$1,169
Estimated PMPY mean savings for reduction in A1C of 1%.†

50% reduction of typical insulin correction dose in response to CGM stable arrow.6

20% reduction in cardiovascular risk by reducing A1C (7.2 vs. 8.0).4

With insulin costs tripling over the last five years,3 stakeholders are looking for care management solutions that will reduce both medical and pharmacy costs and deliver consistent outcomes. The Dexcom Continuous Glucose Monitoring (CGM) System helps unlock cost and care efficiencies.

Informed care decisions.

CGM users adjust their insulin more frequently, resulting in A1C reductions.6,8

CGM rate of change (ROC) arrows were the driving factor in insulin dose adjustment and insulin optimization.6,8

CGM insight helps members stay in control9 and can reduce costly interventions by reducing severe hypoglycemia for insulin dependent members by as much as 41%.2

In control equates to better outcomes.

Average PMPY savings for members in control (A1C of <7%) is $2,713.5 CGM dramatically improved 29 indices of glycemic control and glycemic variability.2

- Lowers A1C without the increased risk of hypoglycemia risk14,15
- CGM users across all ages have lower A1C16
- Increases time in ideal target range4

A complete care management solution.

CGM delivers many of the benefits of complex care management programs,17 but with greater cost transparency and ease of deployment.

- Improve knowledge: Delivers passive and continuous results (up to 288 readings every 24 hours) for greater glucose awareness
- Build confidence: 90% of Dexcom users feel CGM gives them the confidence to effectively manage their diabetes18
- Enhanced self-management skills: CGM users adjust their insulin more frequently, resulting in A1C reductions8
- Stabilized lab values: CGM use for ≥48 days reduced A1C by 1.2%14

86% of Dexcom users still use the product after one year.31

*The Dexcom G6 Mobile GCM System does not replace a blood glucose meter. Always use the values from your blood glucose meter for treatment decisions.

†Multiple Daily Injection (MDI), Continuous Subcutaneous Insulin Infusion (CSII).

‡Compared to traditional SMBG.
**The cost of poor diabetes control.**

The vast majority of members with diabetes have an A1C above ADA and HEDIS targets, putting them at risk for other costly comorbidities including hyperlipidemia1 and cardiovascular disease.2 Despite the advances in diabetes treatment and technologies over 20 years, the percentage of patients at the A1C target of ≤ 7% has actually remained flat at 34%.2

Is it time to rethink strategies and investments around diabetes care management?