



Managing glucose levels is an ongoing challenge for many employees with diabetes¹

Continuous glucose monitors provide a simple and accurate way to manage glucose levels and improve health outcomes²

Employers focused on diabetes management should actively support the use of continuous glucose monitors (CGMs), which provide valuable insights to help employees manage their diabetes.



Even though most benefit programs already cover CGMs, many employees with diabetes are either unaware of this technology or not taking advantage of it.³

Employers can address this gap in diabetes management by taking simple steps to increase CGM awareness and remove barriers to access for their employees.



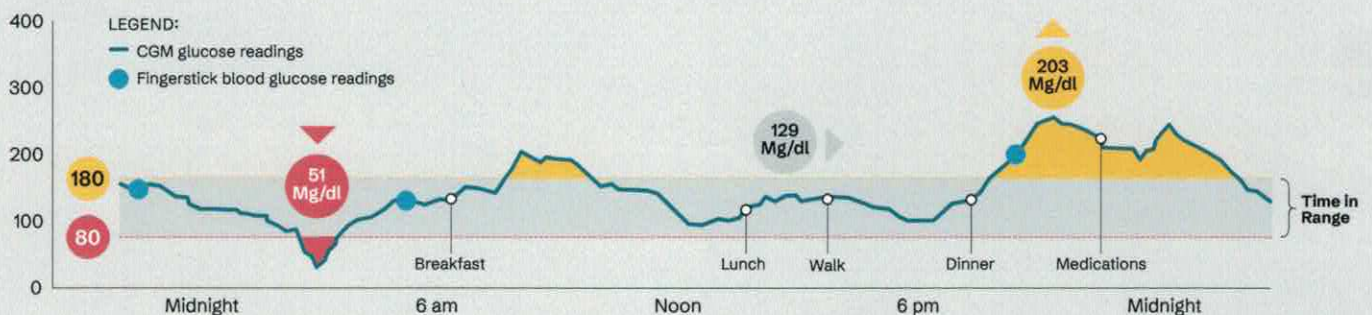
Continuous Glucose Monitors Enable Employees to Manage Their Diabetes More Effectively

A fundamental challenge in diabetes management is knowing and safely monitoring critical glucose levels. Real-time CGMs (RT-CGMs) are the current standard for CGM technology and offer a discreet, easy-to-use wearable that allows employees to monitor their glucose levels on their smart device or receiver. This tool reports glucose levels regularly and automatically, with zero fingersticks required.¹

GLUCOSE LEVELS CONTINUOUSLY CHANGE

in response to consumption of food and beverages, activity levels, medication use, and other lifestyle factors. For diabetes patients, it is critically important to keep glucose levels in a recommended range—minimizing periods of excessively high or dangerously low glucose levels.²

Time in range (TIR) measures the percentage of time a diabetes patient’s glucose levels stay within the target range. Higher TIR correlates closely with better A1C results, and evidence is emerging that each 10% increase in TIR shows a decrease in risk ranging from 10% to over 50% for several long-term complications of diabetes.³



What is RT-CGM?

A small sensor/transmitter that sends glucose readings automatically to a receiver or compatible smart phone or device



A real-time CGM system continuously tracks glucose levels, providing a more complete picture—including information like trends, highs, and lows—that may have otherwise gone unnoticed. RT-CGMs measure glucose every minute and display the results every 5 minutes. The readings are translated into easy-to-follow data and insights, allowing for better glucose management through adjustments in eating, exercise and medications. RT-CGMs can also provide alerts to the user up to 20 minutes before a hypo- or hyperglycemic event.⁴

WHAT CGM USE MEANS FOR EMPLOYERS⁵

Leading employers have identified several advantages of CGM use:

- **Better health outcomes** including improved TIR and A1C levels⁶
- **No fingersticks** can mean no need to step away from work to check glucose levels*
- **Increased patient engagement** in diabetes management⁷
- **Better glucose control**,^{8,9} which can be helpful for workers in safety-sensitive roles
- **Healthcare cost savings** through reduced ER visits and hospitalizations¹⁰

How employers can help⁵

Actions taken by leading employers to increase CGM awareness and remove barriers to appropriate access:

1. **Review/update the CGM benefit design** to address barriers such as: lack of pharmacy benefit coverage, high member cost sharing burdens, and/or overly restrictive prior authorization criteria
2. **Integrate CGMs into employer-sponsored diabetes management programs**
3. **Educate employees about CGMs**

*If your glucose alerts and readings from a CGM do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions.

CASE STUDY

Metro Nashville Public Schools Opens Access for CGMs

Metro Nashville Public Schools (MNPS) is a large employer in Tennessee and one of the largest school districts in the US. MNPS recognizes the importance of providing their employees, retirees and dependents the tools and support they need to manage their health more effectively. In 2009, the MNPS Teachers Health Plan adopted a **value-based** approach focused on improving the health of their 1,600 members with diabetes—eliminating member cost-share

for diabetes medication/supplies and leveraging their onsite health centers to actively manage members with diabetes. Over time, MNPS expanded the program by providing diabetes education and nutritional counseling benefits, and later establishing a relationship with endocrinologists at Vanderbilt University Medical Center (VUMC). Recognizing the importance of CGMs, MNPS identified and removed barriers to access by their members.¹

EMBRACING CGMS FOR ALL EMPLOYEES AND DEPENDENTS WITH DIABETES

MNPS has provided access to CGMs (including the latest RT-CGMs) to members with Type 1 diabetes for several years and added coverage through their pharmacy plan in 2020. Impressed with the results achieved by members

using CGMs, **MNPS expanded coverage** to members with Type 2 diabetes **by removing the prior authorization** requirement on CGMs in May 2022.¹

ACTIONS: Removed barriers to CGM access

- **Cost:** Zero copay (on preventive product list)
- **Coverage:** Medical benefit + pharmacy benefit
- **Criteria:** Removed the prior authorization requirement (only a prescription is needed)



RESULTS:

- Increase in appropriate utilization of CGMs
- Better glucose control (Improved A1C values)

MEMBER OUTCOMES VALIDATE THE DECISION TO EXPAND ACCESS TO CGMS

MNPS data shows that the District succeeded in enabling more members to gain access to CGMs. The share of diabetes patients ages 18–64 using CGMs increased from 16% in 2021 to 33% in 2023.²

MNPS also found that **glucose control** as measured by A1C levels **improved significantly** among Type 2 diabetes patients after they were placed on CGMs. MNPS asked their data analytics vendor to review the change in A1C results for employees with Type 2 diabetes where employee laboratory

data was available both prior to and after CGM use. The analysis showed that **average A1C levels fell substantially** for both insulin users and non-insulin users among these 141 patients. There was a **67% increase** in the number of patients with A1C levels **below the 7.0% target** set by the American Diabetes Association (ADA) and a 41% increase in the number below the 8.0% goal in the Healthcare Effectiveness Data and Information Set (HEDIS).³

Clinically Meaningful Improvements in A1C and Quality Measures³

67% more participants met the **ADA goal** of **A1C <7.0%**

41% more participants met the **HEDIS goal** of **A1C <8.0%**

A1C%
• **T2D noninsulin** (n = 57): **7.6% → 6.8%***
• **T2D insulin** (n = 84): **8.7% → 7.9%***

*P<.01

*"We've been working hard at managing diabetes in our population for a long time. CGMs are part of our overall strategy. We find it an incredibly useful tool, and it's playing its part in helping us get improved outcomes for this group of employees. It just makes sense to give people the tools they need in order to improve their health."*¹

- David Hines, Executive Director of Benefits for MNPS

EMPLOYER ACTION PLAN: Improving Employee Access to CGMs

Employers, along with their benefits advisors, health plans, chronic disease management partners and PBMs, can take several steps to help ensure employees and dependents have appropriate access to real-time CGM technology that has been proven to help with behavior and lifestyle changes that positively impact outcomes.



- Review the organization's CGM benefit design and make any changes needed to:
 - Provide coverage through the pharmacy benefit in addition to the medical benefit so employees can fill CGM prescriptions at the pharmacy
 - Reduce or eliminate out-of-pocket costs that can present a financial barrier for many employees
 - Remove or replace prior authorization criteria that restrict appropriate access to CGMs, and replace any manual PA process with an automatic point of sale edit
- Integrate CGMs into employer-sponsored diabetes management programs: align CGM criteria and benefit design to enhance point solution offerings, and incorporate CGM data into coaching guidance to drive improved outcomes
- For employers with onsite clinics: review the CGM benefit design to align with diabetes programs implemented at the clinics, and educate staff on CGMs

REFERENCES

Page 1

1. Cox DJ, Taylor AG, Moncrief M, et al. Continuous glucose monitoring in the self-management of type 2 diabetes: a paradigm shift. *Diabetes Care*. 2016 May;39(5):71-73.
2. Vigersky RA, Fonda SJ, Chellappa M, et al. Short- and long-term effects of real-time continuous glucose monitoring in patients with type 2 diabetes. *Diabetes Care*. 2012 Jan;35(1): 32-38.
3. Mayberry LS, Guy C, Hendrickson CD, et al. Rates and correlates of uptake of continuous glucose monitors among adults with type 2 diabetes in primary care and endocrinology settings. *J Gen Intern Med*. 2023 Aug;38(11):2546-2552.

Page 2

1. Martens T, Beck RW, Bailey R, et al. Effect of continuous glucose monitoring on glycemic control in patients with type 2 diabetes treated with basal insulin: a randomized clinical trial. *JAMA*. 2021 Jun 8;325(22):2262-2272.
2. Ehrhardt NM, Chellappa M, Walker MS, et al. The effect of real-time continuous glucose monitoring on glycemic control in patients with type 2 diabetes mellitus. *J Diabetes Sci Technol*. 2011 May;5(3):668-75.
3. Aleppo G. Clinical application of time in range and other metrics. *Diabetes Spectr*. 2021 May;34(2):109-118.
4. Dexcom G7 User Guide, 2024.
5. Comments of employee health benefits decision-makers at large employers that attended Employer Advisory Board meetings hosted by Gallagher Employer Research & Insights, May 11, 17 and 23, 2023.
6. Karter AJ, Parker MM, Moffet HH, et al. Association of real-time continuous glucose monitoring with glycemic control and acute metabolic events among patients with insulin-treated diabetes. *JAMA*. 2021 Jun 8;325(22):2273-2284.
7. Miller EM. Using continuous glucose monitoring in clinical practice. *Clin Diabetes*. 2020 Dec;38(5):429-438.
8. Visser MM, Charleer S, Fieuws S, et al. Comparing real-time and intermittently scanned continuous glucose monitoring in adults with type 1 diabetes (ALERTT1): a 6-month, prospective, multicentre, randomised controlled trial. *Lancet*. 2021 Jun 12;397(10291):2275-2283.
9. Visser MM, Charleer S, Fieuws S, et al. Effect of switching from intermittently scanned to real-time continuous glucose monitoring in adults with type 1 diabetes: 24-month results from the randomised ALERTT1 trial. *Lancet Diabetes Endocr*. 2023 Feb;11(2):96-108.
10. Isaacson B, Kaufusi S, Sorensen J, et al. Demonstrating the clinical impact of continuous glucose monitoring within an integrated healthcare delivery system. *J Diabetes Sci Technol*. 2022 Mar;16(2):383-389.

Page 3

1. Gallagher Employer Research & Insights interviews with David Hines, Executive Director of Benefits for MNPS, April 8 and 15, 2024.
2. Benegration (MNPS Data Warehouse) analysis, May 2024.
3. Thomas R, Layne JE, Harris-Shapiro J, et al. Improvements in glycemic control in people with diabetes in an employer health initiative offering continuous glucose monitors (CGMs) as a pharmacy benefit. Poster presented at: The Academy of Managed Care Pharmacy 2024 Annual Meeting; April 15-18, 2024; New Orleans, LA.

