

# BQPP – DIABETES UPDATE

## ACA Data and Medication Costs

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# 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

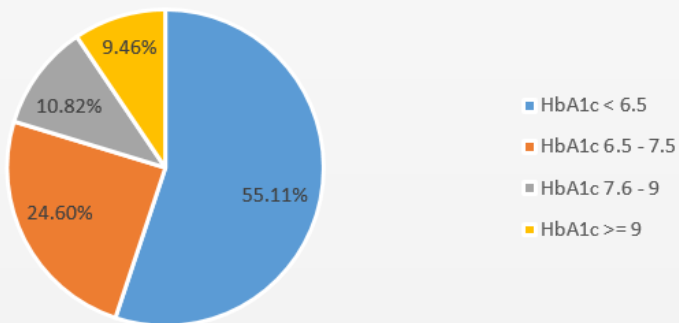
# MEMBERS – REPORT SUMMARY



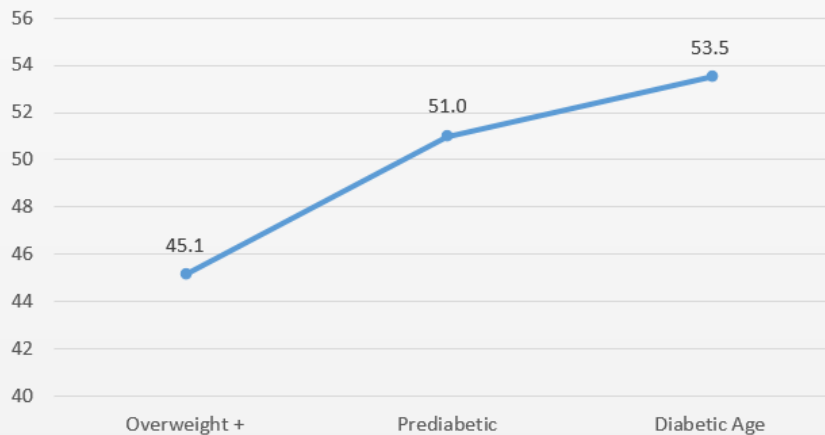
ACA population	462,561	Percent Total
ACA with related diagnosis	73,478	16%
Overweight/Obese	46,051	10%
Prediabetes	14,801	3%
Diabetes, Type 2	33,263	7%

Target Dx Members with A1C Data

N = 8,466



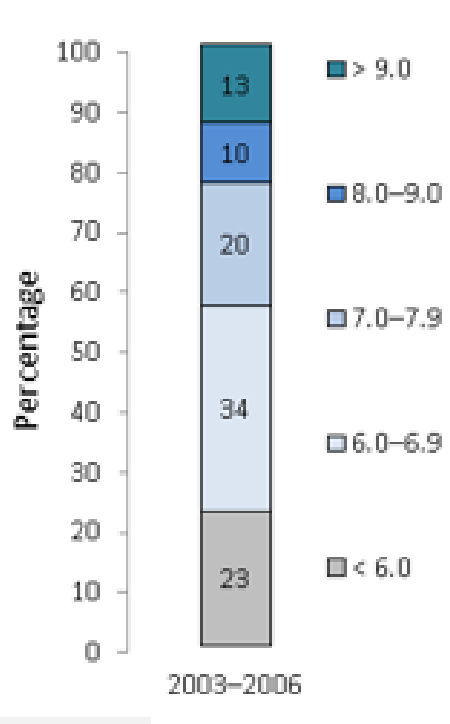
Average Age for Disease States



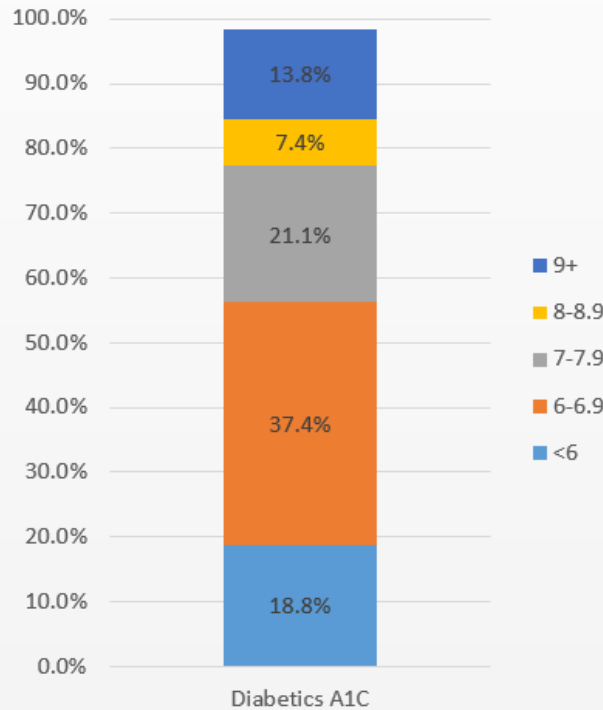
# MEMBERS – NATIONAL COMPARISON



### National Diabetics A1C



### NC Diabetics A1C



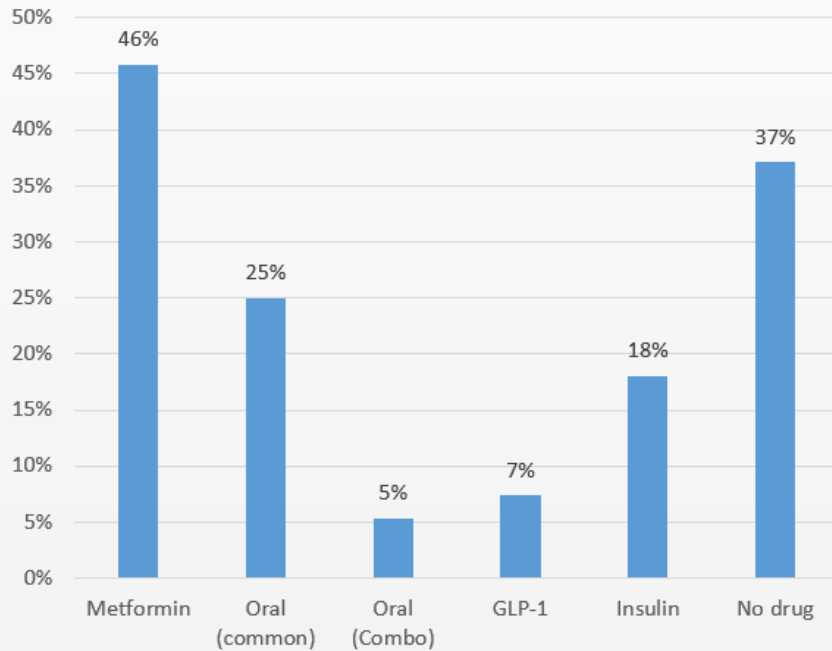
- Numbers are right in line with national numbers
- National A1C average for diabetic = 7.2
- NC ACA A1C average for diabetic = 7.24

# MEMBERS – DIABETICS AND MEDICATIONS

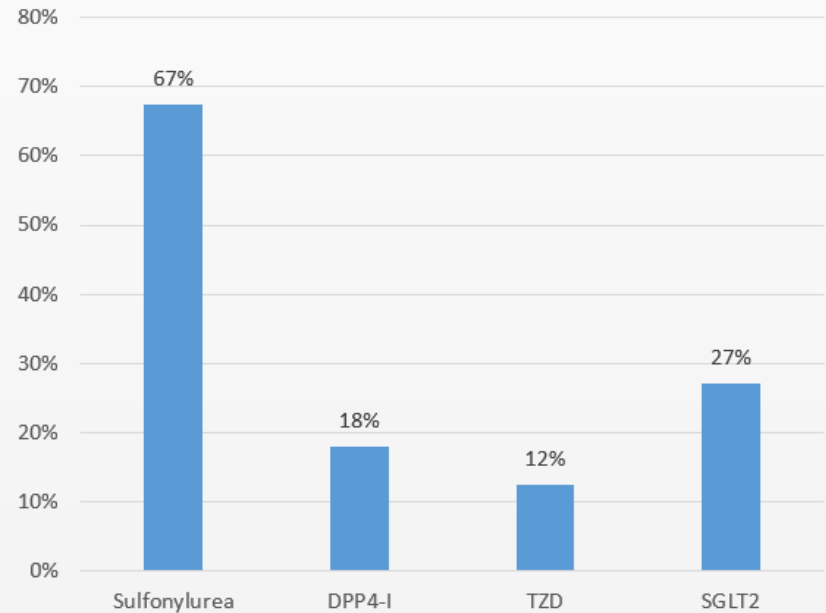


## All Diabetics

Diabetics Members on Select Agents  
N = 22539



Diabetics on Non-Metformin Orals  
N = 7702

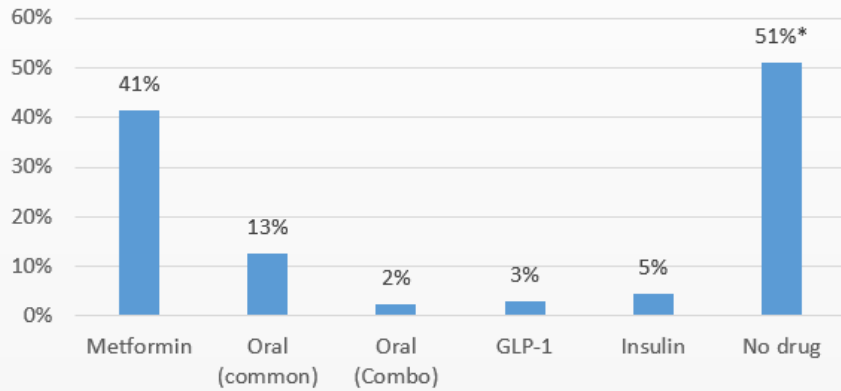


- New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of “no drug”

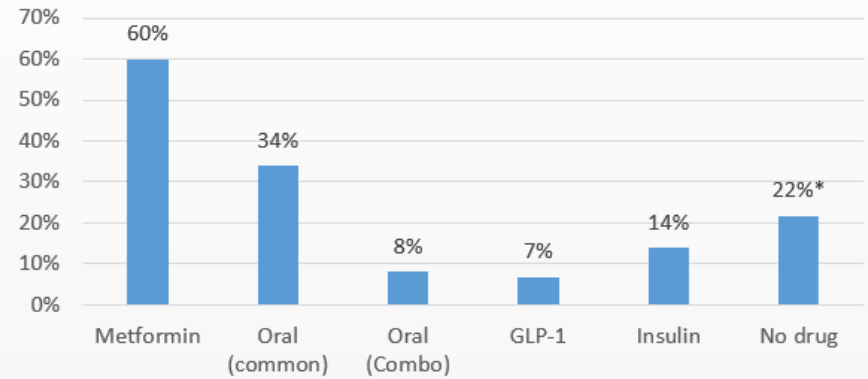
# MEMBERS – DIABETICS AND MEDICATIONS



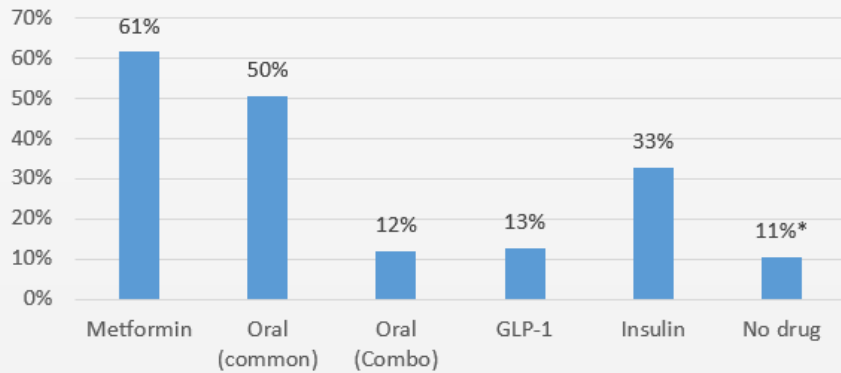
A1C < 6.5 N = 1815



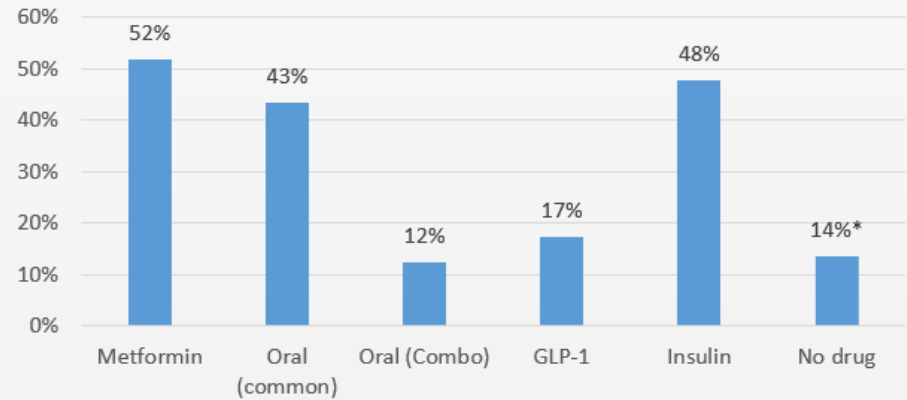
A1C 6.5 -7.5 N = 1582



A1C 7.6 – 9 N = 690



A1C > 9 N = 541



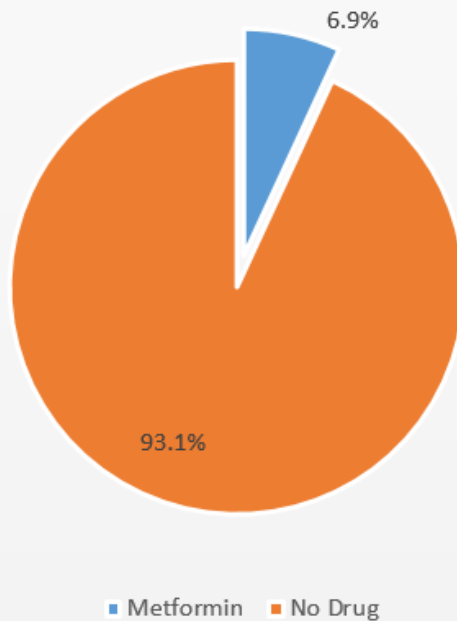
- New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of “no drug”
- \* 2011 CDC data shows 15% of diabetics are not being treated with a medication

# MEMBERS – PREDIABETICS

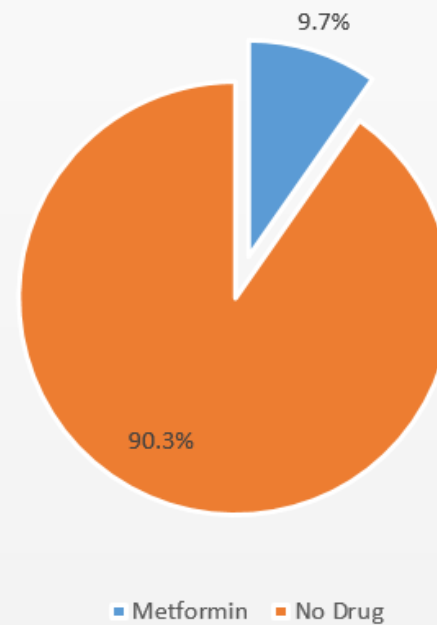


## Metformin utilization – are we doing enough to prevent?

Prediabetics  
N = 8138\*



Over Weight Prediabetics  
N=3073\*





# AREAS OF OPPORTUNITY

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of North Carolina**

## Where do we go from here?

NC is in the top 3<sup>rd</sup> of diabetics per capita and volume



### 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

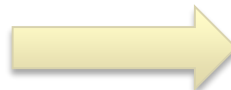
NC does not differ from the nation in A1C outcomes



### DRIVE DOWN COST

- Lower the out of pocket spend
- Decrease prior authorizations

Patients have coverage but no medications/ER visits



### REACH OUT TO AT RISK MEMBERS

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



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ORIGINAL ARTICLE

## Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin

Diabetes Prevention Program Research Group\*

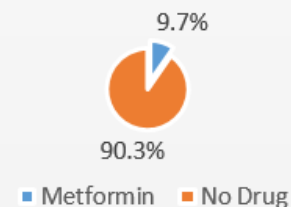
N Engl J Med 2002; 346:393-403 | February 7, 2002 | DOI: 10.1056/NEJMoa012512



- 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  $\geq 35$  kg/m<sup>2</sup>, those aged <60 years, women with prior gestational diabetes mellitus, and/or those with rising A1C despite lifestyle intervention.*

### Over Weight Prediabetics

N=3073\*



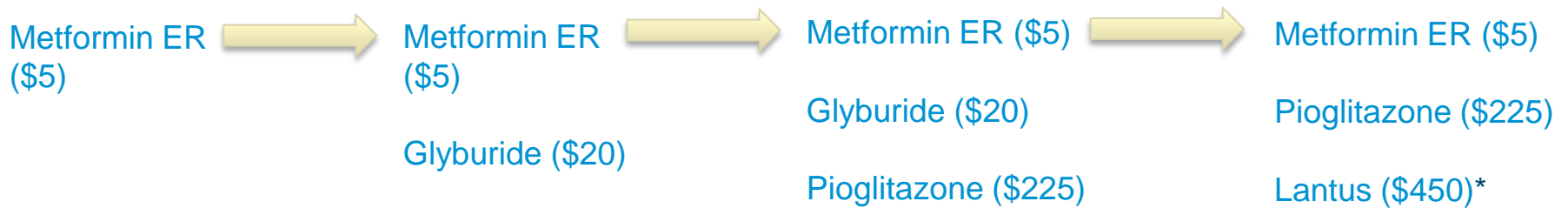
\* New ACA members with no coverage with BCBSNC prior to 1/1/2017 were removed to mitigate false readings of "no drug"

- + 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

# DRIVE DOWN COST – CASE STUDY



## Low cost pathway – Disease progression condensed to 1 year

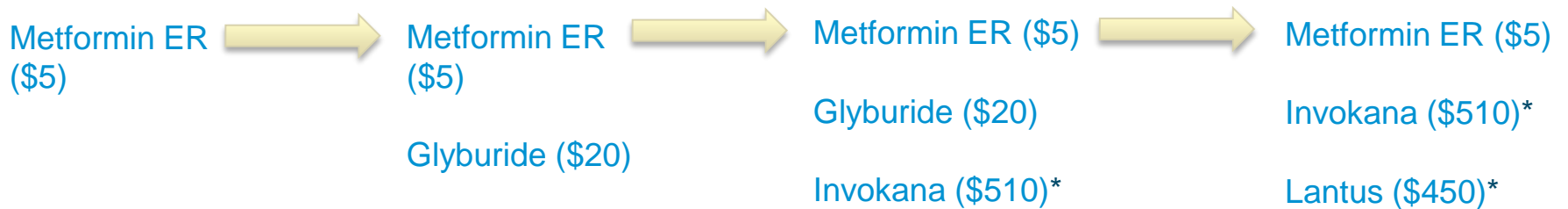


\*Using Non-preferred out of pocket increase: \$120      Plan costs increase: 20-30%

Month	1	2	3	4	5	6	7	8	9	10	11	12	Annual Total
Patient	\$5	\$5	\$5	\$15	\$15	\$15	\$25	\$25	\$25	\$55	\$55	\$55	\$300 (\$420)
Plan	\$0	\$0	\$0	\$10	\$10	\$10	\$225	\$225	\$225	\$625	\$625	\$625	\$2580 (\$2920)

# DRIVE DOWN COST – CASE STUDY

## Common cost pathway – Disease progression condensed to 1 year



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

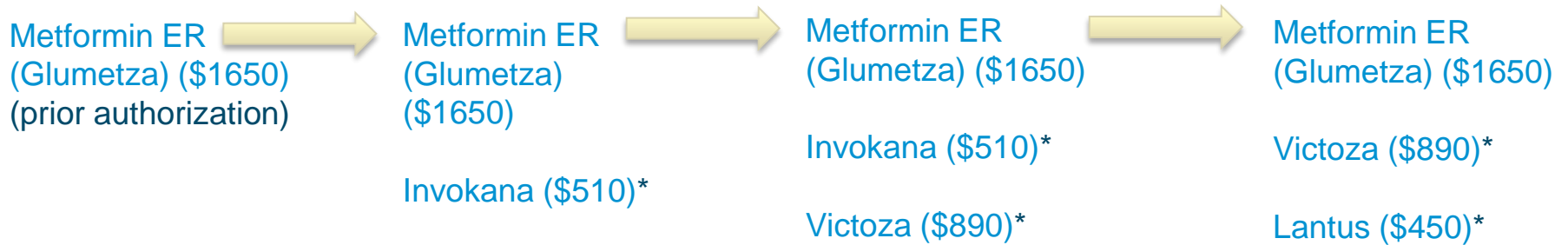
Plan costs increase: 20-30%

Month	1	2	3	4	5	6	7	8	9	10	11	12	Annual Total
Patient	\$5	\$5	\$5	\$15	\$15	\$15	\$55	\$55	\$55	\$85	\$85	\$85	\$525 (\$885)
Plan	\$0	\$0	\$0	\$10	\$10	\$10	\$480	\$480	\$480	\$890	\$890	\$890	\$4590 (\$5695)

# DRIVE DOWN COST – CASE STUDY



## High cost pathway – Disease progression condensed to 1 year



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

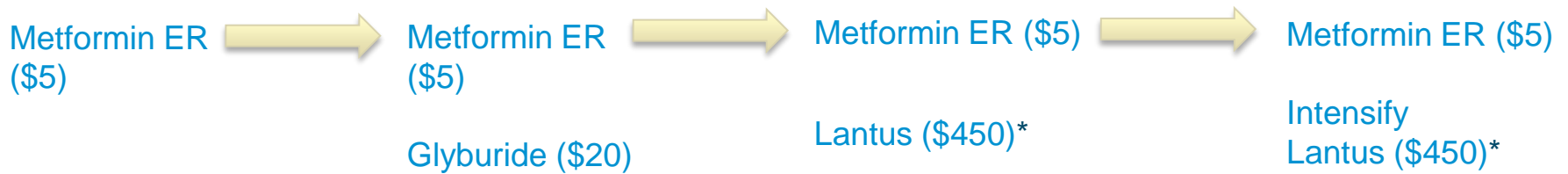
Plan costs increase: 20-30%

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Patient	\$80	\$80	\$80	\$120	\$120	\$120	\$160	\$160	\$160	\$160	\$160	\$160	\$1560 (\$3060)
Plan	\$1560	\$1560	\$1560	\$2030	\$2030	\$2030	\$2880	\$2880	\$2880	\$2820	\$2820	\$2820	\$27,870 (\$30,310)

# DRIVE DOWN COST – CASE STUDY



## Insulin Early Pathway – Disease progression condensed to 1 year



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

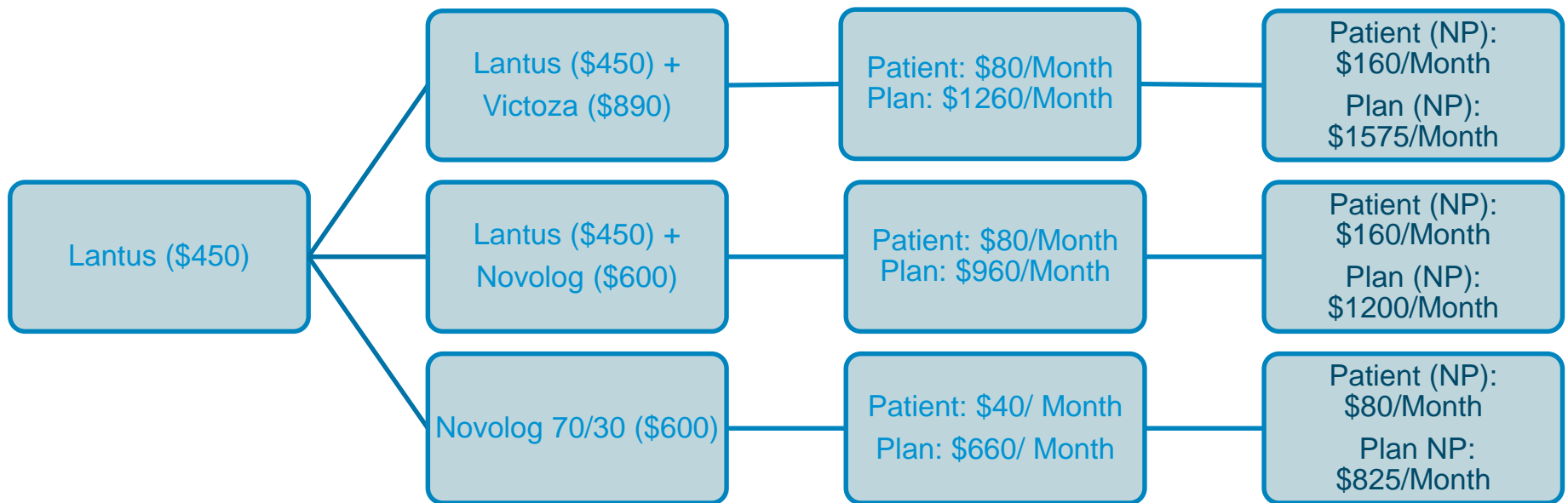
Plan costs increase: 20-30%

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Patient	\$5	\$5	\$5	\$15	\$15	\$15	\$45	\$45	\$45	\$45	\$45	\$45	\$330 (\$570)
Plan	\$0	\$0	\$0	\$10	\$10	\$10	\$410	\$410	\$410	\$410	\$410	\$410	\$2490 (\$3165)



# DRIVE DOWN COST – CASE STUDY

Combination Injectable Therapy – A1c >10% or failed triple therapy



# METFORMIN PRODUCTS AND BCBSNC



All metformin is not alike

Medication	Glucophage	Glucophage XR	Fortamet	Glumetza
Brand	<\$25	<\$25	\$2K	\$4K
Generic	<\$5	<\$5	\$500	\$1650K

- 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

# PREFERRED PRODUCTS AND BCBSNC



## Management for brands

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

- 14.8 M spent in 2016 on Non-preferred products increases member premiums

# PULLING IT TOGETHER

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## 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?

