



All Employer Member Meeting

Wednesday, February 19, 2025

Agenda

- Florida Alliance Diabetes Report Presentation
- Board of Directors Election
- Event Update
- Education Programs/Project Opportunities
- Results of the Election

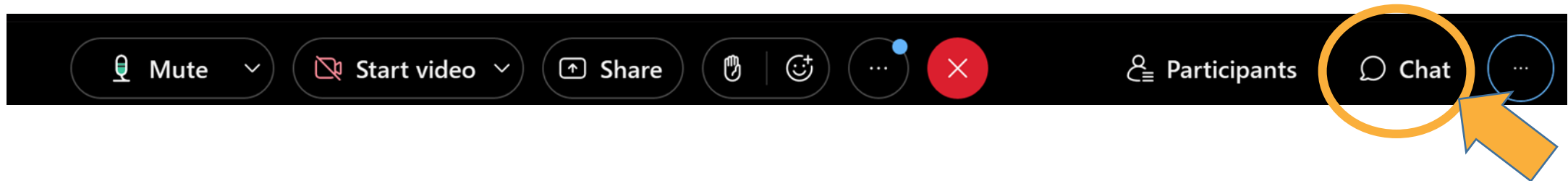


For Questions Use the CHAT FUNCTION



Please use the **Chat function** for any questions.

For most devices, the **Chat function** can be found at the bottom right-hand side of the screen.



- With the Chat window open, choose the tab to send DIRECT to **Ashley Tait-Dinger (Host)**.
- Type in your question. Please note there is a 512-character limit.
- If we are unable to address your content-related questions during the online presentation, we will try to have the remaining questions answered and posted with the follow up material.
- Any technical questions will be addressed as quickly as possible.
- For participants who have called in, to mute/unmute use *6

Thank you!



- Affiliate Member Sanofi has sponsored the development of the diabetes report for many years

The Sanofi logo, consisting of the word "sanofi" in a bold, lowercase, black sans-serif font. There are two purple dots: one at the end of the "s" and one above the "i".

TYPE 2 DIABETES REPORT™

Florida Alliance for Healthcare Value With a Focus on High-Risk Coexisting Conditions

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MAT-US-2410122-v1.0-11/2024

The **Florida Alliance for Healthcare Value Diabetes Report** offers a broad overview of the state of diabetes—with a focus on how co-occurring diagnoses such as cardiovascular (CV) disease, depression, hypoglycemia, neuropathy, and obesity impact care—in markets across Florida. The report provides state and national benchmarks for commercially insured patients (including comparison with their peers covered by Medicaid or Medicare) to identify potential gaps in care and reinforce positive trends. In select views, data on Type 1 diabetes patients has been included to provide insight into this condition. Current as of 2023 and spanning several years, the data in this report encompass nearly 872,000 patients with Type 1 diabetes and roughly 14.2 million unique patients nationally with Type 2 diabetes; Florida data captured nearly 65,000 patients with Type 1 diabetes and nearly 1.2 million with Type 2.

This year's report provides several observations to help providers and employers better meet the needs of employees. For example:

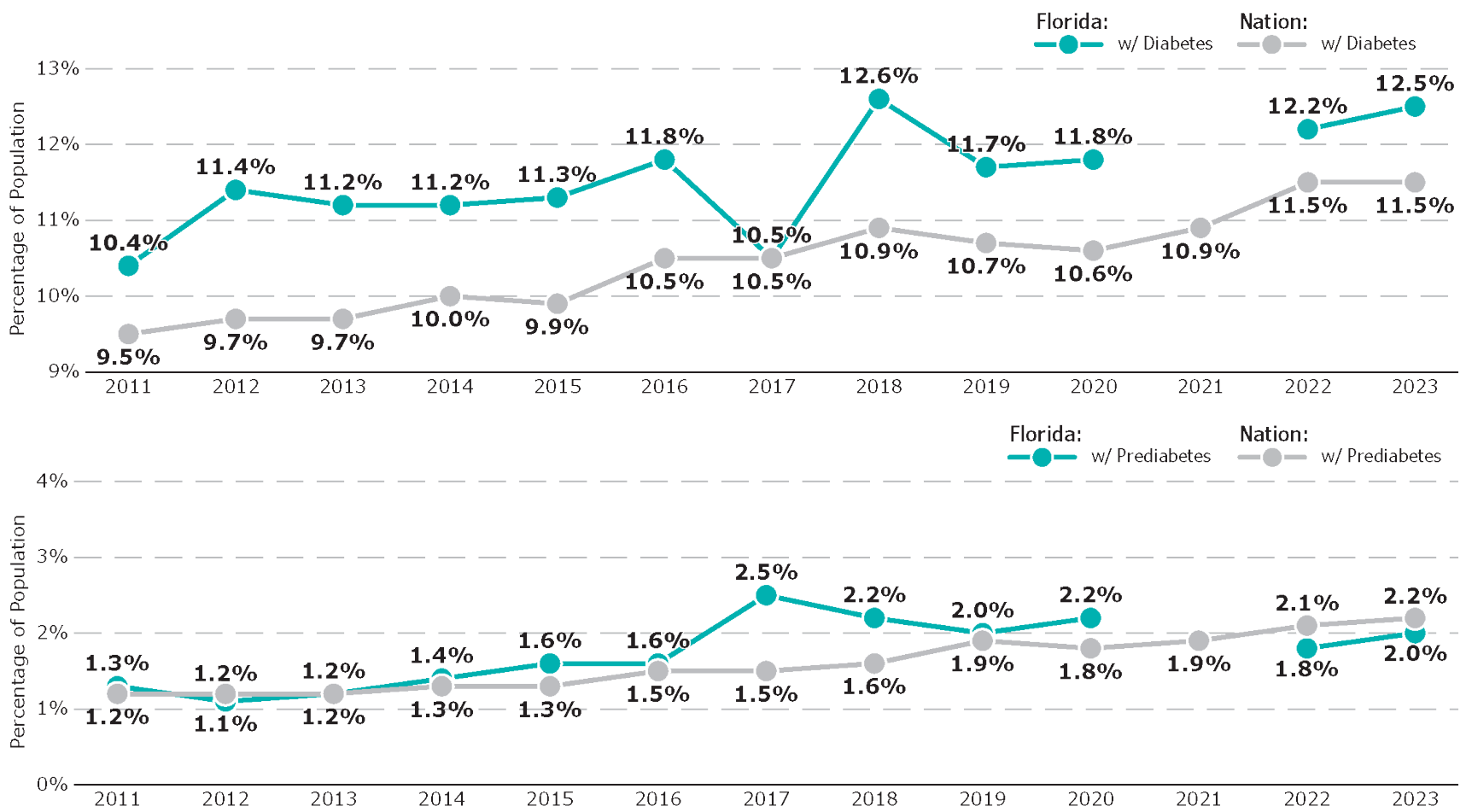
- In 2023—as in 2022—Florida commercial patients with Type 2 diabetes were more likely to have multiple complications or comorbidities than their counterparts across the nation.
- The percentages of Florida commercial Type 2 diabetes patients with any of the profiled co-occurring conditions exceeded the U.S. averages in 2023. For chronic kidney disease, the gap was nearly six percentage points.
- The percentage of Florida commercial Type 1 or Type 2 diabetes patients with a poorly controlled A1c level (>9.0%) on their last test exceeded the U.S. rate in 2023.
- In Lakeland in 2023, lower percentages of commercial Type 2 diabetes patients received an A1c test, blood glucose test, ophthalmological exam, serum cholesterol test, or urine microalbumin exam vs. the national average.
- Duval and Miami-Dade counties demonstrated higher social determinant of health stresses vs. other Florida counties.

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Percentage of Adults Self-Reporting Diabetes or Prediabetes, 2011–2023¹



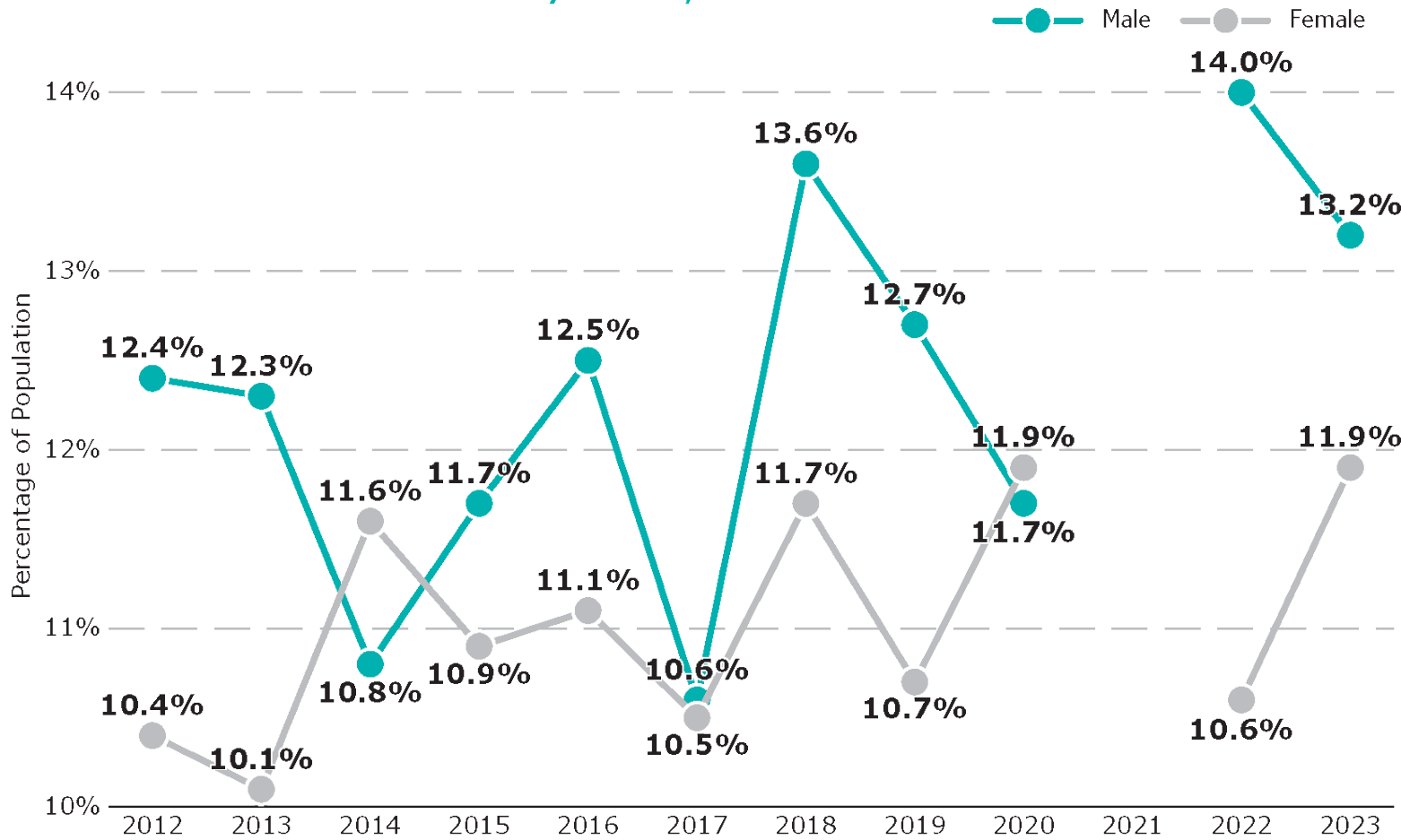
Reference: 1. Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System © 2024

NOTE: On pages 3–4, Behavioral Risk Factor Surveillance System (BRFSS) data on diabetes and prediabetes are based on responses to the survey question “Have you ever been told by a doctor that you have diabetes?” Data are crude prevalence and were unavailable for Florida for 2021.

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Percentage of Florida Population Self-Reporting Diabetes, by Gender, 2012–2023¹



Reference: 1. Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System © 2024

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Percentage of Diabetes Patients, by Payer, 2023²

MARKET	Commercial Insurance		Medicare		Medicaid	
	Type 1 Diabetes	Type 2 Diabetes	Type 1 Diabetes	Type 2 Diabetes	Type 1 Diabetes	Type 2 Diabetes
Jacksonville	58.5%	49.6%	29.7%	42.1%	10.7%	7.4%
Lakeland	54.3%	48.4%	29.4%	40.3%	15.5%	10.6%
Miami	60.2%	54.7%	25.2%	35.8%	13.4%	8.1%
Orlando	58.2%	47.9%	28.4%	38.0%	12.7%	13.7%
Palm Bay	62.2%	52.8%	30.2%	40.5%	6.8%	6.3%
Tampa	53.8%	54.7%	20.5%	35.6%	24.4%	8.5%
Florida	57.5%	52.5%	26.9%	37.7%	14.6%	9.0%
NATION	57.3%	49.6%	22.9%	34.5%	18.5%	14.0%

Reference: 2. IQVIA © 2024

NOTE: Throughout this report, commercial insurance includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations. Medicaid includes fee-for-service and managed care. The Lakeland market includes Winter Haven; the Miami market includes Fort Lauderdale and West Palm Beach; the Orlando market includes Kissimmee and Sanford; the Palm Bay market includes Melbourne and Titusville; the Tampa market includes St. Petersburg and Clearwater. An n/a indicates that data were not available. Prevalence data for Florida for 2021 were not available.

Intended for use with payers, formulary committees, or other similar entities for purposes of population-based drug selection, coverage, and/or reimbursement decision making.

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Distribution of Commercial Type 2 Diabetes Patients, by Age, 2022–2023²

MARKET	0–17		18–35		36–64		65–79		80+	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Jacksonville	0.3%	0.3%	2.2%	2.2%	44.0%	43.9%	41.4%	41.2%	12.1%	12.3%
Lakeland	0.3%	0.3%	2.4%	2.4%	44.4%	44.1%	40.2%	40.9%	12.7%	12.4%
Miami	0.2%	0.2%	1.7%	1.7%	39.3%	39.7%	41.4%	41.4%	17.4%	17.1%
Orlando	0.3%	0.2%	1.8%	1.9%	41.8%	40.2%	42.7%	43.8%	13.4%	13.9%
Palm Bay	0.2%	0.2%	1.6%	1.5%	37.2%	35.4%	43.6%	45.5%	17.5%	17.5%
Tampa	0.2%	0.2%	2.1%	2.5%	42.6%	49.4%	41.3%	36.3%	13.8%	11.7%
Florida	0.2%	0.2%	1.8%	1.9%	40.3%	41.5%	42.3%	41.5%	15.3%	14.9%
NATION	0.2%	0.2%	2.3%	2.4%	46.2%	46.0%	39.2%	39.2%	12.1%	12.2%

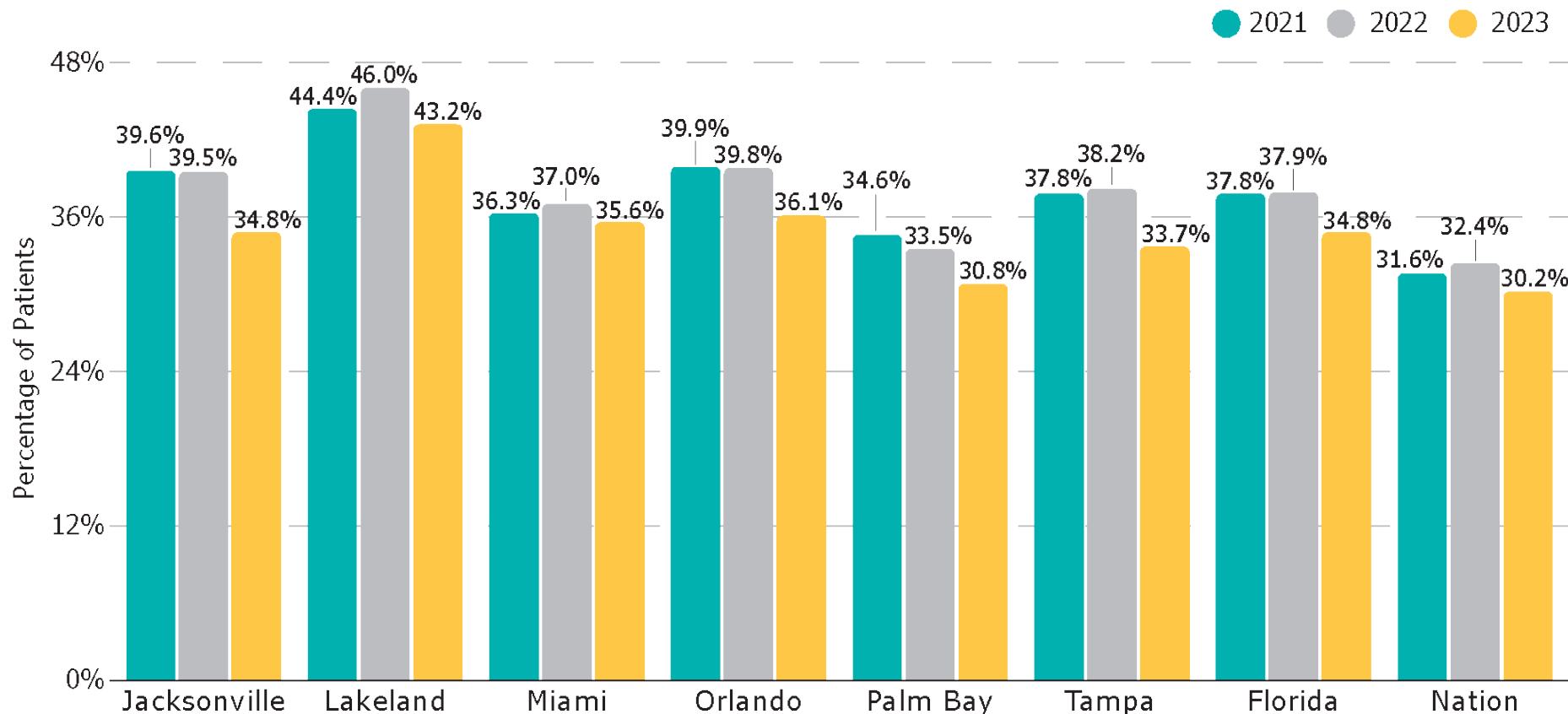
Reference: 2. IQVIA © 2024

NOTE: Throughout this report, commercial insurance includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations. Medicaid includes fee-for-service and managed care. The Lakeland market includes Winter Haven; the Miami market includes Fort Lauderdale and West Palm Beach; the Orlando market includes Kissimmee and Sanford; the Palm Bay market includes Melbourne and Titusville; the Tampa market includes St. Petersburg and Clearwater. An n/a indicates that data were not available. Prevalence data for Florida for 2021 were not available.

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Percentage of Commercial Type 2 Diabetes Patients With ≥2 Comorbidities, 2021–2023^{1,a}



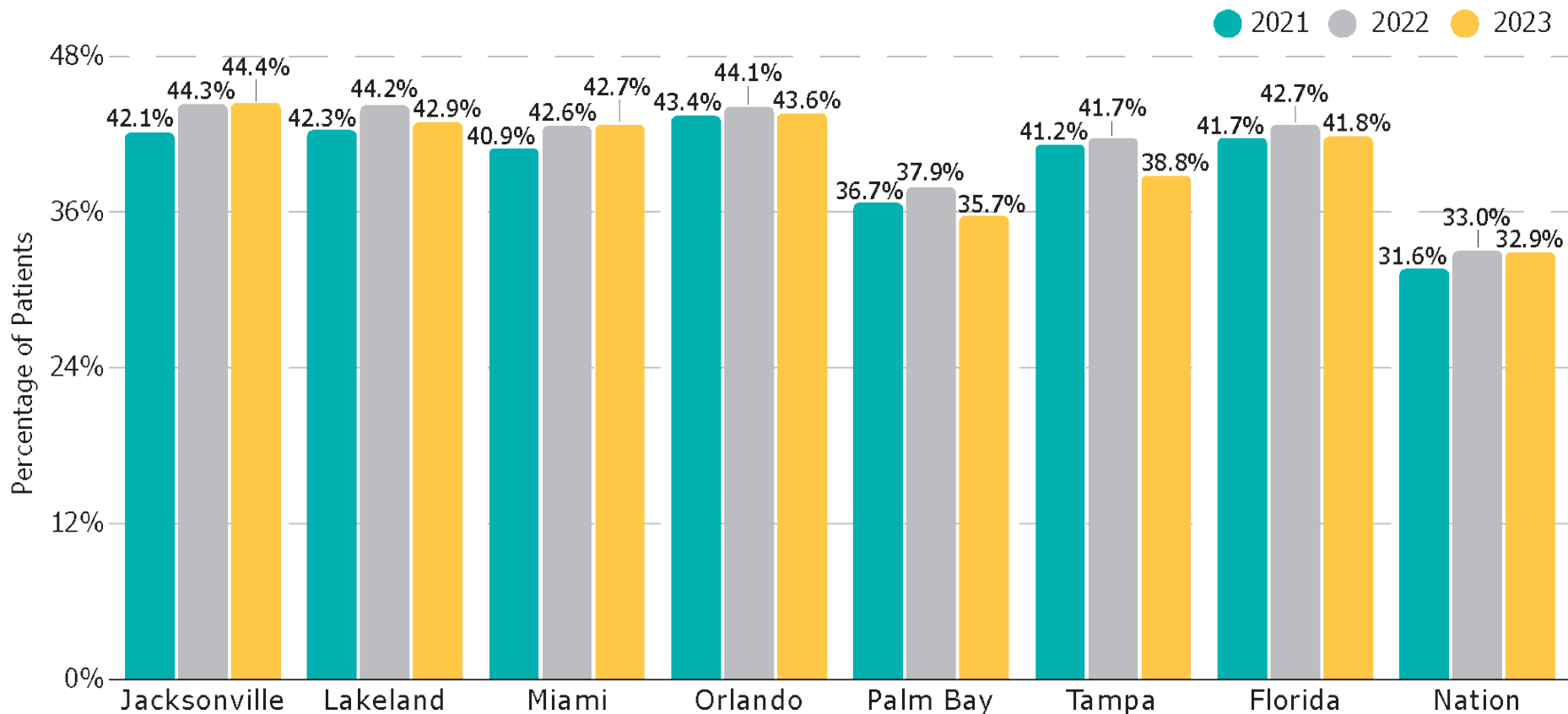
Reference: 1. IQVIA © 2024

^a A comorbidity is a condition a patient with diabetes may also have, which may not be directly related to the diabetes. Comorbidities were narrowed down to a subset of conditions which are typically present in patients with diabetes. Comorbidities of diabetes include, but are not limited to, asthma, atrial fibrillation/atrial flutter, depression, hyperlipidemia, hypertension, knee osteoarthritis, obesity, pneumonia, rheumatoid arthritis, and social determinants of health.

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Percentage of Commercial Type 2 Diabetes Patients With ≥2 Complications, 2021–2023^{1,b}



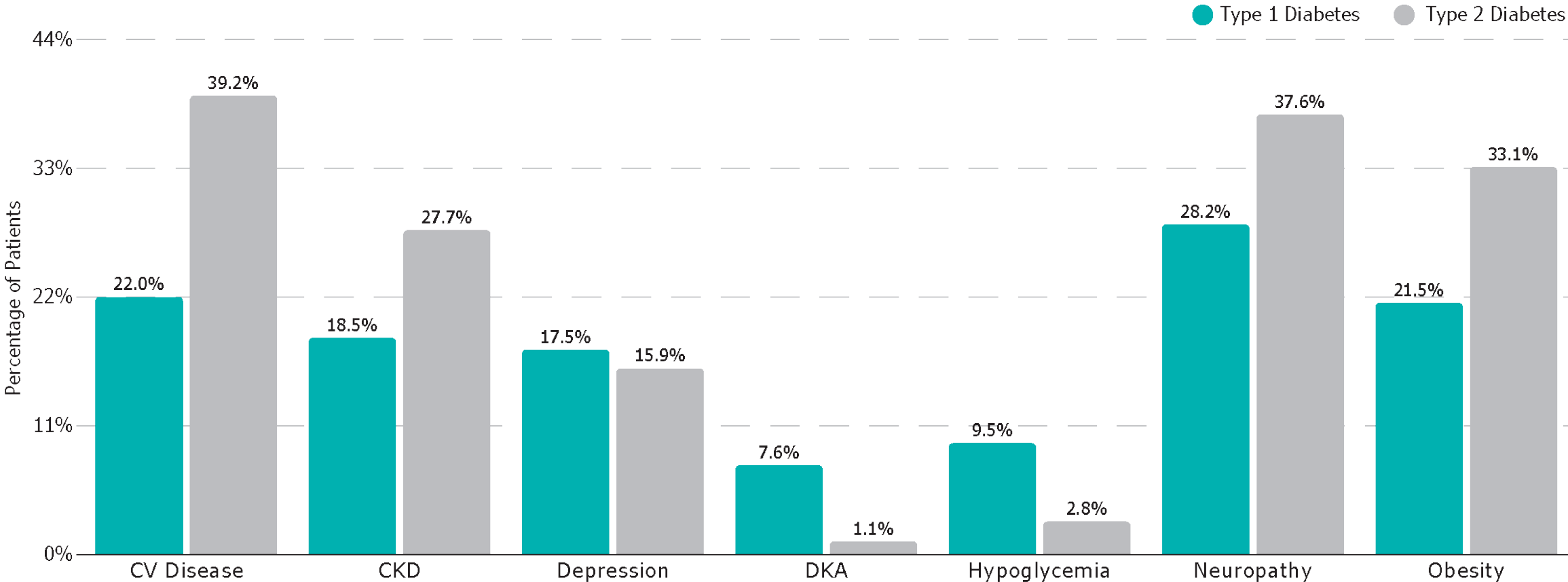
Reference: 1. IQVIA © 2024

^b A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, chronic kidney disease (CKD), congestive heart failure, diabetic ketoacidosis (DKA), end-stage renal disease (ESRD), gastrointestinal (GI) symptoms, hyperglycemia, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other CV diseases.

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Percentage of Commercial Type 1 and Type 2 Diabetes Patients With Various Co-Occurring Conditions, Florida, 2023^{1,c}



Reference: 1. IQVIA © 2024

^c A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), COVID-19, depression, diabetic ketoacidosis (DKA), gastrointestinal (GI) symptoms, congestive heart failure, hyperglycemia, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

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Percentage of Commercial Type 1 (T1D) or Type 2 Diabetes (T2D) Patients Receiving Various Services, 2023¹

MARKET	A1c Test ^a		Blood Glucose Test		Ophthalmologic Exam		Serum Cholesterol Test		Urine Microalbumin Test	
	T1D	T2D	T1D	T2D	T1D	T2D	T1D	T2D	T1D	T2D
Jacksonville	90.9%	82.9%	94.3%	85.6%	40.4%	37.9%	65.1%	70.1%	46.4%	35.8%
Lakeland	88.7%	84.4%	92.9%	85.8%	49.3%	53.9%	67.5%	71.3%	50.8%	40.8%
Miami	85.8%	83.8%	90.1%	85.5%	42.9%	48.4%	66.8%	72.2%	46.9%	40.1%
Orlando	88.2%	84.5%	91.1%	83.7%	46.4%	53.8%	67.9%	69.2%	49.2%	37.7%
Palm Bay	85.7%	78.9%	93.9%	84.3%	51.7%	50.3%	72.6%	70.1%	51.3%	38.3%
Tampa	89.9%	85.5%	93.3%	87.8%	45.0%	48.7%	70.0%	74.9%	51.8%	43.7%
Florida	87.3%	83.6%	91.6%	85.4%	45.3%	48.4%	68.1%	71.7%	48.2%	39.3%
NATION	88.9%	85.0%	91.8%	88.0%	44.1%	43.2%	69.1%	74.9%	54.3%	46.8%

Reference: 1. IQVIA © 2024

^a The A1c test measures how much glucose has been in the blood during the past 2-3 months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

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Percentage of Commercial Type 1 (T1D) or Type 2 Diabetes (T2D) Patients, by Setting, 2023¹

MARKET	Emergency Department		Inpatient		Office/Clinic		Telehealth	
	T1D	T2D	T1D	T2D	T1D	T2D	T1D	T2D
Jacksonville	20.6%	21.6%	24.3%	27.5%	80.6%	78.8%	10.2%	7.9%
Lakeland	25.8%	19.3%	17.0%	15.5%	81.3%	87.0%	11.6%	8.2%
Miami	19.6%	22.0%	12.8%	16.0%	62.7%	81.6%	9.6%	10.8%
Orlando	27.9%	20.4%	17.0%	13.9%	83.3%	88.6%	14.2%	10.8%
Palm Bay	24.8%	20.5%	18.3%	15.7%	82.2%	87.5%	7.8%	6.6%
Tampa	23.7%	23.5%	15.9%	16.8%	67.8%	80.2%	10.1%	9.1%
Florida	23.5%	22.9%	17.1%	17.6%	70.9%	83.1%	9.8%	9.2%
NATION	17.2%	19.4%	10.7%	13.0%	69.3%	81.3%	10.9%	9.6%

Reference: 1. IQVIA © 2024

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Number of Encounters per Commercial Type 2 Diabetes Patient per Year, Overall vs. With Various Co-Occurring Conditions, 2023^{1,b,c}

MARKET	Overall	w/ CV Disease	w/ Depression	w/ Hypoglycemia	w/ Obesity
Jacksonville	13.1	19.2	20.2	27.2	15.5
Lakeland	11.4	15.4	16.0	20.1	13.1
Miami	12.8	18.8	20.1	22.2	15.4
Orlando	11.4	16.9	18.7	23.5	14.4
Palm Bay	15.1	23.5	24.6	33.4	18.2
Tampa	10.8	15.1	15.0	21.8	12.6
Florida	13.4	19.2	22.1	28.8	15.9
NATION	12.8	20.4	20.5	26.4	15.9

Reference: 1. IQVIA © 2024

^b Figures reflect the total number of provider encounters by Type 2 diabetes patients over the year shown within the given geography, divided by the total number of patients within that geography.
^c A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), COVID-19, depression, diabetic ketoacidosis (DKA), gastrointestinal (GI) symptoms, congestive heart failure, hyperglycemia, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

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Distribution of Type 2 Diabetes Patients, by A1c Level Range and Payer, 2023^{1,a}

MARKET	≤7.0%			7.1–7.9%			8.0–9.0%			>9.0%		
	Comm. Ins.	Medicare	Medicaid	Comm. Ins.	Medicare	Medicaid	Comm. Ins.	Medicare	Medicaid	Comm. Ins.	Medicare	Medicaid
Jacksonville	60.4%	64.3%	55.0%	18.0%	18.1%	14.5%	10.8%	10.1%	12.2%	10.8%	7.6%	18.2%
Lakeland	56.4%	60.2%	52.0%	18.5%	19.6%	15.8%	12.3%	11.4%	13.1%	12.9%	8.9%	19.1%
Miami	57.5%	65.2%	55.0%	18.7%	18.1%	16.7%	11.4%	9.6%	12.1%	12.4%	7.2%	16.3%
Orlando	57.7%	63.3%	53.1%	18.6%	18.9%	17.6%	11.8%	10.2%	13.4%	11.9%	7.6%	16.0%
Palm Bay	64.1%	68.3%	65.9%	18.4%	18.1%	14.9%	9.7%	8.3%	9.0%	7.8%	5.3%	10.2%
Tampa	58.6%	64.9%	54.3%	18.2%	18.5%	15.6%	11.3%	9.8%	11.9%	11.8%	6.9%	18.2%
Florida	58.7%	64.9%	55.3%	18.6%	18.4%	16.2%	11.2%	9.7%	12.1%	11.6%	7.1%	16.4%
NATION	61.0%	64.3%	56.4%	18.0%	18.1%	17.1%	10.4%	9.7%	11.5%	10.6%	7.9%	14.9%

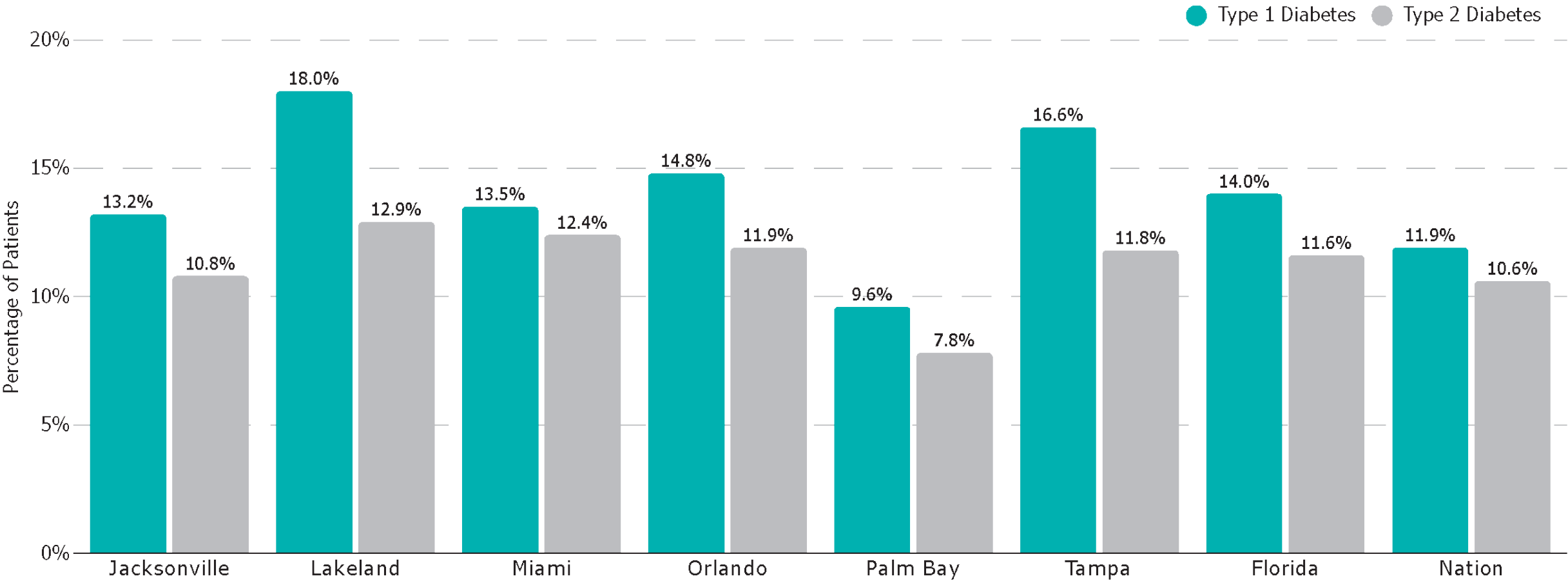
Reference: 1. IQVIA © 2024

^a The A1c test measures how much glucose has been in the blood during the past 2–3 months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

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Percentage of Commercial Type 1 and Type 2 Diabetes Patients With an A1c Level >9.0%, 2023^{1,a}



Reference: 1. IQVIA © 2024

^a The A1c test measures how much glucose has been in the blood during the past 2-3 months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

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Professional Emergency Department Charges per Commercial Type 2 Diabetes Patient per Year, Overall vs. With Various Co-Occurring Conditions, 2023^{1,a,b}

	Overall	w/ CV Disease	w/ Depression	w/ Hypoglycemia	w/ Neuropathy	w/ Obesity
Jacksonville	\$3,008	\$3,468	\$3,843	\$4,169	\$3,383	\$3,314
Lakeland	\$2,769	\$3,339	\$3,441	\$4,802	\$3,292	\$2,863
Miami	\$2,599	\$3,050	\$3,297	\$4,384	\$3,002	\$2,852
Orlando	\$3,147	\$3,751	\$3,868	\$5,080	\$3,613	\$3,265
Palm Bay	\$2,158	\$2,672	\$2,651	\$3,527	\$2,417	\$2,244
Tampa	\$2,143	\$2,608	\$2,772	\$3,440	\$2,507	\$2,452
Florida	\$2,555	\$3,043	\$3,181	\$4,027	\$2,961	\$2,800
NATION	\$2,016	\$2,396	\$2,449	\$3,105	\$2,333	\$2,116

Reference: 1. IQVIA © 2024

^a Professional charges are those generated by the providers delivering care to patients with diabetes in various settings.

^b A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), COVID-19, depression, diabetic ketoacidosis (DKA), gastrointestinal (GI) symptoms, congestive heart failure, hyperglycemia, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

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Percentage of Commercial Type 2 Diabetes Patients Receiving Various Insulin and Combination Therapies, 2022–2023¹

MARKET	Long-Acting Insulin		Longer-Acting Insulin		Rapid-/Short-Acting Insulin		Fixed Ratio (Long-Acting Insulin/ GLP-1 RA)		Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Jacksonville	14.4%	15.5%	8.9%	9.9%	17.0%	19.8%	1.0%	1.1%	10.6%	12.8%
Lakeland	15.4%	15.2%	7.4%	7.1%	12.6%	12.5%	0.7%	0.7%	9.2%	9.9%
Miami	13.1%	13.0%	5.7%	5.2%	10.4%	10.2%	1.0%	0.8%	6.9%	7.5%
Orlando	13.5%	13.8%	6.1%	6.1%	10.9%	11.7%	1.0%	1.0%	7.6%	8.5%
Palm Bay	9.3%	10.0%	10.1%	10.9%	12.9%	13.9%	0.9%	0.9%	8.8%	10.6%
Tampa	13.4%	13.8%	7.2%	7.0%	12.3%	12.7%	0.6%	0.6%	8.1%	9.2%
Florida	13.2%	13.4%	6.9%	6.8%	11.6%	12.1%	0.9%	0.8%	8.0%	9.0%
NATION	13.9%	13.4%	7.3%	7.1%	12.0%	11.8%	0.7%	0.6%	9.4%	10.4%

Reference: 1. IQVIA © 2024

Biguanides: Decrease the production of glucose by the liver, decrease intestinal absorption of glucose, and increase the peripheral uptake and use of circulating glucose.
Dipeptidyl Peptidase 4 (DPP-4) Inhibitors: Inhibit DPP-4 enzymes and slow inactivation of incretin hormones, helping to regulate glucose homeostasis through increased insulin release and decreased glucagon levels.
Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RAs): Increase glucose-dependent insulin secretion and pancreatic beta-cell sensitivity, reduce glucagon production, slow rate of absorption of glucose in the digestive tract by slowing gastric emptying, and suppress appetite. “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.
Insulin Sensitizing Agents: Increase insulin sensitivity by improving response to insulin in liver, adipose tissue, and skeletal muscle, resulting in decreased production of glucose by the liver and increased peripheral uptake and use of circulating glucose.
Long-/Longer-Acting Insulin: Insulin replacement product with a long duration of action. “Long-acting” refers to long-acting basal insulins approved through 2014 and follow-on long-acting insulins approved after 2014. “Longer-Acting” refers to non-follow-on long-acting basal insulins approved in or after 2015.
Mixed Insulin: Insulin replacement product combining a short-acting and an intermediate-acting insulin product.
Rapid-/Short-Acting Insulin: Insulin replacement products including: rapid-acting insulins that begin to work within 15 minutes after injection with duration of action of up to approximately four hours, and short-acting insulins that begin to work within 30 minutes after injection with duration of action of up to approximately six hours.
Sodium/Glucose Cotransporter 2 (SGLT-2) Inhibitors: Lower blood glucose concentration so that glucose is excreted instead of reabsorbed.

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Percentage of Commercial Type 2 Diabetes Patients Receiving Various Non-Insulin Antidiabetic Therapies, 2022–2023¹

MARKET	Biguanides		GLP-1 RAs		DPP-4 Inhibitors		Insulin Sensitizing Agents		SGLT-2 Inhibitors	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Jacksonville	56.8%	53.0%	35.8%	45.9%	7.8%	7.1%	11.9%	11.5%	24.8%	28.0%
Lakeland	63.0%	61.4%	32.2%	40.6%	7.0%	5.5%	8.5%	8.5%	22.2%	24.3%
Miami	72.1%	71.9%	23.8%	31.4%	8.1%	7.0%	5.5%	5.4%	19.2%	21.8%
Orlando	67.8%	66.9%	27.3%	34.5%	7.4%	6.3%	7.8%	7.5%	20.2%	23.3%
Palm Bay	60.7%	58.8%	31.2%	43.9%	6.8%	5.2%	6.5%	6.4%	25.7%	28.2%
Tampa	65.8%	64.2%	29.7%	38.8%	7.7%	6.4%	7.0%	6.5%	21.8%	23.8%
Florida	66.7%	65.4%	28.1%	36.8%	7.8%	6.6%	6.9%	6.5%	20.6%	23.2%
NATION	67.5%	64.9%	32.2%	41.7%	7.9%	6.5%	6.7%	6.4%	23.0%	25.5%

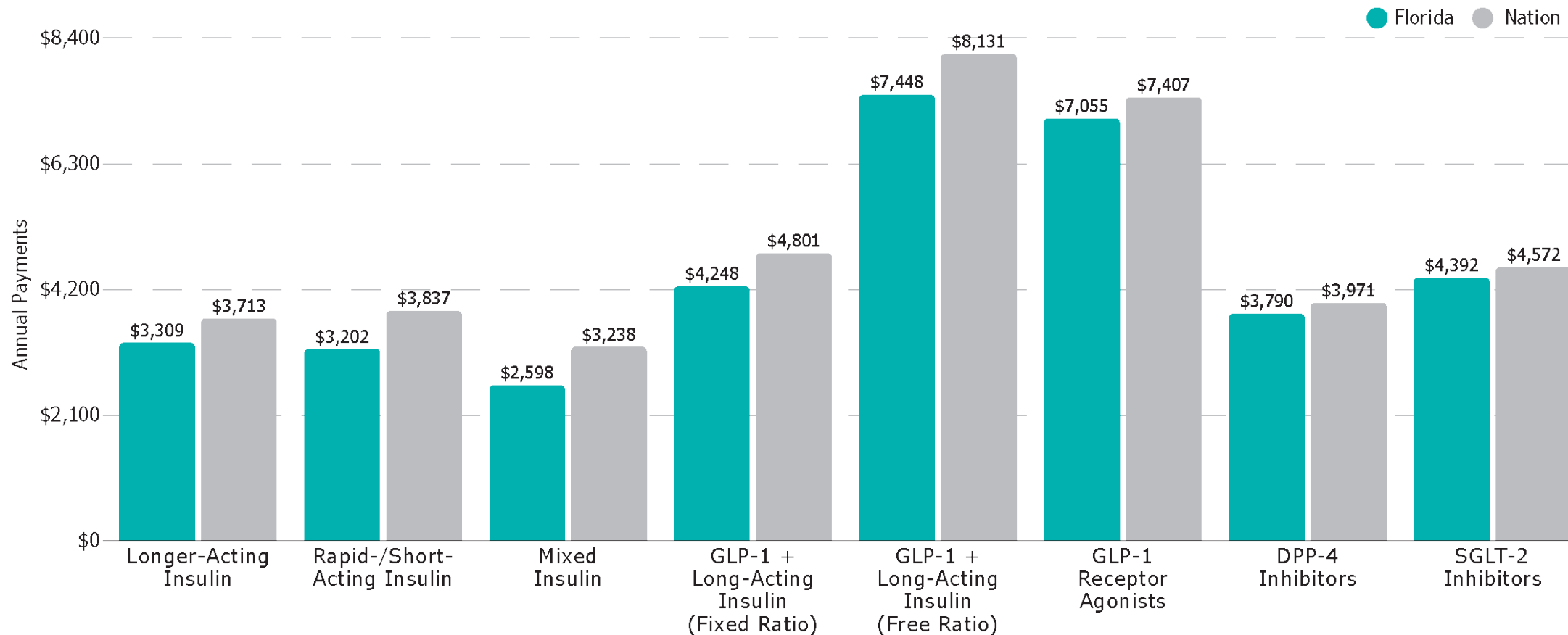
Reference: 1. IQVIA © 2024

Biguanides: Decrease the production of glucose by the liver, decrease intestinal absorption of glucose, and increase the peripheral uptake and use of circulating glucose.
Dipeptidyl Peptidase 4 (DPP-4) Inhibitors: Inhibit DPP-4 enzymes and slow inactivation of incretin hormones, helping to regulate glucose homeostasis through increased insulin release and decreased glucagon levels.
Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RAs): Increase glucose-dependent insulin secretion and pancreatic beta-cell sensitivity, reduce glucagon production, slow rate of absorption of glucose in the digestive tract by slowing gastric emptying, and suppress appetite. “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.
Insulin Sensitizing Agents: Increase insulin sensitivity by improving response to insulin in liver, adipose tissue, and skeletal muscle, resulting in decreased production of glucose by the liver and increased peripheral uptake and use of circulating glucose.
Long-/Longer-Acting Insulin: Insulin replacement product with a long duration of action. “Long-acting” refers to long-acting basal insulins approved through 2014 and follow-on long-acting insulins approved after 2014. “Longer-Acting” refers to non-follow-on long-acting basal insulins approved in or after 2015.
Mixed Insulin: Insulin replacement product combining a short-acting and an intermediate-acting insulin product.
Rapid-/Short-Acting Insulin: Insulin replacement products including: rapid-acting insulins that begin to work within 15 minutes after injection with duration of action of up to approximately four hours, and short-acting insulins that begin to work within 30 minutes after injection with duration of action of up to approximately six hours.
Sodium/Glucose Cotransporter 2 (SGLT-2) Inhibitors: Lower blood glucose concentration so that glucose is excreted instead of reabsorbed.

Intended for use with payers, formulary committees, or other similar entities for purposes of population-based drug selection, coverage, and/or reimbursement decision making.

MAT-US-2410122-v1.0-11/2024

Annual Payments per Commercial Type 2 Diabetes Patient for Various Insulin and Non-Insulin Antidiabetic Therapies, 2023^{1,a}



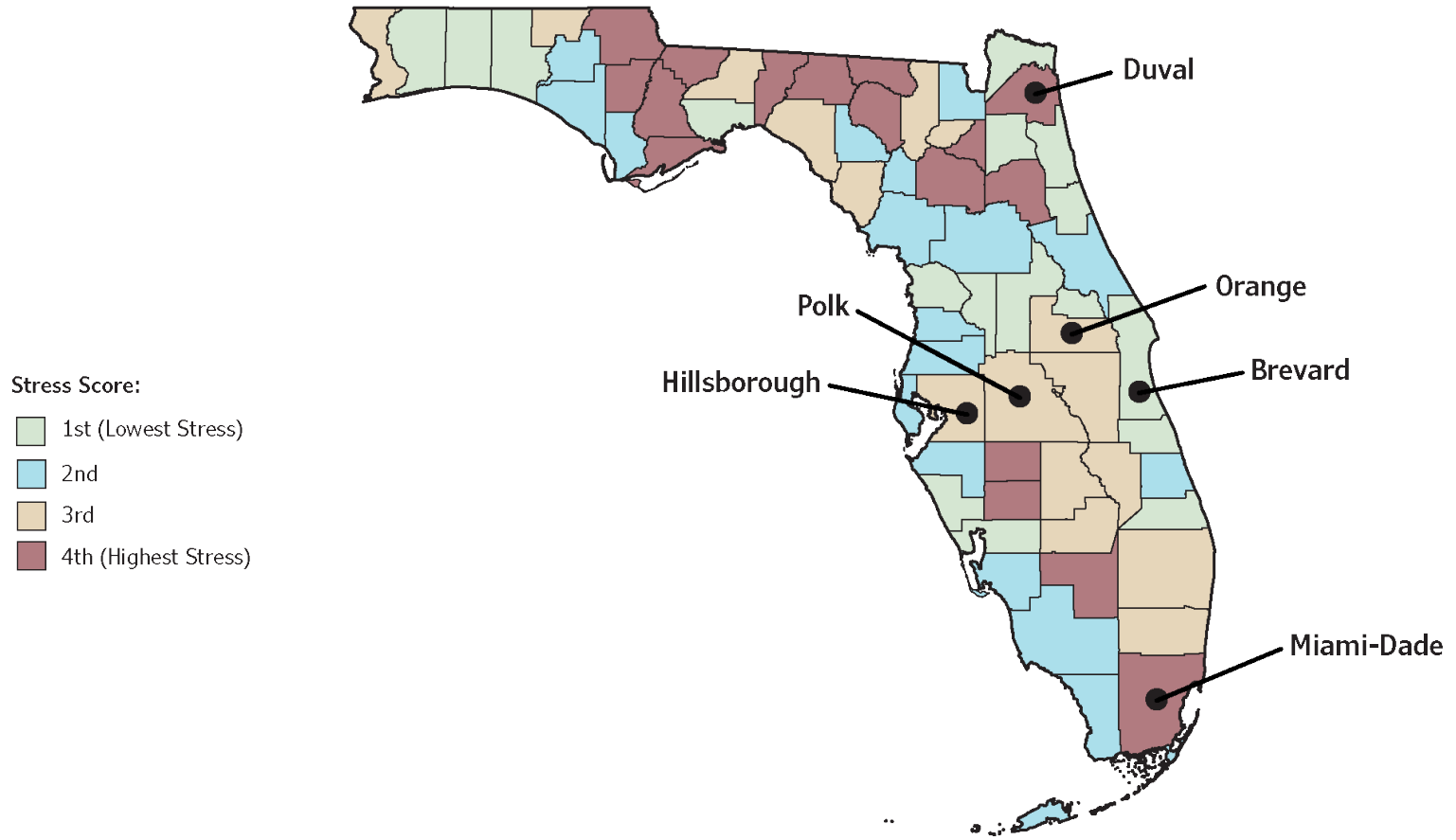
Reference: 1. IQVIA © 2024

^a Figures reflect the per-patient yearly payments for diabetes patients receiving a particular type of therapy. These are the actual amounts paid by the insurer and patient for such prescriptions.

Intended for use with payers, formulary committees, or other similar entities for purposes of population-based drug selection, coverage, and/or reimbursement decision making.

MAT-US-2410122-v1.0-11/2024

Combined Social Determinants of Health (SDoH) Stress in Florida, by County, 2022¹



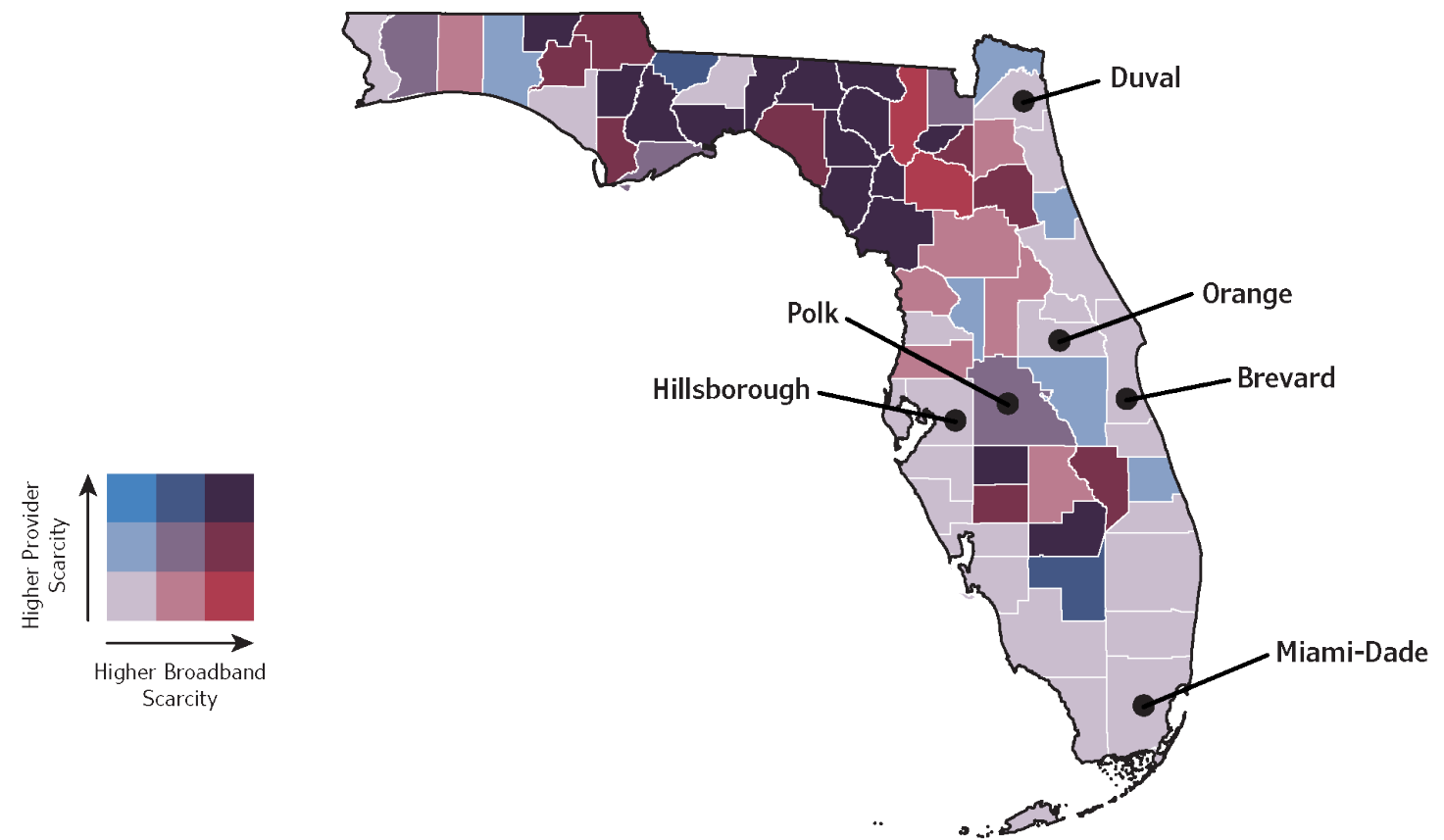
Reference: 1. U.S. Census Bureau, American Community Survey, Five-Year Estimate © 2024

NOTE: Combined score represents a linear, equally weighted combination of county rankings for four SDoH elements: 1) percentage of population with income less than 150% of the federal poverty level; 2) percentage of households without a vehicle; 3) percentage of owner-occupied housing units (reversed); and 4) percentage of population aged 25+ who have completed high school (reversed). A higher combined score represents higher levels of stress with respect to these SDoH elements. Provider access data for medical doctors and doctors of osteopathy are for 2021; nurse practitioners and physician assistants data are for 2022. Fixed broadband internet availability data are for 2023.

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Overlap of Provider Access (per 100,000 Population) and Fixed Broadband Internet Scarcity in Florida, by County, 2021-2023^{2,3}



References: 2. Health Resources and Services Administration © 2024. 3. Federal Communications Commission © 2024.

NOTE: Combined score represents a linear, equally weighted combination of county rankings for four SDoH elements: 1) percentage of population with income less than 150% of the federal poverty level; 2) percentage of households without a vehicle; 3) percentage of owner-occupied housing units (reversed); and 4) percentage of population aged 25+ who have completed high school (reversed). A higher combined score represents higher levels of stress with respect to these SDoH elements. Provider access data for medical doctors and doctors of osteopathy are for 2021; nurse practitioners and physician assistants data are for 2022. Fixed broadband internet availability data are for 2023.

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Unless otherwise specified, the data for this report are from IQVIA and are out of health care professional (837p) and institutional (837i) insurance claims, representing nearly 872,000 patients with Type 1 diabetes (ICD-10 code E10) and nearly 14.2 million unique patients nationally in 2023 with a diagnosis of Type 2 diabetes (ICD-10 codes E08, E09, E11, 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% of the retail prescription universe and 72% of 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.

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Board Nominee Dawn Hunt



Dawn Hunt

Director of Human Resources, MarineMax

Dawn has been at MarineMax since 2001 and previously worked at Gulfwind Marine at Palm Island and Sun Honda. She is a highly qualified and engaged leader from our Employer Member community and the Nominating Committee of the Board feels strongly that Dawn will be an asset to our Board of Directors.

Voting Instructions



We can accept one vote from each Employer Member organization. One meeting participant from each Employer Member organization should be designated as the one member to submit the vote.

TO VOTE:



- Open the Chat window.
- Select the tab to send DIRECT to **Ashley Tait-Dinger (Host)**.
- In the window, type YES to approve Board Nominee, or NO if you do not approve of the Board Nominee.

Annual Meeting

March 4, 2025
2:00PM – 3:30PM ET



During this **FREE VIRTUAL EVENT** we will:

- Introduce the Florida Alliance 2025-2026 Board of Directors and Officers
- Look back at what we accomplished in 2024 including a presentation of our 2024 Annual Report
- Look ahead at the 2025 Plan of Work



Registration is required. To register, go to www.flhealthvalue.org/event/2025-annual-meeting/

Annual Meeting
Tuesday, March 4, 2025
2:00PM – 3:30PM ET



KEYNOTE SPEAKER



This year's keynote speaker is **Jessica Brooks Woods, CEO of the National Association of Benefits and Insurance Professionals**. Jessica previously served as the President and CEO of the Pittsburgh Business Group on Health for 10 years, where she orchestrated initiatives that revolutionized healthcare value, access, equity, and quality for employers. She introduced the Health Desk, an innovative service redefining patient care standards. She launched a book in 2023 called "Race Forward: An Employer's Guide to Health Equity." Jessica has spoken at numerous national conferences with a special emphasis on health equity.

Florida Alliance's 2025 Annual Conference



CONFERENCE DETAILS:

- **Date:** Thursday, May 1, 2025
- **Registration opens with breakfast and networking available:** 8:00AM – 9:00AM ET
- **Program Time:** 9:00AM – 5:00PM ET
- **Location:** Rosen Centre Hotel, 9840 International Dr., Orlando, FL 32819
- **Registration is now open!** – go to www.flhealthvalue.org/event/2025-annual-conference/
- **Your Employer Member Promo Code: 2025EMPLOYERAC**

(Please do not share this code outside your organization. If you have a colleague at an organization that is not a member of the Florida Alliance, please reach out to Karen@flhealthvalue.org for a guest code that you can share with them.)



Florida Alliance's 2025 Annual Conference



Session titles:

- Fireside Chat: *Food as Medicine*
- Panel Session: *The “Pink” Tax: Inequities and Financial Burdens in Women’s Health*
- *The Future of Employer Sponsored Health Coverage*
- Panel Session: *Engaging in Health Policy and Advocacy to Drive Value in Health Care*
- Panel Session: *Beyond Blind Trust: A Fiduciary Framework for Managing Employer Healthcare Programs*
- Session: *Future Health: AI’s Role in Population Health Management*

New Project Opportunity



Breastfeeding Support Demonstration Project Opportunity



Affiliate Member The Lactation Network is sponsoring a demonstration project on breastfeeding support.

Learn more about this opportunity on

Wednesday, March 19, 2025

2:00PM – 3:00PM ET

Special Education Program



Direct Contracting

Jeff Hogan, President of Upside Health Advisors, will present what it is, what's working well for employers, and speak to a new approach and opportunity we have with OpenNetworks.

Monday, March 17, 2025

1:00PM-2:00PM ET



Wrap Up

- Election Results
- Q&A

