

O Health Plan Best Practices

Highlight Opportunities for Enhancing Patient Outcomes in Diabetes Through Continuous Glucose Monitoring

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BACKGROUND

The expanding use of continuous glucose monitoring (CGM) has been transformative in diabetes care, providing valuable real-time data and insights for diabetes management. CGM coverage in Type 2 diabetes (T2D) has increased, reaching a broader population of patients with diabetes who are recommended for CGM per clinical guidelines.

OBJECTIVE

Summarize health plan best practices for CGM to support managed care and payer professionals in making collaborative, evidence-based decisions to optimize outcomes among patients with diabetes.

METHODS

AMCP identified Best Practice recommendations through expert interviews with managed care pharmacy decision makers (n=7) and further refined with the data from a national survey (n=63). Additional insights and real-world examples around coverage and access to CGMs were collected during a moderated workshop (n= 9).



CONCLUSIONS

CGM has implications for managed care pharmacy, as it represents a transformative technology in diabetes management. Managed care professionals play a key role in the administration and coordination of drug benefits with the goal of optimizing health outcomes and controlling health care costs and will benefit from understanding current health plan best practices in CGM coverage and access.

BEST PRACTICES

- Align CGM Coverage Criteria with the **Current Medical Evidence and Consensus Recommendations**
- **Provide Coverage for CGM Under the Pharmacy Benefit**
- **Develop Processes to Identify and Address Underserved and Other At-risk Populations**

- **Provide Health Care Provider** and Patient Education
- Monitor Data to Assess Impact on **Hospitalizations and ED Visits**

We've seen a year-over-year change in CGM use, with roughly a \$2.4 million in savings. If you include the cost of the CGM itself, it nets out to about **\$1 million in savings** for our organization by offering the CGM at no cost to the patient through the pharmacy benefit."

- Integrated Health System

IMPLEMENTATION



Provide access to CGM via the

- Align coverage criteria with current evidence and expert guidelines
- Enhance plan oversight of utilization/claims
- Improve member access, including among underserved

Potential criteria

Implement point-of-sale edits

• Current prescription for 2-3 diabetes medications

Previous ED/hospital claim for hypoglycemia



Reduced He prior authorization Reduced need for manual

Reduce administrative burden on plan, providers, and members

- Previous insulin prescription
- demographics with historically low utilization

Identify and address underserved and other at-risk populations



Provide clinician and member education

Assess health care resource Assess hea utilization

Ensure appropriate utilization among older adults and those impacted by SDOH

Outreach to clinicians and patients based on suboptimal A1c and/or ED/hospital utilization

Analyze claims data after implementation of CGM-related coverage changes to assess impact on ED/hospital utilization