BQPP – DIABETES UPDATE

ACA Data and Medication Costs
TODAY’S AGENDA

+ Review Affordable Care Act Membership (a.k.a Exchange Members)

+ Areas of Opportunity

+ BCBSNC alignment with preferred products

+ Help your patients afford their diabetic medications!

+ Q&A

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Clinical Pharmacist – Commercial Utilization Management BCBSNC
WHAT ARE WE LOOKING AT?

+ Current ACA members
+ Diagnoses related to weight, prediabetes, type II diabetes
+ Limited A1C Data
+ Limited BMI on record
+ Medications from the past 365 days
MEMBERS – REPORT SUMMARY

<table>
<thead>
<tr>
<th>ACA population</th>
<th>462,561</th>
<th>Percent Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA with related diagnosis</td>
<td>73,478</td>
<td>16%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>46,051</td>
<td>10%</td>
</tr>
<tr>
<td>Prediabetes</td>
<td>14,801</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetes, Type 2</td>
<td>33,263</td>
<td>7%</td>
</tr>
</tbody>
</table>

Target Dx Members with A1C Data
N = 8,466

- HbA1c < 6.5: 24.60%
- HbA1c 6.5 - 7.5: 10.82%
- HbA1c 7.6 - 9: 9.46%
- HbA1c >= 9: 55.11%

Average Age for Disease States

- Overweight +: 45.1
- Prediabetic: 51.0
- Diabetic Age: 53.5
MEMBERS – NATIONAL COMPARISON

- Numbers are right in line with national numbers
- National A1C average for diabetic = 7.2
- NC ACA A1C average for diabetic = 7.24

https://www.cdc.gov/diabetes/statistics/a1c/A1c_dist.htm
MEMBERS – DIABETICS AND MEDICATIONS

All Diabetics

- New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of “no drug”
MEMBERS – DIABETICS AND MEDICATIONS

- New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of “no drug”
- * 2011 CDC data shows 15% of diabetics are not being treated with a medication
MEMBERS – PREDIABETICS

Metformin utilization – are we doing enough to prevent?

*New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of "no drug"
AREAS OF OPPORTUNITY
**AREAS OF OPPORTUNITY**

**Where do we go from here?**

NC is in the top 3rd of diabetics per capita and volume

NC does not differ from the nation in A1C outcomes

Patients have coverage but no medications/ER visits

**FOCUS ON PREVENTION**

- Metformin early in therapy and as a standard for prediabetes
- Utilize plan resources for lifestyle
  - Dieticians, CDE’s, weight loss support programs

**DRIVE DOWN COST**

- Lower the out of pocket spend
- Decrease prior authorizations

**REACH OUT TO AT RISK MEMBERS**

- Link up at risk members with case management
- [Case.Management@bcbsnc.com](mailto:Case.Management@bcbsnc.com)
Focus On Prevention

- Incidence of diabetes reduced 58% with lifestyle modification

- Incidence of diabetes reduced 31% with metformin

- **Metformin therapy for prevention of type 2 diabetes should be considered in those with prediabetes, especially for those with BMI ≥35 kg/m², those aged <60 years, women with prior gestational diabetes mellitus, and/or those with rising A1C despite lifestyle intervention.**

* New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of “no drug”
DRIVE DOWN COST

+ Moving from Metformin a multiple injection therapy is expensive no matter what

+ Non-preferred products can double out of pocket expenses

+ The following slides show the cost of disease progression condensed into one year of therapy

+ Watch how both the mix of drug classes and non-preferred products alter costs
Low cost pathway – Disease progression condensed to 1 year

<table>
<thead>
<tr>
<th>Month</th>
<th>1</th>
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<th>10</th>
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<th>12</th>
<th>Annual Total</th>
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<tbody>
<tr>
<td>Patient</td>
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<td>$5</td>
<td>$5</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$25</td>
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<td>$300 ($420)</td>
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<td>$10</td>
<td>$10</td>
<td>$225</td>
<td>$225</td>
<td>$225</td>
<td>$625</td>
<td>$625</td>
<td>$625</td>
<td>$2580 ($2920)</td>
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</tbody>
</table>

*Using Non-preferred out of pocket increase: $120
Plan costs increase: 20-30%
Common cost pathway – Disease progression condensed to 1 year

**Metformin ER ($5)**

**Glyburide ($20)**

**Metformin ER ($5)**

**Glyburide ($20)**

**Invokana ($510)**

**Lantus ($450)**

*Using Non-preferred out of pocket increase: $360

Plan costs increase: 20-30%

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<td>$5</td>
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<td>$15</td>
<td>$15</td>
<td>$55</td>
<td>$55</td>
<td>$55</td>
<td>$85</td>
<td>$85</td>
<td>$85</td>
<td><strong>$525 ($85)</strong></td>
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<tr>
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<td>$10</td>
<td>$10</td>
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<td>$480</td>
<td>$480</td>
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<td>$890</td>
<td>$890</td>
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<td><strong>$4590 ($5695)</strong></td>
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</table>
DRIVE DOWN COST – CASE STUDY

High cost pathway – Disease progression condensed to 1 year

Metformin ER (Glumetza) ($1650) (prior authorization)

Metformin ER (Glumetza) ($1650)

Invokana ($510)*

Metformin ER (Glumetza) ($1650)

Invokana ($510)*

Victoza ($890)*

Metformin ER (Glumetza) ($1650)

Victoza ($890)*

Lantus ($450)*

*Using Non-preferred out of pocket increase: $1500

Plan costs increase: 20-30%

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<td>$80</td>
<td>$80</td>
<td>$120</td>
<td>$120</td>
<td>$120</td>
<td>$160</td>
<td>$160</td>
<td>$160</td>
<td>$160</td>
<td>$160</td>
<td>$160</td>
<td>$1560 ($3060)</td>
</tr>
<tr>
<td>Plan</td>
<td>$1560</td>
<td>$1560</td>
<td>$1560</td>
<td>$2030</td>
<td>$2030</td>
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<td>$2880</td>
<td>$2880</td>
<td>$2880</td>
<td>$2820</td>
<td>$2820</td>
<td>$2820</td>
<td>$27,870 ($30,310)</td>
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</table>
DRIVE DOWN COST – CASE STUDY

Insulin Early Pathway – Disease progression condensed to 1 year

Metformin ER ($5) → Metformin ER ($5) → Metformin ER ($5) → Metformin ER ($5)
...
Glyburide ($20) → Lantus ($450)* → Intensify Lantus ($450)*

*Using Non-preferred out of pocket increase: $1500

Plan costs increase: 20-30%

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<td>$5</td>
<td>$5</td>
<td>$5</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$45</td>
<td>$45</td>
<td>$45</td>
<td>$45</td>
<td>$45</td>
<td>$45</td>
<td>$330 ($570)</td>
</tr>
<tr>
<td>Plan</td>
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<td>$0</td>
<td>$0</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$410</td>
<td>$410</td>
<td>$410</td>
<td>$410</td>
<td>$410</td>
<td>$410</td>
<td>$2490 ($3165)</td>
</tr>
</tbody>
</table>
Combination Injectable Therapy – A1c >10% or failed triple therapy

- **Lantus ($450)**
  - Lantus ($450) + Victoza ($890)
    - Patient: $80/Month
    - Plan: $1260/Month
  - Lantus ($450) + Novolog ($600)
    - Patient: $80/Month
    - Plan: $960/Month
  - Novolog 70/30 ($600)
    - Patient: $40/Month
    - Plan: $660/Month

- **Lantus ($450) + Novolog ($600)**
  - Patient: $80/Month
  - Plan: $960/Month

- **Patient (NP):**
  - $160/Month
  - Plan (NP): $1200/Month

- **Patient (NP):**
  - $80/Month
  - Plan NP: $825/Month
METFORMIN PRODUCTS AND BCBSNC

All metformin is not alike

<table>
<thead>
<tr>
<th>Medication</th>
<th>Glucophage</th>
<th>Glucophage XR</th>
<th>Fortamet</th>
<th>Glumetza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand</td>
<td>&lt;$25</td>
<td>&lt;$25</td>
<td>$2K</td>
<td>$4K</td>
</tr>
<tr>
<td>Generic</td>
<td>&lt;$5</td>
<td>&lt;$5</td>
<td>$500</td>
<td>$1650K</td>
</tr>
</tbody>
</table>

- Metformin products over the past several years have taken inexplicable price increases
- Glumetza and its generic are restricted by prior authorization
- 3.7 Million spend on Glumetza in 2016
### Management for brands

<table>
<thead>
<tr>
<th>Formulary</th>
<th>DPP-I ($300-400)</th>
<th>SLGT ($300-500)</th>
<th>GLP1 ($700-$1000)</th>
<th>Basal Insulin ($400-500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Onglyza / Kombiglyze XR</td>
<td>Invokana / Invokamet XR</td>
<td>Victoza</td>
<td>Lantus</td>
</tr>
<tr>
<td>Most</td>
<td>Januvia/ Janumet XR</td>
<td></td>
<td>Byetta</td>
<td>Levemir</td>
</tr>
<tr>
<td>Most</td>
<td></td>
<td></td>
<td>Bydureon</td>
<td>Toujeo</td>
</tr>
<tr>
<td>Generic</td>
<td>Allogliptin ($100)</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

- 14.8 M spent in 2016 on Non-preferred products increases member premiums
WHAT CAN BE DONE?

FOCUS ON PREVENTION

- Only 10% of our prediabetes are on Metformin
- Tap into plan resources for Dieticians and prevention programs

DRIVE DOWN COST

- Patients are not only impacted by copays
  - The plan costs are directly related to patient premiums
- Avoid high cost metformin
  - Use generic Glucophage/Glucophage XR
- Utilize preferred products
  - Onglyza, Invokana, Victoza, Lantus, Novolog, Novolin
    - This avoids prior authorization
    - This lowers member out of pocket as much as 50%
- Consider basal insulin early in the treatment algorithm
+ What are you seeing in practice in regard to Metformin and Prediabetes?

+ If you had more time with your diabetics patients, what would you spend it on?

+ Do you think of utilizing insurance plan’s to help direct patients to assistance programs?