.00	1	60	30	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	120MG/.8ML	SYRINGE	0.8			1.60	0.8	48	30	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	150 MG/ML	SYRINGE	1			2.00	1	60	30	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	300MG/3ML	VIAL	3			2.00	3	60	30	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	30MG/0.3ML	SYRINGE	0.3			0.60	0.3	20.4	34	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE	0.4			0.80	0.4	27.2	34	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	60MG/0.6ML	SYRINGE	0.6			1.20	0.6	40.8	34	
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	80MG/0.8ML	SYRINGE	0.8			1.60	0.8	54.4	34	
COMTAN	ENTACAPONE	200 MG	TABLET	100			8.00	1	240	30	
BARACLUDE	ENTECAVIR	0.5 MG	TABLET	30			1.00	1	34	34	
BARACLUDE	ENTECAVIR	1 MG	TABLET	30			1.00	1	34	34	
XTANDI	ENZALUTAMIDE	40 MG	CAPSULE	120			4.00	1	120	30	
EPINEPHRINE	EPINEPHRINE	0.15MG/0.3	AUTO INJCT	1			1.00	2	2	2	P
EPIPEN JR 2-PAK	EPINEPHRINE	0.15MG/0.3	AUTO INJCT	2			0.07	2	2	30	P
EPINEPHRINE	EPINEPHRINE	0.3MG/0.3	AUTO INJCT	2			1.00	2	2	2	P
EPINEPHRINE	EPINEPHRINE	0.15/0.15	AUTO INJCT	2			1.00	2	2	2	
EPIPEN 2-PAK	EPINEPHRINE	0.3MG/0.3	AUTO INJCT	2			0.07	2	2	30	
EPLERENONE	EPLERENONE	25 MG	TABLET	90			4.00	1	136	34	
EPOGEN	EPOETIN ALFA	10000/ML	VIAL	1							P
EPOGEN	EPOETIN ALFA	2000/ML	VIAL	1							P

North Dakota Medicaid  
Drug Utilization Management List

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KALBITOR	ECALLANTIDE	10MG/ML(1)	VIAL	12/5/2011	HEREDITARY ANGIOEDEMA	PA CRITERIA
ECONAZOLE NITRATE	ECONAZOLE NITRATE	1.00%	CREAM (G)			
ECONAZOLE NITRATE	ECONAZOLE NITRATE	1.00%	CREAM (G)			
ECONAZOLE NITRATE	ECONAZOLE NITRATE	1.00%	CREAM (G)			
SOLIRIS	ECULIZUMAB	300MG/30ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
RADICAVA	EDARAVONE	30MG/100ML	PIGGYBACK	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
SAVAYSA	EDOXABAN TOSYLATE	15 MG	TABLET	3/1/2012	ANTICOAGULANTS - ORAL	PDL
SAVAYSA	EDOXABAN TOSYLATE	30 MG	TABLET	3/1/2012	ANTICOAGULANTS - ORAL	PDL
SAVAYSA	EDOXABAN TOSYLATE	60 MG	TABLET	3/1/2012	ANTICOAGULANTS - ORAL	PDL
JUBLIA	EFINACONAZOLE	10.00%	SOL W/APPL	6/3/2015	ONYCHOMYCOSIS	PA CRITERIA
JUBLIA	EFINACONAZOLE	10.00%	SOL W/APPL	6/3/2015	ONYCHOMYCOSIS	PA CRITERIA
ZEPATIER	ELBASVIR/GRAZOPREVR	50MG-100MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
ELETRIPTAN HBR	ELETRIPTAN HBR	20 MG	TABLET			
ELETRIPTAN HBR	ELETRIPTAN HBR	40 MG	TABLET			
VIMIZIM	ELOSULFASE ALFA	5 MG/5 ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
VIBERZI	ELUXADOLINE	100 MG	TABLET	12/2/2015	DIARRHEA - IRRITABLE BOWEL SYNDROME	PDL
VIBERZI	ELUXADOLINE	75 MG	TABLET	12/2/2015	DIARRHEA - IRRITABLE BOWEL SYNDROME	PDL
EMADINE	EMEDASTINE DIFUMARATE	0.05%	DROPS	9/12/2011	OPHTHALMIC ANTIHISTAMINES	PDL
HEMLIBRA	EMICIZUMAB-KXWH	105 MG/0.7	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMLIBRA	EMICIZUMAB-KXWH	150 MG/ML	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMLIBRA	EMICIZUMAB-KXWH	30 MG/ML	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
HEMLIBRA	EMICIZUMAB-KXWH	60MG/0.4ML	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
JARDIANCE	EMPAGLIFLOZIN	10 MG	TABLET			
JARDIANCE	EMPAGLIFLOZIN	25 MG	TABLET			
GLYXAMBI	EMPAGLIFLOZIN/LINAGLIPTIN	10 MG-5 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS/SGLT2 INHIBITOR COMBINATIONS	PDL
GLYXAMBI	EMPAGLIFLOZIN/LINAGLIPTIN	25 MG-5 MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS/SGLT2 INHIBITOR COMBINATIONS	PDL
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	12.5-1000	TABLET			
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	12.5-500MG	TABLET			
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	5 MG-500MG	TABLET			
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	5MG-1000MG	TABLET			
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	10-1000 MG	TAB BP 24H			
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	12.5-1000	TAB BP 24H			
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	25-1000 MG	TAB BP 24H			
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	5MG-1000MG	TAB BP 24H			
COMPLERA	EMTRICITA/RILPIVIRINE/TENOF DF	200-25-300	TABLET			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	100 MG/ML	SYRINGE			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	120MG/.8ML	SYRINGE			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	150 MG/ML	SYRINGE			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	300MG/3ML	VIAL			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	30MG/0.3ML	SYRINGE			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	60MG/0.6ML	SYRINGE			
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM	80MG/0.8ML	SYRINGE			
COMTAN	ENTACAPONE	200 MG	TABLET			
BARACLUDE	ENTECAVIR	0.5 MG	TABLET			
BARACLUDE	ENTECAVIR	1 MG	TABLET			
XTANDI	ENZALUTAMIDE	40 MG	CAPSULE			
EPINEPHRINE	EPINEPHRINE	0.15MG/0.3	AUTO INJCT	12/3/2013	EPINEPHRINE AUTOINJECTORS	PDL
EPIPEN JR 2-PAK	EPINEPHRINE	0.15MG/0.3	AUTO INJCT	12/3/2013	EPINEPHRINE AUTOINJECTORS	PDL
EPINEPHRINE	EPINEPHRINE	0.3MG/0.3	AUTO INJCT	12/3/2013	EPINEPHRINE AUTOINJECTORS	PDL
EPINEPHRINE	EPINEPHRINE	0.15/0.15	AUTO INJCT			
EPIPEN 2-PAK	EPINEPHRINE	0.3MG/0.3	AUTO INJCT			
EPLERENONE	EPLERENONE	25 MG	TABLET			
EPOGEN	EPOETIN ALFA	10000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
EPOGEN	EPOETIN ALFA	2000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL



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EPOGEN	EPOETIN ALFA	20000/2ML	VIAL	2							P
EPOGEN	EPOETIN ALFA	20000/ML	VIAL	1							P
PROCRIT	EPOETIN ALFA	20000/ML	VIAL	1							P
EPOGEN	EPOETIN ALFA	3000/ML	VIAL	1							P
EPOGEN	EPOETIN ALFA	4000/ML	VIAL	1							P
PROCRIT	EPOETIN ALFA	40000/ML	VIAL	1							P
VELETRI	EPOPROSTENOL SODIUM (ARGININE)	0.5 MG	VIAL	1							P
VELETRI	EPOPROSTENOL SODIUM (ARGININE)	1.5 MG	VIAL	1							P
EPOPROSTENOL SODIUM	EPOPROSTENOL SODIUM (GLYCINE)	0.5 MG	VIAL	1			2.00	1	56	28	P
EPOPROSTENOL SODIUM	EPOPROSTENOL SODIUM (GLYCINE)	1.5 MG	VIAL	1			2.00	1	56	28	P
EPROSARTAN MESYLATE	EPROSARTAN MESYLATE	600 MG	TABLET	30							P
VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	50000 UNIT	CAPSULE	100			0.14	1	4	28	
ERGOCALCIFEROL	ERGOCALCIFEROL (VITAMIN D2)	8000/ML	DROPS	60			0.25	60	60	240	
MIGERGOT	ERGOTAMINE TARTRATE/CAFFEINE	2-100MG	SUPP.RECT	12			0.71	1	20	28	P
TARCEVA	ERLOTINIB HCL	100 MG	TABLET	30			1.00	1	30	30	
TARCEVA	ERLOTINIB HCL	150 MG	TABLET	30			1.00	1	30	30	
TARCEVA	ERLOTINIB HCL	25 MG	TABLET	30			1.00	1	30	30	
STEGLATRO	ERTUGLIFLOZIN PIDOLATE	15 MG	TABLET	30			1.00	1	34	34	P
STEGLATRO	ERTUGLIFLOZIN PIDOLATE	5 MG	TABLET	30			1.00	1	34	34	P
STEGLUJAN	ERTUGLIFLOZIN/SITAGLIPTIN	15MG-100MG	TABLET	30			1.00	1	34	34	P
STEGLUJAN	ERTUGLIFLOZIN/SITAGLIPTIN	5 MG-100MG	TABLET	30			1.00	1	34	34	P
ERYGEL	ERYTHROMYCIN BASE/ETHANOL	2.00%	GEL (GRAM)	30			1.00	30	30	30	
ERYGEL	ERYTHROMYCIN BASE/ETHANOL	2.00%	GEL (GRAM)	60			2.00	60	60	30	
BENZAMYCIN	ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)	46.6			1.55	46.6	46.6	30	
ERYTHROMYCIN-BENZOYL PEROXIDE	ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)	23.3			0.78	23.3	23.3	30	
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	10 MG	TABLET	100			1.50	1	51	34	
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	20 MG	TABLET	100			1.50	1	51	34	
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	5 MG	TABLET	100			1.00	1	34	34	
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	5 MG/5 ML	SOLUTION	240			20.00	1	680	34	
APTIOM	ESLICARBAZEPINE ACETATE	200 MG	TABLET	30			1.00	1	34	34	
APTIOM	ESLICARBAZEPINE ACETATE	400 MG	TABLET	30			1.00	1	34	34	
APTIOM	ESLICARBAZEPINE ACETATE	600 MG	TABLET	60			1.00	1	34	34	
APTIOM	ESLICARBAZEPINE ACETATE	800 MG	TABLET	30			1.00	1	34	34	
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	30	13	999	1.00	1	34	34	P
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	30	13	999	1.00	1	34	34	P
NEXIUM	ESOMEPRAZOLE MAGNESIUM	10 MG	SUSPDR PKT	30			1.00	1	30	30	
NEXIUM	ESOMEPRAZOLE MAGNESIUM	2.5 MG	SUSPDR PKT	30			1.00	1	30	30	
NEXIUM	ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT	30			1.00	1	30	30	
NEXIUM	ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT	30			1.00	1	30	30	
NEXIUM	ESOMEPRAZOLE MAGNESIUM	5 MG	SUSPDR PKT	30			1.00	1	30	30	
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM	49.3 MG	CAPSULE DR	30			1.00	1	34	34	P
ESTAZOLAM	ESTAZOLAM	1 MG	TABLET	100			1.00	1	28	28	P
ESTAZOLAM	ESTAZOLAM	2 MG	TABLET	100			1.00	1	28	28	P
ALORA	ESTRADIOL	.025MG/24H	PATCH TDSW	8			0.29	1	8	28	
CLIMARA	ESTRADIOL	.025MG/24H	PATCH TDWK	4			0.14	1	4	28	
CLIMARA	ESTRADIOL	.0375MG/24	PATCH TDWK	4			0.14	1	4	28	
ESTRADIOL	ESTRADIOL	.0375MG/24	PATCH TDSW	8			0.29	1	8	28	
ALORA	ESTRADIOL	.075MG/24H	PATCH TDSW	8			0.29	1	8	28	
CLIMARA	ESTRADIOL	.075MG/24H	PATCH TDWK	4			0.14	1	4	28	
ALORA	ESTRADIOL	0.05MG/24H	PATCH TDSW	8			0.29	1	8	28	
CLIMARA	ESTRADIOL	0.05MG/24H	PATCH TDWK	1			0.14	1	4	28	
CLIMARA	ESTRADIOL	0.06MG/24H	PATCH TDWK	4			0.14	1	4	28	
ALORA	ESTRADIOL	0.1MG/24HR	PATCH TDSW	8			0.29	1	8	28	
CLIMARA	ESTRADIOL	0.1MG/24HR	PATCH TDWK	1			0.14	1	4	28	
EVAMIST	ESTRADIOL	1.53/SPRAY	SPRAY	8.1			0.29	8.1	8.1	28	

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Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
EPOGEN	EPOETIN ALFA	20000/2ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
EPOGEN	EPOETIN ALFA	20000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
PROCRIT	EPOETIN ALFA	20000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
EPOGEN	EPOETIN ALFA	3000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
EPOGEN	EPOETIN ALFA	4000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
PROCRIT	EPOETIN ALFA	40000/ML	VIAL	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
VELETRI	EPOPROSTENOL SODIUM (ARGININE)	0.5 MG	VIAL	3/5/2012	PULMONARY HYPERTENSION	PDL
VELETRI	EPOPROSTENOL SODIUM (ARGININE)	1.5 MG	VIAL	3/5/2012	PULMONARY HYPERTENSION	PDL
EPOPROSTENOL SODIUM	EPOPROSTENOL SODIUM (GLYCINE)	0.5 MG	VIAL	3/5/2012	PULMONARY HYPERTENSION	PDL
EPOPROSTENOL SODIUM	EPOPROSTENOL SODIUM (GLYCINE)	1.5 MG	VIAL	3/5/2012	PULMONARY HYPERTENSION	PDL
EPROSARTAN MESYLATE	EPROSARTAN MESYLATE	600 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	50000 UNIT	CAPSULE			
ERGOCALCIFEROL	ERGOCALCIFEROL (VITAMIN D2)	8000/ML	DROPS			
MIGERGOT	ERGOTAMINE TARTRATE/CAFFEINE	2-100MG	SUPP.RECT	12/7/2016	DIHYDROERGOTAMINE	PA CRITERIA
TARCEVA	ERLOTINIB HCL	100 MG	TABLET			
TARCEVA	ERLOTINIB HCL	150 MG	TABLET			
TARCEVA	ERLOTINIB HCL	25 MG	TABLET			
STEGLATRO	ERTUGLIFLOZIN PIDOLATE	15 MG	TABLET	12/2/2015	DIABETES - SGLT2 INHIBITOR COMBINATIONS	PDL
STEGLATRO	ERTUGLIFLOZIN PIDOLATE	5 MG	TABLET	12/2/2015	DIABETES - SGLT2 INHIBITOR COMBINATIONS	PDL
STEGLUJAN	ERTUGLIFLOZIN/SITAGLIPTIN	15MG-100MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS/SGLT2 INHIBITOR COMBINATIONS	PDL
STEGLUJAN	ERTUGLIFLOZIN/SITAGLIPTIN	5 MG-100MG	TABLET	9/7/2016	DIABETES - DPP4 INHIBITORS/SGLT2 INHIBITOR COMBINATIONS	PDL
ERYGEL	ERYTHROMYCIN BASE/ETHANOL	2.00%	GEL (GRAM)			
ERYGEL	ERYTHROMYCIN BASE/ETHANOL	2.00%	GEL (GRAM)			
BENZAMYCIN	ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)			
ERYTHROMYCIN-BENZOYL PEROXIDE	ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)			
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	10 MG	TABLET			
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	20 MG	TABLET			
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	5 MG	TABLET			
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	5 MG/5 ML	SOLUTION			
APTIOM	ESLICARBAZEPINE ACETATE	200 MG	TABLET			
APTIOM	ESLICARBAZEPINE ACETATE	400 MG	TABLET			
APTIOM	ESLICARBAZEPINE ACETATE	600 MG	TABLET			
APTIOM	ESLICARBAZEPINE ACETATE	800 MG	TABLET			
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
NEXIUM	ESOMEPRAZOLE MAGNESIUM	10 MG	SUSPDR PKT			
NEXIUM	ESOMEPRAZOLE MAGNESIUM	2.5 MG	SUSPDR PKT			
NEXIUM	ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT			
NEXIUM	ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT			
NEXIUM	ESOMEPRAZOLE MAGNESIUM	5 MG	SUSPDR PKT			
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM	49.3 MG	CAPSULE DR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
ESTAZOLAM	ESTAZOLAM	1 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ESTAZOLAM	ESTAZOLAM	2 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ALORA	ESTRADIOL	.025MG/24H	PATCH TDSW			
CLIMARA	ESTRADIOL	.025MG/24H	PATCH TDWK			
CLIMARA	ESTRADIOL	.0375MG/24	PATCH TDWK			
ESTRADIOL	ESTRADIOL	.0375MG/24	PATCH TDSW			
ALORA	ESTRADIOL	.075MG/24H	PATCH TDSW			
CLIMARA	ESTRADIOL	.075MG/24H	PATCH TDWK			
ALORA	ESTRADIOL	0.05MG/24H	PATCH TDSW			
CLIMARA	ESTRADIOL	0.05MG/24H	PATCH TDWK			
CLIMARA	ESTRADIOL	0.06MG/24H	PATCH TDWK			
ALORA	ESTRADIOL	0.1MG/24HR	PATCH TDSW			
CLIMARA	ESTRADIOL	0.1MG/24HR	PATCH TDWK			
EVAMIST	ESTRADIOL	1.53/SPRAY	SPRAY			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.										
ESTRADIOL	ESTRADIOL	10 MCG	TABLET	8			0.29	1	8	28
ESTRING	ESTRADIOL	7.5MCG/24H	VAG RING	1			0.04	1	1	28
FEMRING	ESTRADIOL ACETATE	0.05MG/24H	VAG RING	1			0.01	1	1	90
FEMRING	ESTRADIOL ACETATE	0.1MG/24HR	VAG RING	1			0.01	1	1	90
DEPO-ESTRADIOL	ESTRADIOL CYPIONATE	5 MG/ML	VIAL	5			0.24	5	5	21
NATAZIA	ESTRADIOL VALERATE/DIENOGEST	3-2-1(28)	TABLET	28			1.33	28	112	84
COMBIPATCH	ESTRADIOL/NORETHINDRONE ACET	.05-.14/24	PATCH TDSW	8			0.29	8	8	28
COMBIPATCH	ESTRADIOL/NORETHINDRONE ACET	.05-.25/24	PATCH TDSW	8			0.29	8	8	28
PREFEST	ESTRADIOL/NORGESTIMATE	1-1-0.09MG	TABLET	30			1.00	30	34	34
PREMARIN	ESTROGENS, CONJUGATED	0.625 MG/G	CREAM/APPL	30			1.00	30	30	30
ESZOPICLONE	ESZOPICLONE	1 MG	TABLET	30			1.00	1	34	34 P
ESZOPICLONE	ESZOPICLONE	2 MG	TABLET	100			1.00	1	34	34 P
ESZOPICLONE	ESZOPICLONE	3 MG	TABLET	100			1.00	1	34	34 P
ENBREL	ETANERCEPT	25 MG	VIAL	4			0.14	4	4	28 P
ENBREL	ETANERCEPT	25MG/0.5ML	SYRINGE	0.51			0.07	0.5	2.04	28 P
ENBREL	ETANERCEPT	50 MG/ML	SYRINGE	0.98			0.14	0.9	3.92	28 P
ENBREL MINI	ETANERCEPT	50 MG/ML	CARTRIDGE	0.98			0.14	0.98	3.92	28 P
ENBREL SURECLICK	ETANERCEPT	50 MG/ML	PEN INJCTR	0.98			0.14	0.9	3.92	28 P
PARSABIV	ETELCALCETIDE HYDROCHLORIDE	10 MG/2 ML	VIAL	2			0.03	1	1	34 P
PARSABIV	ETELCALCETIDE HYDROCHLORIDE	2.5 MG/0.5	VIAL	0.5			0.03	1	1	34 P
PARSABIV	ETELCALCETIDE HYDROCHLORIDE	5 MG/ML	VIAL	1			0.03	1	1	34 P
EXONDYS 51	ETEPLIRSEN	100 MG/2ML	VIAL	2			0.03	1	1	34 P
EXONDYS 51	ETEPLIRSEN	500MG/10ML	VIAL	10			0.03	1	1	34 P
EDECIN	ETHACRYNIC ACID	25 MG	TABLET	100			8.00	1	272	34 P
DROSPIRENONE-ETHINYL ESTRADIOL	ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(24)	TABLET	28			1.33	28	112	84
DROSPIRENONE-ETHINYL ESTRADIOL	ETHINYL ESTRADIOL/DROSPIRENONE	0.03MG-3MG	TABLET	28			1.33	28	112	84
ETHYNODIOL-ETHINYL ESTRADIOL	ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET	28			1.33	28	112	84
ETHYNODIOL-ETHINYL ESTRADIOL	ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET	28			1.33	28	112	84
ETODOLAC	ETODOLAC	200 MG	CAPSULE	100			4.00	1	136	34 P
ETODOLAC	ETODOLAC	300 MG	CAPSULE	100			3.00	1	102	34 P
ETODOLAC	ETODOLAC	400 MG	TABLET	100			2.00	1	68	34 P
ETODOLAC ER	ETODOLAC	400 MG	TAB ER 24H	100			2.00	1	68	34 P
ETODOLAC	ETODOLAC	500 MG	TABLET	100			2.00	1	68	34 P
ETODOLAC ER	ETODOLAC	500 MG	TAB ER 24H	100			2.00	1	68	34 P
ETODOLAC ER	ETODOLAC	600 MG	TAB ER 24H	100			2.00	1	68	34 P
NEXPLANON	ETONOGESTREL	68 MG	IMPLANT	1			0.00	1	1	998
NUVARING	ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING	1			0.05	1	1	21
AFINITOR	EVEROLIMUS	10 MG	TABLET	28			1.00	1	28	28
AFINITOR	EVEROLIMUS	2.5 MG	TABLET	28			1.00	1	28	28
AFINITOR	EVEROLIMUS	5 MG	TABLET	28			1.00	1	28	28
AFINITOR	EVEROLIMUS	7.5 MG	TABLET	28			1.00	1	28	28
REPATHA SURECLICK	EVOLOCUMAB	140 MG/ML	PEN INJCTR	1			0.10	1	3	30 P
REPATHA SYRINGE	EVOLOCUMAB	140 MG/ML	SYRINGE	1			0.10	1	3	30 P
REPATHA PUSHTRONEX	EVOLOCUMAB	420 MG/3.5	WEAR INJCT	3.5			0.12	3.5	3.5	30 P
BYETTA	EXENATIDE	10MCG/0.04	PEN INJCTR	2.4			0.08	2.4	2.4	30
BYETTA	EXENATIDE	5MCG/0.02	PEN INJCTR	1.2			0.04	1.2	1.2	30
BYDUREON BCISE	EXENATIDE MICROSPHERES	2MG/0.85ML	AUTO INJCT	0.85			0.12	0.85	3.4	28 P
BYDUREON	EXENATIDE MICROSPHERES	2 MG	VIAL	4			0.14	4	4	28
BYDUREON PEN	EXENATIDE MICROSPHERES	2MG/0.65ML	PEN INJCTR	4			0.14	4	4	28
EZETIMIBE	EZETIMIBE	10 MG	TABLET	500			1.00	1	34	34
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	1000			1.00	1	34	34 P
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	1000			1.00	1	34	34 P
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	500			1.00	1	34	34 P
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	500			1.00	1	34	34 P
ALPHANINE SD	FACTOR IX	1000 (+/-)	VIAL	1			1400.00	1000	42000	30 P

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
ESTRADIOL	ESTRADIOL	10 MCG	TABLET			
ESTRING	ESTRADIOL	7.5MCG/24H	VAG RING			
FEMRING	ESTRADIOL ACETATE	0.05MG/24H	VAG RING			
FEMRING	ESTRADIOL ACETATE	0.1MG/24HR	VAG RING			
DEPO-ESTRADIOL	ESTRADIOL CYPIONATE	5 MG/ML	VIAL			
NATAZIA	ESTRADIOL VALERATE/DIENOGEST	3-2-1(28)	TABLET			
COMBIPATCH	ESTRADIOL/NORETHINDRONE ACET	.05-.14/24	PATCH TDSW			
COMBIPATCH	ESTRADIOL/NORETHINDRONE ACET	.05-.25/24	PATCH TDSW			
PREFEST	ESTRADIOL/NORGESTIMATE	1-1-0.09MG	TABLET			
PREMARIN	ESTROGENS, CONJUGATED	0.625 MG/G	CREAM/APPL			
ESZOPICLONE	ESZOPICLONE	1 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ESZOPICLONE	ESZOPICLONE	2 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ESZOPICLONE	ESZOPICLONE	3 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ENBREL	ETANERCEPT	25 MG	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
ENBREL	ETANERCEPT	25MG/0.5ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ENBREL	ETANERCEPT	50 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ENBREL MINI	ETANERCEPT	50 MG/ML	CARTRIDGE	9/14/2009	CYTOKINE MODULATORS	PDL
ENBREL SURECLICK	ETANERCEPT	50 MG/ML	PEN INJCTR	9/14/2009	CYTOKINE MODULATORS	PDL
PARSABIV	ETELCALCETIDE HYDROCHLORIDE	10 MG/2 ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PARSABIV	ETELCALCETIDE HYDROCHLORIDE	2.5 MG/0.5	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PARSABIV	ETELCALCETIDE HYDROCHLORIDE	5 MG/ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
EXONDYS 51	ETEPLIRSEN	100 MG/2ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
EXONDYS 51	ETEPLIRSEN	500MG/10ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
EDECIN	ETHACRYNIC ACID	25 MG	TABLET	6/1/2016	EDECIN	PA CRITERIA
DROSPIRENONE-ETHINYL ESTRADIOL	ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(24)	TABLET			
DROSPIRENONE-ETHINYL ESTRADIOL	ETHINYL ESTRADIOL/DROSPIRENONE	0.03MG-3MG	TABLET			
ETHYNODIOL-ETHINYL ESTRADIOL	ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET			
ETHYNODIOL-ETHINYL ESTRADIOL	ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET			
ETODOLAC	ETODOLAC	200 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
ETODOLAC	ETODOLAC	300 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
ETODOLAC	ETODOLAC	400 MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA
ETODOLAC ER	ETODOLAC	400 MG	TAB ER 24H	12/13/2004	NSAIDS	PA CRITERIA
ETODOLAC	ETODOLAC	500 MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA
ETODOLAC ER	ETODOLAC	500 MG	TAB ER 24H	12/13/2004	NSAIDS	PA CRITERIA
ETODOLAC ER	ETODOLAC	600 MG	TAB ER 24H	12/13/2004	NSAIDS	PA CRITERIA
NEXPLANON	ETONOGESTREL	68 MG	IMPLANT			
NUVARING	ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING			
AFINITOR	EVEROLIMUS	10 MG	TABLET			
AFINITOR	EVEROLIMUS	2.5 MG	TABLET			
AFINITOR	EVEROLIMUS	5 MG	TABLET			
AFINITOR	EVEROLIMUS	7.5 MG	TABLET			
REPATHA SURECLICK	EVOLOCUMAB	140 MG/ML	PEN INJCTR	9/2/2015	PCSK9 INHIBITORS	PA CRITERIA
REPATHA SYRINGE	EVOLOCUMAB	140 MG/ML	SYRINGE	9/2/2015	PCSK9 INHIBITORS	PA CRITERIA
REPATHA PUSHTRONEX	EVOLOCUMAB	420 MG/3.5	WEAR INJCT	9/2/2015	PCSK9 INHIBITORS	PA CRITERIA
BYETTA	EXENATIDE	10MCG/0.04	PEN INJCTR			
BYETTA	EXENATIDE	5MCG/0.02	PEN INJCTR			
BYDUREON BCISE	EXENATIDE MICROSPHERES	2MG/0.85ML	AUTO INJCT	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
BYDUREON	EXENATIDE MICROSPHERES	2 MG	VIAL			
BYDUREON PEN	EXENATIDE MICROSPHERES	2MG/0.65ML	PEN INJCTR			
EZETIMIBE	EZETIMIBE	10 MG	TABLET			
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	3/7/2011	STATINS	PA CRITERIA
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	3/7/2011	STATINS	PA CRITERIA
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	3/7/2011	STATINS	PA CRITERIA
EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	3/7/2011	STATINS	PA CRITERIA
ALPHANINE SD	FACTOR IX	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
ALPHANINE SD	FACTOR IX	1500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ALPHANINE SD	FACTOR IX	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
PROFILNINE	FACTOR IX CPLX(PCC)NO4,3FACTOR	1000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
PROFILNINE	FACTOR IX CPLX(PCC)NO4,3FACTOR	1500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
PROFILNINE	FACTOR IX CPLX(PCC)NO4,3FACTOR	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
BEBULIN	FACTOR IX CPLX(PCC)NO6,3FACTOR	700 (+/-)	VIAL	1			1400.00	1000	42000	30	P
REBINYN	FACTOR IX HUMAN REC,PEGYLATED	1000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
REBINYN	FACTOR IX HUMAN REC,PEGYLATED	2000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
REBINYN	FACTOR IX HUMAN REC,PEGYLATED	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	1			1400.00	1000	42000	30	P
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	1			1400.00	1000	42000	30	P
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	2000 UNIT	VIAL	1			1400.00	1000	42000	30	P
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	250 UNIT	VIAL	1			1400.00	1000	42000	30	P
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	3000 UNIT	VIAL	1			1400.00	1000	42000	30	P
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	500 UNIT	VIAL	1			1400.00	1000	42000	30	P
BENEFIX	FACTOR IX HUMAN RECOMBINANT	1000 UNIT	VIAL	1			1400.00	1000	42000	30	P
BENEFIX	FACTOR IX HUMAN RECOMBINANT	2000 UNIT	VIAL	1			1400.00	1000	42000	30	P
BENEFIX	FACTOR IX HUMAN RECOMBINANT	250 UNIT	VIAL	1			1400.00	1000	42000	30	P
BENEFIX	FACTOR IX HUMAN RECOMBINANT	3000 UNIT	VIAL	1			1400.00	1000	42000	30	P
BENEFIX	FACTOR IX HUMAN RECOMBINANT	500 UNIT	VIAL	1			1400.00	1000	42000	30	P
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	1000 UNIT	VIAL	1			1400.00	1000	42000	30	P
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	2000 UNIT	VIAL	1			1400.00	2000	42000	30	P
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	250 UNIT	VIAL	1			1400.00	250	42000	30	P
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	3000 UNIT	VIAL	1			1400.00	3000	42000	30	P
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	4000 UNIT	VIAL	1			1400.00	4000	42000	30	P
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	500 UNIT	VIAL	1			1400.00	500	42000	30	P
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	1000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	2000 (+/-)	VIAL	1			1400.00	1000	42000	30	P
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	250 (+/-)	VIAL	1			1400.00	1000	42000	30	P
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	500 (+/-)	VIAL	1			1400.00	1000	42000	30	P
CORIFACT	FACTOR XIII	1000-1600	VIAL	1							P
TRETTEN	FACTOR XIII A-SUBUNIT,RECOMB	2500 UNIT	VIAL	1							P
FAMOTIDINE	FAMOTIDINE	20 MG	TABLET	100			2.00	1	68	34	
FAMOTIDINE	FAMOTIDINE	40 MG	TABLET	100			2.00	1	68	34	
ULORIC	FEBUXOSTAT	40 MG	TABLET	30			1.00	1	34	34	P
ULORIC	FEBUXOSTAT	80 MG	TABLET	30			1.00	1	34	34	P
FELBAMATE	FELBAMATE	400 MG	TABLET	100			4.00	1	136	34	
FELBAMATE	FELBAMATE	600 MG	TABLET	100			6.00	1	204	34	
FELODIPINE ER	FELODIPINE	10 MG	TAB ER 24H	100			2.00	1	68	34	
FELODIPINE ER	FELODIPINE	2.5 MG	TAB ER 24H	100			2.00	1	68	34	
FELODIPINE ER	FELODIPINE	5 MG	TAB ER 24H	100			2.00	1	68	34	
FENOFIBRATE	FENOFIBRATE	150 MG	CAPSULE	90			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE	160 MG	TABLET	500			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE	50 MG	CAPSULE	90			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE	54 MG	TABLET	90			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE NANOCRYSTALLIZED	145MG	TABLET	90			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET	90			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE,MICRONIZED	130 MG	CAPSULE	90			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE,MICRONIZED	134 MG	CAPSULE	100			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE,MICRONIZED	200 MG	CAPSULE	100			1.00	1	34	34	
ANTARA	FENOFIBRATE,MICRONIZED	30 MG	CAPSULE	30			2.00	1	68	34	
FENOFIBRATE	FENOFIBRATE,MICRONIZED	43 MG	CAPSULE	30			1.00	1	34	34	
FENOFIBRATE	FENOFIBRATE,MICRONIZED	67 MG	CAPSULE	100			1.00	1	34	34	
ANTARA	FENOFIBRATE,MICRONIZED	90 MG	CAPSULE	30			1.00	1	34	34	
FENOFIBRIC ACID	FENOFIBRIC ACID	105 MG	TABLET	90			1.00	1	34	34	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
ALPHANINE SD	FACTOR IX	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPHANINE SD	FACTOR IX	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
PROFILNINE	FACTOR IX CPLX(PCC)NO4,3FACTOR	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
PROFILNINE	FACTOR IX CPLX(PCC)NO4,3FACTOR	1500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
PROFILNINE	FACTOR IX CPLX(PCC)NO4,3FACTOR	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
BEBULIN	FACTOR IX CPLX(PCC)NO6,3FACTOR	700 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
REBINYN	FACTOR IX HUMAN REC,PEGYLATED	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
REBINYN	FACTOR IX HUMAN REC,PEGYLATED	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
REBINYN	FACTOR IX HUMAN REC,PEGYLATED	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	2000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	250 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	3000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IXINITY	FACTOR IX HUMAN RECOMB,THR 148	500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
BENEFIX	FACTOR IX HUMAN RECOMBINANT	1000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
BENEFIX	FACTOR IX HUMAN RECOMBINANT	2000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
BENEFIX	FACTOR IX HUMAN RECOMBINANT	250 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
BENEFIX	FACTOR IX HUMAN RECOMBINANT	3000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
BENEFIX	FACTOR IX HUMAN RECOMBINANT	500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	1000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	2000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	250 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	3000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	4000 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ALPROLIX	FACTOR IX REC, FC FUSION PROTN	500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	1000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	2000 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	250 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
IDELVION	FACTOR IX RECOM,ALBUMIN FUSION	500 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
CORIFACT	FACTOR XIII	1000-1600	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
TRETTEN	FACTOR XIII A-SUBUNIT,RECOMB	2500 UNIT	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
FAMOTIDINE	FAMOTIDINE	20 MG	TABLET			
FAMOTIDINE	FAMOTIDINE	40 MG	TABLET			
ULORIC	FEBUXOSTAT	40 MG	TABLET	9/14/2009	ANTIHYPERURICEMICS	PA CRITERIA
ULORIC	FEBUXOSTAT	80 MG	TABLET	9/14/2009	ANTIHYPERURICEMICS	PA CRITERIA
FELBAMATE	FELBAMATE	400 MG	TABLET			
FELBAMATE	FELBAMATE	600 MG	TABLET			
FELODIPINE ER	FELODIPINE	10 MG	TAB ER 24H			
FELODIPINE ER	FELODIPINE	2.5 MG	TAB ER 24H			
FELODIPINE ER	FELODIPINE	5 MG	TAB ER 24H			
FENOFIBRATE	FENOFIBRATE	150 MG	CAPSULE			
FENOFIBRATE	FENOFIBRATE	160 MG	TABLET			
FENOFIBRATE	FENOFIBRATE	50 MG	CAPSULE			
FENOFIBRATE	FENOFIBRATE	54 MG	TABLET			
FENOFIBRATE	FENOFIBRATE NANOCRYSTALLIZED	145MG	TABLET			
FENOFIBRATE	FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET			
FENOFIBRATE	FENOFIBRATE,MICRONIZED	130 MG	CAPSULE			
FENOFIBRATE	FENOFIBRATE,MICRONIZED	134 MG	CAPSULE			
FENOFIBRATE	FENOFIBRATE,MICRONIZED	200 MG	CAPSULE			
ANTARA	FENOFIBRATE,MICRONIZED	30 MG	CAPSULE			
FENOFIBRATE	FENOFIBRATE,MICRONIZED	43 MG	CAPSULE			
FENOFIBRATE	FENOFIBRATE,MICRONIZED	67 MG	CAPSULE			
ANTARA	FENOFIBRATE,MICRONIZED	90 MG	CAPSULE			
FENOFIBRIC ACID	FENOFIBRIC ACID	105 MG	TABLET			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.										
FENOFIBRIC ACID	FENOFIBRIC ACID	35 MG	TABLET	30			1.00	1	34	34
FENOFIBRIC ACID	FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR	90			1.00	1	34	34
FENOFIBRIC ACID	FENOFIBRIC ACID (CHOLINE)	45 MG	CAPSULE DR	90			1.00	1	34	34
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	200 MG	CAPSULE	100			3.00		102	34 P
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	400 MG	CAPSULE	90			4.00		136	34 P
DURAGESIC	FENTANYL	12 MCG/HR	PATCH TD72	5			0.33	1	10	30 P
FENTANYL	FENTANYL	37.5MCG/HR	PATCH TD72	5			0.33	1	10	30 P
FENTANYL	FENTANYL	62.5MCG/HR	PATCH TD72	5			0.33	1	10	30 P
FENTANYL	FENTANYL	87.5MCG/HR	PATCH TD72	5			0.33	1	10	30 P
SUBSYS	FENTANYL	100MCG/SPR	SPRAY	10			1.00	30	30	30 P
SUBSYS	FENTANYL	1200 MCG	SPRAY	30			1.00	30	30	30 P
SUBSYS	FENTANYL	1600 MCG	SPRAY	30			1.00	30	30	30 P
SUBSYS	FENTANYL	200 MCG	SPRAY	30			1.00	30	30	30 P
SUBSYS	FENTANYL	400MCG/SPR	SPRAY	30			1.00	30	30	30 P
SUBSYS	FENTANYL	600 MCG	SPRAY	30			1.00	30	30	30 P
SUBSYS	FENTANYL	800 MCG	SPRAY	30			1.00	30	30	30 P
DURAGESIC	FENTANYL	100 MCG/HR	PATCH TD72	5			0.33	1	10	30
DURAGESIC	FENTANYL	25 MCG/HR	PATCH TD72	5			0.33	1	10	30
DURAGESIC	FENTANYL	50MCG/HR	PATCH TD72	5			0.33	1	10	30
DURAGESIC	FENTANYL	75MCG/HR	PATCH TD72	5			0.33	1	10	30
ABSTRAL	FENTANYL CITRATE	100 MCG	TAB SUBL	32			8.00	1	32	4 P
FENTORA	FENTANYL CITRATE	100 MCG	TABLET EFF	28			1.00	1	30	30 P
LAZANDA	FENTANYL CITRATE	100MCG/SPR	SPRAY/PUMP	1			0.03	1	1	30 P
ABSTRAL	FENTANYL CITRATE	200 MCG	TAB SUBL	32			1.00	1	32	32 P
FENTORA	FENTANYL CITRATE	200 MCG	TABLET EFF	28			1.00	1	30	30 P
ABSTRAL	FENTANYL CITRATE	300 MCG	TAB SUBL	32			1.00	1	32	32 P
LAZANDA	FENTANYL CITRATE	300MCG/SPR	SPRAY/PUMP	1			0.03	1	1	30 P
ABSTRAL	FENTANYL CITRATE	400 MCG	TAB SUBL	32			1.00	1	32	32 P
FENTORA	FENTANYL CITRATE	400 MCG	TABLET EFF	28			1.00	1	30	30 P
LAZANDA	FENTANYL CITRATE	400MCG/SPR	SPRAY/PUMP	1			0.03	1	1	30 P
ABSTRAL	FENTANYL CITRATE	600 MCG	TAB SUBL	32			1.00	1	32	32 P
FENTORA	FENTANYL CITRATE	600 MCG	TABLET EFF	28			1.00	1	30	30 P
ABSTRAL	FENTANYL CITRATE	800 MCG	TAB SUBL	32			1.00	1	32	32 P
FENTORA	FENTANYL CITRATE	800 MCG	TABLET EFF	28			1.00	1	30	30 P
ACTIQ	FENTANYL CITRATE	1200 MCG	LOZENGE HD	1			1.00	1	30	30
ACTIQ	FENTANYL CITRATE	1600 MCG	LOZENGE HD	1			1.00	1	30	30
ACTIQ	FENTANYL CITRATE	200 MCG	LOZENGE HD	1			1.00	1	30	30
ACTIQ	FENTANYL CITRATE	400 MCG	LOZENGE HD	1			1.00	1	30	30
ACTIQ	FENTANYL CITRATE	600 MCG	LOZENGE HD	1			1.00	1	30	30
ACTIQ	FENTANYL CITRATE	800 MCG	LOZENGE HD	1			1.00	1	30	30
INJECTAFER	FERRIC CARBOXYMALTOS	750MG/15ML	VIAL	15			2.14	15	15	7
AURYXIA	FERRIC CITRATE	210MG IRON	TABLET	200			12.00	1	408	34 P
TRIFERIC	FERRIC PYROPHOSPHATE CITRATE	272 MG	POWD PACK	100			1.00	1	1	1
TOVIAZ	FESOTERODINE FUMARATE	4 MG	TAB ER 24H	30			1.00	1	34	34
TOVIAZ	FESOTERODINE FUMARATE	8 MG	TAB ER 24H	30			1.00	1	34	34
FIBRYGA	FIBRINOGEN	700-1300MG	VIAL	1			0.03	1	1	34 P
DIFICID	FIDAXOMICIN	200 MG	TABLET	20			2.00	1	20	10 P
NEUPOGEN	FILGRASTIM	480MCG/0.8	SYRINGE	0.8			0.80	0.8	27.2	34
ZARXIO	FILGRASTIM-SNDZ	300MCG/0.5	SYRINGE	0.5			0.50	0.5	17	34
ZARXIO	FILGRASTIM-SNDZ	480MCG/0.8	SYRINGE	0.8			0.80	0.8	27.2	34
FINASTERIDE	FINASTERIDE	5 MG	TABLET	500	40	999	1.50	1	51	34
GILENYA	FINGOLIMOD HCL	0.5 MG	CAPSULE	30			1.00	1	34	34
DIFLUCAN	FLUCONAZOLE	10 MG/ML	SUSP RECON	35			7.00	35	35	5
DIFLUCAN	FLUCONAZOLE	100 MG	TABLET	30			1.00	1	34	34
DIFLUCAN	FLUCONAZOLE	150 MG	TABLET	1			1.00	1	34	34

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
FENOFIBRIC ACID	FENOFIBRIC ACID	35 MG	TABLET			
FENOFIBRIC ACID	FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR			
FENOFIBRIC ACID	FENOFIBRIC ACID (CHOLINE)	45 MG	CAPSULE DR			
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	200 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	400 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
DURAGESIC	FENTANYL	12 MCG/HR	PATCH TD72	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
FENTANYL	FENTANYL	37.5MCG/HR	PATCH TD72	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
FENTANYL	FENTANYL	62.5MCG/HR	PATCH TD72	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
FENTANYL	FENTANYL	87.5MCG/HR	PATCH TD72	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
SUBSYS	FENTANYL	100MCG/SPR	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
SUBSYS	FENTANYL	1200 MCG	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
SUBSYS	FENTANYL	1600 MCG	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
SUBSYS	FENTANYL	200 MCG	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
SUBSYS	FENTANYL	400MCG/SPR	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
SUBSYS	FENTANYL	600 MCG	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
SUBSYS	FENTANYL	800 MCG	SPRAY	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
DURAGESIC	FENTANYL	100 MCG/HR	PATCH TD72			
DURAGESIC	FENTANYL	25 MCG/HR	PATCH TD72			
DURAGESIC	FENTANYL	50MCG/HR	PATCH TD72			
DURAGESIC	FENTANYL	75MCG/HR	PATCH TD72			
ABSTRAL	FENTANYL CITRATE	100 MCG	TAB SUBL	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
FENTORA	FENTANYL CITRATE	100 MCG	TABLET EFF	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
LAZANDA	FENTANYL CITRATE	100MCG/SPR	SPRAY/PUMP	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
ABSTRAL	FENTANYL CITRATE	200 MCG	TAB SUBL	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
FENTORA	FENTANYL CITRATE	200 MCG	TABLET EFF	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
ABSTRAL	FENTANYL CITRATE	300 MCG	TAB SUBL	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
LAZANDA	FENTANYL CITRATE	300MCG/SPR	SPRAY/PUMP	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
ABSTRAL	FENTANYL CITRATE	400 MCG	TAB SUBL	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
FENTORA	FENTANYL CITRATE	400 MCG	TABLET EFF	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
LAZANDA	FENTANYL CITRATE	400MCG/SPR	SPRAY/PUMP	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
ABSTRAL	FENTANYL CITRATE	600 MCG	TAB SUBL	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
FENTORA	FENTANYL CITRATE	600 MCG	TABLET EFF	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
ABSTRAL	FENTANYL CITRATE	800 MCG	TAB SUBL	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
FENTORA	FENTANYL CITRATE	800 MCG	TABLET EFF	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
ACTIQ	FENTANYL CITRATE	1200 MCG	LOZENGE HD			
ACTIQ	FENTANYL CITRATE	1600 MCG	LOZENGE HD			
ACTIQ	FENTANYL CITRATE	200 MCG	LOZENGE HD			
ACTIQ	FENTANYL CITRATE	400 MCG	LOZENGE HD			
ACTIQ	FENTANYL CITRATE	600 MCG	LOZENGE HD			
ACTIQ	FENTANYL CITRATE	800 MCG	LOZENGE HD			
INJECTAFER	FERRIC CARBOXYMALTOS	750MG/15ML	VIAL			
AURYXIA	FERRIC CITRATE	210MG IRON	TABLET	12/3/2014	PHOSPHATE BINDERS	PDL
TRIFERIC	FERRIC PYROPHOSPHATE CITRATE	272 MG	POWD PACK			
TOVIAZ	FESOTERODINE FUMARATE	4 MG	TAB ER 24H			
TOVIAZ	FESOTERODINE FUMARATE	8 MG	TAB ER 24H			
FIBRYGA	FIBRINOGEN	700-1300MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
DIFICID	FIDAXOMICIN	200 MG	TABLET	12/5/2011	DIFICID	PA CRITERIA
NEUPOGEN	FILGRASTIM	480MCG/0.8	SYRINGE			
ZARXIO	FILGRASTIM-SNDZ	300MCG/0.5	SYRINGE			
ZARXIO	FILGRASTIM-SNDZ	480MCG/0.8	SYRINGE			
FINASTERIDE	FINASTERIDE	5 MG	TABLET			
GILENYA	FINGOLIMOD HCL	0.5 MG	CAPSULE			
DIFLUCAN	FLUCONAZOLE	10 MG/ML	SUSP RECON			
DIFLUCAN	FLUCONAZOLE	100 MG	TABLET			
DIFLUCAN	FLUCONAZOLE	150 MG	TABLET			



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
DIFLUCAN	FLUCONAZOLE	200 MG	TABLET	30				4.00	1	136	34
DIFLUCAN	FLUCONAZOLE	50 MG	TABLET	30				1.00	1	34	34
ANCOBON	FLUCYTOSINE	250 MG	CAPSULE	100				20.00	1	280	14
ANCOBON	FLUCYTOSINE	500 MG	CAPSULE	100				20.00	1	280	14
FLUNISOLIDE	FLUNISOLIDE	25 MCG	SPRAY	25				0.83	25	25	30 P
AEROSPAN	FLUNISOLIDE	80 MCG	HFA AER AD	8.9				0.30	8.9	8.9	30 P
CAPEX SHAMPOO	FLUOCINOLONE ACETONIDE	0.01%	SHAMPOO	120				4.00	120	120	30
DERMA-SMOOTHIE-FS	FLUOCINOLONE ACETONIDE	0.01%	OIL	118.28				3.94	118.28	118.28	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.01%	CREAM (G)	15				0.50	15	15	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.01%	CREAM (G)	60				2.00	60	60	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.01%	SOLUTION	60				2.00	60	60	30
SYNALAR	FLUOCINOLONE ACETONIDE	0.01%	SOLUTION	90				3.00	90	90	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	CREAM (G)	15				0.50	15	15	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	CREAM (G)	60				2.00	60	60	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	OINT. (G)	15				0.50	15	15	30
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	OINT. (G)	60				2.00	60	60	30
SYNALAR	FLUOCINOLONE ACETONIDE	0.03%	CREAM (G)	120				4.00	120	120	30
SYNALAR	FLUOCINOLONE ACETONIDE	0.03%	OINT. (G)	120				4.00	120	120	30
DERMOTIC	FLUOCINOLONE ACETONIDE OIL	0.01%	DROPS	20				1.43	1	20	14
SYNALAR	FLUOCINOLONE/EMOL COMB NO.65	0.03%	CMB ONT CR	375				12.50	5	375	30
SYNALAR	FLUOCINOLONE/EMOL COMB NO.65	0.03%	CREAM (G)	375				12.50	5	375	30
FLUOCINONIDE	FLUOCINONIDE	0.10%	CREAM (G)	120	12	999		4.00	120	120	30 P
FLUOCINONIDE	FLUOCINONIDE	0.10%	CREAM (G)	30	12	999		1.00	30	30	30 P
FLUOCINONIDE	FLUOCINONIDE	0.10%	CREAM (G)	60	12	999		2.00	60	60	30 P
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)	15				0.50	15	15	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)	30				1.00	30	30	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)	60				2.00	60	60	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)	120				4.00	15	120	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	GEL (GRAM)	15				0.50	15	15	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	GEL (GRAM)	30				1.00	30	30	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	GEL (GRAM)	60				2.00	60	60	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	OINT. (G)	15				0.50	15	15	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	OINT. (G)	30				1.00	30	30	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	OINT. (G)	60				2.00	60	60	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	SOLUTION	60				2.00	60	60	30
FLUOCINONIDE	FLUOCINONIDE	0.05%	SOLUTION	20				0.67	20	20	30
FLUOCINONIDE-E	FLUOCINONIDE/EMOLLIENT BASE	0.05%	CREAM (G)	15				0.50	15	15	30
FLUOCINONIDE-E	FLUOCINONIDE/EMOLLIENT BASE	0.05%	CREAM (G)	30				1.00	30	30	30
FLUOCINONIDE-E	FLUOCINONIDE/EMOLLIENT BASE	0.05%	CREAM (G)	60				2.00	60	60	30
FLUOXETINE HCL	FLUOXETINE HCL	10 MG	CAPSULE	28				1.00	1	34	34
FLUOXETINE HCL	FLUOXETINE HCL	10 MG	TABLET	1000				1.50	1	51	34
FLUOXETINE HCL	FLUOXETINE HCL	20 MG	CAPSULE	28				8.00	1	272	34
FLUOXETINE HCL	FLUOXETINE HCL	20 MG	TABLET	100				8.00	1	272	34
FLUOXETINE HCL	FLUOXETINE HCL	40 MG	CAPSULE	100				0.50	1	17	34
FLUOXETINE HCL	FLUOXETINE HCL	60 MG	TABLET	30				0.03	1	1	30
FLUOXETINE DR	FLUOXETINE HCL	90 MG	CAPSULE DR	4				0.02	1	1	60
FLURANDRENOLIDE	FLURANDRENOLIDE	0.05%	CREAM (G)	120				4.00	120	120	30
FLURANDRENOLIDE	FLURANDRENOLIDE	0.05%	LOTION	120				4.00	120	120	30
FLURANDRENOLIDE	FLURANDRENOLIDE	0.05%	OINT. (G)	60				2.00	60	60	30
CORDRAN	FLURANDRENOLIDE	4MCG/SQ CM	MED. TAPE	1				0.03	1	1	34
FLURAZEPAM HCL	FLURAZEPAM HCL	15 MG	CAPSULE	100				1.00	1	28	28 P
FLURAZEPAM HCL	FLURAZEPAM HCL	30 MG	CAPSULE	100				1.00	1	28	28 P
ARNUIITY ELLIPTA	FLUTICASONE FUROATE	100 MCG	BLST W/DEV	30				1.00	30	30	30 P
ARNUIITY ELLIPTA	FLUTICASONE FUROATE	200 MCG	BLST W/DEV	30				1.00	30	30	30 P
XHANCE	FLUTICASONE PROPIONATE	93 MCG	AER BR.ACT	16				0.53	16	16	30 P

North Dakota Medicaid  
Drug Utilization Management List

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DIFLUCAN	FLUCONAZOLE	200 MG	TABLET			
DIFLUCAN	FLUCONAZOLE	50 MG	TABLET			
ANCOBON	FLUCYTOSINE	250 MG	CAPSULE			
ANCOBON	FLUCYTOSINE	500 MG	CAPSULE			
FLUNISOLIDE	FLUNISOLIDE	25 MCG	SPRAY	3/2/2016	NASAL STEROIDS	PA CRITERIA
AEROSPAN	FLUNISOLIDE	80 MCG	HFA AER AD	3/2/2016	STEROIDS - INHALED	PA CRITERIA
CAPEX SHAMPOO	FLUOCINOLONE ACETONIDE	0.01%	SHAMPOO			
DERMA-SMOOTH-FS	FLUOCINOLONE ACETONIDE	0.01%	OIL			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.01%	CREAM (G)			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.01%	CREAM (G)			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.01%	SOLUTION			
SYNALAR	FLUOCINOLONE ACETONIDE	0.01%	SOLUTION			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	CREAM (G)			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	CREAM (G)			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	OINT. (G)			
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE	0.03%	OINT. (G)			
SYNALAR	FLUOCINOLONE ACETONIDE	0.03%	CREAM (G)			
SYNALAR	FLUOCINOLONE ACETONIDE	0.03%	OINT. (G)			
DERMOTIC	FLUOCINOLONE ACETONIDE OIL	0.01%	DROPS			
SYNALAR	FLUOCINOLONE/EMOL COMB NO.65	0.03%	CMB OINT CR			
SYNALAR	FLUOCINOLONE/EMOL COMB NO.65	0.03%	CREAM (G)			
FLUOCINONIDE	FLUOCINONIDE	0.10%	CREAM (G)	6/4/2012	VANOS	PA CRITERIA
FLUOCINONIDE	FLUOCINONIDE	0.10%	CREAM (G)	6/4/2012	VANOS	PA CRITERIA
FLUOCINONIDE	FLUOCINONIDE	0.10%	CREAM (G)	6/4/2012	VANOS	PA CRITERIA
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	CREAM (G)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	GEL (GRAM)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	GEL (GRAM)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	GEL (GRAM)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	OINT. (G)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	OINT. (G)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	OINT. (G)			
FLUOCINONIDE	FLUOCINONIDE	0.05%	SOLUTION			
FLUOCINONIDE	FLUOCINONIDE	0.05%	SOLUTION			
FLUOCINONIDE-E	FLUOCINONIDE/EMOLLIENT BASE	0.05%	CREAM (G)			
FLUOCINONIDE-E	FLUOCINONIDE/EMOLLIENT BASE	0.05%	CREAM (G)			
FLUOCINONIDE-E	FLUOCINONIDE/EMOLLIENT BASE	0.05%	CREAM (G)			
FLUOXETINE HCL	FLUOXETINE HCL	10 MG	CAPSULE			
FLUOXETINE HCL	FLUOXETINE HCL	10 MG	TABLET			
FLUOXETINE HCL	FLUOXETINE HCL	20 MG	CAPSULE			
FLUOXETINE HCL	FLUOXETINE HCL	20 MG	TABLET			
FLUOXETINE HCL	FLUOXETINE HCL	40 MG	CAPSULE			
FLUOXETINE HCL	FLUOXETINE HCL	60 MG	TABLET			
FLUOXETINE DR	FLUOXETINE HCL	90 MG	CAPSULE DR			
FLURANDRENOLIDE	FLURANDRENOLIDE	0.05%	CREAM (G)			
FLURANDRENOLIDE	FLURANDRENOLIDE	0.05%	LOTION			
FLURANDRENOLIDE	FLURANDRENOLIDE	0.05%	OINT. (G)			
CORDRAN	FLURANDRENOLIDE	4MCG/SQ CM	MED. TAPE			
FLURAZEPAM HCL	FLURAZEPAM HCL	15 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
FLURAZEPAM HCL	FLURAZEPAM HCL	30 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ARNUITY ELLIPTA	FLUTICASONE FUROATE	100 MCG	BLST W/DEV	3/2/2016	NASAL STEROIDS	PA CRITERIA
ARNUITY ELLIPTA	FLUTICASONE FUROATE	200 MCG	BLST W/DEV	3/2/2016	STEROIDS - INHALED	PDL
XHANCE	FLUTICASONE PROPIONATE	93 MCG	AER BR.ACT	3/2/2016	NASAL STEROIDS	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

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FLOVENT DISKUS	FLUTICASON PROPIONATE	100 MCG	BLST W/DEV	60			4.00	60	120	30	P
ARMONAIR RESPICLICK	FLUTICASON PROPIONATE	113 MCG	AER POW BA	1			0.03	1	1	30	P
ARMONAIR RESPICLICK	FLUTICASON PROPIONATE	232 MCG	AER POW BA	1			0.03	1	1	30	P
FLOVENT DISKUS	FLUTICASON PROPIONATE	250 MCG	BLST W/DEV	60			4.00	60	120	30	P
FLOVENT DISKUS	FLUTICASON PROPIONATE	50 MCG	BLST W/DEV	60			4.00	60	120	30	P
ARMONAIR RESPICLICK	FLUTICASON PROPIONATE	55 MCG	AER POW BA	1			0.03	1	1	30	P
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.01%	OINT. (G)	15			0.50	15	15	30	
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.01%	OINT. (G)	30			1.00	30	30	30	
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.01%	OINT. (G)	60			2.00	60	60	30	
CUTIVATE	FLUTICASON PROPIONATE	0.05%	CREAM (G)	30			1.00	30	30	30	
CUTIVATE	FLUTICASON PROPIONATE	0.05%	CREAM (G)	60			2.00	60	60	30	
CUTIVATE	FLUTICASON PROPIONATE	0.05%	LOTION	120			4.00	120	120	30	
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.05%	CREAM (G)	15			0.50	15	15	30	
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.05%	LOTION	60			2.00	60	60	30	
FLOVENT HFA	FLUTICASON PROPIONATE	110 MCG	AER W/ADAP	12			0.40	12	12	30	
FLOVENT HFA	FLUTICASON PROPIONATE	220 MCG	AER W/ADAP	12			0.40	12	12	30	
FLOVENT HFA	FLUTICASON PROPIONATE	44 MCG	AER W/ADAP	10.6			0.62	10.6	21.2	34	
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	50 MCG	SPRAY SUSP	16			0.53	16	32	60	
AIRDUO RESPICLICK	FLUTICASON/SALMETEROL	113-14 MCG	AER POW BA	1			0.03	1	1	30	P
ADVAIR HFA	FLUTICASON/SALMETEROL	115-21MCG	HFA AER AD	12			0.40	12	12	30	P
ADVAIR HFA	FLUTICASON/SALMETEROL	230-21MCG	HFA AER AD	12			0.40	12	12	30	P
AIRDUO RESPICLICK	FLUTICASON/SALMETEROL	232-14 MCG	AER POW BA	1			0.03	1	1	30	P
ADVAIR HFA	FLUTICASON/SALMETEROL	45-21 MCG	HFA AER AD	12			0.40	12	12	30	P
AIRDUO RESPICLICK	FLUTICASON/SALMETEROL	55-14 MCG	AER POW BA	1			0.03	1	1	30	P
ADVAIR DISKUS	FLUTICASON/SALMETEROL	100-50 MCG	BLST W/DEV	60			2.00	60	60	30	
ADVAIR DISKUS	FLUTICASON/SALMETEROL	250-50 MCG	BLST W/DEV	60			2.00	60	60	30	
ADVAIR DISKUS	FLUTICASON/SALMETEROL	500-50 MCG	BLST W/DEV	60			2.00	60	60	30	
TICANASE	FLUTICASON/SOD CHL/SOD BICARB	50MCG-0.9%	KIT SPRSSP	1			0.14	1	4	28	P
TRELEGY ELLIPTA	FLUTICASON/UMECLIDIN/VILANTER	100-62.5	BLST W/DEV	60			2.00	60	60	30	P
BREO ELLIPTA	FLUTICASON/VILANTEROL	100-25MCG	BLST W/DEV	60	18	999	2.00	60	60	30	P
BREO ELLIPTA	FLUTICASON/VILANTEROL	200-25 MCG	BLST W/DEV	60			2.00	60	60	30	P
FLUVASTATIN SODIUM	FLUVASTATIN SODIUM	20 MG	CAPSULE	100			1.00	1	34	34	
FLUVASTATIN SODIUM	FLUVASTATIN SODIUM	40 MG	CAPSULE	100			2.00	1	68	34	
FLUVASTATIN ER	FLUVASTATIN SODIUM	80 MG	TAB ER 24H	100			2.00	1	68	34	
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	100 MG	TABLET	100			3.00	1	102	34	
FLUVOXAMINE MALEATE ER	FLUVOXAMINE MALEATE	100 MG	CAP ER 24H	30			1.00	1	34	34	
FLUVOXAMINE MALEATE ER	FLUVOXAMINE MALEATE	150 MG	CAP ER 24H	30			1.00	1	34	34	
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	25 MG	TABLET	100			2.00	1	68	34	
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	50 MG	TABLET	100			2.00	1	68	34	
FOLIC ACID	FOLIC ACID	1 MG	TABLET	100			5.00	1	170	34	
ARIXTRA	FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE	0.8			0.80	0.8	27.2	34	P
ARIXTRA	FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE	0.5			0.50	0.5	17	34	P
ARIXTRA	FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE	0.4			0.40	0.4	13.6	34	P
ARIXTRA	FONDAPARINUX SODIUM	7.5MG/0.6	SYRINGE	0.6			0.60	0.6	20.4	34	P
PERFORMIST	FORMOTEROL FUMARATE	20 MCG/2ML	VIAL-NEB	2	40	999	4.00	1	136	34	
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	10 MG	TABLET	1000			2.00	1	68	34	
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	20 MG	TABLET	1000			2.00	1	68	34	
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	40 MG	TABLET	1000			2.00	1	68	34	
FOSINOPRIL-HYDROCHLOROTHIAZIDE	FOSINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	100							P
FOSINOPRIL-HYDROCHLOROTHIAZIDE	FOSINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	100							P
FROVA	FROVARTRIPTAN SUCCINATE	2.5 MG	TABLET	9			0.60	1	18	30	P
GRALISE	GABAPENTIN	300 MG	TAB ER 24H	90			1.00	1	34	34	P
GRALISE	GABAPENTIN	300-600 MG	TAB ER 24H	78			2.29	1	78	34	P
GRALISE	GABAPENTIN	600 MG	TAB ER 24H	90			1.00	1	34	34	P
GABAPENTIN	GABAPENTIN	100 MG	CAPSULE	100			6.00	1	204	34	

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FLOVENT DISKUS	FLUTICASON PROPIONATE	100 MCG	BLST W/DEV	3/2/2016	STEROIDS - INHALED	PDL
ARMONAIR RESPICLICK	FLUTICASON PROPIONATE	113 MCG	AER POW BA	3/2/2016	STEROIDS - INHALED	PDL
ARMONAIR RESPICLICK	FLUTICASON PROPIONATE	232 MCG	AER POW BA	3/2/2016	STEROIDS - INHALED	PDL
FLOVENT DISKUS	FLUTICASON PROPIONATE	250 MCG	BLST W/DEV	3/2/2016	STEROIDS - INHALED	PDL
FLOVENT DISKUS	FLUTICASON PROPIONATE	50 MCG	BLST W/DEV	3/2/2016	STEROIDS - INHALED	PDL
ARMONAIR RESPICLICK	FLUTICASON PROPIONATE	55 MCG	AER POW BA	3/2/2016	STEROIDS - INHALED	PDL
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.01%	OINT. (G)			
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.01%	OINT. (G)			
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.01%	OINT. (G)			
CUTIVATE	FLUTICASON PROPIONATE	0.05%	CREAM (G)			
CUTIVATE	FLUTICASON PROPIONATE	0.05%	CREAM (G)			
CUTIVATE	FLUTICASON PROPIONATE	0.05%	LOTION			
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.05%	CREAM (G)			
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	0.05%	LOTION			
FLOVENT HFA	FLUTICASON PROPIONATE	110 MCG	AER W/ADAP			
FLOVENT HFA	FLUTICASON PROPIONATE	220 MCG	AER W/ADAP			
FLOVENT HFA	FLUTICASON PROPIONATE	44 MCG	AER W/ADAP			
FLUTICASON PROPIONATE	FLUTICASON PROPIONATE	50 MCG	SPRAY SUSP			
AIRDUO RESPICLICK	FLUTICASON/SALMETEROL	113-14 MCG	AER POW BA	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
ADVAIR HFA	FLUTICASON/SALMETEROL	115-21MCG	HFA AER AD	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
ADVAIR HFA	FLUTICASON/SALMETEROL	230-21MCG	HFA AER AD	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
AIRDUO RESPICLICK	FLUTICASON/SALMETEROL	232-14 MCG	AER POW BA	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
ADVAIR HFA	FLUTICASON/SALMETEROL	45-21 MCG	HFA AER AD	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
AIRDUO RESPICLICK	FLUTICASON/SALMETEROL	55-14 MCG	AER POW BA	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
ADVAIR DISKUS	FLUTICASON/SALMETEROL	100-50 MCG	BLST W/DEV			
ADVAIR DISKUS	FLUTICASON/SALMETEROL	250-50 MCG	BLST W/DEV			
ADVAIR DISKUS	FLUTICASON/SALMETEROL	500-50 MCG	BLST W/DEV			
TICANASE	FLUTICASON/SOD CHL/SOD BICARB	50MCG-0.9%	KIT SPRSSP	3/2/2016	NASAL STEROIDS	PA CRITERIA
TRELEGY ELLIPTA	FLUTICASON/UMECLIDIN/VILANTER	100-62.5	BLST W/DEV	12/3/2013	COPD	PDL
BREO ELLIPTA	FLUTICASON/VILANTEROL	100-25MCG	BLST W/DEV	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
BREO ELLIPTA	FLUTICASON/VILANTEROL	200-25 MCG	BLST W/DEV	12/2/2015	STEROID/LONG ACTING BETA AGONIST (LABA) COMBINATION INHALERS	PDL
FLUVASTATIN SODIUM	FLUVASTATIN SODIUM	20 MG	CAPSULE			
FLUVASTATIN SODIUM	FLUVASTATIN SODIUM	40 MG	CAPSULE			
FLUVASTATIN ER	FLUVASTATIN SODIUM	80 MG	TAB ER 24H			
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	100 MG	TABLET			
FLUVOXAMINE MALEATE ER	FLUVOXAMINE MALEATE	100 MG	CAP ER 24H			
FLUVOXAMINE MALEATE ER	FLUVOXAMINE MALEATE	150 MG	CAP ER 24H			
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	25 MG	TABLET			
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	50 MG	TABLET			
FOLIC ACID	FOLIC ACID	1 MG	TABLET			
ARIXTRA	FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
ARIXTRA	FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
ARIXTRA	FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
ARIXTRA	FONDAPARINUX SODIUM	7.5MG/0.6	SYRINGE	9/2/2015	ANTICOAGULANTS - INJECTABLE	PA CRITERIA
PERFORMIST	FORMOTEROL FUMARATE	20 MCG/2ML	VIAL-NEB			
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	10 MG	TABLET			
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	20 MG	TABLET			
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	40 MG	TABLET			
FOSINOPRIL-HYDROCHLOROTHIAZIDE	FOSINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
FOSINOPRIL-HYDROCHLOROTHIAZIDE	FOSINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
FROVA	FROVATRIPTAN SUCCINATE	2.5 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
GRALISE	GABAPENTIN	300 MG	TAB ER 24H	3/1/2013	GRALISE	PA CRITERIA
GRALISE	GABAPENTIN	300-600 MG	TAB ER 24H	3/1/2013	GRALISE	PA CRITERIA
GRALISE	GABAPENTIN	600 MG	TAB ER 24H	3/1/2013	GRALISE	PA CRITERIA
GABAPENTIN	GABAPENTIN	100 MG	CAPSULE			

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GABAPENTIN	GABAPENTIN	250 MG/5ML	SOLUTION	470			36.00	1	1224	34
GABAPENTIN	GABAPENTIN	250 MG/5ML	SOLUTION	5			36.00	5	1224	34
GABAPENTIN	GABAPENTIN	300 MG	CAPSULE	100			4.00	1	136	34
GABAPENTIN	GABAPENTIN	300 MG/6ML	SOLUTION	6			36.00	6	1224	34
GABAPENTIN	GABAPENTIN	400 MG	CAPSULE	100			4.00	1	136	34
GABAPENTIN	GABAPENTIN	600 MG	TABLET	100			3.00	1	102	34
GABAPENTIN	GABAPENTIN	800 MG	TABLET	100			2.00	1	68	34
HORIZANT	GABAPENTIN ENACARBIL	300 MG	TABLET ER	30			1.00	1	34	34 P
HORIZANT	GABAPENTIN ENACARBIL	600 MG	TABLET ER	30			1.00	1	34	34 P
GALANTAMINE HBR	GALANTAMINE HBR	12 MG	TABLET	60	30	999	2.00	1	68	34
GALANTAMINE HBR	GALANTAMINE HBR	4 MG	TABLET	60	30	999	2.00	1	68	34
GALANTAMINE HYDROBROMIDE	GALANTAMINE HBR	4 MG/ML	SOLUTION	100	30	999	6.00	10	180	30
GALANTAMINE HBR	GALANTAMINE HBR	8 MG	TABLET	60	30	999	2.00	1	68	34
ZIRGAN	GANCICLOVIR	0.15%	GEL (GRAM)	5			0.15	5	5	34
GATIFLOXACIN	GATIFLOXACIN	0.50%	DROPS	2.5			0.36	2.5	2.5	7 P
GENTAMICIN SULFATE	GENTAMICIN SULFATE	0.30%	DROPS	5			0.50	5	15	30
COPAXONE	GLATIRAMER ACETATE	20 MG/ML	SYRINGE	1			1.00	30	30	30
GLATOPA	GLATIRAMER ACETATE	20 MG/ML	SYRINGE	1			1.00	30	30	30 P
COPAXONE	GLATIRAMER ACETATE	40 MG/ML	SYRINGE	1			0.43	12	12	28 P
MAVYRET	GLECAPREVIR/PIBRENTASVIR	100MG-40MG	TABLET	84			3.00	28	84	28 P
AMARYL	GLIMEPIRIDE	1 MG	TABLET	100			1.50	1	51	34
AMARYL	GLIMEPIRIDE	2 MG	TABLET	100			1.50	1	51	34
AMARYL	GLIMEPIRIDE	4 MG	TABLET	100			2.00	1	68	34
GLIPIZIDE ER	GLIPIZIDE	5 MG	TAB ER 24	100			1.00	1	34	34
GLUCAGON EMERGENCY KIT	GLUCAGON,HUMAN RECOMBINANT	1 MG	KIT	1			0.17	1	5	30
NUTRESTORE	GLUTAMINE	5 G	POWD PACK	1			1.00	1	30	30
SEEBRI NEOHALER	GLYCOPYRROLATE	15.6 MCG	CAP W/DEV	60			1.00	30	60	60 P
CUVPOSA	GLYCOPYRROLATE	1 MG/5 ML	SOLUTION	473			15.77	10	473	30
BEVESPI AEROSPHERE	GLYCOPYRROLATE/FORMOTEROL FUM	9-4.8 MCG	HFA AER AD	10.7			0.36	10.7	10.7	30
SIMPONI	GOLIMUMAB	100 MG/ML	PEN INJCTR	1			0.04	1	1	28 P
SIMPONI	GOLIMUMAB	100 MG/ML	SYRINGE	1			0.04	1	1	28 P
SIMPONI ARIA	GOLIMUMAB	50 MG/4 ML	VIAL	4			0.03	1	1	34 P
SIMPONI	GOLIMUMAB	50MG/0.5ML	PEN INJCTR	0.5			0.02	0.5	0.5	28 P
SIMPONI	GOLIMUMAB	50MG/0.5ML	SYRINGE	0.5			0.02	0.5	0.5	28 P
ZOLADEX	GOSERELIN ACETATE	10.8 MG	IMPLANT	1			0.01	1	1	84
ZOLADEX	GOSERELIN ACETATE	3.6 MG	IMPLANT	1			0.04	1	1	28
ORALAIR	GR POL-ORC/SW VER/RYE/KENT/TIM	300 IR	TAB SUBL	30			1.00	1	34	34 P
SANCUSO	GRANISETRON	3.1MG/24HR	PATCH TDWK	1			0.04	1	1	28 P
SUSTOL	GRANISETRON	10MG/0.4ML	LIQ ER SYR	0.4			0.06	0.4	1.6	28 P
FLOWTUSS	GUAIFENESIN/HYDROCODONE	200-2.5/5	SOLUTION	473	18	999	20.00	5	240	12
GUANFACINE HCL ER	GUANFACINE HCL	1 MG	TAB ER 24H	100	6	17	1.00	1	34	34
GUANFACINE HCL ER	GUANFACINE HCL	2 MG	TAB ER 24H	100	6	17	1.00	1	34	34
GUANFACINE HCL ER	GUANFACINE HCL	3 MG	TAB ER 24H	100	6	17	1.00	1	34	34
GUANFACINE HCL ER	GUANFACINE HCL	4 MG	TAB ER 24H	100	6	17	1.00	1	34	34
TREMFYA	GUSELKUMAB	100 MG/ML	SYRINGE	1			0.02	1	1	56 P
HALOG	HALCINONIDE	0.10%	CREAM (G)	30			1.00	30	30	30
HALOG	HALCINONIDE	0.10%	CREAM (G)	60			2.00	60	60	30
HALOG	HALCINONIDE	0.10%	CREAM (G)	216			7.20	5	216	30
HALOG	HALCINONIDE	0.10%	OINT. (G)	30			1.00	30	30	30
HALOG	HALCINONIDE	0.10%	OINT. (G)	60			2.00	60	60	30
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	CREAM (G)	15			0.50	15	15	30
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	CREAM (G)	50			1.47	50	50	34
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	OINT. (G)	15			0.50	15	15	30
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	OINT. (G)	50			1.47	50	50	34
ULTRAVATE	HALOBETASOL PROPIONATE	0.05%	LOTION	60			2.00	60	60	30

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
GABAPENTIN	GABAPENTIN	250 MG/5ML	SOLUTION			
GABAPENTIN	GABAPENTIN	250 MG/5ML	SOLUTION			
GABAPENTIN	GABAPENTIN	300 MG	CAPSULE			
GABAPENTIN	GABAPENTIN	300 MG/6ML	SOLUTION			
GABAPENTIN	GABAPENTIN	400 MG	CAPSULE			
GABAPENTIN	GABAPENTIN	600 MG	TABLET			
GABAPENTIN	GABAPENTIN	800 MG	TABLET			
HORIZANT	GABAPENTIN ENACARBIL	300 MG	TABLET ER	9/12/2011	PREFERRED DOSAGE FORMS LIST - HORIZANT	PA CRITERIA
HORIZANT	GABAPENTIN ENACARBIL	600 MG	TABLET ER	9/13/2011	PREFERRED DOSAGE FORMS LIST - HORIZANT	PA CRITERIA
GALANTAMINE HBR	GALANTAMINE HBR	12 MG	TABLET			
GALANTAMINE HBR	GALANTAMINE HBR	4 MG	TABLET			
GALANTAMINE HYDROBROMIDE	GALANTAMINE HBR	4 MG/ML	SOLUTION			
GALANTAMINE HBR	GALANTAMINE HBR	8 MG	TABLET			
ZIRGAN	GANCICLOVIR	0.15%	GEL (GRAM)			
GATIFLOXACIN	GATIFLOXACIN	0.50%	DROPS	8/20/2007	KETEK	PA CRITERIA
GENTAMICIN SULFATE	GENTAMICIN SULFATE	0.30%	DROPS			
COPAXONE	GLATIRAMER ACETATE	20 MG/ML	SYRINGE			
GLATOPIA	GLATIRAMER ACETATE	20 MG/ML	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
COPAXONE	GLATIRAMER ACETATE	40 MG/ML	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
MAVYRET	GLECAPREVIR/PIBIRENTASVIR	100MG-40MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
AMARYL	GLIMEPIRIDE	1 MG	TABLET			
AMARYL	GLIMEPIRIDE	2 MG	TABLET			
AMARYL	GLIMEPIRIDE	4 MG	TABLET			
GLIPIZIDE ER	GLIPIZIDE	5 MG	TAB ER 24			
GLUCAGON EMERGENCY KIT	GLUCAGON,HUMAN RECOMBINANT	1 MG	KIT			
NUTRESTORE	GLUTAMINE	5 G	POWD PACK			
SEEBRI NEOHALER	GLYCOPYRROLATE	15.6 MCG	CAP W/DEV	12/3/2013	COPD	PDL
CUVPOSA	GLYCOPYRROLATE	1 MG/5 ML	SOLUTION			
BEVESPI AEROSPHERE	GLYCOPYRROLATE/FORMOTEROL FUM	9-4.8 MCG	HFA AER AD			
SIMPONI	GOLIMUMAB	100 MG/ML	PEN INJCTR	9/14/2009	CYTOKINE MODULATORS	PDL
SIMPONI	GOLIMUMAB	100 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
SIMPONI ARIA	GOLIMUMAB	50 MG/4 ML	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
SIMPONI	GOLIMUMAB	50MG/0.5ML	PEN INJCTR	9/14/2009	CYTOKINE MODULATORS	PDL
SIMPONI	GOLIMUMAB	50MG/0.5ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ZOLADEX	GOSERELIN ACETATE	10.8 MG	IMPLANT			
ZOLADEX	GOSERELIN ACETATE	3.6 MG	IMPLANT			
ORALAIR	GR POL-ORC/SW VER/RYE/KENT/TIM	300 IR	TAB SUBL	9/3/2014	ALLERGENIC EXTRACTS - ORAL	PA CRITERIA
SANCUSO	GRANISETRON	3.1MG/24HR	PATCH TDWK	12/7/2009	NAUSEA/VOMITING - CHEMO INDUCED	PA CRITERIA
SUSTOL	GRANISETRON	10MG/0.4ML	LIQ ER SYR	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
FLOWTUSS	GUAIFENESIN/HYDROCODONE	200-2.5/5	SOLUTION			
GUANFACINE HCL ER	GUANFACINE HCL	1 MG	TAB ER 24H			
GUANFACINE HCL ER	GUANFACINE HCL	2 MG	TAB ER 24H			
GUANFACINE HCL ER	GUANFACINE HCL	3 MG	TAB ER 24H			
GUANFACINE HCL ER	GUANFACINE HCL	4 MG	TAB ER 24H			
TREMFYA	GUSELKUMAB	100 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
HALOG	HALCINONIDE	0.10%	CREAM (G)			
HALOG	HALCINONIDE	0.10%	CREAM (G)			
HALOG	HALCINONIDE	0.10%	CREAM (G)			
HALOG	HALCINONIDE	0.10%	OINT. (G)			
HALOG	HALCINONIDE	0.10%	OINT. (G)			
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	CREAM (G)			
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	CREAM (G)			
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	OINT. (G)			
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE	0.05%	OINT. (G)			
ULTRAVATE	HALOBETASOL PROPIONATE	0.05%	LOTION			

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ULTRAVATE X	HALOBETASOL/LACTIC ACID	0.05%-10%	CMB ONT CR	275				8.09	275	275	34
ULTRAVATE X	HALOBETASOL/LACTIC ACID	0.05%-10%	COMBO. PKG	275				8.09	275	275	34
SUPPRELIN LA	HISTRELIN ACETATE	50 MG	KIT	1							
HYLENEX	HYALURONIDASE, HUMAN RECOMB.	150 UNIT/1	VIAL	1			0.03	1	1	30	
HYDROCODONE-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	5 MG-1.5MG	TABLET	100			6.00	1	204	34	
HYDROCODONE-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP	473			30.00	5	1020	34	
ZOHYDRO ER	HYDROCODONE BITARTRATE	10 MG	CAP ER 12H	60			2.00	1	60	30	P
HYSINGLA ER	HYDROCODONE BITARTRATE	100 MG	TAB ER 24H	60			1.00	1	34	34	P
HYSINGLA ER	HYDROCODONE BITARTRATE	120 MG	TAB ER 24H	60			1.00	1	34	34	P
ZOHYDRO ER	HYDROCODONE BITARTRATE	15 MG	CAP ER 12H	60			2.00	1	60	30	P
HYSINGLA ER	HYDROCODONE BITARTRATE	20 MG	TAB ER 24H	60			1.00	1	34	34	P
ZOHYDRO ER	HYDROCODONE BITARTRATE	20 MG	CAP ER 12H	60			2.00	1	60	30	P
HYSINGLA ER	HYDROCODONE BITARTRATE	30 MG	TAB ER 24H	60			1.00	1	34	34	P
ZOHYDRO ER	HYDROCODONE BITARTRATE	30 MG	CAP ER 12H	60			2.00	1	60	30	P
HYSINGLA ER	HYDROCODONE BITARTRATE	40 MG	TAB ER 24H	60			1.00	1	34	34	P
ZOHYDRO ER	HYDROCODONE BITARTRATE	40 MG	CAP ER 12H	60			2.00	1	60	30	P
ZOHYDRO ER	HYDROCODONE BITARTRATE	50 MG	CAP ER 12H	60			2.00	1	60	30	P
HYSINGLA ER	HYDROCODONE BITARTRATE	60 MG	TAB ER 24H	60			1.00	1	34	34	P
HYSINGLA ER	HYDROCODONE BITARTRATE	80 MG	TAB ER 24H	60			1.00	1	34	34	P
LORTAB	HYDROCODONE/ACETAMINOPHEN	10-300/15	SOLUTION	473			18.00	10	180	10	P
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	10MG-300MG	TABLET	100			1.00	1	34	34	P
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	2.5-325 MG	TABLET	100			1.00	1	34	34	P
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	100			1.00	1	34	34	P
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	100			1.00	1	34	34	P
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	7.5-325 MG	TABLET	100			1.00	1	34	34	P
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	10MG-325MG	TABLET	100			6.00	1	204	34	
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET	100			6.00	1	204	34	
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	118			90.00	1	2700	30	
HYDROCODONE-CHLORPHENIRAMINE ER	HYDROCODONE/CHLORPHEN P-STIREX	10-8MG/5ML	SUS ER 12H	115	18	999	10.00	10	300	30	
TUSSICAPS	HYDROCODONE/CHLORPHEN P-STIREX	10MG-8MG	CAP ER 12H	100	18	999	0.03	1	1	34	
TUSSICAPS	HYDROCODONE/CHLORPHEN P-STIREX	5MG-4MG	CAP ER 12H	100	18	999	0.03	1	1	34	
HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	10MG-200MG	TABLET	100			5.00	1	170	34	P
HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	5MG-200MG	TABLET	100			5.00	1	170	34	P
HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	7.5-200 MG	TABLET	100			5.00	1	170	34	
HYCOFENIX	HYDROCODONE/PSEUDOEPHED/GUAIF	2.5-30-200	SOLUTION	473	18	999	1.00	30	30	30	
ALA-CORT	HYDROCORTISONE	1.00%	CREAM (G)	28.4			0.95	28.4	28.4	30	
HYDROCORTISONE	HYDROCORTISONE	1.00%	CREAM (G)	453.6			15.12	5	453.6	30	
HYDROCORTISONE	HYDROCORTISONE	1.00%	CREAM (G)	28.35			0.95	28.35	28.35	30	
HYDROCORTISONE	HYDROCORTISONE	1.00%	OINT. (G)	453.6			15.12	5	453.6	30	
HYDROCORTISONE	HYDROCORTISONE	1.00%	OINT. (G)	28.35			0.95	28.35	28.35	30	
ALA-CORT	HYDROCORTISONE	2.50%	CREAM (G)	30			1.00	30	30	30	
ANUSOL-HC	HYDROCORTISONE	2.50%	CRM/PE APP	30			1.00	30	30	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)	453.6			15.12	5	453.6	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)	454			4.00	10	120	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)	20			0.67	20	20	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)	28			0.93	28	28	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)	28.35			0.95	28.35	28.35	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	LOTION	59			1.97	59	59	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	LOTION	118			3.93	118	118	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)	453.6			15.12	453.6	453.6	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)	28.35			0.95	28.35	28.35	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)	20			0.67	20	20	30	
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)	454			15.13	5	454	30	
TEXACORT	HYDROCORTISONE	2.50%	SOLUTION	30			1.00	30	30	30	
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	CREAM (G)	15			0.50	15	15	30	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
ULTRAVATE X	HALOBETASOL/LACTIC ACID	0.05%-10%	CMB ONT CR			
ULTRAVATE X	HALOBETASOL/LACTIC ACID	0.05%-10%	COMBO. PKG			
SUPPRELIN LA	HISTRELIN ACETATE	50 MG	KIT			
HYLENEX	HYALURONIDASE, HUMAN RECOMB.	150 UNIT/1	VIAL			
HYDROCODONE-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	5 MG-1.5MG	TABLET			
HYDROCODONE-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP			
ZOHYDRO ER	HYDROCODONE BITARTRATE	10 MG	CAP ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	100 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	120 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ZOHYDRO ER	HYDROCODONE BITARTRATE	15 MG	CAP ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	20 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ZOHYDRO ER	HYDROCODONE BITARTRATE	20 MG	CAP ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	30 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ZOHYDRO ER	HYDROCODONE BITARTRATE	30 MG	CAP ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	40 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ZOHYDRO ER	HYDROCODONE BITARTRATE	40 MG	CAP ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ZOHYDRO ER	HYDROCODONE BITARTRATE	50 MG	CAP ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	60 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
HYSINGLA ER	HYDROCODONE BITARTRATE	80 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
LORTAB	HYDROCODONE/ACETAMINOPHEN	10-300/15	SOLUTION	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	10MG-300MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	2.5-325 MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	7.5-325 MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	10MG-325MG	TABLET			
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET			
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION			
HYDROCODONE-CHLORPHENIRAMINE ER	HYDROCODONE/CHLORPHEN P-STIREX	10-8MG/5ML	SUS ER 12H			
TUSSICAPS	HYDROCODONE/CHLORPHEN P-STIREX	10MG-8MG	CAP ER 12H			
TUSSICAPS	HYDROCODONE/CHLORPHEN P-STIREX	5MG-4MG	CAP ER 12H			
HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	10MG-200MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	5MG-200MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	7.5-200 MG	TABLET			
HYCOFENIX	HYDROCODONE/PSEUDOEPHED/GUAIF	2.5-30-200	SOLUTION			
ALA-CORT	HYDROCORTISONE	1.00%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	1.00%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	1.00%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	1.00%	OINT. (G)			
HYDROCORTISONE	HYDROCORTISONE	1.00%	OINT. (G)			
ALA-CORT	HYDROCORTISONE	2.50%	CREAM (G)			
ANUSOL-HC	HYDROCORTISONE	2.50%	CRM/PE APP			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	CREAM (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	LOTION			
HYDROCORTISONE	HYDROCORTISONE	2.50%	LOTION			
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)			
HYDROCORTISONE	HYDROCORTISONE	2.50%	OINT. (G)			
TEXACORT	HYDROCORTISONE	2.50%	SOLUTION			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	CREAM (G)			



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HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	CREAM (G)	45			1.50	45	45	30
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	OINT. (G)	15			0.50	15	15	30
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	OINT. (G)	45			1.50	45	45	30
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	SOLUTION	60			2.00	60	60	30
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	SOLUTION	20			0.67	20	20	30
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE/EMOLL	0.10%	CREAM (G)	45			1.32	45	45	34
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE/EMOLL	0.10%	CREAM (G)	60			1.76	60	60	34
PANDEL	HYDROCORTISONE PROBUTATE	0.10%	CREAM (G)	80			2.67	80	80	30
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	CREAM (G)	15			0.50	15	15	30
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	CREAM (G)	45			1.50	45	45	30
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	CREAM (G)	60			2.00	60	60	30
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	OINT. (G)	15			0.50	15	15	30
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	OINT. (G)	45			1.50	45	45	30
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	OINT. (G)	60			2.00	60	60	30
AQUA GLYCOLIC HC	HYDROCORTISONE/SKIN CLEANSER25	2.00%	COMBO. PKG	296.2						P
EXALGO	HYDROMORPHONE HCL	12 MG	TAB ER 24H	100			1.00	1	34	34 P
EXALGO	HYDROMORPHONE HCL	16 MG	TAB ER 24H	100			1.00	1	34	34 P
EXALGO	HYDROMORPHONE HCL	32 MG	TAB ER 24H	100			1.00	1	34	34 P
EXALGO	HYDROMORPHONE HCL	8 MG	TAB ER 24H	100			1.00	1	34	34 P
DILAUDID	HYDROMORPHONE HCL	2 MG	TABLET	100			6.00	1	204	34
HYDROMORPHONE HCL	HYDROMORPHONE HCL	3 MG	SUPP.RECT	6			6.00	1	204	34
DILAUDID	HYDROMORPHONE HCL	4 MG	TABLET	100			6.00	1	204	34
DILAUDID	HYDROMORPHONE HCL	8 MG	TABLET	100			3.00	1	102	34
BONIVA	IBANDRONATE SODIUM	150 MG	TABLET	3			0.04	1	1	28
BONIVA	IBANDRONATE SODIUM	3 MG/3 ML	SYRINGE	3			0.03	1	3	90
CHILDREN'S ADVIL	IBUPROFEN	100 MG/5ML	ORAL SUSP	120			15.77	10	473	30
IBUPROFEN	IBUPROFEN	600 MG	TABLET	500			4.00	1	136	34
IBUPROFEN	IBUPROFEN	800 MG	TABLET	500			3.00	1	102	34
DUXIS	IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	90			3.00	1	102	34 P
OXYCODONE HCL-IBUPROFEN	IBUPROFEN/OXYCODONE HCL	400MG-5MG	TABLET	100			4.00	1	28	7
FIRAZYR	ICATIBANT ACETATE	30 MG/3 ML	SYRINGE	3			9.00	3	9	1 P
VASCEPA	ICOSAPENT ETHYL	0.5 GRAM	CAPSULE	240			1.00	1	34	34
VASCEPA	ICOSAPENT ETHYL	1 G	CAPSULE	120			4.00	1	136	34
ZYDELIG	IDELALISIB	100 MG	TABLET	60			2.00	1	68	34
ZYDELIG	IDELALISIB	150 MG	TABLET	60			2.00	1	68	34
ELAPRASE	IDURSULFASE	6 MG/3 ML	VIAL	3			0.03	1	1	34 P
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	10 G/100ML	VIAL	105						P
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	2.5G/25ML	VIAL	26.25						P
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	20 G/200ML	VIAL	210						P
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	30 G/300ML	VIAL	315						P
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	5 G/50 ML	VIAL	52.5						P
FANAPT	ILOPERIDONE	1 MG	TABLET	60			2.00	1	68	34
FANAPT	ILOPERIDONE	10 MG	TABLET	60			2.00	1	68	34
FANAPT	ILOPERIDONE	12 MG	TABLET	60			2.00	1	68	34
FANAPT	ILOPERIDONE	1-2-4-6MG	TAB DS PK	8			2.00	8	8	4
FANAPT	ILOPERIDONE	2 MG	TABLET	60			2.00	1	68	34
FANAPT	ILOPERIDONE	4 MG	TABLET	60			2.00	1	68	34
FANAPT	ILOPERIDONE	6 MG	TABLET	60			2.00	1	68	34
FANAPT	ILOPERIDONE	8 MG	TABLET	60			2.00	1	68	34
VENTAVIS	ILOPROST TROMETHAMINE	10 MCG/ML	AMPUL-NEB	1			6.00	1	204	34 P
VENTAVIS	ILOPROST TROMETHAMINE	20 MCG/ML	AMPUL-NEB	1						P
ZYCLARA	IMIQUIMOD	2.50%	CRM MD PMP	7.5			0.25	7.5	7.5	30 P
ZYCLARA	IMIQUIMOD	3.75%	CREAM PACK	28			0.41	14	14	34 P
ZYCLARA	IMIQUIMOD	3.75%	CRM MD PMP	7.5			0.22	7.5	7.5	34 P
ALDARA	IMIQUIMOD	5.00%	CREAM PACK	12			0.40	1	12	30

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HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	CREAM (G)			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	OINT. (G)			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	OINT. (G)			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	SOLUTION			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	0.10%	SOLUTION			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE/EMOLL	0.10%	CREAM (G)			
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE/EMOLL	0.10%	CREAM (G)			
PANDEL	HYDROCORTISONE PROBUTATE	0.10%	CREAM (G)			
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	CREAM (G)			
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	CREAM (G)			
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	CREAM (G)			
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	OINT. (G)			
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	OINT. (G)			
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	0.20%	OINT. (G)			
AQUA GLYCOLIC HC	HYDROCORTISONE/SKIN CLEANSER25	2.00%	COMBO. PKG	9/7/2016	PREFERRED DOSAGE FORMS - KITS	PA CRITERIA
EXALGO	HYDROMORPHONE HCL	12 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
EXALGO	HYDROMORPHONE HCL	16 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
EXALGO	HYDROMORPHONE HCL	32 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
EXALGO	HYDROMORPHONE HCL	8 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
DILAUDID	HYDROMORPHONE HCL	2 MG	TABLET			
HYDROMORPHONE HCL	HYDROMORPHONE HCL	3 MG	SUPP.RECT			
DILAUDID	HYDROMORPHONE HCL	4 MG	TABLET			
DILAUDID	HYDROMORPHONE HCL	8 MG	TABLET			
BONIVA	IBANDRONATE SODIUM	150 MG	TABLET			
BONIVA	IBANDRONATE SODIUM	3 MG/3 ML	SYRINGE			
CHILDREN'S ADVIL	IBUPROFEN	100 MG/5ML	ORAL SUSP			
IBUPROFEN	IBUPROFEN	600 MG	TABLET			
IBUPROFEN	IBUPROFEN	800 MG	TABLET			
DUEXIS	IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA
OXYCODONE HCL-IBUPROFEN	IBUPROFEN/OXYCODONE HCL	400MG-5MG	TABLET			
FIRAZYR	ICATIBANT ACETATE	30 MG/3 ML	SYRINGE	12/5/2011	HEREDITARY ANGIOEDEMA	PA CRITERIA
VASCEPA	ICOSAPENT ETHYL	0.5 GRAM	CAPSULE			
VASCEPA	ICOSAPENT ETHYL	1 G	CAPSULE			
ZYDELIG	IDELALISIB	100 MG	TABLET			
ZYDELIG	IDELALISIB	150 MG	TABLET			
ELAPRASE	IDURSULFASE	6 MG/3 ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	10 G/100ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	2.5G/25ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	20 G/200ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	30 G/300ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HYQVIA	IGG/HYALURONIDASE,RECOMBINANT	5 G/50 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
FANAPT	ILOPERIDONE	1 MG	TABLET			
FANAPT	ILOPERIDONE	10 MG	TABLET			
FANAPT	ILOPERIDONE	12 MG	TABLET			
FANAPT	ILOPERIDONE	1-2-4-6MG	TAB DS PK			
FANAPT	ILOPERIDONE	2 MG	TABLET			
FANAPT	ILOPERIDONE	4 MG	TABLET			
FANAPT	ILOPERIDONE	6 MG	TABLET			
FANAPT	ILOPERIDONE	8 MG	TABLET			
VENTAVIS	ILOPROST TROMETHAMINE	10 MCG/ML	AMPUL-NEB	3/5/2012	PULMONARY HYPERTENSION	PDL
VENTAVIS	ILOPROST TROMETHAMINE	20 MCG/ML	AMPUL-NEB	3/5/2012	PULMONARY HYPERTENSION	PDL
ZYCLARA	IMIQUIMOD	2.50%	CRM MD PMP	12/6/2010	ACTINIC KERATOSIS	PA CRITERIA
ZYCLARA	IMIQUIMOD	3.75%	CREAM PACK	12/6/2010	ACTINIC KERATOSIS	PA CRITERIA
ZYCLARA	IMIQUIMOD	3.75%	CRM MD PMP	12/6/2010	ACTINIC KERATOSIS	PA CRITERIA
ALDARA	IMIQUIMOD	5.00%	CREAM PACK			

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CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	1 G/5 ML	VIAL	5							P
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	2 G/10 ML	VIAL	10							P
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	4 G/20 ML	VIAL	20							P
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	8 G/40 ML	VIAL	40							P
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	1 G/5 ML	VIAL	5							P
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	10 G/50 ML	VIAL	50							P
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	2 G/10 ML	VIAL	10							P
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	4 G/20 ML	VIAL	20							P
GAMMAGARD S-D	IMMUN GLOB G/GLY/GLUC/IGA 0-50	10 G	VIAL	1							P
GAMMAGARD S-D	IMMUN GLOB G/GLY/GLUC/IGA 0-50	5 G	VIAL	1							P
XEOMIN	INCIBOTULINUMTOXINA	100 UNIT	VIAL	1			0.01	1	1	84	
XEOMIN	INCIBOTULINUMTOXINA	200 UNIT	VIAL	1			0.01	1	1	84	
XEOMIN	INCIBOTULINUMTOXINA	50 UNIT	VIAL	1			0.01	1	1	84	
ARCAPTA NEOHALER	INDACATEROL MALEATE	75 MCG	CAP W/DEV	30	40	999	1.00	30	30	30	P
UTIBRON NEOHALER	INDACATEROL/GLYCOPYRROLATE	27.5-15.6	CAP W/DEV	60			2.00	60	60	30	P
INDOCIN	INDOMETHACIN	25 MG/5 ML	ORAL SUSP	237							P
TIVORBEX	INDOMETHACIN, SUBMICRONIZED	20 MG	CAPSULE	90			3.00	1	102	34	P
TIVORBEX	INDOMETHACIN, SUBMICRONIZED	40 MG	CAPSULE	90			3.00	1	102	34	P
REMICADE	INFLIXIMAB	100 MG	VIAL	1			0.18	1	5	28	P
RENFLEXIS	INFLIXIMAB-ABDA	100 MG	VIAL	1			0.18	1	5	28	P
INFLECTRA	INFLIXIMAB-DYYB	100 MG	VIAL	1			0.18	1	5	28	P
PICATO	INGENOL MEBUTATE	0.02%	GEL (EA)	3			0.09	3	3	34	P
PICATO	INGENOL MEBUTATE	0.05%	GEL (EA)	2			0.06	2	2	34	P
HUMAPEN LUXURA HD	INSULIN ADMIN. SUPPLIES		INSULN PEN	1			0.00	1	1	250	
NOVOLOG	INSULIN ASPART	100/ML	CARTRIDGE	3			2.00	2	300	150	
NOVOLOG	INSULIN ASPART	100/ML	VIAL	10			2.00	2	300	150	
NOVOLOG FLEXPEN	INSULIN ASPART	100/ML	INSULN PEN	3			3.00	2	450	150	
FIASP	INSULIN ASPART (NIACINAMIDE)	100/ML	VIAL	10			1.00	1	150	150	P
FIASP FLEXTOUCH	INSULIN ASPART (NIACINAMIDE)	100/ML (3)	INSULN PEN	3			1.00	1	150	150	P
NOVOLOG MIX 70-30	INSULIN ASPART PROT/INSULN ASP	70-30/ML	VIAL	10			2.00	2	300	150	
NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	70-30/ML	INSULN PEN	3			2.00	2	300	150	
TRESIBA FLEXTOUCH U-100	INSULIN DEGLUDEC	100/ML (3)	INSULN PEN	3							P
TRESIBA FLEXTOUCH U-200	INSULIN DEGLUDEC	200/ML (3)	INSULN PEN	3							P
XULTOPHY 100-3.6	INSULIN DEGLUDEC/LIRAGLUTIDE	100-3.6/ML	INSULN PEN	3			0.50	3	75	150	P
LEVEMIR	INSULIN DETEMIR	100/ML	VIAL	10			2.00	10	300	150	
LEVEMIR FLEXTOUCH	INSULIN DETEMIR	100/ML (3)	INSULN PEN	3			2.00	3	300	150	
BASAGLAR KWIKPEN U-100	INSULIN GLARGINE,HUM.REC.ANLOG	100/ML (3)	INSULN PEN	3			2.00	2	300	150	P
TOUJEO SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	300/ML	INSULN PEN	1.5			1.00	1.5	150	150	P
LANTUS	INSULIN GLARGINE,HUM.REC.ANLOG	100/ML	VIAL	10			2.00	2	300	150	
SOLIQUA 100-33	INSULIN GLARGINE/LIXISENATIDE	100-33/ML	INSULN PEN	3			0.60	3	18	30	P
APIDRA	INSULIN GLULISINE	100/ML	VIAL	10			2.00	10	300	150	
ADMELOG SOLOSTAR	INSULIN LISPRO	100/ML	INSULN PEN	3			3.00	2	450	150	P
HUMALOG	INSULIN LISPRO	100/ML	CARTRIDGE	3			2.00	2	300	150	P
HUMALOG JUNIOR KWIKPEN	INSULIN LISPRO	100/ML	INS PEN HF	3			1.00	1	150	150	P
HUMALOG KWIKPEN U-200	INSULIN LISPRO	200/ML (3)	INSULN PEN	3			3.00	3	450	150	P
ADMELOG	INSULIN LISPRO	100/ML	VIAL	10			0.33	2	150	450	
HUMALOG MIX 50-50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	50-50/ML	INSULN PEN	3			3.00	2	450	150	P
HUMALOG MIX 75-25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	75-25/ML	INSULN PEN	3			2.00	2	300	150	P
HUMALOG MIX 75-25	INSULIN LISPRO PROTAMIN/LISPRO	75-25/ML	VIAL	10			2.00	2	300	150	
HUMULIN 70/30 KWIKPEN	INSULIN NPH HUM/REG INSULIN HM	70-30/ML	INSULN PEN	3			2.00	2	300	150	P
NOVOLIN 70-30	INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL	10			2.00	2	300	150	P
HUMULIN 70-30	INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL	10			2.00	2	300	150	
NOVOLIN N	INSULIN NPH HUMAN ISOPHANE	100/ML	VIAL	10			2.00	2	300	150	P
HUMULIN N KWIKPEN	INSULIN NPH HUMAN ISOPHANE	100/ML (3)	INSULN PEN	3			2.00	2	300	150	P
HUMULIN N	INSULIN NPH HUMAN ISOPHANE	100/ML	VIAL	10			2.00	2	300	150	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	1 G/5 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	2 G/10 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	4 G/20 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
CUVITRU	IMMUN GLOB G(IGG)/GLY/IGA OV50	8 G/40 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	1 G/5 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	10 G/50 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	2 G/10 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
HIZENTRA	IMMUN GLOB G(IGG)/PRO/IGA 0-50	4 G/20 ML	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
GAMMAGARD S-D	IMMUN GLOB G/GLY/GLUC/IGA 0-50	10 G	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
GAMMAGARD S-D	IMMUN GLOB G/GLY/GLUC/IGA 0-50	5 G	VIAL	9/7/2016	IMMUNE GLOBULINS	PA CRITERIA
XEOMIN	INCOBOTULINUMTOXINA	100 UNIT	VIAL			
XEOMIN	INCOBOTULINUMTOXINA	200 UNIT	VIAL			
XEOMIN	INCOBOTULINUMTOXINA	50 UNIT	VIAL			
ARCAPTA NEOHALER	INDACATEROL MALEATE	75 MCG	CAP W/DEV	12/3/2013	COPD	PDL
UTIBRON NEOHALER	INDACATEROL/GLYCOPYRROLATE	27.5-15.6	CAP W/DEV	12/3/2013	COPD	PDL
INDOCIN	INDOMETHACIN	25 MG/5 ML	ORAL SUSP	12/13/2004	NSAIDS	PA CRITERIA
TIVORBEX	INDOMETHACIN, SUBMICRONIZED	20 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
TIVORBEX	INDOMETHACIN, SUBMICRONIZED	40 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
REMICADE	INFLIXIMAB	100 MG	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
RENFLEXIS	INFLIXIMAB-ABDA	100 MG	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
INFLECTRA	INFLIXIMAB-DYYB	100 MG	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
PICATO	INGENOL MEBUTATE	0.02%	GEL (EA)	12/3/2012	ACTINIC KERATOSIS	PA CRITERIA
PICATO	INGENOL MEBUTATE	0.05%	GEL (EA)	12/3/2012	ACTINIC KERATOSIS	PA CRITERIA
HUMAPEN LUXURA HD	INSULIN ADMIN. SUPPLIES		INSULN PEN			
NOVOLOG	INSULIN ASPART	100/ML	CARTRIDGE			
NOVOLOG	INSULIN ASPART	100/ML	VIAL			
NOVOLOG FLEXPEN	INSULIN ASPART	100/ML	INSULN PEN			
FIASP	INSULIN ASPART (NIACINAMIDE)	100/ML	VIAL	3/2/2016	INSULIN	PDL
FIASP FLEXTOUCH	INSULIN ASPART (NIACINAMIDE)	100/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
NOVOLOG MIX 70-30	INSULIN ASPART PROT/INSULN ASP	70-30/ML	VIAL			
NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	70-30/ML	INSULN PEN			
TRESIBA FLEXTOUCH U-100	INSULIN DEGLUDEC	100/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
TRESIBA FLEXTOUCH U-200	INSULIN DEGLUDEC	200/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
XULTOPHY 100-3.6	INSULIN DEGLUDEC/LIRAGLUTIDE	100-3.6/ML	INSULN PEN	3/2/2016	INSULIN	PDL
LEVEMIR	INSULIN DETEMIR	100/ML	VIAL			
LEVEMIR FLEXTOUCH	INSULIN DETEMIR	100/ML (3)	INSULN PEN			
BASAGLAR KWIKPEN U-100	INSULIN GLARGINE,HUM.REC.ANLOG	100/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
TOUJEO SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	300/ML	INSULN PEN	3/2/2016	INSULIN	PDL
LANTUS	INSULIN GLARGINE,HUM.REC.ANLOG	100/ML	VIAL			
SOLIQUA 100-33	INSULIN GLARGINE/LIXISENATIDE	100-33/ML	INSULN PEN	3/2/2016	INSULIN	PDL
APIDRA	INSULIN GLULISINE	100/ML	VIAL			
ADMELOG SOLOSTAR	INSULIN LISPRO	100/ML	INSULN PEN	3/2/2016	INSULIN	PDL
HUMALOG	INSULIN LISPRO	100/ML	CARTRIDGE	3/2/2016	INSULIN	PDL
HUMALOG JUNIOR KWIKPEN	INSULIN LISPRO	100/ML	INS PEN HF	3/2/2016	INSULIN	PDL
HUMALOG KWIKPEN U-200	INSULIN LISPRO	200/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
ADMELOG	INSULIN LISPRO	100/ML	VIAL			
HUMALOG MIX 50-50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	50-50/ML	INSULN PEN	3/2/2016	INSULIN	PDL
HUMALOG MIX 75-25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	75-25/ML	INSULN PEN	3/2/2016	INSULIN	PDL
HUMALOG MIX 75-25	INSULIN LISPRO PROTAMIN/LISPRO	75-25/ML	VIAL			
HUMULIN 70/30 KWIKPEN	INSULIN NPH HUM/REG INSULIN HM	70-30/ML	INSULN PEN	3/2/2016	INSULIN	PDL
NOVOLIN 70-30	INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL	3/2/2016	INSULIN	PDL
HUMULIN 70-30	INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL			
NOVOLIN N	INSULIN NPH HUMAN ISOPHANE	100/ML	VIAL	3/2/2016	INSULIN	PDL
HUMULIN N KWIKPEN	INSULIN NPH HUMAN ISOPHANE	100/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
HUMULIN N	INSULIN NPH HUMAN ISOPHANE	100/ML	VIAL			

North Dakota Medicaid  
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NOVOLIN R	INSULIN REGULAR, HUMAN	100/ML	VIAL	10				3.00	2	450	150	P
AFREZZA	INSULIN REGULAR, HUMAN	12 UNIT	CART INHAL	90				3.00	90	90	30	P
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT	CART INHAL	90				3.00	90	90	30	P
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT(30)	CART INHAL	90				3.00	90	90	30	P
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT(60)	CART INHAL	90				3.00	90	90	30	P
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT(90)	CART INHAL	180				3.00	180	180	60	P
AFREZZA	INSULIN REGULAR, HUMAN	4-8-12(60)	CART INHAL	180				3.00	180	180	60	P
HUMULIN R U-500 KWIKPEN	INSULIN REGULAR, HUMAN	500/ML (3)	INSULN PEN	3				1.00	1	150	150	P
AFREZZA	INSULIN REGULAR, HUMAN	8 UNIT	CART INHAL	90				3.00	90	90	30	P
AFREZZA	INSULIN REGULAR, HUMAN	8 UNIT(60)	CART INHAL	90				3.00	90	90	30	P
HUMULIN R	INSULIN REGULAR, HUMAN	100/ML	VIAL	10				3.00	2	450	150	
HUMULIN R U-500	INSULIN REGULAR, HUMAN	500/ML	VIAL	20				1.00	1	150	150	
AVONEX	INTERFERON BETA-1A	30MCG/ 5ML	SYRINGEKIT	1				0.14	1	4	28	
AVONEX PEN	INTERFERON BETA-1A	30MCG/.5ML	PEN U KIT	1				0.14	1	4	28	
AVONEX	INTERFERON BETA-1A/ALBUMIN	30 MCG	KIT	4				0.14	1	4	28	
REBIF	INTERFERON BETA-1A/ALBUMIN	22MCG/5ML	SYRINGE	0.5				0.21	1	6	28	P
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN	22MCG/5ML	PEN INJCTR	0.5				0.21	0.5	6	28	P
REBIF	INTERFERON BETA-1A/ALBUMIN	44MCG/5ML	SYRINGE	0.5				0.21	1	6	28	P
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN	44MCG/5ML	PEN INJCTR	0.5				0.21	0.5	6	28	P
REBIF	INTERFERON BETA-1A/ALBUMIN	8.8-22(6)	SYRINGE	4.2				0.15	4.2	4.2	28	P
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN	8.8-22(6)	PEN INJCTR	4.2				0.15	4.2	4.2	28	P
BETASERON	INTERFERON BETA-1B	0.3 MG	KIT	1				0.50	1	15	30	P
EXTAVIA	INTERFERON BETA-1B	0.3 MG	VIAL	1				0.50	15	15	30	P
ACTIMMUNE	INTERFERON GAMMA-1B,RECOMB.	100MCG/0.5	VIAL	0.5				0.67	0.5	20	30	
ATROVENT HFA	IPRATROPIUM BROMIDE	17MCG	HFA AER AD	12.9				0.76	12.9	25.8	34	
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	21 MCG	SPRAY	30				1.00	30	30	30	
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	42 MCG	SPRAY	15				0.50	15	15	30	
COMBIVENT RESPIMAT	IPRATROPIUM/ALBUTEROL SULFATE	20-100 MCG	MIST INHAL	4	40	999		0.13	4	4	30	P
IPRATROPIUM-ALBUTEROL	IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB	3				18.00	3	540	30	
AVAPRO	IRBESARTAN	150 MG	TABLET	30				1.00	1	34	34	
AVAPRO	IRBESARTAN	300 MG	TABLET	30				1.00	1	34	34	
AVAPRO	IRBESARTAN	75 MG	TABLET	90				1.50	1	51	34	
AVALIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	30				1.00	1	34	34	
AVALIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	30				1.00	1	34	34	
CRESEMBA	ISAVUCONAZONIUM SULFATE	186 MG	CAPSULE	14				2.00	1	68	34	
MARPLAN	ISOCARBOXAZID	10 MG	TABLET	100				6.00	1	204	34	
ISORDIL	ISOSORBIDE DINITRATE	40 MG	TABLET	100				2.00	1	68	34	
ISOSORBIDE MONONITRATE ER	ISOSORBIDE MONONITRATE	120 MG	TAB ER 24H	100				3.00	1	102	34	
ISOSORBIDE MONONITRATE ER	ISOSORBIDE MONONITRATE	30 MG	TAB ER 24H	100				1.50	1	51	34	
ISOSORBIDE MONONITRATE ER	ISOSORBIDE MONONITRATE	60 MG	TAB ER 24H	100				1.50	1	51	34	
ABSORICA	ISOTRETINOIN	10 MG	CAPSULE	30	12	35		5.00	1	150	30	
ABSORICA	ISOTRETINOIN	20 MG	CAPSULE	30	12	35		5.00	1	150	30	
ABSORICA	ISOTRETINOIN	25 MG	CAPSULE	30	12	35		5.00	1	150	30	
ABSORICA	ISOTRETINOIN	30 MG	CAPSULE	30	12	35		5.00	1	150	30	
ABSORICA	ISOTRETINOIN	35 MG	CAPSULE	30	12	35		5.00	1	150	30	
ABSORICA	ISOTRETINOIN	40 MG	CAPSULE	30	12	35		5.00	1	150	30	
ONMEL	ITRACONAZOLE	200 MG	TABLET	14				1.00	1	34	34	P
ITRACONAZOLE	ITRACONAZOLE	100 MG	CAPSULE	30				4.00	1	136	34	
CORLANOR	IVABRADINE HCL	5 MG	TABLET	60				2.00	1	68	34	
CORLANOR	IVABRADINE HCL	7.5 MG	TABLET	60				2.00	1	68	34	
KALYDECO	IVACAFTOR	150 MG	TABLET	56				2.00	60	60	30	P
KALYDECO	IVACAFTOR	50 MG	GRAN PACK	56				2.00	1	68	34	P
KALYDECO	IVACAFTOR	75 MG	GRAN PACK	56				2.00	1	68	34	P
TALTZ AUTOINJECTOR	IXEKIZUMAB	80 MG/ML	AUTO INJCT	1				0.04	1	1	28	P
TALTZ AUTOINJECTOR (2 PACK)	IXEKIZUMAB	80 MG/ML	AUTO INJCT	1				0.07	2	2	28	P

North Dakota Medicaid  
Drug Utilization Management List

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NOVOLIN R	INSULIN REGULAR, HUMAN	100/ML	VIAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	12 UNIT	CART INHAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT	CART INHAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT(30)	CART INHAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT(60)	CART INHAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	4 UNIT(90)	CART INHAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	4-8-12(60)	CART INHAL	3/2/2016	INSULIN	PDL
HUMULIN R U-500 KWIKPEN	INSULIN REGULAR, HUMAN	500/ML (3)	INSULN PEN	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	8 UNIT	CART INHAL	3/2/2016	INSULIN	PDL
AFREZZA	INSULIN REGULAR, HUMAN	8 UNIT(60)	CART INHAL	3/2/2016	INSULIN	PDL
HUMULIN R	INSULIN REGULAR, HUMAN	100/ML	VIAL			
HUMULIN R U-500	INSULIN REGULAR, HUMAN	500/ML	VIAL			
AVONEX	INTERFERON BETA-1A	30MCG/ .5ML	SYRINGEKIT			
AVONEX PEN	INTERFERON BETA-1A	30MCG/.5ML	PEN U KIT			
AVONEX	INTERFERON BETA-1A/ALBUMIN	30 MCG	KIT			
REBIF	INTERFERON BETA-1A/ALBUMIN	22MCG/5ML	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN	22MCG/5ML	PEN INJCTR	3/11/2013	MULTIPLE SCLEROSIS	PDL
REBIF	INTERFERON BETA-1A/ALBUMIN	44MCG/5ML	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN	44MCG/5ML	PEN INJCTR	3/11/2013	MULTIPLE SCLEROSIS	PDL
REBIF	INTERFERON BETA-1A/ALBUMIN	8.8-22(6)	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN	8.8-22(6)	PEN INJCTR	3/11/2013	MULTIPLE SCLEROSIS	PDL
BETASERON	INTERFERON BETA-1B	0.3 MG	KIT	3/11/2013	MULTIPLE SCLEROSIS	PDL
EXTAVIA	INTERFERON BETA-1B	0.3 MG	VIAL	3/11/2013	MULTIPLE SCLEROSIS	PDL
ACTIMMUNE	INTERFERON GAMMA-1B,RECOMB.	100MCG/0.5	VIAL			
ATROVENT HFA	IPRATROPIUM BROMIDE	17MCG	HFA AER AD			
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	21 MCG	SPRAY			
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	42 MCG	SPRAY			
COMBIVENT RESPIMAT	IPRATROPIUM/ALBUTEROL SULFATE	20-100 MCG	MIST INHAL	12/3/2013	COPD	PDL
IPRATROPIUM-ALBUTEROL	IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB			
AVAPRO	IRBESARTAN	150 MG	TABLET			
AVAPRO	IRBESARTAN	300 MG	TABLET			
AVAPRO	IRBESARTAN	75 MG	TABLET			
AVALIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET			
AVALIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET			
CRESEMBA	ISAVUCONAZONIUM SULFATE	186 MG	CAPSULE			
MARPLAN	ISOCARBOXAZID	10 MG	TABLET			
ISORDIL	ISOSORBIDE DINITRATE	40 MG	TABLET			
ISOSORBIDE MONONITRATE ER	ISOSORBIDE MONONITRATE	120 MG	TAB ER 24H			
ISOSORBIDE MONONITRATE ER	ISOSORBIDE MONONITRATE	30 MG	TAB ER 24H			
ISOSORBIDE MONONITRATE ER	ISOSORBIDE MONONITRATE	60 MG	TAB ER 24H			
ABSORICA	ISOTRETINOIN	10 MG	CAPSULE			
ABSORICA	ISOTRETINOIN	20 MG	CAPSULE			
ABSORICA	ISOTRETINOIN	25 MG	CAPSULE			
ABSORICA	ISOTRETINOIN	30 MG	CAPSULE			
ABSORICA	ISOTRETINOIN	35 MG	CAPSULE			
ABSORICA	ISOTRETINOIN	40 MG	CAPSULE			
ONMEL	ITRACONAZOLE	200 MG	TABLET	9/9/2013	ONMEL	PA CRITERIA
ITRACONAZOLE	ITRACONAZOLE	100 MG	CAPSULE			
CORLANOR	IVABRADINE HCL	5 MG	TABLET			
CORLANOR	IVABRADINE HCL	7.5 MG	TABLET			
KALYDECO	IVACAFTOR	150 MG	TABLET	9/17/2012	KALYDECO	PA CRITERIA
KALYDECO	IVACAFTOR	50 MG	GRAN PACK	9/17/2012	KALYDECO	PA CRITERIA
KALYDECO	IVACAFTOR	75 MG	GRAN PACK	9/17/2012	KALYDECO	PA CRITERIA
TALTZ AUTOINJECTOR	IXEKIZUMAB	80 MG/ML	AUTO INJCT	9/14/2009	CYTOKINE MODULATORS	PDL
TALTZ AUTOINJECTOR (2 PACK)	IXEKIZUMAB	80 MG/ML	AUTO INJCT	9/14/2009	CYTOKINE MODULATORS	PDL

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TALTZ AUTOINJECTOR (3 PACK)	IXEKIZUMAB	80 MG/ML	AUTO INJECT	1			0.11	3	3	28	P
TALTZ SYRINGE	IXEKIZUMAB	80 MG/ML	SYRINGE	1			0.04	1	1	28	P
EXTINA	KETOCONAZOLE	2.00%	FOAM	100			3.33	100	100	30	P
KETOCONAZOLE	KETOCONAZOLE	2.00%	SHAMPOO	120			4.00	120	120	30	
KETOPROFEN	KETOPROFEN	200 MG	CAP24H PEL	100			1.00	1	34	34	P
SPRIX	KETOROLAC TROMETHAMINE	15.75 MG	SPRAY	5			0.18	5	5	28	P
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	10 MG	TABLET	100			4.00	1	20	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	15 MG/ML	CARTRIDGE	1			8.00	1	40	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	15 MG/ML	SYRINGE	1			8.00	1	40	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	15 MG/ML	VIAL	1			8.00	1	40	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30 MG/ML	CARTRIDGE	1			4.00	1	20	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30 MG/ML	SYRINGE	1			4.00	1	20	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30 MG/ML	VIAL	10			4.00	1	20	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL	1			4.00	1	20	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	60 MG/2 ML	SYRINGE	2			4.00	1	20	5	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	60 MG/2 ML	VIAL	2			4.00	1	20	5	
ACUVAIL	KETOROLAC TROMETHAMINE/PF	0.45%	DROPERETTE	30			1.00	30	30	30	
LABETALOL HCL	LABETALOL HCL	100 MG	TABLET	100			4.00	1	136	34	
LABETALOL HCL	LABETALOL HCL	200 MG	TABLET	100			4.00	1	136	34	
LABETALOL HCL	LABETALOL HCL	300 MG	TABLET	100			4.00	1	136	34	
VIMPAT	LACOSAMIDE	100 MG	TABLET	60			2.00	1	68	34	
VIMPAT	LACOSAMIDE	150 MG	TABLET	60			2.00	1	68	34	
VIMPAT	LACOSAMIDE	200 MG	TABLET	60			2.00	1	68	34	
VIMPAT	LACOSAMIDE	50 MG	TABLET	60			2.00	1	68	34	
LAMICTAL ODT	LAMOTRIGINE	100 MG	TAB RAPDIS	30			1.12	1	38	34	
LAMICTAL XR	LAMOTRIGINE	100 MG	TAB ER 24	30			1.00	1	34	34	
LAMICTAL ODT	LAMOTRIGINE	200 MG	TAB RAPDIS	30			2.00	1	68	34	
LAMICTAL XR	LAMOTRIGINE	200 MG	TAB ER 24	30			2.00	1	68	34	
LAMICTAL ODT	LAMOTRIGINE	25 MG	TAB RAPDIS	30			2.00	1	68	34	
LAMICTAL XR	LAMOTRIGINE	25 MG	TAB ER 24	30			1.00	1	34	34	
LAMICTAL ODT (BLUE)	LAMOTRIGINE	25(21)-50	TB RD DSPK	28			1.00	28	28	28	
LAMICTAL XR (BLUE)	LAMOTRIGINE	25(21)-50	TB ER DSPK	28			1.00	28	28	28	
LAMICTAL XR	LAMOTRIGINE	250 MG	TAB ER 24	30			2.00	1	68	34	
LAMICTAL ODT (ORANGE)	LAMOTRIGINE	25-50-100	TB RD DSPK	35			1.25	35	35	28	
LAMICTAL XR (ORANGE)	LAMOTRIGINE	25-50-100	TB ER DSPK	35			1.00	35	35	35	
LAMICTAL XR	LAMOTRIGINE	300 MG	TAB ER 24	30			2.00	1	68	34	
LAMICTAL ODT	LAMOTRIGINE	50 MG	TAB RAPDIS	30			2.00	1	68	34	
LAMICTAL XR	LAMOTRIGINE	50 MG	TAB ER 24	30			1.00	1	34	34	
LAMICTAL ODT (GREEN)	LAMOTRIGINE	50(42)-100	TB RD DSPK	56			2.00	56	56	28	
LAMICTAL XR (GREEN)	LAMOTRIGINE	50-100-200	TB ER DSPK	35			1.00	35	35	35	
ACTI-LANCE	LANCETS	17 GAUGE	EACH	200						150	
ASSURE HAEMOLANCE PLUS	LANCETS	18 GAUGE	EACH	100						150	
ASSURE HAEMOLANCE PLUS	LANCETS	21 GAUGE	EACH	100						150	
ACCU-CHEK SAFE-T-PRO	LANCETS	23 GAUGE	EACH	200						150	
ASSURE HAEMOLANCE PLUS	LANCETS	25 GAUGE	EACH	100						150	
ADVOCATE LANCET	LANCETS	26 GAUGE	EACH	100						150	
1ST TIER UNILET COMFORTOUCH	LANCETS	28 GAUGE	EACH	100						150	
1ST TIER UNILET COMFORTOUCH	LANCETS	30 GAUGE	EACH	100						150	
PRO COMFORT LANCET	LANCETS	31 GAUGE	EACH	100						150	
EASY TOUCH	LANCETS	32 GAUGE	EACH	100						150	
BD ULTRA-FINE	LANCETS	33 GAUGE	EACH	100						150	
ACCU-CHEK	LANCETS		EACH	102						150	
SOMATULINE DEPOT	LANREOTIDE ACETATE	120MG/0.5	SYRINGE	0.5			0.02	0.5	0.5	30	
SOMATULINE DEPOT	LANREOTIDE ACETATE	60MG/0.2ML	SYRINGE	0.2			0.01	0.2	0.2	30	
SOMATULINE DEPOT	LANREOTIDE ACETATE	90MG/0.3ML	SYRINGE	0.3			0.01	0.3	0.3	30	

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
TALTZ AUTOINJECTOR (3 PACK)	IXEKIZUMAB	80 MG/ML	AUTO INJECT	9/14/2009	CYTOKINE MODULATORS	PDL
TALTZ SYRINGE	IXEKIZUMAB	80 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
EXTINA	KETOCONAZOLE	2.00%	FOAM	6/6/2011	KETOCONAZOLE FOAM	PA CRITERIA
KETOCONAZOLE	KETOCONAZOLE	2.00%	SHAMPOO			
KETOPROFEN	KETOPROFEN	200 MG	CAP24H PEL	12/13/2004	NSAIDS	PA CRITERIA
SPRIX	KETOROLAC TROMETHAMINE	15.75 MG	SPRAY	12/13/2004	NSAIDS	PA CRITERIA
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	10 MG	TABLET			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	15 MG/ML	CARTRIDGE			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	15 MG/ML	SYRINGE			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	15 MG/ML	VIAL			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30 MG/ML	CARTRIDGE			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30 MG/ML	SYRINGE			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30 MG/ML	VIAL			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	60 MG/2 ML	SYRINGE			
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	60 MG/2 ML	VIAL			
ACUVAIL	KETOROLAC TROMETHAMINE/PF	0.45%	DROPERETTE			
LABETALOL HCL	LABETALOL HCL	100 MG	TABLET			
LABETALOL HCL	LABETALOL HCL	200 MG	TABLET			
LABETALOL HCL	LABETALOL HCL	300 MG	TABLET			
VIMPAT	LACOSAMIDE	100 MG	TABLET			
VIMPAT	LACOSAMIDE	150 MG	TABLET			
VIMPAT	LACOSAMIDE	200 MG	TABLET			
VIMPAT	LACOSAMIDE	50 MG	TABLET			
LAMICTAL ODT	LAMOTRIGINE	100 MG	TAB RAPDIS			
LAMICTAL XR	LAMOTRIGINE	100 MG	TAB ER 24			
LAMICTAL ODT	LAMOTRIGINE	200 MG	TAB RAPDIS			
LAMICTAL XR	LAMOTRIGINE	200 MG	TAB ER 24			
LAMICTAL ODT	LAMOTRIGINE	25 MG	TAB RAPDIS			
LAMICTAL XR	LAMOTRIGINE	25 MG	TAB ER 24			
LAMICTAL ODT (BLUE)	LAMOTRIGINE	25(21)-50	TB RD DSPK			
LAMICTAL XR (BLUE)	LAMOTRIGINE	25(21)-50	TB ER DSPK			
LAMICTAL XR	LAMOTRIGINE	250 MG	TAB ER 24			
LAMICTAL ODT (ORANGE)	LAMOTRIGINE	25-50-100	TB RD DSPK			
LAMICTAL XR (ORANGE)	LAMOTRIGINE	25-50-100	TB ER DSPK			
LAMICTAL XR	LAMOTRIGINE	300 MG	TAB ER 24			
LAMICTAL ODT	LAMOTRIGINE	50 MG	TAB RAPDIS			
LAMICTAL XR	LAMOTRIGINE	50 MG	TAB ER 24			
LAMICTAL ODT (GREEN)	LAMOTRIGINE	50(42)-100	TB RD DSPK			
LAMICTAL XR (GREEN)	LAMOTRIGINE	50-100-200	TB ER DSPK			
ACTI-LANCE	LANCETS	17 GAUGE	EACH			
ASSURE HAEMOLANCE PLUS	LANCETS	18 GAUGE	EACH			
ASSURE HAEMOLANCE PLUS	LANCETS	21 GAUGE	EACH			
ACCU-CHEK SAFE-T-PRO	LANCETS	23 GAUGE	EACH			
ASSURE HAEMOLANCE PLUS	LANCETS	25 GAUGE	EACH			
ADVOCATE LANCET	LANCETS	26 GAUGE	EACH			
1ST TIER UNILET COMFORTOUCH	LANCETS	28 GAUGE	EACH			
1ST TIER UNILET COMFORTOUCH	LANCETS	30 GAUGE	EACH			
PRO COMFORT LANCET	LANCETS	31 GAUGE	EACH			
EASY TOUCH	LANCETS	32 GAUGE	EACH			
BD ULTRA-FINE	LANCETS	33 GAUGE	EACH			
ACCU-CHEK	LANCETS		EACH			
SOMATULINE DEPOT	LANREOTIDE ACETATE	120MG/0.5	SYRINGE			
SOMATULINE DEPOT	LANREOTIDE ACETATE	60MG/0.2ML	SYRINGE			
SOMATULINE DEPOT	LANREOTIDE ACETATE	90MG/0.3ML	SYRINGE			



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
PREVACID	LANSOPRAZOLE	15 MG	TAB RAP DR	100	13	999	1.00	1	34	34	P	
PREVACID	LANSOPRAZOLE	30 MG	TAB RAP DR	100	13	999	1.00	1	34	34	P	
LANSOPRAZOLE	LANSOPRAZOLE	15 MG	CAPSULE DR	30	13	999	1.00	1	34	34		
LANSOPRAZOLE	LANSOPRAZOLE	30 MG	CAPSULE DR	30	13	999	2.00	1	68	34		
LANSOPRAZOL-AMOXICIL-CLARITHRO	LANSOPRAZOLE/AMOXICILN/CLARITH	30-500-500	COMBO. PKG	8			8.00	112	112	14		
FOSRENOL	LANTHANUM CARBONATE	1000 MG	POWD PACK	90							P	
FOSRENOL	LANTHANUM CARBONATE	1000 MG	TAB CHEW	90							P	
FOSRENOL	LANTHANUM CARBONATE	750 MG	POWD PACK	90							P	
ALDURAZYME	LARONIDASE	2.9 MG/5ML	VIAL	5			7.00	5	210	30		
LATANOPROST	LATANOPROST	0.01%	DROPS	2.5			0.09	2.5	2.5	28		
VYZULTA	LATANOPROSTENE BUNOD	0.02%	DROPS	5			0.17	5	5	30		
HARVONI	LEDIPASVIR/SOFOSBUVIR	90MG-400MG	TABLET	28			1.00	28	28	28	P	
ARAVA	LEFLUNOMIDE	10 MG	TABLET	30			1.00	1	34	34		
ARAVA	LEFLUNOMIDE	20 MG	TABLET	30			1.00	1	34	34		
REVLIMID	LENALIDOMIDE	10 MG	CAPSULE	100			1.00	1	34	34		
REVLIMID	LENALIDOMIDE	15 MG	CAPSULE	100			1.00	1	34	34		
REVLIMID	LENALIDOMIDE	2.5 MG	CAPSULE	100			1.00	1	34	34		
REVLIMID	LENALIDOMIDE	25 MG	CAPSULE	100			1.00	1	34	34		
REVLIMID	LENALIDOMIDE	5 MG	CAPSULE	100			1.00	1	34	34		
ZURAMPIC	LESINURAD	200 MG	TABLET	30			1.00	1	34	34	P	
DUZALLO	LESINURAD/ALLOPURINOL	200-200 MG	TABLET	30			1.00	1	34	34	P	
DUZALLO	LESINURAD/ALLOPURINOL	200-300 MG	TABLET	30			1.00	1	34	34	P	
PREVMIS	LETERMOVIR	240 MG	TABLET	28			0.03	1	1	34	P	
PREVMIS	LETERMOVIR	240MG/12ML	VIAL	12			0.03	1	1	34	P	
PREVMIS	LETERMOVIR	480 MG	TABLET	28			0.03	1	1	34	P	
PREVMIS	LETERMOVIR	480MG/24ML	VIAL	24			0.03	1	1	34	P	
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE	1 MG/0.2ML	KIT	1	22	999						
LUPRON DEPOT	LEUPROLIDE ACETATE	11.25 MG	SYRINGEKIT	1	22	999	0.01	1	1	84		
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	11.25 MG	KIT	1								
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	15 MG	KIT	1								
LUPRON DEPOT	LEUPROLIDE ACETATE	22.5 MG	SYRINGEKIT	1	22	999						
LUPRON DEPOT	LEUPROLIDE ACETATE	3.75 MG	SYRINGEKIT	1	22	999	0.03	1	1	30		
LUPRON DEPOT	LEUPROLIDE ACETATE	30 MG	SYRINGEKIT	1	22	999						
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	7.5 MG	KIT	1								
LEVALBUTEROL HCL	LEVALBUTEROL HCL	0.31MG/3ML	VIAL-NEB	3			12.00	3	408	34		
LEVALBUTEROL HCL	LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB	3			12.00	3	408	34		
LEVALBUTEROL CONCENTRATE	LEVALBUTEROL HCL	1.25MG/0.5	VIAL-NEB	1			3.00	0.5	102	34		
LEVALBUTEROL HCL	LEVALBUTEROL HCL	1.25MG/3ML	VIAL-NEB	3			12.00	3	408	34		
LEVALBUTEROL TARTRATE HFA	LEVALBUTEROL TARTRATE	45 MCG	HFA AER AD	15			0.50	15	30	60	P	
KEPPRA	LEVETIRACETAM	1000 MG	TABLET	60			3.00	1	102	34		
KEPPRA XR	LEVETIRACETAM	500 MG	TAB ER 24H	60			2.00	1	68	34		
KEPPRA	LEVETIRACETAM	750 MG	TABLET	120			2.00	1	68	34		
KEPPRA XR	LEVETIRACETAM	750 MG	TAB ER 24H	60			4.00	1	136	34		
LEVOCETIRIZINE DIHYDROCHLORIDE	LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	148			10.00	10	300	30	P	
LEVOCETIRIZINE DIHYDROCHLORIDE	LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	90			1.00	1	34	34		
LEVOFLOXACIN	LEVOFLOXACIN	0.50%	DROPS	5			0.50	5	5	10	P	
LEVAQUIN	LEVOFLOXACIN	250 MG	TABLET	50			1.00	1	34	34		
LEVOFLOXACIN	LEVOFLOXACIN	250MG/10ML	SOLUTION	100			30.00	10	1020	34		
LEVAQUIN	LEVOFLOXACIN	500 MG	TABLET	50			1.50	1	51	34		
LEVAQUIN	LEVOFLOXACIN	750 MG	TABLET	20			1.00	1	34	34		
LEVOFLOXACIN-DSW	LEVOFLOXACIN IN DEXTROSE 5 %	250MG/50ML	PIGGYBACK	50			50.00	50	1500	30		
LEVOFLOXACIN-DSW	LEVOFLOXACIN IN DEXTROSE 5 %	500MG/0.1L	PIGGYBACK	100			100.00	100	3000	30		
LEVOFLOXACIN-DSW	LEVOFLOXACIN IN DEXTROSE 5 %	750MG/.15L	PIGGYBACK	150			150.00	150	4500	30		
FETZIMA	LEVOMILNACIPRAN HCL	120 MG	CAP SA 24H	30			1.00	1	34	34		
FETZIMA	LEVOMILNACIPRAN HCL	20 MG	CAP SA 24H	30			1.00	1	34	34		

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Drug Utilization Management List

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PREVACID	LANSOPRAZOLE	15 MG	TAB RAP DR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
PREVACID	LANSOPRAZOLE	30 MG	TAB RAP DR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
LANSOPRAZOLE	LANSOPRAZOLE	15 MG	CAPSULE DR			
LANSOPRAZOLE	LANSOPRAZOLE	30 MG	CAPSULE DR			
LANSOPRAZOL-AMOXICIL-CLARITHRO	LANSOPRAZOLE/AMOXICILN/CLARITH	30-500-500	COMBO. PKG			
FOSRENOL	LANTHANUM CARBONATE	1000 MG	POWD PACK	12/3/2014	PHOSPHATE BINDERS	PDL
FOSRENOL	LANTHANUM CARBONATE	1000 MG	TAB CHEW	12/3/2014	PHOSPHATE BINDERS	PDL
FOSRENOL	LANTHANUM CARBONATE	750 MG	POWD PACK	12/3/2014	PHOSPHATE BINDERS	PDL
ALDURAZYME	LARONIDASE	2.9 MG/5ML	VIAL			
LATANOPROST	LATANOPROST	0.01%	DROPS			
VYZULTA	LATANOPROSTENE BUNOD	0.02%	DROPS			
HARVONI	LEDIPASVIR/SOFOSBUVIR	90MG-400MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
ARAVA	LEFLUNOMIDE	10 MG	TABLET			
ARAVA	LEFLUNOMIDE	20 MG	TABLET			
REVLIMID	LENALIDOMIDE	10 MG	CAPSULE			
REVLIMID	LENALIDOMIDE	15 MG	CAPSULE			
REVLIMID	LENALIDOMIDE	2.5 MG	CAPSULE			
REVLIMID	LENALIDOMIDE	25 MG	CAPSULE			
REVLIMID	LENALIDOMIDE	5 MG	CAPSULE			
ZURAMPIC	LESINURAD	200 MG	TABLET	6/1/2016	ANTIHYPERICEMICS	PA CRITERIA
DUZALLO	LESINURAD/ALLOPURINOL	200-200 MG	TABLET	9/7/2016	ANTIHYPERICEMICS	PA CRITERIA
DUZALLO	LESINURAD/ALLOPURINOL	200-300 MG	TABLET	9/7/2016	ANTIHYPERICEMICS	PA CRITERIA
PREVMIS	LETERMOVIR	240 MG	TABLET	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PREVMIS	LETERMOVIR	240MG/12ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PREVMIS	LETERMOVIR	480 MG	TABLET	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PREVMIS	LETERMOVIR	480MG/24ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE	1 MG/0.2ML	KIT			
LUPRON DEPOT	LEUPROLIDE ACETATE	11.25 MG	SYRINGEKIT			
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	11.25 MG	KIT			
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	15 MG	KIT			
LUPRON DEPOT	LEUPROLIDE ACETATE	22.5 MG	SYRINGEKIT			
LUPRON DEPOT	LEUPROLIDE ACETATE	3.75 MG	SYRINGEKIT			
LUPRON DEPOT	LEUPROLIDE ACETATE	30 MG	SYRINGEKIT			
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	7.5 MG	KIT			
LEVALBUTEROL HCL	LEVALBUTEROL HCL	0.31MG/3ML	VIAL-NEB			
LEVALBUTEROL HCL	LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB			
LEVALBUTEROL CONCENTRATE	LEVALBUTEROL HCL	1.25MG/0.5	VIAL-NEB			
LEVALBUTEROL HCL	LEVALBUTEROL HCL	1.25MG/3ML	VIAL-NEB			
LEVALBUTEROL TARTRATE HFA	LEVALBUTEROL TARTRATE	45 MCG	HFA AER AD	8/20/2007	ALBUTEROL/LEVALBUTEROL RESCUE INHALERS	PA CRITERIA
KEPPRA	LEVETIRACETAM	1000 MG	TABLET			
KEPPRA XR	LEVETIRACETAM	500 MG	TAB ER 24H			
KEPPRA	LEVETIRACETAM	750 MG	TABLET			
KEPPRA XR	LEVETIRACETAM	750 MG	TAB ER 24H			
LEVOCETIRIZINE DIHYDROCHLORIDE	LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	6/6/2005	ANTIHISTAMINES	PA CRITERIA
LEVOCETIRIZINE DIHYDROCHLORIDE	LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET			
LEVOFLOXACIN	LEVOFLOXACIN	0.50%	DROPS	2/4/2008	OPHTHALMIC ANTIINFECTIVES	PDL
LEVAQUIN	LEVOFLOXACIN	250 MG	TABLET			
LEVOFLOXACIN	LEVOFLOXACIN	250MG/10ML	SOLUTION			
LEVAQUIN	LEVOFLOXACIN	500 MG	TABLET			
LEVAQUIN	LEVOFLOXACIN	750 MG	TABLET			
LEVOFLOXACIN-D5W	LEVOFLOXACIN IN DEXTROSE 5 %	250MG/50ML	PIGGYBACK			
LEVOFLOXACIN-D5W	LEVOFLOXACIN IN DEXTROSE 5 %	500MG/0.1L	PIGGYBACK			
LEVOFLOXACIN-D5W	LEVOFLOXACIN IN DEXTROSE 5 %	750MG/.15L	PIGGYBACK			
FETZIMA	LEVOMILNACIPRAN HCL	120 MG	CAP SA 24H			
FETZIMA	LEVOMILNACIPRAN HCL	20 MG	CAP SA 24H			

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FETZIMA	LEVOMILNACIPRAN HCL	20-40MG	CAP24HDSPK	28			1.00	28	28	28	
FETZIMA	LEVOMILNACIPRAN HCL	40 MG	CAP SA 24H	30			1.00	1	34	34	
FETZIMA	LEVOMILNACIPRAN HCL	80 MG	CAP SA 24H	30			1.00	1	34	34	
SKYLA	LEVONORGESTREL	14MCG/24HR	IUD	1			0.00	1	1	998	
KYLEENA	LEVONORGESTREL	17.5MCG/24	IUD	1			0.00	1	1	998	
LILETTA	LEVONORGESTREL	19.5MCG/24	IUD	1			0.00	1	1	998	
MIRENA	LEVONORGESTREL	20MCG/24HR	IUD	1			0.00	1	1	998	
ENPRESSE	LEVONORGESTREL-ETHIN ESTRADIOL	4033400.00%	TABLET	28			1.33	28	112	84	
AUBRA	LEVONORGESTREL-ETHIN ESTRADIOL	0.1-0.02MG	TABLET	28			1.33	28	112	84	
ALTAVERA	LEVONORGESTREL-ETHIN ESTRADIOL	0.15-0.03	TABLET	28			1.33	28	112	84	
INTROVALE	LEVONORGESTREL-ETHIN ESTRADIOL	0.15-0.03	TBDSPK 3MO	91			1.00	91	91	91	
AMETHYST	LEVONORGESTREL-ETHIN ESTRADIOL	90-20 MCG	TABLET	28			1.33	28	112	84	
TIROSINT	LEVOTHYROXINE SODIUM	100 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	125 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	13 MCG	CAPSULE	28			0.03	1	1	34	P
TIROSINT	LEVOTHYROXINE SODIUM	137 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	150 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	25 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	50 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	28							P
TIROSINT	LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	28							P
LIDOCAINE	LIDOCAINE	5.00%	ADH. PATCH	30			3.00	1	90	30	
LIDOCAINE HCL	LIDOCAINE HCL	10 MG/ML	VIAL	20			40.00	20	1360	34	
PRO DNA MEDICATED COLLECTION	LIDOCAINE HCL/GLYCERIN	20 MG/ML	KIT	1							P
AKTEN	LIDOCAINE HCL/PF	3.50%	GEL (ML)	1			0.03	1	1	30	
DERMACINRX ZRM PAK	LIDOCAINE/DIMETHICONE	5 %-5 %	KIT PAT-CR	1							P
DERMACINRX PHN PAK	LIDOCAINE/EMOLLIENT CMB NO.102	5.00%	KIT PAT-CR	1							P
DERMACINRX EMPRICAINE	LIDOCAINE/PRILOCAINE	2.5 %-2.5%	KIT	1			0.03	1	1	30	P
LIDOCAINE-PRILOCAINE	LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	30			1.00	30	30	30	P
LIDOCAINE-PRILOCAINE	LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	5			0.17	5	5	30	P
LIDOCAINE-TETRACAINE	LIDOCAINE/TETRACAINE	7 %-7 %	CREAM (G)	30							P
SYNERA	LIDOCAINE/TETRACAINE	70 MG-70MG	M.HT PATCH	1			1.00	1	1	1	P
XIIDRA	LIFITEGRAST	5.00%	DROPERETTE	60			2.00	60	60	30	
LINZESS	LINACLOTIDE	145 MCG	CAPSULE	30	18	999	1.00	1	34	34	P
LINZESS	LINACLOTIDE	290 MCG	CAPSULE	30	18	999	1.00	1	34	34	P
LINZESS	LINACLOTIDE	72 MCG	CAPSULE	30			1.00	1	34	34	P
TRADJENTA	LINAGLIPTIN	5 MG	TABLET	30			1.00	1	34	34	
JENTADUETO XR	LINAGLIPTIN/METFORMIN HCL	2.5-1000MG	TAB BP 24H	60			1.00	1	34	34	P
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	2.5-1000MG	TABLET	180			2.00	1	68	34	
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	2.5-500 MG	TABLET	180			2.00	1	68	34	
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	2.5-850 MG	TABLET	180			2.00	1	68	34	
JENTADUETO XR	LINAGLIPTIN/METFORMIN HCL	5MG-1000MG	TAB BP 24H	30			1.00	1	34	34	
LINEZOLID	LINEZOLID	600 MG	TABLET	1			2.00	1	30	15	
VIOKACE	LIPASE/PROTEASE/AMYLASE	10.4-39.2K	TABLET	100							P
PERTZYE	LIPASE/PROTEASE/AMYLASE	16K-57.5K	CAPSULE DR	100							P
VIOKACE	LIPASE/PROTEASE/AMYLASE	20.9-78.3K	TABLET	100							P
PERTZYE	LIPASE/PROTEASE/AMYLASE	24K-86.25K	CAPSULE DR	80							P
PERTZYE	LIPASE/PROTEASE/AMYLASE	4000-14375	CAPSULE DR	100							P
PERTZYE	LIPASE/PROTEASE/AMYLASE	8K-28.75K	CAPSULE DR	100							P
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	10 MG	CAPSULE	100			1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	10 MG	TAB CHEW	100	6	9	1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	20 MG	CAPSULE	100			1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	20 MG	TAB CHEW	100	6	9	1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	30 MG	CAPSULE	100			1.00	1	34	34	

North Dakota Medicaid  
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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).							
FETZIMA	LEVOMILNACIPRAN HCL	20-40MG	CAP24HDSPK				
FETZIMA	LEVOMILNACIPRAN HCL	40 MG	CAP SA 24H				
FETZIMA	LEVOMILNACIPRAN HCL	80 MG	CAP SA 24H				
SKYLA	LEVONORGESTREL	14MCG/24HR	IUD				
KYLEENA	LEVONORGESTREL	17.5MCG/24	IUD				
LILETTA	LEVONORGESTREL	19.5MCG/24	IUD				
MIRENA	LEVONORGESTREL	20MCG/24HR	IUD				
ENPRESSE	LEVONORGESTREL-ETHIN ESTRADIOL	4033400.00%	TABLET				
AUBRA	LEVONORGESTREL-ETHIN ESTRADIOL	0.1-0.02MG	TABLET				
ALTAVERA	LEVONORGESTREL-ETHIN ESTRADIOL	0.15-0.03	TABLET				
INTROVALE	LEVONORGESTREL-ETHIN ESTRADIOL	0.15-0.03	TBDSPK 3MO				
AMETHYST	LEVONORGESTREL-ETHIN ESTRADIOL	90-20 MCG	TABLET				
TIROSINT	LEVOTHYROXINE SODIUM	100 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	125 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	13 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	137 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	150 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	25 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	50 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
TIROSINT	LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	6/1/2016	PREFERRED DOSAGE FORMS - TIROSINT		PA CRITERIA
LIDOCAINE	LIDOCAINE	5.00%	ADH. PATCH				
LIDOCAINE HCL	LIDOCAINE HCL	10 MG/ML	VIAL				
PRO DNA MEDICATED COLLECTION	LIDOCAINE HCL/GLYCERIN	20 MG/ML	KIT	9/7/2016	PREFERRED DOSAGE FORMS - KITS		PA CRITERIA
AKTEN	LIDOCAINE HCL/PF	3.50%	GEL (ML)				
DERMACINRX ZRM PAK	LIDOCAINE/DIMETHICONE	5 %-5 %	KIT PAT-CR	9/7/2016	PREFERRED DOSAGE FORMS - KITS		PA CRITERIA
DERMACINRX PHN PAK	LIDOCAINE/EMOLLIENT CMB NO.102	5.00%	KIT PAT-CR	9/7/2016	PREFERRED DOSAGE FORMS - KITS		PA CRITERIA
DERMACINRX EMPRICAINE	LIDOCAINE/PRILOCAINE	2.5 %-2.5%	KIT	9/13/2010	ANESTHETICS - TOPICAL		PA CRITERIA
LIDOCAINE-PRILOCAINE	LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	9/13/2010	ANESTHETICS - TOPICAL		PA CRITERIA
LIDOCAINE-PRILOCAINE	LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	9/13/2010	ANESTHETICS - TOPICAL		PA CRITERIA
LIDOCAINE-TETRACAINE	LIDOCAINE/TETRACAINE	7 %-7 %	CREAM (G)	9/13/2010	ANESTHETICS - TOPICAL		PA CRITERIA
SYNERA	LIDOCAINE/TETRACAINE	70 MG-70MG	M.HT PATCH	9/13/2010	ANESTHETICS - TOPICAL		PA CRITERIA
XIIDRA	LIFITEGRAST	5.00%	DROPERETTE				
LINZESS	LINACLOTIDE	145 MCG	CAPSULE	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED		PDL
LINZESS	LINACLOTIDE	290 MCG	CAPSULE	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED		PDL
LINZESS	LINACLOTIDE	72 MCG	CAPSULE	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED		PDL
TRADJENTA	LINAGLIPTIN	5 MG	TABLET				
JENTADUETO XR	LINAGLIPTIN/METFORMIN HCL	2.5-1000MG	TAB BP 24H	9/7/2016	DIABETES - DPP4 INHIBITORS		PDL
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	2.5-1000MG	TABLET				
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	2.5-500 MG	TABLET				
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	2.5-850 MG	TABLET				
JENTADUETO XR	LINAGLIPTIN/METFORMIN HCL	5MG-1000MG	TAB BP 24H				
LINEZOLID	LINEZOLID	600 MG	TABLET				
VIOKACE	LIPASE/PROTEASE/AMYLASE	10.4-39.2K	TABLET	3/2/2016	DIGESTIVE ENZYMES		PDL
PERTZYE	LIPASE/PROTEASE/AMYLASE	16K-57.5K	CAPSULE DR	3/2/2016	DIGESTIVE ENZYMES		PDL
VIOKACE	LIPASE/PROTEASE/AMYLASE	20.9-78.3K	TABLET	3/2/2016	DIGESTIVE ENZYMES		PDL
PERTZYE	LIPASE/PROTEASE/AMYLASE	24K-86.25K	CAPSULE DR	3/2/2016	DIGESTIVE ENZYMES		PDL
PERTZYE	LIPASE/PROTEASE/AMYLASE	4000-14375	CAPSULE DR	3/2/2016	DIGESTIVE ENZYMES		PDL
PERTZYE	LIPASE/PROTEASE/AMYLASE	8K-28.75K	CAPSULE DR	3/2/2016	DIGESTIVE ENZYMES		PDL
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	10 MG	CAPSULE				
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	10 MG	TAB CHEW				
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	20 MG	CAPSULE				
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	20 MG	TAB CHEW				
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	30 MG	CAPSULE				

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	30 MG	TAB CHEW	100	6	9	1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	40 MG	CAPSULE	100			1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	40 MG	TAB CHEW	100	6	9	1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	50 MG	CAPSULE	100			1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	50 MG	TAB CHEW	100	6	9	1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	60 MG	CAPSULE	100			1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	60 MG	TAB CHEW	100	6	9	1.00	1	34	34	
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	70 MG	CAPSULE	100			1.00	1	34	34	
QBRELIS	LISINAPRIL	1 MG/ML	SOLUTION	150			40.00	1	1360	34	P
LISINAPRIL	LISINAPRIL	10 MG	TABLET	100			2.00	1	68	34	
LISINAPRIL	LISINAPRIL	2.5 MG	TABLET	100			2.00	1	68	34	
LISINAPRIL	LISINAPRIL	20 MG	TABLET	100			2.00	1	68	34	
LISINAPRIL	LISINAPRIL	40 MG	TABLET	100			2.00	1	68	34	
LISINAPRIL	LISINAPRIL	5 MG	TABLET	100			2.00	1	68	34	
LISINAPRIL-HYDROCHLOROTHIAZIDE	LISINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	100			1.00	1	34	34	
ADLYXIN	LIXISENATIDE	10-20 (1)	PEN INJCTR	3			0.21	6	6	28	P
ADLYXIN	LIXISENATIDE	20 MCG/0.2	PEN INJCTR	3			0.21	3	6	28	P
FAYOSIM	L-NORGEST/E.ESTRADIOL-E.ESTRAD	0.15MG(84)	TBDSPK 3MO	91			1.00	1	91	91	
AMETHIA LO	L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO	91			1.00	91	91	91	
AMETHIA	L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO	91			1.00	91	91	91	
JUXTAPID	LOMITAPIDE MESYLATE	10 MG	CAPSULE	28			1.00	28	28	28	P
JUXTAPID	LOMITAPIDE MESYLATE	20 MG	CAPSULE	28			1.00	28	28	28	P
JUXTAPID	LOMITAPIDE MESYLATE	30 MG	CAPSULE	28			1.00	1	28	28	P
JUXTAPID	LOMITAPIDE MESYLATE	40 MG	CAPSULE	28			1.00	1	28	28	P
JUXTAPID	LOMITAPIDE MESYLATE	5 MG	CAPSULE	28			1.00	28	28	28	P
JUXTAPID	LOMITAPIDE MESYLATE	60 MG	CAPSULE	28			1.00	1	28	28	P
LOPERAMIDE	LOPERAMIDE HCL	2 MG	CAPSULE	100			8.00	1	272	34	
ALLERGY	LORATADINE	10 MG	TABLET	300			1.00	1	34	34	
ALLERGY RELIEF	LORATADINE	10 MG	TAB RAPDIS	10			1.00	1	34	34	
ATIVAN	LORAZEPAM	0.5 MG	TABLET	100			3.00	1	102	34	
ATIVAN	LORAZEPAM	1 MG	TABLET	100			3.00	1	102	34	
ATIVAN	LORAZEPAM	2 MG	TABLET	100			3.00	1	102	34	
LORAZEPAM	LORAZEPAM	2 MG/ML	ORAL CONC	30			3.00	1	102	34	
COZAAR	LOSARTAN POTASSIUM	100 MG	TABLET	30			1.00	1	34	34	
COZAAR	LOSARTAN POTASSIUM	25 MG	TABLET	90			1.50	1	51	34	
COZAAR	LOSARTAN POTASSIUM	50 MG	TABLET	30			1.50	1	51	34	
HYZAAR	LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	30			1.00	1	34	34	
HYZAAR	LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	30			1.00	1	34	34	
LOTEMAX	LOTEPREDNOL ETABONATE	0.50%	OINT. (G)	3.5							P
ALTOPREV	LOVASTATIN	20 MG	TAB ER 24H	30			1.00	1	34	34	P
ALTOPREV	LOVASTATIN	40 MG	TAB ER 24H	30			1.00	1	34	34	P
ALTOPREV	LOVASTATIN	60 MG	TAB ER 24H	30			1.00	1	34	34	P
LOVASTATIN	LOVASTATIN	10 MG	TABLET	60			1.00	1	34	34	
LOVASTATIN	LOVASTATIN	20 MG	TABLET	60			1.00	1	34	34	
LOVASTATIN	LOVASTATIN	40 MG	TABLET	60			2.00	1	68	34	
ADASUVE	LOXAPINE	10 MG	AER POW BA	1			0.03	1	1	34	P
AMITIZA	LUBIPROSTONE	24MCG	CAPSULE	60			2.00	1	68	34	
AMITIZA	LUBIPROSTONE	8 MCG	CAPSULE	60			2.00	1	60	30	
LATUDA	LURASIDONE HCL	120 MG	TABLET	30			1.00	1	34	34	
LATUDA	LURASIDONE HCL	20 MG	TABLET	30			0.50	1	17	34	
LATUDA	LURASIDONE HCL	40 MG	TABLET	1			0.50	1	17	34	
LATUDA	LURASIDONE HCL	60 MG	TABLET	1			0.50	1	17	34	
LATUDA	LURASIDONE HCL	80 MG	TABLET	1			2.00	1	68	34	
OPSUMIT	MACITENTAN	10 MG	TABLET	15			1.00	30	30	30	P
MALATHION	MALATHION	0.50%	LOTION	59			8.43	59	59	7	P

North Dakota Medicaid  
Drug Utilization Management List

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VYVANSE	LISDEXAMFETAMINE DIMESYLATE	30 MG	TAB CHEW			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	40 MG	CAPSULE			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	40 MG	TAB CHEW			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	50 MG	CAPSULE			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	50 MG	TAB CHEW			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	60 MG	CAPSULE			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	60 MG	TAB CHEW			
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	70 MG	CAPSULE			
QBRELIS	LISINOPRIL	1 MG/ML	SOLUTION	12/13/2004	ACE-INHIBITORS	PA CRITERIA
LISINOPRIL	LISINOPRIL	10 MG	TABLET			
LISINOPRIL	LISINOPRIL	2.5 MG	TABLET			
LISINOPRIL	LISINOPRIL	20 MG	TABLET			
LISINOPRIL	LISINOPRIL	40 MG	TABLET			
LISINOPRIL	LISINOPRIL	5 MG	TABLET			
LISINOPRIL-HYDROCHLOROTHIAZIDE	LISINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET			
ADLYXIN	LIXISENATIDE	10-20 (1)	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
ADLYXIN	LIXISENATIDE	20 MCG/0.2	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
FAYOSIM	L-NORGEST/E.ESTRADIOL-E.ESTRAD	0.15MG(84)	TBDSPK 3MO			
AMETHIA LO	L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO			
AMETHIA	L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO			
JUXTAPID	LOMITAPIDE MESYLATE	10 MG	CAPSULE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
JUXTAPID	LOMITAPIDE MESYLATE	20 MG	CAPSULE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
JUXTAPID	LOMITAPIDE MESYLATE	30 MG	CAPSULE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
JUXTAPID	LOMITAPIDE MESYLATE	40 MG	CAPSULE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
JUXTAPID	LOMITAPIDE MESYLATE	5 MG	CAPSULE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
JUXTAPID	LOMITAPIDE MESYLATE	60 MG	CAPSULE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
LOPERAMIDE	LOPERAMIDE HCL	2 MG	CAPSULE			
ALLERGY	LORATADINE	10 MG	TABLET			
ALLERGY RELIEF	LORATADINE	10 MG	TAB RAPDIS			
ATIVAN	LORAZEPAM	0.5 MG	TABLET			
ATIVAN	LORAZEPAM	1 MG	TABLET			
ATIVAN	LORAZEPAM	2 MG	TABLET			
LORAZEPAM	LORAZEPAM	2 MG/ML	ORAL CONC			
COZAAR	LOSARTAN POTASSIUM	100 MG	TABLET			
COZAAR	LOSARTAN POTASSIUM	25 MG	TABLET			
COZAAR	LOSARTAN POTASSIUM	50 MG	TABLET			
HYZAAR	LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET			
HYZAAR	LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET			
LOTEMAX	LOTEPREDNOL ETABONATE	0.50%	OINT. (G)	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
ALTOPREV	LOVASTATIN	20 MG	TAB ER 24H	3/7/2011	STATINS	PA CRITERIA
ALTOPREV	LOVASTATIN	40 MG	TAB ER 24H	3/7/2011	STATINS	PA CRITERIA
ALTOPREV	LOVASTATIN	60 MG	TAB ER 24H	3/7/2011	STATINS	PA CRITERIA
LOVASTATIN	LOVASTATIN	10 MG	TABLET			
LOVASTATIN	LOVASTATIN	20 MG	TABLET			
LOVASTATIN	LOVASTATIN	40 MG	TABLET			
ADASUVE	LOXAPINE	10 MG	AER POW BA	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
AMITIZA	LUBIPROSTONE	24MCG	CAPSULE			
AMITIZA	LUBIPROSTONE	8 MCG	CAPSULE			
LATUDA	LURASIDONE HCL	120 MG	TABLET			
LATUDA	LURASIDONE HCL	20 MG	TABLET			
LATUDA	LURASIDONE HCL	40 MG	TABLET			
LATUDA	LURASIDONE HCL	60 MG	TABLET			
LATUDA	LURASIDONE HCL	80 MG	TABLET			
OPSUMIT	MACITENTAN	10 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
MALATHION	MALATHION	0.50%	LOTION	6/1/2016	LICE	PDL

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EMVERM	MEBENDAZOLE	100 MG	TAB CHEW	1			2.00	1	6	3	
VECAMYL	MECAMYLAMINE HCL	2.5 MG	TABLET	100			1.00	1	34	34	P
INCRELEX	MECASERMIN	10 MG/ML	VIAL	4							P
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	100 MG	CAPSULE	100							P
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	50 MG	CAPSULE	100							P
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE	150 MG/ML	SYRINGE	1			0.01	1	1	84	
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	1			0.01	1	1	84	
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE	400 MG/ML	VIAL	2.5			0.25	2.5	7.5	30	
MEFENAMIC ACID	MEFENAMIC ACID	250 MG	CAPSULE	30			1.04	1	29	28	P
MEFLOQUINE HCL	MEFLOQUINE HCL	250 MG	TABLET	25							P
MEGACE ES	MEGESTROL ACETATE	625MG/5ML	ORAL SUSP	150			5.00	5	150	30	
MELOXICAM	MELOXICAM	15 MG	TABLET	100			1.00	1	34	34	
MELOXICAM	MELOXICAM	7.5 MG	TABLET	100			1.00	1	34	34	
VIVLODEX	MELOXICAM, SUBMICRONIZED	10 MG	CAPSULE	30			1.00	1	34	34	P
VIVLODEX	MELOXICAM, SUBMICRONIZED	5 MG	CAPSULE	30			1.00	1	34	34	P
MEMANTINE HCL ER	MEMANTINE HCL	14 MG	CAP SPR 24	90	30	999	1.00	1	34	34	P
MEMANTINE HCL ER	MEMANTINE HCL	21 MG	CAP SPR 24	30	30	999	1.00	1	34	34	P
MEMANTINE HCL ER	MEMANTINE HCL	28 MG	CAP SPR 24	90	30	999	1.00	1	34	34	P
MEMANTINE HCL ER	MEMANTINE HCL	7 MG	CAP SPR 24	30	30	999	1.00	1	34	34	P
NAMENDA XR	MEMANTINE HCL	7-14-21-28	CAP24 DSPK	28	30	999	1.00	1	28	28	P
MEMANTINE HCL	MEMANTINE HCL	10 MG	TABLET	60	30	999	2.00	1	68	34	
MEMANTINE HCL	MEMANTINE HCL	5 MG	TABLET	60	30	999	2.00	1	68	34	
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	14MG-10MG	CAP SPR 24	30			1.00	1	34	34	P
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	21 MG-10MG	CAP SPR 24	30			1.00	1	34	34	P
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	28 MG-10MG	CAP SPR 24	30			1.00	1	34	34	P
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	7 MG-10 MG	CAP SPR 24	30			1.00	1	34	34	P
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	7-10/14-10	CAP24 DSPK	28			1.00	1	34	34	P
NUCALA	MEPOLIZUMAB	100 MG	VIAL	1							P
MEPROBAMATE	MEPROBAMATE	200 MG	TABLET	100			4.00	1	136	34	
MEPROBAMATE	MEPROBAMATE	400 MG	TABLET	100			6.00	1	204	34	
ASACOL HD	MESALAMINE	800 MG	TABLET DR	180			6.00	1	204	34	P
MESALAMINE	MESALAMINE	4 G/60 ML	ENEMA	60			60.00	60	2040	34	
APRISO	MESALAMINE	0.375G	CAP ER 24H	120			4.00	1	136	34	
LIALDA	MESALAMINE	1.2 G	TABLET DR	120			4.00	1	136	34	
DELZICOL	MESALAMINE	400 MG	CAP(DRTAB)	180			6.00	1	204	34	
MESALAMINE	MESALAMINE W/CLEANSING WIPES	4 G/60 ML	ENEMA KIT	1							P
METAXALONE	METAXALONE	400 MG	TABLET	100			3.00	1	102	34	
METAXALL	METAXALONE	800 MG	TABLET	30			3.00	1	102	34	
GLUMETZA	METFORMIN HCL	1000 MG	TABERGR24H	90			2.00	1	68	34	P
GLUMETZA	METFORMIN HCL	500 MG	TABERGR24H	100			4.00	1	136	34	P
GLUCOPHAGE XR	METFORMIN HCL	500 MG	TAB ER 24H	100			4.00		136	34	
RIOMET	METFORMIN HCL	500 MG/5ML	SOLUTION	118			25.50	1	867	34	
GLUCOPHAGE XR	METFORMIN HCL	750 MG	TAB ER 24H	100			2.00	1	68	34	
DOLOPHINE HCL	METHADONE HCL	10 MG	TABLET	100							P
METHADONE HCL	METHADONE HCL	10 MG/5 ML	SOLUTION	500							P
METHADONE HCL	METHADONE HCL	10 MG/ML	ORAL CONC	1000							P
METHADONE HCL	METHADONE HCL	10 MG/ML	VIAL	20							P
DISKETS	METHADONE HCL	40 MG	TABLET SOL	100							P
DOLOPHINE HCL	METHADONE HCL	5 MG	TABLET	100							P
METHADONE HCL	METHADONE HCL	5 MG/5 ML	SOLUTION	500							P
DESOXYN	METHAMPHETAMINE HCL	5 MG	TABLET	100			5.00	1	170	34	
ME-NAPHOS-MB-HYO 1	METHENAM/SOD PHOS/MBLUE/HYOSCY	81.6- 12MG	TABLET	100			4.00	1	136	34	
HIPREX	METHENAMINE HIPPURATE	1 G	TABLET	100			2.00	1	68	34	
METHOCARBAMOL	METHOCARBAMOL	500 MG	TABLET	100			4.00	1	136	34	
METHOCARBAMOL	METHOCARBAMOL	750 MG	TABLET	100			8.00	1	272	34	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
EMVERM	MEBENDAZOLE	100 MG	TAB CHEW			
VECAMYL	MECAMYLAMINE HCL	2.5 MG	TABLET	3/3/2014	VECAMYL	PA CRITERIA
INCRELEX	MECASERMIN	10 MG/ML	VIAL	10/1/2007	MEDICATIONS THAT COST OVER \$3000/MONTH	PA CRITERIA
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	100 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	50 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE	150 MG/ML	SYRINGE			
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL			
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE	400 MG/ML	VIAL			
MEFENAMIC ACID	MEFENAMIC ACID	250 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
MEFLOQUINE HCL	MEFLOQUINE HCL	250 MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
MEGACE ES	MEGESTROL ACETATE	625MG/5ML	ORAL SUSP			
MELOXICAM	MELOXICAM	15 MG	TABLET			
MELOXICAM	MELOXICAM	7.5 MG	TABLET			
VIVLODEX	MELOXICAM, SUBMICRONIZED	10 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
VIVLODEX	MELOXICAM, SUBMICRONIZED	5 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
MEMANTINE HCL ER	MEMANTINE HCL	14 MG	CAP SPR 24	12/7/2016	ANTIDEMENTIA	PDL
MEMANTINE HCL ER	MEMANTINE HCL	21 MG	CAP SPR 24	12/7/2016	ANTIDEMENTIA	PDL
MEMANTINE HCL ER	MEMANTINE HCL	28 MG	CAP SPR 24	12/7/2016	ANTIDEMENTIA	PDL
MEMANTINE HCL ER	MEMANTINE HCL	7 MG	CAP SPR 24	12/7/2016	ANTIDEMENTIA	PDL
NAMENDA XR	MEMANTINE HCL	7-14-21-28	CAP24 DSPK	12/7/2016	ANTIDEMENTIA	PDL
MEMANTINE HCL	MEMANTINE HCL	10 MG	TABLET			
MEMANTINE HCL	MEMANTINE HCL	5 MG	TABLET			
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	14MG-10MG	CAP SPR 24	3/3/2012	ANTIDEMENTIA	PDL
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	21 MG-10MG	CAP SPR 24	3/3/2012	ANTIDEMENTIA	PDL
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	28 MG-10MG	CAP SPR 24	3/3/2012	ANTIDEMENTIA	PDL
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	7 MG-10 MG	CAP SPR 24	3/3/2012	ANTIDEMENTIA	PDL
NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	7-10/14-10	CAP24 DSPK	3/3/2012	ANTIDEMENTIA	PDL
NUCALA	MEPOLIZUMAB	100 MG	VIAL	6/1/2016	INTERLEUKIN-5 ANTAGONIST	PA CRITERIA
MEPROBAMATE	MEPROBAMATE	200 MG	TABLET			
MEPROBAMATE	MEPROBAMATE	400 MG	TABLET			
ASACOL HD	MESALAMINE	800 MG	TABLET DR	9/12/2011	ULCERATIVE COLITIS AGENTS - NONSTEROIDAL	PDL
MESALAMINE	MESALAMINE	4 G/60 ML	ENEMA			
APRISO	MESALAMINE	0.375G	CAP ER 24H			
LIALDA	MESALAMINE	1.2 G	TABLET DR			
DELZICOL	MESALAMINE	400 MG	CAP(DRTAB)			
MESALAMINE	MESALAMINE W/CLEANSING WIPES	4 G/60 ML	ENEMA KIT	12/2/2015	ULCERATIVE COLITIS AGENTS - NONSTEROIDAL	PDL
METAXALONE	METAXALONE	400 MG	TABLET			
METAXALL	METAXALONE	800 MG	TABLET			
GLUMETZA	METFORMIN HCL	1000 MG	TABERGR24H	6/1/2016	PREFERRED DOSAGE FORMS - GLUMETZA	PA CRITERIA
GLUMETZA	METFORMIN HCL	500 MG	TABERGR24H	6/1/2016	PREFERRED DOSAGE FORMS - GLUMETZA	PA CRITERIA
GLUCOPHAGE XR	METFORMIN HCL	500 MG	TAB ER 24H			
RIOMET	METFORMIN HCL	500 MG/5ML	SOLUTION			
GLUCOPHAGE XR	METFORMIN HCL	750 MG	TAB ER 24H			
DOLOPHINE HCL	METHADONE HCL	10 MG	TABLET	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
METHADONE HCL	METHADONE HCL	10 MG/5 ML	SOLUTION	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
METHADONE HCL	METHADONE HCL	10 MG/ML	ORAL CONC	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
METHADONE HCL	METHADONE HCL	10 MG/ML	VIAL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
DISKETS	METHADONE HCL	40 MG	TABLET SOL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
DOLOPHINE HCL	METHADONE HCL	5 MG	TABLET	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
METHADONE HCL	METHADONE HCL	5 MG/5 ML	SOLUTION	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
DESOXYN	METHAMPHETAMINE HCL	5 MG	TABLET			
ME-NAPHOS-MB-HYO 1	METHENAM/SOD PHOS/MBLUE/HYOSCY	81.6- 12MG	TABLET			
HIPREX	METHENAMINE HIPPURATE	1 G	TABLET			
METHOCARBAMOL	METHOCARBAMOL	500 MG	TABLET			
METHOCARBAMOL	METHOCARBAMOL	750 MG	TABLET			



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
XATMEP	METHOTREXATE	2.5 MG/ML	SOLUTION	120	6	9						
TREXALL	METHOTREXATE SODIUM	10 MG	TABLET	30			0.14	1	4	28	P	
TREXALL	METHOTREXATE SODIUM	15 MG	TABLET	30			0.14	1	4	28	P	
TREXALL	METHOTREXATE SODIUM	5 MG	TABLET	30			0.14	1	4	28	P	
TREXALL	METHOTREXATE SODIUM	7.5 MG	TABLET	30			0.14	1	4	28	P	
RASUVO	METHOTREXATE/PF	10MG/0.2ML	AUTO INJCT	0.2			0.03	0.2	0.8	28	P	
OTREXUP	METHOTREXATE/PF	10MG/0.4ML	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
RASUVO	METHOTREXATE/PF	12.5/0.25	AUTO INJCT	0.25			0.04	0.25	1	28	P	
OTREXUP	METHOTREXATE/PF	12.5MG/0.4	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
RASUVO	METHOTREXATE/PF	15MG/0.3ML	AUTO INJCT	0.3			0.04	0.3	1.2	28	P	
OTREXUP	METHOTREXATE/PF	15MG/0.4ML	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
RASUVO	METHOTREXATE/PF	17.5/0.35	AUTO INJCT	0.35			0.05	0.35	1.4	28	P	
OTREXUP	METHOTREXATE/PF	17.5MG/0.4	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
OTREXUP	METHOTREXATE/PF	20MG/0.4ML	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
RASUVO	METHOTREXATE/PF	22.5/0.45	AUTO INJCT	0.45			0.06	0.45	1.8	28	P	
OTREXUP	METHOTREXATE/PF	22.5MG/0.4	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
OTREXUP	METHOTREXATE/PF	25MG/0.4ML	AUTO INJCT	0.4			0.06	0.4	1.6	28	P	
RASUVO	METHOTREXATE/PF	25MG/0.5ML	AUTO INJCT	0.5			0.07	0.5	2	28	P	
RASUVO	METHOTREXATE/PF	30MG/0.6ML	AUTO INJCT	0.6			0.09	0.6	2.4	28	P	
RASUVO	METHOTREXATE/PF	7.5MG/0.15	AUTO INJCT	0.15			0.02	0.15	0.6	28	P	
METHOXSALEN	METHOXSALEN	10 MG	CAP LQ RAP	50			1.00	1	28	28		
MIRCERA	METHOXY PEG-EPOETIN BETA	100MCG/0.3	SYRINGE	0.3							P	
MIRCERA	METHOXY PEG-EPOETIN BETA	200MCG/0.3	SYRINGE	0.3							P	
MIRCERA	METHOXY PEG-EPOETIN BETA	50 MCG/0.3	SYRINGE	0.3							P	
MIRCERA	METHOXY PEG-EPOETIN BETA	75 MCG/0.3	SYRINGE	0.3							P	
METHERGINE	METHYLERGONOVINE MALEATE	0.2 MG	TABLET	28			4.00	1	28	7		
RELISTOR	METHYLNALTREXONE BROMIDE	12MG/0.6ML	SYRINGE	0.6			0.60	0.6	20.4	34	P	
RELISTOR	METHYLNALTREXONE BROMIDE	12MG/0.6ML	VIAL	0.6			0.60	0.6	20.4	34	P	
RELISTOR	METHYLNALTREXONE BROMIDE	8 MG/0.4ML	SYRINGE	0.4			0.40	0.4	13.6	34	P	
RELISTOR	METHYLNALTREXONE BROMIDE	150 MG	TABLET	90			3.00	3	102	34	P	
DAYTRANA	METHYLPHENIDATE	10MG/9HR	PATCH TD24	30			1.00	1	30	30		
DAYTRANA	METHYLPHENIDATE	15MG/9HR	PATCH TD24	30			1.00	1	30	30		
COTEMPLA XR-ODT	METHYLPHENIDATE	17.3 MG	TAB RAP BP	30	6	17	1.00	1	34	34		
DAYTRANA	METHYLPHENIDATE	20 MG/9 HR	PATCH TD24	30			1.00	1	30	30		
COTEMPLA XR-ODT	METHYLPHENIDATE	25.9 MG	TAB RAP BP	30	6	17	2.00	1	68	34		
DAYTRANA	METHYLPHENIDATE	30MG/9HR	PATCH TD24	30			1.00	1	30	30		
COTEMPLA XR-ODT	METHYLPHENIDATE	8.6 MG	TAB RAP BP	30	6	17	1.00	1	34	34		
APTENSIO XR	METHYLPHENIDATE HCL	10 MG	CSBP 40-60	90			1.00	1	34	34		
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	10 MG	CPBP 50-50	100			1.00	1	34	34		
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	10 MG	TABLET ER	100			2.00	1	68	34		
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	10 MG	TAB CHEW	100			6.00	1	204	34		
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	10 MG	TABLET	100			3.50	1	119	34		
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	10 MG	CPBP 30-70	100			1.00	1	34	34		
METHYLIN	METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	500			10.00	10	300	30		
APTENSIO XR	METHYLPHENIDATE HCL	15 MG	CSBP 40-60	90			1.00	1	34	34		
CONCERTA	METHYLPHENIDATE HCL	18 MG	TAB ER 24	100			1.00	1	34	34		
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	2.5 MG	TAB CHEW	100			3.50	1	119	34		
APTENSIO XR	METHYLPHENIDATE HCL	20 MG	CSBP 40-60	90			1.00	1	34	34		
METADATE ER	METHYLPHENIDATE HCL	20 MG	TABLET ER	100			3.00	1	102	34		
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	20 MG	CPBP 50-50	100			1.00	1	34	34		
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	20 MG	TABLET	100			3.50	1	119	34		
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	20 MG	CPBP 30-70	100			1.00	1	34	34		
QUILLICHEW ER	METHYLPHENIDATE HCL	20 MG	TAB CBP24H	100	6	9	1.00	1	34	34		
CONCERTA	METHYLPHENIDATE HCL	27 MG	TAB ER 24	100			1.00	1	34	34		
APTENSIO XR	METHYLPHENIDATE HCL	30 MG	CSBP 40-60	90			1.00	1	34	34		

North Dakota Medicaid  
Drug Utilization Management List

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XATMEP	METHOTREXATE	2.5 MG/ML	SOLUTION			
TREXALL	METHOTREXATE SODIUM	10 MG	TABLET	3/1/2009	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
TREXALL	METHOTREXATE SODIUM	15 MG	TABLET	3/1/2009	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
TREXALL	METHOTREXATE SODIUM	5 MG	TABLET	3/1/2009	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
TREXALL	METHOTREXATE SODIUM	7.5 MG	TABLET	3/1/2009	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	10MG/0.2ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	10MG/0.4ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	12.5/0.25	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	12.5MG/0.4	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	15MG/0.3ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	15MG/0.4ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	17.5/0.35	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	17.5MG/0.4	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	20MG/0.4ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	22.5/0.45	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	22.5MG/0.4	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
OTREXUP	METHOTREXATE/PF	25MG/0.4ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	25MG/0.5ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	30MG/0.6ML	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
RASUVO	METHOTREXATE/PF	7.5MG/0.15	AUTO INJECT	1/15/2015	PREFERRED DOSAGE FORMS - METHOTREXATE	PA CRITERIA
METHOXSALEN	METHOXSALEN	10 MG	CAP LQ RAP			
MIRCERA	METHOXY PEG-EPOETIN BETA	100MCG/0.3	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
MIRCERA	METHOXY PEG-EPOETIN BETA	200MCG/0.3	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
MIRCERA	METHOXY PEG-EPOETIN BETA	50 MCG/0.3	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
MIRCERA	METHOXY PEG-EPOETIN BETA	75 MCG/0.3	SYRINGE	12/7/2016	HEMATOPOIETIC, ERYTHROPOIESIS STIMULATING AGENTS	PDL
METHERGINE	METHYLERGONOVINE MALEATE	0.2 MG	TABLET			
RELISTOR	METHYLNALTREXONE BROMIDE	12MG/0.6ML	SYRINGE	12/7/2009	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
RELISTOR	METHYLNALTREXONE BROMIDE	12MG/0.6ML	VIAL	12/7/2009	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
RELISTOR	METHYLNALTREXONE BROMIDE	8 MG/0.4ML	SYRINGE	12/7/2009	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
RELISTOR	METHYLNALTREXONE BROMIDE	150 MG	TABLET	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
DAYTRANA	METHYLPHENIDATE	10MG/9HR	PATCH TD24			
DAYTRANA	METHYLPHENIDATE	15MG/9HR	PATCH TD24			
COTEMPLA XR-ODT	METHYLPHENIDATE	17.3 MG	TAB RAP BP			
DAYTRANA	METHYLPHENIDATE	20 MG/9 HR	PATCH TD24			
COTEMPLA XR-ODT	METHYLPHENIDATE	25.9 MG	TAB RAP BP			
DAYTRANA	METHYLPHENIDATE	30MG/9HR	PATCH TD24			
COTEMPLA XR-ODT	METHYLPHENIDATE	8.6 MG	TAB RAP BP			
APTENSIO XR	METHYLPHENIDATE HCL	10 MG	CSBP 40-60			
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	10 MG	CPBP 50-50			
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	10 MG	TABLET ER			
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	10 MG	TAB CHEW			
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	10 MG	TABLET			
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	10 MG	CPBP 30-70			
METHYLIN	METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION			
APTENSIO XR	METHYLPHENIDATE HCL	15 MG	CSBP 40-60			
CONCERTA	METHYLPHENIDATE HCL	18 MG	TAB ER 24			
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	2.5 MG	TAB CHEW			
APTENSIO XR	METHYLPHENIDATE HCL	20 MG	CSBP 40-60			
METADATE ER	METHYLPHENIDATE HCL	20 MG	TABLET ER			
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	20 MG	CPBP 50-50			
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	20 MG	TABLET			
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	20 MG	CPBP 30-70			
QUILLICHEW ER	METHYLPHENIDATE HCL	20 MG	TAB CBP24H			
CONCERTA	METHYLPHENIDATE HCL	27 MG	TAB ER 24			
APTENSIO XR	METHYLPHENIDATE HCL	30 MG	CSBP 40-60			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	30 MG	CPBP 50-50	100				1.00	1	34	34
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	30 MG	CPBP 30-70	100				1.00	1	34	34
QUILLICHEW ER	METHYLPHENIDATE HCL	30 MG	TAB CBP24H	100	6	9		2.00	1	68	34
CONCERTA	METHYLPHENIDATE HCL	36 MG	TAB ER 24	100				2.00	1	68	34
APTENSIO XR	METHYLPHENIDATE HCL	40 MG	CSBP 40-60	90				1.00	1	34	34
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	40 MG	CPBP 50-50	100				1.00	1	34	34
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	40 MG	CPBP 30-70	100				1.00	1	34	34
QUILLICHEW ER	METHYLPHENIDATE HCL	40 MG	TAB CBP24H	100	6	9		1.00	1	34	34
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	5 MG	TAB CHEW	100				3.50	1	119	34
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	5 MG	TABLET	100				3.50	1	119	34
METHYLIN	METHYLPHENIDATE HCL	5 MG/5 ML	SOLUTION	500				15.00	1	450	30
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24	60	6	9		2.00	60	60	30
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24	120	6	9		4.00	120	120	30
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24	150	6	9		5.00	150	150	30
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24	180	6	9		6.00	180	180	30
APTENSIO XR	METHYLPHENIDATE HCL	50 MG	CSBP 40-60	90				1.00	1	34	34
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	50 MG	CPBP 30-70	100				1.00	1	34	34
CONCERTA	METHYLPHENIDATE HCL	54 MG	TAB ER 24	100				1.00	1	34	34
APTENSIO XR	METHYLPHENIDATE HCL	60 MG	CSBP 40-60	90				1.00	1	34	34
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	60 MG	CPBP 30-70	100				1.00	1	34	34
METHYLPHENIDATE LA	METHYLPHENIDATE HCL	60 MG	CPBP 50-50	30				1.00	1	34	34
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	72 MG	TAB ER 24	100				1.00	1	34	34
ANDROID	METHYLTESTOSTERONE	10 MG	CAPSULE	100				20.00	1	680	34 P
METHITEST	METHYLTESTOSTERONE	10 MG	TABLET	100							P
METOCLOPRAMIDE HCL ODT	METOCLOPRAMIDE HCL	10 MG	TAB RAPDIS	10				4.00	1	136	34 P
METOCLOPRAMIDE HCL ODT	METOCLOPRAMIDE HCL	5 MG	TAB RAPDIS	10				4.00	1	136	34 P
DUTOPROL	METOPROLOL SU/HYDROCHLOROTHIAZ	100-12.5MG	TAB ER 24H	30				1.00	1	34	34
DUTOPROL	METOPROLOL SU/HYDROCHLOROTHIAZ	25-12.5 MG	TAB ER 24H	30				1.00	1	34	34
DUTOPROL	METOPROLOL SU/HYDROCHLOROTHIAZ	50-12.5 MG	TAB ER 24H	30				1.00	1	34	34
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	100 MG	TAB ER 24H	100				1.50	1	51	34
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	25 MG	TAB ER 24H	100				1.50	1	51	34
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	50 MG	TAB ER 24H	100				1.50	1	51	34
LOPRESSOR	METOPROLOL TARTRATE	100 MG	TABLET	100				3.00	1	102	34
METOPROLOL TARTRATE	METOPROLOL TARTRATE	25 MG	TABLET	100				2.00	1	68	34
METOPROLOL TARTRATE	METOPROLOL TARTRATE	37.5 MG	TABLET	100				2.00	1	68	34
LOPRESSOR	METOPROLOL TARTRATE	50 MG	TABLET	100				3.00	1	102	34
MYALEPT	METRELEPTIN	FNL 5MG/ML	VIAL	1				1.00	1	34	34
NUVESSA	METRONIDAZOLE	1.30%	GEL W/APPL	5				0.17	5	5	30 P
METROCREAM	METRONIDAZOLE	0.75%	CREAM (G)	45							
METROGEL-VAGINAL	METRONIDAZOLE	0.75%	GEL W/APPL	70				28.00	70	140	5
METROLOTION	METRONIDAZOLE	0.75%	LOTION	59							
METRONIDAZOLE	METRONIDAZOLE	0.75%	GEL (GRAM)	45							
METROGEL	METRONIDAZOLE	1.00%	GEL (GRAM)	60							
METROGEL	METRONIDAZOLE	1.00%	GEL W/PUMP	55							
NORITATE	METRONIDAZOLE	1.00%	CREAM (G)	60							
ORAVIG	MICONAZOLE	50 MG	MA BUC TAB	14				0.41	1	14	34 P
VUSION	MICONAZOLE NITRATE/ZINC OX/PET	0.25 %-15%	OINT. (G)	50				1.00	30	30	30
GLYSET	MIGLITOL	100 MG	TABLET	100				3.00	1	102	34
GLYSET	MIGLITOL	25 MG	TABLET	100				3.00	1	102	34
GLYSET	MIGLITOL	50 MG	TABLET	100				3.00	1	102	34
SAVELLA	MILNACIPRAN HCL	100 MG	TABLET	60				2.00	1	68	34
SAVELLA	MILNACIPRAN HCL	12.5 MG	TABLET	60				2.00	1	68	34
SAVELLA	MILNACIPRAN HCL	12.5-25-50	TAB DS PK	55				1.83	55	55	30
SAVELLA	MILNACIPRAN HCL	25 MG	TABLET	60				2.00	1	68	34
SAVELLA	MILNACIPRAN HCL	50 MG	TABLET	60				2.00	1	68	34

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	30 MG	CPBP 50-50			
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	30 MG	CPBP 30-70			
QUILLICHEW ER	METHYLPHENIDATE HCL	30 MG	TAB CBP24H			
CONCERTA	METHYLPHENIDATE HCL	36 MG	TAB ER 24			
APTENSIO XR	METHYLPHENIDATE HCL	40 MG	CSBP 40-60			
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	40 MG	CPBP 50-50			
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	40 MG	CPBP 30-70			
QUILLICHEW ER	METHYLPHENIDATE HCL	40 MG	TAB CBP24H			
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	5 MG	TAB CHEW			
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	5 MG	TABLET			
METHYLIN	METHYLPHENIDATE HCL	5 MG/5 ML	SOLUTION			
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24			
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24			
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24			
QUILLIVANT XR	METHYLPHENIDATE HCL	5 MG/ML	SU ER RC24			
APTENSIO XR	METHYLPHENIDATE HCL	50 MG	CSBP 40-60			
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	50 MG	CPBP 30-70			
CONCERTA	METHYLPHENIDATE HCL	54 MG	TAB ER 24			
APTENSIO XR	METHYLPHENIDATE HCL	60 MG	CSBP 40-60			
METHYLPHENIDATE HCL CD	METHYLPHENIDATE HCL	60 MG	CPBP 30-70			
METHYLPHENIDATE LA	METHYLPHENIDATE HCL	60 MG	CPBP 50-50			
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	72 MG	TAB ER 24			
ANDROID	METHYLTESTOSTERONE	10 MG	CAPSULE	3/1/2017	PREFERRED DOSAGE FORMS - TESTOSTERONE - ORAL	PA CRITERIA
METHITEST	METHYLTESTOSTERONE	10 MG	TABLET	3/1/2017	PREFERRED DOSAGE FORMS - TESTOSTERONE - ORAL	PA CRITERIA
METOCLOPRAMIDE HCL ODT	METOCLOPRAMIDE HCL	10 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
METOCLOPRAMIDE HCL ODT	METOCLOPRAMIDE HCL	5 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
DUTOPROL	METOPROLOL SU/HYDROCHLOROTHIAZ	100-12.5MG	TAB ER 24H			
DUTOPROL	METOPROLOL SU/HYDROCHLOROTHIAZ	25-12.5 MG	TAB ER 24H			
DUTOPROL	METOPROLOL SU/HYDROCHLOROTHIAZ	50-12.5 MG	TAB ER 24H			
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	100 MG	TAB ER 24H			
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	25 MG	TAB ER 24H			
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	50 MG	TAB ER 24H			
LOPRESSOR	METOPROLOL TARTRATE	100 MG	TABLET			
METOPROLOL TARTRATE	METOPROLOL TARTRATE	25 MG	TABLET			
METOPROLOL TARTRATE	METOPROLOL TARTRATE	37.5 MG	TABLET			
LOPRESSOR	METOPROLOL TARTRATE	50 MG	TABLET			
MYALEPT	METRELEPTIN	FNL 5MG/ML	VIAL			
NUVESSA	METRONIDAZOLE	1.30%	GEL W/APPL	9/2/2015	PREFERRED DRUG FORMS - NUVESSA	PA CRITERIA
METROCREAM	METRONIDAZOLE	0.75%	CREAM (G)			
METROGEL-VAGINAL	METRONIDAZOLE	0.75%	GEL W/APPL			
METROLOTION	METRONIDAZOLE	0.75%	LOTION			
METRONIDAZOLE	METRONIDAZOLE	0.75%	GEL (GRAM)			
METROGEL	METRONIDAZOLE	1.00%	GEL (GRAM)			
METROGEL	METRONIDAZOLE	1.00%	GEL W/PUMP			
NORITATE	METRONIDAZOLE	1.00%	CREAM (G)			
ORAVIG	MICONAZOLE	50 MG	MA BUC TAB	12/6/2010	ORAVIG	PA CRITERIA
VUSION	MICONAZOLE NITRATE/ZINC OX/PET	0.25 %-15%	OINT. (G)			
GLYSET	MIGLITOL	100 MG	TABLET			
GLYSET	MIGLITOL	25 MG	TABLET			
GLYSET	MIGLITOL	50 MG	TABLET			
SAVELLA	MILNACIPRAN HCL	100 MG	TABLET			
SAVELLA	MILNACIPRAN HCL	12.5 MG	TABLET			
SAVELLA	MILNACIPRAN HCL	12.5-25-50	TAB DS PK			
SAVELLA	MILNACIPRAN HCL	25 MG	TABLET			
SAVELLA	MILNACIPRAN HCL	50 MG	TABLET			

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REFRESH LACRI-LUBE	MINERAL OIL/PETROLATUM,WHITE	42.5-56.8%	OINT. (G)	3.5			0.23	7	7	30	
SOLODYN	MINOCYCLINE HCL	105 MG	TAB ER 24H	30			0.50	1	15	30	P
MINOCYCLINE HCL ER	MINOCYCLINE HCL	115MG	TAB ER 24H	30			0.50	1	15	30	P
MINOCYCLINE HCL ER	MINOCYCLINE HCL	135 MG	TAB ER 24H	100	12	999	0.50		15	30	P
XIMINO	MINOCYCLINE HCL	135 MG	CAP ER 24H	30			1.00	1	34	34	P
MINOCYCLINE HCL ER	MINOCYCLINE HCL	45 MG	TAB ER 24H	30	12	999	0.50		15	30	P
XIMINO	MINOCYCLINE HCL	45 MG	CAP ER 24H	30			1.00	1	34	34	P
SOLODYN	MINOCYCLINE HCL	55 MG	TAB ER 24H	30			0.50	1	15	30	P
MINOCYCLINE HCL ER	MINOCYCLINE HCL	65 MG	TAB ER 24H	30			0.50	1	15	30	P
SOLODYN	MINOCYCLINE HCL	80 MG	TAB ER 24H	30			0.50	1	15	30	P
MINOCYCLINE HCL ER	MINOCYCLINE HCL	90 MG	TAB ER 24H	100	12	999	0.50		15	30	P
XIMINO	MINOCYCLINE HCL	90 MG	CAP ER 24H	30			1.00	1	34	34	P
MINOCYCLINE HCL	MINOCYCLINE HCL	100 MG	CAPSULE	50			2.00	1	68	34	
KYNAMRO	MIPOMERSEN SODIUM	200 MG/ML	SYRINGE	1			0.14	1	4	28	P
MYRBETRIQ	MIRABEGRON	25 MG	TAB ER 24H	30			1.00	1	34	34	P
MYRBETRIQ	MIRABEGRON	50 MG	TAB ER 24H	30			1.00	1	34	34	P
MIRTAZAPINE	MIRTAZAPINE	15 MG	TAB RAPDIS	30			1.00	1	34	34	
MIRTAZAPINE	MIRTAZAPINE	15 MG	TABLET	30			1.00	1	34	34	
MIRTAZAPINE	MIRTAZAPINE	30 MG	TAB RAPDIS	30			1.00	1	34	34	
MIRTAZAPINE	MIRTAZAPINE	30 MG	TABLET	30			1.00	1	34	34	
MIRTAZAPINE	MIRTAZAPINE	45 MG	TAB RAPDIS	30			1.00	1	34	34	
MIRTAZAPINE	MIRTAZAPINE	45 MG	TABLET	30			1.00	1	34	34	
MIRTAZAPINE	MIRTAZAPINE	7.5 MG	TABLET	500			1.00	1	34	34	
MODAFINIL	MODAFINIL	100 MG	TABLET	100	16	999	0.03	1	1	34	P
PROVIGIL	MODAFINIL	100 MG	TABLET	30	16	999	1.00	1	34	34	P
MODAFINIL	MODAFINIL	200 MG	TABLET	100	16	999	0.03	1	1	34	P
PROVIGIL	MODAFINIL	200 MG	TABLET	30	16	999	1.00	1	34	34	P
MOEXIPRIL HCL	MOEXIPRIL HCL	7.5 MG	TABLET	100			1.50	1	51	34	
MOMETASONE FUROATE	MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	17			0.57	17	17	30	P
ASMANEX HFA	MOMETASONE FUROATE	100 MCG	HFA AER AD	13			0.43	13	13	30	P
ASMANEX HFA	MOMETASONE FUROATE	200 MCG	HFA AER AD	13			0.43	13	13	30	P
ELOCON	MOMETASONE FUROATE	0.10%	CREAM (G)	15			0.50	15	15	30	
ELOCON	MOMETASONE FUROATE	0.10%	CREAM (G)	50			1.67	50	50	30	
ELOCON	MOMETASONE FUROATE	0.10%	OINT. (G)	15			0.50	15	15	30	
ELOCON	MOMETASONE FUROATE	0.10%	OINT. (G)	45			1.50	45	45	30	
MOMETASONE FUROATE	MOMETASONE FUROATE	0.10%	CREAM (G)	45			1.50	45	45	30	
MOMETASONE FUROATE	MOMETASONE FUROATE	0.10%	SOLUTION	30			1.00	30	30	30	
MOMETASONE FUROATE	MOMETASONE FUROATE	0.10%	SOLUTION	60			2.00	60	60	30	
ASMANEX	MOMETASONE FUROATE	110MCG(30)	AER POW BA	1			0.03	1	1	30	
ASMANEX	MOMETASONE FUROATE	220MCG 120	AER POW BA	1			0.03	1	1	30	
ASMANEX	MOMETASONE FUROATE	220MCG(30)	AER POW BA	1			0.03	1	1	30	
ASMANEX	MOMETASONE FUROATE	220MCG(60)	AER POW BA	1			0.03	1	1	30	
DULERA	MOMETASONE/FORMOTEROL	100-5 MCG	HFA AER AD	13			0.43	13	13	30	
DULERA	MOMETASONE/FORMOTEROL	200-5 MCG	HFA AER AD	13			0.43	13	13	30	
MONTELUKAST SODIUM	MONTELUKAST SODIUM	10 MG	TABLET	30			1.00	1	34	34	
MONTELUKAST SODIUM	MONTELUKAST SODIUM	4 MG	GRAN PACK	1			1.00	1	30	30	
MONTELUKAST SODIUM	MONTELUKAST SODIUM	4 MG	TAB CHEW	30			1.00	1	30	30	
SINGULAIR	MONTELUKAST SODIUM	4 MG	GRAN PACK	30			1.00	1	30	30	
SINGULAIR	MONTELUKAST SODIUM	4 MG	TAB CHEW	30			1.00	1	30	30	
MONTELUKAST SODIUM	MONTELUKAST SODIUM	5 MG	TAB CHEW	30			1.00	1	34	34	
SINGULAIR	MONTELUKAST SODIUM	5 MG	TAB CHEW	30			1.00	1	34	34	
KADIAN	MORPHINE SULFATE	10 MG	CAP ER PEL	60			1.00	1	34	34	P
KADIAN	MORPHINE SULFATE	100 MG	CAP ER PEL	60			2.00	1	68	34	P
MORPHABOND ER	MORPHINE SULFATE	100 MG	TAB ER 12H	100			2.00	1	68	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	100 MG	TABLET ER	100			2.00	1	68	34	P

North Dakota Medicaid  
Drug Utilization Management List

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REFRESH LACRI-LUBE	MINERAL OIL/PETROLATUM,WHITE	42.5-56.8%	OINT. (G)			
SOLODYN	MINOCYCLINE HCL	105 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
MINOCYCLINE HCL ER	MINOCYCLINE HCL	115MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
MINOCYCLINE HCL ER	MINOCYCLINE HCL	135 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
XIMINO	MINOCYCLINE HCL	135 MG	CAP ER 24H	12/11/2006	ACNE	PA CRITERIA
MINOCYCLINE HCL ER	MINOCYCLINE HCL	45 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
XIMINO	MINOCYCLINE HCL	45 MG	CAP ER 24H	12/11/2006	ACNE	PA CRITERIA
SOLODYN	MINOCYCLINE HCL	55 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
MINOCYCLINE HCL ER	MINOCYCLINE HCL	65 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
SOLODYN	MINOCYCLINE HCL	80 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
MINOCYCLINE HCL ER	MINOCYCLINE HCL	90 MG	TAB ER 24H	12/11/2006	ACNE	PA CRITERIA
XIMINO	MINOCYCLINE HCL	90 MG	CAP ER 24H	3/5/2012	ACNE	PA CRITERIA
MINOCYCLINE HCL	MINOCYCLINE HCL	100 MG	CAPSULE			
KYNAMRO	MIPOMERSEN SODIUM	200 MG/ML	SYRINGE	9/6/2017	JUXTAPID/KYNAMRO	PA CRITERIA
MYRBETRIQ	MIRABEGRON	25 MG	TAB ER 24H	3/11/2013	URINARY ANTISPASMODICS	PDL
MYRBETRIQ	MIRABEGRON	50 MG	TAB ER 24H	3/11/2013	URINARY ANTISPASMODICS	PDL
MIRTAZAPINE	MIRTAZAPINE	15 MG	TAB RAPDIS			
MIRTAZAPINE	MIRTAZAPINE	15 MG	TABLET			
MIRTAZAPINE	MIRTAZAPINE	30 MG	TAB RAPDIS			
MIRTAZAPINE	MIRTAZAPINE	30 MG	TABLET			
MIRTAZAPINE	MIRTAZAPINE	45 MG	TAB RAPDIS			
MIRTAZAPINE	MIRTAZAPINE	45 MG	TABLET			
MIRTAZAPINE	MIRTAZAPINE	7.5 MG	TABLET			
MODAFINIL	MODAFINIL	100 MG	TABLET	6/4/2012	PROVIGIL/NUVIGIL	PA CRITERIA
PROVIGIL	MODAFINIL	100 MG	TABLET	6/4/2012	PROVIGIL/NUVIGIL	PA CRITERIA
MODAFINIL	MODAFINIL	200 MG	TABLET	6/4/2012	PROVIGIL/NUVIGIL	PA CRITERIA
PROVIGIL	MODAFINIL	200 MG	TABLET	6/4/2012	PROVIGIL/NUVIGIL	PA CRITERIA
MOEXIPRIL HCL	MOEXIPRIL HCL	7.5 MG	TABLET			
MOMETASONE FUROATE	MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	3/2/2016	NASAL STEROIDS	PA CRITERIA
ASMANEX HFA	MOMETASONE FUROATE	100 MCG	HFA AER AD	3/2/2016	STEROIDS - INHALED	PDL
ASMANEX HFA	MOMETASONE FUROATE	200 MCG	HFA AER AD	3/2/2016	STEROIDS - INHALED	PDL
ELOCON	MOMETASONE FUROATE	0.10%	CREAM (G)			
ELOCON	MOMETASONE FUROATE	0.10%	CREAM (G)			
ELOCON	MOMETASONE FUROATE	0.10%	OINT. (G)			
ELOCON	MOMETASONE FUROATE	0.10%	OINT. (G)			
MOMETASONE FUROATE	MOMETASONE FUROATE	0.10%	CREAM (G)			
MOMETASONE FUROATE	MOMETASONE FUROATE	0.10%	SOLUTION			
MOMETASONE FUROATE	MOMETASONE FUROATE	0.10%	SOLUTION			
ASMANEX	MOMETASONE FUROATE	110MCG(30)	AER POW BA			
ASMANEX	MOMETASONE FUROATE	220MCG 120	AER POW BA			
ASMANEX	MOMETASONE FUROATE	220MCG(30)	AER POW BA			
ASMANEX	MOMETASONE FUROATE	220MCG(60)	AER POW BA			
DULERA	MOMETASONE/FORMOTEROL	100-5 MCG	HFA AER AD			
DULERA	MOMETASONE/FORMOTEROL	200-5 MCG	HFA AER AD			
MONTELUKAST SODIUM	MONTELUKAST SODIUM	10 MG	TABLET			
MONTELUKAST SODIUM	MONTELUKAST SODIUM	4 MG	GRAN PACK			
MONTELUKAST SODIUM	MONTELUKAST SODIUM	4 MG	TAB CHEW			
SINGULAIR	MONTELUKAST SODIUM	4 MG	GRAN PACK			
SINGULAIR	MONTELUKAST SODIUM	4 MG	TAB CHEW			
MONTELUKAST SODIUM	MONTELUKAST SODIUM	5 MG	TAB CHEW			
SINGULAIR	MONTELUKAST SODIUM	5 MG	TAB CHEW			
KADIAN	MORPHINE SULFATE	10 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	100 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHABOND ER	MORPHINE SULFATE	100 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	100 MG	TABLET ER	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL

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MORPHINE SULFATE ER	MORPHINE SULFATE	120 MG	CPMP 24HR	100			1.00	1	34	34	P
ARYMO ER	MORPHINE SULFATE	15 MG	TAB PO ER	100			2.00	1	68	34	P
MORPHABOND ER	MORPHINE SULFATE	15 MG	TAB ER 12H	100			2.00	1	68	34	P
KADIAN	MORPHINE SULFATE	20 MG	CAP ER PEL	60			2.00	1	68	34	P
KADIAN	MORPHINE SULFATE	200 MG	CAP ER PEL	60			2.00	1	68	34	P
ARYMO ER	MORPHINE SULFATE	30 MG	TAB PO ER	100			2.00	1	68	34	P
KADIAN	MORPHINE SULFATE	30 MG	CAP ER PEL	60			2.00	1	68	34	P
MORPHABOND ER	MORPHINE SULFATE	30 MG	TAB ER 12H	100			2.00	1	68	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	30 MG	CPMP 24HR	100			1.00	1	34	34	P
KADIAN	MORPHINE SULFATE	40 MG	CAP ER PEL	60			2.00	1	68	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	45 MG	CPMP 24HR	100			1.00	1	34	34	P
KADIAN	MORPHINE SULFATE	50 MG	CAP ER PEL	60			2.00	1	68	34	P
ARYMO ER	MORPHINE SULFATE	60 MG	TAB PO ER	100			2.00	1	68	34	P
KADIAN	MORPHINE SULFATE	60 MG	CAP ER PEL	60			2.00	1	68	34	P
MORPHABOND ER	MORPHINE SULFATE	60 MG	TAB ER 12H	100			2.00	1	68	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	60 MG	CPMP 24HR	100			1.00	1	34	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	75 MG	CPMP 24HR	100			1.00	1	34	34	P
KADIAN	MORPHINE SULFATE	80 MG	CAP ER PEL	60			2.00	1	68	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	90 MG	CPMP 24HR	100			1.00	1	34	34	P
MORPHINE SULFATE ER	MORPHINE SULFATE	15 MG	TABLET ER	100			2.00	1	68	34	
MORPHINE SULFATE ER	MORPHINE SULFATE	200 MG	TABLET ER	100			2.00	1	68	34	
MORPHINE SULFATE ER	MORPHINE SULFATE	30 MG	TABLET ER	100			2.00	1	68	34	
MORPHINE SULFATE ER	MORPHINE SULFATE	60 MG	TABLET ER	100			2.00	1	68	34	
MORPHINE SULFATE	MORPHINE SULFATE	15 MG	TABLET	100			6.00	1	204	34	
MORPHINE SULFATE	MORPHINE SULFATE	30 MG	TABLET	100			3.00	1	102	34	
EMBEDA	MORPHINE SULFATE/NALTREXONE	100MG-4MG	CAP ER PO	30			2.00	1	68	34	
EMBEDA	MORPHINE SULFATE/NALTREXONE	20MG-0.8MG	CAP ER PO	30			2.00	1	68	34	
EMBEDA	MORPHINE SULFATE/NALTREXONE	30MG-1.2MG	CAP ER PO	30			2.00	1	68	34	
EMBEDA	MORPHINE SULFATE/NALTREXONE	50 MG-2 MG	CAP ER PO	30			2.00	1	68	34	
EMBEDA	MORPHINE SULFATE/NALTREXONE	60MG-2.4MG	CAP ER PO	30			2.00	1	68	34	
EMBEDA	MORPHINE SULFATE/NALTREXONE	80MG-3.2MG	CAP ER PO	30			2.00	1	68	34	
MOXIFLOXACIN	MOXIFLOXACIN HCL	0.50%	DROPS	3			0.43	3	3	7	P
MOXEZA	MOXIFLOXACIN HCL	0.50%	DROPS VISC	3			0.30	3	3	10	
AVELOX	MOXIFLOXACIN HCL	400 MG	TABLET	30			1.00	1	34	34	
MUPIROCIN	MUPIROCIN	2.00%	OINT. (G)	22			0.73	22	22	30	
MUPIROCIN	MUPIROCIN CALCIUM	2.00%	CREAM (G)	15			0.50	15	15	30	
MUPIROCIN	MUPIROCIN CALCIUM	2.00%	CREAM (G)	30			1.00	30	30	30	
CELLCEPT	MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON	160			10.00	160	160	16	
CESAMET	NABILONE	1 MG	CAPSULE	50			6.00	1	204	34	
NABUMETONE	NABUMETONE	500 MG	TABLET	100			4.00	1	136	34	
NABUMETONE	NABUMETONE	750 MG	TABLET	100			2.00	1	68	34	
NAFTIFINE HCL	NAFTIFINE HCL	1.00%	CREAM (G)	90			3.00	90	90	30	
NAFTIN	NAFTIFINE HCL	1.00%	GEL (GRAM)	40			1.33	40	40	30	
NAFTIN	NAFTIFINE HCL	1.00%	GEL (GRAM)	60			2.00	60	60	30	
NAFTIN	NAFTIFINE HCL	1.00%	GEL (GRAM)	90			3.00	90	90	30	
NAFTIFINE HCL	NAFTIFINE HCL	2.00%	CREAM (G)	45			1.50	45	45	30	
NAFTIFINE HCL	NAFTIFINE HCL	2.00%	CREAM (G)	60			2.00	60	60	30	
SYMPROIC	NALDEMEDINE TOSYLATE	0.2 MG	TABLET	30			1.00	1	34	34	P
MOVANTIK	NALOXEGOL OXALATE	12.5 MG	TABLET	30			1.00	1	34	34	P
MOVANTIK	NALOXEGOL OXALATE	25 MG	TABLET	30			1.00	1	34	34	P
NARCAN	NALOXONE HCL	4 MG	SPRAY	2			0.06	1	2	34	
VIVITROL	NALTREXONE MICROSOPHERES	380 MG	SUS ER REC	1			1.00	1	1	1	
NAPROXEN	NAPROXEN	125 MG/5ML	ORAL SUSP	500			62.50	1	500	8	P
NAPROXEN	NAPROXEN	250 MG	TABLET	100			2.00	1	68	34	
EC-NAPROSYN	NAPROXEN	375 MG	TABLET DR	100			4.00	1	136	34	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
MORPHINE SULFATE ER	MORPHINE SULFATE	120 MG	CPMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ARYMO ER	MORPHINE SULFATE	15 MG	TAB PO ER	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHABOND ER	MORPHINE SULFATE	15 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	20 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	200 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ARYMO ER	MORPHINE SULFATE	30 MG	TAB PO ER	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	30 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHABOND ER	MORPHINE SULFATE	30 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	30 MG	CPMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	40 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	45 MG	CPMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	50 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
ARYMO ER	MORPHINE SULFATE	60 MG	TAB PO ER	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	60 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHABOND ER	MORPHINE SULFATE	60 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	60 MG	CPMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	75 MG	CPMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
KADIAN	MORPHINE SULFATE	80 MG	CAP ER PEL	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	90 MG	CPMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
MORPHINE SULFATE ER	MORPHINE SULFATE	15 MG	TABLET ER			
MORPHINE SULFATE ER	MORPHINE SULFATE	200 MG	TABLET ER			
MORPHINE SULFATE ER	MORPHINE SULFATE	30 MG	TABLET ER			
MORPHINE SULFATE ER	MORPHINE SULFATE	60 MG	TABLET ER			
MORPHINE SULFATE	MORPHINE SULFATE	15 MG	TABLET			
MORPHINE SULFATE	MORPHINE SULFATE	30 MG	TABLET			
EMBEDA	MORPHINE SULFATE/NALTREXONE	100MG-4MG	CAP ER PO			
EMBEDA	MORPHINE SULFATE/NALTREXONE	20MG-0.8MG	CAP ER PO			
EMBEDA	MORPHINE SULFATE/NALTREXONE	30MG-1.2MG	CAP ER PO			
EMBEDA	MORPHINE SULFATE/NALTREXONE	50 MG-2 MG	CAP ER PO			
EMBEDA	MORPHINE SULFATE/NALTREXONE	60MG-2.4MG	CAP ER PO			
EMBEDA	MORPHINE SULFATE/NALTREXONE	80MG-3.2MG	CAP ER PO			
MOXIFLOXACIN	MOXIFLOXACIN HCL	0.50%	DROPS	2/4/2008	OPHTHALMIC ANTIINFECTIVES	PDL
MOXEZA	MOXIFLOXACIN HCL	0.50%	DROPS VISC			
AVELOX	MOXIFLOXACIN HCL	400 MG	TABLET			
MUPIROCIN	MUPIROCIN	2.00%	OINT. (G)			
MUPIROCIN	MUPIROCIN CALCIUM	2.00%	CREAM (G)			
MUPIROCIN	MUPIROCIN CALCIUM	2.00%	CREAM (G)			
CELLCEPT	MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON			
CESAMET	NABILONE	1 MG	CAPSULE			
NABUMETONE	NABUMETONE	500 MG	TABLET			
NABUMETONE	NABUMETONE	750 MG	TABLET			
NAFTIFINE HCL	NAFTIFINE HCL	1.00%	CREAM (G)			
NAFTIN	NAFTIFINE HCL	1.00%	GEL (GRAM)			
NAFTIN	NAFTIFINE HCL	1.00%	GEL (GRAM)			
NAFTIN	NAFTIFINE HCL	1.00%	GEL (GRAM)			
NAFTIFINE HCL	NAFTIFINE HCL	2.00%	CREAM (G)			
NAFTIFINE HCL	NAFTIFINE HCL	2.00%	CREAM (G)			
SYMPROIC	NALDEMEDINE TOSYLATE	0.2 MG	TABLET	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
MOVANTIK	NALOXEGOL OXALATE	12.5 MG	TABLET	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
MOVANTIK	NALOXEGOL OXALATE	25 MG	TABLET	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
NARCAN	NALOXONE HCL	4 MG	SPRAY			
VIVITROL	NALTREXONE MICROSPHERES	380 MG	SUS ER REC			
NAPROXEN	NAPROXEN	125 MG/5ML	ORAL SUSP	12/13/2004	NSAIDS	PA CRITERIA
NAPROXEN	NAPROXEN	250 MG	TABLET			
EC-NAPROSYN	NAPROXEN	375 MG	TABLET DR			



North Dakota Medicaid  
Drug Utilization Management List

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NAPROXEN	NAPROXEN	375 MG	TABLET	100			4.00	1	136	34	
NAPROXEN	NAPROXEN	500 MG	TABLET	100			3.00	1	102	34	
NAPROXEN	NAPROXEN	500 MG	TABLET DR	100			3.00	1	102	34	
NAPRELAN	NAPROXEN SODIUM	375 MG	TBMP 24HR	100							P
NAPRELAN	NAPROXEN SODIUM	500 MG	TBMP 24HR	75							P
NAPRELAN	NAPROXEN SODIUM	750 MG	TBMP 24HR	30							P
NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG	CAPSULE	80			3.00	1	102	34	
NAPROXEN SODIUM	NAPROXEN SODIUM	275 MG	TABLET	100			2.00	1	68	34	
NAPROXEN SODIUM	NAPROXEN SODIUM	550 MG	TABLET	100			0.03	1	1	30	
VIMOVO	NAPROXEN/ESOMEPRAZOLE MAG	375MG-20MG	TAB IR DR	60			1.00	1	34	34	P
VIMOVO	NAPROXEN/ESOMEPRAZOLE MAG	500MG-20MG	TAB IR DR	60			1.00	1	34	34	P
AMERGE	NARATRIPTAN HCL	1 MG	TABLET	9			0.60	1	18	30	P
AMERGE	NARATRIPTAN HCL	2.5 MG	TABLET	9			0.60	1	18	30	P
TYSABRI	NATALIZUMAB	300MG/15ML	VIAL	15			0.03	1	1	34	P
NATEGLINIDE	NATEGLINIDE	120 MG	TABLET	100			3.00	1	102	34	
NATEGLINIDE	NATEGLINIDE	60 MG	TABLET	100			3.00	1	102	34	
BYSTOLIC	NEBIVOLOL HCL	10 MG	TABLET	30			1.00		34	34	
BYSTOLIC	NEBIVOLOL HCL	2.5 MG	TABLET	1			1.00		34	34	
BYSTOLIC	NEBIVOLOL HCL	20 MG	TABLET	30			2.00	1	68	34	
BYSTOLIC	NEBIVOLOL HCL	5 MG	TABLET	1			1.00		34	34	
BYVALSON	NEBIVOLOL HCL/VALSARTAN	5 MG-80 MG	TABLET	30			1.00	1	34	34	P
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	14GX1"	DIS NEEDLE	100						150	
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	14GX1.5"	DIS NEEDLE	100						150	
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	14GX2"	DIS NEEDLE	100						150	
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	15GX1.5"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16 G X 1"	DIS NEEDLE	100						150	
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16GX0.625"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16GX1.5"	DIS NEEDLE	100						150	
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16GX3/4"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	18GX1 1/2"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	19GX1 1/2"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	19GX1"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	20GX1 1/2"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	20GX1"	DIS NEEDLE	100						150	
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	20GX3/4"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	21 G X 1"	DIS NEEDLE	100						150	
YALE NEEDLES	NEEDLES, DISPOSABLE	21G X1.25"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	21GX1 1/2"	DIS NEEDLE	100						150	
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	21GX2"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX1 1/2"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX1"	DIS NEEDLE	100						150	
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX1"	DIS NEEDLE	100						150	
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX3/4"	DIS NEEDLE	100						150	
NEEDLE	NEEDLES, DISPOSABLE	22GX3/4"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1 1/2"	DIS NEEDLE	100						150	
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1 1/2"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE	100						150	
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1.25"	DIS NEEDLE	100						150	
SPECIALTY USE NEEDLES	NEEDLES, DISPOSABLE	23GX1.25"	DIS NEEDLE	100						150	
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1/2"	DIS NEEDLE	1000						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX3/4"	DIS NEEDLE	100						150	
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	24GX1"	DIS NEEDLE	100						150	
NEEDLES	NEEDLES, DISPOSABLE	25GX0.875"	DIS NEEDLE	100						150	

North Dakota Medicaid  
Drug Utilization Management List

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NAPROXEN	NAPROXEN	375 MG	TABLET			
NAPROXEN	NAPROXEN	500 MG	TABLET			
NAPROXEN	NAPROXEN	500 MG	TABLET DR			
NAPRELAN	NAPROXEN SODIUM	375 MG	TBMP 24HR	12/13/2004	NSAIDS	PA CRITERIA
NAPRELAN	NAPROXEN SODIUM	500 MG	TBMP 24HR	12/13/2004	NSAIDS	PA CRITERIA
NAPRELAN	NAPROXEN SODIUM	750 MG	TBMP 24HR	12/13/2004	NSAIDS	PA CRITERIA
NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG	CAPSULE			
NAPROXEN SODIUM	NAPROXEN SODIUM	275 MG	TABLET			
NAPROXEN SODIUM	NAPROXEN SODIUM	550 MG	TABLET			
VIMOVO	NAPROXEN/ESOMEPRAZOLE MAG	375MG-20MG	TAB IR DR	12/13/2004	NSAIDS	PA CRITERIA
VIMOVO	NAPROXEN/ESOMEPRAZOLE MAG	500MG-20MG	TAB IR DR	12/13/2004	NSAIDS	PA CRITERIA
AMERGE	NARATRIPTAN HCL	1 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
AMERGE	NARATRIPTAN HCL	2.5 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
TYSABRI	NATALIZUMAB	300MG/15ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
NATEGLINIDE	NATEGLINIDE	120 MG	TABLET			
NATEGLINIDE	NATEGLINIDE	60 MG	TABLET			
BYSTOLIC	NEBIVOLOL HCL	10 MG	TABLET			
BYSTOLIC	NEBIVOLOL HCL	2.5 MG	TABLET			
BYSTOLIC	NEBIVOLOL HCL	20 MG	TABLET			
BYSTOLIC	NEBIVOLOL HCL	5 MG	TABLET			
BYVALSON	NEBIVOLOL HCL/VALSARTAN	5 MG-80 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	14GX1"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	14GX1.5"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	14GX2"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	15GX1.5"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16 G X 1"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16GX0.625"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16GX1.5"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	16GX3/4"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	18GX1 1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	19GX1 1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	19GX1"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	20GX1 1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	20GX1"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	20GX3/4"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	21 G X 1"	DIS NEEDLE			
YALE NEEDLES	NEEDLES, DISPOSABLE	21G X1.25"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	21GX1 1/2"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	21GX2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX1 1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX1"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX1"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	22GX3/4"	DIS NEEDLE			
NEEDLE	NEEDLES, DISPOSABLE	22GX3/4"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1 1/2"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1 1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1.25"	DIS NEEDLE			
SPECIALTY USE NEEDLES	NEEDLES, DISPOSABLE	23GX1.25"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	23GX3/4"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	24GX1"	DIS NEEDLE			
NEEDLES	NEEDLES, DISPOSABLE	25GX0.875"	DIS NEEDLE			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.										
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1"	DIS NEEDLE	100						150
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1.25"	DIS NEEDLE	100						150
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX2"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX3/4"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX5/8"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE	100						150
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE	1000						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX3/8"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX3/8"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE	100						150
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE	100						150
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE	1000						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE	100						150
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	30GX1"	DIS NEEDLE	100						150
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	30GX1/2"	DIS NEEDLE	100						150
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	30GX3/4"	DIS NEEDLE	1000						150
FLOW-EZE	NEEDLES, DISPOSABLE		DIS NEEDLE	500						150
YALE NEEDLE	NEEDLES, REUSABLE	26GX1/2"	NEEDLE	12						150
YALE NEEDLE	NEEDLES, REUSABLE	27GX1"	NEEDLE	12						150
YALE NEEDLE	NEEDLES, REUSABLE	30GX1/2"	NEEDLE	12						150
NEFAZODONE HCL	NEFAZODONE HCL	100 MG	TABLET	60		2.00	1	68		34
NEFAZODONE HCL	NEFAZODONE HCL	150 MG	TABLET	60		2.00	1	68		34
NEFAZODONE HCL	NEFAZODONE HCL	200 MG	TABLET	60		3.00	1	102		34
NEFAZODONE HCL	NEFAZODONE HCL	250 MG	TABLET	60		2.00	1	68		34
NEFAZODONE HCL	NEFAZODONE HCL	50 MG	TABLET	100		2.00	1	68		34
NEOMYCIN-POLYMYXIN B	NEOMYCIN SULF/POLYMYXIN B SULF	40-200K/ML	AMPUL	1		0.33	2	10		30
NEOMYCIN-POLYMYXIN-HYDROCORT	NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	SOLUTION	10						P
NEVANAC	NEPAFENAC	0.10%	DROPS SUSP	3		0.10	3	3		30 P
ILEVRO	NEPAFENAC	0.30%	DROPS SUSP	1.7		0.06	1.7	1.7		30
AKYNZEO	NETUPITANT/PALONOSETRON HCL	300-0.5 MG	CAPSULE	1		0.04	1	1		28 P
NEVIRAPINE ER	NEVIRAPINE	100 MG	TAB ER 24H	90		2.00	1	68		34
NIACIN ER	NIACIN	1000 MG	TAB ER 24H	180		2.00	1	68		34
NIACIN ER	NIACIN	500 MG	TAB ER 24H	180		2.00	1	68		34
NIACIN ER	NIACIN	750 MG	TAB ER 24H	180		2.00	1	68		34
NICOTROL	NICOTINE	10 MG	CARTRIDGE	168		6.00	168	168		28 P
NICOTROL NS	NICOTINE	10 MG/ML	SPRAY	10		0.36	10	10		28 P
NICODERM CQ	NICOTINE	14MG/24HR	PATCH TD24	14		1.00		30		30 P
NICODERM CQ	NICOTINE	21 MG/24HR	PATCH TD24	14		2.00		60		30 P
NICODERM CQ	NICOTINE	7MG/24HR	PATCH TD24	14		1.00		30		30 P
NICORELIEF	NICOTINE POLACRILEX	2 MG	GUM	110		24.00	1	720		30 P
NICORETTE	NICOTINE POLACRILEX	2 MG	LOZENGE	72		24.00		720		30 P
NICORELIEF	NICOTINE POLACRILEX	4 MG	GUM	110		24.00	1	720		30 P
NICORETTE	NICOTINE POLACRILEX	4 MG	LOZENGE	72		24.00		720		30 P
ADALAT CC	NIFEDIPINE	30 MG	TABLET ER	100		1.00	1	34		34
NIFEDIPINE ER	NIFEDIPINE	30 MG	TAB ER 24	100		1.00	1	34		34
ADALAT CC	NIFEDIPINE	60 MG	TABLET ER	100		1.00	1	34		34

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX1.25"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX2"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX3/4"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	25GX5/8"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX3/8"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	26GX3/8"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE			
EXEL HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	30GX1"	DIS NEEDLE			
EASY TOUCH HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	30GX1/2"	DIS NEEDLE			
HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	30GX3/4"	DIS NEEDLE			
FLOW-EZE	NEEDLES, DISPOSABLE		DIS NEEDLE			
YALE NEEDLE	NEEDLES, REUSABLE	26GX1/2"	NEEDLE			
YALE NEEDLE	NEEDLES, REUSABLE	27GX1"	NEEDLE			
YALE NEEDLE	NEEDLES, REUSABLE	30GX1/2"	NEEDLE			
NEFAZODONE HCL	NEFAZODONE HCL	100 MG	TABLET			
NEFAZODONE HCL	NEFAZODONE HCL	150 MG	TABLET			
NEFAZODONE HCL	NEFAZODONE HCL	200 MG	TABLET			
NEFAZODONE HCL	NEFAZODONE HCL	250 MG	TABLET			
NEFAZODONE HCL	NEFAZODONE HCL	50 MG	TABLET			
NEOMYCIN-POLYMYXIN B	NEOMYCIN SULF/POLYMYXIN B SULF	40-200K/ML	AMPUL			
NEOMYCIN-POLYMYXIN-HYDROCORT	NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	SOLUTION	2/4/2008	OPHTHALMIC ANTIINFECTIVES/ANTIINFLAMMATORIES	PDL
NEVANAC	NEPAFENAC	0.10%	DROPS SUSP	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
ILEVRO	NEPAFENAC	0.30%	DROPS SUSP			
AKYNZEO	NETUPITANT/PALONOSETRON HCL	300-0.5 MG	CAPSULE	9/2/2015	NAUSEA/VOMITING - CHEMO INDUCED	PA CRITERIA
NEVIRAPINE ER	NEVIRAPINE	100 MG	TAB ER 24H			
NIACIN ER	NIACIN	1000 MG	TAB ER 24H			
NIACIN ER	NIACIN	500 MG	TAB ER 24H			
NIACIN ER	NIACIN	750 MG	TAB ER 24H			
NICOTROL	NICOTINE	10 MG	CARTRIDGE	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICOTROL NS	NICOTINE	10 MG/ML	SPRAY	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICODERM CQ	NICOTINE	14MG/24HR	PATCH TD24	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICODERM CQ	NICOTINE	21 MG/24HR	PATCH TD24	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICODERM CQ	NICOTINE	7MG/24HR	PATCH TD24	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICORELIEF	NICOTINE POLACRILEX	2 MG	GUM	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICORETTE	NICOTINE POLACRILEX	2 MG	LOZENGE	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICORELIEF	NICOTINE POLACRILEX	4 MG	GUM	11/15/2008	TOBACCO CESSATION	PA CRITERIA
NICORETTE	NICOTINE POLACRILEX	4 MG	LOZENGE	11/15/2008	TOBACCO CESSATION	PA CRITERIA
ADALAT CC	NIFEDIPINE	30 MG	TABLET ER			
NIFEDIPINE ER	NIFEDIPINE	30 MG	TAB ER 24			
ADALAT CC	NIFEDIPINE	60 MG	TABLET ER			

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NIFEDIPINE ER	NIFEDIPINE	60 MG	TAB ER 24	100			2.00	1	68	34	
ADALAT CC	NIFEDIPINE	90 MG	TABLET ER	100			1.00	1	34	34	
NIFEDIPINE ER	NIFEDIPINE	90 MG	TAB ER 24	100			1.00	1	34	34	
NIMODIPINE	NIMODIPINE	30 MG	CAPSULE	100			12.00	1	252	21	
NYMALIZE	NIMODIPINE	60 MG/20ML	SOLUTION	473			84.00	80	2520	30	
OFEV	NINTEDANIB ESYLATE	100 MG	CAPSULE	60			2.00	1	68	34	P
OFEV	NINTEDANIB ESYLATE	150 MG	CAPSULE	60			2.00	1	68	34	P
NISOLDIPINE	NISOLDIPINE	17 MG	TAB ER 24H	100			1.00	1	34	34	
NISOLDIPINE	NISOLDIPINE	20 MG	TAB ER 24H	100			1.00	1	34	34	
NISOLDIPINE	NISOLDIPINE	25.5 MG	TAB ER 24H	100			1.00	1	34	34	
NISOLDIPINE	NISOLDIPINE	30 MG	TAB ER 24H	100			2.00	1	68	34	
NISOLDIPINE	NISOLDIPINE	34 MG	TAB ER 24H	100			1.00	1	34	34	
NISOLDIPINE	NISOLDIPINE	40 MG	TAB ER 24H	100			1.00	1	34	34	
NISOLDIPINE	NISOLDIPINE	8.5MG	TAB ER 24H	100			1.00	1	34	34	
ALINIA	NITAZOXANIDE	100 MG/5ML	SUSP RECON	60			20.00	1	60	3	
ALINIA	NITAZOXANIDE	500 MG	TABLET	30			2.00	1	6	3	
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE	100			4.00	1	136	34	
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL	25 MG	CAPSULE	100			4.00	1	136	34	
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE	100			4.00	1	136	34	
MACROBID	NITROFURANTOIN MONOHD/M-CRYST	100 MG	CAPSULE	100			2.00	1	68	34	
GONITRO	NITROGLYCERIN	400 MCG	POWD PACK	36							P
NITROGLYCERIN	NITROGLYCERIN	400MCG/SPR	SPRAY	4.9							P
MINITRAN	NITROGLYCERIN	0.2MG/HR	PATCH TD24	30			1.00	1	30	30	
RECTIV	NITROGLYCERIN	0.4% (W/W)	OINT. (G)	30			1.00	30	30	30	
MINITRAN	NITROGLYCERIN	0.4MG/HR	PATCH TD24	30			1.00	1	30	30	
MINITRAN	NITROGLYCERIN	0.6MG/HR	PATCH TD24	30			1.00	1	30	30	
NITROMIST	NITROGLYCERIN	400MCG/SPR	SPRAY	4.1			0.14	4.1	4.1	30	
NIZATIDINE	NIZATIDINE	150 MG	CAPSULE	60			2.00	1	68	34	
NIZATIDINE	NIZATIDINE	300 MG	CAPSULE	30			2.00	1	68	34	
XULANE	NORELGESTROMIN/ETHIN. ESTRADIOL	150-35/24H	PATCH TDWK	1			0.14	1	1	7	
XULANE	NORELGESTROMIN/ETHIN. ESTRADIOL	150-35/24H	PATCH TDWK	3			0.14	3	3	21	
NORETHIN-ETH ESTRA-FERROUS FUM	NORETH-ETHINYL ESTRADIOL/IRON	0.4-35(21)	TAB CHEW	28			1.33	28	112	84	
GENERESS FE	NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	28			1.33	28	112	84	
CAMILA	NORETHINDRONE	0.35 MG	TABLET	28			1.33	28	112	84	
FEMHRT	NORETHINDRONE AC-ETH ESTRADIOL	0.5MG-2.5	TABLET	28			1.33	1	40	30	
JUNEL	NORETHINDRONE AC-ETH ESTRADIOL	1.5-0.03MG	TABLET	21			1.00	21	63	63	
JUNEL	NORETHINDRONE AC-ETH ESTRADIOL	1MG-20MCG	TABLET	21			1.00	21	63	63	
FYAVOLV	NORETHINDRONE AC-ETH ESTRADIOL	1MG-5MCG	TABLET	90			1.33	1	40	30	
BLISOVI FE	NORETHINDRONE-E. ESTRADIOL-IRON	1.5-30(21)	TABLET	28			1.33	28	112	84	
LO LOESTRIN FE	NORETHINDRONE-E. ESTRADIOL-IRON	1MG-10(24)	TABLET	28			1.33	28	112	84	
BLISOVI FE	NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(21)	TABLET	28			1.33	28	112	84	
BLISOVI 24 FE	NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	TABLET	28			1.33	28	112	84	
MELODETTA 24 FE	NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	TAB CHEW	28			1.33	28	112	84	
TAYTULLA	NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	CAPSULE	28			1.33	28	112	84	
ESTROSTEP FE	NORETHINDRONE-E. ESTRADIOL-IRON	5-7-9-7	TABLET	28			1.33	28	112	84	
ARANELLE	NORETHINDRONE-ETHINYL ESTRAD	3854200.00%	TABLET	28			1.33	28	112	84	
BALZIVA	NORETHINDRONE-ETHINYL ESTRAD	0.4-0.035	TABLET	28			1.33	28	112	84	
NECON	NORETHINDRONE-ETHINYL ESTRAD	0.5-0.035	TABLET	28			1.33	28	112	84	
ALYACEN	NORETHINDRONE-ETHINYL ESTRAD	1 MG-35MCG	TABLET	28			1.33	28	112	84	
ALYACEN	NORETHINDRONE-ETHINYL ESTRAD	7 DAYS X 3	TABLET	28			1.33	28	112	84	
ESTARYLLA	NORGESTIMATE-ETHINYL ESTRADIOL	0.25-0.035	TABLET	28			1.33	28	112	84	
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	28			1.33	28	112	84	
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET	28			1.33	28	112	84	
CRYSSELLE	NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	28			1.33	28	112	84	
OGESTREL	NORGESTREL-ETHINYL ESTRADIOL	0.5 MG-50	TABLET	28			1.33	28	112	84	

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NIFEDIPINE ER	NIFEDIPINE	60 MG	TAB ER 24			
ADALAT CC	NIFEDIPINE	90 MG	TABLET ER			
NIFEDIPINE ER	NIFEDIPINE	90 MG	TAB ER 24			
NIMODIPINE	NIMODIPINE	30 MG	CAPSULE			
NYMALIZE	NIMODIPINE	60 MG/20ML	SOLUTION			
OFEV	NINTEDANIB ESYLATE	100 MG	CAPSULE	6/3/2015	IDIOPATHIC PULMONARY FIBROSIS	PA CRITERIA
OFEV	NINTEDANIB ESYLATE	150 MG	CAPSULE	6/3/2015	IDIOPATHIC PULMONARY FIBROSIS	PA CRITERIA
NISOLDIPINE	NISOLDIPINE	17 MG	TAB ER 24H			
NISOLDIPINE	NISOLDIPINE	20 MG	TAB ER 24H			
NISOLDIPINE	NISOLDIPINE	25.5 MG	TAB ER 24H			
NISOLDIPINE	NISOLDIPINE	30 MG	TAB ER 24H			
NISOLDIPINE	NISOLDIPINE	34 MG	TAB ER 24H			
NISOLDIPINE	NISOLDIPINE	40 MG	TAB ER 24H			
NISOLDIPINE	NISOLDIPINE	8.5MG	TAB ER 24H			
ALINIA	NITAZOXANIDE	100 MG/5ML	SUSP RECON			
ALINIA	NITAZOXANIDE	500 MG	TABLET			
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE			
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL	25 MG	CAPSULE			
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE			
MACROBID	NITROFURANTOIN MONOHD/M-CRYST	100 MG	CAPSULE			
GONITRO	NITROGLYCERIN	400 MCG	POWD PACK	12/3/2013	NITROGLYCERIN SPRAY	PA CRITERIA
NITROGLYCERIN	NITROGLYCERIN	400MCG/SPR	SPRAY	12/3/2013	NITROGLYCERIN SPRAY	PA CRITERIA
MINITRAN	NITROGLYCERIN	0.2MG/HR	PATCH TD24			
RECTIV	NITROGLYCERIN	0.4% (W/W)	OINT. (G)			
MINITRAN	NITROGLYCERIN	0.4MG/HR	PATCH TD24			
MINITRAN	NITROGLYCERIN	0.6MG/HR	PATCH TD24			
NITROMIST	NITROGLYCERIN	400MCG/SPR	SPRAY			
NIZATIDINE	NIZATIDINE	150 MG	CAPSULE			
NIZATIDINE	NIZATIDINE	300 MG	CAPSULE			
XULANE	NORELGESTROMIN/ETHIN.ESTRADIOL	150-35/24H	PATCH TDWK			
XULANE	NORELGESTROMIN/ETHIN.ESTRADIOL	150-35/24H	PATCH TDWK			
NORETHIN-ETH ESTRA-FERROUS FUM	NORETH-ETHINYL ESTRADIOL/IRON	0.4-35(21)	TAB CHEW			
GENERESS FE	NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW			
CAMILA	NORETHINDRONE	0.35 MG	TABLET			
FEMHRT	NORETHINDRONE AC-ETH ESTRADIOL	0.5MG-2.5	TABLET			
JUNEL	NORETHINDRONE AC-ETH ESTRADIOL	1.5-0.03MG	TABLET			
JUNEL	NORETHINDRONE AC-ETH ESTRADIOL	1MG-20MCG	TABLET			
FYAVOLV	NORETHINDRONE AC-ETH ESTRADIOL	1MG-5MCG	TABLET			
BLISOVI FE	NORETHINDRONE-E.ESTRADIOL-IRON	1.5-30(21)	TABLET			
LO LOESTRIN FE	NORETHINDRONE-E.ESTRADIOL-IRON	1MG-10(24)	TABLET			
BLISOVI FE	NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(21)	TABLET			
BLISOVI 24 FE	NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	TABLET			
MELODETTA 24 FE	NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	TAB CHEW			
TAYTULLA	NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	CAPSULE			
ESTROSTEP FE	NORETHINDRONE-E.ESTRADIOL-IRON	5-7-9-7	TABLET			
ARANELLE	NORETHINDRONE-ETHINYL ESTRAD	3854200.00%	TABLET			
BALZIVA	NORETHINDRONE-ETHINYL ESTRAD	0.4-0.035	TABLET			
NECON	NORETHINDRONE-ETHINYL ESTRAD	0.5-0.035	TABLET			
ALYACEN	NORETHINDRONE-ETHINYL ESTRAD	1 MG-35MCG	TABLET			
ALYACEN	NORETHINDRONE-ETHINYL ESTRAD	7 DAYS X 3	TABLET			
ESTARYLLA	NORGESTIMATE-ETHINYL ESTRADIOL	0.25-0.035	TABLET			
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET			
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET			
CRYSSELLE	NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET			
OGESTREL	NORGESTREL-ETHINYL ESTRADIOL	0.5 MG-50	TABLET			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
SPINRAZA	NUSINERSEN SODIUM/PF	12MG/5ML	VIAL	5			0.03	1	1	34	P
NYAMYC	NYSTATIN	100000/G	POWDER	15			1.00	15	15	15	
NYAMYC	NYSTATIN	100000/G	POWDER	30			1.00	30	30	30	
NYAMYC	NYSTATIN	100000/G	POWDER	60			2.00	60	60	30	
NYSTATIN	NYSTATIN	100000/G	CREAM (G)	15			3.00	15	90	30	
NYSTATIN	NYSTATIN	100000/G	CREAM (G)	30			3.00	30	90	30	
OCREVUS	OCRELIZUMAB	300MG/10ML	VIAL	10			0.03	1	1	34	P
JETREA	OCRIPLASMIN/PF	0.125/0.1	VIAL	0.3			0.03	1	1	34	P
FLOXIN	OFLOXACIN	0.30%	DROPS	10			1.43	10	10	7	
FLOXIN	OFLOXACIN	0.30%	DROPS	5			0.71	5	5	7	
OFLOXACIN	OFLOXACIN	0.30%	DROPS	10			1.00	10	10	10	
OFLOXACIN	OFLOXACIN	300 MG	TABLET	100			2.00	1	68	34	
OFLOXACIN	OFLOXACIN	400 MG	TABLET	100			2.00	1	20	10	
OCUFLOX	OFLOXACIN	0.30%	DROPS	5			0.50	5	5	10	
OLANZAPINE	OLANZAPINE	10 MG	TABLET	100			1.00	1	34	34	
OLANZAPINE ODT	OLANZAPINE	10 MG	TAB RAPDIS	1			1.00	1	30	30	
OLANZAPINE	OLANZAPINE	15 MG	TABLET	100			1.00	1	34	34	
OLANZAPINE ODT	OLANZAPINE	15 MG	TAB RAPDIS	1			1.00	1	30	30	
OLANZAPINE	OLANZAPINE	2.5 MG	TABLET	100			2.00	1	68	34	
OLANZAPINE	OLANZAPINE	20 MG	TABLET	100			2.00	1	68	34	
OLANZAPINE ODT	OLANZAPINE	20 MG	TAB RAPDIS	1			1.00	1	30	30	
OLANZAPINE	OLANZAPINE	5 MG	TABLET	100			1.00	1	34	34	
OLANZAPINE ODT	OLANZAPINE	5 MG	TAB RAPDIS	1			1.00	1	30	30	
OLANZAPINE	OLANZAPINE	7.5 MG	TABLET	100			1.00	1	34	34	
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	210 MG	VIAL	1			0.07	1	2	28	
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	300 MG	VIAL	1			0.07	1	2	28	
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	405 MG	VIAL	1			0.04	1	1	28	
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	12MG-25MG	CAPSULE	30			1.00	1	34	34	
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	12MG-50MG	CAPSULE	30			1.00	1	34	34	
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	3 MG-25 MG	CAPSULE	30			1.00	1	34	34	
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE	30			1.00	1	34	34	
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	6MG-50MG	CAPSULE	30			1.00	1	34	34	
BENICAR	OLMESARTAN MEDOXOMIL	20 MG	TABLET	30			1.00	1	34	34	P
BENICAR	OLMESARTAN MEDOXOMIL	40 MG	TABLET	30							P
BENICAR	OLMESARTAN MEDOXOMIL	5 MG	TABLET	30							P
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	20-5-12.5	TABLET	30			1.00	1	34	34	P
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	30			1.00	1	34	34	P
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	30			1.00	1	34	34	P
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-12.5	TABLET	30			1.00	1	34	34	P
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	30			1.00	1	34	34	P
BENICAR HCT	OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	30							P
BENICAR HCT	OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	30							P
BENICAR HCT	OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	30							P
STRIVERDI RESPIMAT	OLODATEROL HCL	2.5 MCG	MIST INHAL	4	40	999	0.13	4	4	30	P
OLOPATADINE HCL	OLOPATADINE HCL	0.20%	DROPS	2.5			0.07	2.5	2.5	34	P
OLOPATADINE HCL	OLOPATADINE HCL	0.60%	SPRAY/PUMP	30.5			1.02		30.5	30	
PAZEO	OLOPATADINE HCL	0.70%	DROPS	2.5			0.08	2.5	2.5	30	
XOLAIR	OMALIZUMAB	150 MG	VIAL	1			0.03	1	1	34	P
VIEKIRA PAK	OMBITA/PARITAP/RITON/DASABUVIR	12.5-75-50	TAB DS PK	112			4.00	112	112	28	P
VIEKIRA XR	OMBITA/PARITAP/RITON/DASABUVIR	8.33-50 MG	TAB BP 24H	84			3.00	84	84	28	P
TECHNIVIE	OMBITASVIR/PARITAPREV/RITONAV	12.5-75 MG	TABLET	56			1.00	28	56	56	P
LOVAZA	OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE	120			4.00	1	136	34	
OMEPRAZOLE	OMEPRAZOLE	10 MG	CAPSULE DR	30			2.00	1	68	34	
OMEPRAZOLE	OMEPRAZOLE	20 MG	CAPSULE DR	100			4.00	1	136	34	
OMEPRAZOLE	OMEPRAZOLE	40 MG	CAPSULE DR	1000			2.00	1	68	34	

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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
SPINRAZA	NUSINERSEN SODIUM/PF	12MG/5ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
NYAMYC	NYSTATIN	100000/G	POWDER			
NYAMYC	NYSTATIN	100000/G	POWDER			
NYAMYC	NYSTATIN	100000/G	POWDER			
NYSTATIN	NYSTATIN	100000/G	CREAM (G)			
NYSTATIN	NYSTATIN	100000/G	CREAM (G)			
OCREVUS	OCRELIZUMAB	300MG/10ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
JETREA	OCRIPLASMIN/PF	0.125/0.1	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
FLOXIN	OFLOXACIN	0.30%	DROPS			
FLOXIN	OFLOXACIN	0.30%	DROPS			
OFLOXACIN	OFLOXACIN	0.30%	DROPS			
OFLOXACIN	OFLOXACIN	300 MG	TABLET			
OFLOXACIN	OFLOXACIN	400 MG	TABLET			
OCUFLOX	OFLOXACIN	0.30%	DROPS			
OLANZAPINE	OLANZAPINE	10 MG	TABLET			
OLANZAPINE ODT	OLANZAPINE	10 MG	TAB RAPDIS			
OLANZAPINE	OLANZAPINE	15 MG	TABLET			
OLANZAPINE ODT	OLANZAPINE	15 MG	TAB RAPDIS			
OLANZAPINE	OLANZAPINE	2.5 MG	TABLET			
OLANZAPINE	OLANZAPINE	20 MG	TABLET			
OLANZAPINE ODT	OLANZAPINE	20 MG	TAB RAPDIS			
OLANZAPINE	OLANZAPINE	5 MG	TABLET			
OLANZAPINE ODT	OLANZAPINE	5 MG	TAB RAPDIS			
OLANZAPINE	OLANZAPINE	7.5 MG	TABLET			
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	210 MG	VIAL			
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	300 MG	VIAL			
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	405 MG	VIAL			
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	12MG-25MG	CAPSULE			
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	12MG-50MG	CAPSULE			
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	3 MG-25 MG	CAPSULE			
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE			
OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE HCL	6MG-50MG	CAPSULE			
BENICAR	OLMESARTAN MEDOXOMIL	20 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
BENICAR	OLMESARTAN MEDOXOMIL	40 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
BENICAR	OLMESARTAN MEDOXOMIL	5 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	20-5-12.5	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-12.5	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
OLMESARTAN-AMLODIPINE-HCTZ	OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
BENICAR HCT	OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
BENICAR HCT	OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
BENICAR HCT	OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
STRIVERDI RESPIMAT	OLODATEROL HCL	2.5 MCG	MIST INHAL	12/3/2013	COPD	PDL
OLOPATADINE HCL	OLOPATADINE HCL	0.20%	DROPS	9/12/2011	OPHTHALMIC ANTIHISTAMINES	PDL
OLOPATADINE HCL	OLOPATADINE HCL	0.60%	SPRAY/PUMP			
PAZEO	OLOPATADINE HCL	0.70%	DROPS			
XOLAIR	OMALIZUMAB	150 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
VIEKIRA PAK	OMBITA/PARITAP/RITON/DASABUVIR	12.5-75-50	TAB DS PK	12/6/2010	HEPATITIS C TREATMENTS	PDL
VIEKIRA XR	OMBITA/PARITAP/RITON/DASABUVIR	8.33-50 MG	TAB BP 24H	12/6/2010	HEPATITIS C TREATMENTS	PDL
TECHNIVIE	OMBITASVIR/PARITAPREV/RITONAV	12.5-75 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
LOVAZA	OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE			
OMEPRAZOLE	OMEPRAZOLE	10 MG	CAPSULE DR			
OMEPRAZOLE	OMEPRAZOLE	20 MG	CAPSULE DR			
OMEPRAZOLE	OMEPRAZOLE	40 MG	CAPSULE DR			



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PRIOSEC	OMEPRAZOLE MAGNESIUM	10 MG	SUSPDR PKT	30			2.00	1	60	30
PRIOSEC	OMEPRAZOLE MAGNESIUM	2.5 MG	SUSPDR PKT	30			2.00	1	60	30
OMECLAMOX-PAK	OMEPRAZOLE/CLARITH/AMOXICILLIN	20(20)-500	COMBO. PKG	80			5.71	80	80	14
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	20-1680MG	PACKET	30	13	999	1.00	1	30	30 P
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	30	13	999	1.00	1	30	30 P
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	40-1680MG	PACKET	30	13	999	1.00	1	30	30 P
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	30	13	999	1.00	1	30	30 P
BOTOX	ONABOTULINUMTOXINA	100 UNIT	VIAL	1			0.01	1	1	84
BOTOX	ONABOTULINUMTOXINA	200 UNIT	VIAL	1			0.01	1	1	84
ONDANSETRON ODT	ONDANSETRON	4 MG	TAB RAPDIS	30			0.33	1	30	90
ZUPLENZ	ONDANSETRON	4 MG	FILM	1			0.03	1	1	34
ONDANSETRON ODT	ONDANSETRON	8 MG	TAB RAPDIS	30			0.33	1	30	90
ZUPLENZ	ONDANSETRON	8 MG	FILM	1			0.03	1	1	34
ONDANSETRON HCL	ONDANSETRON HCL	4 MG	TABLET	30			8.00	1	272	34
ONDANSETRON HCL	ONDANSETRON HCL	8 MG	TABLET	30			4.00	1	136	34
ORPHENADRINE CITRATE	ORPHENADRINE CITRATE	100 MG	TABLET ER	100			2.00	1	68	34
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE	10			4.00	1	20	5
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE	10			2.00	1	10	5
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON	60			24.00	60	120	5
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE	10			2.00	1	10	5
TAGRISSE	OSIMERTINIB MESYLATE	40 MG	TABLET	30			1.00	1	34	34
TAGRISSE	OSIMERTINIB MESYLATE	80 MG	TABLET	30			1.00	1	34	34
DAYPRO	OXAPROZIN	600 MG	TABLET	100			2.00	1	68	34 P
OXTELLAR XR	OXCARBAZEPINE	150 MG	TAB ER 24H	100			1.00	1	34	34
OXTELLAR XR	OXCARBAZEPINE	300 MG	TAB ER 24H	100			1.00	1	34	34
OXTELLAR XR	OXCARBAZEPINE	600 MG	TAB ER 24H	100			4.00	1	136	34
OXICONAZOLE NITRATE	OXICONAZOLE NITRATE	1.00%	CREAM (G)	30			1.00	30	30	30
OXICONAZOLE NITRATE	OXICONAZOLE NITRATE	1.00%	CREAM (G)	60			1.00	60	60	60
OXISTAT	OXICONAZOLE NITRATE	1.00%	LOTION	30			1.00	30	30	30
OXYTROL	OXYBUTYNIN	3.9MG/24HR	PATCH TDSW	8			0.29	1	8	28
GELNIQUE	OXYBUTYNIN CHLORIDE	100 MG/G	GEL MD PMP	30			1.00	30	30	30 P
GELNIQUE	OXYBUTYNIN CHLORIDE	10.00%	GEL PACKET	1			1.00	30	30	30
DITROPAN XL	OXYBUTYNIN CHLORIDE	10 MG	TAB ER 24	100			2.00	1	68	34
DITROPAN XL	OXYBUTYNIN CHLORIDE	15 MG	TAB ER 24	100			2.00	1	68	34
DITROPAN XL	OXYBUTYNIN CHLORIDE	5 MG	TAB ER 24	100			1.00	1	34	34
OXYCODONE HCL ER	OXYCODONE HCL	10 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL ER	OXYCODONE HCL	15 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL ER	OXYCODONE HCL	20 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL ER	OXYCODONE HCL	30 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL ER	OXYCODONE HCL	40 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL ER	OXYCODONE HCL	60 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL ER	OXYCODONE HCL	80 MG	TAB ER 12H	100			2.00	1	68	34 P
OXYCODONE HCL	OXYCODONE HCL	15 MG	TABLET	100			6.00	1	204	34 P
OXYCODONE HCL	OXYCODONE HCL	20 MG	TABLET	100			4.00	1	136	34 P
OXYCODONE HCL	OXYCODONE HCL	30 MG	TABLET	100			1.00	1	34	34 P
OXAYDO	OXYCODONE HCL	5 MG	TABLET ORL	100			6.00	1	204	34 P
OXAYDO	OXYCODONE HCL	7.5 MG	TABLET ORL	100			6.00	1	204	34 P
OXYCODONE HCL	OXYCODONE HCL	10 MG	TABLET	100			6.00	1	204	34
OXYCODONE HCL	OXYCODONE HCL	20 MG/ML	ORAL CONC	30			3.00	1	102	34
OXYCODONE HCL	OXYCODONE HCL	5 MG	CAPSULE	100			6.00	1	204	34
OXYCODONE HCL	OXYCODONE HCL	5 MG	TABLET	100			6.00	1	204	34
OXYCODONE HCL	OXYCODONE HCL	5 MG/5 ML	SOLUTION	15			60.00	1	2040	34
PRIMLEV	OXYCODONE HCL/ACETAMINOPHEN	10MG-300MG	TABLET	100			13.33	1	440	33 P
OXYCODONE-ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	2.5-325 MG	TABLET	100			1.00	1	34	34 P
PRIMLEV	OXYCODONE HCL/ACETAMINOPHEN	5 MG-300MG	TABLET	100			13.33	1	440	33 P

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PRILOSEC	OMEPRAZOLE MAGNESIUM	10 MG	SUSPDR PKT			
PRILOSEC	OMEPRAZOLE MAGNESIUM	2.5 MG	SUSPDR PKT			
OMECLAMOX-PAK	OMEPRAZOLE/CLARITH/AMOXICILLIN	20(20)-500	COMBO. PKG			
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	20-1680MG	PACKET	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	40-1680MG	PACKET	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
BOTOX	ONABOTULINUMTOXINA	100 UNIT	VIAL			
BOTOX	ONABOTULINUMTOXINA	200 UNIT	VIAL			
ONDANSETRON ODT	ONDANSETRON	4 MG	TAB RAPDIS			
ZUPLENZ	ONDANSETRON	4 MG	FILM			
ONDANSETRON ODT	ONDANSETRON	8 MG	TAB RAPDIS			
ZUPLENZ	ONDANSETRON	8 MG	FILM			
ONDANSETRON HCL	ONDANSETRON HCL	4 MG	TABLET			
ONDANSETRON HCL	ONDANSETRON HCL	8 MG	TABLET			
ORPHENADRINE CITRATE	ORPHENADRINE CITRATE	100 MG	TABLET ER			
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE			
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE			
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON			
OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE			
TAGRISSE	OSIMERTINIB MESYLATE	40 MG	TABLET			
TAGRISSE	OSIMERTINIB MESYLATE	80 MG	TABLET			
DAYPRO	OXAPROZIN	600 MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA
OXTELLAR XR	OXCARBAZEPINE	150 MG	TAB ER 24H			
OXTELLAR XR	OXCARBAZEPINE	300 MG	TAB ER 24H			
OXTELLAR XR	OXCARBAZEPINE	600 MG	TAB ER 24H			
OXICONAZOLE NITRATE	OXICONAZOLE NITRATE	1.00%	CREAM (G)			
OXICONAZOLE NITRATE	OXICONAZOLE NITRATE	1.00%	CREAM (G)			
OXISTAT	OXICONAZOLE NITRATE	1.00%	LOTION			
OXYTROL	OXYBUTYNIN	3.9MG/24HR	PATCH TDSW			
GELNIQUE	OXYBUTYNIN CHLORIDE	100 MG/G	GEL MD PMP	3/11/2013	URINARY ANTISPASMODICS	PDL
GELNIQUE	OXYBUTYNIN CHLORIDE	10.00%	GEL PACKET			
DITROPAN XL	OXYBUTYNIN CHLORIDE	10 MG	TAB ER 24			
DITROPAN XL	OXYBUTYNIN CHLORIDE	15 MG	TAB ER 24			
DITROPAN XL	OXYBUTYNIN CHLORIDE	5 MG	TAB ER 24			
OXYCODONE HCL ER	OXYCODONE HCL	10 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL ER	OXYCODONE HCL	15 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL ER	OXYCODONE HCL	20 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL ER	OXYCODONE HCL	30 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL ER	OXYCODONE HCL	40 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL ER	OXYCODONE HCL	60 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL ER	OXYCODONE HCL	80 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYCODONE HCL	OXYCODONE HCL	15 MG	TABLET	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
OXYCODONE HCL	OXYCODONE HCL	20 MG	TABLET	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
OXYCODONE HCL	OXYCODONE HCL	30 MG	TABLET	9/13/2010	OPIOID ANALGESIC - SHORT ACTING	PA CRITERIA
OXAYDO	OXYCODONE HCL	5 MG	TABLET ORL	9/13/2010	PREFERRED DOSAGE FORMS - OXAYDO	PA CRITERIA
OXAYDO	OXYCODONE HCL	7.5 MG	TABLET ORL	9/13/2010	PREFERRED DOSAGE FORMS - OXAYDO	PA CRITERIA
OXYCODONE HCL	OXYCODONE HCL	10 MG	TABLET			
OXYCODONE HCL	OXYCODONE HCL	20 MG/ML	ORAL CONC			
OXYCODONE HCL	OXYCODONE HCL	5 MG	CAPSULE			
OXYCODONE HCL	OXYCODONE HCL	5 MG	TABLET			
OXYCODONE HCL	OXYCODONE HCL	5 MG/5 ML	SOLUTION			
PRIMLEV	OXYCODONE HCL/ACETAMINOPHEN	10MG-300MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
OXYCODONE-ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	2.5-325 MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
PRIMLEV	OXYCODONE HCL/ACETAMINOPHEN	5 MG-300MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
PRIMLEV	OXYCODONE HCL/ACETAMINOPHEN	7.5-300 MG	TABLET	100				13.33	1	440	33	P
ENDOCET	OXYCODONE HCL/ACETAMINOPHEN	7.5-325 MG	TABLET	100				1.00	1	34	34	P
ENDOCET	OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET	100				6.00	1	204	34	
ENDOCET	OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET	100				6.00	1	204	34	
OXYCODONE-ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	5-325/5 ML	SOLUTION	500				61.53	5	2092	34	
XTAMPZA ER	OXYCODONE MYRISTATE	13.5 MG	CAP SPR 12	100				2.00	1	68	34	P
XTAMPZA ER	OXYCODONE MYRISTATE	18 MG	CAP SPR 12	100				2.00	1	68	34	P
XTAMPZA ER	OXYCODONE MYRISTATE	27 MG	CAP SPR 12	100				2.00	1	68	34	P
XTAMPZA ER	OXYCODONE MYRISTATE	36 MG	CAP SPR 12	100				2.00	1	68	34	P
XTAMPZA ER	OXYCODONE MYRISTATE	9 MG	CAP SPR 12	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	10 MG	TAB ER 12H	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	15 MG	TAB ER 12H	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	20 MG	TAB ER 12H	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	30 MG	TAB ER 12H	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	40 MG	TAB ER 12H	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	5 MG	TAB ER 12H	100				2.00	1	68	34	P
OXYMORPHONE HCL ER	OXYMORPHONE HCL	7.5 MG	TAB ER 12H	100				2.00	1	68	34	P
OPANA	OXYMORPHONE HCL	10 MG	TABLET	100				3.00	1	102	34	
OPANA	OXYMORPHONE HCL	5 MG	TABLET	100				6.00	1	204	34	
IBRANCE	PALBOCICLIB	100 MG	CAPSULE	21				1.00	1	34	34	
IBRANCE	PALBOCICLIB	125 MG	CAPSULE	21				1.00	1	34	34	
IBRANCE	PALBOCICLIB	75 MG	CAPSULE	21				1.00	1	34	34	
KEPIVANCE	PALIFERMIN	6.25 MG	VIAL	1				0.03	1	1	34	P
INVEGA	PALIPERIDONE	1.5 MG	TAB ER 24	30				1.00	1	34	34	
INVEGA	PALIPERIDONE	3 MG	TAB ER 24	30				1.00	1	34	34	
INVEGA	PALIPERIDONE	6 MG	TAB ER 24	30				2.00	1	68	34	
INVEGA	PALIPERIDONE	9 MG	TAB ER 24	30				1.00	1	34	34	
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	117MG/0.75	SYRINGE	0.75				0.03	0.75	0.75	30	
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	156 MG/ML	SYRINGE	1				0.03	1	1	30	
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	234MG/1.5	SYRINGE	1.5				0.05	1.5	1.5	30	
INVEGA TRINZA	PALIPERIDONE PALMITATE	273MG/.875	SYRINGE	0.875				0.01	0.88	0.88	90	
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	39MG/0.25	SYRINGE	0.25				0.01	0.25	0.25	30	
INVEGA TRINZA	PALIPERIDONE PALMITATE	410/1.315	SYRINGE	1.315				0.01	1.32	1.32	90	
INVEGA TRINZA	PALIPERIDONE PALMITATE	546MG/1.75	SYRINGE	1.75				0.02	1.75	1.75	90	
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	78MG/0.5ML	SYRINGE	0.5				0.02	0.5	0.5	30	
INVEGA TRINZA	PALIPERIDONE PALMITATE	819/2.625	SYRINGE	2.625				0.03	2.63	2.63	90	
SYNAGIS	PALIVIZUMAB	100 MG/ML	VIAL	1	2	999		0.03	1	1	34	P
SYNAGIS	PALIVIZUMAB	50MG/0.5ML	VIAL	0.5	2	999		0.03	1	1	34	P
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	20 MG	TABLET DR	90				1.00	1	34	34	
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	40 MG	TABLET DR	90				2.00	1	68	34	
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	40 MG	VIAL	1				2.00	1	68	34	
PROTONIX	PANTOPRAZOLE SODIUM	40 MG	GRANPKT DR	30				1.00	1	30	30	
PARICALCITOL	PARICALCITOL	1 MCG	CAPSULE	30				1.00	1	34	34	
PARICALCITOL	PARICALCITOL	2 MCG	CAPSULE	30				1.00	1	34	34	
PARICALCITOL	PARICALCITOL	4MCG	CAPSULE	30				1.00	1	34	34	
PAROXETINE HCL	PAROXETINE HCL	10 MG	TABLET	1000				1.00	1	34	34	
PAXIL	PAROXETINE HCL	10 MG/5 ML	ORAL SUSP	250				40.00	10	1200	30	
PAROXETINE CR	PAROXETINE HCL	12.5 MG	TAB ER 24H	30				1.00	1	34	34	
PAROXETINE HCL	PAROXETINE HCL	20 MG	TABLET	1000				1.00	1	34	34	
PAROXETINE CR	PAROXETINE HCL	25 MG	TAB ER 24H	30				2.00	1	68	34	
PAROXETINE HCL	PAROXETINE HCL	30 MG	TABLET	1000				1.00	1	34	34	
PAROXETINE CR	PAROXETINE HCL	37.5 MG	TAB ER 24H	30				1.00	1	34	34	
PAROXETINE HCL	PAROXETINE HCL	40 MG	TABLET	1000				2.00	1	68	34	
BRISDELLE	PAROXETINE MESYLATE	7.5 MG	CAPSULE	30	45	999		1.00	1	30	30	P
PEXEVA	PAROXETINE MESYLATE	10 MG	TABLET	30				0.50	1	17	34	

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PRIMLEV	OXYCODONE HCL/ACETAMINOPHEN	7.5-300 MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
ENDOCET	OXYCODONE HCL/ACETAMINOPHEN	7.5-325 MG	TABLET	9/12/2011	PREFERRED DOSAGE FORMS - NARCOTIC/APAP	PA CRITERIA
ENDOCET	OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET			
ENDOCET	OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET			
OXYCODONE-ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	5-325/5 ML	SOLUTION			
XTAMPZA ER	OXYCODONE MYRISTATE	13.5 MG	CAP SPR 12	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
XTAMPZA ER	OXYCODONE MYRISTATE	18 MG	CAP SPR 12	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
XTAMPZA ER	OXYCODONE MYRISTATE	27 MG	CAP SPR 12	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
XTAMPZA ER	OXYCODONE MYRISTATE	36 MG	CAP SPR 12	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
XTAMPZA ER	OXYCODONE MYRISTATE	9 MG	CAP SPR 12	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	10 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	15 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	20 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	30 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	40 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	5 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OXYMORPHONE HCL ER	OXYMORPHONE HCL	7.5 MG	TAB ER 12H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
OPANA	OXYMORPHONE HCL	10 MG	TABLET			
OPANA	OXYMORPHONE HCL	5 MG	TABLET			
IBRANCE	PALBOCICLIB	100 MG	CAPSULE			
IBRANCE	PALBOCICLIB	125 MG	CAPSULE			
IBRANCE	PALBOCICLIB	75 MG	CAPSULE			
KEPIVANCE	PALIFERMIN	6.25 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
INVEGA	PALIPERIDONE	1.5 MG	TAB ER 24			
INVEGA	PALIPERIDONE	3 MG	TAB ER 24			
INVEGA	PALIPERIDONE	6 MG	TAB ER 24			
INVEGA	PALIPERIDONE	9 MG	TAB ER 24			
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	117MG/0.75	SYRINGE			
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	156 MG/ML	SYRINGE			
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	234MG/1.5	SYRINGE			
INVEGA TRINZA	PALIPERIDONE PALMITATE	273MG/ .875	SYRINGE			
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	39MG/0.25	SYRINGE			
INVEGA TRINZA	PALIPERIDONE PALMITATE	410/1.315	SYRINGE			
INVEGA TRINZA	PALIPERIDONE PALMITATE	546MG/1.75	SYRINGE			
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	78MG/0.5ML	SYRINGE			
INVEGA TRINZA	PALIPERIDONE PALMITATE	819/2.625	SYRINGE			
SYNAGIS	PALIVIZUMAB	100 MG/ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
SYNAGIS	PALIVIZUMAB	50MG/0.5ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	20 MG	TABLET DR			
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	40 MG	TABLET DR			
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	40 MG	VIAL			
PROTONIX	PANTOPRAZOLE SODIUM	40 MG	GRANPKT DR			
PARICALCITOL	PARICALCITOL	1 MCG	CAPSULE			
PARICALCITOL	PARICALCITOL	2 MCG	CAPSULE			
PARICALCITOL	PARICALCITOL	4MCG	CAPSULE			
PAROXETINE HCL	PAROXETINE HCL	10 MG	TABLET			
PAXIL	PAROXETINE HCL	10 MG/5 ML	ORAL SUSP			
PAROXETINE CR	PAROXETINE HCL	12.5 MG	TAB ER 24H			
PAROXETINE HCL	PAROXETINE HCL	20 MG	TABLET			
PAROXETINE CR	PAROXETINE HCL	25 MG	TAB ER 24H			
PAROXETINE HCL	PAROXETINE HCL	30 MG	TABLET			
PAROXETINE CR	PAROXETINE HCL	37.5 MG	TAB ER 24H			
PAROXETINE HCL	PAROXETINE HCL	40 MG	TABLET			
BRISDELLE	PAROXETINE MESYLATE	7.5 MG	CAPSULE	12/3/2013	BRISDELLE	PA CRITERIA
PEXEVA	PAROXETINE MESYLATE	10 MG	TABLET			

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PEXEVA	PAROXETINE MESYLATE	20 MG	TABLET	30			0.50	1	17	34
PEXEVA	PAROXETINE MESYLATE	30 MG	TABLET	30			0.50	1	17	34
PEXEVA	PAROXETINE MESYLATE	40 MG	TABLET	30			0.50	1	17	34
VELTASSA	PATROMER CALCIUM SORBITE	16.8 GRAM	POWD PACK	30			1.00	1	34	34
VELTASSA	PATROMER CALCIUM SORBITE	25.2 GRAM	POWD PACK	30			1.00	1	34	34
VELTASSA	PATROMER CALCIUM SORBITE	8.4 GRAM	POWD PACK	4			1.00	1	34	34
MOVIPREP	PEG3350/SOD SUL/NACL/ASB/C/KCL	7.5-2.691G	POWD PACK	1			0.03	1	1	30
GOLYTELY	PEG3350/SOD SULF,BICARB,CL/KCL	227.1-21.5	POWD PACK	1			1.00	1	1	1
GAVILYTE-G	PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON	4000			4000.00	4000	4000	1
COLYTE WITH FLAVOR PACKETS	PEG3350/SOD SULF,BICARB,CL/KCL	240-22.72G	SOLN RECON	4000			117.65	4000	4000	34
MACUGEN	PEGAPTANIB SODIUM	0.3 MG/90	SYRINGE	0.09			0.03		0.9	34
NEULASTA	PEGFILGRASTIM	6MG/0.6ML	SYRINGE	0.6			0.09	0.6	2.4	28
PEGINTRON	PEGINTERFERON ALFA-2B	50 MCG/0.5	KIT	1			0.14	1	4	28
PLEGRIDY	PEGINTERFERON BETA-1A	125MCG/0.5	SYRINGE	0.5			0.04	0.5	1	28 P
PLEGRIDY PEN	PEGINTERFERON BETA-1A	125MCG/0.5	PEN INJCTR	0.5			0.04	1	1	28 P
PLEGRIDY	PEGINTERFERON BETA-1A	63-94 MCG	SYRINGE	1			0.04	1	1	28 P
PLEGRIDY PEN	PEGINTERFERON BETA-1A	63-94 MCG	PEN INJCTR	1			0.04	1	1	28 P
KRYSTEXXA	PEGLOTICASE	8 MG/ML	VIAL	1						P
HEALTHY ACCENTS UNIFINE PENTIP	PEN NEEDLE, DIABETIC, SAFETY	29 G X1/2"	DIS NEEDLE	100						150
NOVOFINE AUTOCOVER	PEN NEEDLE, DIABETIC, SAFETY	30 GX 1/3"	DIS NEEDLE	100						150
DENAVIR	PENCICLOVIR	1.00%	CREAM (G)	5			0.17	5	5	30
PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	125 MG/5ML	SOLN RECON	100			40.00	1	400	10
PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	250 MG/5ML	SOLN RECON	100			40.00	1	400	10
ELMIRON	PENTOSAN POLYSULFATE SODIUM	100 MG	CAPSULE	100			3.00	1	102	34
FYCOMPA	PERAMPANEL	0.5 MG/ML	ORAL SUSP	340			24.00	4	816	34
FYCOMPA	PERAMPANEL	10 MG	TABLET	30			1.00	1	34	34
FYCOMPA	PERAMPANEL	12 MG	TABLET	30			1.00	1	34	34
FYCOMPA	PERAMPANEL	2 MG	TABLET	30			1.00	1	34	34
FYCOMPA	PERAMPANEL	4 MG	TABLET	30			1.00	1	34	34
FYCOMPA	PERAMPANEL	6 MG	TABLET	30			1.00	1	34	34
FYCOMPA	PERAMPANEL	8 MG	TABLET	30			1.00	1	34	34
PRESTALIA	PERINDOPRIL ARG/AMLODIPINE BES	14MG-10MG	TABLET	90			1.00	1	34	34 P
PRESTALIA	PERINDOPRIL ARG/AMLODIPINE BES	3.5-2.5 MG	TABLET	90			1.00	1	34	34 P
PRESTALIA	PERINDOPRIL ARG/AMLODIPINE BES	7 MG-5 MG	TABLET	90			1.00	1	34	34 P
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	2 MG	TABLET	100			1.00	1	34	34
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	4 MG	TABLET	100			1.00	1	34	34
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	8 MG	TABLET	100			2.00	1	68	34
PERPHENAZINE	PERPHENAZINE	16 MG	TABLET	100			1.50	1	51	34
PERJETA	PERTUZUMAB	420MG/14ML	VIAL	14			28.00	28	28	1
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	100 MG	TABLET	100			3.00	1	9	3
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	200 MG	TABLET	100			3.00	1	9	3
NARDIL	PHENELZINE SULFATE	15 MG	TABLET	60			4.00	1	136	34
NUPLAZID	PIMAVANSERIN TARTRATE	17 MG	TABLET	60	18	999	2.00	1	68	34
ELIDEL	PIMECROLIMUS	1.00%	CREAM (G)	30			1.07	30	30	28
ELIDEL	PIMECROLIMUS	1.00%	CREAM (G)	60			2.14	60	60	28
ELIDEL	PIMECROLIMUS	1.00%	CREAM (G)	100			3.57	100	100	28
ORAP	PIMOZIDE	1 MG	TABLET	100			2.00	1	68	34
ORAP	PIMOZIDE	2 MG	TABLET	100			5.00	1	170	34
ACTOS	PIOGLITAZONE HCL	15 MG	TABLET	30			1.00	1	34	34
ACTOS	PIOGLITAZONE HCL	30 MG	TABLET	30			1.00	1	34	34
ACTOS	PIOGLITAZONE HCL	45 MG	TABLET	30			1.00	1	34	34
DUETACT	PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-2 MG	TABLET	30			1.00	1	34	34
DUETACT	PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-4 MG	TABLET	30			1.00	1	34	34
ACTOPLUS MET	PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	60			1.00	1	34	34 P
ACTOPLUS MET	PIOGLITAZONE HCL/METFORMIN HCL	15MG-850MG	TABLET	60			1.00	1	34	34 P

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PEXEVA	PAROXETINE MESYLATE	20 MG	TABLET			
PEXEVA	PAROXETINE MESYLATE	30 MG	TABLET			
PEXEVA	PAROXETINE MESYLATE	40 MG	TABLET			
VELTASSA	PATIROMER CALCIUM SORBITE	16.8 GRAM	POWD PACK			
VELTASSA	PATIROMER CALCIUM SORBITE	25.2 GRAM	POWD PACK			
VELTASSA	PATIROMER CALCIUM SORBITE	8.4 GRAM	POWD PACK			
MOVIPREP	PEG3350/SOD SULF/NACL/ASB/C/KCL	7.5-2.691G	POWD PACK			
GOLYTEL	PEG3350/SOD SULF,BICARB,CL/KCL	227.1-21.5	POWD PACK			
GAVILYTE-G	PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON			
COLYTE WITH FLAVOR PACKETS	PEG3350/SOD SULF,BICARB,CL/KCL	240-22.72G	SOLN RECON			
MACUGEN	PEGAPTANIB SODIUM	0.3 MG/90	SYRINGE			
NEULASTA	PEGFILGRASTIM	6MG/0.6ML	SYRINGE			
PEGINTRON	PEGINTERFERON ALFA-2B	50 MCG/0.5	KIT			
PLEGRIDY	PEGINTERFERON BETA-1A	125MCG/0.5	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
PLEGRIDY PEN	PEGINTERFERON BETA-1A	125MCG/0.5	PEN INJCTR	3/11/2013	MULTIPLE SCLEROSIS	PDL
PLEGRIDY	PEGINTERFERON BETA-1A	63-94 MCG	SYRINGE	3/11/2013	MULTIPLE SCLEROSIS	PDL
PLEGRIDY PEN	PEGINTERFERON BETA-1A	63-94 MCG	PEN INJCTR	3/11/2013	MULTIPLE SCLEROSIS	PDL
KRYSTEXXA	PEGLOTICASE	8 MG/ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
HEALTHY ACCENTS UNIFINE PENTIP	PEN NEEDLE, DIABETIC, SAFETY	29 G X1/2"	DIS NEEDLE			
NOVOFINE AUTOCOVER	PEN NEEDLE, DIABETIC, SAFETY	30 GX 1/3"	DIS NEEDLE			
DENAVIR	PENCICLOVIR	1.00%	CREAM (G)			
PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	125 MG/5ML	SOLN RECON			
PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	250 MG/5ML	SOLN RECON			
ELMIRON	PENTOSAN POLYSULFATE SODIUM	100 MG	CAPSULE			
FYCOMPA	PERAMPANEL	0.5 MG/ML	ORAL SUSP			
FYCOMPA	PERAMPANEL	10 MG	TABLET			
FYCOMPA	PERAMPANEL	12 MG	TABLET			
FYCOMPA	PERAMPANEL	2 MG	TABLET			
FYCOMPA	PERAMPANEL	4 MG	TABLET			
FYCOMPA	PERAMPANEL	6 MG	TABLET			
FYCOMPA	PERAMPANEL	8 MG	TABLET			
PRESTALIA	PERINDOPRIL ARG/AMLODIPINE BES	14MG-10MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
PRESTALIA	PERINDOPRIL ARG/AMLODIPINE BES	3.5-2.5 MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
PRESTALIA	PERINDOPRIL ARG/AMLODIPINE BES	7 MG-5 MG	TABLET	12/13/2004	ACE-INHIBITORS	PA CRITERIA
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	2 MG	TABLET			
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	4 MG	TABLET			
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	8 MG	TABLET			
PERPHENAZINE	PERPHENAZINE	16 MG	TABLET			
PERJETA	PERTUZUMAB	420MG/14ML	VIAL			
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	100 MG	TABLET			
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	200 MG	TABLET			
NARDIL	PHENELZINE SULFATE	15 MG	TABLET			
NUPLAZID	PIMAVANSERIN TARTRATE	17 MG	TABLET			
ELIDEL	PIMECROLIMUS	1.00%	CREAM (G)			
ELIDEL	PIMECROLIMUS	1.00%	CREAM (G)			
ELIDEL	PIMECROLIMUS	1.00%	CREAM (G)			
ORAP	PIMOZIDE	1 MG	TABLET			
ORAP	PIMOZIDE	2 MG	TABLET			
ACTOS	PIOGLITAZONE HCL	15 MG	TABLET			
ACTOS	PIOGLITAZONE HCL	30 MG	TABLET			
ACTOS	PIOGLITAZONE HCL	45 MG	TABLET			
DUETACT	PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-2 MG	TABLET			
DUETACT	PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-4 MG	TABLET			
ACTOPLUS MET	PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	2/13/2006	DIABETES - DPP4 INHIBITORS	PDL
ACTOPLUS MET	PIOGLITAZONE HCL/METFORMIN HCL	15MG-850MG	TABLET	2/14/2006	DIABETES - DPP4 INHIBITORS	PDL

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
ACTOPLUS MET XR	PIOGLITAZONE HCL/METFORMIN HCL	15-1000 MG	TBMP 24HR	30				1.00	1	34	34
ACTOPLUS MET XR	PIOGLITAZONE HCL/METFORMIN HCL	30-1000 MG	TBMP 24HR	30				1.00	1	34	34
ZOSYN	PIPERACILLIN-TAZO-DEXTROSE,ISO	3.375G/50	FROZ.PIGGY	50				300.00	50	10200	34
FELDENE	PIROXICAM	10 MG	CAPSULE	100				2.00	1	68	34 P
FELDENE	PIROXICAM	20 MG	CAPSULE	100				1.00	1	34	34 P
LIVALO	PITAVASTATIN CALCIUM	1 MG	TABLET	90				1.00	1	34	34 P
LIVALO	PITAVASTATIN CALCIUM	2 MG	TABLET	90				1.00	1	34	34 P
LIVALO	PITAVASTATIN CALCIUM	4 MG	TABLET	90				1.00	1	34	34 P
TRULANCE	PLECANATIDE	3 MG	TABLET	30				1.00	1	34	34 P
MOZOBIL	PLERIXAFOR	24MG/1.2ML	VIAL	1.2				2.10	1.2	8.4	4
VITAFOL FE+	PNV 102/IRON/FOLATE 1/DSS/DHA	90-1-200MG	CAPSULE	60				2.00	1	68	34
C-NATE DHA	PNV 11/IRON FUM/FOLIC ACID/OM3	28-1-200MG	CAPSULE	30	11	47		2.00	1	68	34
VITAFOL GUMMIES	PNV 112/IRON/FOLIC/OM3/DHA/EPA	3.33-.33MG	TAB CHEW	90	11	47		2.00	1	68	34
CONCEPT DHA	PNV 16/IRON FUM,PS/FOLIC/OM-3	35-1-200MG	CAPSULE	30	11	47		2.00	1	68	34
PREFERA-OB ONE	PNV 19/IRON PS,HEME/FOLIC/DHA	22-6-1-200	CAPSULE	30	11	47		2.00	1	68	34
PREFERA OB	PNV 21/IRON PS,HEME PPEP/FOLIC	28-6-1 MG	TABLET	90				2.00	1	68	34
OB COMPLETE WITH DHA	PNV 30/IRON CARB,AG/FOLIC/OM3	30-10-1 MG	CAPSULE	60				2.00	1	68	34
TARON-PREX PRENATAL	PNV 39/IRON/FOLIC/DOCUSATE/DHA	30-1.2-55	CAPSULE	30	11	47		2.00	1	68	34
VIRTPREX	PNV 66/IRON/FOLIC/DOCUSATE/DHA	26-1.2-55	CAPSULE	30	11	47		2.00	1	68	34
VITAFOL ULTRA	PNV 67/IRON PS/FOLATE NO.1/DHA	29-1-200MG	CAPSULE	30				2.00	1	68	34
PRENAISSANCE PLUS	PNV 69/IRON/FOLIC/DOCUSATE/DHA	28-1-50 MG	CAPSULE	30	11	47		2.00	1	68	34
CITRANATAL DHA	PNV 76/IRON,GLUC/FOLIC/DSS/DHA	27-1-50 MG	COMBO. PKG	60				2.00	1	68	34
PRENAISSANCE	PNV 80/IRON FUM/FOLIC/DSS/DHA	29-1.25-55	CAPSULE	30				2.00	1	68	34
OB COMPLETE ONE	PNV 85/IRON/FOLIC/DHA/FISH OIL	40-10-1 MG	CAPSULE	30				2.00	1	68	34
NESTABS ONE	PNV NO.111/IRON/FOLATE/DHA	38-1-225MG	CAPSULE	30	11	47		2.00	1	68	34
SE-NATAL 19	PNV NO.118/IRON FUMARATE/FA	29 MG-1 MG	TAB CHEW	100				2.00	1	68	34
PNV-VP-U	PNV NO.5/FERROUS FUM/FOLIC AC	106.5-1MG	CAPSULE	100	13	49		2.00	1	68	34
PREFERA-OB PLUS DHA	PNV NO.88/IRON PS,HEME/FA/DHA	28-6-1 MG	COMBO. PKG	2				2.00	1	68	34
CALCIUM PNV	PNV, CALCIUM 70/IRON/FOLIC/DHA	28-1-250MG	CAPSULE	30	11	47		2.00	1	68	34
PRENATAL PLUS	PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET	100	11	47		1.00	1	34	47
VP-GGR-B6	PNV/FOLIC AC/B6/CALCIUM/GINGER	1.2-40-100	TABLET	60				2.00	1	68	34
SE-NATAL 19	PNV119/IRON FUM/FOLIC/DOCUSATE	29-1-25 MG	TABLET	100				2.00	1	68	34
CITRANATAL HARMONY	PNV59/IRON,CARB,FUM/FA/DSS/DHA	27-1-50 MG	CAPSULE	30				2.00	1	68	34
CITRANATAL 90 DHA	PNV72/IRON,GLUC/FOLIC/DSS/DHA	90-1-300MG	COMBO. PKG	60				2.00	1	68	34
CITRANATAL ASSURE	PNV73/IRON,GLUC/FOLIC/DSS/DHA	35-1-50 MG	COMBO. PKG	60				2.00	1	68	34
OB COMPLETE PREMIER	PNV83/IRON,CARB,ASP/FOLIC ACID	30-20-1 MG	TABLET	30				2.00	1	68	34
PODOFILOX	PODOFILOX	0.50%	SOLUTION	3.5				0.12	3.5	3.5	30
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17G/DOSE	POWDER	255				8.50	255	255	30
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17G/DOSE	POWDER	527				17.57	527	527	30
POMALYST	POMALIDOMIDE	1 MG	CAPSULE	100				0.75	1	21	28
POMALYST	POMALIDOMIDE	2 MG	CAPSULE	100				0.75	1	21	28
POMALYST	POMALIDOMIDE	3 MG	CAPSULE	100				0.75	1	21	28
POMALYST	POMALIDOMIDE	4 MG	CAPSULE	100				0.75	1	21	28
NOXAFIL	POSACONAZOLE	100 MG	TABLET DR	60				2.00	1	60	30 P
NOXAFIL	POSACONAZOLE	200 MG/5ML	ORAL SUSP	105				2.68	10	37.5	14 P
MIRAPEX ER	PRAMIPEXOLE DI-HCL	0.375 MG	TAB ER 24H	7	18	999		1.00	1	34	34
MIRAPEX ER	PRAMIPEXOLE DI-HCL	0.75 MG	TAB ER 24H	7	18	999		1.00	1	34	34
MIRAPEX ER	PRAMIPEXOLE DI-HCL	1.5 MG	TAB ER 24H	7	18	999		1.00	1	34	34
MIRAPEX ER	PRAMIPEXOLE DI-HCL	3 MG	TAB ER 24H	30	18	999		1.00	1	34	34
MIRAPEX ER	PRAMIPEXOLE DI-HCL	4.5 MG	TAB ER 24H	30	18	999		1.00	1	34	34
SYMLINPEN 60	PRAMLINTIDE ACETATE	1500/1.5ML	PEN INJCTR	1.5				0.10	1.5	3	30
SYMLINPEN 120	PRAMLINTIDE ACETATE	2700/2.7ML	PEN INJCTR	2.7				0.36	2.7	10.8	30
EFFIENT	PRASUGREL HCL	10 MG	TABLET	1				1.00	1	34	34 P
EFFIENT	PRASUGREL HCL	5 MG	TABLET	1				1.00	1	34	34 P
PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	10 MG	TABLET	1000				1.00	1	34	34

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
ACTOPLUS MET XR	PIOGLITAZONE HCL/METFORMIN HCL	15-1000 MG	TBMP 24HR			
ACTOPLUS MET XR	PIOGLITAZONE HCL/METFORMIN HCL	30-1000 MG	TBMP 24HR			
ZOSYN	PIPERACILLIN-TAZO-DEXTROSE,ISO	3.375G/50	FROZ.PIGGY			
FELDENE	PIROXICAM	10 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
FELDENE	PIROXICAM	20 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
LIVALO	PITAVASTATIN CALCIUM	1 MG	TABLET	12/6/2010	STATINS	PA CRITERIA
LIVALO	PITAVASTATIN CALCIUM	2 MG	TABLET	12/6/2010	STATINS	PA CRITERIA
LIVALO	PITAVASTATIN CALCIUM	4 MG	TABLET	12/6/2010	STATINS	PA CRITERIA
TRULANCE	PLECANATIDE	3 MG	TABLET	12/2/2015	CONSTIPATION - IRRITABLE BOWEL SYNDROME/OPIOID INDUCED	PDL
MOZOBI	PLERIXAFOR	24MG/1.2ML	VIAL			
VITAFOL FE+	PNV 102/IRON/FOLATE 1/DSS/DHA	90-1-200MG	CAPSULE			
C-NATE DHA	PNV 11/IRON FUM/FOLIC ACID/OM3	28-1-200MG	CAPSULE			
VITAFOL GUMMIES	PNV 112/IRON/FOLIC/OM3/DHA/EPA	3.33-.33MG	TAB CHEW			
CONCEPT DHA	PNV 16/IRON FUM,PS/FOLIC/OM-3	35-1-200MG	CAPSULE			
PREFERA-OB ONE	PNV 19/IRON PS,HEME/FOLIC/DHA	22-6-1-200	CAPSULE			
PREFERA OB	PNV 21/IRON PS,HEME PPEP/FOLIC	28-6-1 MG	TABLET			
OB COMPLETE WITH DHA	PNV 30/IRON CARB,AG/FOLIC/OM3	30-10-1 MG	CAPSULE			
TARON-PREX PRENATAL	PNV 39/IRON/FOLIC/DOCUSATE/DHA	30-1.2-55	CAPSULE			
VIRTPREX	PNV 66/IRON/FOLIC/DOCUSATE/DHA	26-1.2-55	CAPSULE			
VITAFOL ULTRA	PNV 67/IRON PS/FOLATE NO.1/DHA	29-1-200MG	CAPSULE			
PRENAISSANCE PLUS	PNV 69/IRON/FOLIC/DOCUSATE/DHA	28-1-50 MG	CAPSULE			
CITRANATAL DHA	PNV 76/IRON,GLUC/FOLIC/DSS/DHA	27-1-50 MG	COMBO. PKG			
PRENAISSANCE	PNV 80/IRON FUM/FOLIC/DSS/DHA	29-1.25-55	CAPSULE			
OB COMPLETE ONE	PNV 85/IRON/FOLIC/DHA/FISH OIL	40-10-1 MG	CAPSULE			
NESTABS ONE	PNV NO.111/IRON/FOLATE/DHA	38-1-225MG	CAPSULE			
SE-NATAL 19	PNV NO.118/IRON FUMARATE/FA	29 MG-1 MG	TAB CHEW			
PNV-VP-U	PNV NO.5/FERROUS FUM/FOLIC AC	106.5-1MG	CAPSULE			
PREFERA-OB PLUS DHA	PNV NO.88/IRON PS,HEME/FA/DHA	28-6-1 MG	COMBO. PKG			
CALCIUM PNV	PNV, CALCIUM 70/IRON/FOLIC/DHA	28-1-250MG	CAPSULE			
PRENATAL PLUS	PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET			
VP-GGR-B6	PNV/FOLIC AC/B6/CALCIUM/GINGER	1.2-40-100	TABLET			
SE-NATAL 19	PNV119/IRON FUM/FOLIC/DOCUSATE	29-1-25 MG	TABLET			
CITRANATAL HARMONY	PNV59/IRON,CARB,FUM/FA/DSS/DHA	27-1-50 MG	CAPSULE			
CITRANATAL 90 DHA	PNV72/IRON,GLUC/FOLIC/DSS/DHA	90-1-300MG	COMBO. PKG			
CITRANATAL ASSURE	PNV73/IRON,GLUC/FOLIC/DSS/DHA	35-1-50 MG	COMBO. PKG			
OB COMPLETE PREMIER	PNV83/IRON,CARB,ASP/FOLIC ACID	30-20-1 MG	TABLET			
PODOFILOX	PODOFILOX	0.50%	SOLUTION			
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17G/DOSE	POWDER			
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17G/DOSE	POWDER			
POMALYST	POMALIDOMIDE	1 MG	CAPSULE			
POMALYST	POMALIDOMIDE	2 MG	CAPSULE			
POMALYST	POMALIDOMIDE	3 MG	CAPSULE			
POMALYST	POMALIDOMIDE	4 MG	CAPSULE			
NOXAFIL	POSACONAZOLE	100 MG	TABLET DR	6/2/2014	NOXAFIL	PA CRITERIA
NOXAFIL	POSACONAZOLE	200 MG/5ML	ORAL SUSP	6/2/2014	NOXAFIL	PA CRITERIA
MIRAPEX ER	PRAMIPEXOLE DI-HCL	0.375 MG	TAB ER 24H			
MIRAPEX ER	PRAMIPEXOLE DI-HCL	0.75 MG	TAB ER 24H			
MIRAPEX ER	PRAMIPEXOLE DI-HCL	1.5 MG	TAB ER 24H			
MIRAPEX ER	PRAMIPEXOLE DI-HCL	3 MG	TAB ER 24H			
MIRAPEX ER	PRAMIPEXOLE DI-HCL	4.5 MG	TAB ER 24H			
SYMLINPEN 60	PRAMLINTIDE ACETATE	1500/1.5ML	PEN INJCTR			
SYMLINPEN 120	PRAMLINTIDE ACETATE	2700/2.7ML	PEN INJCTR			
EFFIENT	PRASUGREL HCL	10 MG	TABLET	9/7/2016	PLATELET AGGREGATION INHIBITORS	PDL
EFFIENT	PRASUGREL HCL	5 MG	TABLET	9/7/2016	PLATELET AGGREGATION INHIBITORS	PDL
PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	10 MG	TABLET			



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.

PRAVACHOL	PRAVASTATIN SODIUM	20 MG	TABLET	90			1.00	1	34	34	
PRAVACHOL	PRAVASTATIN SODIUM	40 MG	TABLET	90			1.00	1	34	34	
PRAVACHOL	PRAVASTATIN SODIUM	80 MG	TABLET	90			1.00	1	34	34	
BILTRICIDE	PRAZIQUANTEL	600 MG	TABLET	6			4.00	1	4	1	P
DERMATOP	PREDNICARBATE	0.10%	CREAM (G)	60			2.00	60	60	30	
DERMATOP	PREDNICARBATE	0.10%	OINT. (G)	60			2.00	60	60	30	
PREDNICARBATE	PREDNICARBATE	0.10%	OINT. (G)	15			0.50	15	15	30	
MILLIPRED	PREDNISOLONE	5 MG	TABLET	100			0.35	1	12	34	
MILLIPRED DP	PREDNISOLONE	5 MG (21)	TAB DS PK	21			3.50	21	21	6	
MILLIPRED DP	PREDNISOLONE	5 MG (48)	TAB DS PK	48			4.00	48	48	12	
OMNIPRED	PREDNISOLONE ACETATE	1.00%	DROPS SUSP	10							P
ORAPRED ODT	PREDNISOLONE SOD PHOSPHATE	10 MG	TAB RAPDIS	48			1.00	1	34	34	P
ORAPRED ODT	PREDNISOLONE SOD PHOSPHATE	15 MG	TAB RAPDIS	48			1.00	1	34	34	P
ORAPRED ODT	PREDNISOLONE SOD PHOSPHATE	30 MG	TAB RAPDIS	48			2.00	1	68	34	P
MILLIPRED	PREDNISOLONE SOD PHOSPHATE	10 MG/5 ML	SOLUTION	237							P
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SOD PHOSPHATE	20 MG/5 ML	SOLUTION	237							P
RAYOS	PREDNISONE	1 MG	TABLET DR	30			1.00	1	34	34	P
RAYOS	PREDNISONE	2 MG	TABLET DR	30			2.00	1	68	34	P
RAYOS	PREDNISONE	5 MG	TABLET DR	30			12.00	1	408	34	P
LYRICA	PREGABALIN	100 MG	CAPSULE	100			3.00	1	102	34	
LYRICA	PREGABALIN	150 MG	CAPSULE	100			3.00	1	102	34	
LYRICA CR	PREGABALIN	165 MG	TAB ER 24H	30			1.00	1	34	34	
LYRICA	PREGABALIN	200 MG	CAPSULE	90			3.00	1	102	34	
LYRICA	PREGABALIN	225 MG	CAPSULE	90			2.00	1	68	34	
LYRICA	PREGABALIN	25 MG	CAPSULE	90			3.00	1	102	34	
LYRICA	PREGABALIN	300 MG	CAPSULE	90			2.00	1	68	34	
LYRICA CR	PREGABALIN	330 MG	TAB ER 24H	30			1.00	1	34	34	
LYRICA	PREGABALIN	50 MG	CAPSULE	100			3.00	1	102	34	
LYRICA	PREGABALIN	75 MG	CAPSULE	100			3.00	1	102	34	
LYRICA CR	PREGABALIN	82.5 MG	TAB ER 24H	30			1.00	1	34	34	
PNV-FERROUS FUMARATE-DOCU-FA	PRENAT 115/IRON FUM/FOLIC/DSS	29-1-25 MG	TABLET	100			2.00	1	68	34	
PROVIDA DHA	PRENAT90/IRON FUM,PS/FOLIC/DHA	32-1.25 MG	CAPSULE	30			2.00	1	68	34	
PRENATE ELITE	PRENATAL 114/IRON A-G/FOLATE 1	20 MG-1 MG	TABLET	30			2.00	1	68	34	
PRIMACARE	PRENATAL 118/IRON/FOLATE 6/DHA	30-1-300MG	CAPSULE	30	11	47	2.00	1	68	34	
COMPLETE NATAL DHA	PRENATAL 2/IRON/FOLIC ACID/OM3	29-1-250MG	COMBO. PKG	60	13	49	2.00	1	68	34	
VITAFOL-ONE	PRENATAL 26/IRON PS/FOLIC/DHA	29-1-200MG	CAPSULE	30			2.00	1	68	34	
VP-CH-PNV	PRENATAL 34/IRON/FOLIC/DSS/DHA	30-1-50 MG	CAPSULE	30			2.00	1	68	34	
VIRT-PN DHA	PRENATAL 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE	30	11	47	2.00	1	68	34	
ZATEAN-PN DHA	PRENATAL 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE	30	11	47	2.00	1	68	34	
CITRANATAL B-CALM	PRENATAL 48/IRON/FOLIC ACID/B6	20-1-25 MG	TABLET SEQ	90			2.00	1	68	34	
TRIVEEN-DUO DHA	PRENATAL 53/IRON/FOLIC AC/OMG3	29-1-400MG	COMBO. PKG	60	11	47	2.00	1	68	34	
EXTRA-VIRT PLUS DHA	PRENATAL 57/IRON/FOLIC/DSS/DHA	29-1.25-55	CAPSULE	30			2.00	1	68	34	
VP-CH PLUS	PRENATAL 59/IRON/FOLIC/DSS/DHA	29-1-50 MG	CAPSULE	30			2.00	1	68	34	
PNV-OMEGA	PRENATAL 68/IRON/FOLIC NO1/DHA	28-1-300MG	CAPSULE	30	11	47	2.00	1	68	34	
PRENATE DHA	PRENATAL 78/IRON/FOLATE 1/DHA	18-1-300MG	CAPSULE	30			2.00	1	68	34	
NESTABS ABC	PRENATAL 86/IRON/FOLIC/DHA/EPA	32-1-120MG	COMBO. PKG	60			2.00	1	68	34	
NESTABS DHA	PRENATAL 87/IRON BIS/FOLIC/DHA	32-1-230MG	COMBO. PKG	60			2.00	1	68	34	
TRISTART DHA	PRENATAL 93/IRON/FOLATE 9/DHA	31-1-200MG	CAPSULE	30			2.00	1	68	34	
ELITE-OB	PRENATAL NO.123/IRON/FOLIC AC	50-1.25 MG	TABLET	100	11	47	2.00	1	68	34	
VP-PNV-DHA	PRENATAL NO.52/IRON/FA/DHA	28-1-200MG	CAPSULE	30			2.00	1	68	34	
VITAFOL NANO	PRENATAL NO.75/IRON/FOLATE NO1	18 MG-1 MG	TABLET	30			2.00	1	68	34	
PRENATE STAR	PRENATAL NO.77/IRON ASP GLY/FA	20 MG-1 MG	TABLET	30			2.00	1	68	34	
SELECT-OB	PRENATAL NO13/IRON PS/FOLATE 1	29 MG-1 MG	TAB CHEW	90	11	47	2.00	1	68	34	
PUREFE OB PLUS	PRENATAL NO4/IRON FUM,PS/FOLIC	106 MG-1MG	CAPSULE	90	13	49	2.00	1	68	34	
VITAFOL-OB	PRENATAL VIT 10/IRON FUM/FOLIC	65 MG-1 MG	TABLET	100	11	47	2.00	1	68	34	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
PRAVACHOL	PRAVASTATIN SODIUM	20 MG	TABLET			
PRAVACHOL	PRAVASTATIN SODIUM	40 MG	TABLET			
PRAVACHOL	PRAVASTATIN SODIUM	80 MG	TABLET			
BILTRICIDE	PRAZQUANTEL	600 MG	TABLET	9/6/2017	BILTRICIDE	PA CRITERIA
DERMATOP	PREDNICARBATE	0.10%	CREAM (G)			
DERMATOP	PREDNICARBATE	0.10%	OINT. (G)			
PREDNICARBATE	PREDNICARBATE	0.10%	OINT. (G)			
MILLIPRED	PREDNISOLONE	5 MG	TABLET			
MILLIPRED DP	PREDNISOLONE	5 MG (21)	TAB DS PK			
MILLIPRED DP	PREDNISOLONE	5 MG (48)	TAB DS PK			
OMNIPRED	PREDNISOLONE ACETATE	1.00%	DROPS SUSP	12/7/2016	OPHTHALMIC ANTIINFLAMMATORIES	PDL
ORAPRED ODT	PREDNISOLONE SOD PHOSPHATE	10 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
ORAPRED ODT	PREDNISOLONE SOD PHOSPHATE	15 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
ORAPRED ODT	PREDNISOLONE SOD PHOSPHATE	30 MG	TAB RAPDIS	12/6/2010	ODT PREPERATIONS	PA CRITERIA
MILLIPRED	PREDNISOLONE SOD PHOSPHATE	10 MG/5 ML	SOLUTION	3/1/2017	PREFERRED DOSAGE FORMS - PREDNISOLONE	PA CRITERIA
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SOD PHOSPHATE	20 MG/5 ML	SOLUTION	3/1/2017	PREFERRED DOSAGE FORMS - PREDNISOLONE	PA CRITERIA
RAYOS	PREDNISONE	1 MG	TABLET DR	9/9/2013	RAYOS	PA CRITERIA
RAYOS	PREDNISONE	2 MG	TABLET DR	9/9/2013	RAYOS	PA CRITERIA
RAYOS	PREDNISONE	5 MG	TABLET DR	9/9/2013	RAYOS	PA CRITERIA
LYRICA	PREGABALIN	100 MG	CAPSULE			
LYRICA	PREGABALIN	150 MG	CAPSULE			
LYRICA CR	PREGABALIN	165 MG	TAB ER 24H			
LYRICA	PREGABALIN	200 MG	CAPSULE			
LYRICA	PREGABALIN	225 MG	CAPSULE			
LYRICA	PREGABALIN	25 MG	CAPSULE			
LYRICA	PREGABALIN	300 MG	CAPSULE			
LYRICA CR	PREGABALIN	330 MG	TAB ER 24H			
LYRICA	PREGABALIN	50 MG	CAPSULE			
LYRICA	PREGABALIN	75 MG	CAPSULE			
LYRICA CR	PREGABALIN	82.5 MG	TAB ER 24H			
PNV-FERROUS FUMARATE-DOCU-FA	PRENAT 115/IRON FUM/FOLIC/DSS	29-1-25 MG	TABLET			
PROVIDA DHA	PRENAT90/IRON FUM,PS/FOLIC/DHA	32-1.25 MG	CAPSULE			
PRENATE ELITE	PRENATAL 114/IRON A-G/FOLATE 1	20 MG-1 MG	TABLET			
PRIMACARE	PRENATAL 118/IRON/FOLATE 6/DHA	30-1-300MG	CAPSULE			
COMPLETE NATAL DHA	PRENATAL 2/IRON/FOLIC ACID/OM3	29-1-250MG	COMBO. PKG			
VITAFOL-ONE	PRENATAL 26/IRON PS/FOLIC/DHA	29-1-200MG	CAPSULE			
VP-CH-PNV	PRENATAL 34/IRON/FOLIC/DSS/DHA	30-1-50 MG	CAPSULE			
VIRT-PN DHA	PRENATAL 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE			
ZATEAN-PN DHA	PRENATAL 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE			
CITRANATAL B-CALM	PRENATAL 48/IRON/FOLIC ACID/B6	20-1-25 MG	TABLET SEQ			
TRIVEEN-DUO DHA	PRENATAL 53/IRON/FOLIC AC/OMG3	29-1-400MG	COMBO. PKG			
EXTRA-VIRT PLUS DHA	PRENATAL 57/IRON/FOLIC/DSS/DHA	29-1.25-55	CAPSULE			
VP-CH PLUS	PRENATAL 59/IRON/FOLIC/DSS/DHA	29-1-50 MG	CAPSULE			
PNV-OMEGA	PRENATAL 68/IRON/FOLIC NO1/DHA	28-1-300MG	CAPSULE			
PRENATE DHA	PRENATAL 78/IRON/FOLATE 1/DHA	18-1-300MG	CAPSULE			
NESTABS ABC	PRENATAL 86/IRON/FOLIC/DHA/EPA	32-1-120MG	COMBO. PKG			
NESTABS DHA	PRENATAL 87/IRON BIS/FOLIC/DHA	32-1-230MG	COMBO. PKG			
TRISTART DHA	PRENATAL 93/IRON/FOLATE 9/DHA	31-1-200MG	CAPSULE			
ELITE-OB	PRENATAL NO.123/IRON/FOLIC AC	50-1.25 MG	TABLET			
VP-PNV-DHA	PRENATAL NO.52/IRON/FA/DHA	28-1-200MG	CAPSULE			
VITAFOL NANO	PRENATAL NO.75/IRON/FOLATE NO1	18 MG-1 MG	TABLET			
PRENATE STAR	PRENATAL NO.77/IRON ASP GLY/FA	20 MG-1 MG	TABLET			
SELECT-OB	PRENATAL NO13/IRON PS/FOLATE 1	29 MG-1 MG	TAB CHEW			
PUREFE OB PLUS	PRENATAL NO4/IRON FUM,PS/FOLIC	106 MG-1MG	CAPSULE			
VITAFOL-OB	PRENATAL VIT 10/IRON FUM/FOLIC	65 MG-1 MG	TABLET			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
VITAFOL-OB+DHA	PRENATAL VIT 10/IRON/FOLIC/DHA	65-1-250MG	COMBO. PKG	60	11	47	2.00	1	68	34		
COMPLETENATE	PRENATAL VIT 14/IRON FUM/FOLIC	29 MG-1 MG	TAB CHEW	90	11	47	2.00	1	68	34		
SELECT-OB + DHA	PRENATAL VIT 33/IRON/FOLIC/DHA	29-1-250MG	COMBO. PKG	60			2.00	1	68	34		
PROVIDA OB	PRENATAL VIT 65/IRON FUM,PS/FA	40-1.25 MG	CAPSULE	30			2.00	1	68	34		
PRENATE ESSENTIAL	PRENATAL VIT 84/IRON/FA 1/DHA	18-1-300MG	CAPSULE	30			2.00	1	68	34		
PRENATE PIXIE	PRENATAL VIT 85/IRON/FA 1/DHA	10-1-200MG	CAPSULE	30			2.00	1	68	34		
PRENATE MINI	PRENATAL VIT 87/IRON/FOLIC/DHA	18-1-350MG	CAPSULE	30			2.00	1	68	34		
PRENATE CHEWABLE	PRENATAL VIT NO.112/FOLATE NO6	1 MG	TAB CHEW	30			2.00	1	68	34		
O-CAL PRENATAL	PRENATAL VIT NO.127/IRON/FOLIC	15 MG-1 MG	TABLET	100	13	49	2.00	1	68	34		
VIRT-NATE	PRENATAL VIT,CAL 73/IRON/FOLIC	28 MG-1 MG	TABLET	100			2.00	1	68	34		
NIVA-PLUS	PRENATAL VIT,CAL 74/IRON/FOLIC	27 MG-1 MG	TABLET	100			2.00	1	68	34		
PNV 29-1	PRENATAL VIT,CALC76/IRON/FOLIC	29 MG-1 MG	TABLET	90	11	47	2.00	1	68	34		
PRETAB	PRENATAL VIT,CALC78/IRON/FOLIC	29 MG-1 MG	TABLET	100	11	47	2.00	1	68	34		
O-CAL FA	PRENATAL VIT/IRON FUM/FOLIC AC	66-1MG	TABLET	100	13	49	2.00	1	68	34		
TRICARE	PRENATAL VIT103/IRON FUM/FOLIC	27 MG-1 MG	TABLET	100			2.00	1	68	34		
PRENATE AM	PRENATAL VIT114/FOLATE6/GINGER	1MG-500MG	TABLET	30			2.00	1	68	34		
PRENATA	PRENATAL VIT37/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW	90	11	47	2.00	1	68	34		
PRENATE ENHANCE	PRENATAL VIT68/IRON/FA NO6/DHA	28-1-400MG	CAPSULE	30			2.00	1	68	34		
PRENATE RESTORE	PRENATAL VIT69/IRON/FOLATE6/DH	27-1-400MG	CAPSULE	30			2.00	1	68	34		
NESTABS	PRENATAL VIT86/IRON/FOLIC ACID	32 MG-1 MG	TABLET	90			2.00	1	68	34		
PUREFE PLUS	PRENATAL VITS 4/IRON FUM/FOLIC	106 MG-1MG	CAPSULE	100	13	49	2.00	1	68	34		
SELECT-OB	PRENATAL VITS/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW	90	13	49	2.00	1	68	34		
VIRT-ADVANCE	PRENATAL VITS15/IRON/FOLIC/DSS	90-1-50 MG	TABLET	90	11	47	2.00	1	68	34		
MARNATAL-F	PRENATAL,CALC NO.65/IRON/FOLIC	60 MG-1 MG	CAPSULE	30	11	47	2.00	1	68	34		
VIRT-PN	PRENATAL,CALC.40/IRON/FOLATE 1	27 MG-1 MG	TABLET	90	11	47	2.00	1	68	34		
OB COMPLETE PETITE	PRENATAL56/IRON/FOLIC ACID/DHA	35-5-1 MG	CAPSULE	30			2.00	1	68	34		
VINATE DHA RF	PRENATAL64/IRON/LMFOLATE/ALGAL	27-1.13 MG	CAPSULE	90			2.00	1	68	34		
PRENATAL PLUS-DHA	PRENATAL72/IRON FUM/FA/OM3/DHA	27-1-250MG	COMBO. PKG	60	11	47	2.00	1	68	34		
CITRANATAL RX	PRENATAL81/IRON/FOLIC/DOCUSATE	27-1-50 MG	TABLET	90			2.00	1	68	34		
ENBRACE HR	PRENATAL92/IRON/FOLATE8/PS-DHA	1.5-8.73MG	CAP IR DR	30			2.00	1	68	34		
PRIMAQUINE	PRIMAQUINE PHOSPHATE	26.3 MG	TABLET	100								P
PROMETHAZINE HCL	PROMETHAZINE HCL	100.00%	POWDER	1			0.17		5	30		
PROMETHAZINE HCL	PROMETHAZINE HCL	25 MG	TABLET	100			4.00	1	120	30		
PROMETHAZINE HCL	PROMETHAZINE HCL	6.25MG/5ML	SYRUP	118			100.00	1	600	6		
PROMETHAZINE-CODEINE	PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	118	18	999	20.00	5	240	12		
PROMETHAZINE VC-CODEINE	PROMETHAZINE/PHENYLEPH/CODEINE	6.25-5-10	SYRUP	118	6	999	30.00	5	1020	34		
PROPAFENONE HCL ER	PROPAFENONE HCL	225 MG	CAP ER 12H	60			2.00	1	68	34		
PROPAFENONE HCL ER	PROPAFENONE HCL	325 MG	CAP ER 12H	60			2.00	1	68	34		
PROPAFENONE HCL ER	PROPAFENONE HCL	425 MG	CAP ER 12H	60			2.00	1	68	34		
HEMANGEOL	PROPRANLOL HCL	4.28 MG/ML	SOLUTION	120								P
INDERAL XL	PROPRANLOL HCL	120 MG	CAP ER 24H	30			1.00	1	34	34		
INDERAL XL	PROPRANLOL HCL	80 MG	CAP ER 24H	30			1.00	1	34	34		
ZODRYL DEC 30	PSEUDOEPHED/CODEINE/GUAIFEN	15-3.5/3.5	ORAL SUSP	118	18	999	1.00	30	30	30		
ZODRYL DEC 25	PSEUDOEPHED/CODEINE/GUAIFEN	15-3-60/3	ORAL SUSP	118	18	999	1.00	30	30	30		
ZODRYL DEC 40	PSEUDOEPHED/CODEINE/GUAIFEN	15-4.5/4.5	ORAL SUSP	118	18	999	1.00	30	30	30		
ZODRYL DEC 35	PSEUDOEPHED/CODEINE/GUAIFEN	15-4-80/4	ORAL SUSP	118	18	999	1.00	30	30	30		
LORTUSS EX	PSEUDOEPHED/CODEINE/GUAIFEN	30-10-100	SYRUP	473	18	999	1.00	30	30	30		
CODITUSSIN DAC	PSEUDOEPHED/CODEINE/GUAIFEN	30-10-200	LIQUID	473	18	999	1.00	30	30	30		
ZODRYL DEC 80	PSEUDOEPHED/CODEINE/GUAIFEN	30-10MG/10	ORAL SUSP	236	18	999	1.00	30	30	30		
ZODRYL DEC 50	PSEUDOEPHED/CODEINE/GUAIFEN	30-5-100/5	ORAL SUSP	236	18	999	1.00	30	30	30		
ZODRYL DEC 60	PSEUDOEPHED/CODEINE/GUAIFEN	30-7.5/7.5	ORAL SUSP	236	18	999	1.00	30	30	30		
MESTINON	PYRIDOSTIGMINE BROMIDE	180 MG	TABLET ER	30			6.00	1	204	34		
MESTINON	PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SYRUP	473			126.13	1	3784	30		
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	100 MG	TABLET	100			3.00	1	102	34		
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	150 MG	TAB ER 24H	60			1.00	1	34	34		

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
VITAFOL-OB+DHA	PRENATAL VIT 10/IRON/FOLIC/DHA	65-1-250MG	COMBO. PKG			
COMPLETENATE	PRENATAL VIT 14/IRON FUM/FOLIC	29 MG-1 MG	TAB CHEW			
SELECT-OB + DHA	PRENATAL VIT 33/IRON/FOLIC/DHA	29-1-250MG	COMBO. PKG			
PROVIDA OB	PRENATAL VIT 65/IRON FUM,PS/FA	40-1.25 MG	CAPSULE			
PRENATE ESSENTIAL	PRENATAL VIT 84/IRON/FA 1/DHA	18-1-300MG	CAPSULE			
PRENATE PIXIE	PRENATAL VIT 85/IRON/FA 1/DHA	10-1-200MG	CAPSULE			
PRENATE MINI	PRENATAL VIT 87/IRON/FOLIC/DHA	18-1-350MG	CAPSULE			
PRENATE CHEWABLE	PRENATAL VIT NO.112/FOLATE NO6	1 MG	TAB CHEW			
O-CAL PRENATAL	PRENATAL VIT NO.127/IRON/FOLIC	15 MG-1 MG	TABLET			
VIRT-NATE	PRENATAL VIT,CAL 73/IRON/FOLIC	28 MG-1 MG	TABLET			
NIVA-PLUS	PRENATAL VIT,CAL 74/IRON/FOLIC	27 MG-1 MG	TABLET			
PNV 29-1	PRENATAL VIT,CALC76/IRON/FOLIC	29 MG-1 MG	TABLET			
PRETAB	PRENATAL VIT,CALC78/IRON/FOLIC	29 MG-1 MG	TABLET			
O-CAL FA	PRENATAL VIT/IRON FUM/FOLIC AC	66-1MG	TABLET			
TRICARE	PRENATAL VIT103/IRON FUM/FOLIC	27 MG-1 MG	TABLET			
PRENATE AM	PRENATAL VIT114/FOLATE6/GINGER	1MG-500MG	TABLET			
PRENATA	PRENATAL VIT37/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW			
PRENATE ENHANCE	PRENATAL VIT68/IRON/FA NO6/DHA	28-1-400MG	CAPSULE			
PRENATE RESTORE	PRENATAL VIT69/IRON/FOLATE6/DH	27-1-400MG	CAPSULE			
NESTABS	PRENATAL VIT86/IRON/FOLIC ACID	32 MG-1 MG	TABLET			
PUREFE PLUS	PRENATAL VITS 4/IRON FUM/FOLIC	106 MG-1MG	CAPSULE			
SELECT-OB	PRENATAL VITS/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW			
VIRT-ADVANCE	PRENATAL VITS15/IRON/FOLIC/DSS	90-1-50 MG	TABLET			
MARNATAL-F	PRENATAL,CALC NO.65/IRON/FOLIC	60 MG-1 MG	CAPSULE			
VIRT-PN	PRENATAL,CALC.40/IRON/FOLATE 1	27 MG-1 MG	TABLET			
OB COMPLETE PETITE	PRENATAL56/IRON/FOLIC ACID/DHA	35-5-1 MG	CAPSULE			
VINATE DHA RF	PRENATAL64/IRON/LMFOLATE/ALGAL	27-1.13 MG	CAPSULE			
PRENATAL PLUS-DHA	PRENATAL72/IRON FUM/FA/OM3/DHA	27-1-250MG	COMBO. PKG			
CITRANATAL RX	PRENATAL81/IRON/FOLIC/DOCUSATE	27-1-50 MG	TABLET			
ENBRACE HR	PRENATAL92/IRON/FOLATE8/PS-DHA	1.5-8.73MG	CAP IR DR			
PRIMAQUINE	PRIMAQUINE PHOSPHATE	26.3 MG	TABLET	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
PROMETHAZINE HCL	PROMETHAZINE HCL	100.00%	POWDER			
PROMETHAZINE HCL	PROMETHAZINE HCL	25 MG	TABLET			
PROMETHAZINE HCL	PROMETHAZINE HCL	6.25MG/5ML	SYRUP			
PROMETHAZINE-CODEINE	PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP			
PROMETHAZINE VC-CODEINE	PROMETHAZINE/PHENYLEPH/CODEINE	6.25-5-10	SYRUP			
PROPAFENONE HCL ER	PROPAFENONE HCL	225 MG	CAP ER 12H			
PROPAFENONE HCL ER	PROPAFENONE HCL	325 MG	CAP ER 12H			
PROPAFENONE HCL ER	PROPAFENONE HCL	425 MG	CAP ER 12H			
HEMANGEOL	PROPRANOLOL HCL	4.28 MG/ML	SOLUTION	6/3/2015	HEMANGEOL	PA CRITERIA
INDERAL XL	PROPRANOLOL HCL	120 MG	CAP ER 24H			
INDERAL XL	PROPRANOLOL HCL	80 MG	CAP ER 24H			
ZODRYL DEC 30	PSEUDOEPHED/CODEINE/GUAIFEN	15-3.5/3.5	ORAL SUSP			
ZODRYL DEC 25	PSEUDOEPHED/CODEINE/GUAIFEN	15-3-60/3	ORAL SUSP			
ZODRYL DEC 40	PSEUDOEPHED/CODEINE/GUAIFEN	15-4.5/4.5	ORAL SUSP			
ZODRYL DEC 35	PSEUDOEPHED/CODEINE/GUAIFEN	15-4-80/4	ORAL SUSP			
LORTUSS EX	PSEUDOEPHED/CODEINE/GUAIFEN	30-10-100	SYRUP			
CODITUSSIN DAC	PSEUDOEPHED/CODEINE/GUAIFEN	30-10-200	LIQUID			
ZODRYL DEC 80	PSEUDOEPHED/CODEINE/GUAIFEN	30-10MG/10	ORAL SUSP			
ZODRYL DEC 50	PSEUDOEPHED/CODEINE/GUAIFEN	30-5-100/5	ORAL SUSP			
ZODRYL DEC 60	PSEUDOEPHED/CODEINE/GUAIFEN	30-7.5/7.5	ORAL SUSP			
MESTINON	PYRIDOSTIGMINE BROMIDE	180 MG	TABLET ER			
MESTINON	PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SYRUP			
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	100 MG	TABLET			
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	150 MG	TAB ER 24H			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	200 MG	TABLET	100			2.00	1	68	34	
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	200 MG	TAB ER 24H	60			1.00	1	34	34	
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	25 MG	TABLET	100			3.00	1	102	34	
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	300 MG	TABLET	100			3.00	1	102	34	
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	300 MG	TAB ER 24H	60			1.00	1	34	34	
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	400 MG	TABLET	100			2.00	1	68	34	
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	400 MG	TAB ER 24H	60			1.00	1	34	34	
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	50 MG	TABLET	100			3.00	1	102	34	
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	50 MG	TAB ER 24H	60			2.00	1	68	34	
ACCUPRIL	QUINAPRIL HCL	10 MG	TABLET	90			2.00	1	68	34	
ACCUPRIL	QUINAPRIL HCL	20 MG	TABLET	90			2.00	1	68	34	
ACCUPRIL	QUINAPRIL HCL	40 MG	TABLET	90			2.00	1	68	34	
ACCUPRIL	QUINAPRIL HCL	5 MG	TABLET	90			2.00	1	68	34	
ACCURETIC	QUINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90			2.00	1	68	34	
ACCURETIC	QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	90			2.00	1	68	34	
ACCURETIC	QUINAPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	90			2.00	1	68	34	
QUALAQUIN	QUININE SULFATE	324 MG	CAPSULE	30			0.50	1	17	34	P
ACIPHEX SPRINKLE	RABEPRAZOLE SODIUM	10 MG	CAP DR SPR	30			2.00	1	68	34	P
ACIPHEX	RABEPRAZOLE SODIUM	20 MG	TABLET DR	30	13	999	1.00	1	34	34	P
ACIPHEX SPRINKLE	RABEPRAZOLE SODIUM	5 MG	CAP DR SPR	30			1.00	1	34	34	P
EVISTA	RALOXIFENE HCL	60 MG	TABLET	100			1.00	1	34	34	
ISENTRESS	RALTEGRAVIR POTASSIUM	100 MG	POWD PACK	60							
ISENTRESS	RALTEGRAVIR POTASSIUM	100 MG	TAB CHEW	60							
ISENTRESS	RALTEGRAVIR POTASSIUM	25 MG	TAB CHEW	60							
ROZEREM	RAMELTEON	8 MG	TABLET	100			1.00	1	34	34	P
ALTACE	RAMIPRIL	1.25 MG	CAPSULE	100			1.00	1	34	34	
ALTACE	RAMIPRIL	10 MG	CAPSULE	100			2.00	1	68	34	
ALTACE	RAMIPRIL	2.5 MG	CAPSULE	100			1.00	1	34	34	
ALTACE	RAMIPRIL	5 MG	CAPSULE	100			1.00	1	34	34	
LUCENTIS	RANIBIZUMAB	0.3MG/0.05	VIAL	0.05			0.03	1	1	34	P
LUCENTIS	RANIBIZUMAB	0.5MG/0.05	SYRINGE	0.05			0.03	1	1	34	P
LUCENTIS	RANIBIZUMAB	0.5MG/0.05	VIAL	0.05			0.03	1	1	34	P
RANITIDINE HCL	RANITIDINE HCL	150 MG	TABLET	60			2.00	1	68	34	
RANITIDINE HCL	RANITIDINE HCL	300 MG	TABLET	30			2.00	1	68	34	
RANEXA	RANOLAZINE	1000 MG	TAB ER 12H	60			2.00	1	68	34	
RANEXA	RANOLAZINE	500 MG	TAB ER 12H	60			4.00	1	136	34	
AZILECT	RASAGILINE MESYLATE	0.5 MG	TABLET	30			1.00	1	34	34	
AZILECT	RASAGILINE MESYLATE	1 MG	TABLET	30			1.00	1	34	34	
STIVARGA	REGORAFENIB	40 MG	TABLET	28			4.00	1	112	28	
PRANDIN	REPAGLINIDE	1 MG	TABLET	100			4.00	1	136	34	
PRANDIN	REPAGLINIDE	2 MG	TABLET	100			8.00	1	272	34	
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE/METFORMIN HCL	1MG-500MG	TABLET	100			3.00	1	102	34	
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE/METFORMIN HCL	2 MG-500MG	TABLET	100			5.00	1	170	34	
CINQAIR	RESLIZUMAB	10 MG/ML	VIAL	10							P
RHOPHYLAC	RHO(D) IMMUNE GLOBULIN	1500/2 ML	SYRINGE	2			2.00	2	2	1	
MODERIBA	RIBAVIRIN	200 MG	TABLET	168							P
RIBASPHERE	RIBAVIRIN	200 MG	CAPSULE	180							P
MODERIBA	RIBAVIRIN	200-400 MG	TAB DS PK	14							P
MODERIBA	RIBAVIRIN	200-400(7)	TAB DS PK	14			0.23	7	7	30	P
REBETOL	RIBAVIRIN	40 MG/ML	SOLUTION	100							P
RIBASPHERE	RIBAVIRIN	400 MG	TABLET	56							P
MODERIBA	RIBAVIRIN	400-400 MG	TAB DS PK	14			2.00	1	56	28	P
MODERIBA	RIBAVIRIN	400-400(7)	TAB DS PK	14			0.23	7	7	30	P
RIBAVIRIN	RIBAVIRIN	6 G	VIAL-NEB	4							P
RIBASPHERE	RIBAVIRIN	600 MG	TABLET	56							P

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	200 MG	TABLET			
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	200 MG	TAB ER 24H			
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	25 MG	TABLET			
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	300 MG	TABLET			
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	300 MG	TAB ER 24H			
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	400 MG	TABLET			
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	400 MG	TAB ER 24H			
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	50 MG	TABLET			
QUETIAPINE FUMARATE ER	QUETIAPINE FUMARATE	50 MG	TAB ER 24H			
ACCUPRIL	QUINAPRIL HCL	10 MG	TABLET			
ACCUPRIL	QUINAPRIL HCL	20 MG	TABLET			
ACCUPRIL	QUINAPRIL HCL	40 MG	TABLET			
ACCUPRIL	QUINAPRIL HCL	5 MG	TABLET			
ACCURETIC	QUINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET			
ACCURETIC	QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET			
ACCURETIC	QUINAPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET			
QUALAQUIN	QUININE SULFATE	324 MG	CAPSULE	6/4/2007	ANTIMALARIAL AGENTS	PA CRITERIA
ACIPHEX SPRINKLE	RABEPRAZOLE SODIUM	10 MG	CAP DR SPR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
ACIPHEX	RABEPRAZOLE SODIUM	20 MG	TABLET DR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
ACIPHEX SPRINKLE	RABEPRAZOLE SODIUM	5 MG	CAP DR SPR	12/13/2004	PROTON PUMP INHIBITORS	PA CRITERIA
EVISTA	RALOXIFENE HCL	60 MG	TABLET			
ISENTRESS	RALTEGRAVIR POTASSIUM	100 MG	POWD PACK			
ISENTRESS	RALTEGRAVIR POTASSIUM	100 MG	TAB CHEW			
ISENTRESS	RALTEGRAVIR POTASSIUM	25 MG	TAB CHEW			
ROZEREM	RAMELTEON	8 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ALTACE	RAMIPRIL	1.25 MG	CAPSULE			
ALTACE	RAMIPRIL	10 MG	CAPSULE			
ALTACE	RAMIPRIL	2.5 MG	CAPSULE			
ALTACE	RAMIPRIL	5 MG	CAPSULE			
LUCENTIS	RANIBIZUMAB	0.3MG/0.05	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
LUCENTIS	RANIBIZUMAB	0.5MG/0.05	SYRINGE	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
LUCENTIS	RANIBIZUMAB	0.5MG/0.05	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
RANITIDINE HCL	RANITIDINE HCL	150 MG	TABLET			
RANITIDINE HCL	RANITIDINE HCL	300 MG	TABLET			
RANEXA	RANOLAZINE	1000 MG	TAB ER 12H			
RANEXA	RANOLAZINE	500 MG	TAB ER 12H			
AZILECT	RASAGILINE MESYLATE	0.5 MG	TABLET			
AZILECT	RASAGILINE MESYLATE	1 MG	TABLET			
STIVARGA	REGORAFENIB	40 MG	TABLET			
PRANDIN	REPAGLINIDE	1 MG	TABLET			
PRANDIN	REPAGLINIDE	2 MG	TABLET			
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE/METFORMIN HCL	1MG-500MG	TABLET			
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE/METFORMIN HCL	2 MG-500MG	TABLET			
CINQAIR	RESLIZUMAB	10 MG/ML	VIAL	6/1/2016	INTERLEUKIN-5 ANTAGONIST	PA CRITERIA
RHOPHYLAC	RHO(D) IMMUNE GLOBULIN	1500/2 ML	SYRINGE			
MODERIBA	RIBAVIRIN	200 MG	TABLET	9/13/2010	RIBAVIRIN	PA CRITERIA
RIBASPHERE	RIBAVIRIN	200 MG	CAPSULE	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	200-400 MG	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	200-400(7)	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
REBETOL	RIBAVIRIN	40 MG/ML	SOLUTION	9/13/2010	RIBAVIRIN	PA CRITERIA
RIBASPHERE	RIBAVIRIN	400 MG	TABLET	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	400-400 MG	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	400-400(7)	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
RIBAVIRIN	RIBAVIRIN	6 G	VIAL-NEB	9/13/2010	RIBAVIRIN	PA CRITERIA
RIBASPHERE	RIBAVIRIN	600 MG	TABLET	9/13/2010	RIBAVIRIN	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

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MODERIBA	RIBAVIRIN	600-400 MG	TAB DS PK	14				2.00	1	56	28	P
MODERIBA	RIBAVIRIN	600-400(7)	TAB DS PK	14				0.23	7	7	30	P
MODERIBA	RIBAVIRIN	600-600 MG	TAB DS PK	14				2.00	1	56	28	P
MODERIBA	RIBAVIRIN	600-600(7)	TAB DS PK	14				0.23	7	7	30	P
PRIFTIN	RIFAPENTINE	150 MG	TABLET	24				0.03	1	1	34	P
XIFAXAN	RIFAXIMIN	200 MG	TABLET	30				3.00	1	9	3	P
XIFAXAN	RIFAXIMIN	550 MG	TABLET	60				2.00	1	68	34	
RILUTEK	RILUZOLE	50 MG	TABLET	60				2.00	1	68	34	
MYOBLOC	RIMABOTULINUMTOXINB	10000/2ML	VIAL	2				0.01	1	1	84	
MYOBLOC	RIMABOTULINUMTOXINB	2500/0.5ML	VIAL	0.5				0.01	1	1	84	
MYOBLOC	RIMABOTULINUMTOXINB	5000/ML	VIAL	1				0.01	1	1	84	
ADEMPAS	RIOCIGUAT	0.5 MG	TABLET	90				3.00	1	102	34	P
ADEMPAS	RIOCIGUAT	1 MG	TABLET	90				3.00	1	102	34	P
ADEMPAS	RIOCIGUAT	1.5 MG	TABLET	90				3.00	1	102	34	P
ADEMPAS	RIOCIGUAT	2 MG	TABLET	90				3.00	1	102	34	P
ADEMPAS	RIOCIGUAT	2.5 MG	TABLET	90				3.00	1	102	34	P
ACTONEL	RISEDRONATE SODIUM	150 MG	TABLET	1				0.04		1	28	
ACTONEL	RISEDRONATE SODIUM	30 MG	TABLET	30				1.00	1	34	34	
ACTONEL	RISEDRONATE SODIUM	35 MG	TABLET	4				0.14	1	4	28	
ATELVIA	RISEDRONATE SODIUM	35 MG	TABLET DR	4				0.14	1	4	28	
ACTONEL	RISEDRONATE SODIUM	5 MG	TABLET	30				1.00	1	34	34	
RISPERDAL	RISPERIDONE	0.25 MG	TABLET	100				2.00	1	68	34	
RISPERIDONE ODT	RISPERIDONE	0.25 MG	TAB RAPDIS	30				2.00	1	68	34	
RISPERDAL	RISPERIDONE	0.5 MG	TABLET	100				2.00	1	68	34	
RISPERDAL M-TAB	RISPERIDONE	0.5 MG	TAB RAPDIS	28				2.00	1	68	34	
RISPERDAL	RISPERIDONE	1 MG	TABLET	100				2.00	1	68	34	
RISPERDAL M-TAB	RISPERIDONE	1 MG	TAB RAPDIS	28				2.00	1	68	34	
RISPERDAL	RISPERIDONE	2 MG	TABLET	100				2.00	1	68	34	
RISPERIDONE ODT	RISPERIDONE	2 MG	TAB RAPDIS	1				2.00	1	68	34	
RISPERDAL	RISPERIDONE	3 MG	TABLET	100				2.00	1	68	34	
RISPERDAL M-TAB	RISPERIDONE	3 MG	TAB RAPDIS	28				2.00	1	68	34	
RISPERDAL	RISPERIDONE	4 MG	TABLET	100				2.00	1	68	34	
RISPERDAL M-TAB	RISPERIDONE	4 MG	TAB RAPDIS	28				2.00	1	68	34	
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	12.5MG/2ML	SYRINGE	1				0.07	1	2	28	
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	25 MG/2 ML	SYRINGE	1				0.07	1	2	28	
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	37.5MG/2ML	SYRINGE	1				0.07	1	2	28	
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	50 MG/2 ML	SYRINGE	1				0.07	1	2	28	
XARELTO	RIVAROXABAN	10 MG	TABLET	100				1.00	1	34	34	P
XARELTO	RIVAROXABAN	15 MG	TABLET	100				1.00	1	34	34	P
XARELTO	RIVAROXABAN	15 MG-20MG	TAB DS PK	51				1.70	51	51	30	P
XARELTO	RIVAROXABAN	20 MG	TABLET	100				1.00	1	34	34	P
RIVASTIGMINE	RIVASTIGMINE	13.3MG/24H	PATCH TD24	30				1.00	1	34	34	P
RIVASTIGMINE	RIVASTIGMINE	4.6MG/24HR	PATCH TD24	30				1.00	1	34	34	P
RIVASTIGMINE	RIVASTIGMINE	9.5MG/24HR	PATCH TD24	30								P
EXELON	RIVASTIGMINE	13.3MG/24H	PATCH TD24	30				1.00	1	34	34	
EXELON	RIVASTIGMINE	4.6MG/24HR	PATCH TD24	30				1.00	1	34	34	
MAXALT	RIZATRIPTAN BENZOATE	10 MG	TABLET	1				0.60	1	18	30	
MAXALT MLT	RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS	1				0.60	1	18	30	
MAXALT	RIZATRIPTAN BENZOATE	5 MG	TABLET	1				0.60	1	18	30	
MAXALT MLT	RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS	1				0.60	1	18	30	
DALIRESP	ROFLUMILAST	500 MCG	TABLET	30				1.00	30	30	30	P
VARUBI	ROLAPITANT HCL	166.5/92.5	VIAL	92.5				0.03	1	1	34	P
VARUBI	ROLAPITANT HCL	90 MG	TABLET	2				0.14	1	4	28	P
NPLATE	ROMIPLOSTIM	250 MCG	VIAL	1				0.29	1	8	28	
NPLATE	ROMIPLOSTIM	500 MCG	VIAL	1				0.29	1	8	28	

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Drug Utilization Management List

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MODERIBA	RIBAVIRIN	600-400 MG	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	600-400(7)	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	600-600 MG	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
MODERIBA	RIBAVIRIN	600-600(7)	TAB DS PK	9/13/2010	RIBAVIRIN	PA CRITERIA
PRIFTIN	RIFAPENTINE	150 MG	TABLET	N/A	TUBERCULOSIS	HEALTH DEPARTMENT
XIFAXAN	RIFAXIMIN	200 MG	TABLET	6/4/2012	XIFAXIN	PA CRITERIA
XIFAXAN	RIFAXIMIN	550 MG	TABLET			
RILUTEK	RILUZOLE	50 MG	TABLET			
MYOBLOC	RIMABOTULINUMTOXINB	10000/2ML	VIAL			
MYOBLOC	RIMABOTULINUMTOXINB	2500/0.5ML	VIAL			
MYOBLOC	RIMABOTULINUMTOXINB	5000/ML	VIAL			
ADEMPAS	RIOCIGUAT	0.5 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
ADEMPAS	RIOCIGUAT	1 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
ADEMPAS	RIOCIGUAT	1.5 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
ADEMPAS	RIOCIGUAT	2 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
ADEMPAS	RIOCIGUAT	2.5 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
ACTONEL	RISEDRONATE SODIUM	150 MG	TABLET			
ACTONEL	RISEDRONATE SODIUM	30 MG	TABLET			
ACTONEL	RISEDRONATE SODIUM	35 MG	TABLET			
ATELVIA	RISEDRONATE SODIUM	35 MG	TABLET DR			
ACTONEL	RISEDRONATE SODIUM	5 MG	TABLET			
RISPERDAL	RISPERIDONE	0.25 MG	TABLET			
RISPERIDONE ODT	RISPERIDONE	0.25 MG	TAB RAPDIS			
RISPERDAL	RISPERIDONE	0.5 MG	TABLET			
RISPERDAL M-TAB	RISPERIDONE	0.5 MG	TAB RAPDIS			
RISPERDAL	RISPERIDONE	1 MG	TABLET			
RISPERDAL M-TAB	RISPERIDONE	1 MG	TAB RAPDIS			
RISPERDAL	RISPERIDONE	2 MG	TABLET			
RISPERIDONE ODT	RISPERIDONE	2 MG	TAB RAPDIS			
RISPERDAL	RISPERIDONE	3 MG	TABLET			
RISPERDAL M-TAB	RISPERIDONE	3 MG	TAB RAPDIS			
RISPERDAL	RISPERIDONE	4 MG	TABLET			
RISPERDAL M-TAB	RISPERIDONE	4 MG	TAB RAPDIS			
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	12.5MG/2ML	SYRINGE			
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	25 MG/2 ML	SYRINGE			
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	37.5MG/2ML	SYRINGE			
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	50 MG/2 ML	SYRINGE			
XARELTO	RIVAROXABAN	10 MG	TABLET	12/5/2011	ANTICOAGULANTS - ORAL	PDL
XARELTO	RIVAROXABAN	15 MG	TABLET	12/5/2011	ANTICOAGULANTS - ORAL	PDL
XARELTO	RIVAROXABAN	15 MG-20MG	TAB DS PK	12/5/2011	ANTICOAGULANTS - ORAL	PDL
XARELTO	RIVAROXABAN	20 MG	TABLET	12/5/2011	ANTICOAGULANTS - ORAL	PDL
RIVASTIGMINE	RIVASTIGMINE	13.3MG/24H	PATCH TD24	3/3/2012	ANTIDEMENTIA	PDL
RIVASTIGMINE	RIVASTIGMINE	4.6MG/24HR	PATCH TD24	3/3/2012	ANTIDEMENTIA	PDL
RIVASTIGMINE	RIVASTIGMINE	9.5MG/24HR	PATCH TD24	3/3/2012	ANTIDEMENTIA	PDL
EXELON	RIVASTIGMINE	13.3MG/24H	PATCH TD24			
EXELON	RIVASTIGMINE	4.6MG/24HR	PATCH TD24			
MAXALT	RIZATRIPTAN BENZOATE	10 MG	TABLET			
MAXALT MLT	RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS			
MAXALT	RIZATRIPTAN BENZOATE	5 MG	TABLET			
MAXALT MLT	RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS			
DALIRESP	ROFLUMILAST	500 MCG	TABLET	12/3/2013	COPD	PDL
VARUBI	ROLAPITANT HCL	166.5/92.5	VIAL	6/1/2016	NAUSEA/VOMITING - CHEMO INDUCED	PA CRITERIA
VARUBI	ROLAPITANT HCL	90 MG	TABLET	6/1/2016	NAUSEA/VOMITING - CHEMO INDUCED	PA CRITERIA
NPLATE	ROMIPLOSTIM	250 MCG	VIAL			
NPLATE	ROMIPLOSTIM	500 MCG	VIAL			



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REQUIP XL	ROPINIROLE HCL	12 MG	TAB ER 24H	30			2.00	1	68	34	
REQUIP XL	ROPINIROLE HCL	2 MG	TAB ER 24H	30			1.00	1	30	30	
REQUIP XL	ROPINIROLE HCL	4 MG	TAB ER 24H	30			1.00	1	30	30	
REQUIP XL	ROPINIROLE HCL	6 MG	TAB ER 24H	30			1.00	1	34	34	
REQUIP XL	ROPINIROLE HCL	8 MG	TAB ER 24H	30			3.00	1	90	30	
AVANDIA	ROSIGLITAZONE MALEATE	2 MG	TABLET	60			2.00	1	68	34	
AVANDIA	ROSIGLITAZONE MALEATE	4 MG	TABLET	30			2.00	1	68	34	
CRESTOR	ROSUVASTATIN CALCIUM	10 MG	TABLET	90			1.00	1	34	34	
CRESTOR	ROSUVASTATIN CALCIUM	20 MG	TABLET	90			1.00	1	34	34	
CRESTOR	ROSUVASTATIN CALCIUM	40 MG	TABLET	30			1.00	1	34	34	
CRESTOR	ROSUVASTATIN CALCIUM	5 MG	TABLET	90			1.00	1	34	34	
NEUPRO	ROTIGOTINE	1 MG/24 HR	PATCH TD24	30			1.00	30	30	30	
NEUPRO	ROTIGOTINE	2 MG/24 HR	PATCH TD24	30			1.00	1	34	34	
NEUPRO	ROTIGOTINE	3 MG/24 HR	PATCH TD24	30			1.00	30	30	30	
NEUPRO	ROTIGOTINE	4 MG/24 HR	PATCH TD24	30			1.00	1	34	34	
NEUPRO	ROTIGOTINE	6 MG/24 HR	PATCH TD24	30			1.00	1	34	34	
NEUPRO	ROTIGOTINE	8 MG/24 HR	PATCH TD24	30			1.00	30	30	30	
BANZEL	RUFINAMIDE	200 MG	TABLET	120			2.00	1	68	34	
BANZEL	RUFINAMIDE	400 MG	TABLET	120			4.00	1	136	34	
JAKAFI	RUXOLITINIB PHOSPHATE	10 MG	TABLET	60			2.00	1	68	34	
JAKAFI	RUXOLITINIB PHOSPHATE	15 MG	TABLET	60			2.00	1	68	34	
JAKAFI	RUXOLITINIB PHOSPHATE	20 MG	TABLET	60			2.00	1	68	34	
JAKAFI	RUXOLITINIB PHOSPHATE	25 MG	TABLET	60			2.00	1	68	34	
JAKAFI	RUXOLITINIB PHOSPHATE	5 MG	TABLET	60			2.00	1	68	34	
ENTRESTO	SACUBITRIL/VALSARTAN	24 MG-26MG	TABLET	60			2.00	1	68	34	P
ENTRESTO	SACUBITRIL/VALSARTAN	49 MG-51MG	TABLET	60			2.00	1	68	34	P
ENTRESTO	SACUBITRIL/VALSARTAN	97MG-103MG	TABLET	60			2.00	1	68	34	P
XADAGO	SAFINAMIDE MESYLATE	100 MG	TABLET	30	60	999	1.00	1	34	34	
XADAGO	SAFINAMIDE MESYLATE	50 MG	TABLET	30	60	999	1.00	1	34	34	
SEREVENT DISKUS	SALMETEROL XINAFOATE	50 MCG	BLST W/DEV	60	5	999	2.00	1	60	30	
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	100 MG	TABLET SOL	120			4.00	1	120	30	P
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	30			4.00	1	136	34	P
KEVZARA	SARILUMAB	150MG/1.14	SYRINGE	1.14			0.08	1.14	2.28	28	P
KEVZARA	SARILUMAB	200MG/1.14	SYRINGE	1.14			0.08	1.14	2.28	28	P
ONGLYZA	SAXAGLIPTIN HCL	2.5 MG	TABLET	30			1.00	1	34	34	
ONGLYZA	SAXAGLIPTIN HCL	5 MG	TABLET	30			1.00	1	34	34	
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	60			2.00	1	68	34	
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL	5 MG-500MG	TBMP 24HR	30			1.00	1	34	34	
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL	5MG-1000MG	TBMP 24HR	30			1.00	1	34	34	
SCOPOLAMINE	SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	10			0.33	1	10	30	
KANUMA	SEBELIPASE ALFA	20 MG/10ML	VIAL	10			0.03	1	1	34	P
SOLOSEC	SECNIDAZOLE	2 G	GRANDR PKT	1			0.03	1	1	30	
SECONAL SODIUM	SECOBARBITAL SODIUM	100 MG	CAPSULE	100			1.00	1	34	34	P
COSENTYX (2 SYRINGES)	SECUKINUMAB	150 MG/ML	SYRINGE	1			0.07	1	2	28	P
COSENTYX PEN	SECUKINUMAB	150 MG/ML	PEN INJCTR	1			0.07	1	2	28	P
EMSAM	SELEGILINE	12MG/24HR	PATCH TD24	30			1.00	1	34	34	
EMSAM	SELEGILINE	6 MG/24 HR	PATCH TD24	30			1.00	1	34	34	
EMSAM	SELEGILINE	9 MG/24 HR	PATCH TD24	30			1.00	1	34	34	
ZELAPAR	SELEGILINE HCL	1.25 MG	TAB RAPDIS	60			2.00	1	68	34	
UPTRAVI	SELEXIPAG	1000 MCG	TABLET	60			2.00	1	68	34	P
UPTRAVI	SELEXIPAG	1200 MCG	TABLET	60			2.00	1	68	34	P
UPTRAVI	SELEXIPAG	1400 MCG	TABLET	60			2.00	1	68	34	P
UPTRAVI	SELEXIPAG	1600 MCG	TABLET	60			2.00	1	68	34	P
UPTRAVI	SELEXIPAG	200 MCG	TABLET	60			2.00	1	68	34	P
UPTRAVI	SELEXIPAG	200-800MCG	TAB DS PK	200			2.00	1	68	34	P

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REQUIP XL	ROPINIROLE HCL	12 MG	TAB ER 24H			
REQUIP XL	ROPINIROLE HCL	2 MG	TAB ER 24H			
REQUIP XL	ROPINIROLE HCL	4 MG	TAB ER 24H			
REQUIP XL	ROPINIROLE HCL	6 MG	TAB ER 24H			
REQUIP XL	ROPINIROLE HCL	8 MG	TAB ER 24H			
AVANDIA	ROSIGLITAZONE MALEATE	2 MG	TABLET			
AVANDIA	ROSIGLITAZONE MALEATE	4 MG	TABLET			
CRESTOR	ROSUVASTATIN CALCIUM	10 MG	TABLET			
CRESTOR	ROSUVASTATIN CALCIUM	20 MG	TABLET			
CRESTOR	ROSUVASTATIN CALCIUM	40 MG	TABLET			
CRESTOR	ROSUVASTATIN CALCIUM	5 MG	TABLET			
NEUPRO	ROTIGOTINE	1 MG/24 HR	PATCH TD24			
NEUPRO	ROTIGOTINE	2 MG/24 HR	PATCH TD24			
NEUPRO	ROTIGOTINE	3 MG/24 HR	PATCH TD24			
NEUPRO	ROTIGOTINE	4 MG/24 HR	PATCH TD24			
NEUPRO	ROTIGOTINE	6 MG/24 HR	PATCH TD24			
NEUPRO	ROTIGOTINE	8 MG/24 HR	PATCH TD24			
BANZEL	RUFINAMIDE	200 MG	TABLET			
BANZEL	RUFINAMIDE	400 MG	TABLET			
JAKAFI	RUXOLITINIB PHOSPHATE	10 MG	TABLET			
JAKAFI	RUXOLITINIB PHOSPHATE	15 MG	TABLET			
JAKAFI	RUXOLITINIB PHOSPHATE	20 MG	TABLET			
JAKAFI	RUXOLITINIB PHOSPHATE	25 MG	TABLET			
JAKAFI	RUXOLITINIB PHOSPHATE	5 MG	TABLET			
ENTRESTO	SACUBITRIL/VALSARTAN	24 MG-26MG	TABLET	12/13/2004	HEART FAILURE - NEPRILYSIN INHIBITOR/ANGIOTENSIN RECEPTOR BLOCKER	PDL
ENTRESTO	SACUBITRIL/VALSARTAN	49 MG-51MG	TABLET	12/13/2004	HEART FAILURE - NEPRILYSIN INHIBITOR/ANGIOTENSIN RECEPTOR BLOCKER	PDL
ENTRESTO	SACUBITRIL/VALSARTAN	97MG-103MG	TABLET	12/13/2004	HEART FAILURE - NEPRILYSIN INHIBITOR/ANGIOTENSIN RECEPTOR BLOCKER	PDL
XADAGO	SAFINAMIDE MESYLATE	100 MG	TABLET			
XADAGO	SAFINAMIDE MESYLATE	50 MG	TABLET			
SEREVENT DISKUS	SALMETEROL XINAFOATE	50 MCG	BLST W/DEV			
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	100 MG	TABLET SOL	9/17/2012	KUVAN	PA CRITERIA
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	9/17/2012	KUVAN	PA CRITERIA
KEVZARA	SARILUMAB	150MG/1.14	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
KEVZARA	SARILUMAB	200MG/1.14	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ONGLYZA	SAXAGLIPTIN HCL	2.5 MG	TABLET			
ONGLYZA	SAXAGLIPTIN HCL	5 MG	TABLET			
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR			
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL	5 MG-500MG	TBMP 24HR			
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL	5MG-1000MG	TBMP 24HR			
SCOPOLAMINE	SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3			
KANUMA	SEBELIPASE ALFA	20 MG/10ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
SOLOSEC	SECNIDAZOLE	2 G	GRANDR PKT			
SECONAL SODIUM	SECOBARBITAL SODIUM	100 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
COSENTYX (2 SYRINGES)	SECUKINUMAB	150 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
COSENTYX PEN	SECUKINUMAB	150 MG/ML	PEN INJCTR	9/14/2009	CYTOKINE MODULATORS	PDL
EMSAM	SELEGILINE	12MG/24HR	PATCH TD24			
EMSAM	SELEGILINE	6 MG/24 HR	PATCH TD24			
EMSAM	SELEGILINE	9 MG/24 HR	PATCH TD24			
ZELAPAR	SELEGILINE HCL	1.25 MG	TAB RAPDIS			
UPTRAVI	SELEXIPAG	1000 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	1200 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	1400 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	1600 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	200 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	200-800MCG	TAB DS PK	3/5/2012	PULMONARY HYPERTENSION	PDL

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.												
UPTRAVI	SELEXIPAG	400 MCG	TABLET	60				2.00	1	68	34	P
UPTRAVI	SELEXIPAG	600 MCG	TABLET	60				2.00	1	68	34	P
UPTRAVI	SELEXIPAG	800 MCG	TABLET	60				2.00	1	68	34	P
OZEMPIC	SEMAGLUTIDE	0.25MG/0.2	PEN INJCTR	1.5				0.05	1.5	1.5	28	P
OZEMPIC	SEMAGLUTIDE	1MG/0.75ML	PEN INJCTR	1.5				0.11	1.5	3	28	P
SERTRALINE HCL	SERTRALINE HCL	100 MG	TABLET	30				2.50	1	85	34	
SERTRALINE HCL	SERTRALINE HCL	25 MG	TABLET	90				1.50	1	51	34	
SERTRALINE HCL	SERTRALINE HCL	50 MG	TABLET	30				1.50	1	51	34	
REVATIO	SILDENAFIL CITRATE	10 MG/12.5	VIAL	12.5								P
REVATIO	SILDENAFIL CITRATE	10 MG/ML	SUSP RECON	112								P
REVATIO	SILDENAFIL CITRATE	20 MG	TABLET	90				3.00	1	102	34	P
RAPAFLO	SILODOSIN	4 MG	CAPSULE	30				1.00	1	34	34	
RAPAFLO	SILODOSIN	8 MG	CAPSULE	90				1.00	1	34	34	
SYLVANT	SILTUXIMAB	100 MG	VIAL	1				3.00	1	63	21	
SYLVANT	SILTUXIMAB	400 MG	VIAL	1				5.00	1	105	21	
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)	20				2.00	20	20	10	
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)	25				2.50	25	25	10	
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)	50				5.00	50	50	10	
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)	85				8.50	85	85	10	
OLYSIO	SIMEPREVIR SODIUM	150 MG	CAPSULE	28				1.00	28	28	28	P
SIMVASTATIN	SIMVASTATIN	10 MG	TABLET	1000				1.50	1	51	34	
SIMVASTATIN	SIMVASTATIN	20 MG	TABLET	1000				1.00	1	34	34	
SIMVASTATIN	SIMVASTATIN	40 MG	TABLET	1000				1.00	1	34	34	
SIMVASTATIN	SIMVASTATIN	5 MG	TABLET	90				1.00	1	34	34	
SIMVASTATIN	SIMVASTATIN	80 MG	TABLET	1000				0.50	1	17	34	
VEREGEN	SINECATECHINS	15.00%	OINT. (G)	30				1.00	30	30	30	
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	100-1000MG	TBMP 24HR	30				1.00	1	34	34	
JANUMET	SITAGLIPTIN PHOS/METFORMIN HCL	50-1000 MG	TABLET	60				2.00	1	68	34	
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	50-1000 MG	TBMP 24HR	60				2.00	1	68	34	
JANUMET	SITAGLIPTIN PHOS/METFORMIN HCL	50MG-500MG	TABLET	60				2.00	1	68	34	
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	50MG-500MG	TBMP 24HR	60				2.00	1	68	34	
JANUVIA	SITAGLIPTIN PHOSPHATE	100 MG	TABLET	30				1.00	1	34	34	
JANUVIA	SITAGLIPTIN PHOSPHATE	25 MG	TABLET	100				1.00	1	34	34	
JANUVIA	SITAGLIPTIN PHOSPHATE	50 MG	TABLET	100				1.00	1	34	34	
PREPOPIK	SOD PICOSULF/MAG OX/CITRIC AC	10 MG-12 G	POWD PACK	1				0.03	1	1	30	P
PREPOPIK	SOD PICOSULF/MAG OX/CITRIC AC	10 MG-12 G	POWD PACK	2				0.07	2	2	30	P
CLENPIQ	SOD PICOSULF/MAG OX/CITRIC AC	10-3.5/160	SOLUTION	160				5.33	160	160	30	P
SODIUM CHLORIDE	SODIUM CHLORIDE 0.45 %	0.45%	IV SOLN	1000					25		30	
GAVILYTE-N	SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G	SOLN RECON	4000				4000.00	4000	4000	1	P
XYREM	SODIUM OXYBATE	500 MG/ML	SOLUTION	180				18.00	10	540	30	P
SODIUM POLYSTYRENE SULFONATE	SODIUM POLYSTYRENE SULFONATE	15 G/60 ML	ORAL SUSP	60				15.77	60	473	30	
SUPREP	SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G	SOLN RECON	177				11.80	354	354	30	P
SOVALDI	SOFOBUVIR	400 MG	TABLET	28				1.00	28	28	28	P
VOSEVI	SOFOBUVIR/VELPATAS/VOXILAPREV	400-100 MG	TABLET	28				1.00	1	28	28	P
EPCLUSA	SOFOBUVIR/VELPATASVIR	400-100 MG	TABLET	28				1.00	28	28	28	P
VESICARE	SOLIFENACIN SUCCINATE	10 MG	TABLET	30				1.00	1	34	34	
VESICARE	SOLIFENACIN SUCCINATE	5 MG	TABLET	30				1.00	1	34	34	
GENOTROPIN	SOMATROPIN	0.2MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	0.4MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	0.6MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	0.8MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	1.2MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	1.4MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	1.6MG/0.25	SYRINGE	7								P
GENOTROPIN	SOMATROPIN	1.8MG/0.25	SYRINGE	7								P

North Dakota Medicaid  
Drug Utilization Management List

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UPTRAVI	SELEXIPAG	400 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	600 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
UPTRAVI	SELEXIPAG	800 MCG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
OZEMPIC	SEMAGLUTIDE	0.25MG/0.2	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
OZEMPIC	SEMAGLUTIDE	1MG/0.75ML	PEN INJCTR	6/3/2015	DIABETES - GLP1 AGONISTS	PDL
SERTRALINE HCL	SERTRALINE HCL	100 MG	TABLET			
SERTRALINE HCL	SERTRALINE HCL	25 MG	TABLET			
SERTRALINE HCL	SERTRALINE HCL	50 MG	TABLET			
REVATIO	SILDENAFIL CITRATE	10 MG/12.5	VIAL	11/7/2005	PULMONARY HYPERTENSION	PDL
REVATIO	SILDENAFIL CITRATE	10 MG/ML	SUSP RECON	11/7/2005	PULMONARY HYPERTENSION	PDL
REVATIO	SILDENAFIL CITRATE	20 MG	TABLET	11/7/2005	PULMONARY HYPERTENSION	PDL
RAPAFLO	SILODOSIN	4 MG	CAPSULE			
RAPAFLO	SILODOSIN	8 MG	CAPSULE			
SYLVANT	SILTUXIMAB	100 MG	VIAL			
SYLVANT	SILTUXIMAB	400 MG	VIAL			
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)			
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)			
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)			
SILVADENE	SILVER SULFADIAZINE	1.00%	CREAM (G)			
OLYSIO	SIMEPREVIR SODIUM	150 MG	CAPSULE	12/6/2010	HEPATITIS C TREATMENTS	PDL
SIMVASTATIN	SIMVASTATIN	10 MG	TABLET			
SIMVASTATIN	SIMVASTATIN	20 MG	TABLET			
SIMVASTATIN	SIMVASTATIN	40 MG	TABLET			
SIMVASTATIN	SIMVASTATIN	5 MG	TABLET			
SIMVASTATIN	SIMVASTATIN	80 MG	TABLET			
VEREGEN	SINECATECHINS	15.00%	OINT. (G)			
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	100-1000MG	TBMP 24HR			
JANUMET	SITAGLIPTIN PHOS/METFORMIN HCL	50-1000 MG	TABLET			
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	50-1000 MG	TBMP 24HR			
JANUMET	SITAGLIPTIN PHOS/METFORMIN HCL	50MG-500MG	TABLET			
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	50MG-500MG	TBMP 24HR			
JANUVIA	SITAGLIPTIN PHOSPHATE	100 MG	TABLET			
JANUVIA	SITAGLIPTIN PHOSPHATE	25 MG	TABLET			
JANUVIA	SITAGLIPTIN PHOSPHATE	50 MG	TABLET			
PREPOPIK	SOD PICOSULF/MAG OX/CITRIC AC	10 MG-12 G	POWD PACK	9/7/2016	BOWEL PREP AGENTS	PA CRITERIA
PREPOPIK	SOD PICOSULF/MAG OX/CITRIC AC	10 MG-12 G	POWD PACK	9/7/2016	BOWEL PREP AGENTS	PA CRITERIA
CLENPIQ	SOD PICOSULF/MAG OX/CITRIC AC	10-3.5/160	SOLUTION	9/7/2016	BOWEL PREP AGENTS	PA CRITERIA
SODIUM CHLORIDE	SODIUM CHLORIDE 0.45 %	0.45%	IV SOLN			
GAVILYTE-N	SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G	SOLN RECON	9/7/2016	BOWEL PREP AGENTS	PA CRITERIA
XYREM	SODIUM OXYBATE	500 MG/ML	SOLUTION	3/7/2011	XYREM	PA CRITERIA
SODIUM POLYSTYRENE SULFONATE	SODIUM POLYSTYRENE SULFONATE	15 G/60 ML	ORAL SUSP			
SUPREP	SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G	SOLN RECON	9/7/2016	BOWEL PREP AGENTS	PA CRITERIA
SOVALDI	SOFOBUVIR	400 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
VOSEVI	SOFOBUVIR/VELPATAS/VOXILAPREV	400-100 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
EPCLUSA	SOFOBUVIR/VELPATASVIR	400-100 MG	TABLET	12/6/2010	HEPATITIS C TREATMENTS	PDL
VESICARE	SOLIFENACIN SUCCINATE	10 MG	TABLET			
VESICARE	SOLIFENACIN SUCCINATE	5 MG	TABLET			
GENOTROPIN	SOMATROPIN	0.2MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	0.4MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	0.6MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	0.8MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	1.2MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	1.4MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	1.6MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	1.8MG/0.25	SYRINGE	5/1/2006	GROWTH HORMONE	PDL

North Dakota Medicaid  
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ZOMACTON	SOMATROPIN	10 MG	VIAL	1						P
NUTROPIN AQ NUSPIN	SOMATROPIN	10 MG/2 ML	PEN INJCTR	2						P
NORDITROPIN FLEXPRO	SOMATROPIN	10MG/1.5ML	PEN INJCTR	1.5						P
OMNITROPE	SOMATROPIN	10MG/1.5ML	CARTRIDGE	1.5						P
HUMATROPE	SOMATROPIN	12 MG	CARTRIDGE	1						P
GENOTROPIN	SOMATROPIN	12 MG/ML	CARTRIDGE	1						P
NORDITROPIN FLEXPRO	SOMATROPIN	15MG/1.5ML	PEN INJCTR	1.5						P
GENOTROPIN	SOMATROPIN	1MG/0.25ML	SYRINGE	7						P
NUTROPIN AQ NUSPIN	SOMATROPIN	20 MG/2 ML	PEN INJCTR	2						P
HUMATROPE	SOMATROPIN	24 MG	CARTRIDGE	1						P
GENOTROPIN	SOMATROPIN	2MG/0.25ML	SYRINGE	7						P
NORDITROPIN FLEXPRO	SOMATROPIN	30 MG/3 ML	PEN INJCTR	3						P
HUMATROPE	SOMATROPIN	5 MG	VIAL	1						P
NORDITROPIN FLEXPRO	SOMATROPIN	5 MG/1.5ML	PEN INJCTR	1.5						P
OMNITROPE	SOMATROPIN	5 MG/1.5ML	CARTRIDGE	1.5						P
NUTROPIN AQ NUSPIN	SOMATROPIN	5 MG/2 ML	PEN INJCTR	2						P
GENOTROPIN	SOMATROPIN	5 MG/ML	CARTRIDGE	1						P
OMNITROPE	SOMATROPIN	5.8 MG	VIAL	1						P
HUMATROPE	SOMATROPIN	6 MG	CARTRIDGE	1						P
SAIZEN	SOMATROPIN	8.8 MG	VIAL	1						P
SAIZEN	SOMATROPIN	8.8MG/1.51	CARTRIDGE	1						P
SEROSTIM	SOMATROPIN	4 MG	VIAL	1						P
SEROSTIM	SOMATROPIN	6 MG	VIAL	1						P
ZORBTIVE	SOMATROPIN	8.8 MG	VIAL							P
NEXAVAR	SORAFENIB TOSYLATE	200 MG	TABLET	120		4.00	1	136	34	
NATROBA	SPINOSAD	0.90%	SUSPENSION	120		4.00	120	120	30	
CAROSPIR	SPIRONOLACTONE	25 MG/5 ML	ORAL SUSP	473		20.00	1	680	34	
VELPHORO	SUCROFERRIC OXYHYDROXIDE	500MG IRON	TAB CHEW	90						P
SULFACETAMIDE SODIUM	SULFACETAMIDE SODIUM	10.00%	OINT. (G)	3.5						P
KLARON	SULFACETAMIDE SODIUM	10.00%	SUSPENSION	118	12	35				
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	473		58.82	10	2000	34	
BACTRIM DS	SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET	100		4.00	1	136	34	
IMITREX	SUMATRIPTAN	20 MG	SPRAY	6		0.40	6	12	30	P
IMITREX	SUMATRIPTAN	5 MG	SPRAY	6		0.40	6	12	30	P
MIGRANOW	SUMATRIPTAN SU/MENTHOL/CAMPHOR	50 MG	KIT GEL-TB	1		0.03	1	1	34	P
TREXIMET	SUMATRIPTAN SUCC/NAPROXEN SOD	10 MG-60MG	TABLET	9		0.26	1	9	34	P
SUMATRIPTAN SUCC-NAPROXEN SOD	SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	9		0.26		9	34	P
ONZETRA XSAIL	SUMATRIPTAN SUCCINATE	11 MG	AER POW BA	16		0.27	1	8	30	P
ZEMBRACE SYMTOUCH	SUMATRIPTAN SUCCINATE	3 MG/0.5ML	PEN INJCTR	0.5		0.07	2	2	30	P
IMITREX	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	CARTRIDGE	1		0.10	1	3	30	P
IMITREX	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	1		0.10	1	3	30	P
SUMAVEL DOSEPRO	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	NDL FR INJ	0.5		0.10	1	3	30	P
IMITREX	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	CARTRIDGE	1		0.10	1	3	30	P
IMITREX	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	1		0.10	1	3	30	P
IMITREX	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	0.5		0.10	1	3	30	P
SUMAVEL DOSEPRO	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	NDL FR INJ	0.5		0.10	1	3	30	P
IMITREX	SUMATRIPTAN SUCCINATE	100 MG	TABLET	9		0.60	1	18	30	
IMITREX	SUMATRIPTAN SUCCINATE	25 MG	TABLET	9		0.60	1	18	30	
IMITREX	SUMATRIPTAN SUCCINATE	50 MG	TABLET	9		0.60	1	18	30	
SUTENT	SUNITINIB MALATE	12.5 MG	CAPSULE	28		1.00	1	34	34	
SUTENT	SUNITINIB MALATE	25 MG	CAPSULE	28		1.00	1	34	34	
SUTENT	SUNITINIB MALATE	37.5 MG	CAPSULE	28		2.00	1	68	34	
SUTENT	SUNITINIB MALATE	50 MG	CAPSULE	28		1.00	1	34	34	
BELSOMRA	SUVOREXANT	10 MG	TABLET	30		1.00	1	34	34	P
BELSOMRA	SUVOREXANT	15 MG	TABLET	30		1.00	1	34	34	P

North Dakota Medicaid  
Drug Utilization Management List

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ZOMACTON	SOMATROPIN	10 MG	VIAL	5/1/2006	GROWTH HORMONE	PDL
NUTROPIN AQ NUSPIN	SOMATROPIN	10 MG/2 ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
NORDITROPIN FLEXPRO	SOMATROPIN	10MG/1.5ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
OMNITROPE	SOMATROPIN	10MG/1.5ML	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
HUMATROPE	SOMATROPIN	12 MG	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	12 MG/ML	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
NORDITROPIN FLEXPRO	SOMATROPIN	15MG/1.5ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	1MG/0.25ML	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
NUTROPIN AQ NUSPIN	SOMATROPIN	20 MG/2 ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
HUMATROPE	SOMATROPIN	24 MG	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	2MG/0.25ML	SYRINGE	5/1/2006	GROWTH HORMONE	PDL
NORDITROPIN FLEXPRO	SOMATROPIN	30 MG/3 ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
HUMATROPE	SOMATROPIN	5 MG	VIAL	5/1/2006	GROWTH HORMONE	PDL
NORDITROPIN FLEXPRO	SOMATROPIN	5 MG/1.5ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
OMNITROPE	SOMATROPIN	5 MG/1.5ML	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
NUTROPIN AQ NUSPIN	SOMATROPIN	5 MG/2 ML	PEN INJCTR	5/1/2006	GROWTH HORMONE	PDL
GENOTROPIN	SOMATROPIN	5 MG/ML	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
OMNITROPE	SOMATROPIN	5.8 MG	VIAL	5/1/2006	GROWTH HORMONE	PDL
HUMATROPE	SOMATROPIN	6 MG	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
SAIZEN	SOMATROPIN	8.8 MG	VIAL	5/1/2006	GROWTH HORMONE	PDL
SAIZEN	SOMATROPIN	8.8MG/1.51	CARTRIDGE	5/1/2006	GROWTH HORMONE	PDL
SEROSTIM	SOMATROPIN	4 MG	VIAL	5/1/2006	SEROSTIM	PA CRITERIA
SEROSTIM	SOMATROPIN	6 MG	VIAL	5/1/2006	SEROSTIM	PA CRITERIA
ZORBTIVE	SOMATROPIN	8.8 MG	VIAL	5/1/2006	ZORBTIVE	PA CRITERIA
NEXAVAR	SORAFENIB TOSYLATE	200 MG	TABLET			
NATROBA	SPINOSAD	0.90%	SUSPENSION			
CAROSPIR	SPIRONOLACTONE	25 MG/5 ML	ORAL SUSP			
VELPHORO	SUCROFERRIC OXYHYDROXIDE	500MG IRON	TAB CHEW	12/3/2014	PHOSPHATE BINDERS	PDL
SULFACETAMIDE SODIUM	SULFACETAMIDE SODIUM	10.00%	OINT. (G)	3/5/2012	ACNE	PA CRITERIA
KLARON	SULFACETAMIDE SODIUM	10.00%	SUSPENSION			
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP			
BACTRIM DS	SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET			
IMITREX	SUMATRIPTAN	20 MG	SPRAY	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN	5 MG	SPRAY	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
MIGRANOW	SUMATRIPTAN SU/MENTHOL/CAMPHOR	50 MG	KIT GEL-TB	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
TREXIMET	SUMATRIPTAN SUCC/NAPROXEN SOD	10 MG-60MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
SUMATRIPTAN SUCC-NAPROXEN SOD	SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ONZETRA XSAIL	SUMATRIPTAN SUCCINATE	11 MG	AER POW BA	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ZEMBRACE SYMTOUCH	SUMATRIPTAN SUCCINATE	3 MG/0.5ML	PEN INJCTR	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	CARTRIDGE	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
SUMAVEL DOSEPRO	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	NDL FR INJ	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	CARTRIDGE	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
SUMAVEL DOSEPRO	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	NDL FR INJ	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
IMITREX	SUMATRIPTAN SUCCINATE	100 MG	TABLET			
IMITREX	SUMATRIPTAN SUCCINATE	25 MG	TABLET			
IMITREX	SUMATRIPTAN SUCCINATE	50 MG	TABLET			
SUTENT	SUNITINIB MALATE	12.5 MG	CAPSULE			
SUTENT	SUNITINIB MALATE	25 MG	CAPSULE			
SUTENT	SUNITINIB MALATE	37.5 MG	CAPSULE			
SUTENT	SUNITINIB MALATE	50 MG	CAPSULE			
BELSOMRA	SUVOREXANT	10 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
BELSOMRA	SUVOREXANT	15 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.

BELSOMRA	SUVOREXANT	20 MG	TABLET	30			1.00	1	34	34	P
BELSOMRA	SUVOREXANT	5 MG	TABLET	30			1.00	1	34	34	P
ULTRA COMFORT	SYRGE-NDL,INS 0.3 ML HALF MARK	29 G X1/2"	DISP SYRIN	100						150	
ULTRA COMFORT	SYRGE-NDL,INS 0.3 ML HALF MARK	30G X5/16"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRGE-NDL,INS 0.3 ML HALF MARK	31 G X1/4"	DISP SYRIN	10						150	
INSULIN SYRINGE	SYRGE-NDL,INS 0.3 ML HALF MARK	31 GX5/16"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRGE-NDL,INS 0.3 ML HALF MARK	31GX15/64"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	25GX1"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	25GX5/8"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	26GX1/2"	DISP SYRIN	100						150	
EASY TOUCH INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	27GX1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	27GX5/8"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	28 GAUGE	DISP SYRIN	100						150	
COMFORT EZ	SYRINGE AND NEEDLE,INSULIN,1ML	28GX1/2"	DISP SYRIN	100						150	
ADVOCATE SYRINGES	SYRINGE AND NEEDLE,INSULIN,1ML	29 G X1/2"	DISP SYRIN	100						150	
LITE TOUCH	SYRINGE AND NEEDLE,INSULIN,1ML	29 GAUGE	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	29GX7/16"	DISP SYRIN	100						150	
TERUMO INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	30 G X3/8"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	30 GAUGE	DISP SYRIN	100						150	
ADVOCATE SYRINGES	SYRINGE AND NEEDLE,INSULIN,1ML	30G X5/16"	DISP SYRIN	100						150	
COMFORT EZ	SYRINGE AND NEEDLE,INSULIN,1ML	30GX1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	31 G X1/4"	DISP SYRIN	10						150	
ADVOCATE SYRINGES	SYRINGE AND NEEDLE,INSULIN,1ML	31 GX5/16"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	31GX15/64"	DISP SYRIN	90						150	
THINPRO INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	31GX3/8"	DISP SYRIN	100						150	
MONOJECT INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML		DISP SYRIN	500						150	
ULTICARE	SYRINGE WITH NEEDLE, 1 ML	25GX1"	DISP SYRIN	100						150	
MONOJECT INSULIN SAFETY SYRNG	SYRINGE WITH NEEDLE, INSULIN	29 G X1/2"	DISP SYRIN	100						150	
LUER-LOK SYRINGE-NEEDLE	SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1"	DISP SYRIN	100						150	
BULK SYRINGE	SYRINGE, DISPOSABLE, 1 ML		DISP SYRIN	3000						150	
EXEL SYRINGE	SYRINGE, DISPOSABLE, 30 ML		DISP SYRIN	50						150	
EASY TOUCH LUER LOCK INSULIN	SYRINGE,INSULIN,NEEDLESS 1 ML		DISP SYRIN	100						150	
EASY TOUCH INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	27GX1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	28 GAUGE	DISP SYRIN	100						150	
COMFORT EZ	SYRINGE-NEEDLE,INSULIN,0.5 ML	28GX1/2"	DISP SYRIN	100						150	
ADVOCATE SYRINGES	SYRINGE-NEEDLE,INSULIN,0.5 ML	29 G X1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	29 GAUGE	DISP SYRIN	100						150	
TERUMO INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	30 G X3/8"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	30 GAUGE	DISP SYRIN	100						150	
ADVOCATE SYRINGES	SYRINGE-NEEDLE,INSULIN,0.5 ML	30G X5/16"	DISP SYRIN	100						150	
COMFORT EZ	SYRINGE-NEEDLE,INSULIN,0.5 ML	30GX1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	31 G X1/4"	DISP SYRIN	10						150	
ADVOCATE SYRINGES	SYRINGE-NEEDLE,INSULIN,0.5 ML	31 GX5/16"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX15/64"	DISP SYRIN	90						150	
THINPRO INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX3/8"	DISP SYRIN	100						150	
ADVOCATE SYRINGES	SYRING-NEEDL,DISP,INSUL,0.3 ML	29 G X1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	29 GAUGE	DISP SYRIN	100						150	
TERUMO INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	30 G X3/8"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	30 GAUGE	DISP SYRIN	100						150	
ADVOCATE SYRINGES	SYRING-NEEDL,DISP,INSUL,0.3 ML	30G X5/16"	DISP SYRIN	100						150	
COMFORT EZ	SYRING-NEEDL,DISP,INSUL,0.3 ML	30GX1/2"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	31 G X1/4"	DISP SYRIN	10						150	
ADVOCATE SYRINGES	SYRING-NEEDL,DISP,INSUL,0.3 ML	31 GX5/16"	DISP SYRIN	100						150	
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX15/64"	DISP SYRIN	90						150	
THINPRO INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX3/8"	DISP SYRIN	100						150	

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
BELDOMRA	SUVOREXANT	20 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
BELDOMRA	SUVOREXANT	5 MG	TABLET	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ULTRA COMFORT	SYRGE-NDL,INS 0.3 ML HALF MARK	29 G X1/2"	DISP SYRIN			
ULTRA COMFORT	SYRGE-NDL,INS 0.3 ML HALF MARK	30G X5/16"	DISP SYRIN			
INSULIN SYRINGE	SYRGE-NDL,INS 0.3 ML HALF MARK	31 G X1/4"	DISP SYRIN			
INSULIN SYRINGE	SYRGE-NDL,INS 0.3 ML HALF MARK	31 GX5/16"	DISP SYRIN			
INSULIN SYRINGE	SYRGE-NDL,INS 0.3 ML HALF MARK	31GX15/64"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	25GX1"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	25GX5/8"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	26GX1/2"	DISP SYRIN			
EASY TOUCH INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	27GX1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	27GX5/8"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	28 GAUGE	DISP SYRIN			
COMFORT EZ	SYRINGE AND NEEDLE,INSULIN,1ML	28GX1/2"	DISP SYRIN			
ADVOCATE SYRINGES	SYRINGE AND NEEDLE,INSULIN,1ML	29 G X1/2"	DISP SYRIN			
LITE TOUCH	SYRINGE AND NEEDLE,INSULIN,1ML	29 GAUGE	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	29GX7/16"	DISP SYRIN			
TERUMO INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	30 G X3/8"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	30 GAUGE	DISP SYRIN			
ADVOCATE SYRINGES	SYRINGE AND NEEDLE,INSULIN,1ML	30G X5/16"	DISP SYRIN			
COMFORT EZ	SYRINGE AND NEEDLE,INSULIN,1ML	30GX1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	31 G X1/4"	DISP SYRIN			
ADVOCATE SYRINGES	SYRINGE AND NEEDLE,INSULIN,1ML	31 GX5/16"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	31GX15/64"	DISP SYRIN			
THINPRO INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	31GX3/8"	DISP SYRIN			
MONOJECT INSULIN SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML		DISP SYRIN			
ULTICARE	SYRINGE WITH NEEDLE, 1 ML	25GX1"	DISP SYRIN			
MONOJECT INSULIN SAFETY SYRNG	SYRINGE WITH NEEDLE, INSULIN	29 G X1/2"	DISP SYRIN			
LUER-LOK SYRINGE-NEEDLE	SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1"	DISP SYRIN			
BULK SYRINGE	SYRINGE, DISPOSABLE, 1 ML		DISP SYRIN			
EXEL SYRINGE	SYRINGE, DISPOSABLE, 30 ML		DISP SYRIN			
EASY TOUCH LUER LOCK INSULIN	SYRINGE,INSULIN,NEEDLESS 1 ML		DISP SYRIN			
EASY TOUCH INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	27GX1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	28 GAUGE	DISP SYRIN			
COMFORT EZ	SYRINGE-NEEDLE,INSULIN,0.5 ML	28GX1/2"	DISP SYRIN			
ADVOCATE SYRINGES	SYRINGE-NEEDLE,INSULIN,0.5 ML	29 G X1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	29 GAUGE	DISP SYRIN			
TERUMO INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	30 G X3/8"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	30 GAUGE	DISP SYRIN			
ADVOCATE SYRINGES	SYRINGE-NEEDLE,INSULIN,0.5 ML	30G X5/16"	DISP SYRIN			
COMFORT EZ	SYRINGE-NEEDLE,INSULIN,0.5 ML	30GX1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	31 G X1/4"	DISP SYRIN			
ADVOCATE SYRINGES	SYRINGE-NEEDLE,INSULIN,0.5 ML	31 GX5/16"	DISP SYRIN			
INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX15/64"	DISP SYRIN			
THINPRO INSULIN SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX3/8"	DISP SYRIN			
ADVOCATE SYRINGES	SYRING-NEEDL,DISP,INSUL,0.3 ML	29 G X1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	29 GAUGE	DISP SYRIN			
TERUMO INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	30 G X3/8"	DISP SYRIN			
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	30 GAUGE	DISP SYRIN			
ADVOCATE SYRINGES	SYRING-NEEDL,DISP,INSUL,0.3 ML	30G X5/16"	DISP SYRIN			
COMFORT EZ	SYRING-NEEDL,DISP,INSUL,0.3 ML	30GX1/2"	DISP SYRIN			
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	31 G X1/4"	DISP SYRIN			
ADVOCATE SYRINGES	SYRING-NEEDL,DISP,INSUL,0.3 ML	31 GX5/16"	DISP SYRIN			
INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX15/64"	DISP SYRIN			
THINPRO INSULIN SYRINGE	SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX3/8"	DISP SYRIN			



North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
PROTOPIC	TACROLIMUS	0.03%	OINT. (G)	100				3.57	100	100	28
PROTOPIC	TACROLIMUS	0.03%	OINT. (G)	30				1.07	30	30	28
PROTOPIC	TACROLIMUS	0.03%	OINT. (G)	60				2.14	60	60	28
PROTOPIC	TACROLIMUS	0.10%	OINT. (G)	100	17	999		3.57	100	100	28
PROTOPIC	TACROLIMUS	0.10%	OINT. (G)	30	17	999		1.07	30	30	28
PROTOPIC	TACROLIMUS	0.10%	OINT. (G)	60	17	999		2.14	60	60	28
ASTAGRAF XL	TACROLIMUS	0.5 MG	CAP ER 24H	30				1.00	1	34	34
ASTAGRAF XL	TACROLIMUS	1 MG	CAP ER 24H	30				1.00	1	34	34
ASTAGRAF XL	TACROLIMUS	5 MG	CAP ER 24H	30				1.00	1	34	34
ADCIRCA	TADALAFIL	20 MG	TABLET	60							P
ELELYSO	TALIGLUCERASE ALFA	200 UNIT	VIAL	1				0.03	1	1	34 P
SOLTAMOX	TAMOXIFEN CITRATE	10 MG/5 ML	SOLUTION	150				10.00	10	340	34
FLOMAX	TAMSULOSIN HCL	0.4 MG	CAP ER 24H	100				2.00	1	68	34
NUCYNTA	TAPENTADOL HCL	100 MG	TABLET	100				6.00	1	204	34
NUCYNTA ER	TAPENTADOL HCL	100 MG	TAB ER 12H	60				2.00	1	60	30
NUCYNTA ER	TAPENTADOL HCL	150 MG	TAB ER 12H	60				2.00	1	60	30
NUCYNTA ER	TAPENTADOL HCL	200 MG	TAB ER 12H	60				2.00	1	60	30
NUCYNTA ER	TAPENTADOL HCL	250 MG	TAB ER 12H	60				2.00	1	60	30
NUCYNTA	TAPENTADOL HCL	50 MG	TABLET	100				6.00	1	204	34
NUCYNTA ER	TAPENTADOL HCL	50 MG	TAB ER 12H	60				2.00	1	60	30
NUCYNTA	TAPENTADOL HCL	75 MG	TABLET	100				6.00	1	204	34
HETLIOZ	TASIMELTEON	20 MG	CAPSULE	30				1.00	1	34	34 P
KERYDIN	TAVABOROLE	5.00%	SOL W/APPL	10				0.33	10	10	30 P
KERYDIN	TAVABOROLE	5.00%	SOL W/APPL	4				0.13	4	4	30 P
FABIOR	TAZAROTENE	0.10%	FOAM	100				1.79	50	50	28 P
GRANIX	TBO-FILGRASTIM	300MCG/0.5	SYRINGE	0.5				0.80	0.5	27.2	34
GRANIX	TBO-FILGRASTIM	480MCG/0.8	SYRINGE	0.8				0.80	0.8	27.2	34
SIVEXTRO	TEDIZOLID PHOSPHATE	200 MG	TABLET	30				1.00	1	6	6
SIVEXTRO	TEDIZOLID PHOSPHATE	200 MG	VIAL	1				1.00	1	6	6
VIBATIV	TELAVANCIN HCL	750 MG	VIAL	1				2.00	1	68	34
MICARDIS	TELMISARTAN	20 MG	TABLET	30				1.00	1	34	34 P
MICARDIS	TELMISARTAN	40 MG	TABLET	30				1.50	1	51	34 P
MICARDIS	TELMISARTAN	80 MG	TABLET	30				1.00	1	34	34 P
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	40 MG-10MG	TABLET	30				1.00	1	34	34 P
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	40 MG-5 MG	TABLET	30				1.00	1	34	34 P
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	80 MG-10MG	TABLET	30				1.00	1	34	34 P
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	80 MG-5 MG	TABLET	30				1.00	1	34	34 P
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZID	40-12.5 MG	TABLET	30				1.50	1	51	34 P
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZID	80 MG-25MG	TABLET	30							P
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZID	80-12.5MG	TABLET	30				1.00	1	34	34 P
XERMELO	TELOTRIPTAT ETIPRATE	250 MG	TABLET	84				3.00	1	102	34
RESTORIL	TEMAZEPAM	15 MG	CAPSULE	100				0.33	1	10	30 P
RESTORIL	TEMAZEPAM	22.5 MG	CAPSULE	30				0.33	1	10	30 P
RESTORIL	TEMAZEPAM	30 MG	CAPSULE	100				0.33	1	10	30 P
RESTORIL	TEMAZEPAM	7.5 MG	CAPSULE	100				0.33	1	10	30 P
VEMLIDY	TENOFOVIR ALAFENAMIDE FUMARATE	25 MG	TABLET	30				1.00	1	34	34
TERAZOSIN HCL	TERAZOSIN HCL	1 MG	CAPSULE	100				1.00	1	34	34
TERAZOSIN HCL	TERAZOSIN HCL	10 MG	CAPSULE	100				2.00	1	68	34
TERAZOSIN HCL	TERAZOSIN HCL	2 MG	CAPSULE	100				2.00	1	68	34
TERAZOSIN HCL	TERAZOSIN HCL	5 MG	CAPSULE	100				1.00	1	34	34
TERBUTALINE SULFATE	TERBUTALINE SULFATE	2.5 MG	TABLET	100				3.00	1	102	34
TERBUTALINE SULFATE	TERBUTALINE SULFATE	5 MG	TABLET	100				3.00	1	102	34
TERCONAZOLE	TERCONAZOLE	0.40%	CREAM/APPL	45				6.43	45	45	7
TERCONAZOLE	TERCONAZOLE	0.80%	CREAM/APPL	20				2.86	20	20	7
TERCONAZOLE	TERCONAZOLE	80 MG	SUPP.VAG	3				1.00	1	3	3

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
PROTOPIC	TACROLIMUS	0.03%	OINT. (G)			
PROTOPIC	TACROLIMUS	0.03%	OINT. (G)			
PROTOPIC	TACROLIMUS	0.03%	OINT. (G)			
PROTOPIC	TACROLIMUS	0.10%	OINT. (G)			
PROTOPIC	TACROLIMUS	0.10%	OINT. (G)			
PROTOPIC	TACROLIMUS	0.10%	OINT. (G)			
ASTAGRAF XL	TACROLIMUS	0.5 MG	CAP ER 24H			
ASTAGRAF XL	TACROLIMUS	1 MG	CAP ER 24H			
ASTAGRAF XL	TACROLIMUS	5 MG	CAP ER 24H			
ADCIRCA	TADALAFIL	20 MG	TABLET	3/5/2012	PULMONARY HYPERTENSION	PDL
ELELYSO	TALIGLUCERASE ALFA	200 UNIT	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
SOLTAMOX	TAMOXIFEN CITRATE	10 MG/5 ML	SOLUTION			
FLOMAX	TAMSULOSIN HCL	0.4 MG	CAP ER 24H			
NUCYNTA	TAPENTADOL HCL	100 MG	TABLET			
NUCYNTA ER	TAPENTADOL HCL	100 MG	TAB ER 12H			
NUCYNTA ER	TAPENTADOL HCL	150 MG	TAB ER 12H			
NUCYNTA ER	TAPENTADOL HCL	200 MG	TAB ER 12H			
NUCYNTA ER	TAPENTADOL HCL	250 MG	TAB ER 12H			
NUCYNTA	TAPENTADOL HCL	50 MG	TABLET			
NUCYNTA ER	TAPENTADOL HCL	50 MG	TAB ER 12H			
NUCYNTA	TAPENTADOL HCL	75 MG	TABLET			
HETLIOZ	TASIMELTEON	20 MG	CAPSULE	5/1/2006	HETLIOZ	PA CRITERIA
KERYDIN	TAVABOROLE	5.00%	SOL W/APPL	6/3/2015	ONYCHOMYCOSIS	PA CRITERIA
KERYDIN	TAVABOROLE	5.00%	SOL W/APPL	6/3/2015	ONYCHOMYCOSIS	PA CRITERIA
FABIOR	TAZAROTENE	0.10%	FOAM	3/5/2012	ACNE	PA CRITERIA
GRANIX	TBO-FILGRASTIM	300MCG/0.5	SYRINGE			
GRANIX	TBO-FILGRASTIM	480MCG/0.8	SYRINGE			
SIVEXTRO	TEDIZOLID PHOSPHATE	200 MG	TABLET			
SIVEXTRO	TEDIZOLID PHOSPHATE	200 MG	VIAL			
VIBATIV	TELAVANCIN HCL	750 MG	VIAL			
MICARDIS	TELMISARTAN	20 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
MICARDIS	TELMISARTAN	40 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
MICARDIS	TELMISARTAN	80 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	40 MG-10MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	40 MG-5 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	80 MG-10MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	80 MG-5 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZID	40-12.5 MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZID	80 MG-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZID	80-12.5MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
XERMELO	TELOTRIPTAT ETIPRATE	250 MG	TABLET			
RESTORIL	TEMAZEPAM	15 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
RESTORIL	TEMAZEPAM	22.5 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
RESTORIL	TEMAZEPAM	30 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
RESTORIL	TEMAZEPAM	7.5 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
VEMLIDY	TENOFOVIR ALAFENAMIDE FUMARATE	25 MG	TABLET			
TERAZOSIN HCL	TERAZOSIN HCL	1 MG	CAPSULE			
TERAZOSIN HCL	TERAZOSIN HCL	10 MG	CAPSULE			
TERAZOSIN HCL	TERAZOSIN HCL	2 MG	CAPSULE			
TERAZOSIN HCL	TERAZOSIN HCL	5 MG	CAPSULE			
TERBUTALINE SULFATE	TERBUTALINE SULFATE	2.5 MG	TABLET			
TERBUTALINE SULFATE	TERBUTALINE SULFATE	5 MG	TABLET			
TERCONAZOLE	TERCONAZOLE	0.40%	CREAM/APPL			
TERCONAZOLE	TERCONAZOLE	0.80%	CREAM/APPL			
TERCONAZOLE	TERCONAZOLE	80 MG	SUPP.VAG			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.										
AUBAGIO	TERIFLUNOMIDE	14 MG	TABLET	28			1.00	1	34	34
AUBAGIO	TERIFLUNOMIDE	7 MG	TABLET	28			1.00	1	34	34
FORTEO	TERIPARATIDE	20MCG/DOSE	PEN INJCTR	2.4			0.09	2.4	2.4	28
ANDROGEL	TESTOSTERONE	1.25G-1.62	GEL PACKET	1.25						P
FORTESTA	TESTOSTERONE	10 MG (2%)	GEL MD PMP	60			4.00	60	120	30 P
TESTOSTERONE	TESTOSTERONE	12.5/1.25G	GEL MD PMP	75			5.00	75	150	30 P
ANDRODERM	TESTOSTERONE	2 MG/24 HR	PATCH TD24	1			1.00	1	60	60 P
ANDROGEL	TESTOSTERONE	2.5G-1.62%	GEL PACKET	2.5						P
ANDROGEL	TESTOSTERONE	20.25/1.25	GEL MD PMP	75			7.50	75	225	30 P
ANDROGEL	TESTOSTERONE	25MG(1%)	GEL PACKET	2.5						P
TESTOSTERONE	TESTOSTERONE	30MG/1.5ML	SOL MD PMP	90			3.00	90	90	30 P
ANDRODERM	TESTOSTERONE	4 MG/24 HR	PATCH TD24	30			1.00	1	60	60 P
NATESTO	TESTOSTERONE	5.5/0.122	GEL MD PMP	7.32			0.73	7.32	21.96	30 P
ANDROGEL	TESTOSTERONE	50 MG (1%)	GEL PACKET	5						P
TESTIM	TESTOSTERONE	50 MG (1%)	GEL (GRAM)	5			5.00	5	150	30 P
STRIANT	TESTOSTERONE	30 MG	MUC ER 12H	60			2.00	1	60	30
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	10			0.07	1	2	28
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	200 MG/ML	VIAL	1			0.14	1	4	28
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	200 MG/ML	VIAL	5			0.14	1	4	28
AVEED	TESTOSTERONE UNDECANOATE	750 MG/3ML	VIAL	3			0.11	3	3	28
TETRABENAZINE	TETRABENAZINE	12.5 MG	TABLET	112			2.00	1	68	34 P
TETRABENAZINE	TETRABENAZINE	25 MG	TABLET	112			2.00	1	68	34 P
TETRACYCLINE HCL	TETRACYCLINE HCL	250 MG	CAPSULE	100						P
TETRACYCLINE HCL	TETRACYCLINE HCL	500 MG	CAPSULE	100						P
ARTISS	THROMBIN/FIBRINOGEN/APROTIN/CALC	10ML	SYRINGE	10			0.03	1	1	34 P
ARTISS	THROMBIN/FIBRINOGEN/APROTIN/CALC	2 ML	SYRINGE	2			0.03	1	1	34 P
ARTISS	THROMBIN/FIBRINOGEN/APROTIN/CALC	4 ML	SYRINGE	4			0.03	1	1	34 P
BRILINTA	TICAGRELOR	60 MG	TABLET	60			2.00	1	68	34
BRILINTA	TICAGRELOR	90 MG	TABLET	100			2.00	1	68	34
ISTALOL	TIMOLOL MALEATE	0.50%	DROP DAILY	2.5			0.08	2.5	2.5	30
ISTALOL	TIMOLOL MALEATE	0.50%	DROP DAILY	5			0.17	5	5	30
STIOLTO RESPIMAT	TIOTROPIUM BR/OLODATEROL HCL	2.5-2.5MCG	MIST INHAL	4	40	999	0.13	4	4	30 P
SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE	1.25 MCG	MIST INHAL	4	12	999	0.13	4	4	30 P
SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE	2.5 MCG	MIST INHAL	4	40	999	0.13	4	4	30 P
SPIRIVA	TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV	30	40	999	1.00	30	30	30
SPIRIVA	TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV	90	40	999	1.00	90	90	90
SPIRIVA	TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV	5	40	999	1.00	5	5	5
TIZANIDINE HCL	TIZANIDINE HCL	2 MG	CAPSULE	150			1.00	1	34	34 P
TIZANIDINE HCL	TIZANIDINE HCL	4 MG	CAPSULE	150			2.00	1	68	34 P
TIZANIDINE HCL	TIZANIDINE HCL	6 MG	CAPSULE	150			6.00	1	204	34 P
TIZANIDINE HCL	TIZANIDINE HCL	2 MG	TABLET	1000			3.00	1	102	34
TIZANIDINE HCL	TIZANIDINE HCL	4 MG	TABLET	1000			9.00	1	306	34
TOBI PODHALER	TOBRAMYCIN	28 MG	CAP W/DEV	8			8.00	4	224	28 P
TOBI PODHALER	TOBRAMYCIN	28 MG	CAPSULE	8			8.00	4	224	28 P
BETHKIS	TOBRAMYCIN	300 MG/4ML	AMPUL-NEB	4			8.00	4	272	34
TOBI	TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	5			10.00	5	280	28 P
TOBRADEX ST	TOBRAMYCIN/DEXAMETHASONE	0.3%-0.05%	DROPS SUSP	5			0.17	5	5	30 P
TOBRADEX	TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	5			0.50	5	5	10
TOBRADEX	TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	10			1.00	10	10	10
TOBRADEX	TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	2.5			0.25	2.5	2.5	10
KITABIS PAK	TOBRAMYCIN/NEBULIZER	300 MG/5ML	AMPUL-NEB	5			10.00	5	280	28
ACTEMRA	TOCILIZUMAB	162 MG/0.9	SYRINGE	0.9			0.03	1	1	34 P
ACTEMRA	TOCILIZUMAB	200MG/10ML	VIAL	10			0.03	1	1	34 P
ACTEMRA	TOCILIZUMAB	400MG/20ML	VIAL	20			0.03	1	1	34 P
ACTEMRA	TOCILIZUMAB	80 MG/4 ML	VIAL	4			0.03	1	1	34 P

North Dakota Medicaid  
Drug Utilization Management List

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AUBAGIO	TERIFLUNOMIDE	14 MG	TABLET			
AUBAGIO	TERIFLUNOMIDE	7 MG	TABLET			
FORTEO	TERIPARATIDE	20MCG/DOSE	PEN INJCTR			
ANDROGEL	TESTOSTERONE	1.25G-1.62	GEL PACKET	12/3/2014	ANDROGENS	PDL
FORTESTA	TESTOSTERONE	10 MG (2%)	GEL MD PMP	12/3/2014	ANDROGENS	PDL
TESTOSTERONE	TESTOSTERONE	12.5/1.25G	GEL MD PMP	12/3/2014	ANDROGENS	PDL
ANDRODERM	TESTOSTERONE	2 MG/24 HR	PATCH TD24	12/3/2014	ANDROGENS	PDL
ANDROGEL	TESTOSTERONE	2.5G-1.62%	GEL PACKET	12/3/2014	ANDROGENS	PDL
ANDROGEL	TESTOSTERONE	20.25/1.25	GEL MD PMP	12/3/2014	ANDROGENS	PDL
ANDROGEL	TESTOSTERONE	25MG(1%)	GEL PACKET	12/3/2014	ANDROGENS	PDL
TESTOSTERONE	TESTOSTERONE	30MG/1.5ML	SOL MD PMP	12/3/2014	ANDROGENS	PDL
ANDRODERM	TESTOSTERONE	4 MG/24 HR	PATCH TD24	12/3/2014	ANDROGENS	PDL
NATESTO	TESTOSTERONE	5.5/0.122	GEL MD PMP	12/3/2014	ANDROGENS	PDL
ANDROGEL	TESTOSTERONE	50 MG (1%)	GEL PACKET	12/3/2014	ANDROGENS	PDL
TESTIM	TESTOSTERONE	50 MG (1%)	GEL (GRAM)	12/3/2014	ANDROGENS	PDL
STRIANT	TESTOSTERONE	30 MG	MUC ER 12H			
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	100 MG/ML	VIAL			
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	200 MG/ML	VIAL			
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	200 MG/ML	VIAL			
AVEED	TESTOSTERONE UNDECANOATE	750 MG/3ML	VIAL			
TETRABENAZINE	TETRABENAZINE	12.5 MG	TABLET	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
TETRABENAZINE	TETRABENAZINE	25 MG	TABLET	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
TETRACYCLINE HCL	TETRACYCLINE HCL	250 MG	CAPSULE	3/5/2012	ACNE	PA CRITERIA
TETRACYCLINE HCL	TETRACYCLINE HCL	500 MG	CAPSULE	3/5/2012	ACNE	PA CRITERIA
ARTISS	THROMBIN/FIBRINOGEN/APROTIN/CALC	10ML	SYRINGE	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
ARTISS	THROMBIN/FIBRINOGEN/APROTIN/CALC	2 ML	SYRINGE	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
ARTISS	THROMBIN/FIBRINOGEN/APROTIN/CALC	4 ML	SYRINGE	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
BRILINTA	TICAGRELOR	60 MG	TABLET			
BRILINTA	TICAGRELOR	90 MG	TABLET			
ISTALOL	TIMOLOL MALEATE	0.50%	DROP DAILY			
ISTALOL	TIMOLOL MALEATE	0.50%	DROP DAILY			
STIOLTO RESPIMAT	TIOTROPIUM BR/OLODATEROL HCL	2.5-2.5MCG	MIST INHAL	12/3/2013	COPD	PDL
SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE	1.25 MCG	MIST INHAL	12/7/2016	SPIRIVA RESPIMAT 1.25 MCG	PA CRITERIA
SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE	2.5 MCG	MIST INHAL	12/7/2016	COPD	PDL
SPIRIVA	TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV			
SPIRIVA	TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV			
SPIRIVA	TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV			
TIZANIDINE HCL	TIZANIDINE HCL	2 MG	CAPSULE	8/8/2005	PREFERRED DOSAGE FORMS - TIZANIDINE CAPSULES	PA CRITERIA
TIZANIDINE HCL	TIZANIDINE HCL	4 MG	CAPSULE	8/8/2005	PREFERRED DOSAGE FORMS - TIZANIDINE CAPSULES	PA CRITERIA
TIZANIDINE HCL	TIZANIDINE HCL	6 MG	CAPSULE	8/8/2005	PREFERRED DOSAGE FORMS - TIZANIDINE CAPSULES	PA CRITERIA
TIZANIDINE HCL	TIZANIDINE HCL	2 MG	TABLET			
TIZANIDINE HCL	TIZANIDINE HCL	4 MG	TABLET			
TOBI PODHALER	TOBRAMYCIN	28 MG	CAP W/DEV	12/2/2015	CYSTIC FIBROSIS INHALED ANTIBIOTICS	PDL
TOBI PODHALER	TOBRAMYCIN	28 MG	CAPSULE	12/2/2015	CYSTIC FIBROSIS INHALED ANTIBIOTICS	PDL
BETHKIS	TOBRAMYCIN	300 MG/4ML	AMPUL-NEB			
TOBI	TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	12/2/2015	CYSTIC FIBROSIS INHALED ANTIBIOTICS	PDL
TOBRADEX ST	TOBRAMYCIN/DEXAMETHASONE	0.3%-0.05%	DROPS SUSP	2/4/2008	OPHTHALMIC ANTIINFECTIVES/ANTIINFLAMMATORIES	PDL
TOBRADEX	TOBRAMYCIN/DEXAMETHASONE	0.3%-0.1%	DROPS SUSP			
TOBRADEX	TOBRAMYCIN/DEXAMETHASONE	0.3%-0.1%	DROPS SUSP			
TOBRADEX	TOBRAMYCIN/DEXAMETHASONE	0.3%-0.1%	DROPS SUSP			
KITABIS PAK	TOBRAMYCIN/NEBULIZER	300 MG/5ML	AMPUL-NEB			
ACTEMRA	TOCILIZUMAB	162 MG/0.9	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
ACTEMRA	TOCILIZUMAB	200MG/10ML	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
ACTEMRA	TOCILIZUMAB	400MG/20ML	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
ACTEMRA	TOCILIZUMAB	80 MG/4 ML	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL

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XELJANZ XR	TOFACITINIB CITRATE	11 MG	TAB ER 24H	30			1.00	1	34	34	P
XELJANZ	TOFACITINIB CITRATE	5 MG	TABLET	60			2.00	1	68	34	P
TASMAR	TOLCAPONE	100 MG	TABLET	90			3.00	1	90	30	
TOLMETIN SODIUM	TOLMETIN SODIUM	200 MG	TABLET	100			3.00	1	102	34	P
TOLMETIN SODIUM	TOLMETIN SODIUM	400 MG	CAPSULE	100			3.00	1	102	34	P
TOLMETIN SODIUM	TOLMETIN SODIUM	600 MG	TABLET	100			3.00	1	102	34	P
DETROL	TOLTERODINE TARTRATE	1 MG	TABLET	60			2.00	1	68	34	P
DETROL	TOLTERODINE TARTRATE	2 MG	TABLET	60			2.00	1	68	34	P
DETROL LA	TOLTERODINE TARTRATE	2 MG	CAP ER 24H	30			1.00	1	34	34	P
DETROL LA	TOLTERODINE TARTRATE	4 MG	CAP ER 24H	30			1.00	1	34	34	P
QUDEXY XR	TOPIRAMATE	100 MG	CAP SPR 24	30			1.00	1	34	34	
TROKENDI XR	TOPIRAMATE	100 MG	CAP ER 24H	100			1.00	1	34	34	
QUDEXY XR	TOPIRAMATE	150 MG	CAP SPR 24	30			2.00	1	68	34	
QUDEXY XR	TOPIRAMATE	200 MG	CAP SPR 24	30			2.00	1	68	34	
TROKENDI XR	TOPIRAMATE	200 MG	CAP ER 24H	100			2.00	1	68	34	
QUDEXY XR	TOPIRAMATE	25 MG	CAP SPR 24	30			1.00	1	34	34	
TROKENDI XR	TOPIRAMATE	25 MG	CAP ER 24H	100			1.00	1	34	34	
QUDEXY XR	TOPIRAMATE	50 MG	CAP SPR 24	30			1.00	1	34	34	
TROKENDI XR	TOPIRAMATE	50 MG	CAP ER 24H	100			1.00	1	34	34	
CONZIP	TRAMADOL HCL	100 MG	CPBP 25-75	30			1.00	1	34	34	P
TRAMADOL HCL ER	TRAMADOL HCL	100 MG	TAB ER 24H	30			1.00	1	30	30	P
TRAMADOL HCL ER	TRAMADOL HCL	100 MG	TBMP 24HR	30			1.00	1	34	34	P
CONZIP	TRAMADOL HCL	200 MG	CPBP 25-75	30			1.00	1	34	34	P
TRAMADOL HCL ER	TRAMADOL HCL	200 MG	TAB ER 24H	30			1.00	1	34	34	P
TRAMADOL HCL ER	TRAMADOL HCL	200 MG	TBMP 24HR	30			1.00	1	34	34	P
CONZIP	TRAMADOL HCL	300 MG	CPBP 17-83	30			1.00	1	34	34	P
TRAMADOL HCL ER	TRAMADOL HCL	300 MG	TAB ER 24H	30			1.00	1	34	34	P
TRAMADOL HCL ER	TRAMADOL HCL	300 MG	TBMP 24HR	30			1.00	1	34	34	P
TRAMADOL HCL	TRAMADOL HCL	50 MG	TABLET	100			8.00	1	272	34	
TRAMADOL HCL-ACETAMINOPHEN	TRAMADOL HCL/ACETAMINOPHEN	37.5-325MG	TABLET	100			8.00	1	272	34	
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE	0.5 MG	TABLET	30			4.00	1	136	34	
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE	2 MG	TABLET	30			1.00	1	34	34	
TRANDOLAPRIL	TRANDOLAPRIL	1 MG	TABLET	30			1.00	1	34	34	
TRANDOLAPRIL	TRANDOLAPRIL	2 MG	TABLET	90			1.00	1	34	34	
TRANDOLAPRIL	TRANDOLAPRIL	4 MG	TABLET	90			2.00	1	68	34	
LYSTEDA	TRANEXAMIC ACID	650 MG	TABLET	30			6.00	1	30	5	
PARNATE	TRANLYCYPROMINE SULFATE	10 MG	TABLET	100			3.00	1	102	34	
TRAVATAN Z	TRAVOPROST	0.00%	DROPS	5			0.15	5	5	34	
TRAVATAN Z	TRAVOPROST	0.00%	DROPS	2.5			0.07	2.5	2.5	34	
TYVASO	TREPROSTINIL	1.74MG/2.9	AMPUL-NEB	2.9			2.39	2.9	81.2	34	P
ORENITRAM ER	TREPROSTINIL DIOLAMINE	0.125 MG	TABLET ER	100			3.00	1	102	34	P
ORENITRAM ER	TREPROSTINIL DIOLAMINE	0.25 MG	TABLET ER	100			2.00	1	68	34	P
ORENITRAM ER	TREPROSTINIL DIOLAMINE	1 MG	TABLET ER	100			2.00	1	68	34	P
ORENITRAM ER	TREPROSTINIL DIOLAMINE	2.5 MG	TABLET ER	100			2.00	1	68	34	P
ORENITRAM ER	TREPROSTINIL DIOLAMINE	5 MG	TABLET ER	100			2.00	1	68	34	P
REMODULIN	TREPROSTINIL SODIUM	1 MG/ML	VIAL	20			0.67	1	20	30	
REMODULIN	TREPROSTINIL SODIUM	10 MG/ML	VIAL	20			0.67	1	20	30	
REMODULIN	TREPROSTINIL SODIUM	2.5 MG/ML	VIAL	20			0.67	1	20	30	
REMODULIN	TREPROSTINIL SODIUM	5 MG/ML	VIAL	20			0.67	1	20	30	
TYVASO REFILL KIT	TREPROSTINIL/NEB ACCESSORIES	1.74MG/2.9	AMPUL-NEB	81.2			2.39	2.9	81.2	34	P
TYVASO INSTITUTIONAL START KIT	TREPROSTINIL/NEBULIZER/ACCESOR	1.74MG/2.9	AMPUL-NEB	11.6			2.39	2.9	81.2	34	P
RETIN-A	TRETINOIN	0.01%	GEL (GRAM)	15	12	35					
AVITA	TRETINOIN	0.03%	CREAM (G)	20	12	35					
AVITA	TRETINOIN	0.03%	GEL (GRAM)	20	12	35					
ATRALIN	TRETINOIN	0.05%	GEL (GRAM)	45	12	35	1.50	45	45	30	

North Dakota Medicaid  
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If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
XELJANZ XR	TOFACITINIB CITRATE	11 MG	TAB ER 24H	6/3/2013	CYTOKINE MODULATORS	PDL
XELJANZ	TOFACITINIB CITRATE	5 MG	TABLET	6/3/2013	CYTOKINE MODULATORS	PDL
TASMAR	TOLCAPONE	100 MG	TABLET			
TOLMETIN SODIUM	TOLMETIN SODIUM	200 MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA
TOLMETIN SODIUM	TOLMETIN SODIUM	400 MG	CAPSULE	12/13/2004	NSAIDS	PA CRITERIA
TOLMETIN SODIUM	TOLMETIN SODIUM	600 MG	TABLET	12/13/2004	NSAIDS	PA CRITERIA
DETROL	TOLTERODINE TARTRATE	1 MG	TABLET	3/11/2013	URINARY ANTISPASMODICS	PDL
DETROL	TOLTERODINE TARTRATE	2 MG	TABLET	3/11/2013	URINARY ANTISPASMODICS	PDL
DETROL LA	TOLTERODINE TARTRATE	2 MG	CAP ER 24H	3/11/2013	URINARY ANTISPASMODICS	PDL
DETROL LA	TOLTERODINE TARTRATE	4 MG	CAP ER 24H	3/11/2013	URINARY ANTISPASMODICS	PDL
QUDEXY XR	TOPIRAMATE	100 MG	CAP SPR 24			
TROKENDI XR	TOPIRAMATE	100 MG	CAP ER 24H			
QUDEXY XR	TOPIRAMATE	150 MG	CAP SPR 24			
QUDEXY XR	TOPIRAMATE	200 MG	CAP SPR 24			
TROKENDI XR	TOPIRAMATE	200 MG	CAP ER 24H			
QUDEXY XR	TOPIRAMATE	25 MG	CAP SPR 24			
TROKENDI XR	TOPIRAMATE	25 MG	CAP ER 24H			
QUDEXY XR	TOPIRAMATE	50 MG	CAP SPR 24			
TROKENDI XR	TOPIRAMATE	50 MG	CAP ER 24H			
CONZIP	TRAMADOL HCL	100 MG	CPBP 25-75	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL ER	TRAMADOL HCL	100 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL ER	TRAMADOL HCL	100 MG	TBMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
CONZIP	TRAMADOL HCL	200 MG	CPBP 25-75	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL ER	TRAMADOL HCL	200 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL ER	TRAMADOL HCL	200 MG	TBMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
CONZIP	TRAMADOL HCL	300 MG	CPBP 17-83	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL ER	TRAMADOL HCL	300 MG	TAB ER 24H	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL ER	TRAMADOL HCL	300 MG	TBMP 24HR	9/13/2010	OPIOID ANALGESIC - LONG ACTING	PDL
TRAMADOL HCL	TRAMADOL HCL	50 MG	TABLET			
TRAMADOL HCL-ACETAMINOPHEN	TRAMADOL HCL/ACETAMINOPHEN	37.5-325MG	TABLET			
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE	0.5 MG	TABLET			
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE	2 MG	TABLET			
TRANDOLAPRIL	TRANDOLAPRIL	1 MG	TABLET			
TRANDOLAPRIL	TRANDOLAPRIL	2 MG	TABLET			
TRANDOLAPRIL	TRANDOLAPRIL	4 MG	TABLET			
LYSTEDA	TRANEXAMIC ACID	650 MG	TABLET			
PARNATE	TRANLYCYPROMINE SULFATE	10 MG	TABLET			
TRAVATAN Z	TRAVOPROST	0.00%	DROPS			
TRAVATAN Z	TRAVOPROST	0.00%	DROPS			
TYVASO	TREPROSTINIL	1.74MG/2.9	AMPUL-NEB	3/5/2012	PULMONARY HYPERTENSION	PDL
ORENITRAM ER	TREPROSTINIL DIOLAMINE	0.125 MG	TABLET ER	3/5/2012	PULMONARY HYPERTENSION	PDL
ORENITRAM ER	TREPROSTINIL DIOLAMINE	0.25 MG	TABLET ER	3/5/2012	PULMONARY HYPERTENSION	PDL
ORENITRAM ER	TREPROSTINIL DIOLAMINE	1 MG	TABLET ER	3/5/2012	PULMONARY HYPERTENSION	PDL
ORENITRAM ER	TREPROSTINIL DIOLAMINE	2.5 MG	TABLET ER	3/5/2012	PULMONARY HYPERTENSION	PDL
ORENITRAM ER	TREPROSTINIL DIOLAMINE	5 MG	TABLET ER	3/5/2012	PULMONARY HYPERTENSION	PDL
REMODULIN	TREPROSTINIL SODIUM	1 MG/ML	VIAL			
REMODULIN	TREPROSTINIL SODIUM	10 MG/ML	VIAL			
REMODULIN	TREPROSTINIL SODIUM	2.5 MG/ML	VIAL			
REMODULIN	TREPROSTINIL SODIUM	5 MG/ML	VIAL			
TYVASO REFILL KIT	TREPROSTINIL/NEB ACCESSORIES	1.74MG/2.9	AMPUL-NEB	3/5/2012	PULMONARY HYPERTENSION	PDL
TYVASO INSTITUTIONAL START KIT	TREPROSTINIL/NEBULIZER/ACCESOR	1.74MG/2.9	AMPUL-NEB	3/5/2012	PULMONARY HYPERTENSION	PDL
RETIN-A	TRETINOIN	0.01%	GEL (GRAM)			
AVITA	TRETINOIN	0.03%	CREAM (G)			
AVITA	TRETINOIN	0.03%	GEL (GRAM)			
ATRALIN	TRETINOIN	0.05%	GEL (GRAM)			

North Dakota Medicaid  
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RETIN-A	TRETINOIN	0.05%	CREAM (G)	20	12	35					
RETIN-A	TRETINOIN	0.10%	CREAM (G)	20	12	35					
TRETINOIN	TRETINOIN	10 MG	CAPSULE	100	12	35					
RETIN-A MICRO	TRETINOIN MICROSPHERES	0.04%	GEL (GRAM)	20			0.67	20	20	30	P
RETIN-A MICRO	TRETINOIN MICROSPHERES	0.04%	GEL (GRAM)	45			1.50	45	45	30	P
RETIN-A MICRO PUMP	TRETINOIN MICROSPHERES	0.04%	GEL W/PUMP	50			1.67	50	50	30	P
RETIN-A MICRO PUMP	TRETINOIN MICROSPHERES	0.06%	GEL W/PUMP	50			1.67	50	50	30	P
RETIN-A MICRO	TRETINOIN MICROSPHERES	0.10%	GEL (GRAM)	20			0.67	20	20	30	P
RETIN-A MICRO	TRETINOIN MICROSPHERES	0.10%	GEL (GRAM)	45			1.50	45	45	30	P
RETIN-A MICRO PUMP	TRETINOIN MICROSPHERES	0.10%	GEL W/PUMP	50			1.67	50	50	30	P
RETIN-A MICRO PUMP	TRETINOIN MICROSPHERES	0.08%	GEL W/PUMP	50			1.67	50	50	30	
ELLZIA PAK	TRIAMCINOLONE ACET/DIMETHICONE	0.1%-5%	KT OINT CR	1							P
DERMACINRX SILAZONE	TRIAMCINOLONE ACETON/SILICONES	0.10%	KIT	1							P
ZILRETTA	TRIAMCINOLONE ACETONIDE	32 MG	SUSER VIAL	1			0.03	1	1	34	P
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	CREAM (G)	15			0.50	15	15	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	CREAM (G)	80			2.67	15	80	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	CREAM (G)	453.6			15.12	453.6	453.6	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	CREAM (G)	454			15.13	15	454	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	LOTION	60			2.00	60	60	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	OINT. (G)	80			2.67	15	80	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	OINT. (G)	15			0.50	15	15	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.03%	OINT. (G)	454			15.13	5	454	30	
TRIANEX	TRIAMCINOLONE ACETONIDE	0.05%	OINT. (G)	430			14.33	5	430	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	CREAM (G)	15			0.50	15	15	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	CREAM (G)	453.6			15.12	15	453.6	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	CREAM (G)	80			2.67	15	80	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	CREAM (G)	30			1.00	30	30	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	CREAM (G)	454			15.13	15	454	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	LOTION	60			2.00	60	60	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	OINT. (G)	15			0.50	15	15	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	OINT. (G)	453.6			15.12	5	453.6	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	OINT. (G)	80			2.67	15	80	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	OINT. (G)	30			1.00	30	30	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.10%	OINT. (G)	454			15.13	15	454	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.50%	CREAM (G)	15			0.50	15	15	30	
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	0.50%	OINT. (G)	15			0.50	15	15	30	
KENALOG	TRIAMCINOLONE ACETONIDE	0.147MG/G	AEROSOL	100			2.94	100	100	34	
KENALOG	TRIAMCINOLONE ACETONIDE	0.147MG/G	AEROSOL	63			1.85	63	63	34	
DYRENIUM	TRIAMTERENE	100 MG	CAPSULE	100			3.00	1	102	34	
DYRENIUM	TRIAMTERENE	50 MG	CAPSULE	100			2.00	1	68	34	
TRIAZOLAM	TRIAZOLAM	0.125 MG	TABLET	10			0.33	1	10	30	P
HALCION	TRIAZOLAM	0.25 MG	TABLET	100			0.33	1	10	30	P
TRIHEXYPHENIDYL HCL	TRIHEXYPHENIDYL HCL	2 MG	TABLET	100			4.00	1	136	34	
TRIHEXYPHENIDYL HCL	TRIHEXYPHENIDYL HCL	5 MG	TABLET	1000			3.00	1	102	34	
SURMONTIL	TRIMIPRAMINE MALEATE	100 MG	CAPSULE	100			2.00	1	68	34	
SURMONTIL	TRIMIPRAMINE MALEATE	25 MG	CAPSULE	100			3.00	1	102	34	
SURMONTIL	TRIMIPRAMINE MALEATE	50 MG	CAPSULE	100			3.00	1	102	34	
HISTEX-AC	TRIPROLDINE/PHENYLEPH/CODEINE	2.5-10-10	SYRUP	473	13	999	1.00	30	30	30	
TROSPIMUM CHLORIDE	TROSPIMUM CHLORIDE	20 MG	TABLET	60			2.00	1	68	34	P
TROSPIMUM CHLORIDE ER	TROSPIMUM CHLORIDE	60 MG	CAP ER 24H	30			1.00	1	34	34	P
ELLA	ULIPRISTAL ACETATE	30 MG	TABLET	1			1.00	1	1	1	
ANORO ELLIPTA	UMECLIDINIUM BRM/VILANTEROL TR	62.5-25MCG	BLST W/DEV	60	40	999	2.00	60	60	30	
INCRUSE ELLIPTA	UMECLIDINIUM BROMIDE	62.5 MCG	BLST W/DEV	30	40	999	1.00	30	30	30	P
URSO	URSODIOL	250 MG	TABLET	100			2.00	1	68	34	
ACTIGALL	URSODIOL	300 MG	CAPSULE	100			4.00	1	136	34	





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URSO FORTE	URSODIOL	500 MG	TABLET	100			3.00	1	102	34	
STELARA	USTEKINUMAB	130MG/26ML	VIAL	26			1.86	26	104	56	P
STELARA	USTEKINUMAB	45MG/0.5ML	SYRINGE	0.5			0.01	0.5	0.5	84	P
STELARA	USTEKINUMAB	45MG/0.5ML	VIAL	0.5							P
STELARA	USTEKINUMAB	90 MG/ML	SYRINGE	1			0.02	1	1	56	P
INGREZZA	VALBENZAZINE TOSYLATE	40 MG	CAPSULE	30			1.00	1	7	7	P
INGREZZA	VALBENZAZINE TOSYLATE	80 MG	CAPSULE	30			1.00	1	34	34	P
VALCYTE	VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON	88			18.00	1	612	34	
DIOVAN	VALSARTAN	160 MG	TABLET	90			1.00	1	34	34	
DIOVAN	VALSARTAN	320 MG	TABLET	90			1.00	1	34	34	
DIOVAN	VALSARTAN	40 MG	TABLET	30			1.00	1	34	34	
DIOVAN	VALSARTAN	80 MG	TABLET	90			1.00	1	34	34	
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	90			2.00	1	68	34	P
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	160-25MG	TABLET	90							P
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	90							P
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	90							P
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	90			1.00	1	34	34	P
CAPRELSA	VANDETANIB	100 MG	TABLET	30			2.00	1	68	34	
CAPRELSA	VANDETANIB	300 MG	TABLET	30			1.00	1	34	34	
CHANTIX	VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	53			1.89		53	28	P
CHANTIX	VARENICLINE TARTRATE	0.5 MG	TABLET	56			2.00		56	28	P
CHANTIX	VARENICLINE TARTRATE	1 MG	TABLET	56			2.00		56	28	P
ENTYVIO	VEDOLIZUMAB	300 MG	VIAL	1			0.03	1	1	34	P
VPRIV	VELAGLUCERASE ALFA	400 UNIT	VIAL	1			0.03	1	1	34	P
VENLAFAXINE HCL	VENLAFAXINE HCL	100 MG	TABLET	100			2.00	1	68	34	
EFFEXOR XR	VENLAFAXINE HCL	150 MG	CAP ER 24H	1			2.00	1	68	34	
VENLAFAXINE HCL ER	VENLAFAXINE HCL	150 MG	TAB ER 24	30			2.00	1	68	34	
VENLAFAXINE HCL ER	VENLAFAXINE HCL	225 MG	TAB ER 24	30			1.00	1	34	34	
VENLAFAXINE HCL	VENLAFAXINE HCL	25 MG	TABLET	100			3.00	1	102	34	
EFFEXOR XR	VENLAFAXINE HCL	37.5 MG	CAP ER 24H	30			1.00	1	34	34	
VENLAFAXINE HCL	VENLAFAXINE HCL	37.5 MG	TABLET	100			3.00	1	102	34	
VENLAFAXINE HCL ER	VENLAFAXINE HCL	37.5 MG	TAB ER 24	30			1.00	1	34	34	
VENLAFAXINE HCL	VENLAFAXINE HCL	50 MG	TABLET	100			3.00	1	102	34	
EFFEXOR XR	VENLAFAXINE HCL	75 MG	CAP ER 24H	100			1.00	1	34	34	
VENLAFAXINE HCL	VENLAFAXINE HCL	75 MG	TABLET	100			3.00	1	102	34	
VENLAFAXINE HCL ER	VENLAFAXINE HCL	75 MG	TAB ER 24	30			1.00	1	34	34	
VERAPAMIL ER PM	VERAPAMIL HCL	100 MG	CAP24H PCT	100			2.00	1	68	34	
CALAN SR	VERAPAMIL HCL	120 MG	TABLET ER	100			2.00	1	68	34	
VERAPAMIL ER	VERAPAMIL HCL	120 MG	CAP24H PEL	100			2.00	1	68	34	
CALAN SR	VERAPAMIL HCL	180 MG	TABLET ER	100			2.00	1	68	34	
VERAPAMIL ER	VERAPAMIL HCL	180 MG	CAP24H PEL	100			2.00	1	68	34	
VERAPAMIL ER PM	VERAPAMIL HCL	200 MG	CAP24H PCT	100			2.00	1	68	34	
CALAN SR	VERAPAMIL HCL	240 MG	TABLET ER	100			2.00	1	68	34	
VERAPAMIL ER	VERAPAMIL HCL	240 MG	CAP24H PEL	100			2.00	1	68	34	
VERAPAMIL ER PM	VERAPAMIL HCL	300 MG	CAP24H PCT	100			2.00	1	68	34	
VERAPAMIL HCL	VERAPAMIL HCL	360 MG	CAP24H PEL	100			2.00	1	68	34	
VISUDYNE	VERTEPORFIN	15 MG	VIAL	1			1.00	1	1	1	
MEPSEVII	VESTRONIDASE ALFA-VJBK	10 MG/5 ML	VIAL	5			0.03	1	1	34	P
SABRIL	VIGABATRIN	500 MG	POWD PACK	50			8.00	1	272	34	
SABRIL	VIGABATRIN	500 MG	TABLET	100			8.00	1	272	34	
VIIBRYD	VILAZODONE HCL	10 MG	TABLET	30			1.00	1	34	34	
VIIBRYD	VILAZODONE HCL	10 MG-20MG	TAB DS PK	30			1.00	1	30	30	
VIIBRYD	VILAZODONE HCL	20 MG	TABLET	30			1.00	1	34	34	
VIIBRYD	VILAZODONE HCL	40 MG	TABLET	30			1.00	1	34	34	
ERIVEDGE	VISMODEGIB	150 MG	CAPSULE	28			1.00		34	34	

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URSO FORTE	URSODIOL	500 MG	TABLET			
STELARA	USTEKINUMAB	130MG/26ML	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
STELARA	USTEKINUMAB	45MG/0.5ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
STELARA	USTEKINUMAB	45MG/0.5ML	VIAL	9/14/2009	CYTOKINE MODULATORS	PDL
STELARA	USTEKINUMAB	90 MG/ML	SYRINGE	9/14/2009	CYTOKINE MODULATORS	PDL
INGREZZA	VALBENZAZINE TOSYLATE	40 MG	CAPSULE	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
INGREZZA	VALBENZAZINE TOSYLATE	80 MG	CAPSULE	9/6/2017	TARDIVE DYSKINESIA	PA CRITERIA
VALCYTE	VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON			
DIOVAN	VALSARTAN	160 MG	TABLET			
DIOVAN	VALSARTAN	320 MG	TABLET			
DIOVAN	VALSARTAN	40 MG	TABLET			
DIOVAN	VALSARTAN	80 MG	TABLET			
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	160-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
DIOVAN HCT	VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	12/13/2004	ARBS (ANGIOTENSION RECEPTOR BLOCKERS)	PA CRITERIA
CAPRELSA	VANDETANIB	100 MG	TABLET			
CAPRELSA	VANDETANIB	300 MG	TABLET			
CHANTIX	VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	9/8/2008	TOBACCO CESSATION	PA CRITERIA
CHANTIX	VARENICLINE TARTRATE	0.5 MG	TABLET	9/8/2008	TOBACCO CESSATION	PA CRITERIA
CHANTIX	VARENICLINE TARTRATE	1 MG	TABLET	9/8/2008	TOBACCO CESSATION	PA CRITERIA
ENTYVIO	VEDOLIZUMAB	300 MG	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
VPRIV	VELAGLUCERASE ALFA	400 UNIT	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
VENLAFAXINE HCL	VENLAFAXINE HCL	100 MG	TABLET			
EFFEXOR XR	VENLAFAXINE HCL	150 MG	CAP ER 24H			
VENLAFAXINE HCL ER	VENLAFAXINE HCL	150 MG	TAB ER 24			
VENLAFAXINE HCL ER	VENLAFAXINE HCL	225 MG	TAB ER 24			
VENLAFAXINE HCL	VENLAFAXINE HCL	25 MG	TABLET			
EFFEXOR XR	VENLAFAXINE HCL	37.5 MG	CAP ER 24H			
VENLAFAXINE HCL	VENLAFAXINE HCL	37.5 MG	TABLET			
VENLAFAXINE HCL ER	VENLAFAXINE HCL	37.5 MG	TAB ER 24			
VENLAFAXINE HCL	VENLAFAXINE HCL	50 MG	TABLET			
EFFEXOR XR	VENLAFAXINE HCL	75 MG	CAP ER 24H			
VENLAFAXINE HCL	VENLAFAXINE HCL	75 MG	TABLET			
VENLAFAXINE HCL ER	VENLAFAXINE HCL	75 MG	TAB ER 24			
VERAPAMIL ER PM	VERAPAMIL HCL	100 MG	CAP24H PCT			
CALAN SR	VERAPAMIL HCL	120 MG	TABLET ER			
VERAPAMIL ER	VERAPAMIL HCL	120 MG	CAP24H PEL			
CALAN SR	VERAPAMIL HCL	180 MG	TABLET ER			
VERAPAMIL ER	VERAPAMIL HCL	180 MG	CAP24H PEL			
VERAPAMIL ER PM	VERAPAMIL HCL	200 MG	CAP24H PCT			
CALAN SR	VERAPAMIL HCL	240 MG	TABLET ER			
VERAPAMIL ER	VERAPAMIL HCL	240 MG	CAP24H PEL			
VERAPAMIL ER PM	VERAPAMIL HCL	300 MG	CAP24H PCT			
VERAPAMIL HCL	VERAPAMIL HCL	360 MG	CAP24H PEL			
VISUDYNE	VERTEPORFIN	15 MG	VIAL			
MEPSEVII	VESTRONIDASE ALFA-VJBK	10 MG/5 ML	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
SABRIL	VIGABATRIN	500 MG	POWD PACK			
SABRIL	VIGABATRIN	500 MG	TABLET			
VIIIBRYD	VILAZODONE HCL	10 MG	TABLET			
VIIIBRYD	VILAZODONE HCL	10 MG-20MG	TAB DS PK			
VIIIBRYD	VILAZODONE HCL	20 MG	TABLET			
VIIIBRYD	VILAZODONE HCL	40 MG	TABLET			
ERIVEDGE	VISMODEGIB	150 MG	CAPSULE			

North Dakota Medicaid  
Drug Utilization Management List

This document lists drugs with quantity limits, age edits, and prior authorization (PA) drug utilization management strategies in place listed alphabetically by generic name. The list includes the medication's quantity limits: maximum quantity per day, minimum and maximum quantity per claim, maximum day supply per claim; age edits: minimum and/or maximum age allowed; and prior authorization.											
VONVENDI	VON WILLEBRAND FACTOR	1300(+/-)	VIAL	1			1400.00	1000	42000	30	P
VONVENDI	VON WILLEBRAND FACTOR	650 (+/-)	VIAL	1			1400.00	1000	42000	30	P
ZONTIVITY	VORAPAXAR SULFATE	2.08 MG	TABLET	30			1.00	1	34	34	P
LUXTURNA	VORETIGENE NEPARVOVEC-RZYL	1.5X10EX11	VIAL	0.5			0.03	1	1	34	P
ZOLINZA	VORINOSTAT	100 MG	CAPSULE	120			1.00	1	34	34	
TRINTELLIX	VORTIOXETINE HYDROBROMIDE	10 MG	TABLET	30			1.00	1	30	30	
TRINTELLIX	VORTIOXETINE HYDROBROMIDE	20 MG	TABLET	30			1.00	1	30	30	
TRINTELLIX	VORTIOXETINE HYDROBROMIDE	5 MG	TABLET	30			1.00	1	30	30	
ACCOLATE	ZAFIRLUKAST	10 MG	TABLET	60			2.00	1	68	34	
ACCOLATE	ZAFIRLUKAST	20 MG	TABLET	60			2.00	1	68	34	
SONATA	ZALEPLON	10 MG	CAPSULE	100			2.00	1	68	34	P
SONATA	ZALEPLON	5 MG	CAPSULE	100			1.00	1	34	34	P
ZILEUTON ER	ZILEUTON	600 MG	TBMP 12HR	120			4.00	1	136	34	
ZYFLO	ZILEUTON	600 MG	TABLET	120			4.00	1	136	34	
GALZIN	ZINC ACETATE	25 MG	CAPSULE	250			3.00	1	102	34	
GALZIN	ZINC ACETATE	50 MG	CAPSULE	250			3.00	1	102	34	
GEODON	ZIPRASIDONE HCL	20 MG	CAPSULE	60			2.00	1	68	34	
GEODON	ZIPRASIDONE HCL	40 MG	CAPSULE	60			2.00	1	68	34	
GEODON	ZIPRASIDONE HCL	60 MG	CAPSULE	60			2.00	1	68	34	
GEODON	ZIPRASIDONE HCL	80 MG	CAPSULE	60			2.00	1	68	34	
ZALTRAP	ZIV-AFLIBERCEPT	100 MG/4ML	VIAL	4			4.00	4	4	1	
ZALTRAP	ZIV-AFLIBERCEPT	200 MG/8ML	VIAL	8			8.00	8	8	1	
ZOLEDRONIC ACID	ZOLEDRONIC ACID	4 MG	VIAL	1			0.07	1	2	28	
ZOLEDRONIC ACID	ZOLEDRONIC ACID	4 MG/5 ML	VIAL	5			0.36	5	10	28	
ZOLMITRIPTAN	ZOLMITRIPTAN	2.5 MG	TABLET	6			0.40	1	12	30	P
ZOLMITRIPTAN ODT	ZOLMITRIPTAN	2.5 MG	TAB RAPDIS	6			0.40	1	12	30	P
ZOMIG	ZOLMITRIPTAN	2.5 MG	SPRAY	6			0.20	6	6	30	P
ZOLMITRIPTAN	ZOLMITRIPTAN	5 MG	TABLET	3			0.40	1	12	30	P
ZOLMITRIPTAN ODT	ZOLMITRIPTAN	5 MG	TAB RAPDIS	3			0.20	1	6	30	P
ZOMIG	ZOLMITRIPTAN	5 MG	SPRAY	6			0.20	6	6	30	P
INTERMEZZO	ZOLPIDEM TARTRATE	1.75 MG	TAB SUBL	30			0.50	1	15	30	P
EDLUAR	ZOLPIDEM TARTRATE	10 MG	TAB SUBL	30			1.00	1	34	34	P
AMBIEN CR	ZOLPIDEM TARTRATE	12.5 MG	TAB MPHASE	100			1.00	1	34	34	P
INTERMEZZO	ZOLPIDEM TARTRATE	3.5 MG	TAB SUBL	30			0.50	1	15	30	P
EDLUAR	ZOLPIDEM TARTRATE	5 MG	TAB SUBL	30			1.00	1	34	34	P
ZOLPIMIST	ZOLPIDEM TARTRATE	5 MG/SPRAY	SPRAY/PUMP	4.5			0.23	7.7	7.7	34	P
AMBIEN CR	ZOLPIDEM TARTRATE	6.25 MG	TAB MPHASE	100			1.00	1	34	34	P

North Dakota Medicaid  
Drug Utilization Management List

If PA is required, date placed on PA, category of PA, and managed by (i.e. which list to locate preferred drug options and coverage criteria).						
VONVENDI	VON WILLEBRAND FACTOR	1300(+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
VONVENDI	VON WILLEBRAND FACTOR	650 (+/-)	VIAL	12/7/2009	ANTIHEMOPHILIC FACTOR PRODUCTS	PA CRITERIA
ZONTIVITY	VORAPAXAR SULFATE	2.08 MG	TABLET	12/3/2014	PLATELET AGGREGATION INHIBITORS	PDL
LUXTURNA	VORETIGENE NEPARVOVEC-RZYL	1.5X10EX11	VIAL	N/A	MEDICAL BILLING ONLY	COVERAGE RULES
ZOLINZA	VORINOSTAT	100 MG	CAPSULE			
TRINTELLIX	VORTIOXETINE HYDROBROMIDE	10 MG	TABLET			
TRINTELLIX	VORTIOXETINE HYDROBROMIDE	20 MG	TABLET			
TRINTELLIX	VORTIOXETINE HYDROBROMIDE	5 MG	TABLET			
ACCOLATE	ZAFIRLUKAST	10 MG	TABLET			
ACCOLATE	ZAFIRLUKAST	20 MG	TABLET			
SONATA	ZALEPLON	10 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
SONATA	ZALEPLON	5 MG	CAPSULE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ZILEUTON ER	ZILEUTON	600 MG	TBMP 12HR			
ZYFLO	ZILEUTON	600 MG	TABLET			
GALZIN	ZINC ACETATE	25 MG	CAPSULE			
GALZIN	ZINC ACETATE	50 MG	CAPSULE			
GEODON	ZIPRASIDONE HCL	20 MG	CAPSULE			
GEODON	ZIPRASIDONE HCL	40 MG	CAPSULE			
GEODON	ZIPRASIDONE HCL	60 MG	CAPSULE			
GEODON	ZIPRASIDONE HCL	80 MG	CAPSULE			
ZALTRAP	ZIV-AFLIBERCEPT	100 MG/4ML	VIAL			
ZALTRAP	ZIV-AFLIBERCEPT	200 MG/8ML	VIAL			
ZOLEDRONIC ACID	ZOLEDRONIC ACID	4 MG	VIAL			
ZOLEDRONIC ACID	ZOLEDRONIC ACID	4 MG/5 ML	VIAL			
ZOLMITRIPTAN	ZOLMITRIPTAN	2.5 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ZOLMITRIPTAN ODT	ZOLMITRIPTAN	2.5 MG	TAB RAPDIS	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ZOMIG	ZOLMITRIPTAN	2.5 MG	SPRAY	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ZOLMITRIPTAN	ZOLMITRIPTAN	5 MG	TABLET	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ZOLMITRIPTAN ODT	ZOLMITRIPTAN	5 MG	TAB RAPDIS	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
ZOMIG	ZOLMITRIPTAN	5 MG	SPRAY	12/1/2008	MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS	PDL
INTERMEZZO	ZOLPIDEM TARTRATE	1.75 MG	TAB SUBL	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
EDLUAR	ZOLPIDEM TARTRATE	10 MG	TAB SUBL	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
AMBIEN CR	ZOLPIDEM TARTRATE	12.5 MG	TAB MPHASE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
INTERMEZZO	ZOLPIDEM TARTRATE	3.5 MG	TAB SUBL	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
EDLUAR	ZOLPIDEM TARTRATE	5 MG	TAB SUBL	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
ZOLPIMIST	ZOLPIDEM TARTRATE	5 MG/SPRAY	SPRAY/PUMP	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA
AMBIEN CR	ZOLPIDEM TARTRATE	6.25 MG	TAB MPHASE	5/1/2006	SEDATIVES/HYPNOTICS	PA CRITERIA