

## Switch back to human insulin a viable money saver

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ORLANDO – It's safe to switch many Medicare beneficiaries with type 2 diabetes to human insulins to save money on analogues, according to a review of 14,635 members of CareMore, a Medicare Advantage company based in Cerritos, Calif.

The company noticed that it's spending on analogue insulins had ballooned to over \$3 million a month by the end of 2014, in the wake of a more than 300% price increase in analogue insulins in recent years, while copays on analogues rose from nothing to \$37.50. In 2015, it launched a program to switch type 2 patients to less costly human insulins. Physicians were counseled to stop secretagogues and move patients to premixed insulins at 80% of their former total daily analogue dose, two-thirds at breakfast, and one-third a dinner, with appropriate follow-up.

To see how it went, investigators compared claims data from 2014 to data from 2016, the year after the switch. The 14,635 members had all filled at least one insulin prescription over that time, and were equally split between the sexes, with a mean age of 72.5 years.

Analogue insulins fell from 90% of all insulins dispensed to 30%, with a corresponding rise in human insulin prescriptions. Total plan spending on analogues fell to about a half million dollars a month by the end of 2016. Spending on human insulins rose to just under a million dollars. The risk of patients falling into the Medicare Part D coverage gap – where they assume a greater proportion of their drug costs – was reduced by 55% (P less than .001).

“A lot of money was saved as a result of this intervention,” said lead investigator Jin Luo, MD, an internist and health services researcher at Brigham and Women's Hospital, Boston.

Mean hemoglobin A1c rose 0.14 % from a baseline of 8.46% in 2014 (P less than 0.01), “but we do not believe that this is clinically important because this value falls within the biological within-subject variation of most modern HbA1c assays,” he said at the annual scientific sessions of the American Diabetes Association.

Meanwhile, there was no statistically significant change in the rate of hospitalizations or emergency department visits for hypoglycemia or hyperglycemia.

“Patients with type 2 diabetes and their clinical providers should strongly consider human insulin as a clinically viable and cost effective option,” Dr. Luo said.

“My personal clinical opinion is that if I have a patient who is really hard to control, and after four or five different regimens, we finally settle on an analogue regimen that [keeps] them under control” and out of the hospital, “I'm not going to switch them just because a health plan tells me I should. They are just too brittle, and I'm not comfortable doing that. Whereas if I have a patient who'd be fine with either option, and I'm not really worried about hypoglycemia, I'll switch them,” he said.

There was no industry funding. Dr. Luo is a consultant for Alosa Health and Health Action International.

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