

# Annual Out-of-Pocket Costs per All-Payer Type 2 Diabetes Patient Receiving Various Insulin and Non-Insulin Antidiabetic Therapies, 2021<sup>\*,1</sup>

	Long-Acting Insulin	GLP-1 RAs	Fixed Ratio (Long-Acting Insulin/ GLP-1 RA)	Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)	Rapid-/Short-Acting Insulin	Mixed Insulin	DPP-4 Inhibitors	SGLT-2 Inhibitors
<b>MARKET</b>								
Orlando	\$163	\$287	\$189	\$574	\$123	\$101	\$228	\$243
Miami	\$130	\$277	\$164	\$531	\$119	\$104	\$173	\$195
Jacksonville	\$181	\$300	\$144	\$600	\$149	\$143	\$248	\$244
Tampa	\$170	\$280	\$186	\$553	\$120	\$102	\$220	\$234
Tallahassee	\$205	\$233	\$217	\$575	\$152	\$175	\$220	\$185
Florida	\$171	\$301	\$198	\$594	\$134	\$124	\$223	\$235
<b>NATION ALL-PAYER</b>	<b>\$187</b>	<b>\$285</b>	<b>\$243</b>	<b>\$567</b>	<b>\$144</b>	<b>\$178</b>	<b>\$233</b>	<b>\$233</b>

\*Data source: IQVIA © 2022

<sup>1</sup> Out-of-pocket cost is the actual amount paid by the patient for each prescription. This cost mainly includes copayments, but can also include tax, deductibles, and cost differentials where applicable. NOTE: "NATION ALL-PAYER" refers to all diabetes patients nationally, regardless of payer. An n/a indicates that data were not available. "Fixed ratio (long-acting insulin/GLP-1 RA)" refers to the two therapies combined in a single product. "Free ratio (variable long-acting insulin + GLP-1 RA)" refers to the two therapies taken separately and concurrently. GLP-1 RA is GLP-1 receptor agonist. Intended for use with payers, formulary committees, or other similar entities for purposes of population-based drug selection, coverage, and/or reimbursement decision making, pursuant to FD&C Act Section 502(a). The Orlando market includes Kissimmee and Sanford, the Miami market includes Fort Lauderdale and West Palm Beach, and the Tampa market includes St. Petersburg and Clearwater.

## KEY TAKEAWAY

For all-payer Type 2 diabetes patients nationally, average annual out-of-pocket costs reached \$567 for patients receiving a free ratio combination therapy, the highest cost by profiled drug category, followed by GLP-1 RAs.

# Methodology

IQVIA generated the data for this presentation out of health care professional (837p) and institutional (837i) insurance claims, representing nearly 12.9 million unique patients nationally in 2021 with a diagnosis of Type 2 diabetes (E08, E09, E11, and E13). Data from physicians of all specialties and from all hospital types are included. Substate markets represent core-based statistical areas (CBSAs).

IQVIA also gathers data on prescription activity from the National Council for Prescription Drug Programs (NCPDP). These data account for some 4 billion prescription claims annually, or more than 92% for the retail prescription universe, and 72% for the traditional and specialty mail order universe. These prescription data represent the sampling of prescription activity from a variety of sources, including retail chains, mass merchandisers, and pharmacy benefit managers. Cash, Medicaid, and third-party transactions are tracked. Data arriving into IQVIA are put through a rigorous process to ensure that data elements match to valid references, such as product codes, ICD-10 (diagnosis) and CPT-4 (procedure) codes, and provider and facility data.

Proprietary lab data derive from one of the largest independent commercial lab companies in the U.S. Patient information is de-identified, matched, and linked with other patient data assets (e.g., medical claims data). The most common attributes used are the de-identified patient ID, observation date, diagnosis, test name, test code, and test result.

Claims undergo a careful de-duplication process to ensure that when multiple, voided, or adjusted claims are assigned to a patient encounter, they are applied to the database, but only for a single, unique patient.

Through its patient encryption methods, IQVIA creates a unique, random numerical identifier for every patient, and then strips away all patient-specific health information that is protected under the Health Insurance Portability and Accountability Act (HIPAA). The identifier allows IQVIA to track disease-specific diagnosis and procedure activity across the various settings where patient care is provided (hospital inpatient, hospital outpatient, emergency rooms, clinics, doctors' offices, and pharmacies), while protecting the privacy of each patient.

## Limitations

This is an administrative-claims-based data set, with potential biases secondary to coding variation and missing data. Administrative claims data have been used successfully in many published studies to examine patterns, effectiveness, and gaps in quality of care, and to assess outcomes in care. Although this data set focuses on patients with Type 2 diabetes, there are limitations in the granularity of ICD-10 codes used for billing. There were unmeasured factors that predict hospital readmission (e.g., quality of inpatient care and discharge planning, race, education, smoking, wellness program utilization) that were not controlled for in the multivariate analyses.