



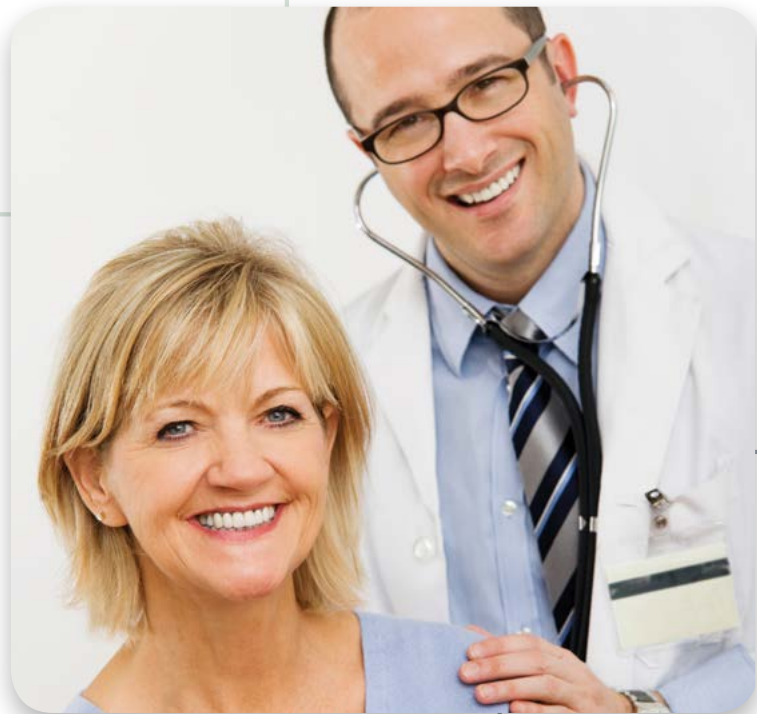
Lehigh Valley Business Coalition on Healthcare Type 2 Diabetes Report | 2014

2nd Edition



The Business Coalition on Healthcare

Employers committed to quality and affordable health care since 1980



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LVBCH Employer Members work together to bring value and innovation in the health care marketplace. For a list of organizations, please visit www.lvbch.com.



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Introduction

Sanofi US (Sanofi) and the Lehigh Valley Business Coalition on Healthcare (LVBCH) are pleased to present the **Type 2 Diabetes Report for 2014**, an overview of key demographic, financial, utilization, pharmacotherapy and health outcomes measures for Type 2 diabetes patients in the Allentown (including Bethlehem and Easton), Harrisburg, (including Lebanon and Carlisle), Reading, and Scranton (including Wilkes-Barre and Hazleton) Metropolitan Statistical Areas. The report also provides IMS Health's state and national benchmarks, which help providers and employers identify better opportunities to 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. The **Type 2 Diabetes Report** helps LVBCH to fulfill its mission of providing leadership and knowledge to employers to promote value-based, market-driven health care.

This report features a number of examples of the kinds of patient-level, disease-specific data on Type 2 diabetes (high blood glucose levels caused by either a lack of insulin or the body's inability to use insulin efficiently) that can be provided by LVBCH using the **Managed Care Digest Series®**. LVBCH chose to include data on Type 2 diabetes as a common secondary diagnosis of many cardiovascular diseases and the associated charges of such complications.

All 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 employers with independent, third-party information against which they benchmark their own data on patient demographics, professional (provider) and facility (hospital) charges, service utilization and pharmacotherapy.

Methodology

IMS Health generated data for this **Managed Care Digest Series®** database using mostly health care professional and institutional insurance claims, representing more than 7.7 million unique Type 2 diabetes patients nationally in 2013 with a diagnosis in the 250.00-250.92 range. Data from physicians of all specialties and from all hospital types are included.

Per-case 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, and come from a near census of more than 59,000 pharmacies in the U.S. Cash, mail-order, Medicaid and third-party transactions are tracked.

DATA INTEGRITY

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.

Through its patient encryption methods, IMS Health creates a unique, random numerical identifier for each patient, then strips away all patient-specific health information that is protected under the Health Insurance Portability and Accountability Act (HIPAA). The identifier allows IMS Health to track disease-specific diagnosis and procedure activity across the various settings where patient care is provided.

Data are collected and copyrighted by IMS Health.

The role of LVBCH is to help make these data more widely available to interested parties.

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY AGE

MARKET	0-17		18-35		36-64		65-79		80+	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	0.5%	0.4%	2.5%	2.5%	41.6%	40.9%	37.8%	39.3%	17.7%	16.9%
Harrisburg	0.2	0.2	2.1	2.2	41.0	40.5	39.8	40.6	17.0	16.5
Reading	0.2	0.2	2.2	2.4	41.6	40.6	37.7	38.8	18.3	17.9
Scranton	0.2	0.3	2.0	2.1	37.4	37.6	39.9	40.6	20.5	19.4
Pennsylvania	0.6	0.6	2.9	2.8	42.7	42.2	37.3	38.0	16.6	16.4
NATION	0.4%	0.4%	2.9%	2.9%	46.4%	45.4%	37.2%	38.1%	13.1%	13.2%

SHARE OF TYPE 2 DIABETES PATIENTS AGE 65 OR OLDER RISES IN PENNSYLVANIA

The percentage of Type 2 diabetes patients in Pennsylvania who were 65 years or older climbed to 54.4% in 2013, exceeding that of the nation (51.3%). In each of the five profiled Pennsylvania markets, the share of such patients who were 65 to 79 years old increased, while the percentage of those aged 80 or older decreased.

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY DIAGNOSING SPECIALIST

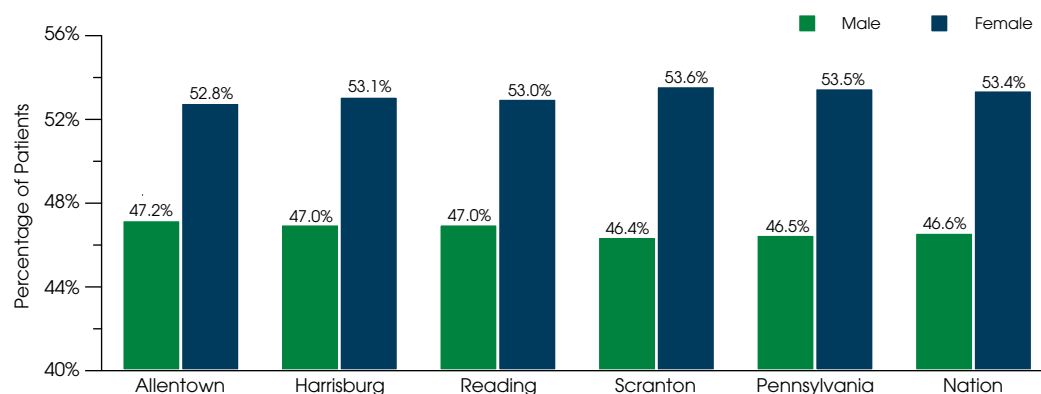
MARKET	Location of Patient's Type 2 Diabetes Diagnosis							
	Primary Care ¹		Internal Medicine		Endocrinology		Cardiology	
	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	11.9%	12.3%	13.1%	12.4%	1.8%	2.0%	8.6%	8.9%
Harrisburg	17.4	16.1	13.9	11.8	1.9	2.6	11.1	10.1
Reading	19.2	19.6	17.4	17.8	2.1	4.0	10.4	9.3
Scranton	16.1	15.0	13.2	13.7	5.6	6.4	12.2	11.2
Pennsylvania	15.2	15.0	14.0	14.1	3.8	4.1	10.5	10.7
NATION	15.5%	15.3%	15.2%	14.9%	3.4%	3.4%	10.3%	10.3%

PA TYPE 2 PATIENTS MORE APT TO BE DIAGNOSED BY PRIMARY CARE PHYSICIANS

Type 2 diabetes patients in Harrisburg (16.1%), Reading (19.6%), Scranton (15.0%) and across Pennsylvania (15.0%) were most likely, by the markets profiled, to have received their diagnosis from a primary care physician in 2013.

However, endocrinologists diagnosed increasing shares of Type 2 diabetes patients in all five profiled Pennsylvania markets in 2013, and these shares exceeded those of the nation (3.4%), Reading (4.0%), Scranton (6.4%) and the state (4.1%).

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY GENDER, 2013



Data source: IMS Health © 2014

¹ "Primary care" consists of both general and family practitioners.

NOTE: Throughout this Report, the Allentown market includes Bethlehem and Easton, the Harrisburg market includes Lebanon and Carlisle, and the Scranton market includes Wilkes-Barre and Hazleton. For a list of the counties included in each of the markets in this report, please visit <http://www.census.gov/population/metro/>

On all pages, the percentages are representative of the universe of Type 2 diabetes patients on whom claims data have been collected in a given year. Unless otherwise noted, tables and graphs throughout this report represent data for all payer types.

SHARE OF PA TYPE 2 PATIENTS WITH COMMERCIAL COVERAGE DECLINES

The percentages of Type 2 diabetes patients with commercial insurance coverage decreased in all five profiled Pennsylvania markets from 2012 to 2013. Meanwhile, the shares of Type 2 diabetes patients with Medicaid coverage climbed in each of the profiled markets.

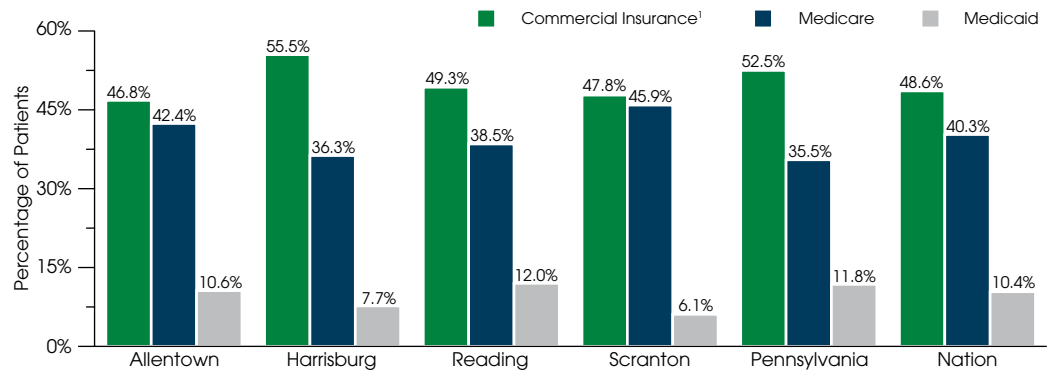
MIXED PICTURE FOR COMPLICATIONS, COMORBIDITIES IN PA

From 2012 (54.1%) to 2013 (52.7%), the percentage of Pennsylvania Type 2 diabetes patients with no complications resulting from their diabetes declined from that of the nation (55.0%). At the same time, the percentage of Pennsylvania Type 2 diabetes patients with no comorbidities remained above that of the nation. Allentown and Harrisburg had smaller shares of patients with two or more complications or comorbidities than those of the nation, and greater shares of Type 2 diabetes patients with neither.

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY PAYER

MARKET	Commercial Insurance ¹		Medicare		Medicaid	
	2012	2013	2012	2013	2012	2013
Allentown	49.0%	46.8%	40.6%	42.4%	10.2%	10.6%
Harrisburg	56.1	55.5	36.9	36.3	6.6	7.7
Reading	49.9	49.3	39.2	38.5	10.7	12.0
Scranton	48.5	47.8	45.7	45.9	5.7	6.1
Pennsylvania	53.1	52.5	35.5	35.5	11.2	11.8
NATION	50.2%	48.6%	39.2%	40.3%	9.9%	10.4%

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY PAYER, 2013



PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY NUMBER OF COMPLICATIONS²

MARKET	0		1		2		>2	
	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	54.9%	57.4%	16.8%	15.7%	9.4%	8.8%	18.9%	18.1%
Harrisburg	57.7	57.0	16.1	16.1	8.7	8.3	17.6	18.6
Reading	49.2	47.0	16.7	15.5	10.2	10.2	23.9	27.3
Scranton	45.5	45.1	18.5	18.3	10.6	10.5	25.4	26.1
Pennsylvania	54.1	52.7	16.1	15.8	9.0	9.1	20.9	22.4
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 COMORBIDITIES³

MARKET	0		1		2		>2	
	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	51.6%	51.5%	11.1%	11.2%	9.2%	9.1%	28.1%	28.2%
Harrisburg	43.9	45.4	12.4	13.0	10.4	10.1	33.2	31.5
Reading	23.1	22.0	11.1	9.5	13.2	11.4	52.7	57.2
Scranton	40.2	38.8	10.9	9.9	9.8	10.5	39.1	40.8
Pennsylvania	40.6	39.4	11.6	11.1	10.9	10.8	36.9	38.8
NATION	38.0%	37.3%	13.2%	12.7%	12.1%	11.8%	36.8%	38.2%

¹ Includes HMOs, PPOs, point-of-service plans and exclusive provider organizations.

² 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.

³ 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.

Data source: IMS Health © 2014

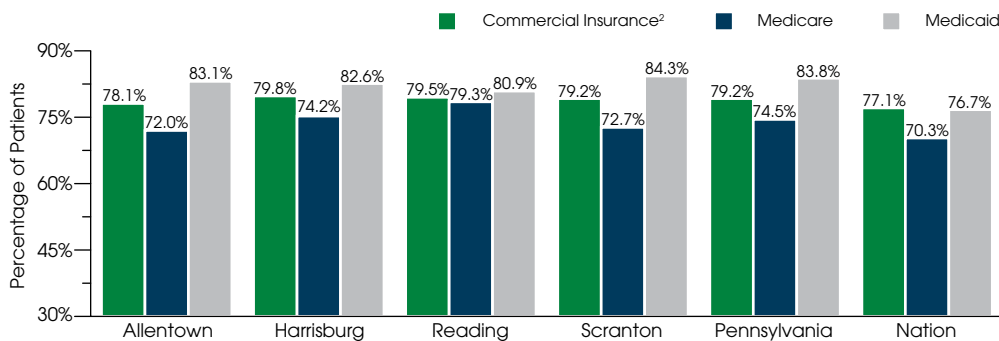
PERCENTAGE OF TYPE 2 DIABETES PATIENTS RECEIVING VARIOUS SERVICES, BY PAYER, 2013

MARKET	A1c Test ¹			Blood Glucose Test			Serum Cholesterol Test			Eye Exam			Urine Glucose Test		
	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid
Allentown	78.1%	72.0%	83.1%	86.3%	87.9%	87.4%	85.0%	87.3%	87.0%	71.5%	75.2%	61.8%	85.6%	88.5%	85.9%
Harrisburg	79.8	74.2	82.6	87.9	89.1	89.1	87.0	87.8	85.9	67.9	73.8	62.3	86.3	86.9	87.0
Reading	79.5	79.3	80.9	86.7	88.9	89.0	85.1	87.2	87.1	70.9	82.3	59.3	85.6	87.8	86.5
Scranton	79.2	72.7	84.3	86.8	88.4	87.6	85.6	87.2	85.3	70.0	77.9	68.4	85.2	87.4	83.2
Pennsylvania	79.2	74.5	83.8	87.4	88.9	89.8	86.3	87.4	87.4	67.6	71.0	63.7	86.0	87.8	86.9
NATION	77.1%	70.3%	76.7%	86.8%	86.6%	87.2%	84.4%	84.5%	83.6%	66.8%	73.6%	65.0%	83.1%	85.1%	83.7%

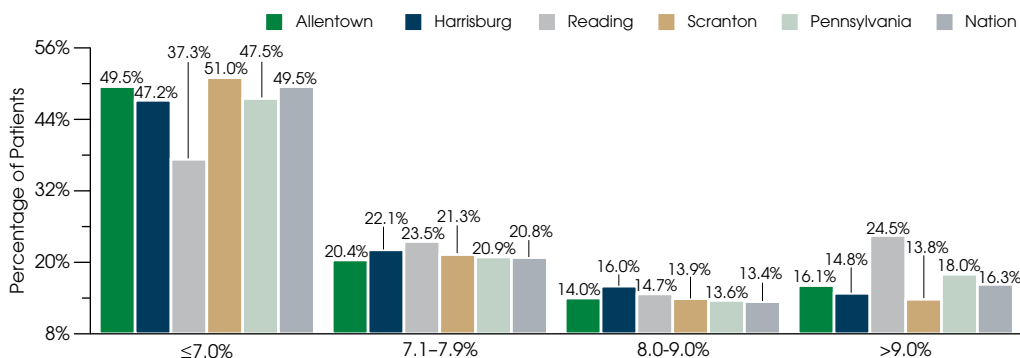
PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY SERVICE: TOP PERFORMING STATE, 2013

TOP PERFORMING STATE ³	A1c Test ¹	Blood Glucose Test	Serum Cholesterol Test	Eye Exam	Urine Glucose Test
	86.2%	93.5%	91.9%	78.7%	95.0%

PERCENTAGE OF TYPE 2 DIABETES PATIENTS RECEIVING A1c TESTS, BY PAYER, 2013¹



PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY A1c LEVEL RANGE, 2013¹



PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY A1c LEVEL RANGE: TOP PERFORMING STATE, 2013¹

TOP PERFORMING STATE	≤7.0%	7.1-7.9%	8.0-9.0%	>9.0%
	59.5%	19.3%	10.7%	10.5%

Data source: IMS Health © 2014

SHARES OF PA TYPE 2 PATIENTS RECEIVING SERVICES IS HIGH COMPARED WITH NATION

The percentages of Type 2 diabetes patients in Pennsylvania who received A1c, blood glucose, serum cholesterol or urine glucose tests all exceeded those of the nation in 2013, regardless of payer.

PA, READING TOP U.S. MEAN IN SHARES OF TYPE 2 PATIENTS WITH A1c LEVELS >9.0%

The percentages of Type 2 diabetes patients with A1c levels above 9.0% on their last exam across Pennsylvania (18.0%) and in Reading (24.5%) were higher than those of the nation (16.3%). The shares of such patients in Allentown (16.1%), Harrisburg (14.8%) and Scranton (13.8%) were below that of the U.S.

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.

³ The top performing state represents the state with the highest percentage of Type 2 diabetes patients receiving a given service, and may vary by service.

ALOS AND CHARGES ARE HIGH FOR PENNSYLVANIA INPATIENT DM CASES

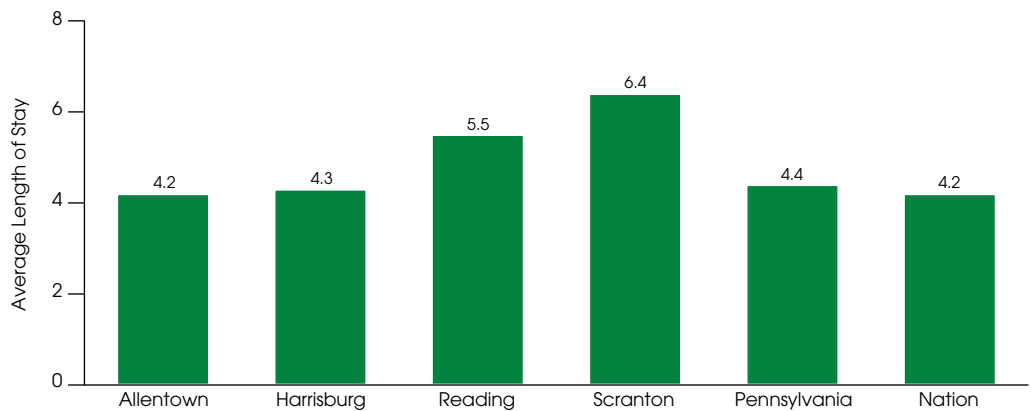
In 2012, the average length of stay (ALOS; 4.4 days) and charges (\$46,264) per Pennsylvania inpatient diabetes mellitus (DM) case were both higher than the corresponding national means (4.2 and \$38,554, respectively). In fact, ALOS was above that of the nation in four of the five profiled Pennsylvania markets (Allentown excepted).

Allentown had the highest inpatient facility charges of the four profiled local markets (\$58,576), while Harrisburg had the lowest (\$32,837). Such charges in both Reading (\$36,688) and Scranton (\$35,410) were less than those of the nation (\$38,554), but the overall Pennsylvania average (\$46,264) exceeded that of the nation by \$7,710.

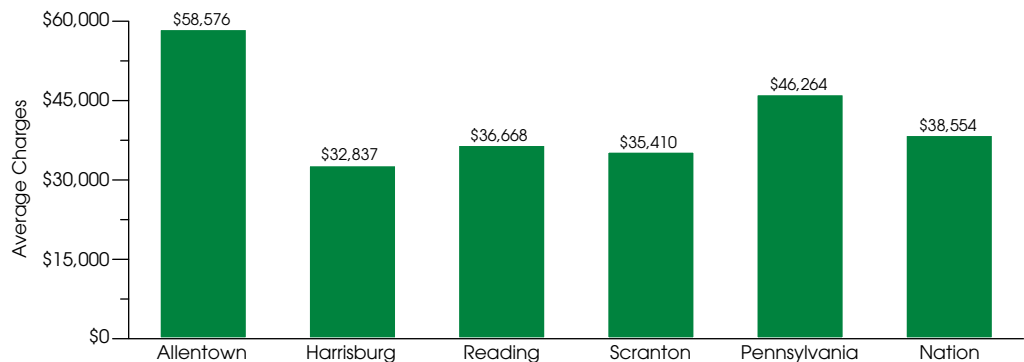
AVERAGE LENGTH OF STAY (DAYS) AND CHARGES PER INPATIENT DIABETES MELLITUS CASE, 2012

MARKET	Average Length of Stay	Average Charges ¹
Allentown	4.2	\$58,576
Harrisburg	4.3	32,837
Reading	5.5	36,668
Scranton	6.4	35,410
Pennsylvania	4.4	46,264
NATION	4.2	\$38,554

AVERAGE LENGTH OF STAY (DAYS) PER INPATIENT DIABETES MELLITUS CASE, 2012



CHARGES PER INPATIENT DIABETES MELLITUS CASE, 2012¹



¹ Data reflect the charges generated for diabetes patients by the facilities that delivered care. The data also reflect the average amounts charged, not the amounts paid.

NOTE: Average length of stay (ALOS) and hospital inpatient charge data come from IMS Health's *Hospital Procedure/Diagnosis (HPD)* database and are current as of calendar year 2012.

Data source: IMS Health © 2014

PROFESSIONAL CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS: COMMERCIAL INSURANCE^{1, 2}

MARKET	Ambulatory Surgery Center		Emergency Room		Hospital Inpatient		Hospital Outpatient		Office/Clinic	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	\$2,086	\$2,111	\$727	\$807	\$3,301	\$2,991	\$1,418	\$1,350	\$1,203	\$1,306
Harrisburg	1,538	1,578	839	810	2,081	2,072	1,045	959	1,138	1,199
Reading	1,750	2,215	511	547	2,029	3,946	632	712	1,415	1,646
Scranton	2,118	2,274	495	774	2,155	2,295	785	869	1,291	1,334
Pennsylvania	1,816	1,912	567	609	2,283	2,445	923	943	1,207	1,320
NATION	\$2,063	\$2,185	\$868	\$954	\$2,592	\$2,783	\$1,064	\$1,120	\$1,619	\$1,765

CHARGES RISE STATEWIDE FOR COMMERCIALLY INSURED PA TYPE 2 DIABETES PATIENTS

From 2012 to 2013, average professional charges for commercially insured Type 2 diabetes patients rose across all profiled treatment settings in three of five profiled Pennsylvania markets. Notable exceptions were Allentown and Harrisburg, in which hospital inpatient and outpatient charges alike decreased for Type 2 diabetes patients with commercial coverage.

CHARGES FOR PA TYPE 2 MEDICARE PATIENTS CLIMB NOTABLY IN ALL SETTINGS

Average professional charges for Medicare Type 2 diabetes patients in Pennsylvania jumped an average of 17.9% across the five profiled treatment settings from 2012 to 2013. The largest increase year-to-year was in ambulatory surgery center charges (27.5%), followed by those in the physician office/clinic setting (19.5%). Inpatient charges for Pennsylvania Medicare Type 2 diabetes patients rose 13.1% between 2012 and 2013.

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.

PROFESSIONAL CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS: MEDICARE¹

MARKET	Ambulatory Surgery Center		Emergency Room		Hospital Inpatient		Hospital Outpatient		Office/Clinic	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	\$2,573	\$3,731	\$512	\$785	\$2,581	\$2,318	\$1,126	\$1,177	\$1,157	\$1,516
Harrisburg	2,502	3,351	914	990	1,449	2,040	747	995	923	1,201
Reading	2,832	4,145	381	527	2,848	4,692	695	869	1,516	2,214
Scranton	3,084	3,972	355	602	2,091	2,275	796	896	1,333	1,616
Pennsylvania	2,512	3,203	704	829	2,519	2,848	958	1,068	1,398	1,670
NATION	\$2,767	\$3,152	\$756	\$930	\$2,330	\$2,604	\$977	\$1,086	\$1,692	\$1,931

PROFESSIONAL CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS: MEDICAID¹

MARKET	Ambulatory Surgery Center		Emergency Room		Hospital Inpatient		Hospital Outpatient		Office/Clinic	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	\$2,050	\$1,926	\$1,352	\$1,666	\$2,034	\$1,881	\$1,141	\$1,306	\$933	\$1,017
Harrisburg	1,196	1,406	1,357	1,354	1,688	1,943	1,057	745	898	951
Reading	1,548	2,046	1,436	1,428	1,930	4,210	698	900	1,325	1,417
Scranton	1,793	1,838	358	1,001	1,287	2,057	485	844	829	876
Pennsylvania	1,900	2,033	1,127	1,266	3,127	3,238	1,166	1,181	1,375	1,444
NATION	\$2,213	\$2,399	\$1,208	\$1,379	\$2,561	\$2,821	\$1,055	\$1,150	\$1,562	\$1,743

Data source: IMS Health © 2014

PERCENTAGE OF TYPE 2 DIABETES PATIENTS USING VARIOUS INSULIN THERAPIES, BY PAYER TYPE, 2013¹

MARKET	Any Insulin Product			Long-Acting Insulin			Short-Acting Insulin			Rapid-Acting Insulin			Mixed Insulin		
	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid	Comm. Ins. ²	Medicare	Medicaid
Allentown	33.0%	40.0%	59.9%	22.4%	29.9%	45.3%	17.6%	17.8%	36.0%	17.2%	17.1%	34.4%	4.1%	8.3%	8.9%
Harrisburg	31.6	38.0	56.9	23.5	32.1	48.3	17.9	20.1	40.1	17.1	19.5	39.0	2.4	4.2	6.4
Reading	28.2	36.0	52.4	19.6	27.3	39.6	16.3	19.7	34.6	15.8	18.6	34.2	3.5	6.1	12.2
Scranton	33.0	36.0	53.0	24.1	27.1	40.4	20.4	19.5	37.2	19.6	18.9	34.9	3.7	6.2	4.4
Pennsylvania	33.1	35.7	52.1	23.8	26.3	38.6	18.5	17.3	29.9	17.6	16.1	28.1	4.4	7.2	12.2
NATION	31.0%	36.5%	48.7%	22.9%	27.3%	37.1%	17.0%	17.3%	28.2%	16.0%	15.7%	25.8%	3.5%	6.7%	8.7%

MEDICARE SHARES OF ANY INSULIN RXs ARE HIGHER THAN COMMERCIAL PLANS¹

In 2013, Medicare Type 2 diabetes patients in all five profiled Pennsylvania markets were more likely to be dispensed any insulin products than their peers with commercial coverage. However, the shares of Medicare Type 2 diabetes patients in Reading (36.0%), Scranton (36.0%) and across Pennsylvania (35.7%) were lower than that of the nation (36.5%).

PA TYPE 2 PATIENTS ARE MORE APT TO BE DISPENSED INSULIN PENS THAN VIALS

Type 2 diabetes patients across Pennsylvania were notably more likely to fill prescriptions for any one of four classes of insulin pens than vials in 2013. Only in Scranton did the share of long-acting insulin pens dispensed to such patients (16.8%) fall below those of the state (18.2%) and nation (17.2%).

PERCENTAGE OF TYPE 2 DIABETES PATIENTS USING VARIOUS INSULIN THERAPIES, 2013

MARKET	Long-Acting Insulin		Rapid-Acting Insulin		Short-Acting Insulin		Mixed Insulin	
	Pens	Vials	Pens	Vials	Pens	Vials	Pens	Vials
Allentown	21.2%	10.1%	12.2%	8.3%	12.2%	9.1%	4.0%	3.2%
Harrisburg	23.6	8.5	14.8	6.6	14.8	7.6	2.0	1.8
Reading	19.7	8.3	13.3	6.9	13.3	7.8	2.8	3.2
Scranton	16.8	11.3	11.0	10.1	11.0	11.0	2.7	2.6
Pennsylvania	18.2	9.5	11.3	7.3	11.3	8.5	3.5	3.4
NATION	17.2%	10.3%	10.1%	7.5%	10.1%	9.0%	2.6%	3.0%

PERCENTAGE OF TYPE 2 DIABETES PATIENTS USING VARIOUS NON-INSULIN ANTIDIABETIC THERAPIES¹

MARKET	Any Non-Insulin Antidiabetic Product		DPP-4 Inhibitors		GLP-1 Receptor Agonists		Insulin Sensitizing Agents	
	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	81.4%	81.8%	17.5%	17.8%	3.8%	4.6%	5.1%	4.0%
Harrisburg	82.3	82.3	12.5	12.7	3.5	4.1	7.1	4.9
Reading	83.9	83.4	14.3	14.5	2.6	3.2	5.5	4.3
Scranton	82.7	83.4	14.4	15.3	2.8	3.4	6.3	5.1
Pennsylvania	83.8	83.7	13.4	13.5	3.3	3.7	6.2	4.7
NATION	84.6%	84.7%	12.8%	12.7%	4.9%	5.3%	7.1%	5.5%

Data source: IMS Health © 2014

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

Dipeptidyl Peptidase 4 (DPP-4) Inhibitors

Inhibit DPP-4 enzymes and slow inactivation of incretin hormones, helping to regulate glucose homeostasis through increased insulin release and decreased glucagon levels.

GLP-1 Receptor Agonists

Used in conjunction with oral agents; increase glucose-dependent insulin secretion and pancreatic beta-cell sensitivity, reduce glucagon production, slow rate of absorption of glucose in the digestive tract by slowing gastric emptying, and suppress appetite.

Insulin Sensitizing Agents

Increase insulin sensitivity by improving response to insulin in liver, adipose tissue and skeletal muscle, resulting in decreased production of glucose by the liver and increased peripheral uptake and use of circulating glucose.

ANNUAL PAYMENTS PER TYPE 2 DIABETES PATIENT USING VARIOUS INSULIN THERAPIES, BY PAYER TYPE, 2013^{1,2}

MARKET	Any Insulin Product			Long-Acting Insulin			Short-Acting Insulin			Rapid-Acting Insulin			Mixed Insulin		
	Comm. Ins. ³	Medicare	Medicaid	Comm. Ins. ³	Medicare	Medicaid	Comm. Ins. ³	Medicare	Medicaid	Comm. Ins. ³	Medicare	Medicaid	Comm. Ins. ³	Medicare	Medicaid
Allentown	\$2,201	\$2,492	\$2,941	\$1,486	\$1,657	\$1,680	\$1,700	\$1,625	\$2,228	\$1,641	\$1,602	\$2,151	\$2,139	\$2,365	\$1,960
Harrisburg	2,249	2,742	3,304	1,621	1,830	1,990	1,581	1,726	2,066	1,593	1,716	2,072	1,737	2,175	1,250
Reading	2,244	2,318	2,931	1,528	1,457	1,613	1,646	1,448	1,863	1,682	1,459	1,838	1,725	2,208	2,007
Scranton	2,751	2,569	1,696	1,615	1,562	955	2,023	1,693	1,224	2,011	1,674	1,150	2,493	2,363	959
Pennsylvania	2,428	2,383	2,671	1,548	1,583	1,649	1,764	1,506	1,709	1,753	1,517	1,715	2,095	2,125	1,839
NATION	\$2,417	\$2,276	\$2,374	\$1,602	\$1,594	\$1,488	\$1,772	\$1,425	\$1,529	\$1,770	\$1,452	\$1,553	\$1,953	\$1,913	\$1,695

ANNUAL PAYMENTS PER TYPE 2 DIABETES PATIENT USING VARIOUS INSULIN THERAPIES, 2013¹

MARKET	Long-Acting Insulin		Short-Acting Insulin		Rapid-Acting Insulin		Mixed Insulin	
	Pens	Vials	Pens	Vials	Pens	Vials	Pens	Vials
Allentown	\$1,617	\$1,548	\$1,497	\$1,971	\$1,497	\$1,913	\$2,684	\$1,757
Harrisburg	1,750	1,788	1,651	1,711	1,651	1,751	2,285	1,587
Reading	1,462	1,437	1,534	1,547	1,534	1,595	2,366	1,862
Scranton	1,550	1,564	1,718	1,891	1,718	1,854	2,647	2,137
Pennsylvania	1,572	1,489	1,550	1,632	1,550	1,660	2,445	1,634
NATION	\$1,587	\$1,508	\$1,509	\$1,611	\$1,509	\$1,666	\$2,260	\$1,564

ANNUAL PAYMENTS PER TYPE 2 DIABETES PATIENT USING VARIOUS NON-INSULIN ANTIDIABETIC THERAPIES^{1,2}

MARKET	Any Non-Insulin Antidiabetic Product		DPP-4 Inhibitors		GLP-1 Receptor Agonists		Insulin Sensitizing Agents	
	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	\$859	\$930	\$1,515	\$1,766	\$1,950	\$2,238	\$1,613	\$786
Harrisburg	662	683	1,545	1,840	1,773	2,204	1,790	822
Reading	700	726	1,538	1,752	1,982	2,192	1,773	865
Scranton	767	765	1,645	1,793	2,108	2,260	1,788	805
Pennsylvania	708	711	1,570	1,782	1,960	2,298	1,757	818
NATION	\$745	\$729	\$1,524	\$1,741	\$1,963	\$2,286	\$1,650	\$693

Data source: IMS Health © 2014

Dipeptidyl Peptidase 4 (DPP-4) Inhibitors

Inhibit DPP-4 enzymes and slow inactivation of incretin hormones, helping to regulate glucose homeostasis through increased insulin release and decreased glucagon levels.

GLP-1 Receptor Agonists

Used in conjunction with oral agents; increase glucose-dependent insulin secretion and pancreatic beta-cell sensitivity, reduce glucagon production, slow rate of absorption of glucose in the digestive tract by slowing gastric emptying, and suppress appetite.

Insulin Sensitizing Agents

Increase insulin sensitivity by improving response to insulin in liver, adipose tissue and skeletal muscle, resulting in decreased production of glucose by the liver and increased peripheral uptake and use of circulating glucose.

COMMERCIALLY INSURED TYPE 2 PATIENTS PAY LESS FOR INSULIN IN THREE PA MARKETS

Commercially insured Type 2 diabetes patients in Allentown, Harrisburg and Reading who were dispensed any insulin product in 2013 paid less per year than their peers in Scranton, Pennsylvania and the nation.

PAYMENTS RISE FOR ANY NON-INSULIN ANTIDIABETIC RXs IN PENNSYLVANIA

Type 2 diabetes patients in four of five profiled Pennsylvania markets paid more per year to fill a prescription for any non-insulin antidiabetic product in 2013 than they did in 2012 (Scranton excepted). For example, Type 2 diabetes patients in Allentown paid an average of \$930 to fill such prescriptions in 2013 versus \$859 in 2012.

¹ Figures reflect the per-patient yearly payments for Type 2 diabetes patients receiving a particular type of therapy. Prescription costs are based on the total amount paid for each prescription (insurance + patient amounts paid).

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

³ Includes HMOs, PPOs, point-of-service plans and exclusive provider organizations.

PERCENTAGE OF TYPE 2 DIABETES PATIENTS USING VARIOUS THERAPIES

MARKET	Use of 1 Product		Use of 2 Products						Use of 3 Products							
	Use of 1 Non-Insulin Product		Use of 2 Non-Insulin Products		Use of 2 Products: 1 Insulin, 1 Non-Insulin		Use of 2 Insulin Products		Use of 3 Non-Insulin Products		Use of 3 Products: 1 Insulin, 2 Non-Insulins		Use of 3 Products: 2 Insulin, 1 Non-Insulin		Use of 3 Insulin Products	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	36.1%	35.7%	17.7%	18.0%	6.4%	6.2%	7.5%	7.5%	7.1%	6.7%	5.9%	6.3%	6.5%	7.3%	3.3%	3.3%
Harrisburg	37.7	38.3	19.8	18.7	5.1	5.2	8.3	8.9	6.8	6.2	5.0	5.5	6.7	7.1	3.1	3.2
Reading	38.3	38.1	20.7	20.4	5.2	5.2	7.9	8.6	6.5	6.9	4.9	4.9	6.8	6.4	3.2	3.2
Scranton	37.8	37.4	20.5	19.5	4.1	4.6	8.2	7.9	7.8	8.3	4.7	5.2	6.6	6.9	3.1	3.4
Pennsylvania	38.5	38.7	20.5	19.6	5.4	5.6	7.4	7.7	6.7	6.6	5.3	5.5	6.1	6.4	3.3	3.1
NATION	39.4%	39.8%	19.7%	19.2%	5.4%	5.6%	6.9%	7.0%	7.0%	6.7%	5.4%	5.6%	6.1%	6.4%	3.2%	3.0%

ANNUAL PAYMENTS PER TYPE 2 DIABETES PATIENT USING VARIOUS THERAPIES¹

MARKET	Use of 1 Product		Use of 2 Products						Use of 3 Products							
	Use of 1 Non-Insulin Product		Use of 2 Non-Insulin Products		Use of 2 Products: 1 Insulin, 1 Non-Insulin		Use of 2 Insulin Products		Use of 3 Non-Insulin Products		Use of 3 Products: 1 Insulin, 2 Non-Insulins		Use of 3 Products: 2 Insulin, 1 Non-Insulin		Use of 3 Insulin Products	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Allentown	\$358	\$379	\$1,013	\$1,109	\$2,230	\$2,454	\$2,789	\$3,464	\$2,376	\$2,459	\$3,071	\$3,517	\$3,939	\$4,805	\$4,279	\$4,595
Harrisburg	260	275	727	840	1,694	2,018	2,980	3,817	2,317	2,343	2,610	2,875	4,012	4,712	3,609	4,326
Reading	286	309	943	923	1,880	2,196	2,785	3,102	2,113	2,236	2,717	2,902	3,444	4,152	3,673	3,857
Scranton	259	263	898	868	2,001	2,154	3,253	3,670	2,421	2,292	2,873	3,104	3,987	4,586	3,664	4,476
Pennsylvania	256	267	830	864	1,869	2,141	2,831	3,385	2,404	2,311	2,746	2,962	3,618	4,272	3,707	4,146
NATION	\$287	\$285	\$911	\$900	\$1,837	\$2,103	\$2,749	\$3,251	\$2,401	\$2,280	\$2,771	\$3,045	\$3,640	\$4,218	\$3,600	\$4,153

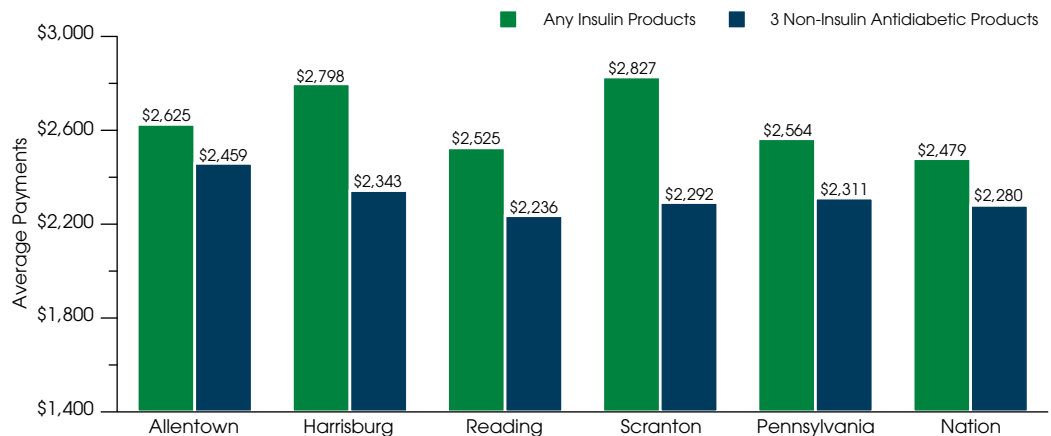
INSULIN RXs FOR PA TYPE 2 DIABETES PATIENTS ARE RISING

The shares of Type 2 diabetes patients who were dispensed two insulin products rose from 2012 to 2013 in Harrisburg (8.9%), Reading (8.6%) and across Pennsylvania (7.7%), while the shares of those dispensed three insulin products climbed in Harrisburg (3.2%) and Scranton (3.4%).

¹ Figures reflect the per-patient yearly costs for Type 2 diabetes patients receiving a particular type of therapy.

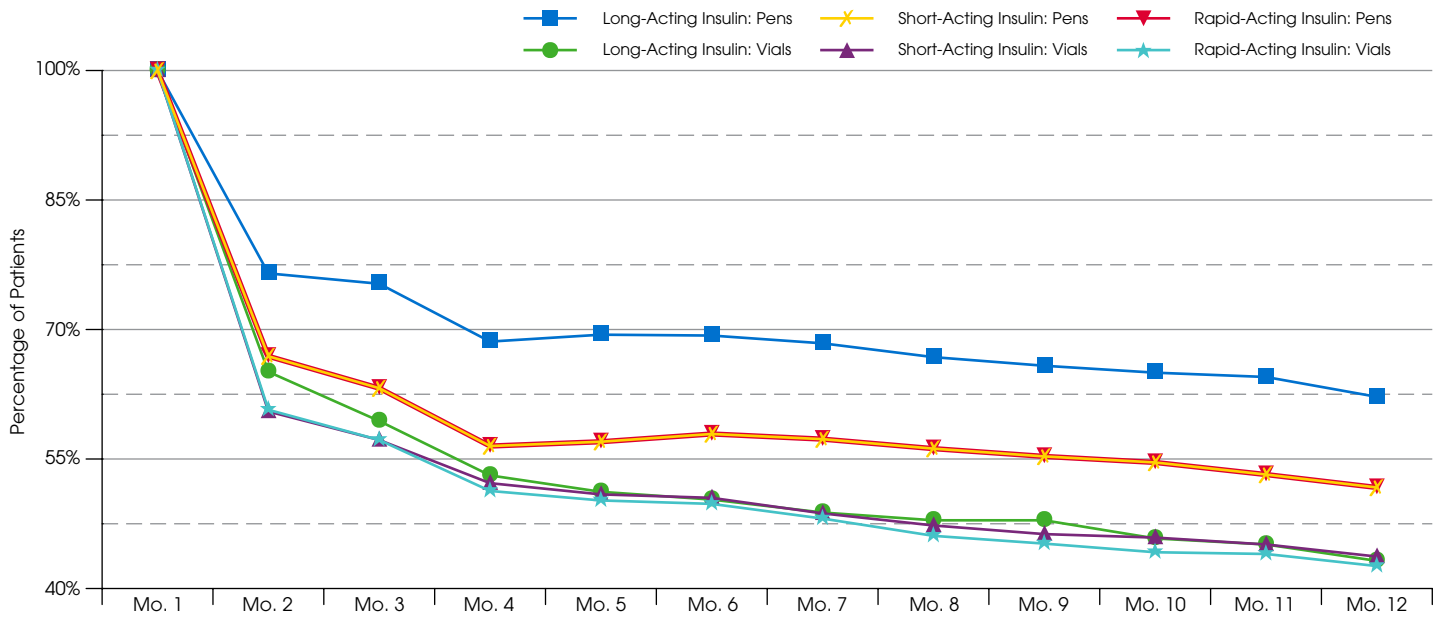
² Patients who filled prescriptions for any insulin products may have also filled prescriptions for products in the non-insulin category, and vice versa.

ANNUAL PAYMENTS PER TYPE 2 DIABETES PATIENT, BY TYPE OF THERAPY, 2013^{1,2}

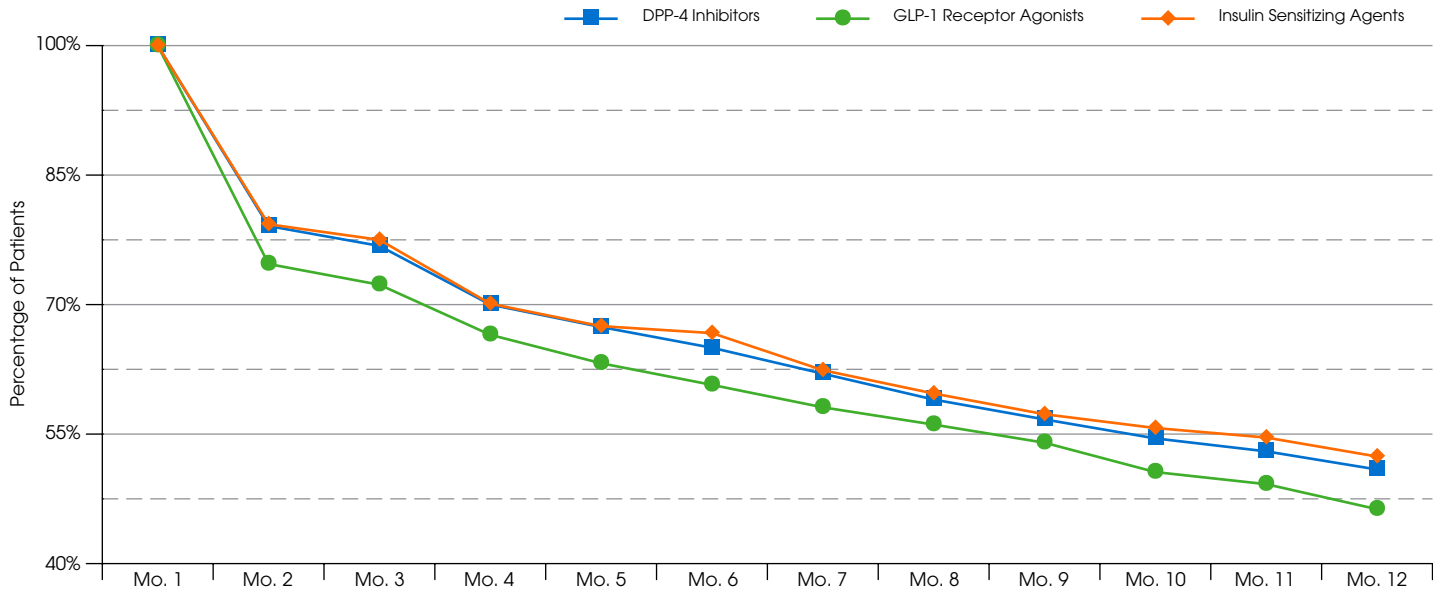


Data source: IMS Health © 2014

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



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



Data source: IMS Health © 2014

NOTE: "Persistence" 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.

MORE THAN 10% OF PRIMARY CV CASES IN PA ARE AFFECTED BY DM

In 2012, at least one in 10 Pennsylvania patient being treated for any of six profiled primary cardiovascular diagnoses had a secondary diagnosis of diabetes mellitus (DM). Notably, almost one-fifth of patients admitted to Pennsylvania hospitals with a primary diagnosis of hypertension in 2012 had a secondary diagnosis of diabetes mellitus.

VENOUS CATHERETIZATION IS MOST COMMON PROCEDURE FOR PA DM PTS.

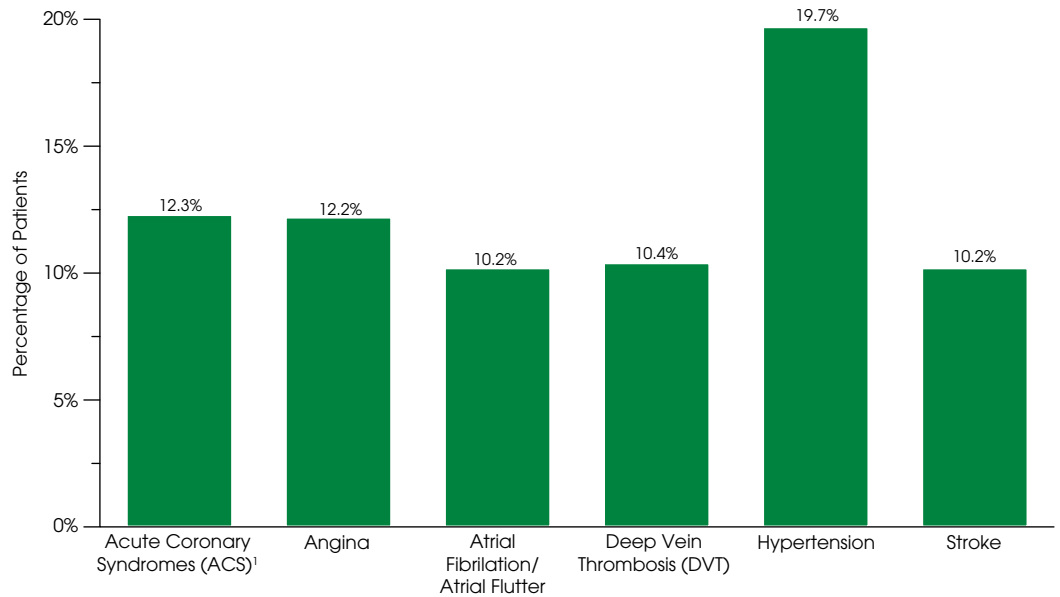
Venous catheterization was the most common procedure for Pennsylvania patients with a primary diagnoses of diabetes mellitus (DM) in 2012 (7.1%), followed by hemodialysis (5.8%) and excisional debridement of wound, infection or burn (4.1%).

¹ Acute coronary syndromes (ACS) comprises three diseases that involve the coronary arteries: ST-elevation myocardial infarction, non-ST-elevation myocardial infarction, or unstable angina.

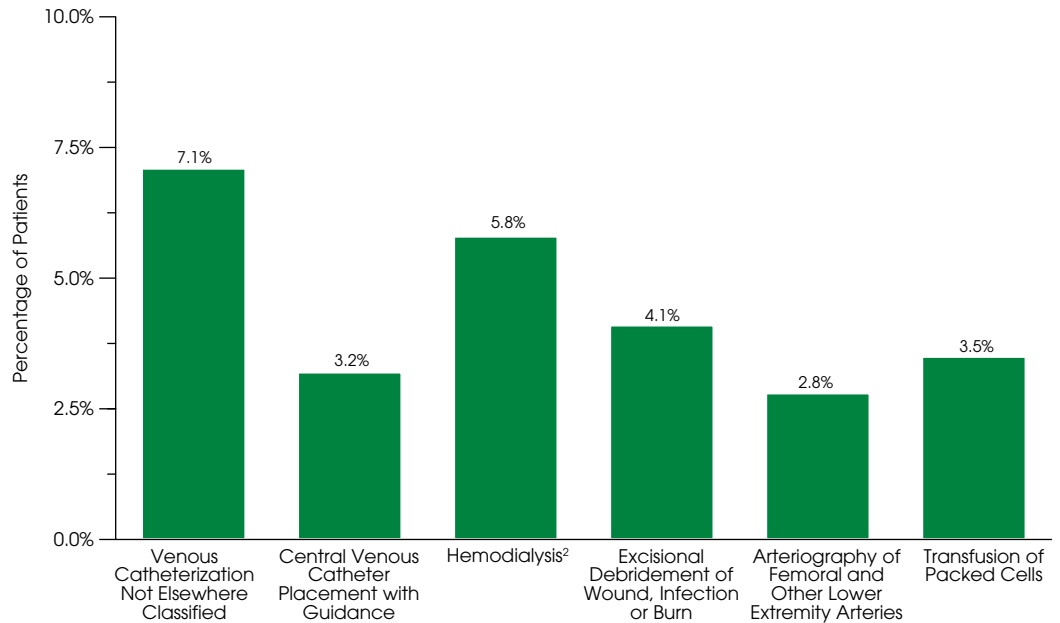
² Hemodialysis is a procedure for removing metabolic waste products or toxic substances from the bloodstream by dialysis.

NOTE: Secondary diagnoses and procedures data come from IMS Health's Hospital Procedure/Diagnoses (HPD) database and are current as of calendar year 2012.

PERCENTAGE OF PATIENTS WITH A SECONDARY DIAGNOSIS OF DIABETES MELLITUS, BY SIX PRIMARY CARDIOVASCULAR DIAGNOSES, PENNSYLVANIA, 2012



MOST COMMON PROCEDURES FOR PATIENTS WITH A PRIMARY DIAGNOSIS OF DIABETES MELLITUS, PENNSYLVANIA, 2012

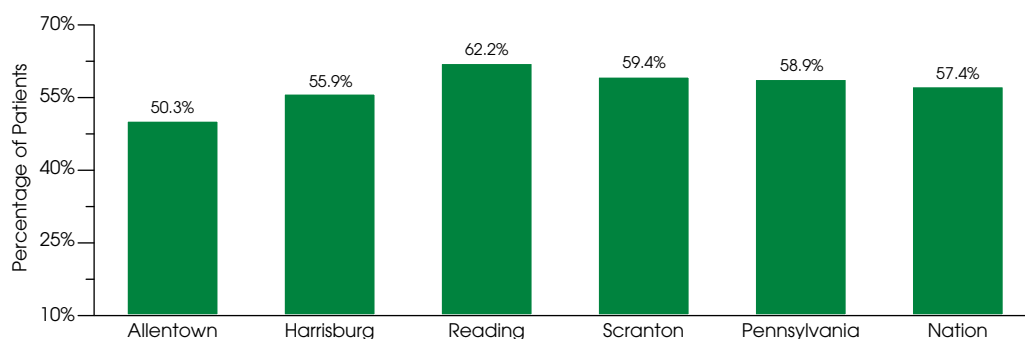


Data source: IMS Health © 2014

PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY TYPE OF COMPLICATION, 2013¹

MARKET	Cardiovascular Disease	Neuropathy	Nephropathy	Retinopathy	Hypoglycemia
Allentown	50.3%	29.7%	22.6%	33.6%	7.7%
Harrisburg	55.9	31.1	27.8	20.3	6.3
Reading	62.2	28.1	28.2	27.8	12.6
Scranton	59.4	27.1	24.7	35.8	6.5
Pennsylvania	58.9	32.6	27.6	21.3	9.2
NATION	57.4%	32.7%	31.0%	18.5%	7.9%

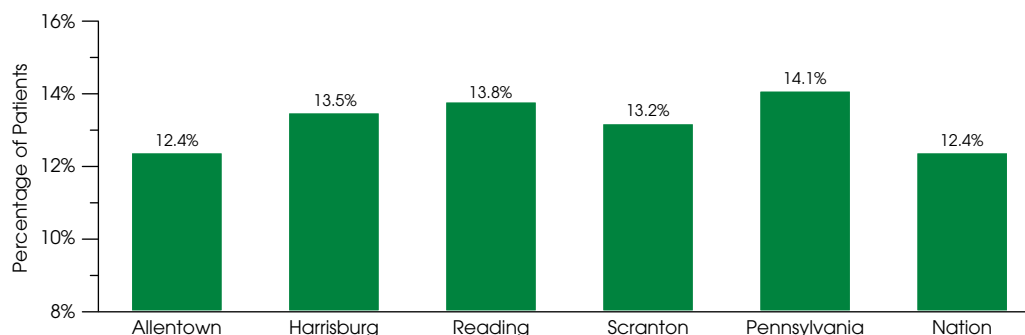
PERCENTAGE OF TYPE 2 DIABETES PATIENTS WITH CARDIOVASCULAR DISEASE, 2013¹



PERCENTAGE OF TYPE 2 DIABETES PATIENTS, BY TYPE OF COMORBIDITY, 2013²

MARKET	Hypertension	Hyperlipidemia	Congestive Heart Failure	Obesity	Dysmetabolic Syndrome
Allentown	77.5%	61.4%	12.4%	14.5%	0.6%
Harrisburg	77.5	60.7	13.5	14.3	0.7
Reading	82.9	73.1	13.8	16.7	1.8
Scranton	81.5	69.6	13.2	19.3	0.6
Pennsylvania	79.3	64.0	14.1	16.2	0.9
NATION	79.8%	63.3%	12.4%	15.2%	0.8%

PERCENTAGE OF TYPE 2 DIABETES PATIENTS WITH CONGESTIVE HEART FAILURE, 2013²



COMPLICATION RATES FOR PA TYPE 2 DIABETES PATIENTS TOP THOSE OF U.S. PEERS

Pennsylvania Type 2 diabetes patients were more likely than their national peers to suffer from cardiovascular disease, retinopathy or hypoglycemia in 2013. In Reading, 62.2% of such patients were diagnosed with cardiovascular disease versus 57.4% for the nation, and 35.8% of patients in Scranton were diagnosed with retinopathy, almost twice the national average (18.5%).

COMORBIDITY SHARES ARE HIGHER FOR PA TYPE 2 PATIENTS THAN U.S. AVGS.

In 2013, higher percentages of Type 2 diabetes patients in at least three of five profiled Pennsylvania markets were treated for congestive heart failure, hyperlipidemia and obesity than their peers nationwide. In Reading, 73.1% of such patients were treated for hyperlipidemia, 9.8 percentage points above the national average (64.0%), and 13.8% were treated for congestive heart failure, 1.4 points above the U.S. mean.

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, hypoglycemia, nephropathy, neuropathy and retinopathy.

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, congestive heart failure, dysmetabolic syndrome, hyperlipidemia, hypertension and obesity.

Data source: IMS Health © 2014

IP CHARGES ARE UP FOR PA TYPE 2 PATIENTS DESPITE DROPS IN LOCAL MARKETS

From 2012 (\$63,065) to 2013 (\$65,238), average inpatient (IP) facility charges rose 3.4% across Pennsylvania for Type 2 diabetes patients with a complication of cardiovascular disease, and were 22.1% higher than those of the nation (\$53,433). Despite significant drops of 23.6% in Allentown (\$53,456) and 23.3% in Scranton (\$67,128), such charges in these local markets remained above the national benchmark.

OP CHARGES DOWN FOR PA TYPE 2 DIABETES PATIENTS, BUT STAY ABOVE NATIONAL AVG.

Average outpatient facility charges for Type 2 diabetes patients (OP) with a complication of cardiovascular disease decreased 4.7% in Pennsylvania, to \$18,349 in 2013 from \$19,262 in 2012. But such charges remained 16.5% higher than those of the nation (\$15,747). Of the local markets profiled, the largest declines in such charges were 40.1% in Allentown (\$20,300) and 39.9% in Scranton (\$21,868).

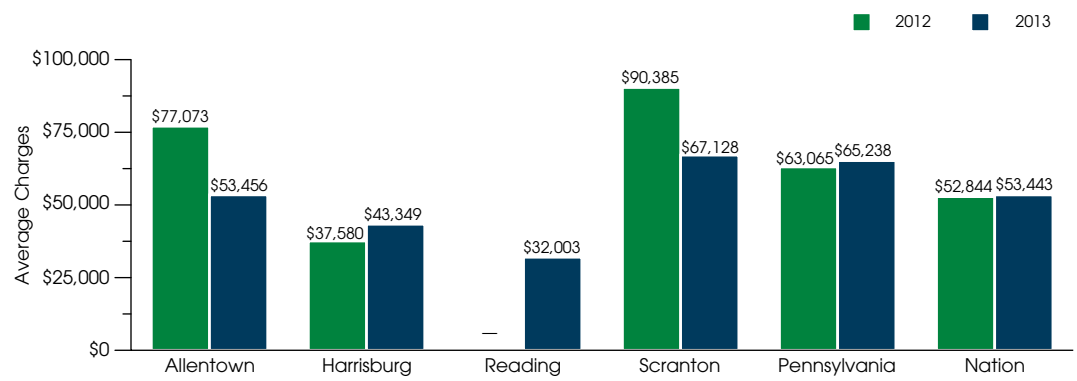
¹ Data reflect the charges generated for Type 2 diabetes patients by the facilities that delivered care. The data also reflect the average amounts charged, not the amounts paid.

NOTE: Some facility charge data were unavailable for Reading.

INPATIENT CHARGES¹ PER YEAR FOR TYPE 2 DIABETES PATIENTS WITH A COMPLICATION OF CARDIOVASCULAR DISEASE

MARKET	2012	2013
Allentown	\$77,073	\$53,456
Harrisburg	37,580	43,349
Reading	—	32,003
Scranton	90,385	67,128
Pennsylvania	63,065	65,238
NATION	\$52,844	\$53,443

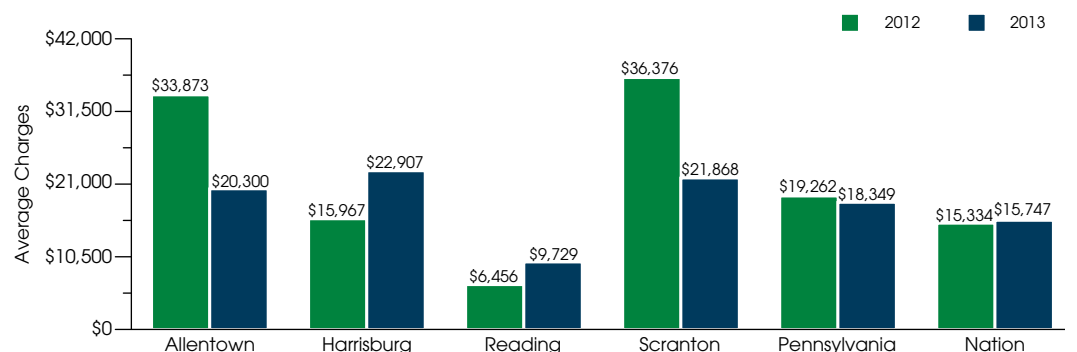
INPATIENT CHARGES¹ PER YEAR FOR TYPE 2 DIABETES PATIENTS WITH A COMPLICATION OF CARDIOVASCULAR DISEASE



OUTPATIENT CHARGES¹ PER YEAR FOR TYPE 2 DIABETES PATIENTS WITH A COMPLICATION OF CARDIOVASCULAR DISEASE

MARKET	2012	2013
Allentown	\$33,873	\$20,300
Harrisburg	15,967	22,907
Reading	6,456	9,729
Scranton	36,376	21,868
Pennsylvania	19,262	18,349
NATION	\$15,334	\$15,747

OUTPATIENT CHARGES¹ PER YEAR FOR TYPE 2 DIABETES PATIENTS WITH A COMPLICATION OF CARDIOVASCULAR DISEASE



Data source: IMS Health © 2014

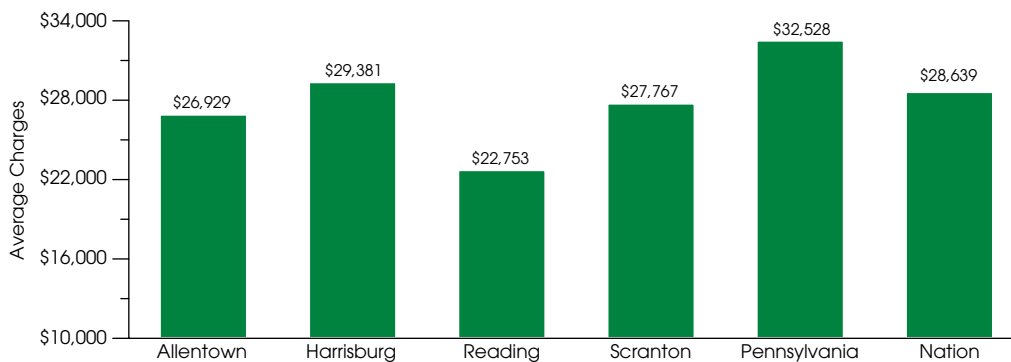
AVERAGE LENGTH OF STAY (DAYS) AND CHARGES PER INPATIENT ACUTE CORONARY SYNDROMES CASE, 2012

MARKET	Average Length of Stay	Average Charges ¹
Allentown	1.9	\$26,929
Harrisburg	2.5	29,381
Reading	2.1	22,753
Scranton	2.0	27,767
Pennsylvania	1.9	32,528
NATION	2.0	\$28,639

CHARGES FOR INPATIENT ACS CASES IN PENNSYLVANIA TOP NATIONAL AVERAGE

Average charges per inpatient acute coronary syndromes (ACS) case in Pennsylvania (\$32,528) exceeded those of the nation (\$28,639) in 2012. However, such charges in each of the four local markets profiled were lower than those of the nation. The average length of stay for such cases was greater than or equal to the national mean (2.0 days) in Harrisburg (2.5), Reading (2.1) and Scranton (2.0).

CHARGES PER INPATIENT ACUTE CORONARY SYNDROMES CASE, 2012¹



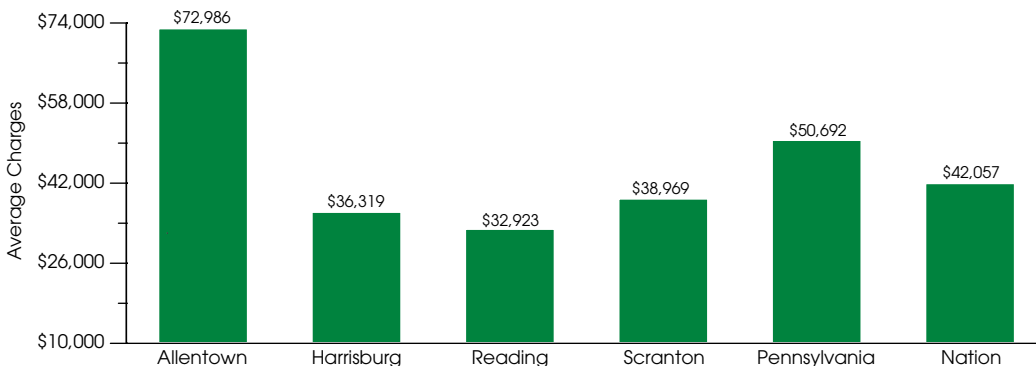
AVERAGE LENGTH OF STAY (DAYS) AND CHARGES PER INPATIENT STROKE CASE, 2012

MARKET	Average Length of Stay	Average Charges ¹
Allentown	3.9	\$72,986
Harrisburg	4.3	36,319
Reading	3.9	32,923
Scranton	3.9	38,969
Pennsylvania	4.1	50,692
NATION	4.2	\$42,057

IP STROKE CASE CHARGES IN PA ARE HIGHER THAN U.S. MEAN, BUT ALOS IS LOWER

Average inpatient (IP) charges for Pennsylvania stroke patients (\$50,692) were higher than those of the nation (\$42,057) in 2012, even though the average length of stay (ALOS) was lower than the national average (4.2 days) at hospitals in each profiled Pennsylvania market (Harrisburg excepted). Allentown had the highest inpatient stroke charges (\$72,986), by market, and Reading the lowest (\$32,923).

CHARGES PER INPATIENT ACUTE STROKE CASE, 2012¹

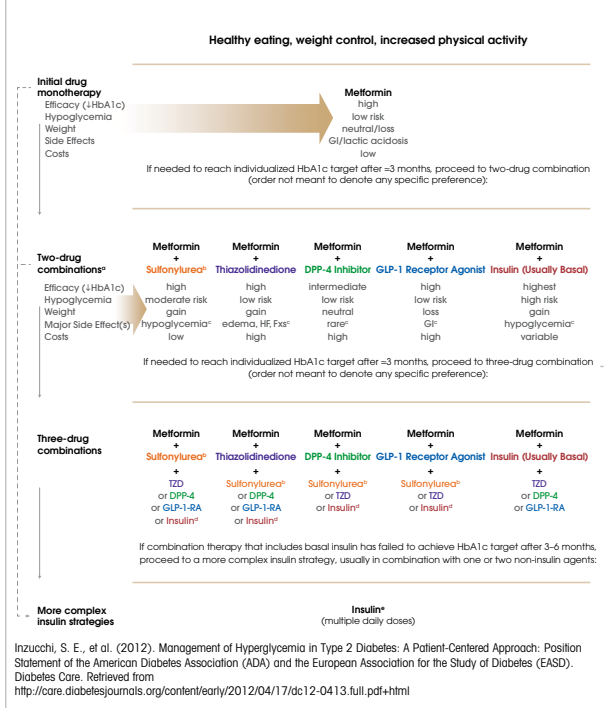


¹ Data reflect the charges generated for ACS/stroke patients by the facilities that delivered care. The data also reflect the average amounts charged, not the amounts paid.

NOTE: Average length of stay (ALOS) and hospital inpatient charge data come from IMS Health's *Hospital Procedure/Diagnosis (HPD)* database and are current as of end-of-year 2012.

Data source: IMS Health © 2014

Adapted from the 2012 ADA/EASD Position Statement



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 sulfonyleurea, 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 sulfonyleureas. 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., $\geq 9.0\%$). 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 $\geq 10.0-12.0\%$).

^a Consider beginning of this stage in patients with very high HbA1c (e.g., $\geq 9.0\%$).
^b Consider rapid-acting, non-sulfonyleurea secretagogues (meglitinides) in patients with irregular meal schedules or who develop late postprandial hypoglycemia on sulfonyleureas.
^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 of this stage if patient presents with severe hyperglycemia ($\geq 16.7-19.4$ mmol/L [$\geq 300-350$ mg/dL]; HbA1c $\geq 10.0-12.0\%$) 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.

LVBCH TYPE 2 DIABETES REPORT 2014

The Lehigh Valley Business Coalition on Healthcare (LVBCH), in conjunction with Sanofi, is pleased to bring you the **LVBCH Type 2 Diabetes Report**.
 The report features key national, state and local patient-level, Type 2 diabetes (and cardiovascular) data from the Sanofi **Managed Care Digest Series**®.

- Demographics
- Utilization
- Hospital and Professional Charges
- Pharmacotherapy
- Persistency



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