WE ARE DPAC
DIABETES PATIENT ADVOCACY COALITION
SAFETY QUALITY ACCESS

Patients with Diabetes MUST be Allowed to Continue with Medications, Technologies and Diabetes Treatment Programs that are Successfully Helping Them Manage Their Diabetes

DPAC's Statement

The Diabetes Patient Advocacy Coalition (DPAC) is an alliance of people with diabetes, caregivers, patient advocates, health professionals, disease organizations and companies working collaboratively to promote and support public policy initiatives to improve the health of people with diabetes. DPAC's guiding principles focus on 3 key areas:

- *Safety (enforce established safety standards on devices, medications and practices for diabetes care)*
- *Quality (advance the standards of care for diabetes management)*
- *Access (access to health care and quality diabetes products for all 29MM Americans with diabetes)*

Given the rising costs of diabetes in America, it is critical that Americans have affordable access to **ALL** components of diabetes training and treatment programs that adhere to the American Diabetes Association standards of care for patients with diabetes to prevent costly hospitalizations and complications. An estimated 30.3 million people of all ages had diabetes in 2015 (9.4% of the population)[1]. Total estimated diabetes costs in the United States in 2012 were $245 billion[1]. Average medical expenditures for people with diagnosed diabetes were about $13,700, 2.3 times higher than expenditures for people without diabetes[1].

DPAC believes that every patient with diabetes has a unique relationship with his/her healthcare professional and treatment team and that each one should have access to all medications, technologies and treatment programs that enable them to actively manage and control their diabetes. The complexities of managing diabetes are unique to each patient and options to successfully manage their diabetes are tailored for that patient…there is no "one size fits all" treatment for patients with diabetes. Patients should not be forced to switch medications, technologies or treatment based on non-medical reasons, which is called Non-Medical Switching. This occurs when insurers or pharmacy benefit manufacturers make changes to a formulary based primarily on cost or rebate negotiations with

[1] Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Access on September 14 2017 from https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf.

manufacturers in exchange for potential market share. These formulary changes disrupt the continuity of care for a patient with diabetes and typically lead to higher overall costs due to increased physician visits, suboptimal control of the patient's diabetes, leading to costly complications and hospitalizations[23][45], and additional emotional stress on the patient.

While DPAC understands the need for insurers and PBMs to help control healthcare costs, it is imperative that formulary decisions MUST be driven by sound scientific, clinical evidence, not just cost effectiveness. They should also look at the costs to the **OVERALL** healthcare system when forcing patients to switch medications or treatment options. DPAC strongly opposes any formulary changes during the benefit year, when the patient has little to no recourse in finding different coverage options. Finally, DPAC strongly recommends that insurers and PBMs consult patients and medical professionals when making formulary decisions and to provide full transparency on the decision-making process in making these changes.

[2] HoPM, Rumsfeld JS, Masoudi FA, et al. Effect of medication nonadherence on hospitalization and mortality among patients with diabetes mellitus. *ArchInternMed.* 2006:166(17):1836-1841.
[3] Sokol MC, McGuigan KA, Verbrugge RR, Epstein RS. Impact of medication adherence on hospitalization risk and healthcare cost. *Med Care*. 2005;43(6):521-530.
[4] Egede lE, Gebregziabher M, Echols C, Lynch CP. Longitudinal effects of medication nonadherence on glycemic control. *Ann Pharmacother*. 2014;48(5):562-570.
[5] Currie CJ, Peyrot M, Morgan CL, et al. The impact of treatment non-compliance on mortality in people with type 1 diabetes. *J Diabetes Complications*. 2013;27(3):219-223.