HbA1c Reduction in Managed Care

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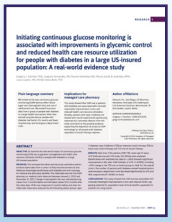
Initiating continuous glucose monitoring is associated with improvements in glycemic control and reduced health care resource utilization for people with diabetes in a large US-insured population: A real-world evidence study

Access here

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Background

A growing body of evidence shows that CGM utilization improves glycemic outcomes in T2D, with associated reduction in health care resource utilization

Aim
To evaluate changes in A1c and diabetes-related complications in relation to initiating CGM across diabetes indications

Study Design
- Observational pre-post design (12-month baseline, 12-month follow-up)
- Retrospective data from Aetna's Enterprise Data Warehouse

Primary Outcomes
- Change in A1c
- Change in diabetes-related complications determined from inpatient/ED events

Study Population

Participants: (N=7,336)

T1D and T2D
(all treatment regimens)

Commercial or **Medicare Advantage** beneficiaries

Initiated CGM between **2019** and **2021**

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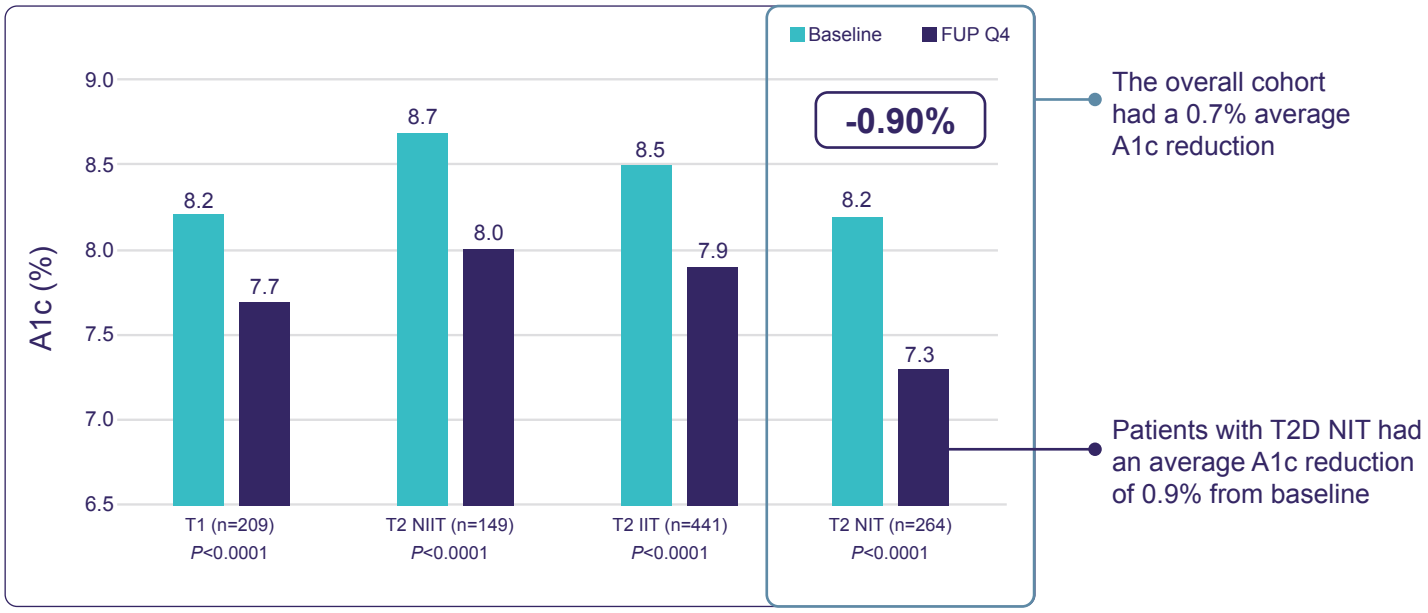
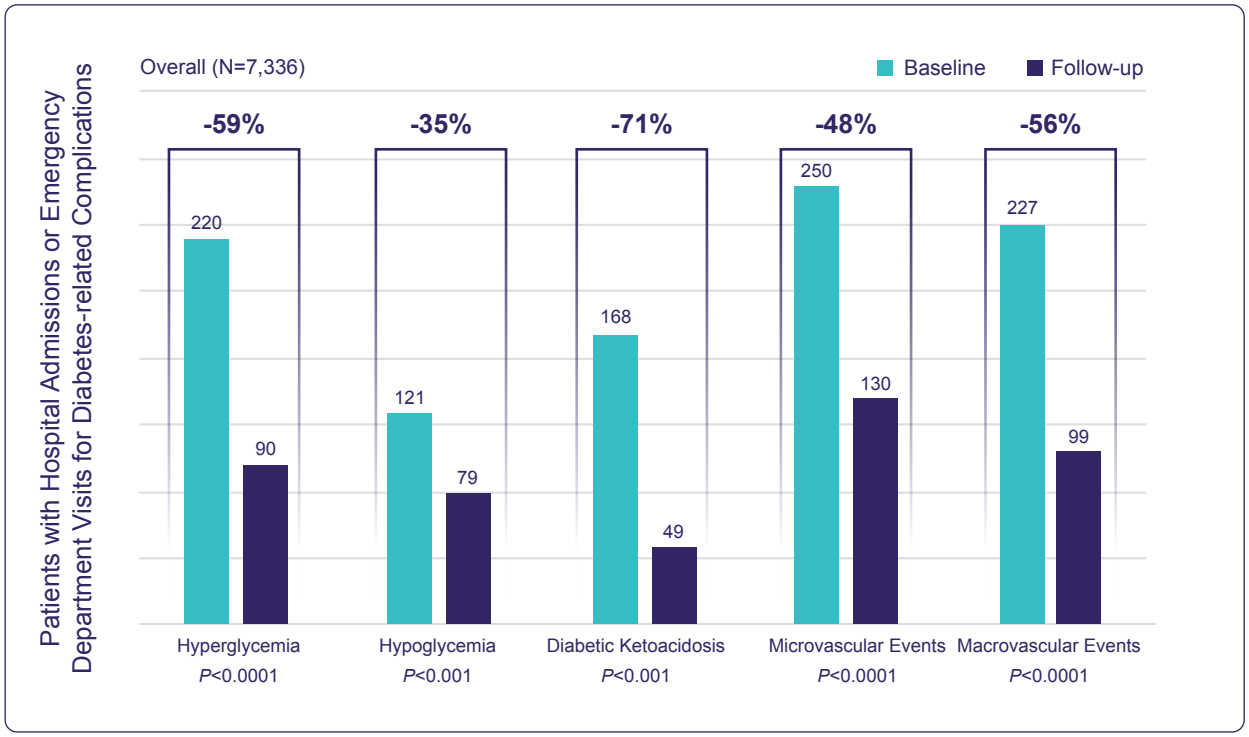
Results

Patients with T2D NIT Demonstrated the Greatest Reduction in HbA1c in a Cohort of 1,127 Patients



CGM Significantly Reduced Diabetes Complications (Inpatient/ED Events), Including People with T2D Not Using Insulin



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Key Takeaways for Managed Care Decision Makers

- ✓ CGM is associated with A1c reductions across all diabetes types and treatment regimens and decreases diabetes-related complications.
- ✓ This evidence supports a population-wide approach to coverage and access for all individuals with T2D, regardless of insulin therapy.

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