

# Diabetes and COVID-19

Information for Health Care Professionals



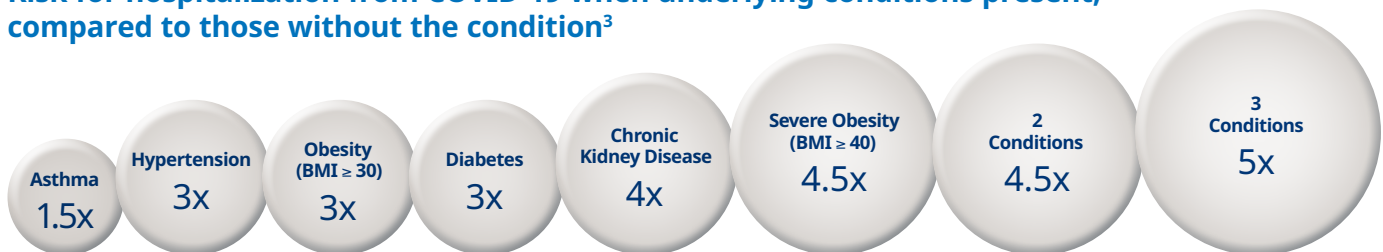
## OVERVIEW OF COVID-19

COVID-19 (**CO**rona**VI**rus **D**isease-2019) is the infectious disease caused by the most recently discovered coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)<sup>1</sup>

- Symptoms of COVID-19 may include: fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea<sup>2</sup>
- Symptoms may appear 2-14 days after exposure to the virus<sup>2</sup>

## Increased risk for people with underlying conditions

Risk for hospitalization from COVID-19 when underlying conditions present, compared to those without the condition<sup>3</sup>

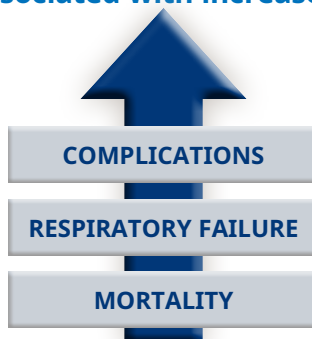


• Data has shown that racial and ethnic minority groups with the above conditions are at an even higher risk for severe COVID-19 illness<sup>3</sup>

• Conditions include asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke, and COPD<sup>3</sup>

## Risks for your patients with diabetes

Diabetes and hyperglycemia in hospitalized patients with COVID-19 are associated with increased<sup>4</sup>:



The CDC recommends patients closely follow their diabetes care plans for better glycemic control<sup>5</sup>

Based on retrospective data from 72,314 (44,672 confirmed) COVID-19 cases in China:

Elevated case fatality rate for pre-comorbid conditions based on confirmed cases<sup>6</sup>

Cardiovascular disease	10.5%
Diabetes	7.3%
Chronic respiratory disease	6.3%
Hypertension	6.0%
Cancer	5.6%

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## Importance of glycemic control

**Better glycemic control may improve clinical outcomes<sup>7</sup>**

In a retrospective multi-centered longitudinal study of 952 patients with type 2 diabetes and COVID-19 in China:

**Well-controlled blood glucose was correlated with reduced risk of all-cause mortality and severe complications in patients with COVID-19 and type 2 diabetes<sup>7</sup>**

	Hazard Ratio (95% CI)	p Value	Relative Risk Reduction
All-cause mortality	0.14 (0.03, 0.60)	0.008	86%
ARDS	0.47 (0.27, 0.83)	0.009	53%
Acute myocardial injury	0.24 (0.08, 0.71)	0.010	76%

**In patients with poorly controlled (upper-limit > 180 mg/dL) vs well-controlled (glucose range 70-180 mg/dL) blood glucose, there was a<sup>7</sup>:**

**10x higher mortality rate**

*Hazard ratio adjusted for age, gender, indicators of the severity of COVID-19 and comorbidities; p values were calculated based on Cox proportional hazard model. Calculation of 10 times higher based on crude, unadjusted, in-hospital mortality rates (in-hospital mortality rates were 1.1% vs 11% for well controlled vs poorly controlled, respectively). ARDS=acute respiratory distress syndrome; CI=confidence interval*

## Treatment considerations

### For patients with severe symptoms of COVID-19:

- Viral infections increase the risk of DKA<sup>8</sup>
- Certain medications may be discontinued<sup>9,10</sup>
  - Metformin associated with lactic acidosis
  - SGLT-2 inhibitors associated with euglycemic or moderate hyperglycemic DKA
  - Sulfonylureas increase the risk of hypoglycemia
- If medications are discontinued, insulin may be the alternative treatment of choice<sup>9</sup>

### For hospitalized patients:

- ADA Standard of Care (SOC) recommendations for hospitalized patients<sup>11</sup>
  - ☒ Insulin should be initiated when blood glucose  $\geq 180$  mg/dL
  - ☒ Target blood glucose range of 140-180 mg/dL

### Managing inpatient hyperglycemia<sup>11</sup>

Patient status	ADA SOC preferred treatment
Non critically ill hospitalized with good nutritional intake	Basal, prandial and correction insulin regimen
Non critically ill hospitalized with poor oral intake	Basal insulin OR basal + bolus correction insulin regimen
Critically ill patients	Continuous intravenous insulin infusion

- The FDA has expanded the indication for remote patient monitoring to include CGMs in inpatient hospital settings<sup>12</sup>

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## Telehealth regulation changes

Some important temporary policy changes to Medicare telehealth coverage and reimbursement during the COVID-19 Public Health Emergency include<sup>13-15</sup>:

- No geographic restrictions for patients or providers
- All HCPs who are eligible to bill Medicare can bill for telehealth services
- CMS has added 135 eligible services
- Providers can reduce or waive patient cost-sharing (copayments and deductibles) for telehealth visits
- Some telehealth services only require a telephone

## Common CPT codes for telehealth services<sup>16,17</sup>

Code	Description
<b>CPT Code 99201-99205</b> Modifier 95	Office or other outpatient visit for the evaluation and management of a new patient
<b>CPT Code 99211-99215</b> Modifier 95	Office or other outpatient visit for the evaluation and management of an established patient

Check with the payer for appropriate code for services provided and to determine the appropriate Place of Service (POS) code for your telehealth visit.

## CGM blood glucose data may provide useful insight for telehealth<sup>18</sup>

Glooko is offering a free, secure, privacy-protected remote-care solution to broaden access to remote diabetes care during the COVID-19 pandemic. Additional information can be found at <https://www.glooko.com/covid-resource-page/>

## How Novo Nordisk can help you get digital resources for your patients

- Diabetes and COVID-19 [patient factsheet](#)
- Patient website at [Cornerstones4Care.com](https://www.cornerstones4care.com)
- Product websites include [videos](#) on how to inject
- Downloadable booklets and factsheets from [NovoMedLink.com](https://www.novomedlink.com)
- Help with affording diabetes medications at [NovoCare.com](https://www.novocare.com)

Patient website, booklets, and factsheets also available in Spanish



CGM=continuous glucose monitoring; CMS=Centers for Medicare and Medicaid Services; COPD=chronic obstructive pulmonary disease; DKA=diabetic ketoacidosis. **1.** World Health Organization (WHO). <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>. Accessed September 29, 2020. **2.** Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Accessed September 29, 2020. **3.** Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. Accessed September 29, 2020. **4.** American Association of Clinical Endocrinologists. <https://www.aace.com/recent-news-and-updates/aace-position-statement-coronavirus-covid-19-and-people-diabetes-updated>. Accessed September 29, 2020. **5.** Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>. Accessed September 29, 2020. **6.** Wu Z, McGoogan JM. *JAMA*. Published online February 24, 2020. doi:10.1001/jama.2020.2648. **7.** Zhu L, et al. *Cell Metab*. 2020;31:1-10. **8.** American Diabetes Association. <https://www.diabetes.org/coronavirus-covid-19/how-coronavirus-impacts-people-with-diabetes>. Accessed September 29, 2020. **9.** Bornstein SR, et al. *The Lancet*. 2020;8(6):546-550. **10.** Drucker DJ. *Endocrine Reviews*. 2020;41(3):457-470. **11.** American Diabetes Association. *Diabetes Care*. 2020;43(suppl 1):S1-S212. **12.** American Diabetes Association. <https://www.diabetes.org/newsroom/press-releases/2020/fda-remote-patient-monitoring-cgm>. Accessed September 29, 2020. **13.** US Department of Health & Human Services. <https://www.telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/section=1#incorporating-newly-allowed-technology-due-to-hipaa-flexibility>. Accessed September 29, 2020. **14.** US Department of Health & Human Services. <https://www.telehealth.hhs.gov/providers/billing-and-reimbursement/section=1.4#medicaid-coverage-for-telehealth>. Accessed September 29, 2020. **15.** Centers for Medicare and Medicaid Services. <https://www.cms.gov/newsroom/press-releases/trump-administration-proposes-expand-telehealth-benefits-permanently-medicare-beneficiaries-beyond>. Accessed September 29, 2020. **16.** American Medical Association. <https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>. Accessed September 29, 2020. **17.** American Medical Association. <https://www.ama-assn.org/system/files/2020-05/telemedicine-during-phe-faq.pdf>. Accessed September 29, 2020. **18.** Vettoretti M, et al. *J Diabetes Sci Tech*. 2018;12(5):1064-1071.

## For up-to-date information on COVID-19:

### World Health Organization (WHO)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

### Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

### American Diabetes Association (ADA)

<https://www.diabetes.org/coronavirus-covid-19>

### American Heart Association (AHA)

<https://professional.heart.org/en/covid-19-content-an-aha-compendium>

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