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Nevada

Diabetes and Cardiovascular Disease Report | 2014

Featuring Demographic, Charge, Utilization, Pharmacotherapy and Readmission Data

8th Edition

SANOFI
in Partnership with

Nevada Business Group ON HEALTH

HealthInsight
a partnership for the future of health care

iDo Improving Diabetes & Obesity Outcomes

Health Services Coalition
improving community healthcare

NEVADA DIABETES AND CARDIOVASCULAR DISEASE REPORT

CONTENTS

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Introduction

Sanofi US (Sanofi), in partnership with the Nevada Business Group on Health (NVBGH), iDo, HealthInsight and Health Services Coalition is pleased to present the eighth edition of the **Nevada Type 2 Diabetes Report** for 2014, an overview of key demographic, utilization, charge, pharmacotherapy and readmission measures for Type 2 diabetes patients in key local markets in Nevada. The report also provides Los Angeles, Salt Lake City, state of Nevada and national benchmarks that can help providers and employers identify opportunities to better serve the needs of their patients. All data are drawn from the Sanofi **Managed Care Digest Series®**.

Sanofi, as sponsor of this report, maintains an arm's-length relationship with the organizations that prepare this report and carry out the research. The desire of Sanofi is that the information in this report be completely independent and objective.

This eighth edition features a number of examples of the kinds of disease-specific data on Type 2 diabetes that can be provided by the **Managed Care Digest Series®**. The sponsoring organizations chose Type 2 diabetes (high blood glucose levels caused by either a lack of insulin or the body's inability to use insulin efficiently) as the focus of this report, as the prevalence of this disease has grown considerably in recent years.

This report also includes discharge data for cardiovascular diseases and other conditions that affect Nevada patients. These data are included to help identify potential gaps in care.

The data in this report (covering 2011 through 2013) were gathered by IMS Health, Parsippany, NJ, a leading provider of innovative health care data products and analytic services. The data provide health care providers with independent, third-party information they can use to benchmark their own data on patient demographics, professional and facility charges, utilization and pharmacotherapy.

Methodology

IMS Health generated most of the data for this **Managed Care Digest Series®** report using health care professional and institutional insurance claims. Data for this report represent more than 7.7 million unique Type 2 diabetes patients in 2013 with a diagnoses in the 250.00–250.92 range.

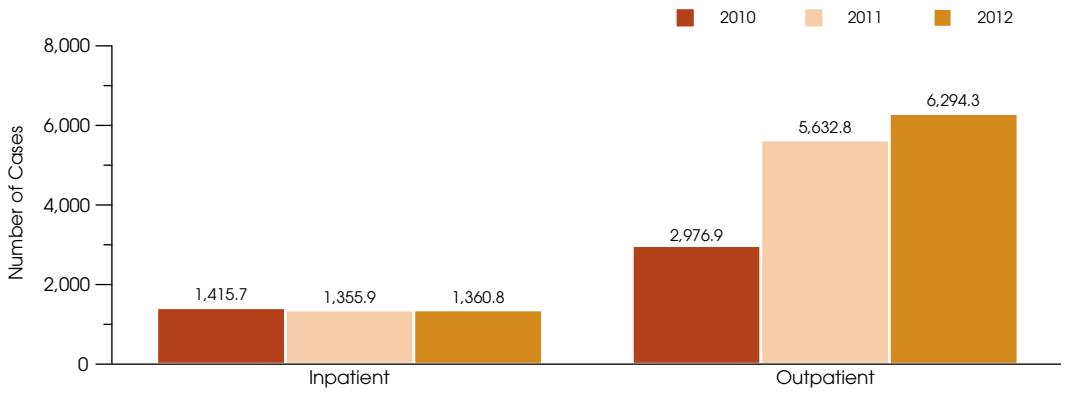
Inpatient case counts, average length of stay and inpatient charge data come from IMS Health's *Hospital Procedure/Diagnosis* (HPD) Database. This database contains an extensive set of hospital inpatient and outpatient discharge records, including actual diagnoses and procedures for about 75% of discharges nationwide (including 100% of Medicare-reimbursed discharges).

IMS Health also gathers data on prescription activity from the National Council for Prescription Drug Programs (NCPDP). These data represent some 2 billion prescription claims annually, or more than 50% of the prescription universe. These data represent the sampling of prescription activity from a variety of sources, including retail chains, mass merchandisers and pharmacy benefit managers. Cash, mail-order, Medicaid and third-party transactions are tracked.

DATA INTEGRITY

Patient-level, disease-specific data arriving into IMS Health are put through a rigorous process to ensure that data elements match to valid references, such as product codes, ICD-9 (diagnosis) and CPT-4 (procedure) codes, and provider and facility data. Claims undergo a careful de-duplication process to ensure that when multiple, voided or adjusted claims are assigned to a patient encounter, they are applied to the database, but only for a single, unique patient. Through its patient encryption methods, IMS Health creates a unique, random numerical identifier for every patient, and then strips away all patient-specific health information that is protected under HIPAA. The identifier allows IMS Health to track disease-specific diagnosis and procedure activity across many settings where care is provided.

TOTAL NUMBER OF NEVADA INPATIENT AND OUTPATIENT CASES, DIABETES MELLITUS



PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY AGE, GENDER AND PAYER[1]

	Las Vegas		Reno		Los Angeles		Salt Lake City		Nevada		**Nation**	
AGE	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
0–17	0.5%	0.5%	0.7%	0.6%	0.6%	0.3%	0.6%	0.7%	0.5%	0.5%	0.4%	0.4%
18–35	2.6	2.7	2.7	2.9	3.2	2.4	3.8	3.9	2.6	2.7	2.9	2.9
36–64	46.1	45.8	44.9	43.5	42.0	40.1	49.8	47.5	46.2	45.5	46.4	45.4
65–79	40.3	40.5	39.7	41.2	37.9	39.6	35.7	37.0	40.0	40.5	37.2	38.1
80+	10.6	10.6	12.0	11.8	16.3	17.6	10.1	10.9	10.8	10.8	13.1	13.2
GENDER												
Male	50.7%	50.4%	48.8%	49.7%	47.2%	46.8%	46.9%	47.0%	50.2%	50.2%	46.6%	46.7%
Female	49.3	49.7	51.2	50.3	52.9	53.2	53.1	53.0	49.8	49.8	53.4	53.3
PAYER												
Commercial Insurance[2]	60.0%	58.8%	56.6%	54.7%	51.7%	47.9%	63.3%	59.2%	60.7%	59.2%	50.2%	48.6%
Medicare	33.6	34.4	38.3	39.7	41.7	44.4	29.7	32.6	34.2	35.3	39.2	40.3
Medicaid	5.7	6.2	4.3	4.6	6.2	7.4	6.0	7.0	4.3	4.8	9.9	10.4

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY DIAGNOSING SPECIALIST

	Location of Patient's Type 2 Diabetes Diagnosis							
	Primary Care[3]		Internal Medicine		Endocrinology		Cardiology	
MARKET	2012	2013	2012	2013	2012	2013	2012	2013
Las Vegas	14.1%	13.7%	19.0%	17.9%	2.6%	2.7%	11.3%	11.2%
Reno	20.0	17.7	11.6	9.9	3.9	3.0	2.0	6.7
Los Angeles	9.9	9.9	12.5	12.8	3.7	3.4	11.9	11.8
Salt Lake City	17.8	17.6	11.6	11.0	3.0	2.1	7.0	5.7
Nevada	15.0	14.4	17.3	15.9	2.9	2.9	9.5	10.0
NATION	**15.5%**	**15.3%**	**15.2%**	**14.9%**	**3.4%**	**3.4%**	**10.3%**	**10.3%**

Data source: IMS Health © 2014

NUMBER OF IP DM CASES DECLINES WHILE OP DM CASE COUNT CLIMBS IN NEVADA

The number of inpatient (IP) diabetes mellitus (DM) cases treated in Nevada hospitals decreased by 3.9%, to 1,360.8 in 2012 from 1,415.7 in 2010. During this same period, the number of outpatient (OP) diabetes mellitus cases in Nevada more than doubled, to 6,294.3 in 2012 from 2,976.9 in 2010.

NEVADA DIABETES PTS. ARE MORE APT TO BE COVERED BY COMMERCIAL PAYERS

In 2013, 59.2% of Nevada Type 2 diabetes patients were insured by commercial payers. This share dropped 1.5 percentage points from 2012 (60.7%), but remained higher than that of the nation in both years (48.6% and 50.2%, respectively). Of local Nevada markets profiled, Las Vegas recorded a higher share of these patients (58.8%) than Reno (54.7%) in 2013. In the same year, the percentage of Nevada Type 2 diabetes patients covered by Medicare (35.3%) was lower than the national average (40.3%).

[1] On pages 3–10, the percentages are representative of the universe of Type 2 diabetes patients for whom claims data have been collected in a given year.

[2] Includes HMOs, PPOs, point-of-service plans and exclusive provider organizations.

[3] "Primary care" consists of both general and family practitioners.

NOTE: Inpatient/outpatient case counts data come from IMS Health's *Hospital Procedure/Diagnosis (HPD)* database and are current as of calendar year 2012.

Throughout this Report, the Los Angeles market includes Long Beach and Salt Lake City includes Ogden.

COMPLICATIONS/COMORBIDITIES

SHARE OF NV TYPE 2 PATIENTS WITH >2 COMPLICATIONS TOPS NATIONAL AVERAGE

From 2012 to 2013, the percentage of Nevada Type 2 diabetes patients with more than two complications resulting from their diabetes increased to 23.6% from 22.9% and was greater than that of the nation (20.6% and 19.4%, respectively). In Las Vegas, this share was higher still, rising to 26.6% in 2013 from 26.1% in 2012. Both Las Vegas and Nevada Type 2 diabetes patients were more apt to be diagnosed with neuropathy and nephropathy than their national peers in 2013.

SHARE OF TYPE 2 PTS. WITH >2 COMORBIDITIES IS HIGHER IN LAS VEGAS THAN ACROSS U.S.

The percentage of Las Vegas Type 2 diabetes patients with more than two comorbidities (42.2%) was higher than that of Reno (31.3%), Nevada (38.5%) and the nation (38.2%) in 2013. More than 80% of Las Vegas Type 2 diabetes patients had hypertension as a comorbidity, versus 79.8% nationally.

[1] A complication is defined as a patient condition caused by the Type 2 diabetes of the patient. These conditions are a direct result of having Type 2 diabetes. Complications of Type 2 diabetes include, but are not limited to, cardiovascular disease, neuropathy, nephropathy, retinopathy and amputations.

[2] A comorbidity is a condition a Type 2 diabetes patient may also have, which is not directly related to the diabetes. Comorbidities were narrowed down to a subset of conditions which are typically present in patients with Type 2 diabetes. Comorbidities of Type 2 diabetes may include, but are not limited to, hypertension, hyperlipidemia and congestive heart failure.

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY NUMBER OF COMPLICATIONS[1]

	0		1		2		>2	
MARKET	2012	2013	2012	2013	2012	2013	2012	2013
Las Vegas	49.8%	49.6%	15.1%	15.0%	9.0%	8.9%	26.1%	26.6%
Reno	63.7	59.7	15.6	16.1	7.8	8.6	13.0	15.5
Los Angeles	61.2	59.2	16.9	16.3	7.7	8.0	14.3	16.4
Salt Lake City	68.3	65.7	13.7	14.7	6.3	6.9	11.7	12.7
Nevada	53.1	52.5	15.4	15.3	8.7	8.7	22.9	23.6
NATION	**56.0%**	**55.0%**	**15.9%**	**15.6%**	**8.7%**	**8.8%**	**19.4%**	**20.6%**

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY NUMBER OF COMORBIDITIES[2]

	0		1		2		>2	
MARKET	2012	2013	2012	2013	2012	2013	2012	2013
Las Vegas	32.0%	32.7%	13.5%	13.1%	12.0%	12.1%	42.5%	42.2%
Reno	45.4	41.5	15.6	15.3	11.9	12.0	27.1	31.3
Los Angeles	55.0	53.3	14.6	14.4	9.6	9.8	20.8	22.6
Salt Lake City	50.8	51.5	13.3	13.8	11.6	11.2	24.3	23.5
Nevada	36.0	35.8	14.0	13.7	12.0	12.0	38.0	38.5
NATION	**38.0%**	**37.3%**	**13.2%**	**12.7%**	**12.1%**	**11.8%**	**36.8%**	**38.2%**

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY ACTUAL COMPLICATION, 2013[1]

MARKET	Cardiovascular Disease	Neuropathy	Nephropathy	Retinopathy	Amputation
Las Vegas	58.1%	38.3%	36.5%	14.3%	0.2%
Reno	49.3	32.3	29.3	19.3	0.4
Los Angeles	53.4	28.2	31.0	18.4	0.1
Salt Lake City	48.9	36.9	27.4	17.5	0.2
Nevada	56.5	37.0	34.8	15.8	0.2
NATION	**57.4%**	**32.7%**	**31.0%**	**18.5%**	**0.2%**

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY ACTUAL COMORBIDITY, 2013[2]

MARKET	Hypertension	Hyperlipidemia	Congestive Heart Failure
Las Vegas	80.6%	64.6%	11.9%
Reno	76.2	57.3	10.4
Los Angeles	74.0	48.5	13.9
Salt Lake City	69.2	60.4	11.3
Nevada	79.3	63.1	11.8
NATION	**79.8%**	**63.3%**	**12.4%**

Data source: IMS Health © 2014

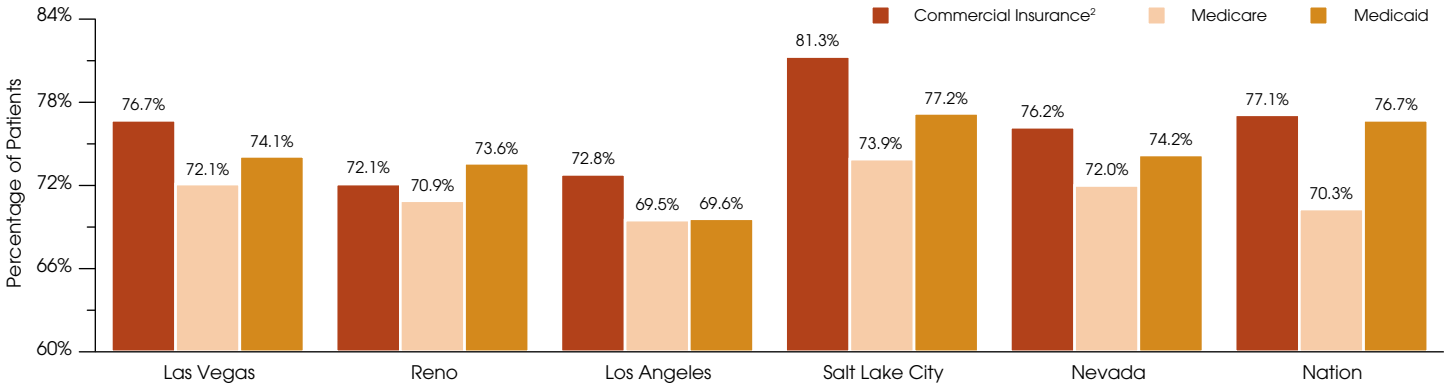
PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY SERVICE

	A1c Test[1]		Blood Glucose Test		Serum Cholesterol Test		Ophthalmologic Exam		Urine Microalbumin Test	
MARKET	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Las Vegas	74.8%	75.0%	86.8%	86.3%	83.8%	83.8%	64.0%	63.2%	74.3%	73.8%
Reno	71.5	71.7	82.8	83.3	81.6	80.5	66.4	67.0	72.8	71.4
Los Angeles	70.6	71.2	87.0	87.2	84.1	84.4	65.0	65.2	65.9	66.3
Salt Lake City	78.2	78.6	85.4	85.4	82.5	82.6	63.3	63.5	69.0	69.5
Nevada	74.7	74.7	86.0	85.7	83.2	83.0	63.8	63.3	73.7	73.0
NATION	**74.1%**	**74.2%**	**86.7%**	**86.8%**	**84.4%**	**84.4%**	**69.6%**	**69.6%**	**71.5%**	**71.5%**

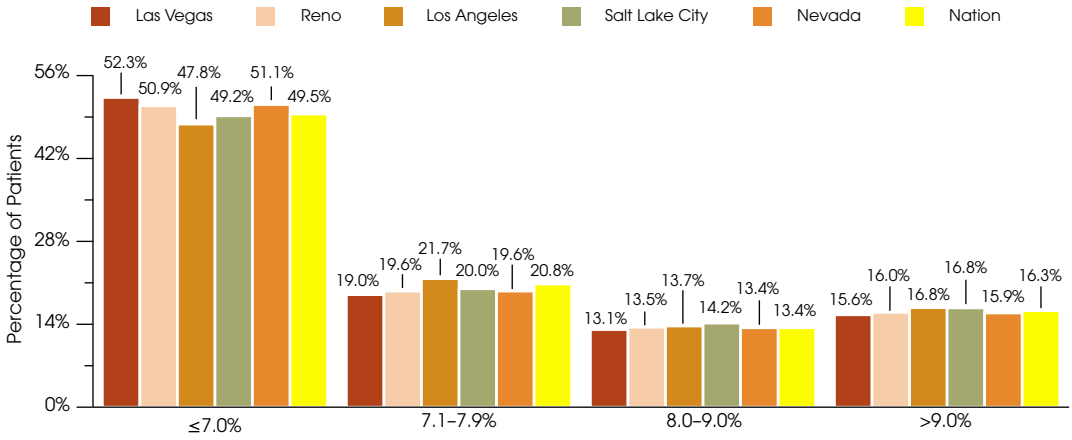
SHARE OF NV TYPE 2 PATIENTS RECEIVING AN A1c TEST IS ABOVE THAT OF THE NATION

In 2013, slightly higher percentages of Las Vegas (75.0%) and Nevada (74.7%) Type 2 diabetes patients received an A1c test versus the national average (74.2%), while the share of such patients in Reno (71.7%) was lower than that of the state and U.S.

PERCENTAGE OF TYPE 2 DIABETES PATIENTS RECEIVING A1c TESTS, BY PAYER, 2013[1]



PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY A1c LEVEL RANGE, 2013[1]



Data source: IMS Health © 2014

[1] The A1c test measures the amount of glucose present in the blood during the past 2–3 months. Figures reflect the percentage of Type 2 diabetes patients who have had at least one A1c test in a given year.

[2] Includes HMOs, PPOs, point-of-service plans and exclusive provider organizations.

NV TYPE 2 DIABETES PATIENTS ARE MORE APT TO HAVE AN A1c ≤7.0% THAN U.S. PEERS

The shares of Type 2 diabetes patients in Las Vegas (52.3%), Reno (50.9%) and across Nevada (51.1%) who had an A1c level of 7.0% or below on their last exam were all higher than that of the nation (49.5%) in 2013. Meanwhile, in all three profiled Nevada markets, the percentages of Type 2 diabetes patients with an A1c level above 9.0% on their last exam were all lower than the U.S. mean (16.3%).

INPATIENT CASES/ALOS

INPATIENT DIABETES MELLITUS CASE COUNTS RISE IN RENO, NEVADA, TOP U.S. AVERAGE

From 2011 to 2012, average inpatient diabetes mellitus case counts rose 11.7% in Reno, to 1,883.8 from 1,686.5, and a more modest 0.4% across Nevada, to 1,360.8 from 1,355.9. In Las Vegas, inpatient diabetes mellitus case counts declined 0.8%, to 1,744.7 in 2012 from 1,759.2 in 2011, but remained above the national mean. Nationally, this average fell 2.6%, to 1,249.3 in 2012.

ALOS FOR INPATIENT DIABETES MELLITUS CASES RISES IN LAS VEGAS AND NEVADA

The average length of stay (ALOS) per diabetes mellitus inpatient case increased by 0.2 days in Las Vegas (4.5 days) and 0.1 days across Nevada (4.0) from 2011 to 2012. In Reno, meanwhile, the ALOS for such cases remained unchanged, at 4.2 days, matching the national average in 2012, which was down 0.1 days in 2011. In Los Angeles, ALOS per diabetes mellitus inpatient case declined to 5.2 days from 5.3, remaining well above the U.S. mean, while in Salt Lake City, it remained at 3.8 days.

NOTE: Inpatient/outpatient case counts and average length of stay (ALOS) data come from IMS Health's *Hospital Procedure/Diagnosis (HPD)* database and are current as of calendar year 2012.

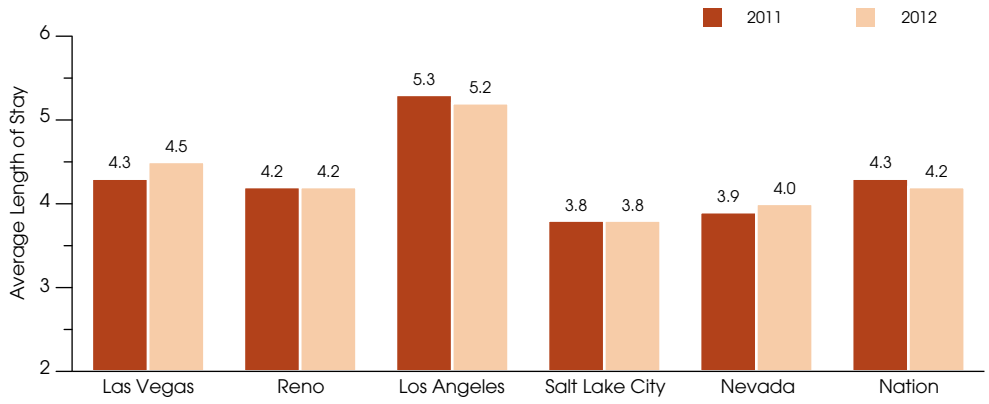
NUMBER OF INPATIENT DIABETES MELLITUS CASES PER HOSPITAL PER YEAR

MARKET	2011	2012	Percentage Change
Las Vegas	1,759.2	1,744.7	–0.8%
Reno	1,686.5	1,883.8	11.7
Los Angeles	2,159.8	2,068.2	–4.2
Salt Lake City	1,095.1	1,220.5	11.5
Nevada	1,355.9	1,360.8	0.4
NATION	**1,282.8**	**1,249.3**	**–2.6%**

AVERAGE LENGTH OF STAY (DAYS) PER HOSPITAL INPATIENT DIABETES MELLITUS CASE

MARKET	2011	2012	Percentage Change
Las Vegas	4.3	4.5	4.7%
Reno	4.2	4.2	0.0
Los Angeles	5.3	5.2	–1.9
Salt Lake City	3.8	3.8	0.0
Nevada	3.9	4.0	2.6
NATION	**4.3**	**4.2**	**–2.3%**

AVERAGE LENGTH OF STAY (DAYS) PER HOSPITAL INPATIENT DIABETES MELLITUS CASE



Data source: IMS Health © 2014

FACILITY CHARGES

FACILITY CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS[1]

	Hospital Inpatient		Hospital Outpatient	
MARKET	2012	2013	2012	2013
Las Vegas	$39,053	$39,881	$7,477	$11,068
Reno	—	37,848	7,602	9,469
Los Angeles	47,928	48,706	13,785	14,771
Salt Lake City	23,578	35,731	11,579	11,144
Nevada	42,622	39,845	7,643	11,094
NATION	**$46,616**	**$47,363**	**$11,969**	**$12,278**

FACILITY INPATIENT CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS, BY PAYER[1]

	Commercial Insurance[2]		Medicare		Medicaid	
MARKET	2012	2013	2012	2013	2012	2013
Las Vegas	—	—	$41,061	$40,587	—	—
Reno	—	$5,304	—	16,094	—	—
Los Angeles	$39,631	43,955	46,916	47,389	$37,848	$37,140
Salt Lake City	19,284	—	24,669	—	—	—
Nevada	—	—	40,417	39,994	—	—
NATION	**$39,259**	**$40,575**	**$43,592**	**$44,026**	**$38,544**	**$39,226**

FACILITY OUTPATIENT CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS, BY PAYER[1]

	Commercial Insurance[2]		Medicare		Medicaid	
MARKET	2012	2013	2012	2013	2012	2013
Las Vegas	$7,298	$6,864	$6,623	$10,000	—	—
Reno	5,538	—	5,282	—	—	—
Los Angeles	10,609	12,115	13,443	13,659	$8,438	$10,340
Salt Lake City	5,744	9,109	10,406	5,099	4,136	3,557
Nevada	7,291	7,270	6,354	12,549	—	—
NATION	**$8,780**	**$8,890**	**$10,852**	**$10,568**	**$8,292**	**$8,892**

Data source: IMS Health © 2014

IP CHARGES RISE IN LAS VEGAS FOR TYPE 2 PATIENTS, FALL IN NEVADA

From 2012 to 2013, average annual inpatient facility charges for Type 2 diabetes patients increased 2.1% in Las Vegas, to $39,881 from $39,053. Meanwhile, these charges decreased 6.5% across Nevada (to $39,845 from $42,622). In three of five profiled markets, average annual inpatient facility charges for Type 2 diabetes patients remained below those of the nation ($47,363 and $46,616, respectively).

OP CHARGES CLIMB ACROSS NEVADA FOR TYPE 2 DIABETES PATIENTS, BUT LAG U.S. MEAN

Annual facility outpatient charges per Type 2 diabetes patient rose 48.0% in Las Vegas (to $11,068), 24.6% in Reno ($9,469) and 45.2% across Nevada ($11,094) from 2012 to 2013, but remained below the national average of $12,278 in 2013. These charges increased in all five profiled markets except Salt Lake City, where they declined 3.8%, to $11,144 in 2013 from $11,579 in 2012.

[1] Figures reflect the charges generated by the facilities that delivered care. The data also reflect the amounts charged, not the amounts paid.

[2] Includes HMOs, PPOs, point-of-service plans and exclusive provider organizations.

NOTE: Due to low patient claims counts, hospital inpatient and outpatient charge data by payer were unavailable for some of the selected state and local markets.

PROFESSIONAL CHARGES

PROVIDER CHARGES FOR NEVADA TYPE 2 PATIENTS ARE UP ACROSS ALL SETTINGS

Average annual professional charges for Type 2 diabetes patients increased in all five profiled markets and across the nation for each profiled care setting from 2012 to 2013. For example, such emergency room charges more than doubled in Reno, to $1,767 from $878, while rising 8.0% in Las Vegas (to $1,616) and 27.7% across Nevada ($1,657). In the ambulatory surgery center setting, such charges climbed 9.1% in Las Vegas ($2,880), 26.2% in Reno ($3,138) and 13.3% in Nevada ($3,030).

INPATIENT PROVIDER CHARGES ARE HIGH FOR ALL PAYERS IN NEVADA

From 2012 to 2013, average annual professional inpatient charges for Nevada Type 2 diabetes patients increased regardless of payer and were higher than those of the nation. For instance, these charges for Nevada Type 2 diabetes patients with commercial coverage were $2,808 in 2013 versus $2,783 for the nation, and for Medicare beneficiaries they were $2,975 versus the U.S. mean of $2,604.

PROFESSIONAL CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS[1]

	Ambulatory Surgery Center		Emergency Room		Hospital Inpatient		Hospital Outpatient		Office/ Clinic	
MARKET	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Las Vegas	$2,640	$2,880	$1,496	$1,616	$3,201	$3,346	$1,345	$1,356	$2,734	$2,866
Reno	2,486	3,138	878	1,767	2,252	2,268	1,138	1,275	1,654	1,962
Los Angeles	1,973	2,152	799	844	1,978	2,249	1,081	1,100	1,744	1,964
Salt Lake City	2,471	2,673	643	986	2,512	2,638	1,141	1,153	1,364	1,544
Nevada	2,675	3,030	1,298	1,657	2,984	3,146	1,281	1,335	2,562	2,708
NATION	**$2,480**	**$2,724**	**$953**	**$1,088**	**$2,798**	**$3,005**	**$1,102**	**$1,175**	**$1,857**	**$2,024**

PROFESSIONAL INPATIENT CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS, BY PAYER[1]

	Commercial Insurance[2]		Medicare		Medicaid	
MARKET	2012	2013	2012	2013	2012	2013
Las Vegas	$2,693	$2,933	$3,205	$3,210	$3,066	$3,022
Reno	2,381	2,108	1,719	2,051	2,216	1,942
Los Angeles	1,941	2,224	1,889	2,170	1,131	1,527
Salt Lake City	2,298	2,284	1,985	2,238	1,617	1,956
Nevada	2,655	2,808	2,858	2,975	2,968	3,027
NATION	**$2,592**	**$2,783**	**$2,330**	**$2,604**	**$2,561**	**$2,821**

PROFESSIONAL OUTPATIENT CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS, BY PAYER[1]

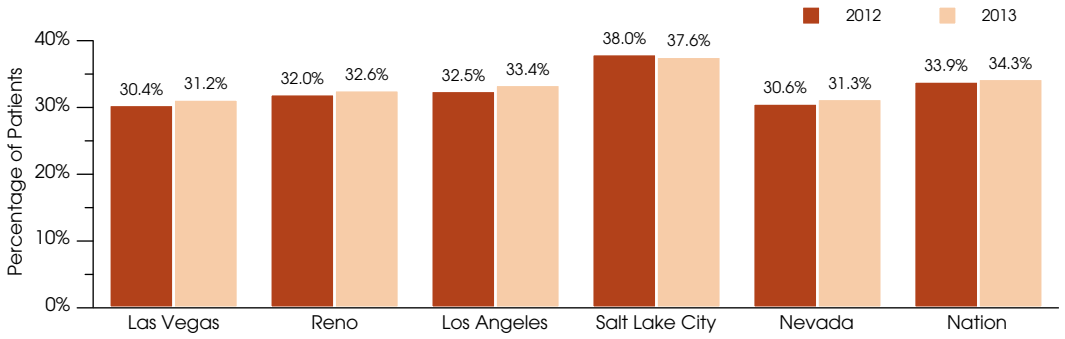
	Commercial Insurance[2]		Medicare		Medicaid	
MARKET	2012	2013	2012	2013	2012	2013
Las Vegas	$1,396	$1,415	$1,141	$1,174	$1,281	$1,354
Reno	1,006	1,154	1,183	1,276	1,284	1,229
Los Angeles	1,150	1,145	998	1,040	641	780
Salt Lake City	1,049	1,061	1,007	1,068	970	926
Nevada	1,290	1,343	1,137	1,209	1,382	1,453
NATION	**$1,064**	**$1,120**	**$977**	**$1,086**	**$1,055**	**$1,150**

Data source: IMS Health © 2014

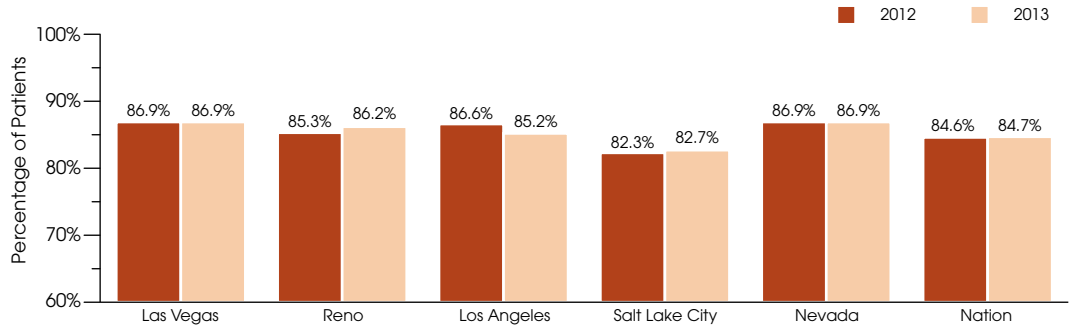
[1] Professional charges are those generated by the providers delivering care to Type 2 diabetes patients in various settings.

[2] Includes HMOs, PPOs, point-of-service plans and exclusive provider organizations.

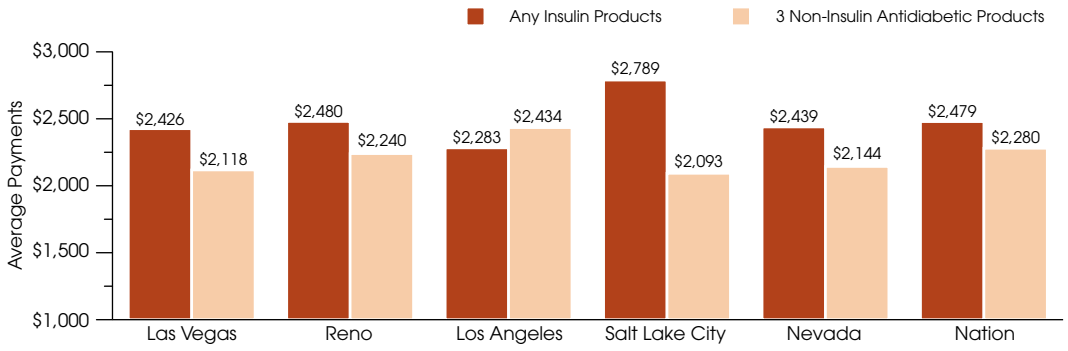
PERCENTAGE OF TYPE 2 DIABETES PATIENTS USING ANY INSULIN PRODUCTS



PERCENTAGE OF TYPE 2 DIABETES PATIENTS USING ANY NON-INSULIN ANTIDIABETIC PRODUCT



ANNUAL PAYMENTS PER TYPE 2 DIABETES PATIENT BY TYPE OF THERAPY, 2013[2]



Data source: IMS Health © 2014

SHARE OF TYPE 2 DIABETES PATIENTS DISPENSED ANY INSULIN RISES IN NEVADA

The percentage of Nevada Type 2 diabetes patients who were dispensed any insulin products increased to 31.3 % in 2013 from 30.6% in 2012. These shares also inched up in Las Vegas (to 31.2% from 30.4%) and Reno (to 32.6% from 32.0%), but remained below that of the nation (34.3%) in 2013. Of the four local markets profiled, only Salt Lake City recorded a decrease in the percentage of Type 2 diabetes patients who filled a prescription for any insulin products, to 37.6% from 38.0%.

NV TYPE 2 PTS. ARE DISPENSED ANY NON-INSULIN PRODUCTS AT RATES ABOVE U.S. AVG.

In 2013, the shares of Type 2 diabetes patients in Las Vegas (86.9%), Reno (85.3%) and Nevada (86.9%) who filled a prescription for any non-insulin antidiabetic product were higher than the national average (84.6%). However, the share of Type 2 diabetes patients dispensed any non-insulin antidabetic product rose only in Reno from 2012 to 2013.

[1] Patients who filled prescriptions for any insulin products may have also filled prescriptions for products in the non-insulin category, and vice versa.

[2] Figures reflect the per-patient yearly costs for Type 2 diabetes patients receiving a particular type of therapy.

PERSISTENCY/READMISSIONS

THERAPY PERSISTENCY IS HIGH FOR NV TYPE 2 DIABETES PTS. DISPENSED L-A INSULIN

Therapy persistency in month 12 for Nevada Type 2 diabetes patients who filled a prescription for any of four classes of insulin was higher among those who were dispensed long-acting insulin (63.4%) than their peers who were dispensed short- (50.5%), rapid-acting (51.2%) or mixed (58.2%) insulin products in 2013.

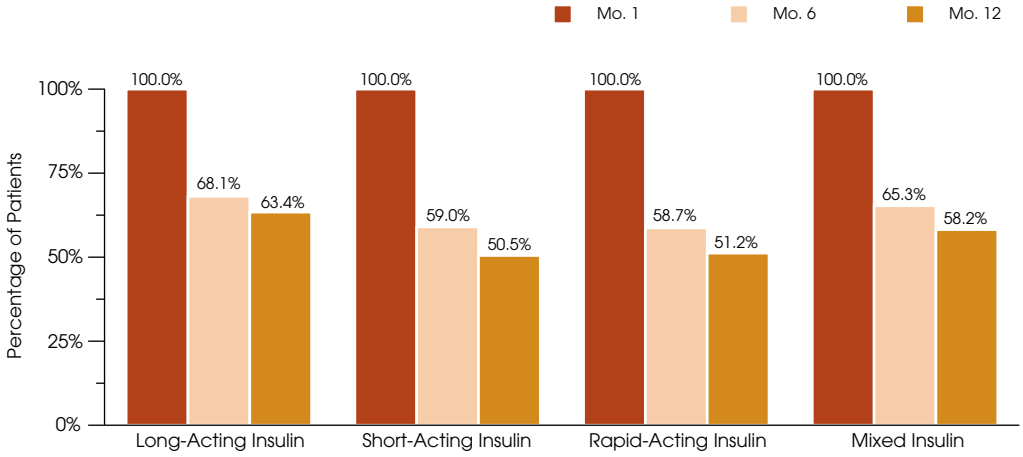
NON-INSULIN COMBINATION PERSISTENCY IS HIGH FOR NV TYPE 2 DIABETES PATIENTS

In 2013, therapy persistency was higher in month 12 for Nevada Type 2 diabetes patients who were dispensed antidiabetic combinations (61.3%) than for their counterparts who were dispensed DPP-4 inhibitors (53.8%), insulin sensitizing agents (53.0%) or GLP-1 receptor agonists (47.0%).

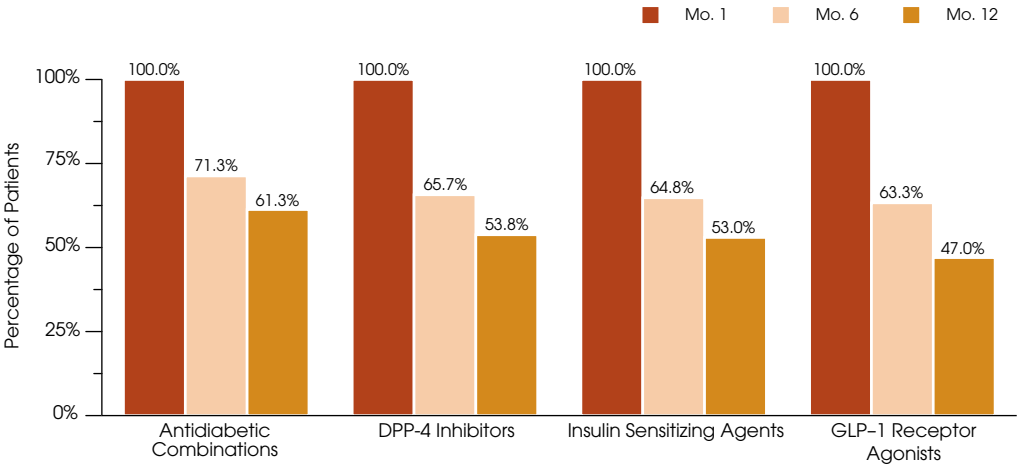
READMIT RATES ARE LOW FOR PACIFIC REGION TYPE 2 PTS. DISPENSED ANY INSULINS

From 2011 to 2013, Pacific Region Type 2 diabetes patients who were dispensed any insulin products and admitted to an inpatient facility were less likely to be readmitted within either three (8.4%) or 30 days (16.5%) of their initial discharge than their national peers (9.9% and 18.9%, respectively) who filled prescriptions for three non-insulin antidiabetic products.

PERSISTENCY: TYPE 2 DIABETES PATIENTS USING VARIOUS INSULIN PRODUCTS, NEVADA, 2013



PERSISTENCY: TYPE 2 DIABETES PATIENTS USING VARIOUS NON-INSULIN ANTIDIABETIC PRODUCTS, NEVADA, 2013



READMISSION RATES FOR PATIENTS DIAGNOSED WITH TYPE 2 DIABETES, BY TYPE OF THERAPY, 2011–2013[2,3]

	Three-Day Readmissions				30-Day Readmissions			
MARKET	Any Insulin Products	Insulin Pens	Insulin Vials	Three Non-Insulin Antidiabetic Products	Any Insulin Products	Insulin Pens	Insulin Vials	Three Non-Insulin Antidiabetic Products
Pacific Region	8.4%	6.8%	8.2%	11.7%	16.5%	15.5%	15.5%	22.0%
NATION	**9.9%**	**9.0%**	**9.3%**	**13.6%**	**18.9%**	**17.6%**	**17.8%**	**23.9%**

Data source: IMS Health © 2014

[1] Figures reflect the percentages of Type 2 diabetes patients who were readmitted to an inpatient facility in the three-year period between 2011 and 2013. These percentages include patients who filled multiple prescriptions. Readmissions are not necessarily due to Type 2 diabetes. Readmissions data were available down to the regional level only.

[2] Patients who filled prescriptions for any insulin products may have also filled prescriptions for products in the non-insulin category, and vice versa.

NOTE: "Persistency" measures whether patients maintain their prescribed therapy. It is calculated by identifying patients who filled a prescription for the reported drug class in the four months prior to the reported year, and then tracking prescription fills for those same patients in each of the months in the current reported year. If patients fill a prescription in a month, they are reported among the patients who have continued or restarted on therapy. Continued means that the patient has filled the drug group in each of the preceding months. Restarted means that the patient did not fill in one or more of the preceding months. Continuing and restarting patients are reported together. All patients tracked are "New-to-Brand," meaning they have not filled a prescription for their cohort product during the six months prior to initiation of therapy on that product.

OTHER CONDITIONS: DISCHARGE DATA

NUMBER OF INPATIENT CASES PER HOSPITAL PER YEAR

	Stroke		AMI (STEMI)		Heart Failure	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	265.1	261.0	79.3	80.9	870.9	896.2
Reno	333.3	353.0	117.3	157.0	1,139.8	1,163.5
Los Angeles	225.3	226.4	56.2	51.9	1,086.6	1,065.2
Salt Lake City	161.7	165.7	73.9	81.5	607.3	604.7
Nevada	233.4	241.3	85.3	98.1	690.2	730.0
NATION	**178.3**	**176.4**	**53.8**	**52.9**	**789.7**	**775.1**

NUMBER OF OUTPATIENT CASES PER HOSPITAL PER YEAR

	Stroke		AMI (STEMI)		Heart Failure	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	312.1	309.0	8.4	9.6	663.2	810.7
Reno	700.8	1,096.3	24.6	45.0	1,074.6	1,694.0
Los Angeles	166.3	182.8	9.8	11.4	643.8	796.8
Salt Lake City	281.9	344.7	11.8	14.1	994.3	1,065.2
Nevada	334.0	401.7	15.8	17.9	769.9	963.2
NATION	**332.8**	**358.0**	**15.4**	**18.5**	**933.1**	**1,033.0**

TOTAL CHARGES PER HOSPITAL INPATIENT CASE[1]

	Stroke		AMI (STEMI)		Heart Failure	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	$72,492	$78,486	$152,240	$162,426	$67,666	$71,524
Reno	43,481	42,671	84,198	96,839	39,518	41,290
Los Angeles	67,999	70,560	128,325	130,647	64,930	67,109
Salt Lake City	30,885	30,398	66,041	68,374	40,980	36,308
Nevada	66,341	69,934	130,779	142,404	59,641	62,503
NATION	**$40,177**	**$42,057**	**$84,267**	**$87,270**	**$38,355**	**$39,946**

STROKE, AMI AND HEART FAILURE IP CASE COUNTS ALL RISE ACROSS NEVADA

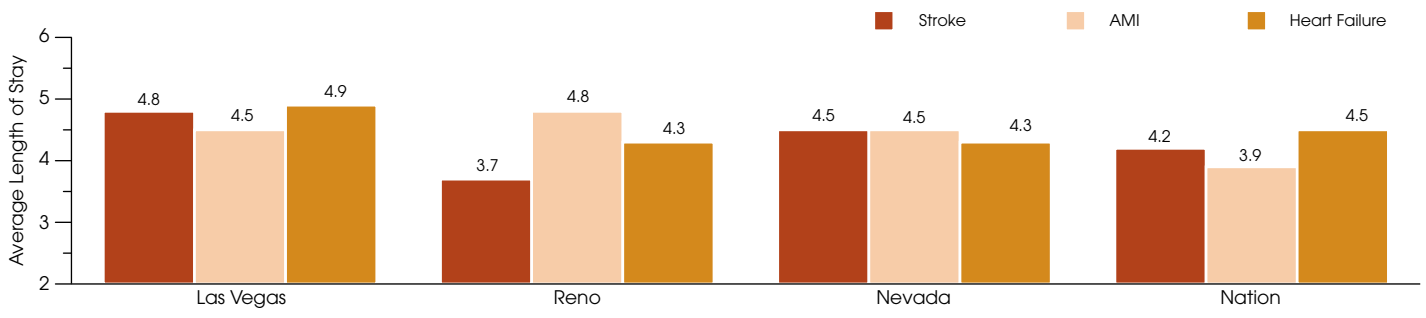
Despite falling nationally, the average numbers of stroke (to 241.3 from 233.4) and acute myocardial infarction (AMI; to 98.1 from 85.3) inpatient cases increased in hospitals across Nevada from 2011 to 2012, and were notably higher than those of the nation (176.4 and 52.9, respectively). In 2012, the average number of heart failure cases (730.0) was lower than the national mean (775.1), but climbed 5.8% in this period.

NV IP CHARGES FOR STROKE, AMI AND HEART FAILURE INCREASE, TOP U.S. MEANS

The average charges per inpatient stroke ($69,934), AMI ($142,404) and heart failure ($62,503) case rose in Nevada from 2011 to 2012 and exceeded the national averages ($42,057, $87,270 and $39,496, respectively).

[1] Charge data are per case averages for inpatients with a particular diagnosis of interest. Charges may be for treatment related to other diagnoses. Data reflect the total charges billed by the hospital for the entire episode of care, and may include accommodation, pharmacy, laboratory, radiology and other charges not billed by the physician. Data do not necessarily indicate final amounts paid.

AVERAGE LENGTH OF STAY (DAYS) PER INPATIENT CASE, 2012[2]



Data source: IMS Health © 2014

OTHER CONDITIONS: DISCHARGE DATA

NUMBERS OF HYPERTENSION AND HYPERLIPIDEMIA CASES ARE HIGH IN NEVADA

In 2012, the average numbers of hypertension (2,342.7) and hyperlipidemia (1,218.5) inpatient cases treated in Nevada hospitals were higher than those of the nation (1,938.6 and 1,012.8, respectively). By local market profiled, Reno had the highest such average case counts (3,281.5 and 1,683.5). Reno (206.0) and Nevada (223.8) had lower numbers of hypercholesterolemia cases than the U.S. mean (245.8), but Las Vegas recorded a higher number of cases (304.7).

[1] Charge data are per case averages for inpatients with a particular diagnosis of interest. Charges may be for treatment related to other diagnoses. Data reflect the total charges billed by the hospital for the entire episode of care, and may include accommodation, pharmacy, laboratory, radiology and other charges not billed by the physician. Data do not necessarily indicate final amounts paid.

[2] "Other" includes federal health care facilities, Medicare-certified long-term care hospitals, mental health/ rehabilitation shelters, hospices, and discharges against advice.

NOTE: Charges and discharge data were unavailable for some of the selected state and local markets. Average length of stay data were unavailable for hypertension, hyperlipidemia, and hypercholesterolemia in the selected state and local markets.

NUMBER OF INPATIENT CASES PER HOSPITAL PER YEAR

	Hypertension		Hyperlipidemia		Hypercholesterolemia	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	3,112.8	2,994.6	1,399.3	1,436.0	351.7	304.7
Reno	3,160.5	3,281.5	1,510.3	1,683.5	230.5	206.0
Los Angeles	2,956.4	2,739.1	1,471.8	1,454.3	386.0	326.9
Salt Lake City	1,817.3	1,892.3	743.4	899.4	272.1	284.9
Nevada	2,352.1	2,342.7	1,113.9	1,218.5	254.2	223.8
NATION	**2,020.2**	**1,938.6**	**1,010.5**	**1,012.8**	**275.0**	**245.8**

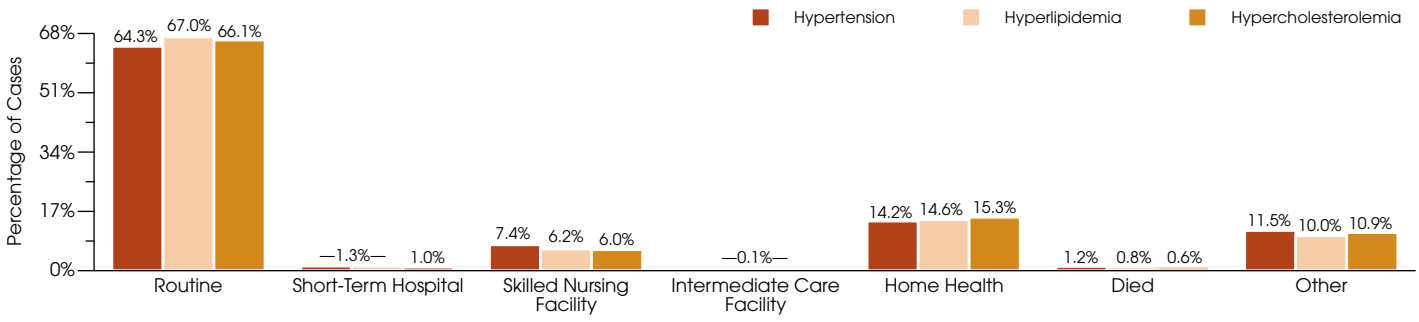
NUMBER OF OUTPATIENT CASES PER HOSPITAL PER YEAR

	Hypertension		Hyperlipidemia		Hypercholesterolemia	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	8,770.2	9,822.6	3,215.1	3,265.6	830.6	1,038.7
Reno	11,958.4	21,952.3	7,869.4	13,411.0	1,877.4	2,729.0
Los Angeles	6,522.3	7,343.1	2,187.4	2,857.0	1,478.7	1,679.6
Salt Lake City	8,384.3	8,865.7	2,989.0	3,754.7	1,333.1	1,151.3
Nevada	8,454.4	10,653.6	3,833.0	5,178.5	969.1	1,267.5
NATION	**7,497.7**	**8,262.1**	**3,256.2**	**3,837.2**	**1,565.9**	**1,664.3**

TOTAL CHARGES PER HOSPITAL INPATIENT CASE[1]

	Hypertension		Hyperlipidemia		Hypercholesterolemia	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	$34,358	$36,386	$86,775	$52,685	—	—
Reno	23,475	22,621	—	37,297	—	—
Los Angeles	33,248	32,738	29,728	22,084	$56,977	$59,454
Salt Lake City	16,587	19,888	46,102	6,155	41,065	—
Nevada	31,758	32,873	93,975	53,775	—	—
NATION	**$20,574**	**$21,396**	**$29,981**	**$33,947**	**$36,925**	**$40,609**

DISCHARGE DESTINATION FOR HYPERTENSION, HYPERLIPIDEMIA AND HYPERCHOLESTEROLEMIA INPATIENT CASES, NEVADA, 2012[2]



Data source: IMS Health © 2014

OTHER CONDITIONS: DISCHARGE DATA

NUMBER OF INPATIENT CASES PER HOSPITAL PER YEAR

MARKET	Diabetes with Depression		Depression		Diabetes with Peripheral Vascular Disease	
	2011	2012	2011	2012	2011	2012
Las Vegas	9.8	8.0	256.5	241.6	27.4	25.8
Reno	11.0	18.0	315.0	340.8	27.3	30.7
Los Angeles	9.5	10.2	539.3	527.2	79.8	82.6
Salt Lake City	4.6	5.5	398.8	317.3	11.1	12.4
Nevada	11.2	11.1	255.1	271.0	29.6	28.4
NATION	**7.0**	**7.4**	**342.8**	**342.3**	**28.2**	**28.5**

NUMBER OF OUTPATIENT CASES PER HOSPITAL PER YEAR

MARKET	Diabetes with Depression		Depression		Diabetes with Peripheral Vascular Disease	
	2011	2012	2011	2012	2011	2012
Las Vegas	9.3	—	607.6	656.0	47.6	53.5
Reno	10.3	—	3,212.2	4,470.5	54.8	63.0
Los Angeles	8.9	—	575.1	714.0	62.9	95.2
Salt Lake City	13.3	—	648.3	703.7	64.9	82.7
Nevada	9.6	—	960.1	1,237.7	44.1	47.0
NATION	**10.2**	**—**	**649.8**	**761.0**	**71.7**	**79.0**

TOTAL CHARGES PER HOSPITAL INPATIENT CASE[1]

MARKET	Diabetes with Depression		Depression		Diabetes with Peripheral Vascular Disease	
	2011	2012	2011	2012	2011	2012
Las Vegas	$55,628	$63,724	$43,511	$46,064	$127,266	$121,527
Reno	26,323	26,185	33,192	38,554	101,575	89,608
Los Angeles	47,982	50,025	33,432	34,059	88,784	95,206
Salt Lake City	38,850	35,238	19,670	21,243	61,414	73,212
Nevada	52,620	59,446	42,462	43,872	125,669	112,717
NATION	**$31,751**	**$33,929**	**$23,552**	**$24,475**	**$71,711**	**$75,998**

CHARGES PER INPATIENT DEPRESSION CASE CLIMB IN ALL PROFILED MARKETS

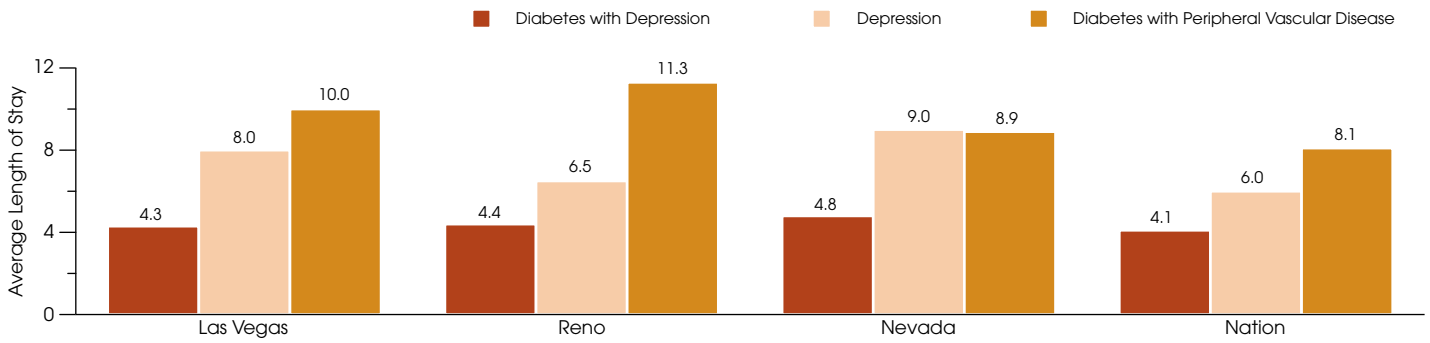
From 2011 to 2012, the charges per inpatient depression case rose in all five profiled markets and were higher than those of the nation ($24,475) except in Salt Lake City ($21,243). Of local markets profiled, Las Vegas recorded the highest charges ($46,064) in 2012, followed by Reno ($38,554).

ALOS IS HIGH IN NV FOR DIABETES WITH PERIPHERAL VASCULAR DISEASE

In Las Vegas (10.0 days), Reno (11.3) and Nevada (8.9), the average lengths of stay (ALOS) per inpatient case of diabetes with peripheral vascular disease were higher than that of the nation (8.1) in 2012.

[1] Charge data are per case averages for inpatients with a particular diagnosis of interest. Charges may be for treatment related to other diagnoses. Data reflect the total charges billed by the hospital for the entire episode of care, and may include accommodation, pharmacy, laboratory, radiology and other charges not billed by the physician. Data do not necessarily indicate final amounts paid.

AVERAGE LENGTH OF STAY (DAYS) PER INPATIENT DIABETES WITH DEPRESSION, DEPRESSION AND DIABETES WITH PERIPHERAL VASCULAR DISEASE CASE, 2012



Data source: IMS Health © 2014

OTHER CONDITIONS: DISCHARGE DATA

NUMBERS OF IP, OP CHRONIC KIDNEY DISEASE CASES ARE UP IN NV

The average numbers of stage two (mild; 36.3), three (moderate; 173.7) or four (severe; 103.5) chronic kidney disease inpatient cases treated in Nevada hospitals increased from 2011 to 2012, and exceeded those of the nation (24.5, 173.0 and 91.0, respectively). The largest rise in profiled inpatient chronic kidney disease cases in Nevada was for stage 2 (31.5%), followed by stage 3 (19.4%) and stage 4 (15.8%).

[1] Charge data are per case averages for inpatients with a particular diagnosis of interest. Charges may be for treatment related to other diagnoses. Data reflect the total charges billed by the hospital for the entire episode of care, and may include accommodation, pharmacy, laboratory, radiology and other charges not billed by the physician. Data do not necessarily indicate final amounts paid.

[2] "Other" includes federal health care facilities, Medicare-certified long-term care hospitals, mental health/ rehabilitation shelters, hospices, and discharges against advice.

NOTE: Stage 2 chronic kidney disease (Dx 858.2) is mild. Stage 3 (Dx 858.3) is moderate. Stage 4 (Dx 858.4) is severe.

Some charges data were unavailable for the selected markets.

Average length of stay data were unavailable for chronic kidney disease stage 2, stage 3 and stage 4 in the selected state and local markets.

NUMBER OF INPATIENT CASES PER HOSPITAL PER YEAR

	Chronic Kidney Disease Stage 2		Chronic Kidney Disease Stage 3		Chronic Kidney Disease Stage 4	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	28.3	30.1	154.7	173.9	94.3	105.3
Reno	24.8	72.0	132.0	230.8	78.5	103.0
Los Angeles	54.5	53.8	262.3	275.6	114.7	113.6
Salt Lake City	9.8	8.3	70.1	72.3	64.4	63.6
Nevada	27.6	36.3	145.5	173.7	89.4	103.5
NATION	**23.9**	**24.5**	**162.4**	**173.0**	**88.3**	**91.0**

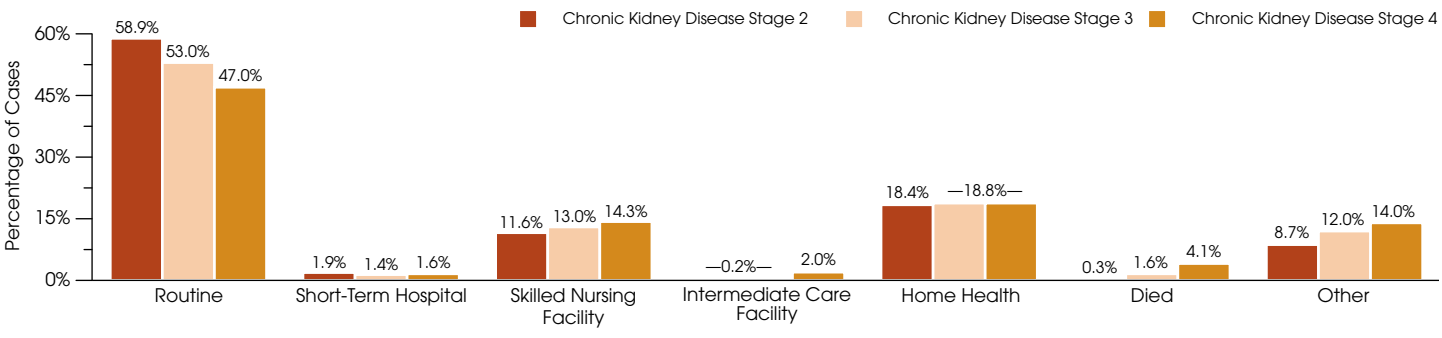
NUMBER OF OUTPATIENT CASES PER HOSPITAL PER YEAR

	Chronic Kidney Disease Stage 2		Chronic Kidney Disease Stage 3		Chronic Kidney Disease Stage 4	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	27.3	34.9	216.7	281.4	78.5	64.8
Reno	79.2	163.3	1,263.4	2,333.3	386.8	632.0
Los Angeles	74.3	103.3	326.7	444.0	95.7	126.7
Salt Lake City	24.9	35.0	207.8	365.0	113.8	119.7
Nevada	42.4	58.4	523.3	785.8	179.6	209.9
NATION	**45.7**	**55.2**	**367.2**	**425.1**	**149.4**	**165.3**

TOTAL CHARGES PER HOSPITAL INPATIENT CASE[1]

	Chronic Kidney Disease Stage 2		Chronic Kidney Disease Stage 3		Chronic Kidney Disease Stage 4	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	—	—	$35,451	—	—	$37,931
Reno	—	—	—	22,737	—	28,507
Los Angeles	$30,236	—	32,540	47,763	46,643	41,322
Salt Lake City	—	—	34,586	—	25,930	8,162
Nevada	—	—	35,451	22,737	—	29,838
NATION	**$21,215**	**$32,265**	**$23,302**	**$30,235**	**$35,065**	**$35,817**

DISCHARGE DESTINATION FOR INPATIENT CHRONIC KIDNEY DISEASE 1, 2 AND 3 INPATIENT CASES, NEVADA, 2012[2]



Data source: IMS Health © 2014

OTHER CONDITIONS: DISCHARGE DATA

NUMBER OF INPATIENT CASES PER HOSPITAL PER YEAR

	Obesity		Acute Infection		Acute Infection with Diabetes	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	358.5	359.3	1,158.5	1,168.5	91.4	93.0
Reno	407.8	453.8	1,354.5	1,551.3	102.8	145.0
Los Angeles	490.1	476.3	1,370.6	1,323.9	150.8	151.3
Salt Lake City	350.1	404.8	883.6	976.5	95.9	104.1
Nevada	282.4	307.1	947.3	1,006.8	84.1	87.0
NATION	**272.7**	**280.1**	**797.7**	**784.9**	**87.1**	**89.1**

NUMBER OF OUTPATIENT CASES PER HOSPITAL PER YEAR

	Obesity		Acute Infection		Acute Infection with Diabetes	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	684.6	659.4	601.8	733.6	24.7	—
Reno	1,003.6	1,637.0	674.8	980.8	18.2	—
Los Angeles	631.8	759.1	566.5	582.5	29.6	—
Salt Lake City	654.4	982.8	773.0	—	32.1	—
Nevada	594.8	691.6	573.4	640.6	20.7	—
NATION	**501.0**	**652.9**	**568.7**	**—**	**23.3**	**—**

TOTAL CHARGES PER HOSPITAL INPATIENT CASE, 2012[1]

	Obesity		Acute Infection		Acute Infection with Diabetes	
MARKET	2011	2012	2011	2012	2011	2012
Las Vegas	$47,455	$110,973	$99,201	$107,393	$69,140	$74,068
Reno	35,819	—	61,753	59,380	46,844	51,330
Los Angeles	54,281	54,475	98,092	102,421	65,165	68,496
Salt Lake City	—	47,521	33,410	39,409	25,939	27,276
Nevada	43,749	110,973	90,958	95,531	62,495	65,708
NATION	**$42,015**	**$43,699**	**$50,469**	**$53,641**	**$36,398**	**$38,183**

IP OBESITY CASE COUNTS CLIMB IN 4 OF 5 MARKETS AND ACROSS THE NATION

The numbers of inpatient obesity cases rose in four of five profiled markets (Los Angeles excepted) and nationwide from 2011 to 2012. In Nevada, such cases increased 8.7%, to 307.1 from 282.4, topping the national average of 280.1 in 2012. By local market profiled, obesity inpatient case counts were up 15.6% in Salt Lake City and 11.3% in Reno, but just 0.2% in Las Vegas. Obesity inpatient case counts in Los Angeles declined 2.8%, to 476.3 from 490.1.

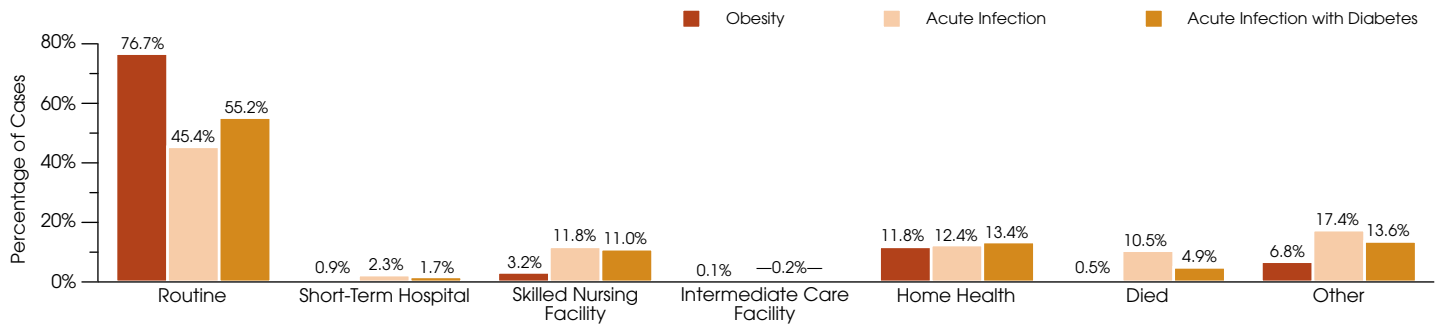
[1] Charge data are per case averages for inpatients with a particular diagnosis of interest. Charges may be for treatment related to other diagnoses. Data reflect the total charges billed by the hospital for the entire episode of care, and may include accommodation, pharmacy, laboratory, radiology and other charges not billed by the physician. Data do not necessarily indicate final amounts paid.

[2] "Other" includes federal health care facilities, Medicare-certified long-term care hospitals, mental health/ rehabilitation shelters, hospices, and discharges against advice.

NOTE: Some charges and discharge data were unavailable for the selected markets.

Average length of stay data were unavailable for obesity, acute infection and acute infection with diabetes in the selected state and local markets.

DISCHARGE DESTINATION FOR OBESITY, ACUTE INFECTION AND ACUTE INFECTION WITH DIABETES INPATIENT CASES, NEVADA, 2012[2]



Data source: IMS Health © 2014

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Our mission...

www.nvbgh.org

To serve as the voice for Northern Nevada employers and their employees in all matters related to health, health care and health insurance by providing leadership, Information and education for the betterment of the entire community.

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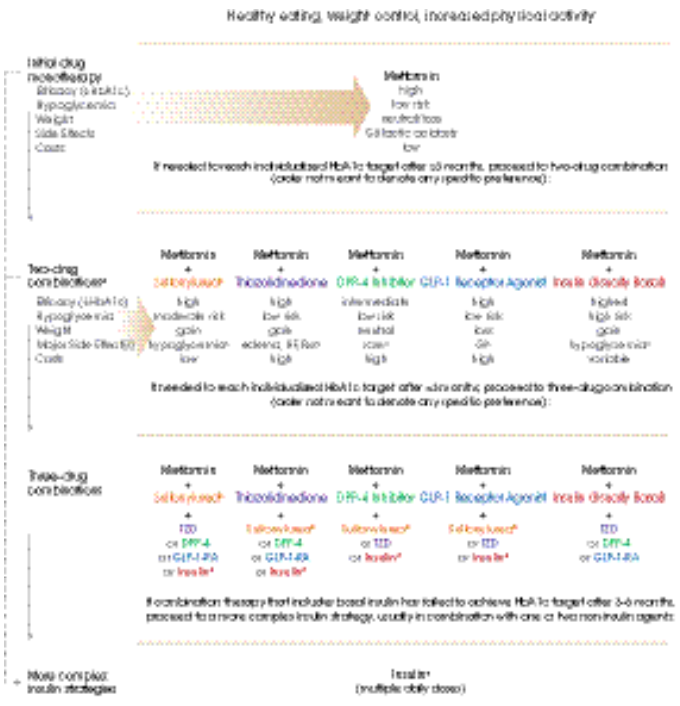
- Lakeside Inn and Casino
- NV Energy
- Washoe County
- Washoe County School District

Adapted from the 2012 ADA/EASD Position Statement



Inzucchi, S. E., et al. (2012). Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach: Position Statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*. Retrieved from http://care.diabetesjournals.org/content/early/2012/04/17/dc12-0413.full.pdf+html

Antihyperglycemic therapy in Type 2 diabetes: general recommendations. Moving from the top to the bottom of the figure, potential sequences of antihyperglycemic therapy. In most patients, begin with lifestyle changes; metformin monotherapy is added at, or soon after, diagnosis (unless there are explicit contraindications). If the HbA1c target is not achieved after approximately 3 months, consider one of the five treatment options combined with metformin: a sulfonylurea, TZD, DPP-4 inhibitor, GLP-1 receptor agonist, or basal insulin. (The order in the chart is determined by historical introduction and route of administration and is not meant to denote any specific preference.) Choice is based on patient and drug characteristics, with the overriding goal of improving glycemic control while minimizing side effects. Shared decision making with the patient may help in the selection of therapeutic options. The figure displays drugs commonly used both in the U.S. and/or Europe. Rapid-acting secretagogues (meglitinides) may be used in place of sulfonylureas. Other drugs not shown (α-glucosidase inhibitors, colesevelam, dopamine agonists, pramlintide) may be used where available in selected patients but have modest efficacy and/or limiting side effects. In patients intolerant of, or with contraindications for, metformin, select initial drug from other classes depicted and proceed accordingly. In this circumstance, while published trials are generally lacking, it is reasonable to consider three-drug combinations other than metformin. Insulin is likely to be more effective than most other agents as a third-line therapy, especially when HbA1c is very high (e.g., ≥9.0%). The therapeutic regimen should include some basal insulin before moving to more complex insulin strategies. Dashed arrow line on the left-hand side of the figure denotes the option of a more rapid progression from a two-drug combination directly to multiple daily insulin doses, in those patients with severe hyperglycemia (e.g., HbA1c ≥10.0–12.0%).

[a] Consider beginning at this stage in patients with very high HbA1c (e.g., ≥9.0%).
[b] Consider rapid-acting, non-sulfonylurea secretagogues (meglitinides) in patients with irregular meal schedules or who develop late postprandial hypoglycemia on sulfonylureas.
[c] See Table 1 of the Position Statement for additional potential adverse effects and risks.
[d] Usually a basal insulin in combination with non-insulin agents.
[e] Certain non-insulin agents may be continued with insulin. Consider beginning at this stage if patient presents with severe hyperglycemia (≥16.7–19.4 mmol/L [≥300–350 mg/dL]; HbA1c ≥10.0–12.0%) with or without catabolic features (weight loss, ketosis, etc.).

Key: DPP-4=DPP-4 inhibitor; Fxs=bone fractures; GI=gastrointestinal; GLP-1-RA=GLP-1 receptor agonist; HF=heart failure; TZD=thiazolidinedione.

NEVADA TYPE 2 DIABETES REPORT 2014

Sanofi is pleased to bring you this seventh edition of the **Nevada Type 2 Diabetes Report**.

This report features key national, state and local-level Type 2 diabetes and stroke data from the Sanofi **Managed Care Digest Series®**.

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