

Improvements in Glycemic Control in Persons with Diabetes in an Employer Health Initiative Offering Continuous Glucose Monitors (CGMs) as a Pharmacy Benefit



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The oral/podium session will be conducted at AMCP 2024 on Tuesday, April 16 from 3:15 pm-4:30 pm CT.

BACKGROUND

Metro Nashville Public Schools, a large Tennessee school system with a focus on workplace health programs, implemented a policy change in May of 2022 covering continuous glucose monitors (CGM) through the pharmacy benefit without prior authorization requirements. Covering CGM through the pharmacy vs. medical benefit resulted in a 2-fold increase in CGM utilization but the clinical outcomes were unknown.

OBJECTIVE

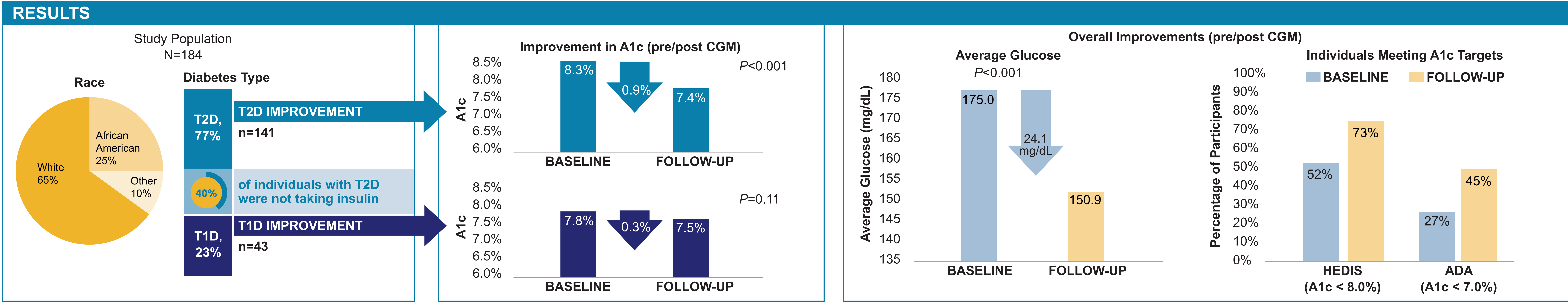
Evaluate the change in clinical outcomes from expanded access to CGM in persons with diabetes.

METHODS

A retrospective analysis of insurance claims and employee laboratory data was conducted, which included individuals with type 1 (T1D) and type 2 (T2D) diabetes (age 18-64 years) who started CGM.

OUTCOMES

Primary: Change in A1c and average glucose for CGM users prior to CGM use and post CGM use
 Secondary: Percentages of participants meeting HEDIS A1c (<8.0%) and ADA A1c (<7.0%) targets



CONCLUSION

Coverage of CGM by a large employer through the pharmacy benefit without prior authorization requirements increased CGM utilization and was associated with clinically meaningful improvements in A1c and average glucose in individuals with diabetes.

- 41%** Increase in the number of individuals achieving HEDIS A1c target of <8.0%.
- 67%** Increase in the number of individuals achieving ADA A1c target of <7.0%.
- A1C** Average A1c improvements in individuals with:
 - T2D not treated with insulin (n=57): 7.6% → 6.8%*
 - T2D treated with insulin (n=84): 8.7% → 7.9%*

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*P<0.01. ADA=American Diabetes Association; HEDIS=Healthcare Effectiveness Data and Information Set.

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