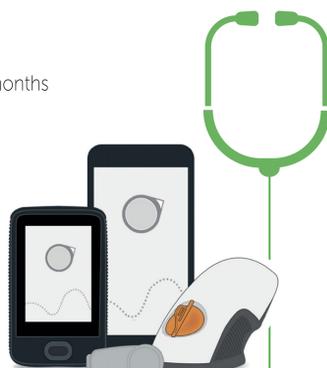




COST-EFFECTIVENESS OF THE DEXCOM G6 REAL-TIME CONTINUOUS GLUCOSE MONITORING (RT-CGM) SYSTEM

And why it should be considered for wider access in the UK

- HbA1c:** An indicator of blood glucose control over the last 2-3 months
- ICER:** Incremental cost-effectiveness ratio
- NICE:** National Institute for Health and Care Excellence
- RT-CGM:** Real-time continuous glucose monitoring
- Fingersticking:** Self-monitoring of blood glucose via fingerprick
- T1D:** Type 1 diabetes
- PWT1D:** People with type 1 diabetes



QUICK SUMMARY

This long-term health economic analysis was performed to establish the cost-effectiveness for funding of the Dexcom G6 versus fingerstick testing. It examines UK-based type 1 diabetes (T1D) patients with elevated HbA1c. These elevated levels can increase the risk of developing diabetes-related complications.

The Dexcom G6 falls well below the cost-effectiveness threshold set by NICE in order to be recommended for NHS funding.



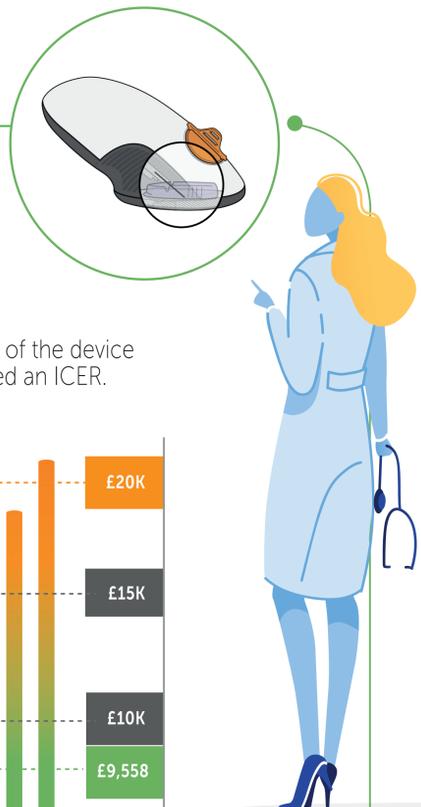
WHAT IS REQUIRED TO BE APPROVED FOR NHS FUNDING?

UK-based policy makers need evidence from long-term cost-effectiveness analyses in order to make informed reimbursement decisions.

These analyses need to compare the upfront and recurring cost of rt-CGM systems for T1D with the clinical and economic benefits resulting from improved control of glucose levels, as well as reduced risks of a potentially fatal drastic drop in blood sugar (a hypoglycaemic event).

In order to be approved for funding, the National Institute for Health and Care Excellence (NICE) has outlined two main criteria that need to be met:

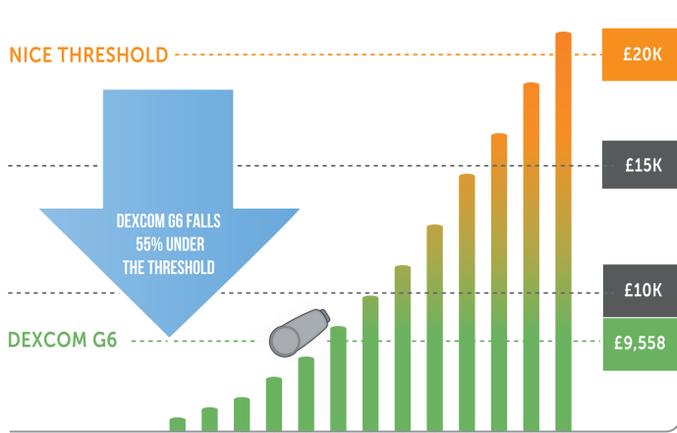
- PROOF OF GOOD VALUE FOR MONEY
- HIGH-QUALITY EVIDENCE



CHECKPOINT 1

ICER UNDER £20,000

Simply put, a cost-effectiveness ratio is the net cost of the device divided by changes in health outcomes. This is called an ICER.



Over the lifetime of patients, the G6 is a highly cost-effective disease management option relative to fingersticking. The G6 represents a cost-effective management option, for T1D patients with elevated HbA1c levels.



CHECKPOINT 2

HIGH-QUALITY EVIDENCE

Numerous clinical trials in adults with T1D treated with multiple daily injections (MDI) of insulin have been conducted to show benefits of rt-CGM compared to fingerstick testing only.

These clinical trials show that Dexcom rt-CGM use is clinically proven to lower HbA1C and reduce hyper- and hypoglycaemia.* 1,2

Published analysis indicated that reduced HbA1c is strongly associated with reduced risk of long-term complications for people with diabetes.* 3

RESULT = CONSIDERATION FOR NATIONAL FUNDING

ICER UNDER £20,000: ✓
HIGH-QUALITY EVIDENCE: ✓



Based on the criteria, it is estimated that up to 70% OF PATIENTS with T1D may be eligible for the Dexcom G6.* 4

Despite the wealth of clinical evidence and economic analysis showing the Dexcom G6 to be highly cost effective, access to national funding on the NHS is still unavailable.

- In 2018, only 21% of Clinical Commissioning Groups (CCGs) routinely funded the Dexcom G6 in patients meeting the NICE eligibility criteria.* 5
- 60% of CCGs made decisions on an individual case-by-case basis.* 5

This cost-effectiveness analysis provides NICE with the economic analysis needed to recommend a funding mandate for the Dexcom G6.

This will support NHS England in providing equal access to rt-CGM for patients with T1D, thus removing inconsistent postcode prescribing.

1. Beck RW et al. Diabetes Care 2018; 42(3):400-405.
2. Welsh JB et al. Diabetes Technol Ther. 2019; 21(3).
3. DCCT Research Group. Diabetes Care 1987; 10(1):1-19.
4. <https://files.digital.nhs.uk/EO/030704/National%20Diabetes%20Insulin%20Pump%20Audit%202017-18%20Report%20v2.pdf>
5. Perera R, Oliver N, Wilmot E, Marriott C. Variations in access to and reimbursement for continuous glucose monitoring systems for people living with Type 1 diabetes across England. Diabet Med 2018; 35(11):1617-8.