VIA ELECTRONIC SUBMISSION: jami.snyder@azahcccs.gov

December 16, 2021

Director Jami Snyder
Arizona Health Care Cost Containment System
801 E Jefferson St
Phoenix, AZ 85034

RE: Recent Arizona Medicaid Formulary Decisions on Continuous Glucose Monitoring (CGM) Coverage Categories

Dear Director Snyder,

On behalf of the Diabetes Leadership Council (DLC), and as a fellow Arizonan, retired pharmacist and someone who has spent most of my career as a volunteer for the cause of diabetes, I urge you to revise a recent formulary decision by the Arizona Health Care Cost Containment System (AHCCCS) Pharmacy and Therapeutics (P&T) Committee that will unnecessarily reduce CGM coverage options and disrupt care, negatively impacting young people with diabetes and their loved ones.

DLC is committed to serving as a unifying voice in the diabetes community, breaking down barriers to care, and driving policy solutions to improve the lives of all people impacted by the disease. Our personal connections to diabetes – as people living with the condition, or as parents and allies of those who do – are the driving force in our patient-centered approach to policy advocacy

Formulary decisions made during the October 18, 2021, AHCCCS P&T Committee meeting will force children with diabetes to switch CGM systems based on age rather than medical need, leaving them vulnerable to potentially catastrophic consequences. While the decisions have not yet been officially posted, here is what was presented:

- Dexcom G6 Ages 2 – Less than 4
- Freestyle Libre Ages 14 years and up
- Freestyle Libre 2 Ages 4 years and up

Any cost savings AHCCCS might have envisioned will be wiped away by unnecessarily disrupted and delayed care. “Fixing” what is not broken will require additional office visits to adjust treatment plans, not to mention the durable medical equipment and pharmacy costs associated with replacing an existing CGM system and supplies.

CGM systems are not interchangeable. They have different features and capabilities to help meet the unique and dynamic demands of people living with a self-managed disease. AHCCCS will not be stewarding the state’s fiscal resources prudently if it covers CGMs arbitrarily according to patient age. On the contrary, coverage should reflect clinical guidelines that emphasize continuity of care and CGM selection suited to unique patient needs.

Young Arizonans with diabetes and their families should celebrate birthdays like anyone else – not worry about the state taking away a vital diabetes management tool.

AHCCCS CGM coverage should reflect product labeling, as well as American Diabetes Association Standards of Medical Care and other evidence-based guidelines that associate CGM use with improved HbA1c, increased time in range and reduced hypoglycemic events. Further clinical studies have shown that when patients go off CGM devices, their HbA1c numbers increase and complications may arise, creating clinical and financial troubles for families.

The P&T Committee's decision further ignores ongoing Stanford University research on health disparities experienced by young people with diabetes who have public insurance. Peer reviewed and published research by pediatric endocrinologist Ananta Addala, DO, MPH, and colleagues finds that young people with diabetes who have public insurance wear their CGM as long as they have access, and their sustained CGM use results in reduced HbA1c levels. Yet when CGM access is interrupted, these young people have poorer HbA1c levels and the reductions are not reversed once access is restored and CGM use resumes. These diabetes management disruptions have long lasting negative effects.

The wealth of evidence supporting broad pediatric CGM coverage makes the AHCCCS P&T Committee's decision-making process all the more problematic and disappointing. There appears to have been limited opportunity for the public to provide written or public testimony before or during the meeting, and no clinical evidence presented. The P&T Committee decision-making process failed to properly incorporate the patient and provider community's input. Listening to these important stakeholders should be an important part of the process for AHCCCS; unfortunately, it is not.

I urge you to revise the AHCCCS formulary recommendation to include all therapeutic CGM systems based on FDA labeling so that people with diabetes have access to the tools they need to best manage their condition. Please contact me at lkellingson@diabetesleadership.org or my colleague Erika Emerson at ebemerson@diabetesleadership.org if we can be of assistance or provide testimony at upcoming hearings.

Thank you for your careful consideration on behalf of young Arizonans with diabetes, their families and Arizona taxpayers.

Sincerely,

Larry K. Ellingson, RPh
Vice Chair, Diabetes Leadership Council
National Chair of the Board, American Diabetes Association, 2004-2005

Cc: Christina Corieri, Office of Governor Doug Ducey