

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

A Payer's Perspective

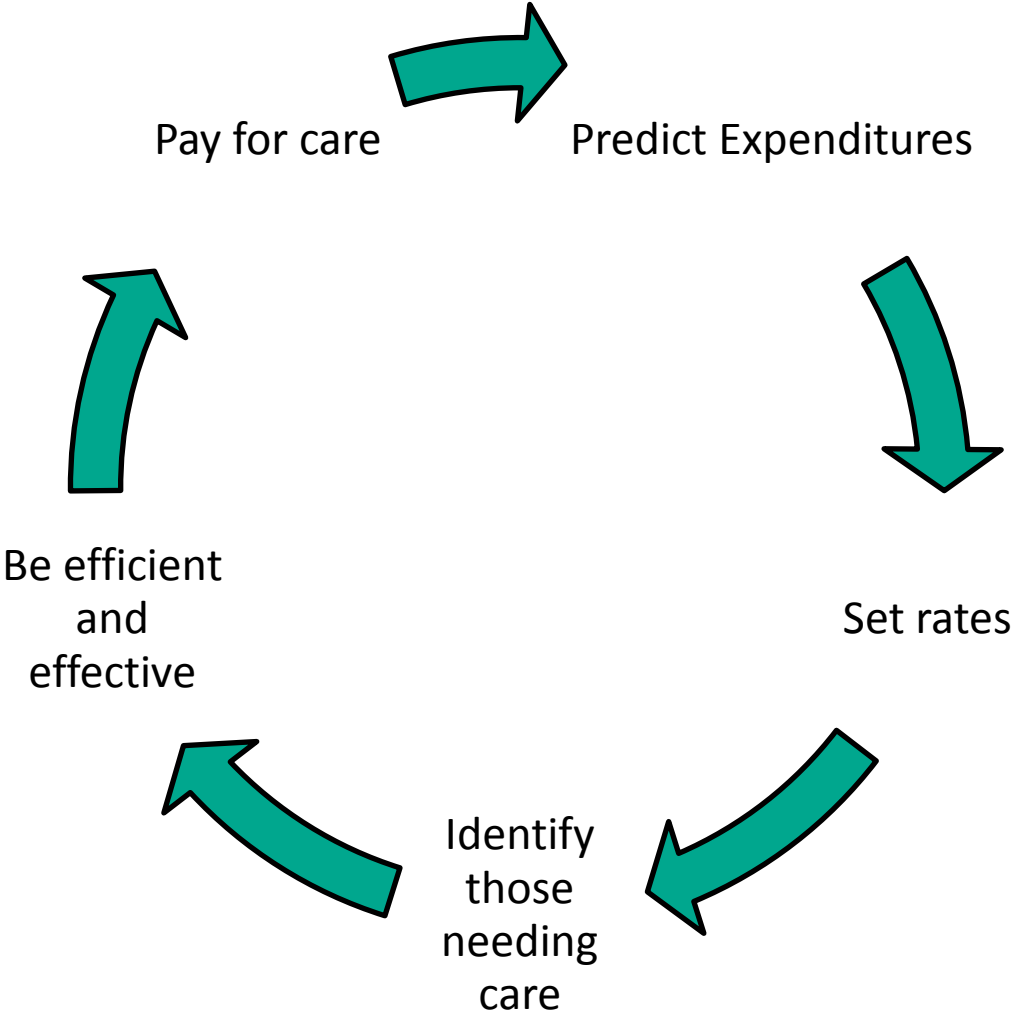
Kenneth J Snow, MD, MBA FACE
September 28, 2014



Clinical Experience

- **Board Certified in Endocrinology, Diabetes and Metabolism**
- **19 years at the Joslin Clinic in Boston**
- **5 Years as Chief of the Adult Diabetes Section**
- **~25K unique patient encounters**
- **Millions of BG readings**

Social Contract



Glucose monitoring in non-insulin using T2DM

Some evidence monitoring improves control

Benefit is usually quite small

May be statistically significant, but improvement is so small it would be considered noninferior if assessed as a unique therapy.

No good data on optimal frequency

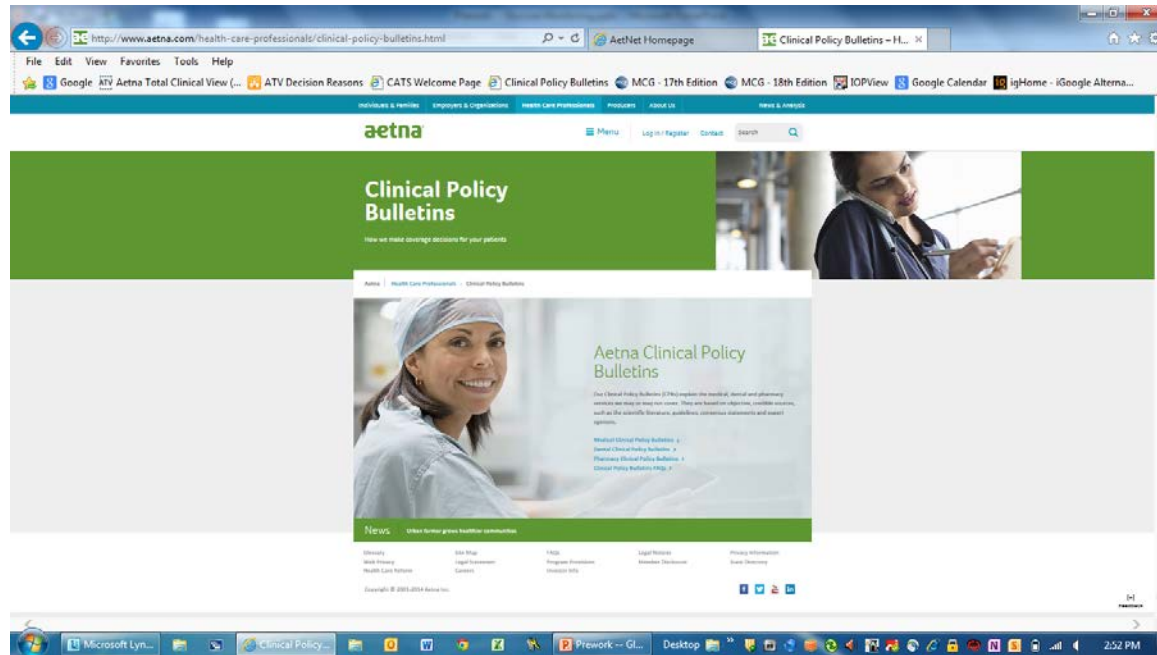
Glucose monitoring in non-insulin using T2DM (cont)

Monitor more often or better outcomes?

Do the benefits justify the burden?

How to set policy?

Glucose Test Strips: What is Aetna's Policy?



Medical Clinical Policy Bulletin: Diabetes Tests, Programs and Supplies Number 0070

Note: Coverage of diabetic supplies varies by medical and pharmacy plan. Please check plan documents for details.

Medical and Pharmacy Plans

Decided by the purchaser

Company

Individual

State

Subject to any state or federal requirement

Summarized for the individual in the Summary Plan Document (SPD)

Mandates vs Choice

Choice:

- Lower cost
- Not paying for unused benefits
- Purchaser and the Insured may share in savings



Mandates:

- More cost
- Potential fewer covered
- Guarantees benefit is covered

Medical Coverage

CPB 0070

Diabetes Self-Care Programs:

Diabetic Supplies:

- Alcohol swabs;
- Blood glucose monitors;
- Blood glucose test strips;
- Control solutions;
- Insulin pens;
- Lancets;
- Needles and syringes for insulin administration; and
- Urine test tablets/strips.

Lasette™ Laser Blood Glucose Monitoring Device:

Glycated Serum Proteins (GSP):

Glutamic Acid Decarboxylase (GAD) Autoantibodies:

PreDX Test

Jet Injectors:

I-Port:

Continuous Glucose Monitoring Devices:

Biostator® Artificial Pancreas:

GlucoWatch® Biographer Monitor:

Blood Glucose Meters for Persons with Visual Impairment::

Blood Glucose Monitors with Integrated Lancing/Blood Sample:

Alternate Site Blood Glucose Monitors:

Home Glycated Hemoglobin Monitors:

Diabetes Management Software

Personal Digital Assistant-Based Blood Glucose Monitor:

Cellular Glucometry

Disposable Blood Glucose Monitor:

Infrared Thermometer Device:

Measurement of Advanced Glycation End Products by Skin Autofluorescence

Remote Glucose Monitoring

Combinational Items

Insulin Infusion Pumps:

Medical Coverage

CPB 0070

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Continuous Glucose Monitoring Devices



CGM Background

Tamborlane WV, Beck RW, Bode BW, et al. Continuous glucose monitoring and intensive treatment of type 1 diabetes. N Engl J Med. 2008;359(14):1464-1476.

Bergenstal RM, Tamborlane WV, Ahmann A, et al. Effectiveness of Sensor-Augmented Insulin-Pump Therapy in Type 1 Diabetes. N Engl J Med 2010; 363:311-320.

Wolpert HA. Continuous glucose monitoring--coming of age. N Engl J Med. 2010;363(4):383-384.

CGM results

Significant difference among patients 25 years of age or older that favored the continuous-monitoring group (mean difference in change, -0.53% ; 95% confidence interval [CI], -0.71 to -0.35 ; $P < 0.001$).

The between-group difference was not significant among those who were 15 to 24 years of age (mean difference, 0.08 ; 95% CI, -0.17 to 0.33 ; $P = 0.52$) or among those who were 8 to 14 years of age (mean difference, -0.13 ; 95% CI, -0.38 to 0.11 ; $P = 0.29$).

The use of continuous glucose monitoring averaged 6.0 or more days per week for 83% of patients 25 years of age or older, 30% of those 15 to 24 years of age, and 50% of those 8 to 14 years of age.

The rate of severe hypoglycemia was low and did not differ between the two study groups; however, the trial was not powered to detect such a difference.

Continuous Glucose Monitoring

Aetna considers the long-term (greater than 72 hours) therapeutic use of continuous glucose monitoring devices medically necessary as an adjunct to fingerstick testing of blood glucose in

adults aged 25 years and older with type 1 diabetes, and for younger persons with type 1 diabetes who have had recurrent episodes of severe hypoglycemia (defined as hypoglycemia (blood glucose less than 50 mg/dL) with unawareness that required assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative actions) despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring (at least 4 fingersticks/day).

Long-term use of continuous glucose monitoring devices is considered experimental and investigational for all other indications.

Lack of Data

In the absence of data a good idea might be of benefit, or it may simply be a very expensive way to achieve an identical outcome.

Conclusion

Decisions are not made ad hoc but rather are based on policy and available clinical information

Policy is based on published data

Pharmacy benefits may vary among different plans

Beware of just wanting everything to be a mandate

Lack of data limits the ability to know if health care dollars are spent wisely

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Thank you



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