

The Clinical and Economic Value of Continuous Glucose Monitoring and Improved Time in Range

AMCP Science & Innovation Theater Webinar
February 13, 2020

Moving Beyond A1c: Benefits of Real-Time CGM Use and Time in Range as a Critical and Clinically Actionable Glucose Measure

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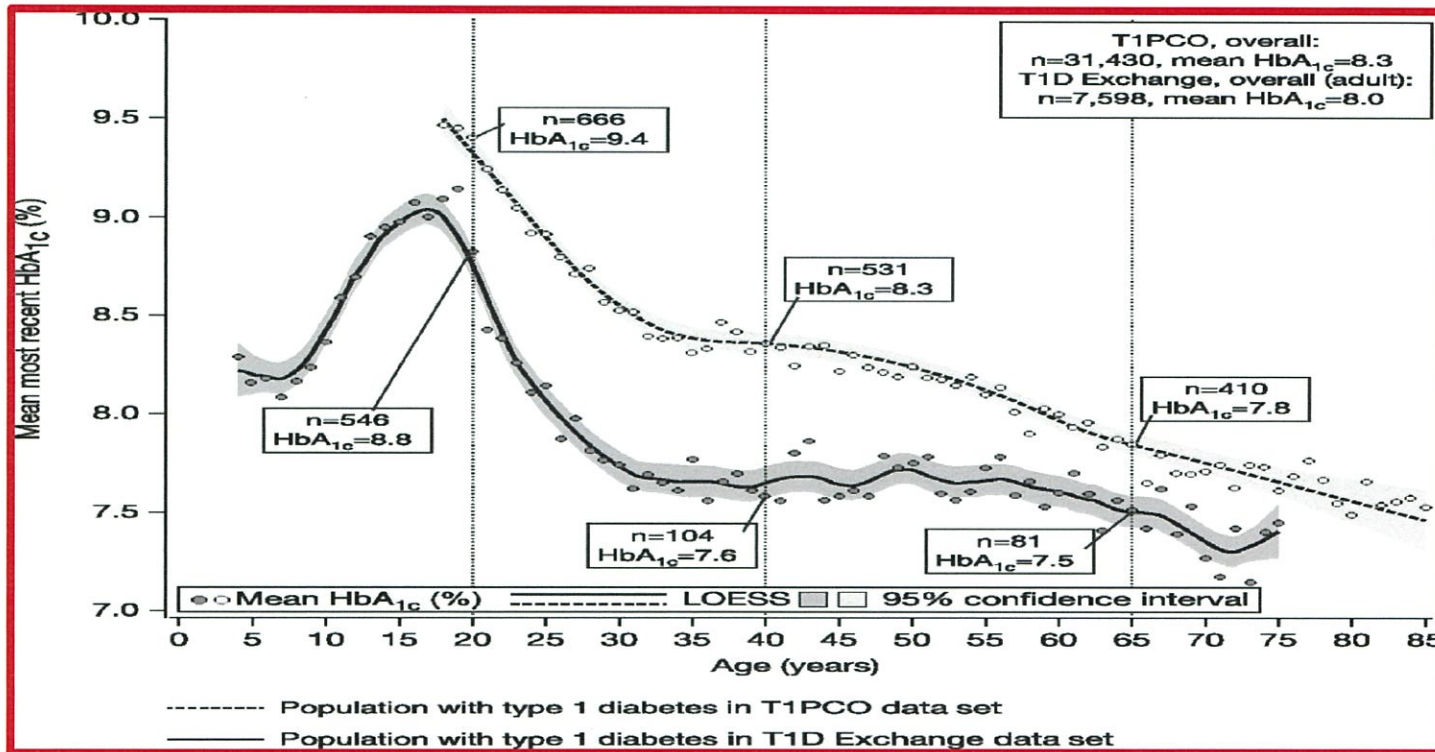


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Agenda

- Review limitations of traditional blood glucose monitoring and A1c in clinical care
- Discuss advantages of time in range (TIR) as a clinical outcome measure
- Review recent clinical trials on the use and value of real-time CGM (rtCGM)
- Discuss health and economic benefits associated with rtCGM and improved TIR at the population level

The Challenge: Blood Glucose Control in T1D is Often Poor...



Limitations of Self-Monitoring Blood Glucose (SMBG) vs. Real-Time CGM for Diabetes Treatment Decisions

▪ **SMBG has notable limitations:**

- Measures blood glucose at a single point in time with no indication of direction of change
- Cannot warn of impending hypoglycemia
- Patient adherence is impacted by associated pain, social stigma, and potential for blood spill in work place

▪ **Real-Time CGM has multiple advantages:**

- Reveals current BG, speed and direction
- Alerts the patient when they are out of their desired safe range
- Captures full glycemc profile including true mean blood glucose, time in target range, and time in hypoglycemia



An Individual's Glycemic Control and Treatment Plan Cannot Be Defined by A1C Alone

A1C, %	mg/dL	95% CI
5	97	(76-120)
6	126	(100-152)
7	154	(123-185)
8	183	(147-217)
9	212	(170-249)
10	240	(193-282)
11	269	(217-314)
12	298	(240-347)

1. May underestimate or overestimate an individual's glucose control (*example: A1C of 7% could represent good, fair, or poor control*)
2. Unreliable in patients with hemolytic anemia, many hemoglobinopathies, and underestimates glycemia in pregnancy and ESKD
3. Correlation with mean glucose can vary among races (Bergenstal et al*)
4. Does not indicate the extent or timing of hypoglycemia or hyperglycemia
5. Does not reveal glycemic variability
6. **Limited utility for insulin dosing decisions**

Table from Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478. *Ann Intern Med. 2017 doi:10.7326/M16-2596

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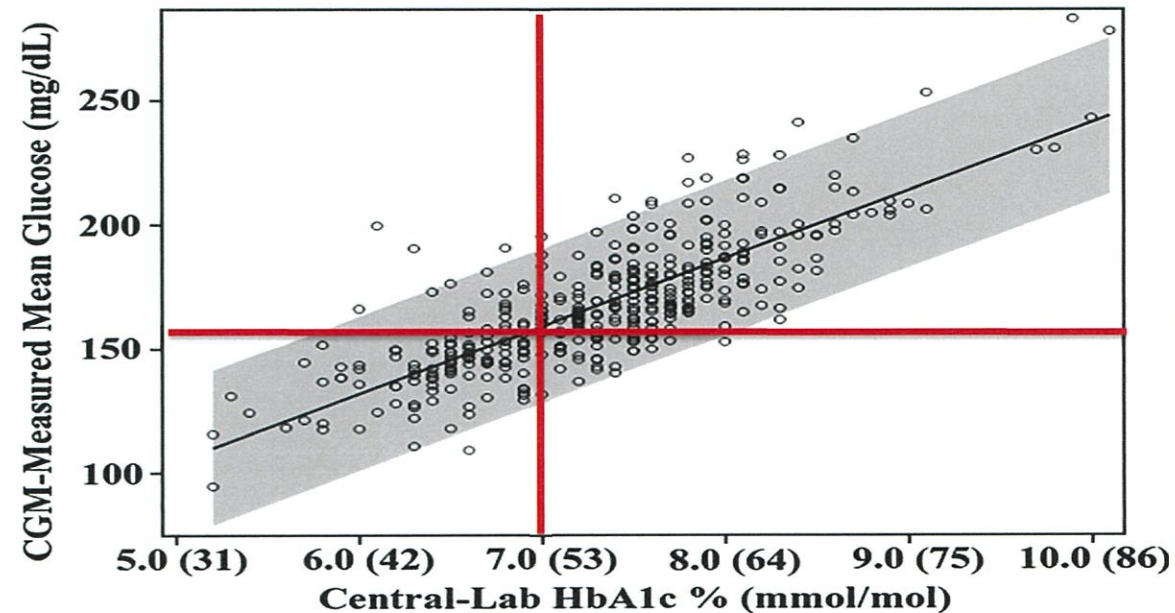
Comparing Mean Glucose/A1C Relationship With Current CGM Technology Demonstrates the Limits of A1C

The Fallacy of Average: How Using HbA_{1c} Alone to Assess Glycemic Control Can Be Misleading

Diabetes Care 2017;40:994–999 | <https://doi.org/10.2337/dc17-0636>

- 387 adult participants with T1D and T2D
- Mean glucose from 13 weeks CGM data
- **Correlation between A1c and CGM mean BG is highly variable between individuals**
- The best way to determine if an A1C represents a patient's glycemic control is to use CGM

Authors: Roy W. Beck, Crystal G. Connor, Deborah M. Mullen, David M. Wesley, and Richard M. Bergenstal



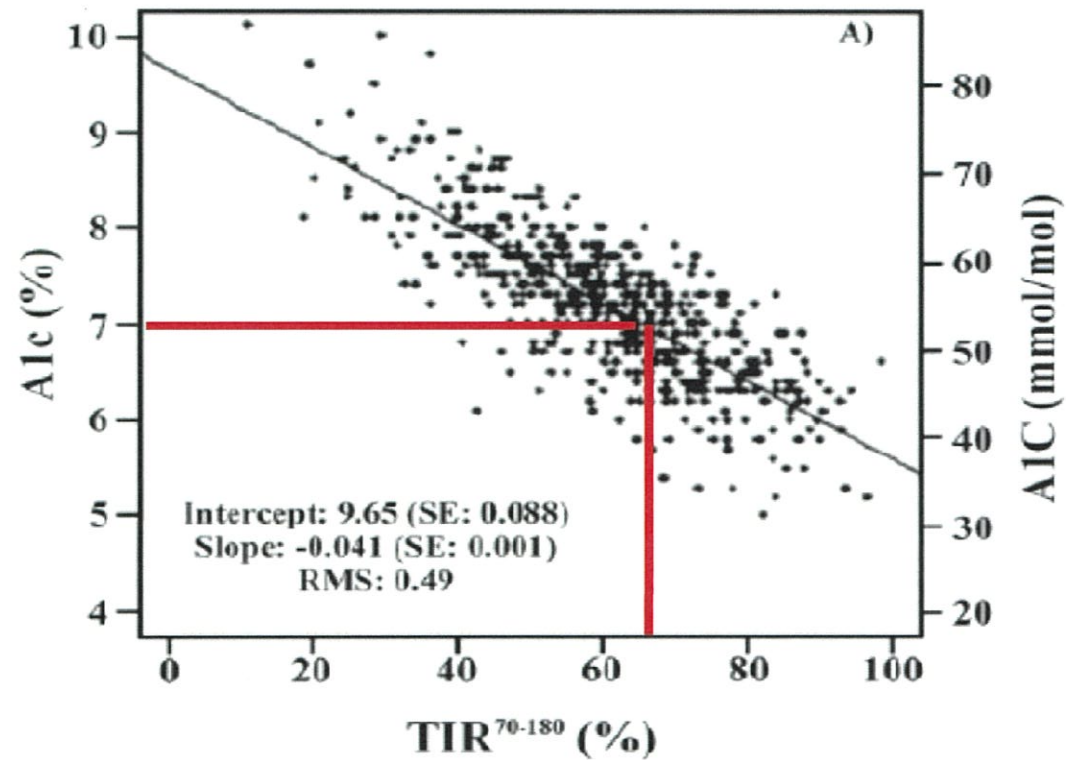
*The three studies from which data were obtained using the Dexcom G4 Platinum CGM System with an enhanced algorithm, software 505, pooled for the analyses herein are ClinicalTrials.gov identifiers NCT02282397, NCT02282397, and NCT0225873. 195% CI for a patient's mean glucose concentration for a measured HbA1C level.

195% CI for a patient's mean glucose concentration for a measured HbA1C level.

ADAG = A1c-Derived Average Glucose; CGM = continuous glucose monitoring; T1D = type 1 diabetes; T2D = type 2 diabetes. Beck RW et al. *Diabetes Care*. 2017;40(8):994-999.

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Time in Range Correlates With A1c in T1D



Beck RW et al, J Diabetes Science and Tech 2019 e-pub

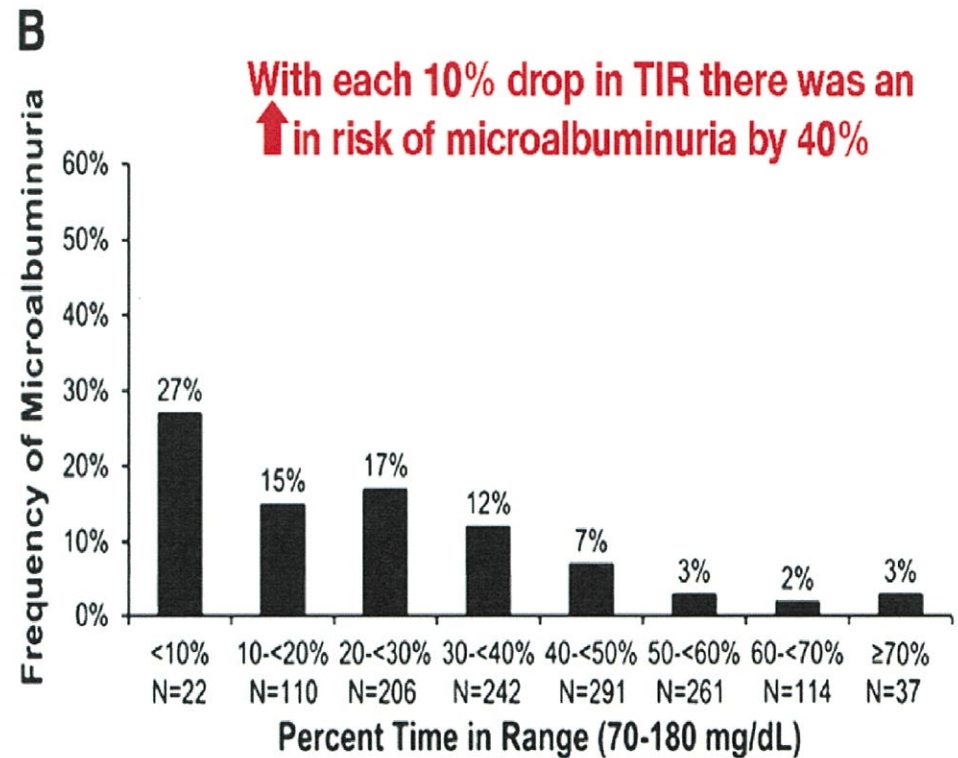
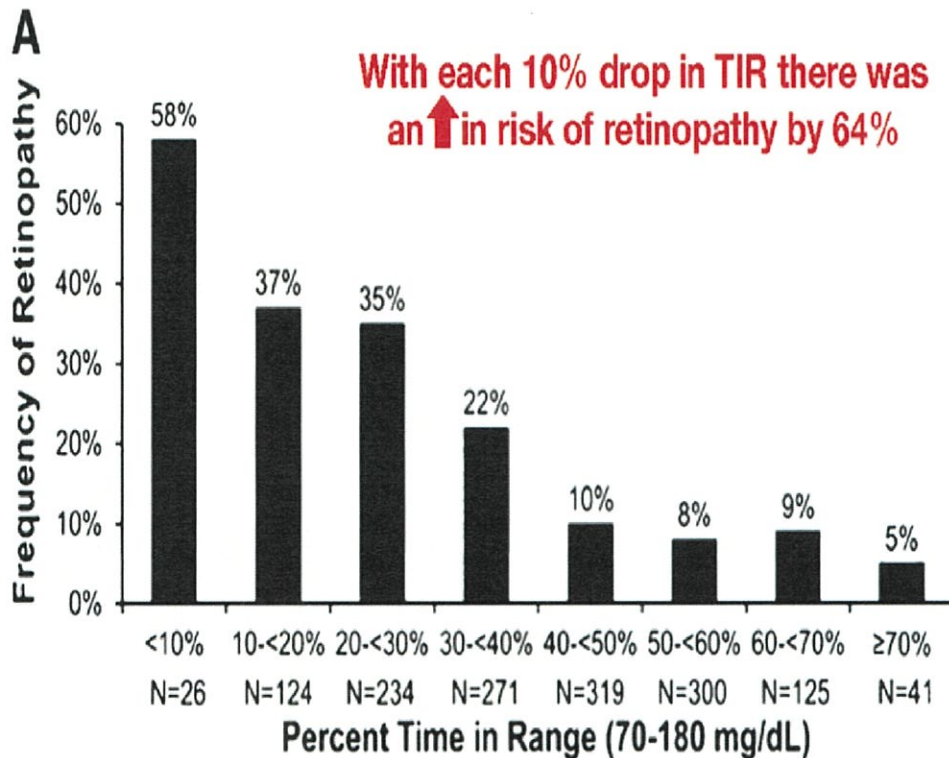
The Correlation Between TIR and A1C¹ Would Predict That TIR Correlates With Outcomes...

Time in Range (TIR), %	Average HbA1C, %
40	8.1
50	7.7
60	7.3
70	6.9
80	6.5

DCCT: Retinopathy progression increased 64% and development of microalbuminuria increased 40% for each 10 percentage points lower TIR (P < 0.001 for each); a 5% change in TIR is clinically meaningful²

1. Beck RW et al. *J Diabetes Sci Technol*. 2019;13(4):614-626. 2. Beck RW et al. *Diabetes Care* 2109;42: 400-405

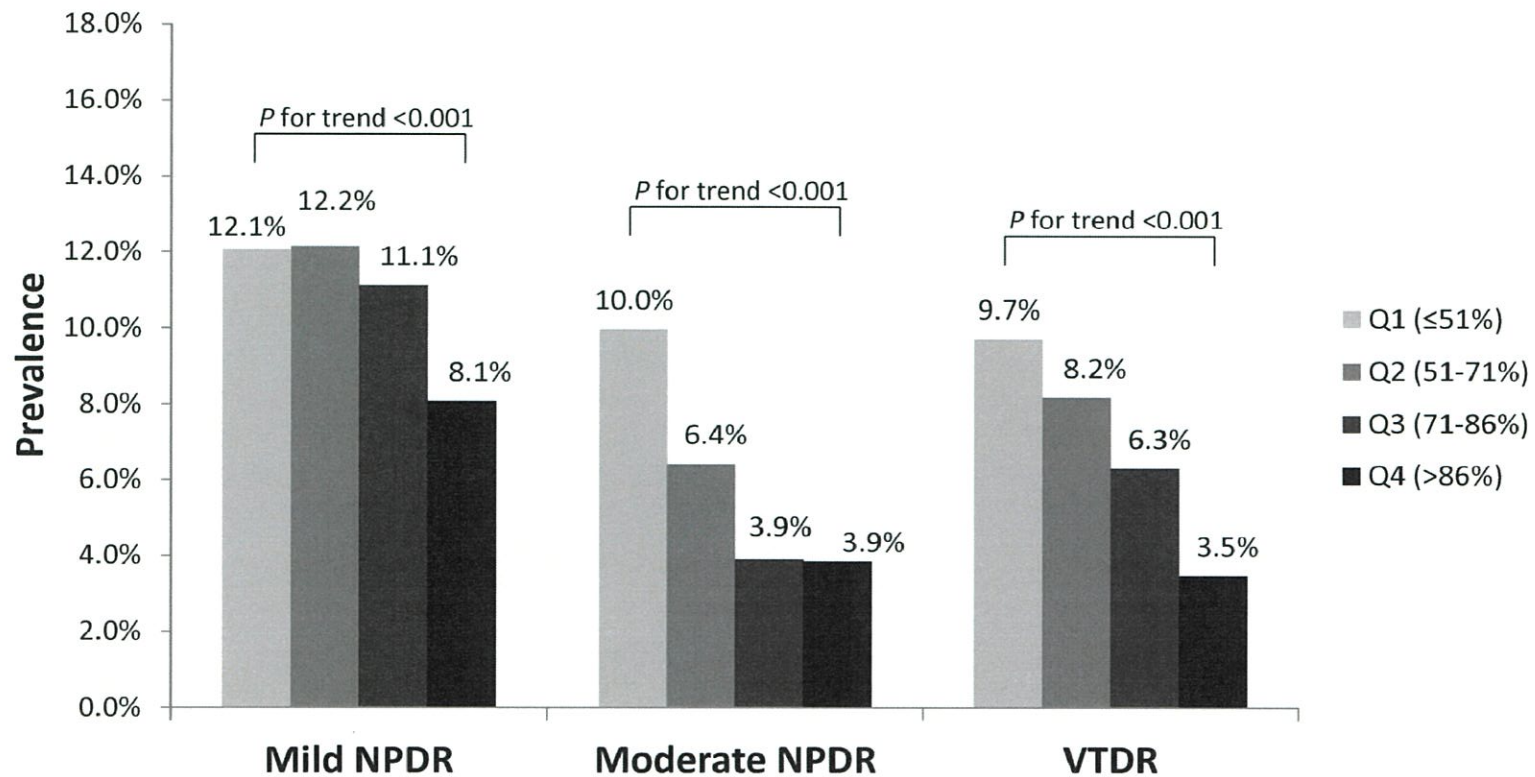
TIR Strongly Associated With the Reduction of Complications in T1D in Analysis of the Landmark DCCT



Beck RW et al, Diabetes Care 2019;42:400-405

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Retinopathy Correlates with Time in Range from 3 day blinded CGM in T2D (n= 3236)

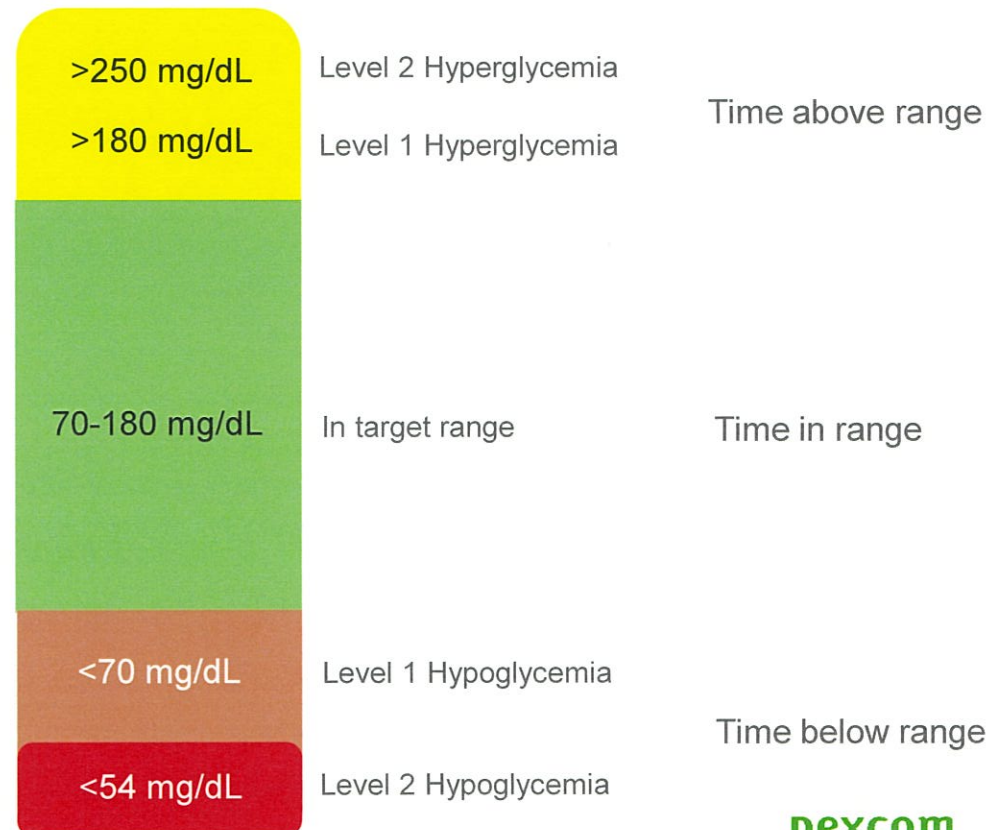


Lu J et al, Diabetes Care 2018;41:2370–2376

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Standardized CGM Metrics for Clinical Care: 2019

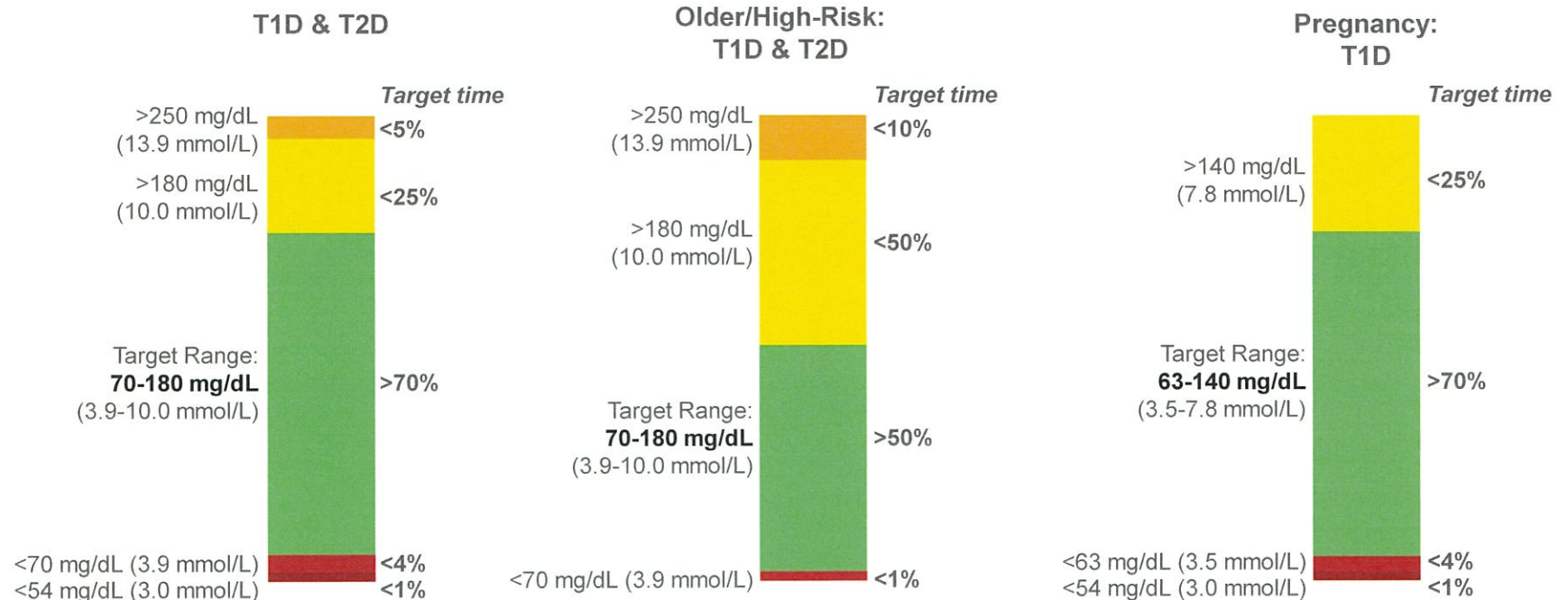
1. Number of days CGM worn (14 days)
2. Percentage of time CGM is active (70% of data captured from 14 days)
3. Mean glucose
4. Glucose management indicator (GMI)
5. Glycemic variability (%CV) target $\leq 36\%$ (*some studies suggest $< 33\%$*)



CGM = continuous glucose monitoring; CV = coefficient of variation; GMI = glucose management indicator. Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603.

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Consensus: CGM-Based Targets for Different Populations



1% of the day is ~15 minutes

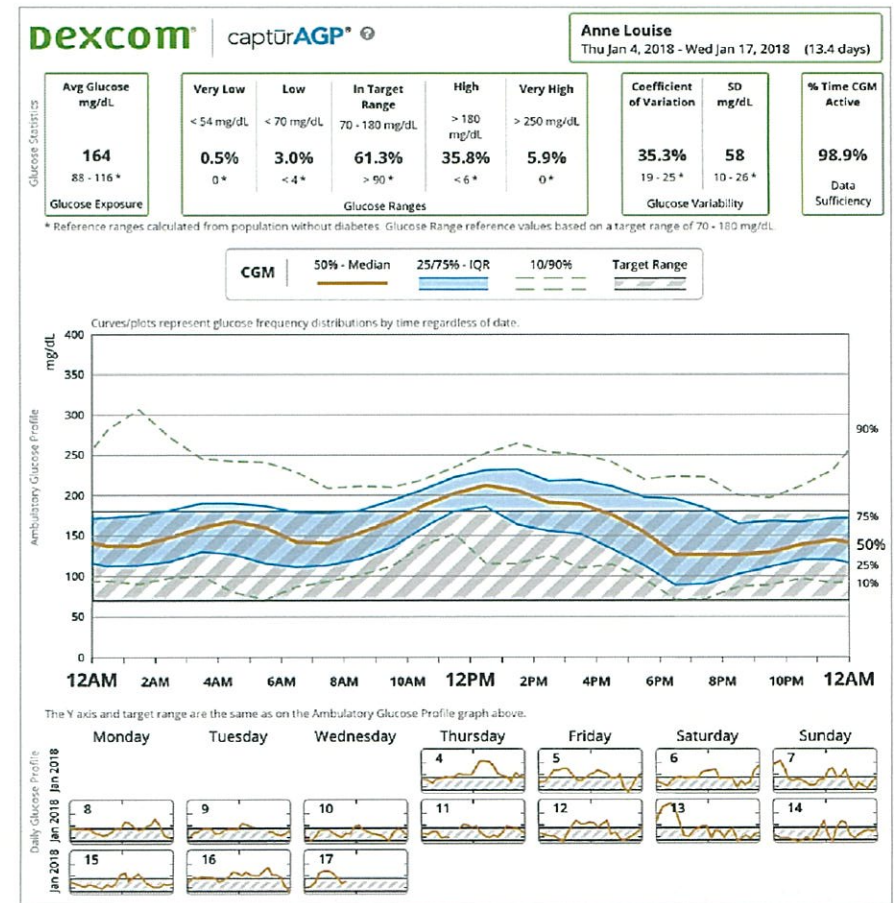
T1D = type 1 diabetes; T2D = type 2 diabetes.
Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603.

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Ambulatory Glucose Profile (AGP) Report

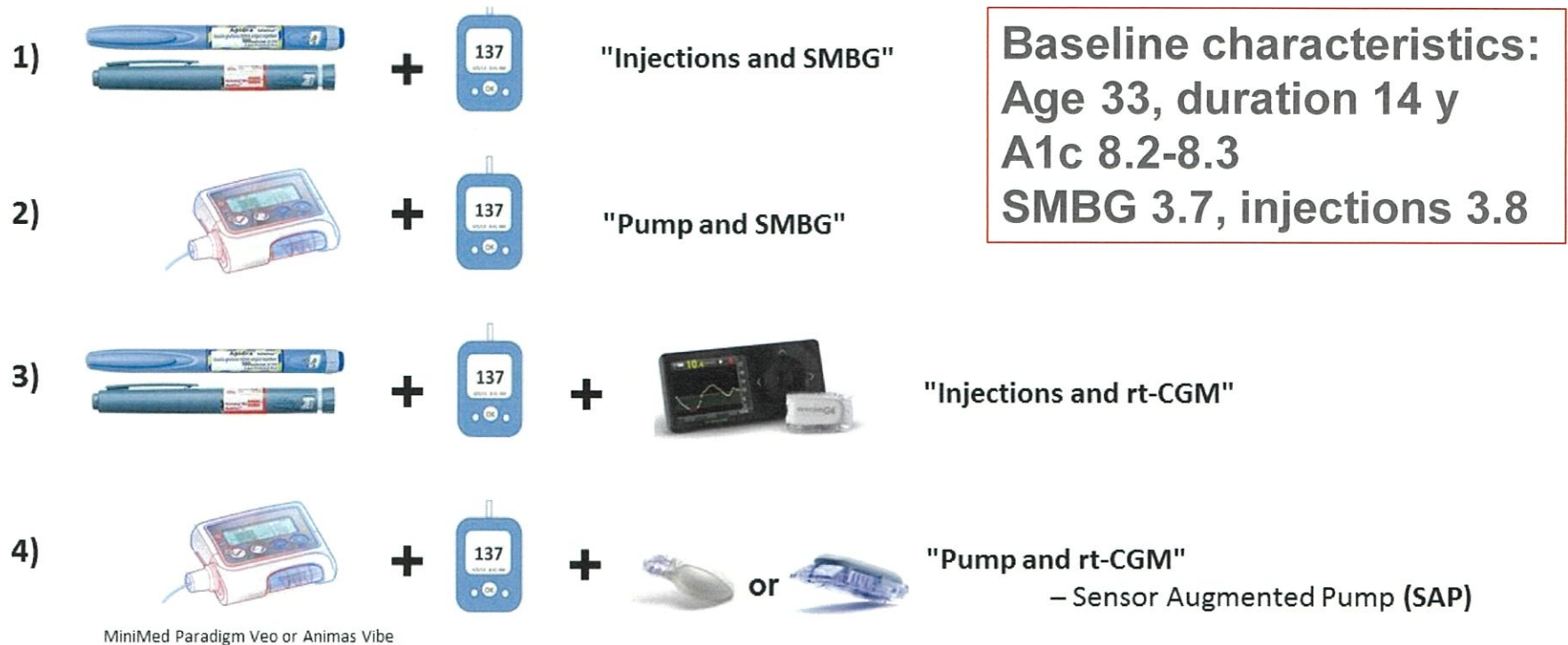
AGP is an American Association of Clinical Endocrinologists (AACE) recommended standardized report for retrospective CGM interpretation created by the International Diabetes Center. This report has three distinct sections that:

- 1 Summarizes glucose values to help assess the overall quality of glucose control.
- 2 Shows variability around the mean glucose and patterned areas of highs and lows.
- 3 Shows single-day glucose values to help identify patterns and progress.



**Glycemic Outcomes in Adults With T1D
Are Impacted More by CGM Than by
Insulin Delivery Method: 3 Years of Follow-
up from the COMISAIR Study**

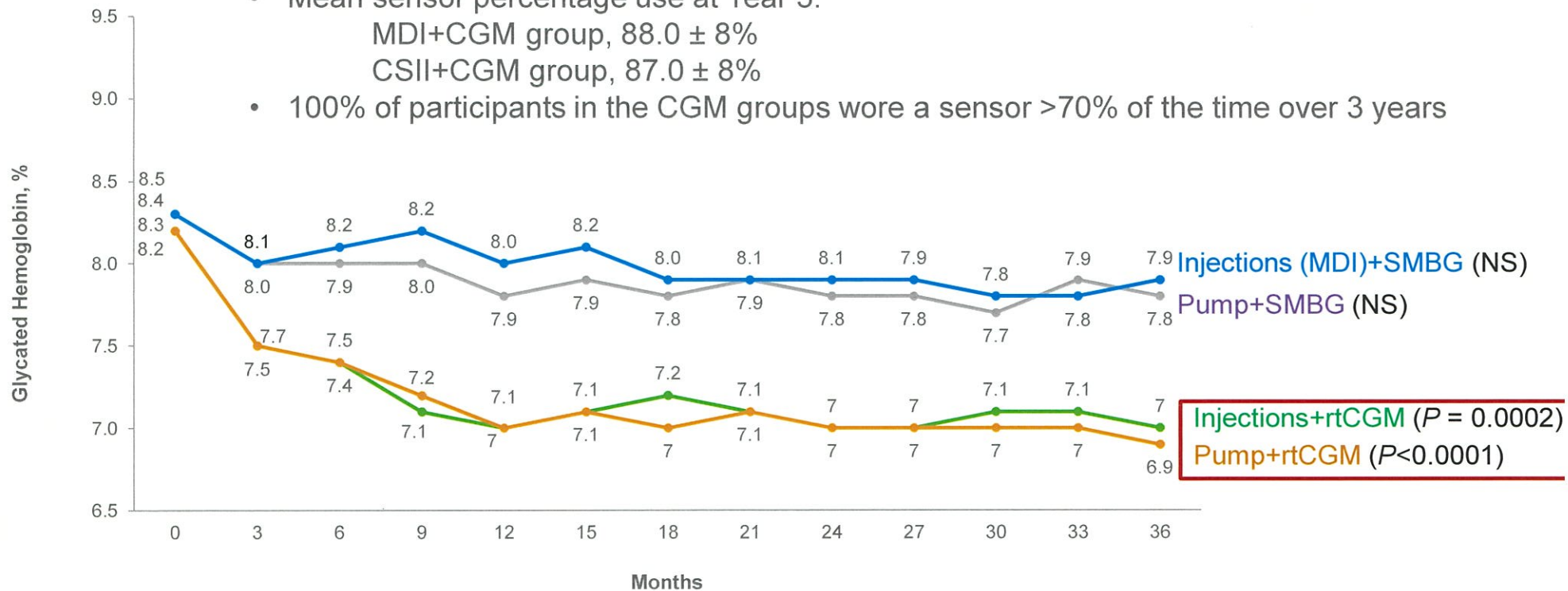
COMISAIR Study: Comparison of Four Treatment Strategies for T1D, n=94, nonrandomized, prospective, real-world



rtCGM = real-time continuous glucose monitoring; SAP = sensor augmented pump; SMBG = self-monitoring of blood glucose; T1D = type 1 diabetes.
 Šoupal J et al. *Diabetes Care*. 2020;43(1):37-43.

COMISAIR Study: A1C Reduced and Sustained With rtCGM Regardless of Insulin Delivery Method in T1D

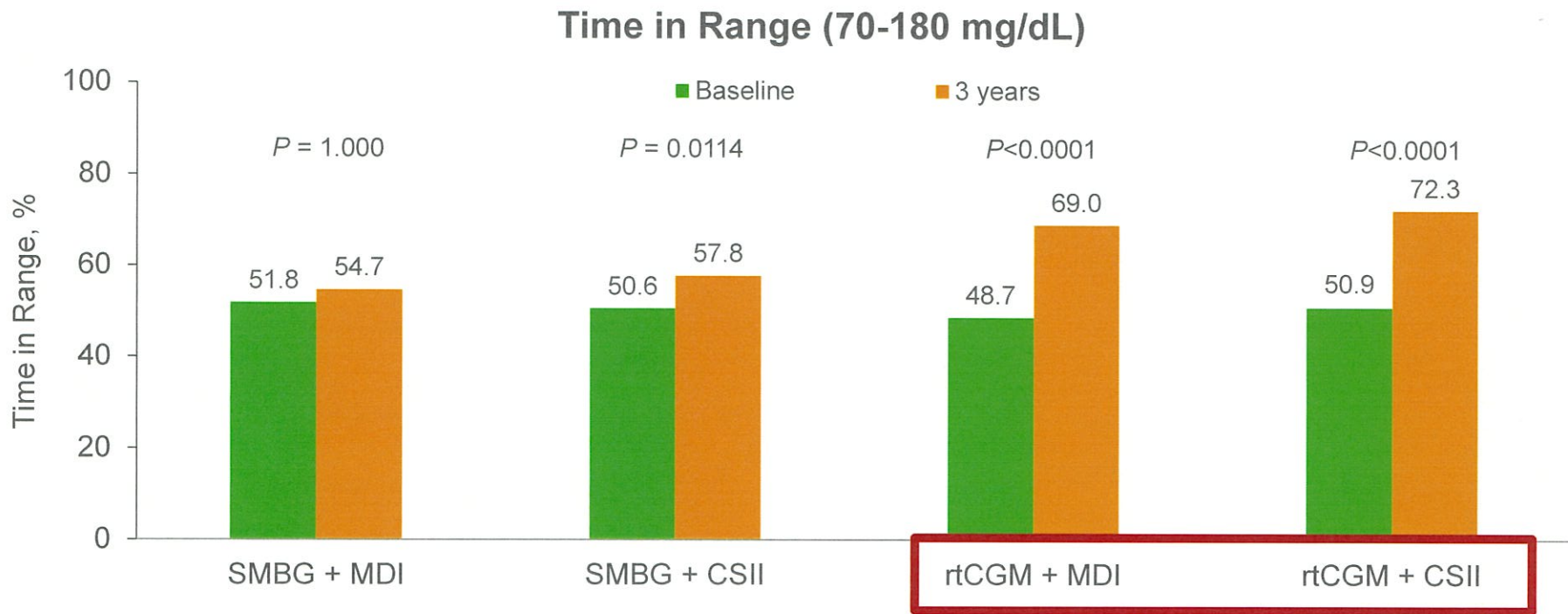
- Mean sensor percentage use at Year 3:
MDI+CGM group, 88.0 ± 8%
CSII+CGM group, 87.0 ± 8%
- 100% of participants in the CGM groups wore a sensor >70% of the time over 3 years



CGM = continuous glucose monitoring; MDI = multiple daily injections; rtCGM = real-time continuous glucose monitoring; SMBG = self-monitoring of blood glucose; T1D = type 1 diabetes.
Šoupal J et al. *Diabetes Care*. 2020;43(1):37-43.

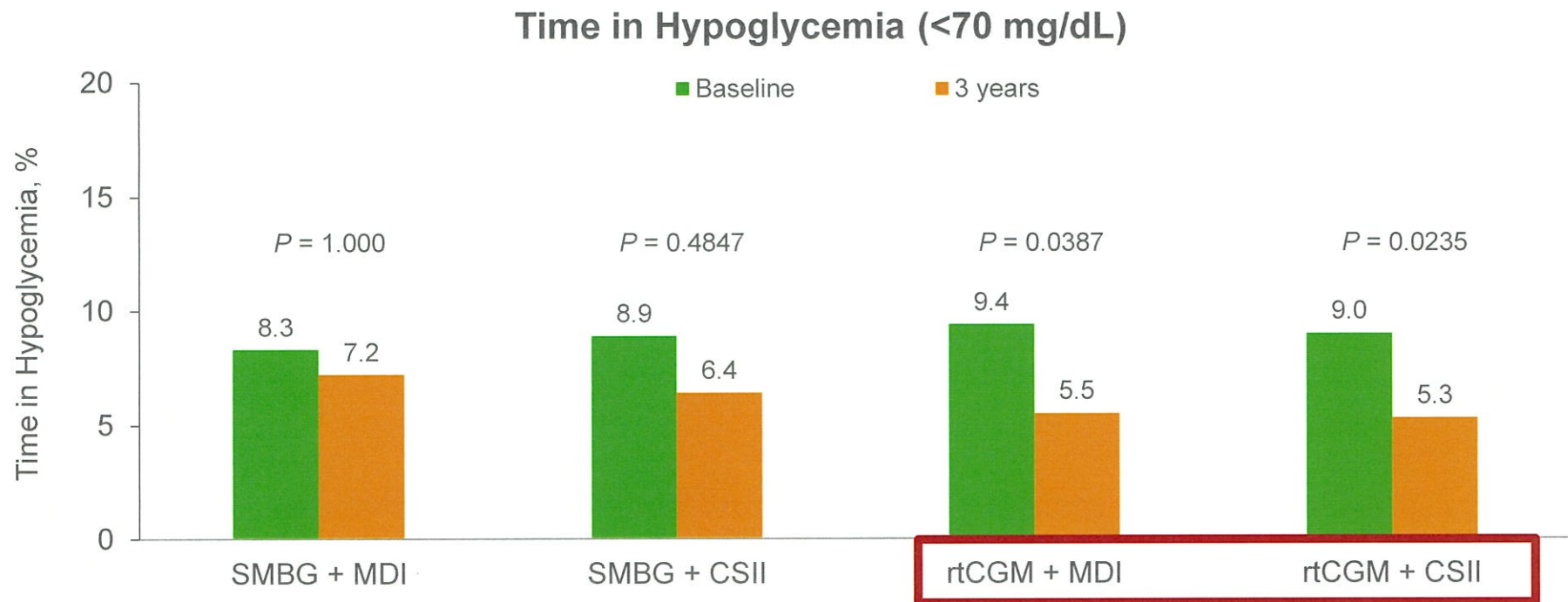
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COMISAIR Study: Time in Range



P values <0.05 are statistically significant. *P* for comparison with the baseline, Bonferroni corrected.
CSII = continuous subcutaneous insulin infusion; MDI = multiple daily injections; rtCGM = real-time continuous glucose monitoring; SMBG = self-monitoring of blood glucose.
Soupal J et al. *Diabetes Care*. 2020;43(1):37-43.

COMISAIR Study: Time in Hypoglycemia



P values <0.05 are statistically significant. *P* for comparison with the baseline, Bonferroni corrected.
CSII = continuous subcutaneous insulin infusion; MDI = multiple daily injections; rtCGM = real-time continuous glucose monitoring; SMBG = self-monitoring of blood glucose.
Šoupal J et al. *Diabetes Care*. 2020;43(1):37-43.

COMISAIR Study: Conclusions

- COMISAIR study is currently the longest prospective, real-world study simultaneously comparing four different treatment strategies for T1D
- Usage of CGM, both with CSII and MDI, provided significant, comparable, and stable improvement of A1C, time in range, and time below range
- Treatment with CGM and MDI was more effective than CSII alone in reducing A1C and improving time in range
- The combination of CGM and MDI can be a suitable alternative to treatment with CSII and CGM for many patients

CGM = continuous glucose monitoring; CSII = continuous subcutaneous insulin infusion; MDI = multiple daily injections; T1D = type 1 diabetes.
Šoupal J et al. *Diabetes Care*. 2020;43(1):37-43.

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WISDM: Wireless Innovation for Seniors With Diabetes Mellitus

Richard E Pratley

AdventHealth Translational Research Institute for Metabolism and Diabetes

301 E Princeton Street

Orlando, FL 32804

on behalf of the WISDM Study Group

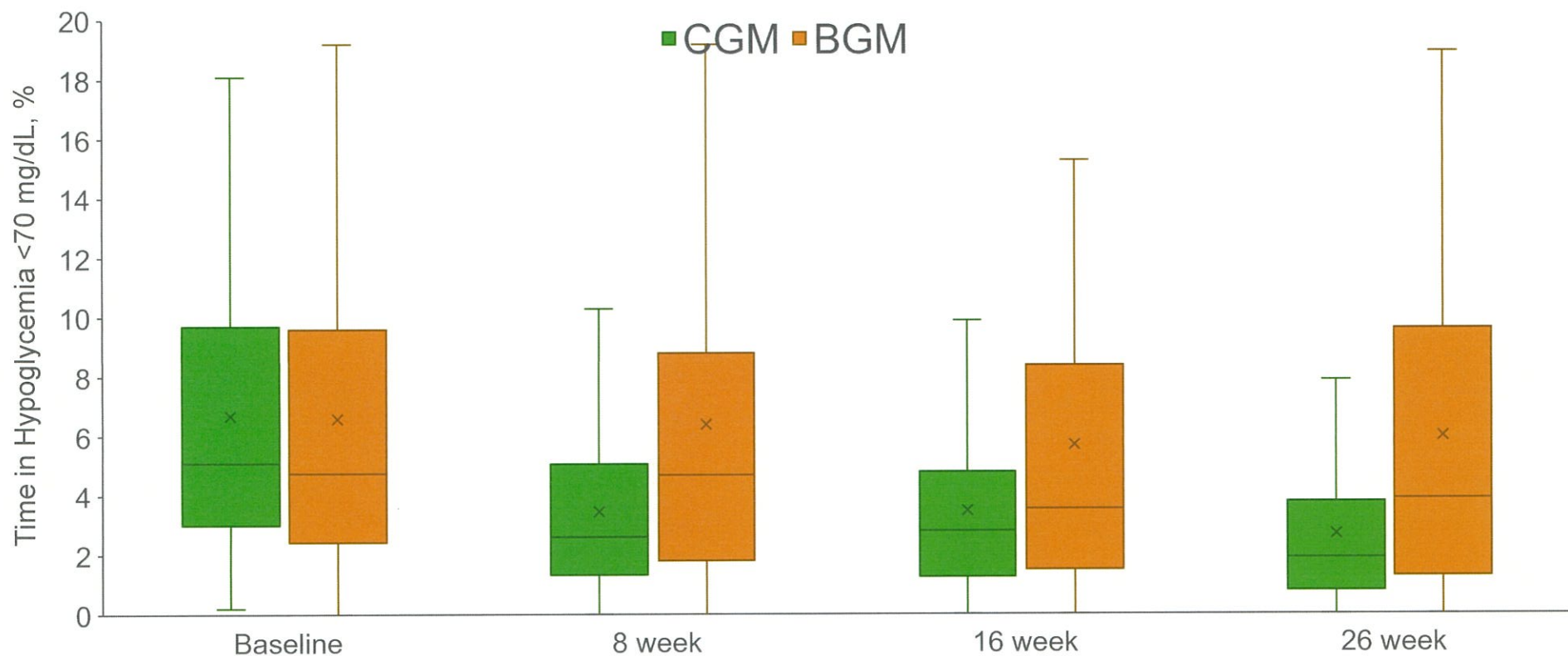
WISDM Study: Design^{1,2}

- 6-month, multicenter (22 sites), RCT
- **Primary Outcome Measure: Time in Hypoglycemia**
- Screening phase with masked CGM
 - Dexcom G4 Professional with 505 algorithm used in Dexcom G5
- 203 participants randomly assigned (1:1) to
 - rtCGM using Dexcom G5 CGM (n = 103)
 - BGM with masked CGM (G4) at ~ 8, 16, 26 weeks (n = 100)

BGM = no intervention/usual care control group; CGM = continuous glucose monitoring; RCT = randomized controlled trial; rtCGM = real-time continuous glucose monitoring.
1. Pratley RE. Wireless innovations for seniors with diabetes mellitus: Primary results of the WISDM study. Presented at American Diabetes Association 79th Scientific Sessions. June 7-11, 2019, San Francisco, CA. 2. NIH. Wireless Innovation for Seniors With Diabetes Mellitus (WISDM). <https://clinicaltrials.gov/ct2/show/NCT03240432>. Accessed November 19, 2010.

WISDM Study: Primary Outcome Across Visits

Time in Hypoglycemia < 70mg/dL

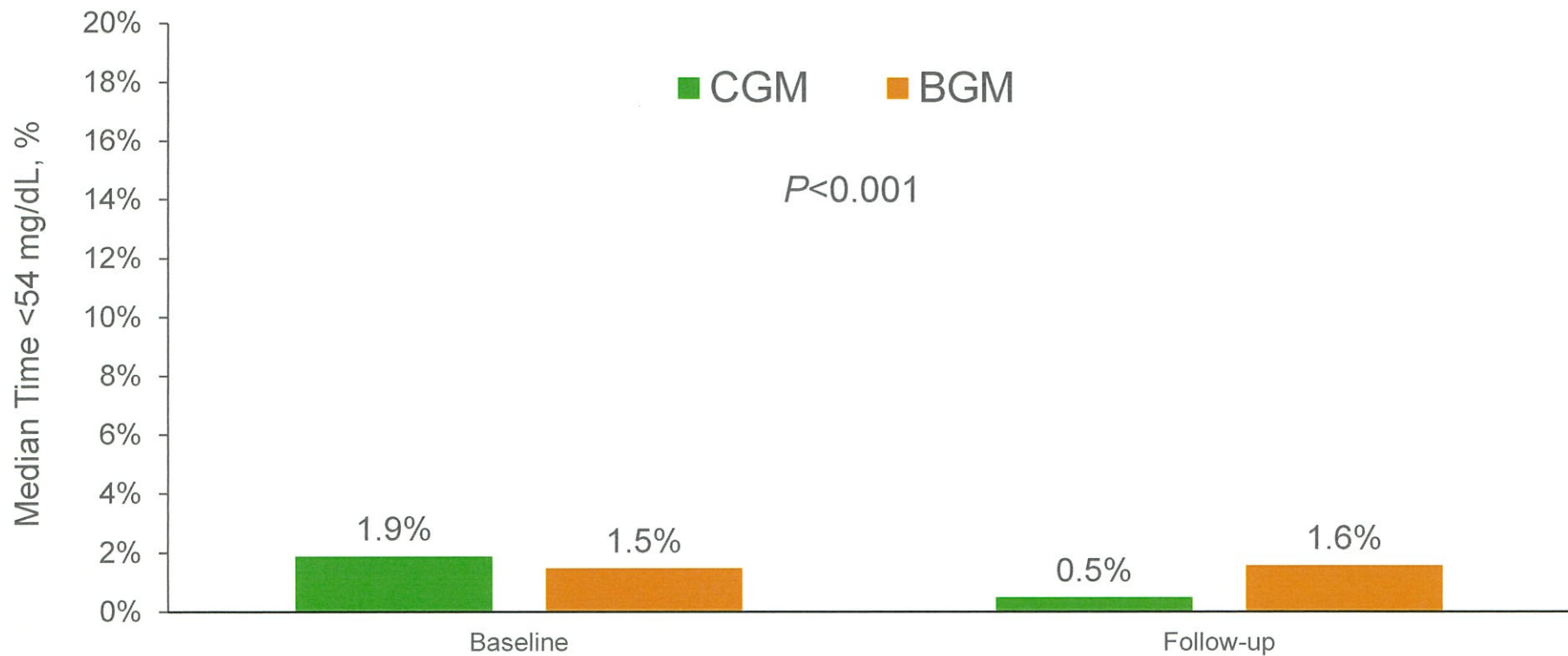


BGM = no intervention/usual care control group; CGM = continuous glucose monitoring.

Pratley RE. Wireless innovations for seniors with diabetes mellitus: Primary results of the WISDM study. Presented at American Diabetes Association 79th Scientific Sessions, June 7-11, 2019, San Francisco, CA. 2. NIH. Wireless Innovation for Seniors With Diabetes Mellitus (WISDM). <https://clinicaltrials.gov/ct2/show/NCT03240432>. Accessed November 19, 2010.

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WISDM Study: Reduced Time in Critical Hypoglycemia <54 mg/dL



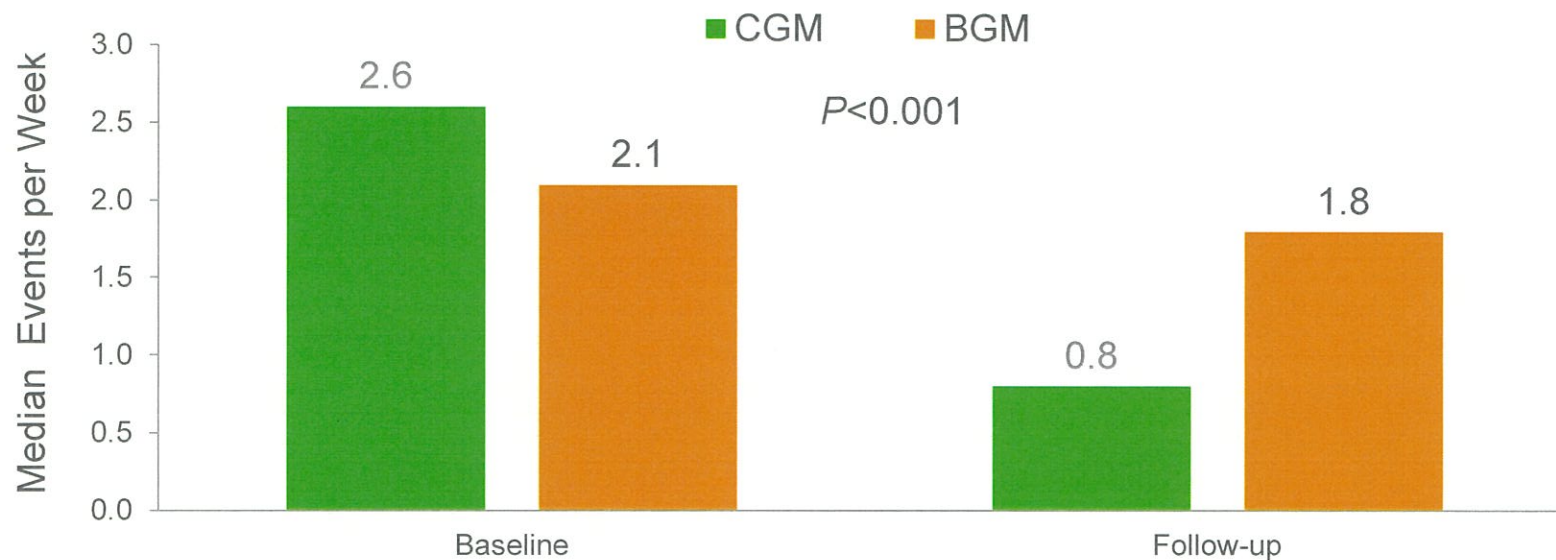
BGM = no intervention/usual care control group; CGM = continuous glucose monitoring.

Pratley RE. Wireless innovations for seniors with diabetes mellitus: Primary results of the WISDM study. Presented at American Diabetes Association 79th Scientific Sessions, June 7-11, 2019, San Francisco, CA. 2. NIH. Wireless Innovation for Seniors With Diabetes Mellitus (WISDM). <https://clinicaltrials.gov/ct2/show/NCT03240432>. Accessed November 19, 2010.

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WISDM Study: CGM Reduced Hypoglycemic Events per week

- An event is defined as 15 consecutive minutes with a sensor glucose value ≤ 70 mg/dL. The end of the event is defined as 15 consecutive minutes with a sensor glucose concentration ≥ 70 mg/dL

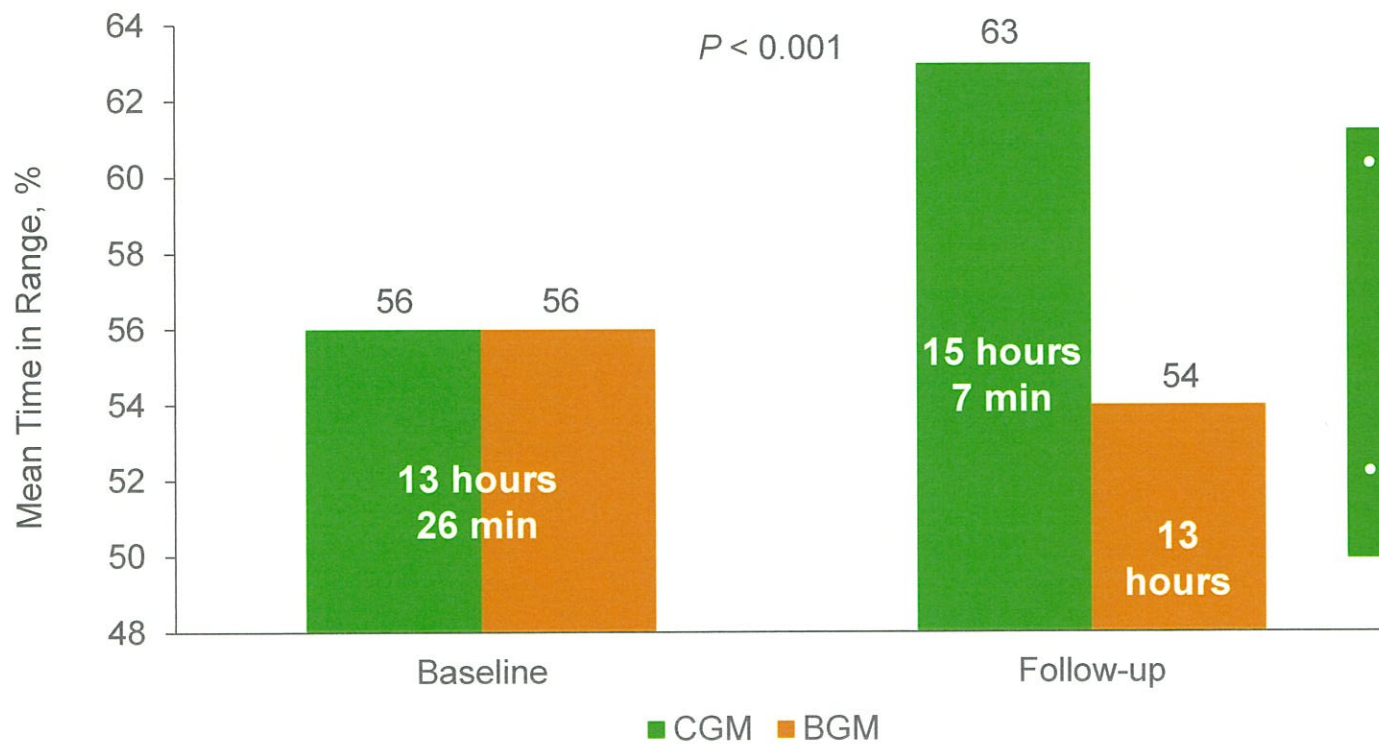


BGM = no intervention/usual care control group; CGM = continuous glucose monitoring.

Pratley RE. Wireless innovations for seniors with diabetes mellitus: Primary results of the WISDM study. Presented at American Diabetes Association 79th Scientific Sessions. June 7-11, 2019, San Francisco, CA. 2. NIH. Wireless Innovation for Seniors With Diabetes Mellitus (WISDM). <https://clinicaltrials.gov/ct2/show/NCT03240432>. Accessed November 19, 2010.

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WISDM Secondary Outcome: Improved Time in Range 70-180 mg/dL



- Mean A1C reduction of 0.4% ($P < 0.001$) from baseline 7.6 vs no change from base 7.5 in controls
- Similar A1C reduction regardless of MDI or CSII

BGM = no intervention/usual care control group; CGM = continuous glucose monitoring; CSII = continuous subcutaneous insulin infusion; MDI = multiple daily injection.

Pratley RE. Wireless innovations for seniors with diabetes mellitus: Primary results of the WISDM study. Presented at American Diabetes Association 79th Scientific Sessions. June 7-11, 2019, San Francisco, CA

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WISDM Study Conclusions

- Use of rtCGM significantly reduced time in hypoglycemia AND the incidence of severe hypoglycemic events in older patients with T1D
- Use of rtCGM in patients with T1D who were >60 years of age improved overall glucose control with lower A1c and improved time in range
- No changes in QOL and reduction in falls, fractures, or hospitalizations were observed
- CSII and MDI had a similar 'treatment effect' with CGM

**OK, CGM works in studies,
but does CGM work and is it
cost effective in the real world?**

RESCUE Trial: first year results of 515 T1D adults started on rtCGM after CGM reimbursement

- **Primary reason to start rtCGM:**
 - Hypoglycemia 56%
 - Insufficient and variable control: 26%
 - Pregnancy: 13%
- **A1c reduced from 7.7% to 7.4% overall**
 - Insufficient control group dropped 8.2% to 7.6%
 - Hypoglycemia group 7.5 to 7.4%
- **89% continued to use rtCGM full time**
- **Greatly improved quality of life scores**
- **Reduced hospital days**
- **Reduced work absenteeism**

The Value of rtCGM: Reduction in Hospitalizations and Work Absenteeism in RESCUE Trial



	Pre-Reimbursement for rtCGM (n = 496)	Post-Reimbursement for rtCGM (n = 379)	P Value
Patients with			
Hospitalizations due to hypoglycemia and/or ketoacidosis	77 (16%)	14 (4%)	<0.0005
Hospitalizations due to hypoglycemia	59 (11%)	12 (3%)	<0.0005
Hospitalizations due to ketoacidosis	23 (5%)	4 (1%)	0.092
Work absenteeism ^a	123 (25%)	36 (9%)	<0.0005
Days (per 100 patient years) of			
Hospitalizations due to hypoglycemia and/or ketoacidosis	53.5	17.8	<0.0005
Hospitalizations due to hypoglycemia	38.5	12.5	0.001
Hospitalizations due to ketoacidosis	14.9	5.3	0.220
Work absenteeism	494.5	233.8	0.001

Data are n (%).

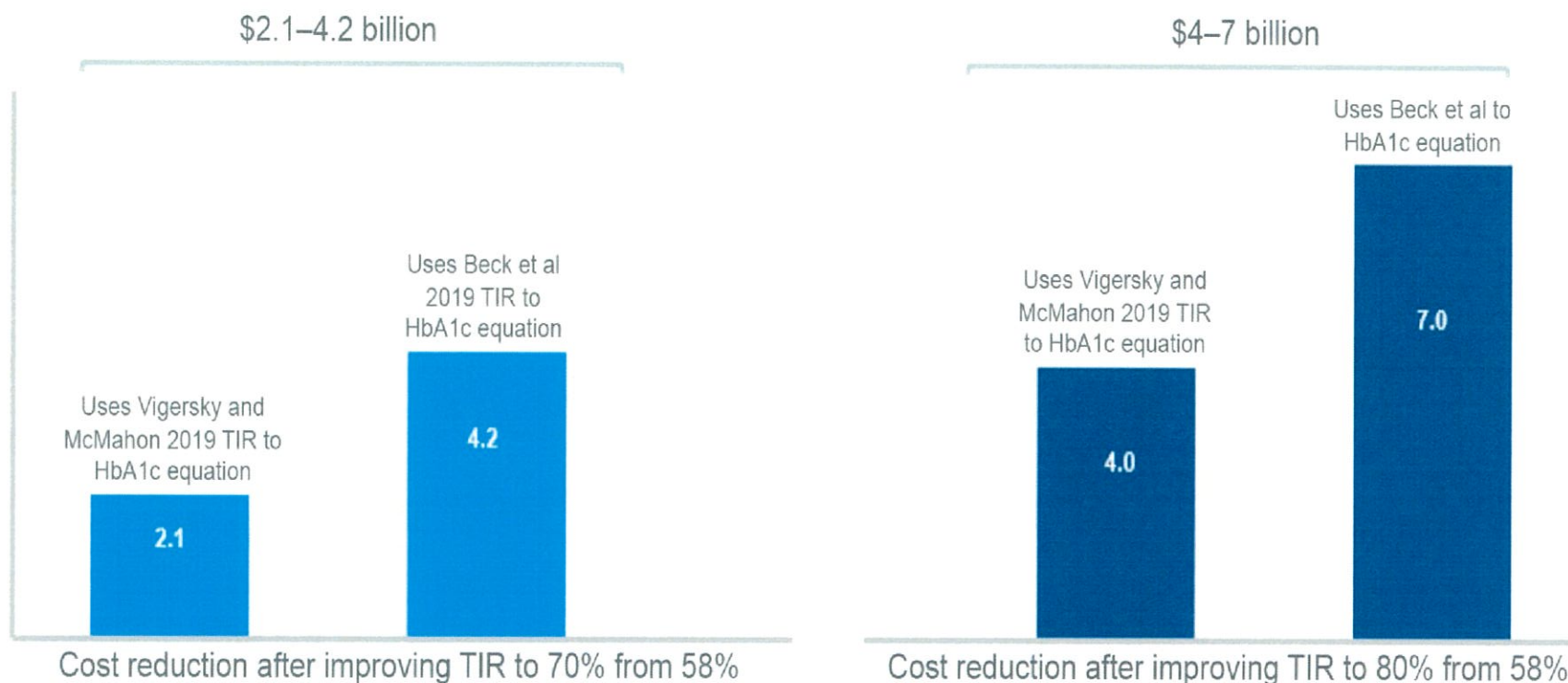
^aWork absenteeism of at least half a day. Patient-reported hospital admissions were validated by clinicians.

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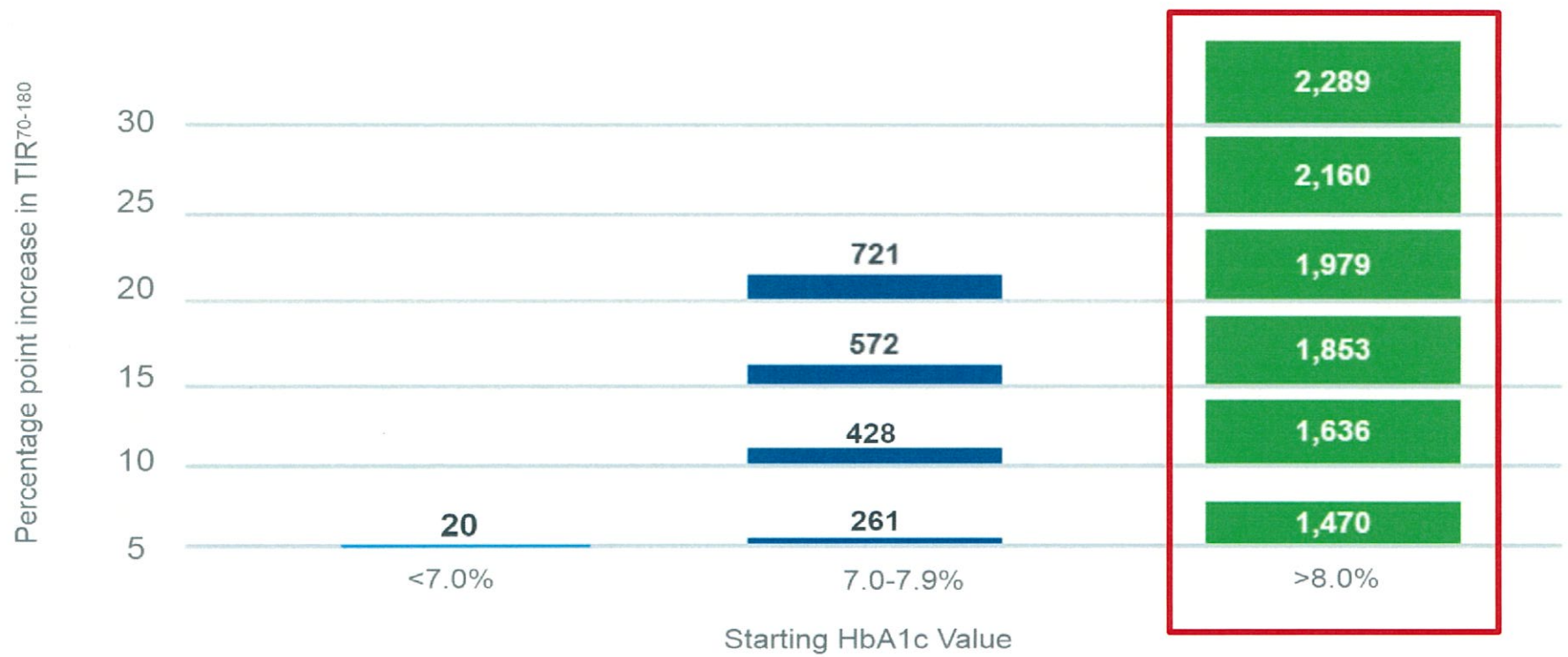
IQVIA Report: Estimate of Cost Savings with Improved TIR Using CGM and Closed Loop Systems - Assumptions

CURRENT STATE 				ALTERNATE STATE 			
Key Statistics				Key Statistics			
Age	41 years	TIR ⁷⁰⁻¹⁰⁰ 23,24	58% [^]	Age	41 years	TIR ⁷⁰⁻¹⁰⁰	>70%
Indication	Type 1	TAR ^{>180} 23,24	37%	Indication	Type 1	TAR ^{>180}	<25%
Duration of Diabetes	20 years	TBR ^{<70} 23,24	5%	Duration of Diabetes	20 years	TBR ^{<70}	<4%
HbA1c ^{23,24}	7.3-7.5%	No. of hypoglycemic ²⁹ events/week	4.1	HbA1c	6.5-7.0%	No. of hypoglycemic events/week	1.1
Current Management				Current Management			
- Treatment: Multiple daily injections of insulin		- Blood Glucose Measurement: SMBG using fingerstick and HbA1c; No CGM use		- Treatment: Insulin pump delivery system of next-generation insulins*		Blood Glucose Measurement: CGM-TIR. Ambulatory Glucose Profile** and HbA1c	
Key Complication Risks*				Key Complication Risks			
10-year cumulative incidence of developing complications				10-year cumulative incidence of developing complications			
Myocardial infarction	3.29	Severe vision loss	9.12	Myocardial infarction	2.65-2.97	Severe vision loss	7.99-8.44
End-state renal disease	3.85	Amputation	3.96	End-state renal disease	3.79-3.81	Amputation	3.73-3.82
Psychosocial Profile				Psychosocial Profile			
Anxiety related to blood glucose levels and fear of hypoglycemia				Increased confidence in overall glucose management			

IQVIA Report: Reduced Medical Costs over 10 years by Improving TIR Using CGM and Closed Loop Insulin Pumps



IQVIA Report: 10 yr Per Person Cost Reduction Associated with Incremental Increases in TIR in T1D, US \$



IQVIA Institute Report: Advancing Glycemic Management in People with Diabetes, Oct 2019

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Cost Associated with Diabetes are Driven by Complications

- **80% of excess cost generated by people with diabetes is due to the cost of complications¹**
 - In T1D, even a modest reduction in A1c by 0.4% with baseline 8-9% would reduce cost of complications by £607 per person over 10 years and £2223 over 25 years (UK) not counting costs of acute complications like hypoglycemia
- **JDRF White Paper: Cost of T1D (including lost productivity) ~ \$30 billion in US, ~\$90 billion world wide²**
 - T1D: 1.6 million in US, 18 million world wide
 - Annual US direct medical cost burden of T1D in 2018 were \$4,429 per pediatric patient and \$8,136 per adult patient
 - Total US annual cost burden is \$5,960 and \$20,320 per pediatric and adult patient, respectively, when factoring in productivity losses
 - **“Medications that reduce HbA1c by 1.0%-1.5% and improve TIR to 65%+, without significant safety risks, would achieve \$5B-\$10B of annual economic impact in the US...”**

1. Baxter et al Diabetic Medicine, 2016. 33(11): p. 1575-1581; 2. JDRF Jan 2020: <https://t1dfund.org/wp-content/uploads/2020/02/Health-Advances-T1D-Concept-Value-White-Paper-2020.pdf>

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Use of Dexcom G6[®] Real-Time, Interoperable CGM to Optimize Time in Range

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VA Boston Healthcare System
Adjunct Associate Professor of Pharmacy Practice
Massachusetts College of Pharmacy and Health Sciences - Boston

Agenda

- Discuss features and benefits of Dexcom G6[®] real-time, interoperable CGM
- Review real-world evidence demonstrating improved TIR with real-time remote monitoring, urgent low soon alert notification, and Dexcom CLARITY[®]
- Discuss the 2020 ADA Standards of Care: Recommendations for CGM use
- Discuss pharmacy benefit design trends for CGM

Dexcom G6[®] CGM System At-a-Glance

dexcomG6

No fingersticks^a ●

No calibration required ●

Urgent Low-Soon alert ●

Overall MARD^b of 9.0% ●

Acetaminophen blocking^a ●



● Custom alert schedules

● 10-day wear sensor

● **Approved in ages 2 and older**

● **Indicated for treatment decisions/dosing**

● Simple, one-touch sensor insertion

^aIf glucose alerts and readings from the G5 do not match symptoms or expectations or if dosage exceeds the recommended maximum dosage amount of 1000 mg of acetaminophen every 6 hours, a blood glucose meter should be used to make diabetes treatment decisions. ^bMARD is a statistical measure of accuracy, the lower the number, the better. CGM = continuous glucose monitoring; MARD = mean absolute relative difference.

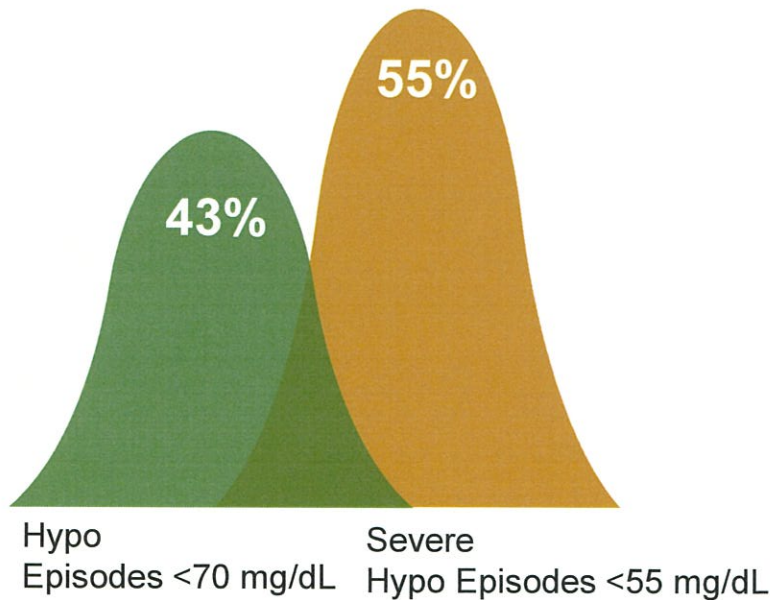
Dexcom G6 Continuous Glucose Monitoring System User Guide. <https://s3-us-west-2.amazonaws.com/dexcompdf/G6-CGM-Users-Guide.pdf>. Accessed November 18, 2019.

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Dexcom G6[®] Provides Audible Alerts Without User Intervention



Hypoglycemia occurring during sleep¹



Dexcom CGM System with alerts can help increase time in target range



Median increase of 76 min/d was observed during the DiaMonD study²

1. The DCCT Research Group. *Am J Med.* 1991;90(4):450-459. 2. Beck RW et al. *JAMA.* 2017;317(4):371-378.

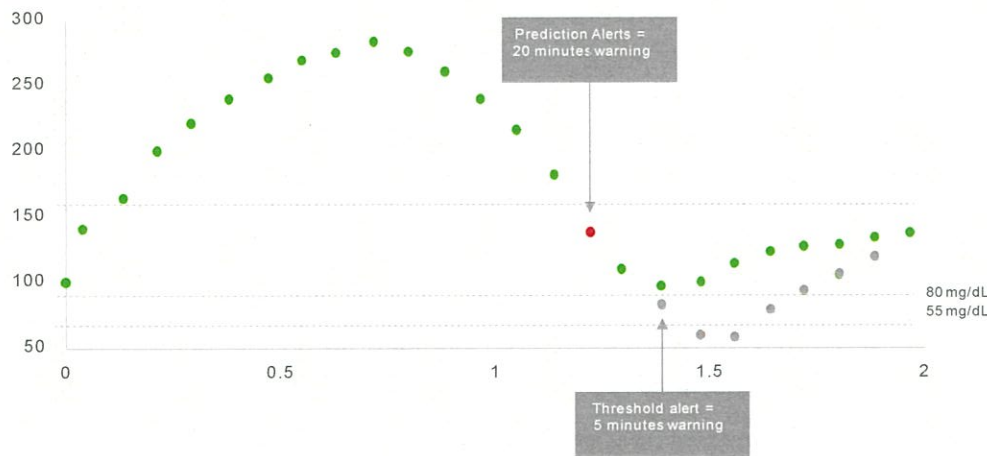
Urgent Low-Soon Alert Provides Advanced Warning of Impending Hypoglycemia

Smarter Alerts

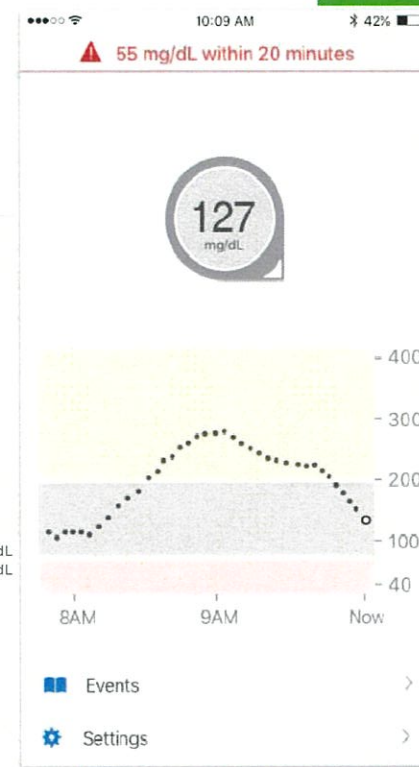


Urgent Low Soon Alert

- Future-alert function
- Provides earlier actionable alert without increasing nuisance factor



Note: for illustrative purposes only



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A Predictive Urgent Low Soon Alert Can Help Patients Avoid Hypoglycemia, Independent of Screen View Frequency¹

Dexcom's Urgent Low-Soon alert **warns users of impending hypoglycemia**²

Enabling the Urgent Low-Soon alert has been shown to significantly reduce hypoglycemia , regardless of user interaction with the device ^{1*}	
Infrequent screen viewers (<3.30 views per day)	Frequent screen viewers (>8.25 views per day)
36% reduction in time spent in hypoglycemia <70 mg/dL	Nearly 50% reduction in time spent in hypoglycemia <70 mg/dL

93% of G6 users enabled the Urgent Low-Soon alert¹

*The study by Pühr and colleagues examined 15,000 patients who used Dexcom G6 and its mobile App for at least 30 days with or without the Urgent Low-Soon alert enabled. The Urgent Low-Soon alert forecasts when glucose will be ≤55 mg/dL within 20 minutes. Patients who infrequently viewed the screen but had the alert enabled reduced their time spent in hypoglycemia by more than 36% compared to those with the Urgent Low-Soon alert disabled. Frequent screen viewers reduced their time spent in hypoglycemia by nearly 50%.¹

1. Pühr S et al. *J Diabetes Sci Technol*. 2019; doi: 10.1177/1932296819840691. 2. Dexcom G6 Continuous Glucose Monitoring System User Guide. <https://s3-us-west-2.amazonaws.com/dexcompdf/G6-CGM-Users-Guide.pdf>. Accessed November 25, 2019.

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Real-Time Remote Monitoring Available With Dexcom G6®



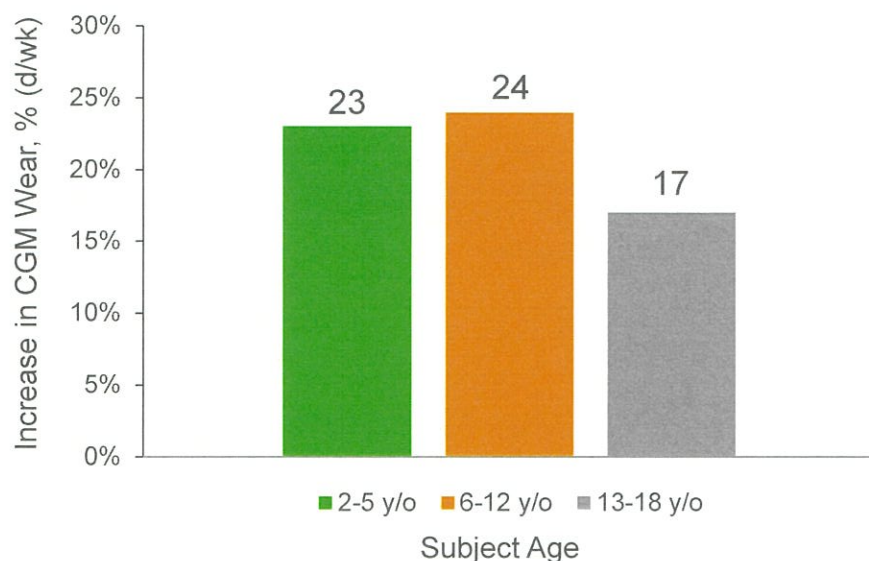
Provides peace of mind for CGM users and their loved ones

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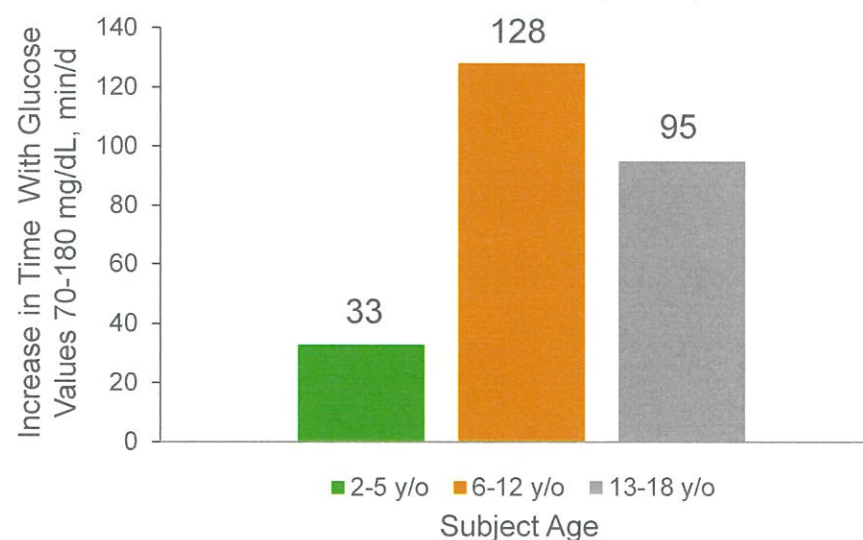
Real-Time Remote Monitoring Improves Time in Range and Adherence in Youths With Diabetes



Device Utilization Increases With One or More Followers (d/wk)



Time in Range Increases With One or More Followers (min/d)



- Anonymized data from 15,000 Dexcom G5 Mobile App users ages 2-18 y between January-June 2018
- Overall 94.8% of the population had at least one follower
- Reductions in hyperglycemia (glucose values >180 mg/dL) and hypoglycemia (glucose values <70 mg/dL) were also observed

Welsh JB et al. *Diabetes Ther.* 2019;10(2):751-755.

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New FDA Classification for Dexcom G6® - Integrated CGM (iCGM) Class II with Special Controls

■ Benefits:

- Streamlined premarket review process
- Minimizes the FDA review time for new products
- Offers personalized approach to diabetes management

■ Key criteria:

- Performance and accuracy standards are robust and stringent
- Can be used alone or integrated with digitally connected devices (e.g., insulin pumps, insulin pens, automated insulin dosing (AID) systems for diabetes management)

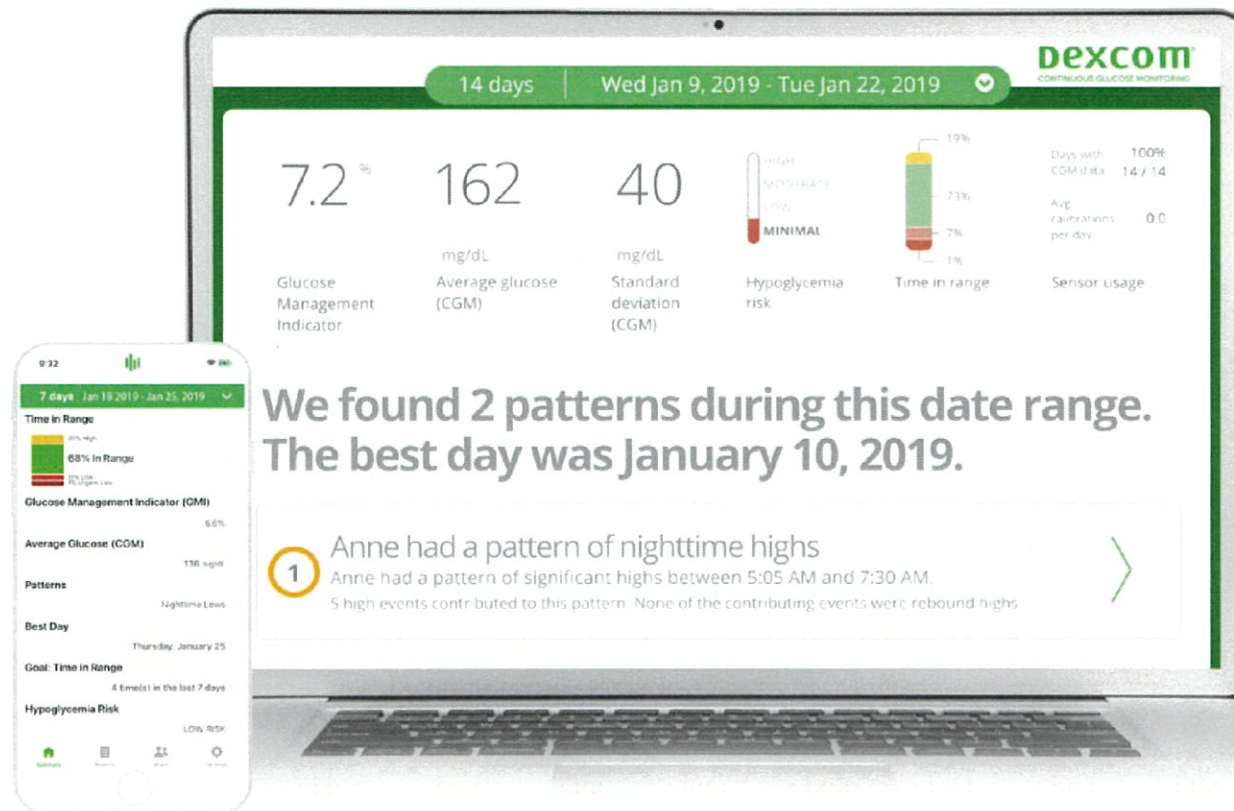


Dexcom

Integration with Automated Insulin Delivery Systems, Smart Pens and Data Sharing Capabilities



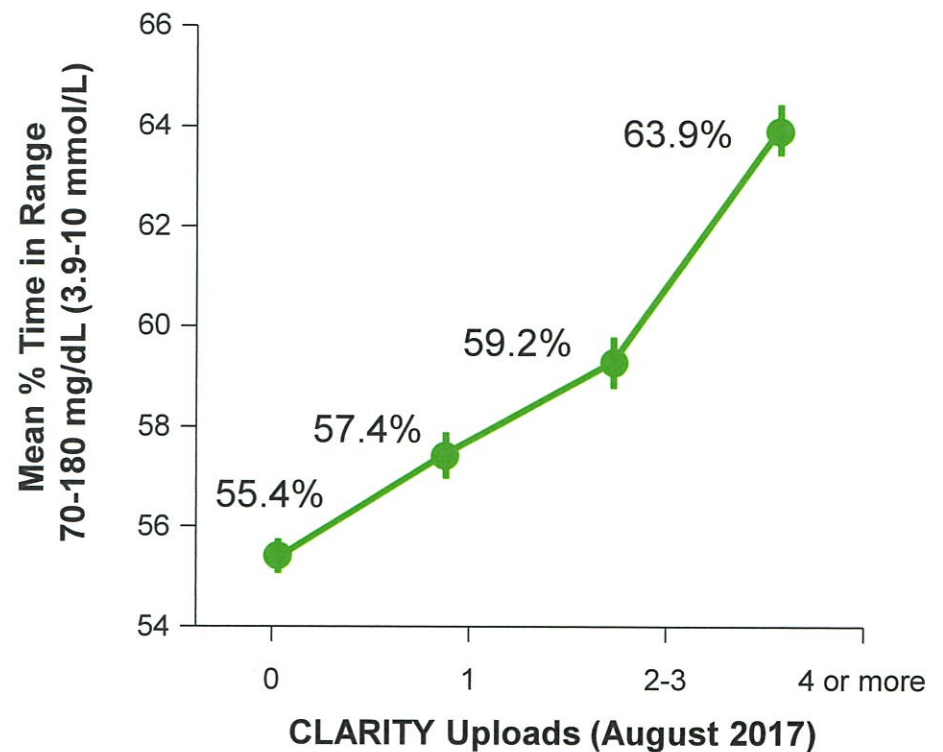
Achieving Time in Range Targets with Dexcom G6[®] and Dexcom CLARITY[®]



Dexcom

More Frequent Patient Uploads and Retrospective Evaluation Through Dexcom CLARITY® Lead to Increased Time in Range

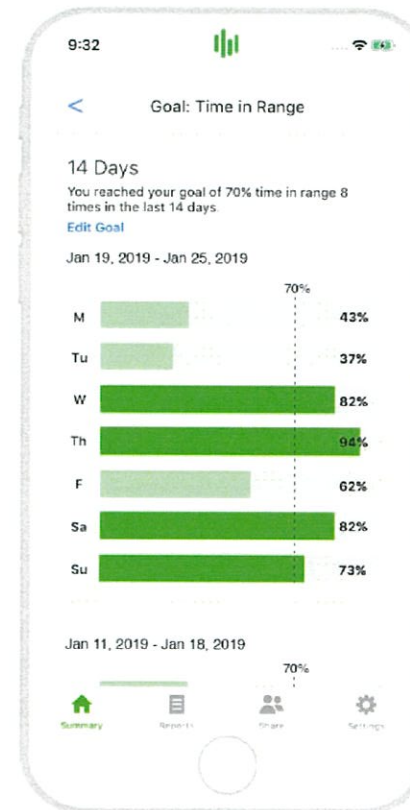
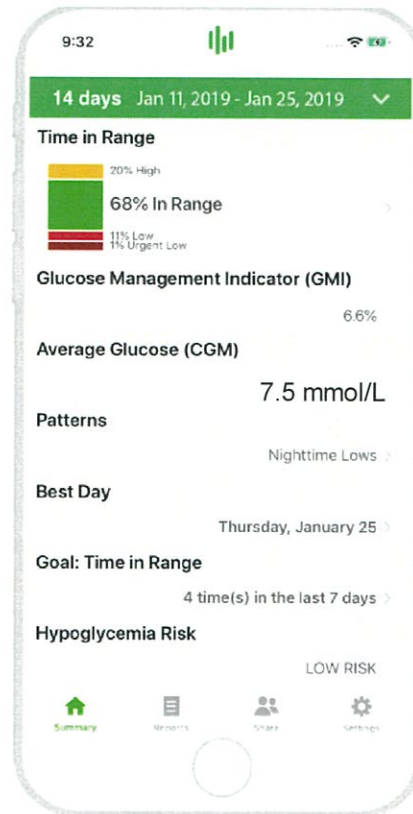
- Retrospective evaluation of over 50,000 de-identified US patients via the Dexcom Data Platform
- Data collected for 1 month (August 2017)
- More frequent patient retrospective reviews of glucose control through Dexcom CLARITY® correlated to an increase in TIR



DEXCOM

TIR = time in range.
Parker et al. Presented at ATTD, 2017. Abstract ATTD8-0026.

Dexcom CLARITY® App Notifications Increase Patient Engagement



Dexcom

2020 ADA Standards of Care: Recommendations for Continuous Glucose Monitoring



rtCGM should be used continuously for maximal benefit.

isCGM should be scanned frequently throughout the day (minimum of once every 8 hours)

CGM and T1D

- Real-time CGM (rtCGM) and intermittently scanned CGM (isCGM) are useful to lower A1C and/or reduce hypoglycemia in adults who are not meeting glycemic targets, have hypoglycemia episodes, and/or unawareness (**RT-CGM (A); IS-CGM (C)**)
- rtCGM may be used to improve A1C levels and neonatal outcomes in pregnant women (**A**)
- Should be considered in all children and adolescents to improve glucose control regardless of insulin delivery method (**B**)

CGM and T2D

- Useful tool, when used in conjunction with insulin therapy, to lower A1C and/or reduce hypoglycemia in adults with T2D who are not meeting glycemic targets (**B**)

ADA = American Diabetes Association; CGM = continuous glucose monitoring; isCGM = intermittently scanned continuous glucose monitoring; rtCGM = real-time continuous glucose monitoring; SMBG = self-monitoring of blood glucose; T1D = type 1 diabetes; T2D = type 2 diabetes.
American Diabetes Association. *Diabetes Care*. 2020;43(suppl. 1):S77-S88.

Dexcom

Personal Reimbursement for CGM

- 99% of commercial plans cover CGM for T1D and coverage for T2D has quadrupled in recent years
- Medicare covers therapeutic CGM, including Dexcom G6®, for patients with T1D and T2D using intensive insulin therapy
- 40+ states have established coverage for Medicaid beneficiaries
- CGM coverage is available through DOD and VA
- In many cases, CGM is available as a pharmacy benefit

MICHAEL ROBERTS, M.D.
344 City Heights
New York, NY 10023

Name Mary Schmidt
Address 332 Park Lane Blvd, NY, NY 10023 Date 4/1/18

Rx

Dexcom G6 Receiver Dispense 1 / 0 Refills
Dexcom G6 Transmitter Dispense 1 / 3 Refills
Dexcom G6 Sensors Dispense 1 box
(3 sensors/1-month supply) / 12 refills
Use As Directed

Dr. M. Roberts

(Signature)

Dexcom

The Pharmacy Channel Improves Efficiencies and Enhances the Member Experience

DME Channel (3-4 Weeks)



Pharmacy Channel (1-2 Days)



Pharmacy Access Benefits All Stakeholders



Payer:

- Ability to implement pharmacy utilization controls
- Increased visibility to data
- Lower budget impact to pharmacy coverage vs. covered as DME



Provider:

- Ease of prescribing
- Less administrative burden
- Confidence that the patient has access to rtCGM



Patient:

- Potential lower out-of-pocket costs
- Quickest access to product through pharmacy coverage vs. medical benefit

Coverage of CGM under the pharmacy benefit integrates the involvement of pharmacists as allied HCPs and facilitates therapeutic adherence

Summary

- Real-Time CGM (rtCGM) is the standard of care for all patients using mealtime insulin
- Automatic, proactive alerts offer protective safeguards against dangerous hypo and hyper-glycemic events
- Real-Time remote monitoring is highly utilized and has been shown to improve adherence and time in range
- Reductions in A1C and time spent above and below target range have been demonstrated with the use of rtCGM, as well as reduced health care resource utilization and associated costs
- Pharmacy coverage for rtCGM improves efficiencies, enhances patient access and integrates the role of the pharmacist in a comprehensive care approach

Thank You

dexcom