North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Health Information Designs, LLC

Welcome to the "North Dakota Medicaid Pharmacy Program Quarterly News," a pharmacy newsletter presented by the North Dakota Department of Human Services and published by Health Information Designs, LLC (HID). This newsletter is published as part of a continuing effort to keep the Medicaid provider community informed of important changes in the North Dakota Medicaid Pharmacy Program.

The North Dakota Department of Human Services has contracted with HID to review and process prior authorizations (PAs) for medications. For a current list of medications requiring a PA, as well as the necessary forms and criteria, visit www.hidesigns.com/ndmedicaid, or call HID at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup, which allows you to determine if a specific NDC is covered (effective date), reimbursement amount, MAC pricing, copay information, and any limitations (prior authorization or quantity limits).

This newsletter provides information regarding an overview of benzodiazepine receptor agonist use in insomnia and a recently published guideline regarding discontinuing these agents, updates regarding claims processing edits diabetic testing supplies, and updates to the Preferred Drug List.

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact HID at (334) 502-3262, call toll free at 1-800-225-6998, or e-mail us at info@hidinc.com.

north dakota department of human services

Helpful Numbers

PA Help Desk	866-773-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

Inside this issue:

Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, *www.hidesigns.com/ndmedicaid.*

Updates to the ADA's Standards of Care

The American Diabetes Association's Standards of Medical Care in Diabetes

The American Diabetes Association (ADA) has long maintained a series of recommendations for managing patients with DM titled the Standards of Medical Care in Diabetes (Standards of Care). The recommendations in the Standards of Care are produced by a multidisciplinary team of experts in the field of DM, utilizing the most current data available. They are revised on an annual basis to ensure the recommendations remain up-to date as new information comes out.

For your convenience, an overview of some notable updates to the Standards of Care regarding management of patient with prediabetes and diabetes is provided on the following pages. Please be advised that this overview does not include all of the ADA's recommendations. To see the full recommendations, please visit the ADA's website, available at www.diabetes.org.

Recommendations for Pediatric Patients

There were numerous additions and updates to recommendations throughout the Standards of Care regarding the management of diabetes in pediatric patients, including changes to recommendations regarding screening for prediabetes and celiac disease, the removal of a recommendation regarding estimating glomerular filtration rate, and a substantial expansion of a section focused on diabetes mellitus in pediatric patients. This expansion contains numerous newly added recommendations regarding monitoring, pharmacological treatment, and lifestyle changes in pediatric patients with diabetes. Select notable recommendations regarding blood glucose (BG) monitoring and pharmacological treatment are summarized below.

Pediatric Patients with Type 2 Diabetes Mellitus

- Pharmacologic therapy should be initiated at diagnosis of DM2.
    - For asymptomatic patients with an A1C <8.5%, metformin is the initial treatment of choice.
        - If A1C target is no longer met with metformin monotherapy, or if contraindications or intolerable side effects of metformin develop, basal insulin therapy should be initiated.
    - Symptomatic patients with marked hyperglycemia, treat initially with basal insulin while metformin is initiated and titrated to maximally tolerated dose to achieve hemoglobin A1c (A1c) goal.
        - Basal insulin can be tapered over 2–6 weeks by decreasing the insulin dose by 10–30% every few days in those patients who are meeting glucose targets.
    - Use of medications not approved by the U.S. Food and Drug Administration for youth with type 2 diabetes is not recommended outside of research trials.

Pediatric Patients with Type 1 Diabetes Mellitus

- Patients with DM1 should be treated with intensive insulin regimens.
- All pediatric patients with DM1 should self-monitor blood glucose (BG) levels multiple times daily and continuous BG monitoring should be considered in these patients as an additional tool to help improve glycemic control.
- Automated insulin delivery systems should be considered for pediatric patients with DM1 as they improve glycemic control and reduce hypoglycemia in these patients.

Updates to the ADA's Standards of Care (continued)

General Recommendations for Older Adult Patients

There are three newly included general recommendations to the Standards of Care regarding pharmacotherapy that were added to highlight the importance of individualizing pharmacologic therapy in older adults, which include the following:

- In older adults at increased risk of hypoglycemia, medication classes with lower risk of hypoglycemia are preferred.
- To reduce the risk of hypoglycemia, complex medication regimens should be simplified when possible to do so while remaining within the patient's individualized A1C target.
- Overtreatment of diabetes is common in older adults and should be avoided.

Updated Recommendations for Adults with DM

- Patients with Comorbid Hypertension (HTN):
  - A recommendation was added stating that all patients with DM and HTN should conduct home blood pressure monitoring to improve medication-taking behavior.
  - The guidelines introduced a new figure (figure 9.1) to illustrate the recommended HTN treatment approach for adults with DM, as well as a new table (table 9.1) that summarizes studies of intensive versus standard hypertension treatment strategies.
  - A recommendation was added to consider mineralocorticoid receptor antagonist therapy in patients with resistant hypertension.
- Patients with Comorbid Atherosclerotic Cardiovascular Disease (ASCVD)
  - The lipid management recommendations were modified to now stratify risk based on 2 categories: patients age <40 vs ≥40 years of age, and those with vs. without documented ASCVD.
    - Patients with documented ASCVD are recommended to receive a high intensity statin.
    - Patients without documented ASCVD, ≥40 years of age are recommended to receive a moderate intensity statin.
    - Patients without documented ASCVD, <40 years of age are recommended to receive a moderate intensity statin or no statin therapy.
  - The recommendation regarding the use of other lipid-lowering agents was modified to recommend considering additional, non-statin, lipid-lowering therapies for patients with DM and ASCVD who have LDL cholesterol ≥70 mg/dL despite maximally tolerated statin dose.

References

1) American Diabetes Association. Standards of Medical Care in Diabetes-2018. Diabetes Care 2018; 41:S1-156.
2) Summary of Revisions: Standards of Medical Care in Diabetes-2018. Diabetes Care 2018; 41:S4.