

CGM INNOVATIONS TO IMPROVE DIABETES MANAGEMENT: The Payer Value Proposition of a Next-Generation CGM System



Presented by:



Summary and Recommendations for Payer Stakeholders

The Dexcom G7 CGM System Features Advancements that Enhance Ease-of-Use in a Broader Patient Population

Dexcom G7/G6:

Only integrated CGM (iCGM) cleared for use with automated insulin delivery (AID) systems¹⁻⁴



Only iCGM with no limitations for use in pregnancy



Urgent Low Soon Alert



All-in-one sensor and transmitter with a 30-minute warmup



Fully disposable with 12-hour grace period to change sensor



Painless insertion^{4,†} and comfortable wear^{5,‡}

Usability Attribute ⁶	G5	G6	G7
Tasks for insertion (n)	17	13	6
Warm-up interval (min)	120	120	27
Working life (days)	7	10	10.5
Calibrations	Every 12 hours	Optional	Optional

Unsurpassed Accuracy Highlights the Potential to Further Improve Diabetes Management

iCGM	Published MARD ^{7,‡}	Readings within 20 mg/dL or 20% of Reference Values
Dexcom G7	Overall pediatric	8.1% ⁴
	Overall adult	8.2% ⁴
Dexcom G6 ⁸	Overall pediatric	9.7%
	Overall adult	9.2%
Libre 2 ⁹	Overall pediatric	9.4%
	Overall adult	8.9%
Libre 3 ²	Overall pediatric	94.6% ⁴
	Overall adult	93.9%
Libre 2 ⁹	Overall pediatric	92.4%
	Overall adult	93.2%

^{*}94% of patient respondents found that the Dexcom G7 sensor insertion was painless (mild, no pain). Percentage was based on the evaluation of 578 sensors. [†]Patients reported 92% of Dexcom G7 sensors were comfortable to wear (mild, no discomfort). [‡]Mean absolute relative difference (MARD) is a measure used most often to characterize the performance of CGM systems. The lower the MARD, the closer the CGM readings are to the comparison values.

References: 1. US Food and Drug Administration. Accessed May 10, 2022. https://www.accessdata.fda.gov/cdrh_docs/reviews/K193371.pdf 2. Abbott FreeStyle Libre 3 User Guide, 2022. 3. Dexcom G6 CGM System User Guide, 2022. 4. Dexcom G7 CGM System User Guide, 2022. 5. Dexcom, data on file, 2020. 6. Welsh JB, et al. *J Diabetes Sci Technol*. 2022;19322968221099879. 7. Heinemann L, et al. *J Diabetes Sci Technol*. 2020;14(1):135-150. 8. Shah VN, et al. *Diabetes Technol Ther*. 2018;20(6):428-433. 9. Abbott FreeStyle Libre 2 User Guide, 2020.

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Provided by



Supported through funding by Dexcom Medical Affairs.

QUALITY IMPROVEMENT CONSIDERATIONS

Across T1 and T2D Plan Populations, CGM Demonstrates HbA1c Reduction in Line with Predominant Quality Metrics

- In the MOBILE study, there was a 25.8% absolute change in the number of participants in the Dexcom CGM group able to meet the HEDIS measure of HbA1c <8%¹

	Dexcom CGM	Optimized BGM
Participants with HEDIS-compliant HbA1c (< 8%)	63%	39%

2023 NCQA HEDIS Measures Highlight the Potential Role of CGM in Preventing Hypoglycemia

- New measures for 2023 note that payers have an opportunity to identify their members at highest risk for hypoglycemia and implement preventive interventions²
- Real-time CGM (rtCGM) was associated with a 53% reduction in hypoglycemia-related ER/hospital admits in the Kaiser retrospective claims analysis³



-2.7% (overall)
P=0.001
-4.0% (T2D)
P=0.04
-2.3% (T1D)
P=0.01

COVERAGE AND ACCESS RECOMMENDATIONS



Coverage Criteria

- Multiple consensus guidelines now recommend CGM at the outset of diagnosis for all patients on insulin⁴⁻⁶
 - The ADA Standards of Care recommend rtCGM for all patients on insulin therapy, regardless of type or dosing schedule (Grade A)⁴
- CMS is in the process of expanding CGM beneficiaries to include all patients who are on insulin **or** have a history of problematic hypoglycemia^{7,8}



Member Access

- The pharmacy benefit provides streamlined access to CGM at a lower cost
- Pharmacy benefit coverage and/or insulin edits at point of sale for CGM reduces payer and provider administrative burden while ensuring access aligned with clinical guidelines⁹
- Medicare Advantage prescription drug plans and many other payers allow CGM access through the pharmacy to enhance customer satisfaction and ease of initiation and ensure equitable access for disadvantaged groups with poor social determinants of health⁹

References: 1. Martens T, et al. *JAMA*. 2021;325(22):2262-2272. 2. NCQA. <https://www.ncqa.org/blog/hedis-my-2023-see-whats-new-whats-changed-and-whats-retired/>. 3. Karter AJ, et al. *JAMA*. 2021;325(22):2273-2284. 4. American Diabetes Association. *Diabetes Care*. 2022;45(Suppl 1):S97-S112. 5. Grunberger G, et al. *Endocr Pract*. 2021;27(6):505-537. 6. Blonde L, et al. *Endocr Pract*. 2022;28(10):923-1049. 7. CMS. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822>. 8. CMS. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39473&ver=16>. 9. Pathak S, et al. *Diabetes Technol Ther*. 2023. doi: 10.1089/dia.2022.0418.10.

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