MISSISSIPPI DIVISION OF MEDICAID

Medicaid's MS-DUR Board recommends metformin as first-line therapy for diabetes

Every year an estimated 26,000 people in Mississippi are diagnosed with diabetes. In 2018, approximately 413,000 people in Mississippi – or 17.1% of the adult population – had diabetes, and Mississippi ranked 49 out of 50 states.[3,4] Appropriate treatment is crucial.

The Mississippi Division of Medicaid (DOM) and its Drug Utilization Review Board (MS-DUR) are formally recommending a trial of metformin as first-line therapy for the treatment of diabetes. Metformin is considered first-line due to its glycemic efficacy, lack of hypoglycemia, absence of weight gain, favorable cost, and general tolerability.

DOM and MS-DUR representatives encourage prescribers to consider starting every new diabetic patient on metformin provided there are no contraindications for its use. In addition, they offer the following metformin related recommendations:

- A counseling point to help avoid any gastrointestinal (GI) intolerance adverse effects (AE) is to take metformin with the largest meal(s).
- Titrating the metformin Immediate Release (IR) formulation by weekly increments of 500-850 mg for at least 1-2 weeks up to 2,550 mg daily can help minimize GI intolerance.
- For patients experiencing GI intolerance that continues, metformin Extended Release (ER) should be utilized, as this formulation has better gastrointestinal tolerability.
- Titrating the metformin ER formulation by weekly increments of 500 mg up to the maximum dose of 2,000 mg can help maximize metformin's benefit in these patients.
- Get to goal as soon as possible – adjust at ≤3 months until at goal.

However, for patients who fail metformin monotherapy, a broad variety of agents can be used in combination with metformin, or as monotherapy, in those who cannot use metformin. The choice of second-line and third-line agents varies based on patient characteristics, patient preferences, and properties of the medications, such as the risk of hypoglycemia or weight gain. Certain GLP1-RAs and SGLT2 inhibitor medications have shown benefits for chronic kidney disease and cardiovascular disease, including heart failure , which may be preferred in patients with those complications.*

Glucose control is the mainstay of therapy in patients with diabetes. In recent years, a variety of new agents with novel mechanisms of action have been approved for the treatment of Type 2 diabetes. While these provide more options for the treatment of these patients, the wide array of medications can lead to confusion as to which agents should be used. In general, both the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE) recommend that in addition to lifestyle modification, metformin is first-line for the treatment of Type 2 diabetes in most patients.[1,2] In general, the target A1C concentrations are 7% (ADA) or 6.5% (AACE), or as close to normal as is safe and achievable. The goal may be individualized in patients with other illnesses and in those at risk for hypoglycemia. Therapy can be started with more than one agent in patients with an A1C > 9% (ADA) or > 7.5% (AACE).

For further information or assistance, please see the contact information below.

Carlos A. Latorre, MD, MS, FAAFP
Medical Director
Division of Medicaid
601-359-3555
carlos.latorre@medicaid.ms.gov

Terri Kirby, RPH
Pharmacy Director
Division of Medicaid
601-359-5253, option 4
terri.kirby@medicaid.ms.gov

Eric Pittman, PharmD
MS-DUR Project Division of
University of Mississippi
662-915-5948
epittman@olemiss.edu

References:

1. ADA standards of care: https://clinical.diabetesjournals.org/content/37/1/1
2. AACE standards of care: https://www.aace.com/disease-state-resources/diabetes/clinical-practice-guidelines-treatment-algorithms/comprehensive
3. American Diabetes Foundation: https://www.diabetes.org/take-closer-look-statistics-state
4. American Health Rankings: https://www.americashealthrankings.org/learn/reports/2018-annual-report

- * GLP1-RA= Glucagon Like Peptide-1 Receptor Agonists, SGLT2 = Sodium Glucose Co-Transporter 2 inhibitors

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Please forward this message to colleagues who might be interested. If you wish to be removed from this list or know of a colleague to add, send an email message to: matt.westerfield@medicaid.ms.gov.

About Mississippi Division of Medicaid

Medicaid is a state and federal program created by the Social Security Amendments of 1965, authorized by Title XIX of the Social Security Act, to provide health coverage for eligible, low income populations. In 1969, Medicaid was enacted by the Mississippi Legislature. All 50 states, five territories of the United States and District of Columbia participate in this voluntary matching program. The mission of the Mississippi Division of Medicaid is to responsibly provide access to quality health coverage for vulnerable Mississippians, by conducting operations with accountability, consistency and respect.