

## Optimize Outcomes in Insulin-Treated T1 and T2D via Evidence-Based Coverage Criteria with **Real-Time** CONTINUOUS GLUCOSE MONITORING

The new standard of care for members with insulin-treated T1 and T2D, real-time continuous glucose monitoring (rtCGM) enhances member outcomes, safety, and experience, with cost-savings across the lifespan.<sup>1-9</sup>



### OUTCOMES

- Significant improvements across a wide range of glycemic measures
  - ↑ TIR
  - ↓ HbA1c
  - ↓ TBR
- ↓ Demonstrated HbA1c reduction in alignment with current HEDIS quality measures



### SAFETY

- Problematic hypoglycemia has been reported in T2D patients treated with less intensive and non-insulin regimens
- ↓ rtCGM significantly reduces the incidence of hospitalizations associated with SH
- ↓ Reduced 3-yr rates for SH and DKA in adults by 68% and 100%, respectively



### EXPERIENCE

- ↑ Remote application of rtCGM with less intensive treatment regimens offers significant glycemic improvements, creates valuable teaching opportunities, promotes desired self-care behaviors
- ↑ Increases patient confidence in avoiding/treating hypoglycemia



### COST

- ↓ Fewer diabetes-related ED visits over 2.5 years with early initiation of rtCGM
- ↓ 50% reduction in NICU costs in pregnancy with fewer admissions and shortened LOS
- ↓ Associated with 35% fewer hospitalizations and 52% fewer ER visits compared to SMBG over 6 months
- ↓ Associated with an average PMPM cost savings of \$417<sup>10</sup>

## Expert Panel Recommendations



An expert panel representing the ADA, Endocrine Society, and AACE determined that current payer CGM coverage criteria through the DME benefit can be overly restrictive and may not be supported by scientific evidence.

According to the panel, **basic steps can be taken to remedy overly restrictive criteria that delay or deny access in clinically appropriate member demographics, such as the following:**<sup>11-20</sup>



### Eliminate Intensive Insulin Regimen Requirements for T2D

Use of CGM in T2D patients confers significant benefit in HbA1c, TIR, TBR, and hospitalizations regardless of insulin regimen.



### Streamline Documentation for Coverage

Most physicians cite that prior authorizations delay patient treatment and negatively impact clinical outcomes. Many patients who would benefit from CGM do not meet current coverage criteria.



Access the full article: <https://www.liebertpub.com/doi/pdf/10.1089/dia.2021.0107>

TIR=time in range; TBR=time below range; SH=severe hypoglycemia; DKA=diabetic ketoacidosis; LOS=length of stay; SMBG=self-monitoring of blood glucose; DTT=Diabetes Technology & Therapeutics

PROPOSED CRITERION	SUPPORTING EVIDENCE
<p><b>Diagnosed with T1D</b></p>	<p><b>CGM use confers:</b></p> <p>↓ Significant reductions in</p> <ul style="list-style-type: none"> <li>• HbA1c</li> <li>• severe hypoglycemia events</li> <li>• %TBR</li> <li>• diabetes-related hospitalizations</li> </ul> <p>↑ Significant improvements in</p> <ul style="list-style-type: none"> <li>• %TIR</li> <li>• treatment satisfaction with less diabetes distress</li> </ul>
<p><b>Diagnosed with T2D and treated with any insulin therapy</b></p>	<p><b>CGM use confers:</b></p> <p>↓ Significant reductions in</p> <ul style="list-style-type: none"> <li>• HbA1c</li> <li>• %TBR</li> <li>• diabetes-related hospitalizations</li> </ul> <p>↑ Significant increases in %TIR</p>
<p><b>Diagnosed with T2D and documented problematic hypoglycemia regardless of diabetes therapy</b></p>	<p><b>CGM use confers:</b></p> <p>↓ Significant reductions in</p> <ul style="list-style-type: none"> <li>• diabetes-related hospitalizations, including severe hypoglycemia events</li> <li>• hypoglycemia fear and</li> </ul> <p>↑ Increased patient confidence in avoiding/treating hypoglycemia, thereby supporting treatment adherence</p>
<p><b>Chronic kidney disease (CKD)</b></p>	<p><b>CGM use facilitates:</b></p> <ul style="list-style-type: none"> <li>• More frequent treatment changes and improved glycemic control without increased risk of hypoglycemia</li> <li>• Effective monitoring and managing of glycemic levels in nondiabetes patients with ESRD undergoing dialysis</li> </ul>
<p><b>In-person or telemedicine consultation with the prescribing healthcare provider prior to CGM initiation and every 6 months thereafter while continuing CGM therapy</b></p>	<p><b>Use of telemedicine consults:</b></p> <p>↓ Significantly reduces</p> <ul style="list-style-type: none"> <li>• the incidence of severe hypoglycemia events</li> <li>• diabetes-related distress</li> </ul> <p>↑ Significantly improves medication adherence</p> <ul style="list-style-type: none"> <li>• Effectively addresses the obstacles caused by the COVID-19 pandemic</li> <li>• Are more effective for patients who are residents of cities and using the websites as their intervention method</li> </ul> <p><b>Use of downloaded CGM data into standardized reports:</b></p> <ul style="list-style-type: none"> <li>• Supports patient education</li> <li>• Enhances patient engagement in their self-management</li> </ul>

Payers can confer an immediate positive impact on their member populations with insulin-treated T1 and T2D by streamlining coverage criteria for rtCGM and facilitating access via the pharmacy channel to maximize efficiencies for both patients and providers.



**No prior authorization requirements**



**Point-of-sale adjudication via automated step edits**



**Days vs weeks of wait time, saving providers and patients valuable time**

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