



Cost of Diabetes

What are the options?

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Conflict of Interest

- Heath Eggleston, MD: None
- Mackenzie Aalbu, BSN, RN, CDCES: None

Objectives

- Impact of cost of diabetes on people with diabetes
- Cost barriers when caring for people with diabetes
- Resources available for cost savings
- Benefits of referring to Diabetes Education

Impact of Diabetes

- “People with diabetes account for \$1 of every \$4 spent on health care in our country, and growing numbers cannot afford the medications they need to survive. One in four insulin-dependent people with diabetes say they ration their insulin.”
- “Diabetes is the most expensive chronic condition in the U.S., and people with diabetes incur medical costs nearly two and a half times higher than others. Costs skyrocket for Americans who have diabetes but who do not have insurance—they are hospitalized nearly 170% as often, compounding their risk for complications and leaving them medically worse off than if they sought care earlier.”

American Diabetes Association

Case Studies

- 48 year old woman
- Divorced
- 3 Children
- Works full time
- History of GDM

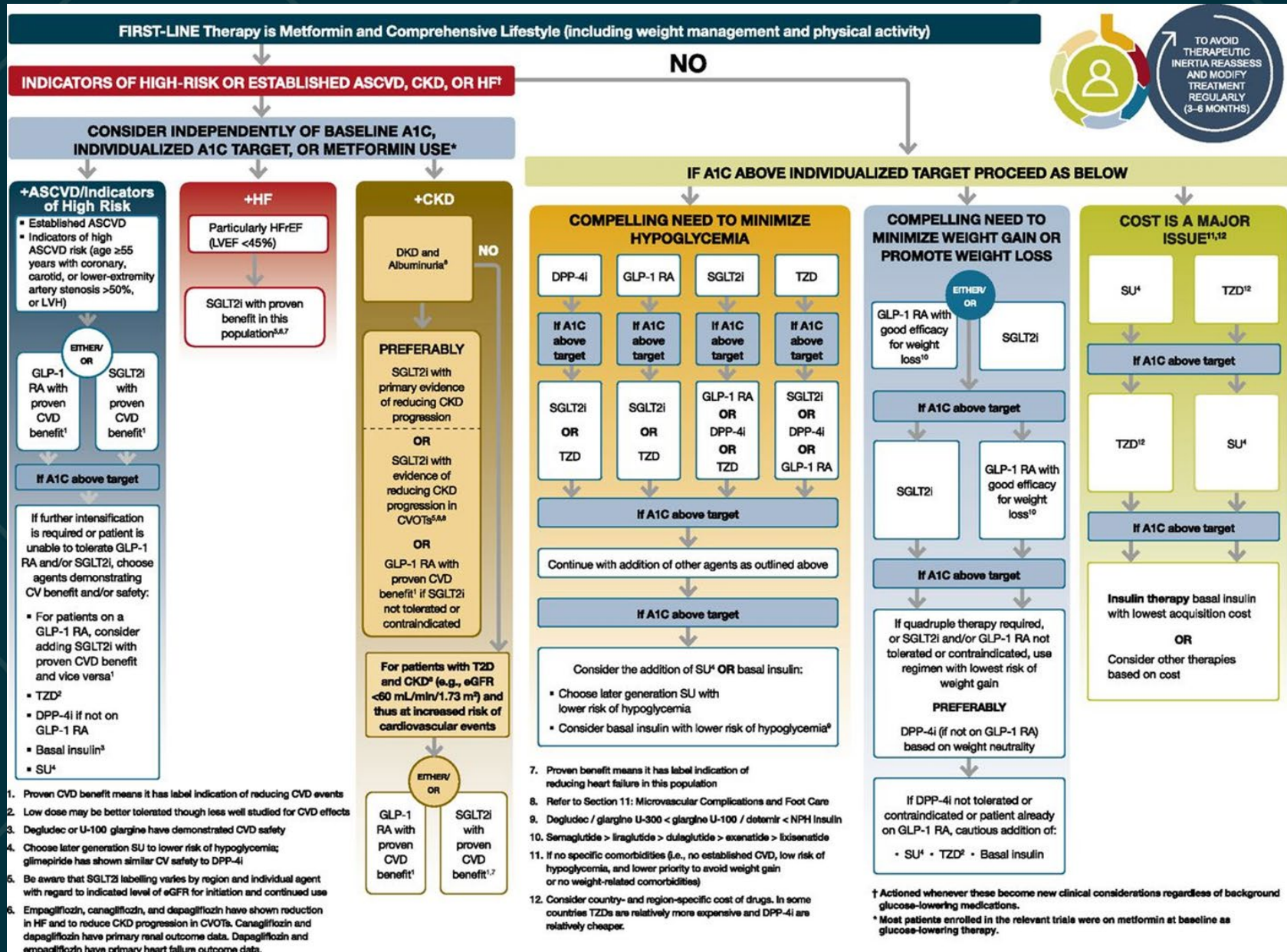


Case Studies

- 27 year old with Type I Diabetes since age 4
- Was previously on an insulin pump but now on MDI
- Hospitalized monthly for DKA x past 4 months

Case Study

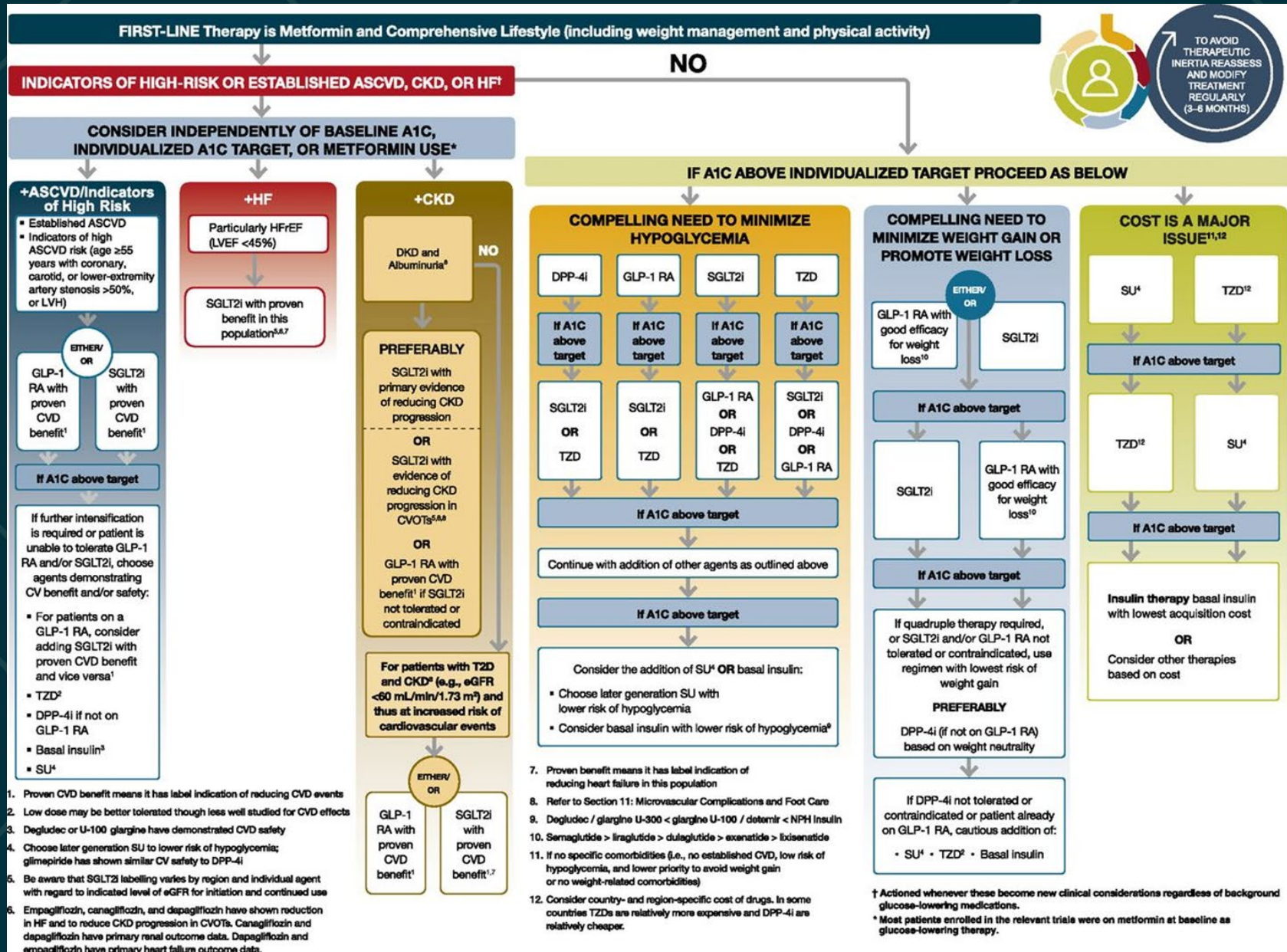
- 60 year old male truck driver
- Private Insurance
- HTN, Obesity, Type 2 DM
- Metformin
- Often eats at the gas station
- A1C 9.2%



American Diabetes Association Standards of Care in Diabetes 2021- Figure 9.1

Case Study

- 67 year old male
- Medicare
- HTN, Hyperlipidemia, Coronary Artery Disease, CKD Stage 2
- Metformin 1000mg BID, Glipizide 10mg , Lantus 10 units BID
- Most Recent A1C 9.8%



American Diabetes Association Standards of Care in Diabetes 2021- Figure 9.1

Screening/Counseling for Prediabetes

TABLE 2.3 Criteria for Testing for Diabetes or Prediabetes in Asymptomatic Adults

1. Testing should be considered in adults with overweight or obesity (BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans) who have one or more of the following risk factors:
 - First-degree relative with diabetes
 - High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander)
 - History of CVD
 - Hypertension ($\geq 140/90$ mmHg or on therapy for hypertension)
 - HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L)
 - Women with polycystic ovary syndrome
 - Physical inactivity
 - Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)
2. Patients with prediabetes (A1C $\geq 5.7\%$ [39 mmol/mol], impaired glucose tolerance, or impaired fasting glucose) should be tested yearly.
3. Women who were diagnosed with GDM should have lifelong testing at least every 3 years.
4. For all other patients, testing should begin at age 45 years.
5. If results are normal, testing should be repeated at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.
6. HIV

TABLE 2.4 Risk-Based Screening for Type 2 Diabetes or Prediabetes in Asymptomatic Children and Adolescents in a Clinical Setting

Testing should be considered in youth* who have overweight (≥ 85 th percentile) or obesity (≥ 95 th percentile) **A** and who have one or more additional risk factors based on the strength of their association with diabetes:

- Maternal history of diabetes or GDM during the child's gestation **A**
- Family history of type 2 diabetes in first- or second-degree relative **A**
- Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander) **A**
- Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight) **B**

*After the onset of puberty or after 10 years of age, whichever occurs earlier. If tests are normal, repeat testing at a minimum of 3-year intervals (or more frequently if BMI is increasing or risk factor profile deteriorating) is recommended. Reports of type 2 diabetes before age 10 years exist, and this can be considered with numerous risk factors.

Referring for Diabetes Prevention Programs

- Limited resources available
 - Community Health
 - Insurance/Wellness Benefits
 - Better Choices Better Health
- Consider referral to Diabetes Education

Diagnosing Diabetes

TABLE 2.2/2.5 Criteria for the Screening and Diagnosis of Prediabetes and Diabetes

	Prediabetes	Diabetes
A1C	5.7–6.4% (39–47 mmol/mol)*	≥6.5% (48 mmol/mol)†
Fasting plasma glucose	100–125 mg/dL (5.6–6.9 mmol/L)*	≥126 mg/dL (7.0 mmol/L)†
2-hour plasma glucose during 75-g OGTT	140–199 mg/dL (7.8–11.0 mmol/L)*	≥200 mg/dL (11.1 mmol/L)†
Random plasma glucose	—	≥200 mg/dL (11.1 mmol/L)‡

Adapted from Tables 2.2 and 2.5 in the complete 2021 Standards of Care. *For all three tests, risk is continuous, extending below the lower limit of the range and becoming disproportionately greater at the higher end of the range. †In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate samples ‡Only diagnostic in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis. OGTT, oral glucose tolerance test.

FOUR CRITICAL TIMES FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT SERVICES

AT DIAGNOSIS



**ANNUALLY AND/OR WHEN NOT MEETING
TREATMENT TARGETS**



WHEN COMPLICATING FACTORS DEVELOP



WHEN TRANSITIONS IN LIFE AND CARE OCCUR



Who Pays for What

- Private Insurance
 - High deductible plans
 - What's on the formulary?
- Medicaid
- Medicare
 - Part A&B
 - Part D
 - Medicare Advantage
 - SHIINE
- Uninsured

Cost of Diabetes Medications

- “Cost for diabetes medicine has increased dramatically over the past two decades, and an increasing proportion is now passed on to patient and their families.”
- “Medication costs can be a major source of stress for patients with diabetes and contribute to worse adherence to medications; cost-reducing strategies may improve adherence in some cases.”

American Diabetes Association Standards of Medical Care in Diabetes-2021

Medications

- Prescription Saving Clubs (\$4 Walmart List, Walgreens, etc)
- Medicare/Medicaid/Private insurance per formulary
- Polypharmacy-Consider simplifying medication regimen/consider combination medications if appropriate.
- Copay Cards
 - Typically cannot be used for those with Medicare/Medicaid/Non insured
 - Maximum Benefit (know what the limit is to the card)
 - www.needymeds.com
 - GoodRX
- Patient Assistance Programs
 - Many companies (Eli Lilly, BI, Merck, etc) offer applications to apply for assistance with medications
 - Will need to show proof of income (W2, Paystubs, etc)
 - www.needymeds.com

Insulin

- Polypharmacy
- Copay Cards
 - Typically cannot be used for those with Medicare/Medicaid/Non insured
 - Maximum Benefit (know what the limit is to the card)
 - www.needymeds.com
 - GoodRX
- Patient Assistance Programs
 - Many companies (Eli Lilly, BI, Merck, etc) offer applications to apply for assistance with medications
 - Will need to show proof of income (W2, Paystubs, etc)
 - www.needymeds.com
- Talk to your Insulin Sales Reps
 - ValYOU (Sanofi insulin)
 - My \$99 Insulin (Novo Nordisk insulin)

Insulin

- Walmart ReliOn NovoLog
 - Vials approximately \$73.00
 - Flexpen box approximately \$86.00
 - Do need a prescription to purchase.
- Walmart ReliOn NPH and Regular Insulin
 - Can be purchased over the counter
 - Comes in Vials (approximately \$25 per vial with 1000 units per vial)
 - Will need to purchase insulin syringes to give injections
- Walmart Premixed Combination of ReliOn 70/30 Insulin
 - Can be purchased over the counter
 - Comes in vials as well as in pens
 - Vials are around \$25 (1000 units per vial); pack of 5 pens (300 units per pen) are around \$45. (will need syringes or pen needles)

Additional Costs

- Testing Supplies
 - Glucometers
 - Test Strips
 - Lancets
 - Pen Needles
 - Alcohol Wipes
 - CGM supplies
- Insulin Pumps
- Comorbid conditions



Diabetes Supplies

- Glucometers
 - What is preferred by insurance company?
 - Is the copay more expensive for patient than a buying a different glucometer OTC?
 - Relion Prime and supplies often the least expensive with cash pay
 - Alternating testing schedule an option? (Instead of testing 4 times per day, test once daily at different times of the day throughout the week)
 - Medicare Part B will cover some of the cost of testing supplies (having a supplement helps even more!)...does patient go to a pharmacy that will bill Part B?
- Personal Continuous Glucose Monitors
 - Should prescriptions be ran through DME or Pharmacy?
 - Does patient meet insurance criteria for coverage?
 - Is there a coupon to help with cost?
- InPen
 - Uses fast acting insulin cartridges
 - “Poor man’s insulin pump”

Continuous Glucose Monitoring Coverage Criteria

Medicare Coverage Criteria

Medicare patients with Type 1 and Type 2 diabetes on intensive insulin therapy may be able to obtain reimbursement if the following Medicare coverage criteria are met:

The patient has diabetes;

The patient has been using a home blood glucose monitor (BGM) and performing frequent (four or more times a day) BGM testing;

The patient is insulin-treated with three or more daily injections (MDI) of insulin or a continuous subcutaneous insulin infusion (CSII) pump;

The patient's insulin treatment regimen requires frequent adjustments based on therapeutic CGM testing results;

Within six months prior to ordering the CGM, the patient had an in-person visit with the treating practitioner to evaluate their diabetes control and determine that the above criteria have been met; and Every six months following the initial prescription of the CGM, the patient has an in-person visit with the treating practitioner to assess adherence to their CGM regimen and diabetes treatment plan.

****COVID has made getting a CGM through Medicare a little easier. Some DMEs accept patient taking 1 injection per day*** (Ask your Diabetes Educator for more information ☺).**

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Summary

Prevent Diabetes

Screen for Diabetes

Refer to Diabetes Education

Four Critical Times to Refer

1. At Diagnosis
2. Annual and/or when not meeting treatment targets
3. When complicating factors develop
4. When transitions in life and care occur

References

- American Diabetes Association Standards of Medical Care in Diabetes-2021