North Dakota Medicaid Pharmacy Program Quarterly News

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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 Kepro. 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 Kepro 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 Kepro 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 an overview of updates to the preferred drug list, tuberculosis program contact information, and SGLT-2 inhibitor use in chronic kidney disease.

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact Kepro at 1-800-225-6998, or e-mail us at ND_Info@kepro.com.

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

Preferred Drug List (PDL) Updates

Beginning January 1st, 2022, North Dakota Medicaid will require prior authorization (PA) for the following agent:

- Taltz (ixekizumab): For PA approval, the member must trial a tumor necrosis factor (TNF)-inhibitor for a total of 90 days within 120 days prior to Taltz's date-of-service, as evidenced by paid claims or pharmacy printouts. TNF-inhibitors include Humira, Enbrel, and Cimzia.

Tuberculosis program

Isoniazid (INH) is supplied for free through the ND Tuberculosis Prevention and Control program. It is supplied through the program's contract pharmacy UND Center for Family Medicine. Please contact 701-328-2378 for questions.

SGLT-2 Inhibitors for Kidney Disease

Kidney disease currently affects 37 million adults in the United States. Chronic kidney disease (CKD) is defined as kidney damage/decreased function for three months or greater. Any duration less would be considered acute kidney injury (AKI). Kidney damage is described as urinary albumin excretion ≥30 mg/day, and decreased kidney function is defined as estimated glomerular filtration rate (eGFR) <60 mL/min/1.73 m2. High blood pressure and diabetes are the main causes of CKD, and it is estimated that 50% of patients with CKD also have diabetes or cardiovascular disease. Currently, the only SGLT-2 inhibitors FDA indicated for use in patients with chronic kidney disease are Farxiga and Invokana, with Farxiga being the only approved SGLT-2 inhibitor for use in patients with or without type-2 diabetes mellitus.

There is currently no cure for CKD; therefore, the goals of treatment include:

- Treating reversible causes of CKD
- Preventing or slowing the progression of disease
- Treating complications of kidney failure

CKD Treatment
All patients
• **Treatment with an ACEi or ARB titrated to the highest approved, tolerated dose** • **Treating complications of kidney failure (e.g., volume overload, hyperkalemia, anemia) and ESRD (e.g., malnutrition, neuropathy).**
Patients with Type 2 diabetes
• **Treatment with metformin** • **Treatment with a SGLT-2 inhibitor (Farxiga or Invokana) OR with Kerendia** Although not currently recommended or studied, triple therapy with an ACE inhibitor or ARB plus an SGLT2 inhibitor plus Kerendia could help target all possible mechanisms responsible for kidney damage in CKD: ▪ ACE inhibitors and ARBs generally target reduction in blood pressure control and glomerular hypertension ▪ SGLT2 inhibitors additionally target glycemic control and cardiovascular risk reduction ▪ Nonsteroidal MRAs (e.g. Kerendia) add an additional anti-inflammatory and antifibrotic effect
Patients with Type 2 diabetes who have not achieved glycemic targets despite use of metformin and SGLT2i, or who are unable to use those medications
• **Treatment with a long-acting GLP-1 RA**

General SGLT-2 inhibitor Dosing	
Farxiga (dapagliflozin propanediol)	
Dosing	• (eGFR 25 mL/min/1.73 m(2) or greater): 10 mg orally once daily. • (eGFR less than 25 mL/min/1.73 m(2)): Do not initiate therapy; may continue established dapagliflozin therapy at 10 mg orally once daily
Invokana (canagliflozin)	
Dosing	**Diabetic nephropathy, With Albuminuria – T2DM:** • (eGFR 60 mL/min/1.73 m(2) or greater): 100 mg PO daily, taken before the first meal of the day; may increase to 300 mg daily for additional glycemic control. • (eGFR 30 to less than 60 mL/min/1.73 m(2)): 100 mg PO daily, taken before the first meal of the day. • (eGFR less than 30 mL/min/1.73 m(2)): Do not initiate therapy in this population, however if albuminuria is greater than 300 mg/day may continue with 100 mg PO daily, taken before the first meal of the day. **Disorder of cardiovascular system; Prophylaxis – T2DM:** • (eGFR 60 mL/min/1.73 m(2) or greater): 100 mg PO daily, taken before the first meal of the day; may increase to 300 mg PO daily for additional glycemic control. • (eGFR 30 to less than 60 mL/min/1.73 m(2)): 100 mg PO daily, taken before the first meal of the day. • (eGFR less than 30 mL/min/1.73 m(2)): Do not initiate therapy in this population, however if albuminuria is greater than 300 mg/day may continue with 100 mg PO daily, taken before the first meal of the day.

References

1. Product Information: FARXIGA(R) oral tablets, dapagliflozin oral tablets. AstraZeneca Pharmaceuticals LP (per manufacturer), Wilmington, DE, 2021.
2. Product Information: INVOKANA(R) oral tablets, canagliflozin oral tablets. Janssen Pharmaceuticals Inc (per FDA), Titusville, NJ, 2020.
3. Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. KDIGO 2020 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. Kidney Int. 2020;98(4S):S1–S115.
4. *Chronic Kidney Disease.* IPD Analytics. Aventura, FL, 2021. https://www.ipdanalytics.com.