

## Quarter 4

FALL 2024

### *Antimicrobial Stewardship*

The Centers for Disease Control and Prevention (CDC) has estimated that **30% of antibiotics are inappropriately prescribed** in the outpatient setting. The inappropriate use of antibiotics contributes to preventable adverse effects, unnecessary healthcare costs, and antimicrobial resistance (AMR). Prescribers play a crucial role in combating AMR and improving patient outcomes through responsible prescribing practices.<sup>1,2,3</sup>

The CDC recommends the following core elements of outpatient antibiotic stewardship:<sup>1</sup>

- Show commitment to appropriate antibiotic use and patient safety
- Use a stepwise approach to implement one action for policy and practice for improvement at a time
- Tracking and reporting to assess improvement, preferably at the clinician level
- Education and expertise for both clinicians and patients

As AMR remains a significant healthcare concern, antimicrobial stewardship is vital to optimize the use of antimicrobials and ensure the use of the right drug, at the right dose, for the right duration, and at the right time. Below are key strategies and practical examples to consider in your antimicrobial prescribing.<sup>1,2,3</sup>

#### *Prioritize Accurate Diagnosis*

**Example:** Acute bronchitis is most often viral and is still one of the most common indications for antibiotic overuse. Studies indicate that 50-90% of acute bronchitis cases are treated with antibiotics.<sup>4,5</sup> Prescribing antibiotics for a viral infection is ineffective and contributes to resistance.

**Action Tip:** Before prescribing antibiotics, it's essential to differentiate between viral and bacterial infections. Use clinical judgment and consider diagnostic tests when appropriate (e.g., rapid antigen tests for influenza or streptococcal throat culture).<sup>2,3</sup>

#### *Use Narrow-Spectrum and Topical Antibiotics When Possible*

**Example:** Otitis externa should be treated with topical antibiotics. The use of oral antibiotics can increase the risk of side effects and AMR. Despite this guideline recommendation, 20-40% of cases are treated with oral antibiotics.<sup>6,7,8</sup>

**Action Tip:** Antimicrobial choice should be de-escalated from broad-spectrum to more targeted antibiotics when culture and susceptibility results are available. Broad-spectrum antibiotics and systemic treatment should be reserved, when appropriate, to preserve the effectiveness of these agents.

#### *Consider Non-Antibiotic Alternatives*

**Example:** Many cases of acute otitis media (AOM) will resolve spontaneously without the use of antibiotics.

- Guidelines support a watchful waiting approach in certain circumstances of non-severe AOM to allow natural resolution of the infection and limit antibiotic use.
- While two out of three children with mild ear infections get better without antibiotics, 95% of pediatric patients diagnosed with AOM are prescribed antibiotics.<sup>9,10,11,12</sup>

**Action Tip:** The choice between watchful waiting and use of antibiotics should be carefully considered following guideline recommendations and using a patient-centered approach. Manage symptoms with supportive care (e.g., cough suppressants, hydration) as appropriate.

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## *Follow Appropriate Dosing*

Always refer to up-to-date clinical guidelines and dosing recommendations. The correct dose ensures adequate tissue penetration and optimal efficacy, minimizing the risk of treatment failure and AMR. For many infections, shorter durations of therapy are just as effective and safer. Routinely review the duration of treatment to avoid unnecessary prolonged use, which can increase the risk of adverse effects and AMR.<sup>1,2,3</sup>

## *Provide Patient Education and Communication*

Effective communication is key to ensuring patients understand why antibiotics may or may not be needed. Providing education helps manage patient expectations and encourages adherence to prescribed therapies. Take a few extra moments during consultations to explain the rationale behind your prescribing decisions. Use patient-friendly language and resources to enhance understanding.<sup>1, 2, 3</sup>

### **Key Takeaways for Antimicrobial Stewardship:**

- **Accurate diagnosis** is required for appropriate use of antibiotics.
- **Narrow-spectrum antibiotics** should be prioritized over broad-spectrum agents when possible.
- Use **non-antibiotic options** for viral or self-limiting infections when appropriate.
- Follow **evidence-based dosing** to ensure effective treatment and to prevent resistance.
- Provide **patient education and communication** to manage expectations and encourage adherence.

## *Respiratory Syncytial Virus (RSV) Prophylaxis*

North Dakota Medicaid will not pay for RSV prophylaxis for infants eligible to receive nirsevimab through the Vaccines for Children (VFC) program or infants who have received immunity through a maternal RSV vaccine and/or another monoclonal antibody for RSV prophylaxis during the current season. If the member is unable to receive nirsevimab through the VFC program, please refer to the RSV prophylaxis criteria in the PDL.

The RSV season is defined as onset (first of two consecutive weeks when percentage of PCR tests positive for RSV exceeds 3%) and offset (last of two consecutive weeks when percentage of PCR tests positive for RSV is below 3%) as reported by The National Respiratory and Enteric Virus Surveillance System (NREVSS) Region 8 RSV Regional Trends.

## *Preferred Drug List (PDL) Updates*

Monitor for PDL changes often throughout the year. Save this URL (<https://ndmedicaid.acentra.com/ndpdl/>) to see the most current version and recent criteria changes. A new 2025 PDL will be posted at the start of the new year.

### **Diabetic Supply Changes 2025:**

- Dexcom will remain the sole preferred Continuous Glucose Monitor (CGM). Non-preferred Guardian CGM coverage is available if insulin pump integration is required for members who have had a Medtronic insulin pump for longer than a year or purchased by another payer prior to eligibility for ND Medicaid.
- Omnipod coverage will expand to members with type 2 diabetes who use multiple daily injections of short- and long-acting insulin, Humulin R U-500, or an insulin pump
- Accu-Chek Guide test strips will be the only test strips covered.
- BD/embecta insulin syringes will be the only insulin syringes covered. BD/embecta and Owen Mumford (Unifine) pen needles will continue to be covered.

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## Preferred Biosimilars 2025:

- Adalimumab: Humira (and multiple biosimilars) will remain preferred without PA
- Bevacizumab:
  - Allowed on the medical benefit only
  - Mvasi and Zirabev will be preferred without PA
  - Avastin and its other biosimilars will require PA
  - This does not include bevacizumab billed with C9257 for ophthalmic use
- Filgrastim:
  - Medical Benefit: Granix, Nivestym, and Zarxio will be preferred without PA
  - Pharmacy Benefit: Neupogen and Releuko will be preferred without PA
- Pegfilgrastim:
  - Medical Benefit: Neulasta, Neulasta Onpro, Nyvepria, and Udenyca Onbody will be preferred without PA
  - Pharmacy Benefit: Fulphila, Fylnetra, Neulasta Onpro, and Udenyca Onbody will be preferred without PA
- Infliximab:
  - Allowed on the medical benefit only
  - Avsola and Inflectra will be preferred without PA
- Rituximab:
  - Allowed on the medical benefit only
  - Riabni, Ruxience, and Truxima will be preferred without PA
- Tocilizumab: Tyenne will be preferred without PA on both the medical and pharmacy benefits
- Trastuzumab:
  - Allowed on the medical benefit only
  - Kanjinti and Trazimera will be preferred without PA

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The “North Dakota Medicaid Pharmacy Program Quarterly News” is a pharmacy newsletter presented by the North Dakota Department of Health and Human Services and published by Acentra Health. 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 Health and Human Services has contracted with Acentra Health 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 <https://ndmedicaid.acentra.com/> or call Acentra Health 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).

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact Acentra Health at 1-800-225-6998, or e-mail us at [ND\\_Medicaid\\_Info@acentra.com](mailto:ND_Medicaid_Info@acentra.com).



## Helpful Numbers

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

## Stay Informed:

### Upcoming Newsletter:

Ziprasidone and Olanzapine Dosing  
Clozapine Appropriate Use  
Muscle Relaxant Sedation  
Metformin Titration

### Upcoming DUR Board Meetings:

Wednesday, March 5, 2025 at 1:00 PM