Background

According to the Centers for Disease Control (CDC), 29 million Americans have diabetes. 1 With diabetes accounting for 4 percent of the general adult population, diabetes treatment was the second leading cause of death in the US in 2014. 2 The American Diabetes Association projected that by 2050, without a change in current trends, 23% of Americans will have diabetes. 3 Several government programs have also acknowledged the diabetes epidemic. The Centers for Medicaid and Medicare Services (CMS) estimated in 2014 that $153 billion was spent in the Medicare population on diabetes. 4

Methods

The study design was a retrospective quasi-experimental pre-post comparison with a concurrent matched control group. The study was approved by the Institutional Review Board of the University of Wisconsin-Madison. Approval #13-135002.

Results

Conclusions

Limitations

References

Table 1. Diabetes Pharmacy Benefit Changes: 2014 and 2015 Per Patient Per Year (PPPY) Costs

Table 2. Changes in Diabetes Drug Utilization: Adherence, Generics and Claims

Table 3. Diabetes pharmacy claims per member with diabetes was calculated by summing all the members weighted 30-day supply claims. 15.5% was the mean PPPY drug costs for diabetes PPPY. A $2,937 PPPY increase for the matched comparison group was a 17.6% increase for the matched comparison group. The decreased diabetes GFR seen after implementing the zero dollar cost share for generic and branded formulary diabetes drugs was associated with decreased HbA1c and lower blood pressure, but lower quality of life. The increased adherence to glucose lowering diabetes medication has been shown to be associated with decreased hospitalizations, lower mortality, lower blood pressure, lower blood sugar and lower cholesterol.

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