North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Health Information Designs, LLC

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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 updated guideline recommendations for the management of dyslipidemia and updates regarding new claims processing edits for North Dakota Medicaid.

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

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

Update AACE/ACE Guidelines for Management of Dyslipidemia and Prevention of Cardiovascular Disease

Introduction

The American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE) release updated guidelines for management of dyslipidemia and prevention of atherosclerotic cardiovascular disease (ASCVD). The update incudes 87 recommendations for dyslipidemia and ASCVD management, including a new cardiovascular risk category. This newsletter will highlight the updated risk assessment and lipid-lowering therapy recommendations.

Risk Assessment

The guidelines outline numerous additional and non-traditional risk factors for ASCVD, but the major independent risk factors they use to determine a patient's ASCVD risk category are as follows:

- Age (men ≥45; women ≥55 years)
- High serum low-density lipoprotein (LDL)
- Low serum high-density lipoprotein (HDL)
- Polycystic ovary syndrome
- Diabetes mellitus (DM)
- Hypertension (HTN)
- Chronic kidney disease (CKD), stage 3/4
- Family history of coronary artery disease
- Evidence of coronary artery calcification
- Cigarette smoking

These risk factors, along with other specific criteria, are used to determine a patient's ASCVD risk category, which will determine the patient's goal levels of LDL, Non-HDL and Apolipoprotein B (Apo B). This is shown in the below table:

Atherosclerotic Cardiovascular Disease Risk Categories and LDL-C Treatment Goals				
Risk category	**Risk Factors/Description**	**Treatment Goals$^{\alpha}$ (mg/dL)**		
		LDL	**Non-HDL**	**Apo B**
Extreme	• Progressive ASCVD in patients after achieving an LDL-C <70 mg/dL • Established CV disease in patients with DM, CKD 3/4, or heterozygous familial hypercholesterolemia (HeFH) • History of premature ASCVD (<55 male, <65 female)	<55	<80	<70
Very High	• Established or recent hospitalization for ACS, coronary, carotid or peripheral vascular disease • 10-year risk >20% • Diabetes or CKD 3/4 with 1 or more risk factor • HeFH	<70	<100	<80
High	• ≥2 risk factors and 10-year risk 10-20%* • Diabetes or CKD 3/4 with no other risk factors	<100	<130	<90
Moderate	• ≤2 risk factors and 10-year risk <10%*	<100	<130	<90
Low	• 0 risk factors*	<130	<160	NR
**= Subtract 1 risk factor if the person has high HDL, α= Goal for Triglycerides (TG) for all risk categories is <200 mg/dL*				

The overall recommendation of the AACE/ACE guidelines regarding pharmacological treatment is that all patients should receive aggressive lipid modifying therapy to achieve the target goals, based on their risk category. This includes recommendations for all major lipid modifying therapies, based on patient characteristics and the outcome desired. These recommendations are in the following table.

AACE/ACE Guideline Pharmacological Treatment Recommendations	
Statins	● Recommended as the primary pharmacologic agent to achieve target LDL goals ● May be considered to ↓LDL beyond targets for patients in high & very high risk categories
Ezetimibe	● May be considered as monotherapy in ↓LDL and Apo B ● Can be used in combination with statins to further ↓ LDL and ASCVD risk
PCSK9 Inhibitors	● Consider in combination with statins to ↓ LDL in patients with familial hypercholesterolemia ● Consider in patients with ASCVD, unable to reach goals with maximally tolerated statin therapy ● Should not be used as monotherapy except in statin-intolerant individuals
Omega-3 fatty acids	● 2 to 4 g daily should be used to treat severe hypertriglyceridemia (TG >500 mg/dL)
Niacin	● Recommended as an adjunct to ↓TG ● Should not be used in patients aggressively treated with statins
Fibrates	● Should be used to treat severe hypertriglyceridemia (TG >500 mg/dL) ● May improve ASCVD outcomes when TG is ≥200 mg/dL and HDL is <40 mg/dL
Bile Acid Sequestrants	● May be considered to ↓LDL and apo B and modestly ↑HDL (may ↑TG)
Combination Therapy	● Should be considered when the LDL /non-HDL level is markedly increased and monotherapy does not achieve the therapeutic goal

Claims Processing and Quantity Limit Updates from North Dakota Medicaid

Diagnosis (ICD-10 diagnosis code) required on Adderall prescriptions as of December 7th, 2017:

- Diagnosis will be required for claims processing
- Please begin putting diagnosis on prescriptions to avoid disruption in coverage for your patients
- Please write diagnosis on all Adderall (brand and generic, IR and ER) prescriptions
- Further planned rollouts of this edit for other medications in the future (see below).
    - **December 11th, 2017**: Victoza, Naltrexone, Topiramate, Bupropion
    - **January 8th, 2017**: The following PA categories – Drugs that cost >$3,000, GLP-1 Agonists, Multiple Sclerosis Interferons, Hepatitis C interferons, Marinol, Provigil, Nuvigil, Pulmonary Hypertension (excluding PDE-5 Inhibitors), Pulmozyme, and topical testosterone.
    - **February 12th, 2017**: Gabapentin, Lyrica, Vyvanse

Quantity limit on high dose Adderall:

- Per compendia recommended doses, the following quantity limits are now in effect:
  Adderall XR 20 mg, 25 mg, 30mg, and Adderall IR 30 mg – 1 per day
  Adderall IR 20mg – 2 per day
- Please consider suggesting Vyvanse as an alternative product, it has less interpatient variability due to its absorption and metabolism characteristics
- Recipients currently on higher quantities are allowed an override until 2/5/2018, or until 6/5/2018 if under 18

Step Care Edit to Lookback for a Required Step or Concurrent Product

- As of 11/29/2017, for a Victoza claim to process, a metformin claim must have paid in the past 34 days (Victoza has been taken off of prior authorization because of this new functionality)
- More rollouts will be implemented for medications to be used according to standards of care and to be removed from prior authorization

References

Jellinger PS, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Guidelines for Management of Dyslipidemia and Prevention of Cardiovascular Disease. Endocrine Practice. 2017 Apr;23(s2):1-87

Health Information Designs, LLC is the most experienced and qualified provider of drug utilization review and pharmacy support services in the country. We specialize in helping our clients promote clinically appropriate and cost-effective prescribing, dispensing, and utilization of prescription drugs.

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