

Health Plan Best Practices Survey:

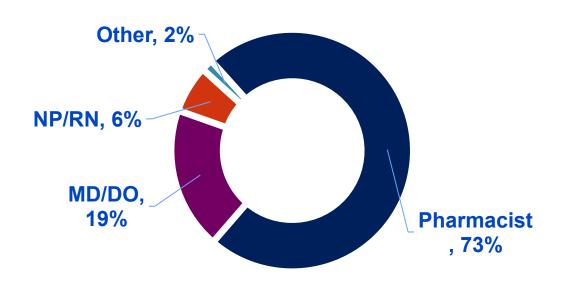
Continuous Glucose Monitoring

May 2023

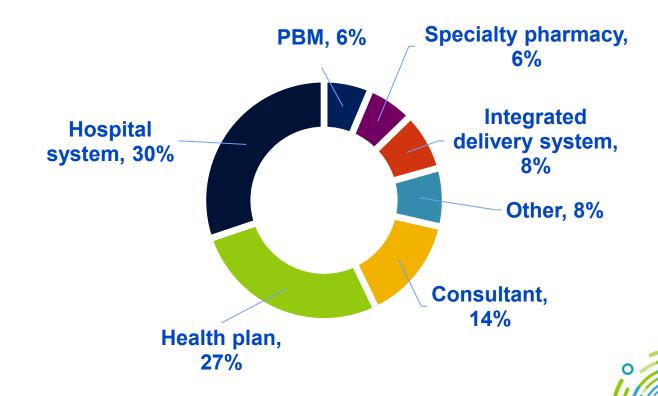


Specialty & Organization

Specialty

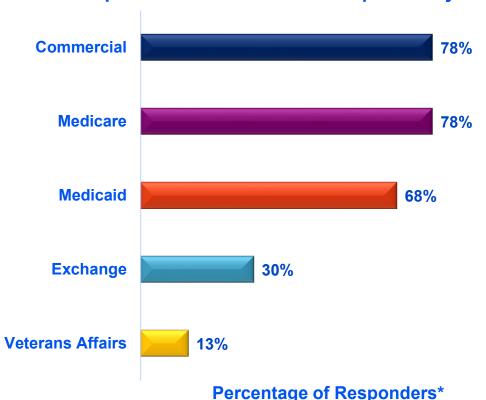


Organization



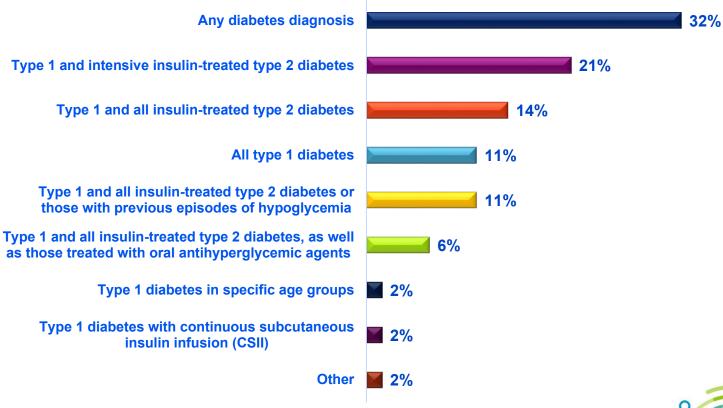
Lines of Business & Current CGM Coverage

Responder Line of Business Responsibility



*Responders selected all that applied; responses will total >100%

Current Coverage *Eligibility* **Criteria for CGM**

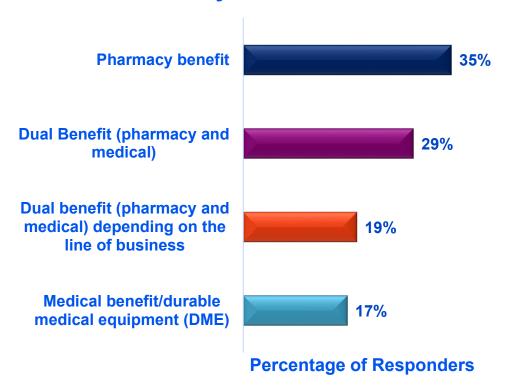




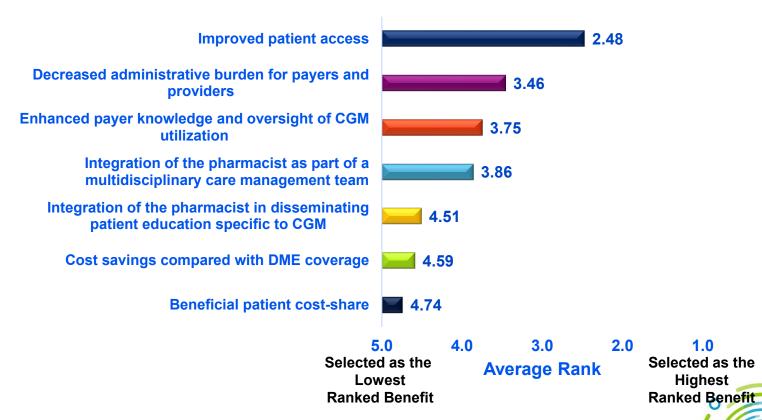


CGM Coverage

Under which benefits do you currently cover CGM?



Which of the following do you see as benefits of coverage under the pharmacy channel for CGM?





CGM Management and Claims Approvals

How do you manage utilization of CGM?

How do you determine claims approvals for CGM coverage?

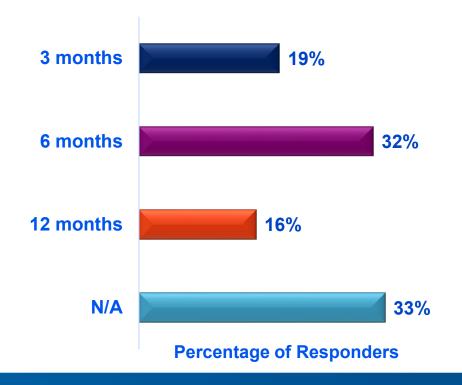
(Factors considered when eligible member submits claim)



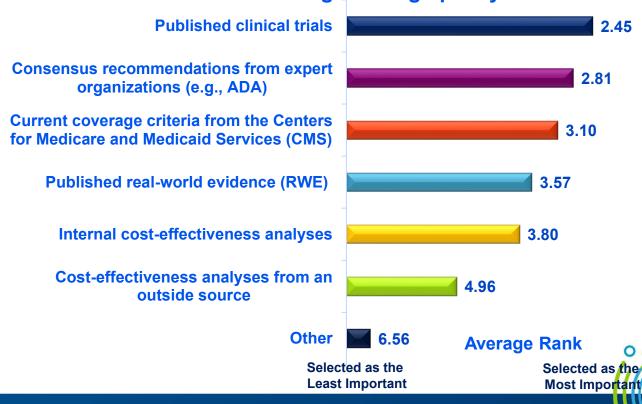


Adjudication and Evaluating Evidence

If you use automated adjudication of CGM claims approval based on previous prescriptions of insulin or other medications, what is the look-back interval?



Which of the following sources of information are most important to you when evaluating evidence for CGM and informing coverage policy?





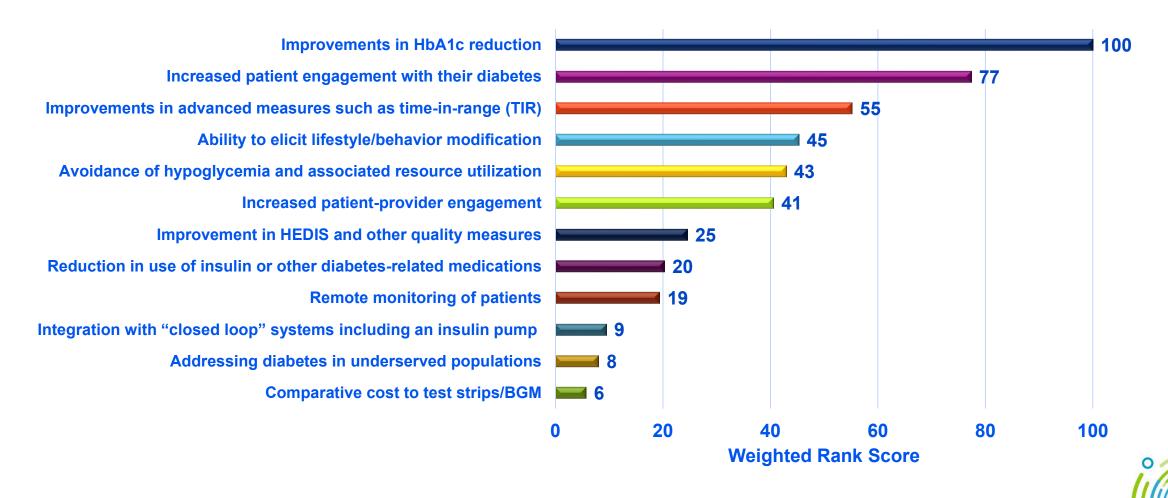
Which of the following would be necessary for your plan or organization to expand coverage of CGM for a broader population of members with diabetes? (rank top 5)

Randomized controlled trials showing significant HbA1c reduction 100 Clinical trials showing significant reduction in ER visits and hospitalizations Recommendations for CGM from value-centered organizations such as the Institute for Clinical and Economic Review (ICER) Published real-world evidence (RWE) demonstrating the clinical or 74 economic benefit of CGM Recommendations from professional organizations such as the American 69 **Diabetes Association (ADA)** Internal analyses showing cost-effectiveness meeting a predetermined **50** threshold **Expanded coverage by the Centers for Medicare and Medicaid Services** 43 Recommendations from government organizations such as the United **States Preventive Services Task Force (USPSTF)** Analyses from an outside source showing cost-effectiveness meeting a 29 predetermined threshold 20 40 80 100 **Weighted Rank Score**



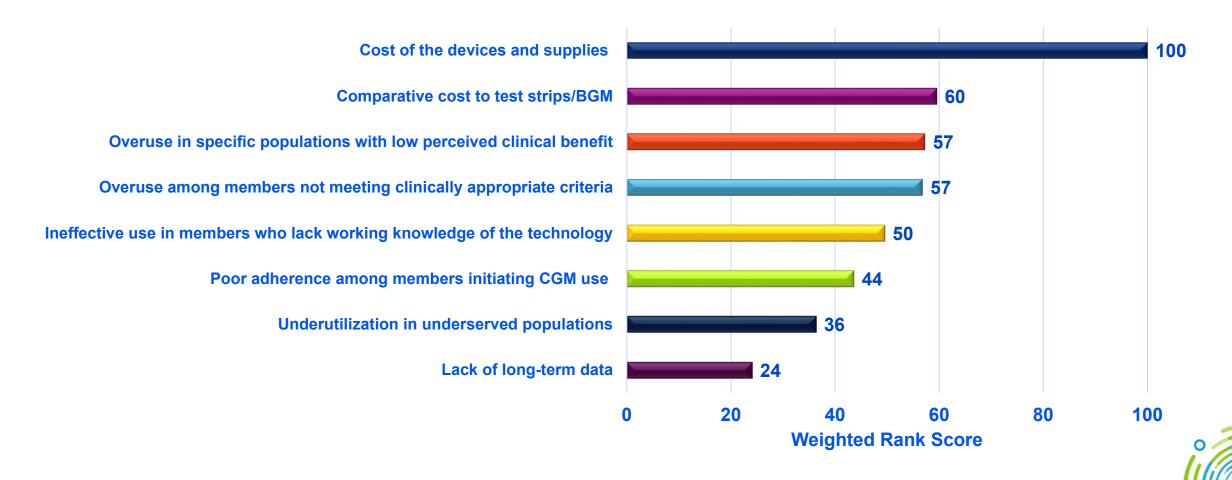
Which of the following do you see as benefits of CGM?

(rank order top 5)



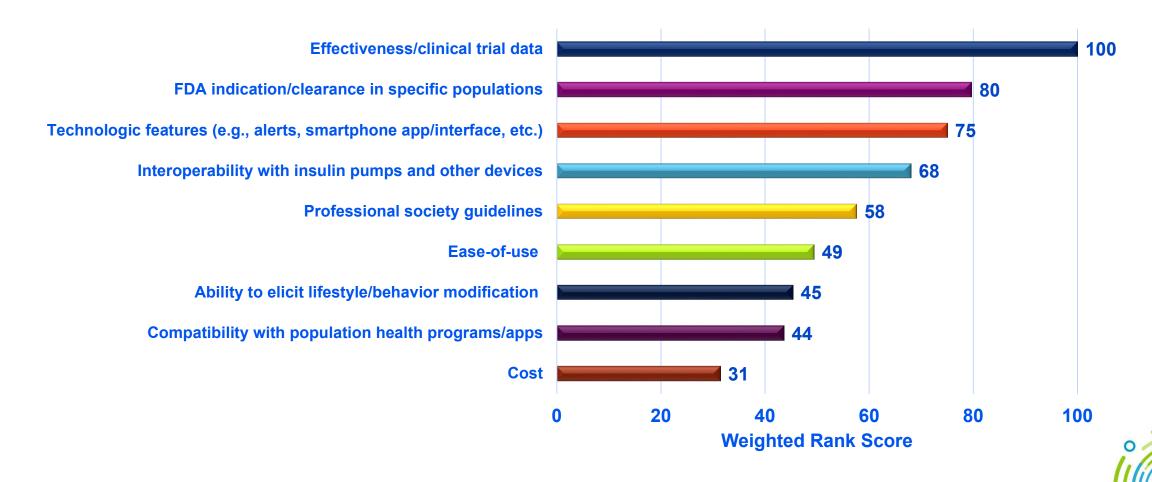


Which, if any, of the following do you see as disadvantages that outweigh the overall benefits of CGM utilization from a plan perspective? (rank order top 5)





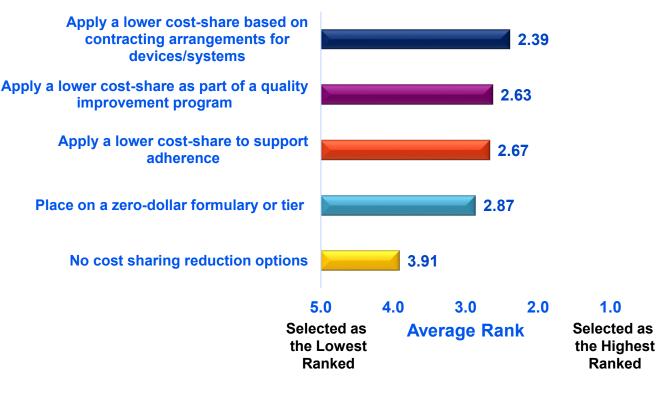
In assessing the currently available integrated CGM (iCGM) systems, what do you see as being differentiating factors? (rank order top 5)



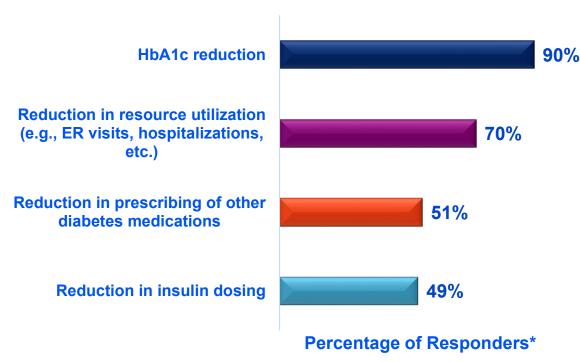


CGM Cost and Value

Which of the following are within your control to influence patient cost share for CGMs within your plan?



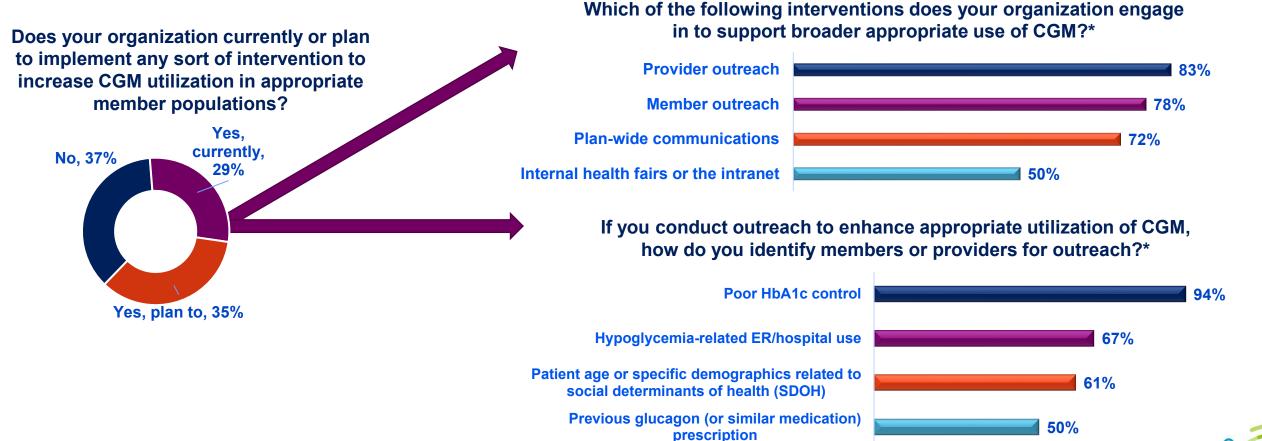
How do you currently assess or plan to assess the value of CGM use in your member population?





^{*}Responders selected all that applied; responses will total >100%

Interventions



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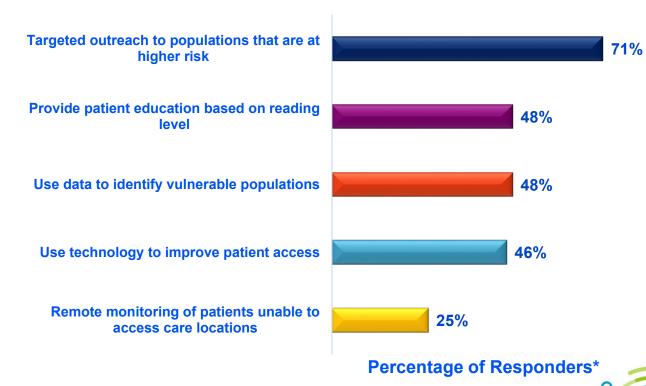


Addressing Appropriate Use and Disparities

Which of the following kinds of arrangements do you think are helpful to support the appropriate use of CGM?



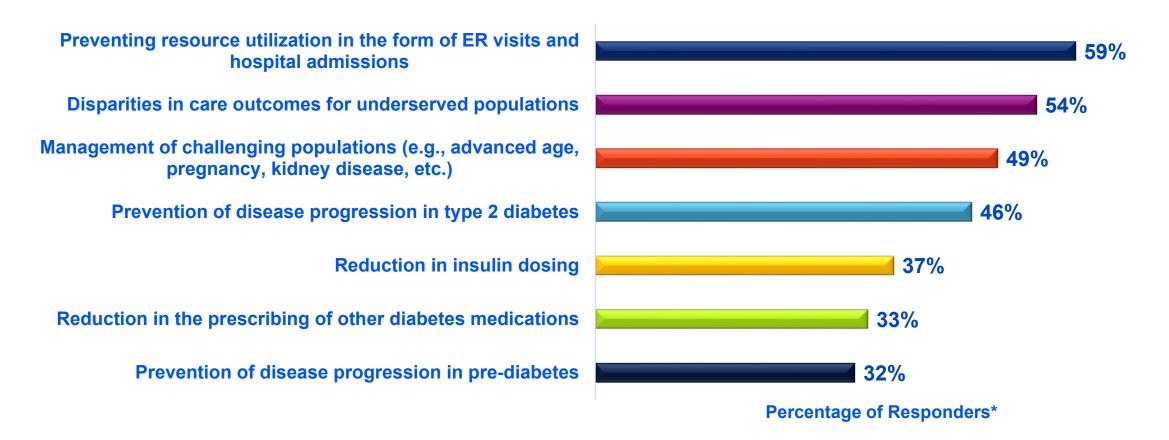
Which of the following practices do you/your organization employ to address health disparities in diabetes care with respect to CGM?





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Which of the following do you consider an unmet need that CGM has the potential to address?



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Important Payer Policies/Services for Supporting Optimal Clinical, Economic, and Humanistic Outcomes with CGM

Provide coverage under the pharmacy benefit

 The pharmacy benefit provides streamlined delivery of the device to the beneficiary and improved access

Implement utilization management with insulin look-back at the point-of-sale

 Smart edits and automated claims adjudication decrease administrative burden for both payers and providers

Develop processes to identify and address underserved and other at-risk populations

Segment patient populations to identify who may benefit most from CGM



Important Payer Policies/Services for Supporting Optimal Clinical, Economic, and Humanistic Outcomes with CGM, cont.

Provide clinician and patient education and engagement

 CGM works best when both providers and patients understand their treatment choices and patients are actively engaged in their care

Monitor data to assess the reduction in hospital admissions

 Use of CGM has been shown to significantly reduce the rate of hospital admissions for acute diabetes-related events in persons with type 2 diabetes taking once-daily basal insulin





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