

# Diabetes Provider Toolkit



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## Clinical Practice Guidelines for Diabetes

These guidelines are reviewed and updated annually.

### Quality Measures

#### Clinical Practice Guidelines Standards of Medical Care in Diabetes

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- BP control (<140/90 mm Hg)
- Eye exam (retinal) performed
- Medical Attention for Nephropathy

#### Statin Therapy for Patients with Diabetes

The percentage of members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

1. **Received Statin Therapy** Members who were dispensed at least one statin medication of any intensity during the year.
2. **Statin Adherence 80%** Members who remained on a statin medication of any intensity for at least 80% of the

## Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

A diabetes screening test is defined as a glucose test or an A1c test. Members with a diagnosis of diabetes are excluded from this measure.

## Diabetes Monitoring for People With Diabetes and Schizophrenia

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the year.

## Screening and Assessment Tools

[Diabetes Distress Scales \(English and Spanish\) Print Version](#)

[Diabetes Distress Survey- Print and electronic versions](#)

[Diabetes Risk Test](#)

## Provider Educational Resources

[Screening for Depression and Diabetes Distress in Adults with Type 2 Diabetes](#)

[The Use of Language in Diabetes Care and Education](#)

[Speaking the Language of Diabetes](#)

[Heart Disease and Diabetes- What is the link?](#)

## Member Educational Resources

[Ten Tips for Coping with Diabetes Distress](#)

# Behavioral Health Treatment Planning Considerations

## Diabetes Care for Clients in Behavioral Health Treatment

[Diabetes Care for Clients in Behavioral Health Treatment](#)

[Cognitive Behavioral Therapy and Diabetes Behavioral and Psychosocial Interventions in Diabetes](#)

## Substance Use Disorders and Diabetes

[Drug and Alcohol Use with Diabetes](#)

## Eating Disorders and Diabetes

[American Diabetes Association and Types of Eating Disorders](#)

[Diabulimia](#)

## Borderline Personality Disorder and Diabetes

[Borderline Personality Disorder and Diabetes](#)

## Bipolar Disorder and Diabetes

[Diabetes Complicates Bipolar Disorder](#)



## Common Definitions Associated with the Diagnosis of Diabetes

### Diabetes Mellitus (DM)

Hyperglycemia (high blood sugar) as a result of abnormal carbohydrate metabolism.

### Type 1 Diabetes (T1D)

Autoimmune disease characterized by insulin deficiency resulting from pancreatic-beta cell dysfunction. Most often diagnosed in childhood or adolescence, however not exclusive. Symptoms are typically of rapid onset (days to weeks), including frequent urination, increased thirst, extreme hunger, unexpected weight loss, and/or extreme fatigue and irritability.

### Type 2 Diabetes (T2D)

Characterized by insulin resistance and hyperglycemia. Often associated with obesity because of resistance to insulin-mediated glucose uptake. Progression to Type 2 Diabetes typically occurs over the course of several years. Type 2 diabetes diagnosis is often identified by lab tests to check A1C or fasting blood glucose.

#### Antipsychotic medications metabolic risk:

**Greater risk:** clozapine, olanzapine

**Lower risk:** aripiprazole, brexpiprazole, cariprazine, lurasidone, ziprasidone.

### Pre-diabetes

When blood sugar is higher than normal but below diabetes diagnosis range. Risk factors for developing type 2 diabetes include:

- Being overweight or obese
- Sedentary lifestyle
- Family history of diabetes
- History of gestational diabetes
- Age being 65 years or older

# Complications of Diabetes

## Diabetic Ketoacidosis (DKA)

Serious acute complication of diabetes. Severe hyperglycemia with the presence of ketones in the urine or blood. Requires hospitalization for treatment.

## Neuropathy

A group of neurologic complications with diverse clinical manifestations. Leads to damage of nerves and sensory loss.

- **Diabetic peripheral neuropathy:** pain and/or burning sensation, often in feet and lower legs
- **Autonomic neuropathy:** includes erectile dysfunction, gastroparesis, hypoglycemia unawareness

Assessment of large and small fibers and sensation should be conducted.

## Diabetic Retinopathy

Vascular complication resulting in impaired vision. Prevalence is strongly related to duration of diabetes diagnosis and level of glycemic control. Because progression can be rapid, it is important to screen people with diabetes for the development of retinal disease.

Screening or monitoring for diabetic retinopathy includes dilation of the retinas by an optometrist or ophthalmologist.

## Chronic Kidney Disease (CKD)

A microvascular complication of diabetes characterized by kidney damage or decreased kidney function for at least 3 months. Kidney damage may be made on the presence of protein in the urine (albuminuria). Kidney function is decreased glomerular filtration rate (GFR).

Screening or monitoring for chronic kidney involves urinalysis. CKD increases cardiovascular risk, taking ACE/ARB medication therapy helps protect kidney damage.

An undesired complication of diabetes is damage to the kidneys. To ensure that the kidneys are still performing well and being protected from damage as a result of diabetes it is important to have routine screening or monitoring testing on a yearly basis.

## Hyperglycemia

High blood glucose. Symptoms can include any of those symptoms associated with type I diabetes as well as fruity smelling breath, nausea, vomiting, abdominal pain, rapid heartbeat, and difficulty breathing. Confusion, lethargy and coma may also occur.

## Hyperglycemia

Blood sugar has fallen low enough that action is required to bring back into target range. Typically <70 mg/dL

Some symptoms of hypoglycemia can include: Feeling shaky, being nervous or anxious, sweating, chills, clamminess, mood swings, irritability, confusion, fast heartbeat, feeling lightheaded or dizzy.



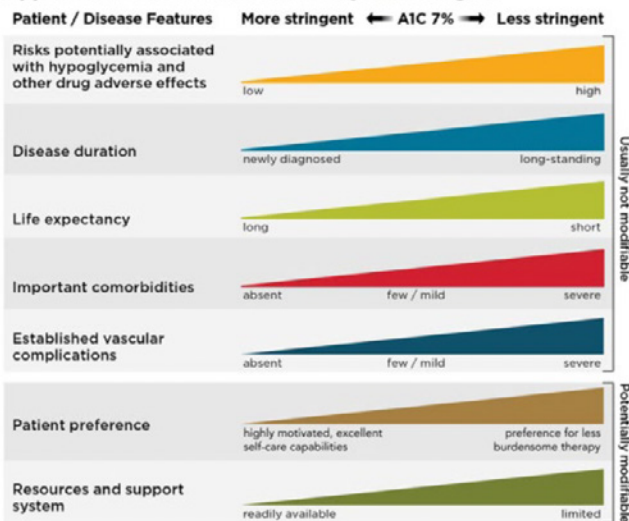
# Common Definitions Associated with Diabetes Care

## Hemoglobin A1C (HbA1C or A1C)

Measurement of what percentage of the hemoglobin — a protein in red blood cells that carries oxygen — is coated with sugar (glycated). A1C test results are reported as a percentage. The higher the A1C level, the poorer the blood sugar control and the higher the risk of diabetes complications.

A1C  $\geq 6.5\%$  can be used to diagnose diabetes

### Approach to Individualization of Glycemic Targets



## Hemoglobin A1C Testing (HbA1C or A1C)

The A1C test is a blood test to assess glycemic control. The A1C result reflects the average blood sugar level for the past two to three months. The A1C test should be performed routinely for all people with diabetes as part of initial assessment and continuing care. The frequency of testing varies; at minimum A1C should be tested at least twice a year for those meeting treatment goals. For those whose therapy has changed or not meeting treatment goals, testing should be completed every 3 months. Testing does not require fasting.

	A1C
Normal	$\leq 5.6\%$
Prediabetes/At Risk	5.7 – 6.4%
Diabetes	$\geq 6.5\%$

A normal A1C level is below 5.7 percent for someone who doesn't have diabetes.

If the A1C level is between 5.7 and 6.4 percent, this is prediabetes (also called impaired fasting glucose), which means having a high risk of developing diabetes in the future.

An A1C level of 6.5 percent or higher on two separate occasions shows diabetes. An A1C level above 8 percent means that the diabetes is not well-controlled and there is a higher risk of developing complications of diabetes.

For most adults who have diabetes, an A1C level of 7 percent or less is a common treatment target. Lower or higher targets may be appropriate for some individuals.

## Glycemic Targets

Recommendations for non-pregnant adult with diabetes. Targets should be individualized to the patients' management plan

A1c	<7.0%
Preprandial plasma glucose	80-130 mg/dL
Peak postprandial plasma glucose	<180 mg/dL

## Continual Glucose Monitoring (CGM)

A monitor that continually tracks blood glucose using a sensor inserted under the skin and a glucometer to read blood sugar. Devices typically provide additional glucose information like is blood sugar is trending up or down. Devices may be part of an insulin pump or a separate monitor.

# Medications Therapy for the Treatment of Diabetes

## Metformin/Biguanide

A class of medications that lower blood sugar by reducing the production of glucose that occurs after digestion. Approved for the treatment of type 2 diabetes.

### *Preferred Agents on the Statewide Preferred Drug List (PDL)*

Metformin IR

Metformin ER

Combination therapy with glipizide OR glyburide

## Incretin Enhancers/Mimetics

A group of medications that act like incretin hormones. Approved for the treatment of type 2 diabetes.

### INCRETIN ENHANCERS

**DPP-4 Inhibitors (dipeptidyl peptidase-4):** oral medications to improve glucose levels by reducing fasting and postprandial blood glucose levels. Often weight neutral and do not cause hypoglycemia.

### INCRETIN MEMETICS

**GLP-1 Agonists (glucagon-like peptide):** injectable medications that improve glucose by stimulating insulin secretion and may lead to weight loss. Although they are injectable, they are not insulin and may be taken once a day or once a week depending on the medication prescribed.

### *Preferred Agents on the Statewide Preferred Drug List (PDL)*

Janumet (DPP-4 Inhibitor)

Janumet XR (DPP-4 Inhibitor)

Januvia (DPP-4 Inhibitor)

Jantaduetto (DPP-4 Inhibitor)



Tradjenta (DPP-4 Inhibitor)  
 Bydureon Pen (GLP-1 Agonist)  
 Byetta (GLP-1 Agonist)  
 Trulicity (GLP-1 Agonist)  
 Victoza (GLP-1 Agonist)

## Insulin

Injected under the skin to replace insulin with insulin deficiency. All people with Type 1 diabetes require insulin. People with Type 2 diabetes may require insulin depending on individual needs. Injections come in vial and syringe preparations or “pen” uses. Insulin pumps are an option for delivery.

Insulin comes in multiple preparations and dosing patterns. Insulin comes with a higher risk of hypoglycemia. Dosing, frequency and timing vary widely and there is not a “one size fits all” arrangement. Insulin preparations are categorized into types:

- Rapid-Acting Insulin Analogs: rapid onset with shorter duration of action. Injected 15–20 minutes before a meal. Often called “bolus” insulin.
- Basal Insulin Analogs: slower onset and longer duration of action. Often called “background” insulin.
- Pre-Mixed: Fixed ratio of rapid-acting and basal insulin.
- U-500 Regular Insulin: used for treatment in people with severe insulin-resistance. Higher concentration of insulin.
- NPH Insulin: provides 24-hour insulin coverages, injected twice a day.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

#### **Rapid-Acting/Bolus Insulin**

Apidra  
 NovoLog  
 Insulin aspart  
 Insulin lispro

#### **Basal Insulin/Long-Acting**

Lantus  
 Levemir

#### **Pre-Mixed Insulin**

Humalog Mix 50-50  
 Humalog Mix 75-25  
 Humulin 70-30  
 Novolog Mix 70-30

#### **U-500 Concentration**

Humulin R U-500

## SGLT-2 Inhibitors (Sodium-glucose cotransporter-2)

Class of medication that prevents the reabsorption of glucose back into the blood, resulting is glucose excreted in the urine. Effective to lower A1C, aid in weight loss and is considered low risk for causing hypoglycemia. Approved for the treatment of type 2 diabetes.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

Farxiga  
 Invokamet  
 Invokana  
 Jardiance  
 Synjardy



## Sulfonylureas

Oral medication that stimulates the pancreas to secrete insulin. Class of medications may cause hypoglycemia. Approved for the treatment of type 2 diabetes.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

Glimepiride  
Glipizide  
Glipizide ER/XL  
Glyburide

## TZDs (Thiazolidinediones)

Oral medication that improves insulin sensitivity to lower blood glucose. Approved for the treatment of type 2 diabetes.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

Pioglitazone

## Glucometer Kits

Provide readings by detecting the level of glucose in a person's blood make decisions in line with their treatment plan. Consists of glucometer, lancet and lancing device.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

#### **Ascensia Glucometers**

Contour  
Contour Link  
Contour Next  
Contour Next EZ  
Contour Next One

#### **Ascensia Test Strips**

Contour  
Contour Next

#### **Lifescan Glucometers**

OneTouch Ultra 2  
OneTouch UltraMini  
OneTouch Verio  
OneTouch Verio Flex

This does not include GCMs (continuous glucose monitoring) systems.