



# The Value of Streamlined Coverage for Real-Time CGM

TO OPTIMIZE OUTCOMES AND RESOURCE UTILIZATION FOR MEMBERS WITH **DIABETES**



Live CE Webcast conducted on June 27, 2022

ATTENDED BY **172** HEALTH CARE PROFESSIONALS FROM **21** HEALTH PLANS WITH A COMBINED PATIENT REACH OF **62,778** PERSONS WITH DIABETES.

Outlined below are the key findings and recommendations presented by a multidisciplinary faculty panel.



**Moderator:**

**Dana McCormick, RPh, FAMCP**

Director of Pharmacy  
Blue Cross Blue Shield of Texas



***The Latest Findings Demonstrating Improved Outcomes and Reduced Resource Utilization with rtCGM in T1D and T2D***

**Monica Peek, MD, MPH, MS**

Professor of Medicine  
Associate Director, Chicago Center for Diabetes Translational Research  
The University of Chicago Medicine

“ rtCGM is recommended for any person with diabetes on intensive insulin therapy. The ADA assigned grade A evidence for the use of rtCGM among anyone with T1D and among adults with T2D on basal insulin. The MOBILE study and Kaiser analysis that came out recently were the game changers. They really pushed the field forward.”

### Key Takeaways from Dr. Peek:

- rtCGM demonstrated a robust, sustained effect on glycemic control with fewer medications and no increase in insulin doses compared with blood glucose monitoring (BGM) in the MOBILE RCT
- In the Kaiser analysis, rtCGM initiation reduced healthcare resource utilization for ER/admit due to hypoglycemia by 53%
- Expanded access to rtCGM is warranted based on these findings, particularly in underserved demographics disproportionately affected by diabetes

### ***Q: Are the recent findings from the MOBILE randomized controlled trial surprising to you as a clinician?***

**A:** No, because this was not the first study demonstrating the effectiveness of rtCGM in T2D patients. I think the literature has been supporting rtCGM in T2D and nudging us in that direction already. But MOBILE is more of a tipping point. Having a randomized controlled trial is really compelling.



**Real-Time Continuous Glucose Monitoring Case Scenarios and Follow-up Panel Discussions**

**Payer Perspective: The Role of Streamlined Coverage and Access in Timely and Effective Care**

**Samir Mistry, PharmD, MBA**

Vice President of Pharmacy Strategy & Services  
Capital Blue Cross

“Where I work and where I lead the pharmacy department, if a patient is on insulin in any way, shape, or form—basal insulin, short-acting insulin, long-acting insulin, or an insulin pump—we think they should have a CGM product to help them understand their glucose levels and lower their risk of hypoglycemic events.”

**Key Takeaways from Dr. Mistry:**

- Pharmacy coverage of rtCGM for members with T1 and T2D can result in reduced resource utilization from improvements in clinical management as well as cost savings for health plans via administrative efficienciesrtCGM offers an opportunity for improved outcomes and proven PMPM savings when covered under the pharmacy benefit

**Q: What are the benefits associated with pharmacy coverage of CGM?**

**A:** From a prescription pharmacy channel, it's a lot easier. You can go to any pharmacy that's in the network of the health plan. It drives a great deal of efficiency for the members, especially those who are taking insulin and picking up the insulin from that same pharmacy. Pharmacy coverage results in efficiency for the prescriber and the member. And the reality is that it's also cost effective for the health plan.



**Patient Perspective: Enhancing Patient Engagement and Self-Management**

**Kelly L. Close**

Founder, The diaTribe Foundation  
President, Close Concerns

“There's no upper threshold of how well people can do with diabetes. Using time in range makes such a difference because they can get their baseline and they can improve. So even every time you improve your time in range by 1%, that's another 15 minutes a day in range. We know that so many different things affect diabetes, but the main tool right now and the main way to improve diabetes management is CGM.”

**Key Takeaways from Kelly Close:**

- CGM represents the single most important tool for improving clinical outcomes and quality of life for people with diabetes
- The lives of people with diabetes have improved exponentially over the past several decades, but continued advancement is possible with increased access to CGM and the application of more sophisticated measures such as TIR

**Q: What is the relevance of the MOBILE and Kaiser studies for people living with diabetes?**

**A:** Learning from the findings is how we will be able to translate more of these tremendous scientific studies. More people want to have access to CGM. People with diabetes can also show you that once they're using CGM, they can do better. We're all living longer with diabetes. You want us all to be living well with diabetes, right? If we're doing well with diabetes, we as patients working with our clinician partners and our family partners, we can help bend the curve to reduce cardiac disease and kidney disease. It is all about us getting to better eye health, better heart health, better kidney health. We can do this. CGM is the tool. CGM really arms us with knowledge.

**Audience Feedback:**

*“I appreciated that the discussion was focused for T2D and underserved demographics. The convenient and cost-effective access through the pharmacy is a great benefit to patients with lower cost and access to care. I too love a one stop shop! It's awesome to keep our patients first with financial and daily care assistance! Thank you!”*

**- Certified Diabetes Educator, Geisinger**