
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. 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 Health Information Designs, LLC (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.hidndmedicaid.com, or call HID at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup. This 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 the 2013 American Diabetes Association (ADA) Diabetes Management Guidelines. Also included is the 2014 prior authorization updates.

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



Helpful Numbers

PA Help Desk 866-773-0695
To fax PAs 866-254-0761
To report adverse reactions 800-FDA-1088

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Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, www.hidndmedicaid.com.

2013 ADA Guideline

The American Diabetes Association (ADA) has updated the 2012 Standard of Medical Care in Diabetes for the **prevention and management of diabetes**. The goal of therapy is to:

Maintain

- *HbA1c* \leq 7%
- *FPG* 70-130mg/dL
- *Post-prandial glucose* $<$ 180mg/dL
- *BP* $<$ 140/80 mmHg

T2DM or adult onset diabetes develops when the body becomes resistance to insulin and when there is a decrease in insulin production by the pancreatic beta cells. Prolong hyperglycemia can lead to a number of microvascular and macrovascular complications. Therefore it is imperative to maintain the blood glucose at goal.

Criteria for the diagnosis of diabetes

- HbA1c \geq 6.5% on 2 separate occasions
- FPG \geq 126mg/dL on 2 separate occasions
- Plasma glucose \geq 200mg/dL after a 2h OGTT on 2 separate occasions
- Random plasma glucose \geq 200mg/dL with classic symptoms of hyperglycemia

Treatment algorithm in T2DM

- Metformin, if not contraindicated, is the preferred first-line agent for T2DM
- In newly diagnosed T2DM patients with markedly symptomatic and/or elevated blood glucose levels or A1c – consider insulin therapy with or without additional agents
- If noninsulin monotherapy at max dose does not achieve or maintain the A1c target over 3-6 months, add a second oral agent: GLP-1 agonist or insulin

Diets/Supplementation:

- For weight loss, either low-carbohydrate, low-fat calorie-restricted, or Mediterranean diets may be effective in the short term (up to 2 years).
- Saturated fat intake should be $<$ 7% of total calories
- If adults with diabetes choose to use alcohol, they should limit intake to a moderate amount
 - ◇ 1 drink per day or less for adult women
 - ◇ 2 drinks per day or less for adult men
- Routine supplementation with antioxidants, such as vitamins E and C and beta carotene, is not advised because of lack of evidence of efficacy and concern related to long-term safety

Physical Activity

- Adults with diabetes should be advised to perform at least 150 min/week of moderate-intensity aerobic physical activity (50–70% of maximum heart rate), spread over at least 3 days/week with no more than 2 consecutive days without exercise.
- In the absence of contraindications, adults with type 2 diabetes should be encouraged to perform resistance training at least twice per week.

Reference:

Inzucchi SE, Bergenstal RM, Buse JB, Diamant M, Ferrannini E, Nauck M, Peters AL, Tsapas A, Wender R, Matthews DR. Position statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*. 2013 Jun;35:1364-1379.

Common Pharmacologic Options

Biguanide

Enhances insulin sensitivity in liver and muscles
Drug: metformin

Insulin

Rapid acting: aspart, lispro, glulisine
Short acting: novolin, humulin R
Intermediate acting: NPH
Long acting: detemir, glargine

Sulfonylurea

Enhances insulin secretion
Drugs: glyburide, glipizide, glimepiride

Thiazolidinediones

Binds to PPAR- γ receptor and enhance insulin sensitivity in fat, muscle, and liver indirectly
Drugs: pioglitazone, rosiglitazone

GLP-1 Agonists

Enhances glucose dependent insulin secretion and suppresses hepatic glucagon secretion
Drugs: exenatide, liraglutide

DPP-4 Inhibitors

Inhibit DPP-4 enzyme which prolong t_{1/2} of GLP-1 and GIP
Drugs: sitagliptin, saxagliptin, alogliptin

Prior Authorization Update 2014	
Drug or Class	Criteria for Coverage
COPD Agents	Patient must have a diagnosis of COPD
Name Brand Statins	Patient must first try a generic statin
Rayos	Patient must first try prednisone
Onmel	Patient must receive two courses of therapy with itraconazole and terbinafine
Giazo	Patient must first try balsalazide 750mg capsules
Brisdelle	Patient must first try paroxetine
SL/Spray Nitroglycerin	Patient must first try sublingual tablets
Pulmozyme	Patient must have a diagnosis of cystic fibrosis
Epinephrine Auto Injectors	Auvi-Q does not require a prior authorization
Vecamyl	Patient must have moderately severe to severe essential hypertension or uncomplicated malignant hypertension.



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.

Health Information Designs, LLC was founded in 1976 with a mission to improve patient care and contain costs for state Medicaid agencies by providing drug utilization review (DUR) services. In 1997, HID was acquired by HDI Solutions and subsequently has experienced strong and steady growth as a premium healthcare analytics and pharmacy support services provider. HID is the industry leader in providing comprehensive prescription drug monitoring programs. Currently, HID works with clients in 30 states, including 16 Medicaid agencies, 22 Boards of Pharmacy and state health agencies, and several private healthcare benefit management organizations. The work performed by HID has a daily impact on the healthcare of more than 115 million Americans.

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