

# Diabetes Management Devices – Glucose Monitors

## Telemedicine Lessens Coronavirus Impact

The pandemic's effect on U.S. glucose monitors has been less severe than in other healthcare sectors, mainly because of the need to closely monitor diabetes patients and the addition of telemedicine.

- New patients starting GM monitors down 27%–32% from pre-pandemic levels, but 2020 GM prescriptions expected up 13%–16% yy (only slightly below pre-pandemic estimates)
- Telemedicine being used by 14 of 22 sources (9 combined with in-person visits, 5 exclusively), benefiting starts
- 38%–41% of diabetes patients using DXCM's CGMs; G6 gaining share for 17 of 21 sources, driven by insurance coverage improvements, resolution of supply issues; type-2 patients finding G6 more accessible
- 49%–52% of diabetes patients using ABT's Freestyle Libre; Libre continues to expand type-2 GM adoption, driven by its simplicity, factory calibration, low cost and pharmacy access
- Area to Watch: New GM patient starts hindered by lack of manufacturer sales representative support during pandemic

### KEY DATA

#### GM New Patient Starts vs. Pre-Pandemic Levels (number of sources)

|                  | INTERVIEWED  | INTERVIEWED      | TOTAL        |
|------------------|--------------|------------------|--------------|
|                  | MARCH 13–27  | MARCH 31–APRIL 7 |              |
| Up               | -            | -                | -            |
| Same             | 6            | 6                | 12           |
| Down             | 2            | -                | 2            |
| Down 6%–10%      | -            | 1                | 1            |
| Down 21%–25%     | -            | 2                | 2            |
| Down 41%–50%     | -            | 2                | 2            |
| Down 61%–70%     | -            | 1                | 1            |
| Down 71%–80%     | -            | 1                | 1            |
| Down 91%–100%    | -            | 2                | 2            |
| Weighted average | Not averaged | Down 32%–37%     | Down 27%–32% |

“I am not seeing a big impact from the coronavirus in getting new patients started on glucose monitors. I have ordered [insulin] pumps and [glucose monitors] for people even if I speak with them via phone or through telemedicine. Many of our trainers are doing web-based training with Zoom or WebEx, which has been great.”

*Certified Diabetes Educator, April 2*

BY BETH GILBERT  
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### SOURCES & BACKGROUND

23 U.S. sources, comprising 7 endocrinologists (including 1 pediatric endocrinologist), 15 certified diabetes educators (CDEs) and 1 internal medicine specialist, representing more than 34,000 type-1 and -2 diabetes patients

REPEAT SOURCES 17 from OTR Global's January report

INTERVIEWS 8 interviewed during March 13–27; 15 interviewed during March 31 through April

AVERAGES Weighted according to the number of type-1 and -2 patients under each source's care

BACKGROUND Glucose monitors encompass continuous glucose monitors (such as Dexcom's G5 and G6, and Medtronic's Guardian Sensor 3 and Guardian Connect) and flash glucose monitors (such as Abbott's FreeStyle Libre).

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## GM Starts Affected but Not Halted

### Impact of Coronavirus on Office Visits

(number of sources)

|                                  | INTERVIEWED<br>MAR 13–27 | INTERVIEWED<br>MAR 31–APR 3 | INTERVIEWED<br>APR 4–7 | TOTAL |
|----------------------------------|--------------------------|-----------------------------|------------------------|-------|
| Office visits only               | 6                        | 1                           | -                      | 7     |
| Telemedicine and office visits   | 1                        | 5                           | 3                      | 9     |
| Telemedicine only                | -                        | 1                           | 4                      | 5     |
| No visits, patients rescheduling | 1                        | -                           | -                      | 1     |

The coronavirus (COVID-19) pandemic has pushed down U.S. endocrinology practitioners' glucose monitor (GM) patient starts an average 27%–32% from pre-pandemic levels, less severely than patient starts in healthcare areas considered more discretionary. (Also see OTR Global's [March 30](#) and [April 9](#) notes.) “[Diabetes] is a disease that must be monitored and closely watched. It’s not like a wellness visit,” a certified diabetes educator (CDE) said. Sources said managing glucose levels is especially critical now because diabetes patients are at particularly high risk for coronavirus complications. Consequently, 22 of 23 sources have continued to hold visits in person and/or using telemedicine with their type-1 and -2 diabetes patients during the past several weeks.

Fourteen of 22 sources have been using telemedicine (phone consultations or video conferencing) to see patients (nine in combination with in-person visits and five exclusively), and the number of sources incorporating telemedicine into their practices progressively increased during interviews spanning March 13 through April 7. “We are still seeing new patients. We are using a mix of in-person visits and telemedicine. Telemedicine has been very helpful because patients have been compliant. They will upload their meter, sensor and/or pump data from home to cloud-based software that we can view,” said a CDE interviewed on April 2. A nurse practitioner also interviewed April 2 said, “We are seeing a lot fewer patients in the office, but a lot of our care has moved to virtual telemedicine visits. It is going decently well. Patients like it because they don’t have to drive, and we can monitor them as we do in the office.”

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## Telemedicine Helps, Sales Rep Absence Hurts

Pandemic effects intensified during the course of source interviews. During March 13–27, six of eight sources were maintaining in-person office visits and reported no effect from the pandemic on GM starts. As appointment schedules became disrupted, 15 sources interviewed during March 31 through April 7 reported an average 32%–37% decline in GM starts from pre-pandemic levels. The degree to which the pandemic affected sources' GM starts was largely dependent on the incorporation of telemedicine into their practices. “I am not seeing a big impact from the coronavirus in getting new patients started on glucose monitors. I have ordered [insulin] pumps and [glucose monitors] for people even if I speak with them via phone or through telemedicine. Many of our trainers are doing web-based training with **Zoom [Video Communications Inc.]** or **[Cisco Systems Inc.]'s Webex**, which has been great,” a CDE said. An endocrinologist said, “The virtual environment is not going to stop me from offering patients CGMs. Today, I am seeing a young gentleman with type-1 diabetes with an insulin pump that is not on a CGM. His glucose levels are not controlled; he tends to be hypoglycemic and could really benefit from a CGM. So I will offer it and see if we can get him started on it.” However, another CDE said her practice is not starting patients on GMs because diabetes educators (who

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are responsible for patient starts) are only able to consult only via phone, making it difficult to start patients on GMs.

Meanwhile, some sources said a lack of sales representative support has been a hindrance to starting new GM patients during the pandemic. “I usually have about 10 samples of [Abbott Laboratories’ GMs] on hand and just put them on patients in the office to get them started. But the representatives are not working onsite now, so I don’t have samples. I am starting fewer patients on the Libre because of it.” A CDE said, “Dexcom [Inc.] stopped sending their sales representatives for in-patient training because of COVID-19.”

## Small Improvement Expected for Q2 Starts

Sources expect a total of 273 patients to start a GM during 1Q20, a deceleration from 313 in 4Q19 attributable to typical seasonality and the pandemic. However, sources expect 2Q20 starts to increase slightly to 288 as patients and practices become more familiar with telemedicine and potentially rescheduling office visits. “Before we started going virtual, a lot of patients cancelled before they knew we had this option. I am seeing about 40% of what I did before the pandemic, but the virtual system has been working pretty well for us. We are not concerned about reimbursement, and about the only things we can’t do virtually are thyroid biopsies and examining [patients’] feet,” an endocrinologist said. A CDE said, “We are working on virtual visits. On average, we are doing two to three virtual visits per day, but it is still in the early stages.”

## 2020 Growth Estimates Slip Just Slightly

### GM Prescription Growth Estimates YY

(number of sources)

|                         | 2019       | 2020            |            |
|-------------------------|------------|-----------------|------------|
|                         |            | PRE-CORONAVIRUS | CURRENT    |
| Up 96%–100%             | -          | 1*              | -          |
| Up 41%–50%              | 1          | -               | -          |
| Up 31%–35%              | -          | 1               | 1          |
| Up 21%–25%              | 2          | 5*              | 3          |
| Up 16%–20%              | 1          | 3*              | 4*         |
| Up 11%–15%              | 3          | 3               | 2          |
| Up 6%–10%               | 6          | 2*              | 2*         |
| Up 1%–5%                | 1          | 1               | 1          |
| Up                      | 5          | 2               | 3*         |
| Flat                    | -          | -               | -          |
| Down 6%–10%             | -          | -               | 1          |
| <b>Weighted average</b> | Up 13%–16% | Up 15%–18%      | Up 13%–16% |

\* One source did not provide numerical responses for all time periods removed from average

Despite the recent decline in GM starts, sources expect their 2020 GM prescriptions to increase an average 13%–16% yy, which is only slightly less strong than their 2020 pre-pandemic growth estimate of 15%–18% and is in line with the growth they experienced in 2019. Sources’ 2020 growth outlook was fueled by GM technology advances, ease of use and the belief any GM starts delayed by the pandemic will be regained. A CDE whose practice is not using telemedicine said, “All the patients that were scheduled to begin use of a CGM will start as soon

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as we get the all-clear [sign]. They were already sold on the improvement it brings to their lives — the lack of finger sticks [for calibration] and the accuracy of [continuous] reads. We would start them now, but some people are afraid to come to the clinic because we are located in a hospital.”

In addition, insurance coverage for GMs improved qq for five of 22 sources and held steady for 17, building on a similar improvement found in OTR Global's January report. “Trying to get insurance coverage approvals for GMs has been horrible for years. However, suddenly, approvals started coming through, so even with this pandemic on the forefront, I still believe we will see an increase in GM use,” a CDE said.

## Dexcom Continues to Make Gains

Sources said an average 38%–41% of their GM patients are using Dexcom devices. Dexcom gained share among 17 of 21 practices during 1Q20, mainly at the expense of **Medtronic PLC**, a continuation of OTR Global's January findings. Sources continued to credit Dexcom's G6 CGM for its mobile platform, long lifespan compared with the previous-generation G5, and factory calibration, which eliminates the need for finger sticks. In addition, sources said Dexcom has continued to receive a boost from the FDA's Dec. 13 approval of **Tandem Diabetes Care Inc.**'s t:slim X2 insulin pump with Control-IQ technology, which pairs with the G6 to create a hybrid closed-loop system. “I am very excited with the Tandem Control-IQ. It will really make a difference in peoples' lives,” a CDE said. Another said, “The majority of my type-1 patients go on Dexcom, especially with the launch of the Control-IQ system.”

Sources said improvements in insurance coverage particularly benefited Dexcom. This facilitated Dexcom's 1Q20 share gains, as did the resolution of G6 delivery delays (mainly to Medicare patients), which sources reported last year. “I'm not as frustrated this quarter because suddenly in mid-December, insurance approvals and supply for the G6 improved significantly,” a CDE said. Another said, “In December, things started improving rapidly for the Dexcom G6. Medicare and Medicaid both eased restrictions and started approving DXCM G6 for both [type-1 and -2 patients], so that's all I've recommended since January.” Another said Dexcom might have gained more share at his practice if the pandemic had not delayed the launch of the G6 Pro (a single-use professional CGM that gathers a patient's glucose data for a 10-day period), which received FDA approval in October and is used for diagnostic purposes but also gives patients an opportunity to try Dexcom's G6 capability under the supervision of a healthcare provider before committing to purchasing the device.

Sources estimated an average 28%–31% of their type-1 diabetes patients are using GMs, and they reiterated Dexcom CGMs are mainly used among their type-1 patients (often paired with insulin pumps from Tandem or **Insulet Corp.**). Sources expect this proportion to increase to 33%–36% a year from now and, ultimately, increase to 43%–46% after GM adoption plateaus. Dexcom is less common in the type-2 market, but sources said type-2 patients are finding Dexcom's G6 more accessible because of recent improvements in insurance coverage and supply. In addition, sources said Dexcom's direct-to-consumer marketing campaign is also boosting type-2 interest, building on Abbott's advertising for its Freestyle Libre GM (which sources in OTR Global's 2019 research said raised awareness for the whole GM category). “The media exposure has peaked patients' interest in the use of CGMs, and they come in prepared to ask questions and attend classes to make an educated decision on which system to use,” a CDE said.

“I'm not as frustrated this quarter because suddenly in mid-December, insurance approvals and supply for the G6 improved significantly.”

CDE

**Effect of Pharmacy Benefit Categorization on Dexcom CGM Use**  
(number of sources)

|                          | JAN | APR |
|--------------------------|-----|-----|
| Major positive effect    | 3   | 3   |
| Moderate positive effect | 6   | 3   |
| Minor positive effect    | 2   | 4   |
| No effect                | 4   | 5   |
| Minor negative effect    | 3   | 1   |
| Moderate effect          | -   | 1   |
| Major negative effect    | 1   | 1   |

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**Pharmacy Benefit:** Similar to OTR Global's findings in January, 10 of 20 sources said Dexcom is also benefiting from insurance categorization of its CGMs, which began to transition from durable medical equipment (DME) benefit to pharmacy benefit (PB) in late 2018. "The pharmacy benefit makes it easier to fill the script, and less paperwork is needed," a CDE said. Four sources who provided figures said 50% of Dexcom prescriptions are still being processed through DME coverage and 50% are being processed through PB. Similar to January, three CDEs said the new categorization is difficult to navigate. "I am pushing everything through the DME route. We don't have good pharmacy coverage for Dexcom in our area, so we have a better chance of getting it approved through the DME route," one said.

## Abbott Libre Remains Top Choice for Type-2s

Sources said 49%–52% of their diabetes patients are using Abbott's Freestyle Libre, which mainly serves the type-2 diabetes market because of its simplicity, factory calibration, low cost and pharmacy access. "With Libre being easily accessed in pharmacies, I see more of my patients with type-2 diabetes choosing that system," a CDE said.

Sources estimated 8%–11% of their type-2 diabetes patients are using GMs, and they expect this proportion to average 11%–14% a year from now. Sources expect GM use among type-2 patients to remain minor, ultimately reaching 18%–21% after GM adoption plateaus, although the type-2 GM market is significantly larger than the type-1 market. "I tend to use GLP-1s, SGLT2s and non-hypoglycemia drugs for my type-2 diabetes patients. The effectiveness of these drugs keeps my type-2 patients off insulin, so there is no need for them to use a GM or insulin pump," an endocrinologist said. Among type-1 patients, Libre's lack of continuous monitoring and alarm functionality remain hurdles, although a subset of type-1 diabetes patients continue to opt for the Libre, mainly those looking for a low-cost option. "The majority of my type-1 patients go on Dexcom, especially with the launch of the Control-IQ system, but I do use some of Abbott's Libre in my type-1 patients who want a simple device or have insurance coverage issues," a CDE said.

Abbott's Libre gained share during 1Q20 for 11 of 21 sources, although this appears to reflect Libre's expansion of the GM market into type-2 patients as much as it does gains at the expense of other GM manufacturers. "I've become so comfortable with Libre and it works well, so I don't recommend anything else," said a CDE only managing type-2 diabetes patients. One endocrinologist said he has favored Libre GMs since the intensification of the pandemic because the Libre is so simple to use, it does not require training from a CDE.

## Medtronic Continues to Lose Ground

Sources said 8%–11% of their diabetes patients are using **Medtronic PLC's** CGMs, although 15 of 22 sources reported share losses for Medtronic during the past 90 days. As in January, sources cited competitive pressure from the pairing of Dexcom's G6 with Tandem's Control-IQ technology (launched in December), which has created a hybrid closed-loop system that rivals Medtronic's MiniMed 670G hybrid closed-loop system. (The MiniMed was the first closed-loop system on the market and pairs Medtronic's Guardian Sensor 3 CGM with the company's MiniMed insulin pump.) In addition, sources have remained reluctant to prescribe the Guardian Sensor 3 as a standalone CGM because of the device's high cost, insurance coverage hurdles (especially lack of Medicare coverage) and limited technological advances. "The Guardian Sensor 3 is not marketable because

"The Guardian Sensor 3 is not marketable because the technology is still out of date."

CDE

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the technology is still out of date,” a CDE said. Another said, “Medicare will not pay for the Medtronic’s Guardian Sensor 3, and patients will not pay out-of-pocket for it.”

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## ON PANDEMIC

“Now more than ever, technology is essential. We never appreciate it until we cannot see patients face to face. The cloud allows me to read all of the data and give counseling to improve the use of the CGM.” *CDE, March 31*

“I am trying to do more telemedicine, and we do get reimbursed well for those visits.” *Physician assistant, April 2*

“There are no office visits at this time. All our visits are remote now. However, diabetes lends itself well to this. So, instead of seeing 15–20 patients per day in the office, I am doing 15–20 telephone calls per day.” *Endocrinologist, April 6*

“We switched all our visits to virtual and have been doing that for three weeks. All our staff is working with patients virtually, including RNs, NPs, diabetes educators — the whole team.” *Endocrinologist, April 6*

“As of today, there has been no impact on the adoption of CGMs. We deal with patients over the internet, and classes and consultations are full.” *CDE, April 6*

“COVID-19 definitely set everything back. We are all in survival mode at this time. With all the reps on home assignments, we do not get much help from the companies, so we are doing simple things right now such as med refills rather than starting anything new.” *Endocrinologist, April 6*

“I had a few patients with CGM sensors or insulin pumps last week who just uploaded their information to the cloud, and we were able to work through their data. We will work with patients already on a CGM or insulin pump, but we’re not really starting too many patients on them.” *CDE, April 6*

“We have converted completely to telehealth or telephone consult. This has been quite an experience as we encounter growing pains with the conversion.” *Endocrinologist, April 7*

## ON GM DEMAND DRIVERS

“The patients that were going to adopt use of a CGM have already been sold on the improvement in their lives, the lack of finger sticks and the accuracy of reads during all times of the day. They will put the systems in place as soon as they feel safe to come in.” *CDE, April 2*

“I think physicians are becoming more aware that it’s important to start monitoring patients’ blood sugar early — immediately, if possible. Plus, Medicare has been lessening restrictions on approvals in the past few months.” *CDE, March 13*

“Compatibility with a pump is important in my patients with type-1 diabetes, and for all of them, the easier the system is to use, the fewer finger sticks it requires. A high level of accuracy makes these the go-to systems.” *CDE, April 2*

## ON GM MANUFACTURERS

“Dexcom G6 is our go-to system now that insurance covers it with little pushback. We are the most comfortable with this system. It has proven to work well with our patient base.” *CDE, March 25*

“I believe had COVID-19 not happened, we would be prescribing more Dexcom. COVID-19 has delayed the launch of G6 Pro, which could have helped getting more patients on Dexcom G6.” *Endocrinologist, April 6*

“Before, Medtronic was the 800-pound gorilla and had 70%–80% of the market. Now, with Tandem, [Medtronic] is not the leader it used to be. It’s a dog-eat-dog world.” *Endocrinologist, April 6*

“G6 and Libre are the systems we see patients choose. They are technologically advanced and work well independently, tracking highs and lows without patient calibration.” *CDE, April 3*

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## 1. Approximately how many diabetes (type 1 and type 2) do you have under your care?

|               |               |
|---------------|---------------|
| 2001 or more: | 3             |
| 1451-2000:    | 4             |
| 601-800:      | 5             |
| 451-550:      | 4             |
| 251-400:      | 4             |
| 101-150:      | 3             |
| <b>Total:</b> | <b>34,217</b> |

## 2. Approximately what percentage of your patients are type-1 and type-2?

|                          | TYPE-1         | TYPE-2         |
|--------------------------|----------------|----------------|
| 91%–100%:                | -              | 3              |
| 81%–90%:                 | 1              | 7              |
| 71%–80%:                 | 1              | 7              |
| 61%–70%:                 | 1              | 2              |
| 51%–60%:                 | -              | 1              |
| 31%–40%:                 | 2              | -              |
| 21%–30%:                 | 5              | 1              |
| 11%–20%:                 | 8              | 1              |
| 1%–10%:                  | 4              | 1              |
| None:                    | 1              | -              |
| <b>Weighted average:</b> | <b>20%–25%</b> | <b>75%–80%</b> |

## 3. What factors are affecting demand for GMs (apart from the pandemic)?

### POSITIVE

|                             |    |
|-----------------------------|----|
| New technology:             | 15 |
| Ease of use:                | 11 |
| Insurance reimbursement:    | 8  |
| Improved glycemic control:  | 8  |
| GM accuracy:                | 8  |
| Compatibility with pumps:   | 5  |
| Patient/provider awareness: | 5  |
| Advertising:                | 4  |
| Improved compliance:        | 2  |
| Cost:                       | 2  |

### NEGATIVE

|                          |    |
|--------------------------|----|
| Cost:                    | 14 |
| Insurance reimbursement: | 14 |
| Adjusting to technology: | 5  |
| Other:                   | 2  |

*Note: Some sources gave more than one answer.*

## 4. Has insurance coverage/reimbursement for GMs improved, worsened or remained the same over the last 90 days?

|                    |    |
|--------------------|----|
| Improved:          | 5  |
| Remained the same: | 17 |
| Worsened:          | -  |
| No response:       | 1  |

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## 5. Has the number of patients starting on a GM increased, remained the same or decreased compared with pre-coronavirus levels?

|                          |                     |
|--------------------------|---------------------|
| Up:                      | -                   |
| Remained the same:       | 12                  |
| Down:                    | 2                   |
| Down 6%–10%:             | 1                   |
| Down 21%–25%:            | 2                   |
| Down 41%–50%:            | 2                   |
| Down 61%–70%:            | 1                   |
| Down 71%–80%:            | 1                   |
| Down 91%–100%:           | 2                   |
| <b>Weighted average:</b> | <b>Down 27%–32%</b> |

## 6. Do you expect your 2020 GM prescriptions to increase, remain the same or decrease yy? What was your expectation prior to any effect from the coronavirus pandemic? Did you 2019 GM prescriptions increase, remain the same or decrease yy?

|                          | 2020<br>PRE-CORONAVIRUS | 2020<br>CURRENT   | 2019              |
|--------------------------|-------------------------|-------------------|-------------------|
| Up 96%–100%:             | 1*                      | -                 | -                 |
| Up 41%–50%:              | -                       | -                 | 1                 |
| Up 31%–35%:              | 1                       | 1                 | -                 |
| Up 21%–25%:              | 5*                      | 3                 | 2                 |
| Up 16%–20%:              | 3*                      | 4*                | 1                 |
| Up 11%–15%:              | 3                       | 2                 | 3*                |
| Up 6%–10%:               | 2*                      | 2*                | 6*                |
| Up 1%–5%:                | 1                       | 1                 | 1                 |
| Up:                      | 2                       | 3                 | 5                 |
| Flat:                    | -                       | -                 | -                 |
| Down 6%–10%:             | -                       | 1                 | -                 |
| Don't know:              | 2                       | 3                 | 1                 |
| No response:             | 3                       | 3                 | 3                 |
| <b>Weighted average:</b> | <b>Up 15%–18%</b>       | <b>Up 13%–16%</b> | <b>Up 13%–16%</b> |

\* One source who did not provide numerical responses for all three time periods removed from average

## 7. What percentage of your type-1 patients are using a GM? What do you expect this percentage to be a year from now? What do you expect this percentage to ultimately be after adoption plateaus?

|                          | CURRENT        | ONE YEAR       | ULTIMATELY     |
|--------------------------|----------------|----------------|----------------|
| 91%–100%:                | -              | -              | 2              |
| 81%–90%:                 | -              | 3              | 2              |
| 71%–80%:                 | 4              | 1              | 5              |
| 61%–70%:                 | 4              | 4              | -              |
| 51%–60%:                 | 1              | 1              | 2              |
| 41%–50%:                 | 1              | 3              | 2              |
| 31%–40%:                 | 2              | 2              | 2              |
| 21%–30%:                 | 3              | 1              | 1              |
| 11%–20%:                 | 3              | 3              | 2              |
| 1%–10%:                  | 1              | 1              | 1              |
| Don't know:              | 2              | 2              | 2              |
| Not applicable:          | 1              | 1              | 1              |
| No response:             | 1              | 1              | 1              |
| <b>Weighted average:</b> | <b>28%–31%</b> | <b>33%–36%</b> | <b>43%–46%</b> |

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8. What percentage of your type-2 patients are using a GM? What do you expect his percentage to be a year from now? What do you expect this percentage to ultimately be after adoption plateaus?

|                          | CURRENT       | ONE YEAR       | ULTIMATELY     |
|--------------------------|---------------|----------------|----------------|
| 51%–60%:                 | -             | 1              | 1              |
| 41%–50%:                 | 1             | -              | 1              |
| 31%–40%:                 | 1             | 1              | 1              |
| 21%–30%:                 | 1             | 2              | 3              |
| 11%–20%:                 | 5             | 10*            | 9              |
| 1%–10%:                  | 12*           | 6              | 4              |
| Don't know:              | 2             | 2              | 3              |
| No response:             | 1             | 1              | 1              |
| <b>Weighted average:</b> | <b>8%–11%</b> | <b>11%–14%</b> | <b>18%–21%</b> |

\* One source who did not provide numerical responses for all three time periods removed from average

9. Which GM is your practice most commonly prescribing/recommending to patients?

|                                |    |
|--------------------------------|----|
| Abbott's FreeStyle Libre:      | 22 |
| Dexcom's G6/G5:                | 20 |
| Medtronic's Guardian Sensor 3: | 9  |
| No response:                   | 1  |

Note: Some sources gave more than one answer.

10. What percentage of your patients are using GMs from Dexcom, Medtronic and Abbott?

|                          | DEXCOM         | MEDTRONIC     | ABBOTT         |
|--------------------------|----------------|---------------|----------------|
| 91%–100%:                | 1              | -             | 2              |
| 71%–80%:                 | 2              | -             | -              |
| 61%–70%:                 | 1              | -             | 3              |
| 51%–60%:                 | 4              | -             | -              |
| 41%–50%:                 | 3              | -             | 4              |
| 31%–40%:                 | 4              | 1             | 6              |
| 21%–30%:                 | 3              | 2             | 2              |
| 11%–20%:                 | -              | 2             | 2              |
| 1%–10%:                  | -              | 6             | 1              |
| None:                    | 2              | 9             | -              |
| Don't know:              | 1              | 1             | 1              |
| No response:             | 2              | 2             | 2              |
| <b>Weighted average:</b> | <b>38%–41%</b> | <b>8%–11%</b> | <b>49%–52%</b> |

Note: This question was asked differently for the January report, so no comparison is available.

11. What are the most important factors affecting your practice's decision to recommend a particular GM system to patients?

|                           |    |
|---------------------------|----|
| Reimbursement:            | 16 |
| Ease of use:              | 13 |
| Accuracy:                 | 8  |
| Factory calibrated:       | 7  |
| Technology:               | 7  |
| Likelihood of compliance: | 6  |
| Remote monitoring:        | 5  |
| Compatibility with pumps: | 4  |
| Alarms:                   | 3  |
| Price:                    | 3  |
| Sales representation:     | 2  |
| Other:                    | 2  |

Note: Some sources gave more than one answer.

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## 12. Which GMs have gained or lost share within in your practice during the past 90 days (1Q20)?

|                         | GAINED | LOST |
|-------------------------|--------|------|
| Dexcom G6/G5:           | 17     | -    |
| Abbott Freestyle Libre: | 11     | 3    |
| Medtronic:              | -      | 15   |
| None:                   | 3      | 3    |
| No response:            | 2      | 2    |

*Note: Some sources gave more than one answer.*

## 13. What is the shift from DME benefit to pharmacy benefit having on your patients' use of Dexcom CGMs?

|                    | JANUARY | APRIL |
|--------------------|---------|-------|
| Major positive:    | 3       | 3     |
| Moderate positive: | 6       | 4     |
| Minor positive:    | 2       | 4     |
| No effect:         | 4       | 5     |
| Minor negative:    | 3       | 1     |
| Moderate negative: | -       | 1     |
| Major negative:    | 1       | 1     |
| Don't know:        | 1       | 1     |
| No response:       | 2       | 3     |
| Not applicable:    | 1       | -     |

## 14. What percentage of your patients using a Dexcom CGM are getting coverage through durable medical equipment (as opposed to pharmacy benefit)?

|                 |   |
|-----------------|---|
| 91%–100%:       | 1 |
| 81%–90%:        | 1 |
| 71%–80%:        | 1 |
| 41%–50%:        | 4 |
| Don't know:     | 9 |
| No response:    | 6 |
| Not applicable: | 1 |

## 15. Approximately how many patients started a GM during 4Q19 and 1Q20? How many patients do you expect to start a GM during 2Q20?

|               | 4Q19       | 1Q20       | 2Q20       |
|---------------|------------|------------|------------|
| 91–100:       | 1*         | -          | -          |
| 81–90:        | 1          | 1          | 1          |
| 71–80:        | 1          | 1*         | -          |
| 51–60:        | -          | 1          | 1*         |
| 41–50:        | -          | 2*         | 1          |
| 31–40:        | 1          | -          | 2          |
| 21–30:        | 2          | 3          | -          |
| 11–20:        | 4†         | 6‡         | 4*         |
| 1–10:         | 5*         | 3          | 4          |
| 0:            | 1          | -          | 1          |
| Don't know:   | 4          | 3          | 6          |
| No response:  | 3          | 3          | 3          |
| <b>Total:</b> | <b>313</b> | <b>273</b> | <b>288</b> |

\* One source who did not provide numerical responses for all three time periods removed from average

† Two sources who did not provide numerical responses for all three time periods removed from average

‡ Three sources who did not provide numerical responses for all three time periods removed from average

# Diabetes Management Devices – Glucose Monitors

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