



**BRITISH COLUMBIA MINISTRY OF HEALTH –
PHARMACARE DRUG COVERAGE REVIEW
YOUR VOICE PATIENT GROUP SURVEY**

Drug Under Review: Biosynthetic human insulin (Entuzity KwikPen)

Date Submitted: December 15, 2021

Confirmation of Eligibility

The patient input surveys are reserved for patients, caregivers, or patient groups who have experience with the disease in question. Please select the category you identify as below:

- Patient
- Caregiver
- Patient group

I am a representative of a patient group that advocates for residents of British Columbia.

- Yes
- No

Name of patient group: Diabetes Canada

Name of representation (first, last): Ann Besner, Manager, Research and Public Policy

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Postal code: M5G 2R5

Is your patient group registered with the Ministry of Health to provide input to our drug reviews?

- No
- Yes



Conflict of Interest Declaration

Do you have any conflicts of interest to declare?

To make sure the drug review process is objective and credible, everyone who provides input has to tell us about any possible conflicts of interest.

A conflict of interest exists if you or an immediate family member might benefit from the outcome of PharmaCare's drug review. For example, if you own stock in the company that makes a drug, there could be a financial benefit if PharmaCare decides to cover the drug.

Examples of conflicts of interest include, but are not limited to, financial support from the pharmaceutical industry (e.g., educational or research grants, honoraria, gifts and salary), as well as affiliations or commercial relationships with drug manufacturers or other interest groups.

Even if you or an immediate family member has a conflict of interest, your input will still be considered as long as you declare the conflict of interest in your answers to the questions. All information you provide is protected under the Freedom of Information and Protection of Privacy Act.

- No
- Yes

Please describe any conflicts of interest below.

Diabetes Canada receives unrestricted educational grants from, among others, manufacturers/vendors of medications, supplies and devices for diabetes and its complications. These funds help the organization support a variety of services for people at risk of, and living with, diabetes and contribute to education, research, policy and advocacy efforts across Canada. No sponsor was involved in soliciting input for, or developing, the content of this submission.

Have you read the drug information sheet?

- No
- Yes



Experience with Disease

On a scale of 0 to 3, how would you rate the physical pain and discomfort patients experience from this disease?

3 – significant impact

On a scale of 0 to 3, how would you rate the impact of this disease on patients' activities of daily living?

3 – significant impact

On a scale of 0 to 3, how would you rate the impact of this disease on patients' mental wellbeing?

3 – significant impact

Severity

Please describe the patients' experience with the disease. How severe is it? Consider factors such as symptoms, physical pain and discomfort, and mobility.

Diabetes is a chronic, progressive disease of different types, but none with any known cure. Common symptoms of diabetes include extreme fatigue, unusual thirst, frequent urination and weight change (gain or loss). Diabetes requires considerable daily self-management, including eating well, engaging in regular physical activity, maintaining a healthy body weight, taking medications (oral and/or injectable) as prescribed, monitoring blood glucose and managing stress.

Approximately 5-10% of people with diabetes live with type 1 diabetes. Type 1 occurs when the pancreas does not produce its own insulin; to survive, daily exogenous insulin by injection or infusion is required. About 90% of those diagnosed with diabetes live with type 2. Type 2 diabetes occurs when the pancreas does not produce enough insulin or the body does not effectively use the insulin that is produced. Treatment may include insulin, in addition to other therapies. Typically, type 1 diabetes presents in children and adolescents, while type 2 develops in adulthood, though either type of diabetes can be diagnosed at any age. The drug under review, Entuzity, is indicated for adults and children living with diabetes.

It can be quite serious and problematic for people with diabetes when blood glucose levels are not at target. A number of autonomic and neuroglycopenic symptoms are associated with low blood glucose, including trembling, palpitations, sweating, anxiety, tingling, difficulty concentrating, headaches and vision changes. Low blood sugar can precipitate an



acute crisis, such as confusion, coma, and/or seizure that, in addition to being dangerous, may also contribute to a motor vehicle, school/workplace or other type of accident causing harm. High blood glucose can cause weakness, nausea, vomiting, abdominal pain and other symptoms. Over time, glucose levels above target can irreversibly damage blood vessels and nerves, resulting in issues like blindness, heart disease, kidney dysfunction, foot ulcers and lower limb amputations. The goal of diabetes management is to keep glucose levels within a target range to minimize symptoms and prevent or delay complications.

This submission contains patient input from an online survey conducted in January/February 2021. It was open for two weeks (January 29-February 12) to people across Canada of all ages with type 1 or type 2 diabetes and their caregivers. It consisted of a self-administered questionnaire of closed- and open-ended questions about respondents' lived experience with diabetes and diabetes medications (with specific questions about the drug under review, Entuzity), and expectations for new drug therapies in this country. It was advertised through Diabetes Canada's social media channels (Facebook, Twitter, Instagram and LinkedIn), by e-mail through a monthly newsletter to members of the Diabetes Canada Professional Section and through a post on the health-care professional discussion platform TimedRight.

A total of 48 people from coast to coast participated in the survey, with representation from Newfoundland, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia. There were 26 who identified as living with type 1 diabetes and 19 with type 2 diabetes, while 3 said they were caregivers (1 to somebody with type 1 diabetes and 2 to somebody with type 2 diabetes).

Within the large group of respondents, ages ranged from under 18 (n=2) to 75 years and over (n=3), with 79% of people reporting being at least 35 years old and the biggest concentration of respondents (n=14) falling in the 35-44 year age grouping. About 27% (n=13) reported living with diabetes for 10 years or less (with 5 having had it for less than 1 year). There were 15 respondents who have been living with diabetes for 11-20 years and the largest proportion (42%, n=20) having had diabetes for more than 20 years.

Of those who responded to the question, 10 people (21%) reported having experience with the drug under review, Entuzity. In total, 7 people said they currently take Entuzity along with other diabetes medications (1 person with type 1 diabetes, 6 people with type 2, all over the age of 35 years and all with diabetes for at least 11 years), while 3 said they only take Entuzity for their diabetes management (1 person with type 1 diabetes, 2 people with type 2, all over the age of 45 years and all with diabetes for more than 20 years).



When asked specific questions about comorbidities and health issues, respondents cited having the following:

- weight management concerns (67%)
- high blood pressure (54%)
- mental health concerns (31%)
- abnormal cholesterol levels (31%)
- eye problems (31%)
- foot problems (29%)
- kidney issues/kidney disease (21%)
- heart condition/heart disease (19%)

Other symptoms, issues and conditions were reported by 21% of respondents, including arthritis, fatty liver, digestive problems, fibromyalgia, chronic fatigue, headaches, nausea, diarrhea and epilepsy.

A total of 12 respondents reside in British Columbia. Among them, 5 live with type 1 diabetes, 5 live with type 2 and 2 reported being caregivers to people with diabetes. The biggest proportion of respondents were 35-44 years old (n=5), with 2 under 18 years of age, 1 in the 18-24 year age category, 1 in the 25-34 year age category and 3 in the 65 year plus category. Half have had diabetes for 11 years or more (n=6), with 3 reporting having lived with diabetes for more than 20 years. On the other end of the spectrum, there were 4 respondents who have lived with diabetes for less than one year and 2 who have had it for 3-5 years.

Quality of Life

Please describe how the disease impacts patients' quality of life. Consider factors such as independence, social stigma, social functioning, mental wellbeing, and ability to care for others.

When asked about the effect of diabetes on day-to-day activities and overall quality of life, a few respondents expressed that it doesn't impact them much. One person stated "controlled diabetes can relatively leave you with a normal life". But the vast majority talked about how challenging, preoccupying, time-consuming and worrisome it is to live with diabetes. Respondents characterize diabetes as a hardship, using words like "struggle" and "suffer" to describe their experience. One person said "it affects every single thing every day". Another said it "governs everything I do". A third said "every decision made is impacted by the disease".

Several described diabetes as a condition from which there are no breaks and no time off. A few respondents articulated that the disease requires care and attention 24 hours a day/7 days a week/365 days a year and is physically and mentally exhausting. They admitted to feeling unwell a lot, particularly when blood sugars are variable. Some reported living with complications that are painful, upsetting and bothersome. Others



mentioned the toll diabetes takes on mental health. They shared feelings of anxiety and depression, concerns about the future and experiences of being stigmatized, shamed and blamed. One person said “I always worry about my health”. Others stated “it’s difficult to...enjoy life” and “diabetes...can be crippling at times”.

Respondents mentioned that testing, medication adjustment and equipment set up/use are very time-consuming activities. Planning, shopping for, and preparing meals and snacks, and counting carbohydrates can be challenging. Physical activity is important for management but requires effort to coordinate and undertake. Respondents talked about the financial burden of living with diabetes, an expensive disease to treat.

Below are some quotes from British Columbians and other Canadians that further illustrate the degree and extent to which diabetes affects daily living and overall quality of life of those with the disease:

“It impacts every decision I make. It impacts what I eat, how much I eat, whether or not I have enough insulin to eat my whole meal. It impacts how I sleep, how tired I am, how much I can exercise.”

“My...daughter was diagnosed in...2020, it’s affected our daily life...It [sic] a very scary thing to think your child could die if your [sic] not doing your job as a parent. It has effected [sic] us financially as well and we don’t have any of the fancy devises [sic] because our insurance won’t cover them.”

“Constant testing, setting up insulin pump, counting carbs and adjusting insulin needs based on illness, menstruation, comorbidities. Mental health struggles as well with acceptance, self care burden, and the impact of blood sugars on mood, anxiety about future ability to care for self, and increase of comorbidities and complications. Decreases overall money through inadequate coverage of diabetes technology and supplies, and the burden of meeting Pharmacare deductibles. Stigmatization and disrespect from others based on T1D diagnosis and daily care needs.”

“I suffer from bouts of depression and burnout.”

“As a family member, I’m always worried about related complications that might take place when glucose levels are high.”



"Often interferes with my work...hard to plan diet around a dynamic job, constant stress due to diabetes concerns, frequent depression, sick days interfere with work and life, cannot get insurance."

"Diabetes is tiring. Constant carb counting. Constant vigilance for glucose. High sugars. Low sugars. Disapproval from outsiders re [sic] what I eat and how I should live my life."

"I am not that old [sic] person, but due to diabetes, I feel older than ever before and it's pretty hard to balance it."

"I have a young family, I work [a job] which commands a ton of my time and attention. I have little to no time to allocate to myself, yet, Diabetes [sic] is a full time job."

"It revolves around everything I do, when I wake up, what I eat, how I eat, when I eat. If I want to exercise or lose weight I have to factor these things in or else I get a sugar low and again have to eat something which makes you feel defeated. Always prepping for where you will be, for how long, do I need to bring a snack, my insulin? Can I take my shot or check my sugar without other people looking?"

"I use a sensor because I cannot feel my low blood sugars anymore. I have to calibrate it by checking my blood sugar 3 times a day minimum and pay a lot of money for sensors, which I have to change every 6 days or less. It is a constant struggle to keep blood sugars in range, otherwise I may feel horrible for seemingly no reason. It affects everything I eat, because I have to account for it using insulin to balance things off, but it can be a bit of a guesstimation game when it comes to calculating carbs. Overall I never forget that my diabetes is there, affecting everything I do and feel."

"Exercise, food, stress, and other illnesses all make it difficult to manage blood sugars. And with unmanaged [blood sugars] you just feel worse. It's a balancing act and very difficult and unpredictable."

"I worry about long term effects of the disease."

"Lots of Numbness [sic], Tiredness [sic]."



"It makes life much more difficult, I don't feel well most of the time, weight gain is a big problem, my feet are causing walking to be very difficult. Cost is a factor. Its [sic] very inconvenient having to give myself injections 3 [times] a day. Some of the tools offered for checking blood without using the test strips are too expensive for me."

"Anxiety, having to take needles and careful watch of sugar levels, insulin to administer can be tiring and stressful. Kids are sometimes afraid if I have a low. That is worrying. My husband's constants [sic] concern with what I am eating, did I take my insulin, etc."

"Painful injections of insulin 4 times every day. Costs of supplies are very expensive, comes out of my limited budget. Concerns about dying prematurely."

"Not able to eat what you want when you want. Unable to walk or hike far due to blood sugars and diabetic ulcer. Mood swings when blood sugars are too low and unable to just relax and enjoy life."

Does this disease limit patients' ability to attend work or school?

- No
- Yes

On average, in the past 30 days, how many days did your patients miss from work or school as a result of this disease?

These specific data are not available from the surveys conducted for this submission. However, [research](#) conducted by Diabetes Canada within the last few years revealed that 40% of people living with diabetes or caring for someone with diabetes in Ontario miss work because of the disease, with many people requiring an extended period away from their job. There is no reason to believe the story would be different elsewhere in Canada. The published literature has reported the negative impact of diabetes on employment, with an association between diabetes and high rates of absenteeism, productivity loss and early retirement. The burden of diabetes is felt by individuals and employers and has an effect on the workforce and economy as a whole.

It is also known that children regularly miss school because of diabetes-related illness and appointments, and can experience ostracism and isolation in the classroom. They are often



excluded from various aspects of the education experience because of their disease (e.g., not able to participate in field trips because of a lack of protocols in place to address potential medical emergencies). Their ability to learn and participate in school can also be hindered by their diabetes, as blood glucose levels impact cognitive performance and ability.

Experience with Other Treatments

Please describe patients' experience with available treatments. Consider benefits, side effects, and route of administration.

There were 45 respondents overall who reported experience with antihyperglycemic agents to manage their diabetes. The oral and injectable medications being taken at the time of survey completion included:

- GLP-1 receptor agonists
- DPP-4 inhibitors and metformin
- SGLT2 inhibitors
- sulfonylureas
- metformin
- insulin

Respondents had experience with the following types of insulin:

- glargine or glargine biosimilar
- glargine U300/other long-acting
- intermediate-acting
- short-acting
- rapid-acting

Of the respondents who answered this question, 29% reported being “very satisfied” with the medication they are currently taking for their diabetes management and 47% reported being “somewhat satisfied”. Another 13% said they were “neither satisfied nor dissatisfied” with their medication, while 11% said they were “somewhat dissatisfied” or “very dissatisfied”. When asked what they like about their medications, respondents cited the following:

- effectiveness/reasonable control of blood sugar
- efficiency/speed with which it works
- freedom to carry and use medication anywhere
- works with a pump
- facilitates weight loss
- improves blood sugar and hemoglobin A1c
- improves liver and kidney function



A few people said that their diabetes medications are life-sustaining, and that this is more a necessity than a feature; one respondent said medication frankly “keeps me alive”.

Respondents said they dislike the following about their medications:

- having to inject
- having to take multiple injections
- having to take big doses
- having to take them daily
- the length of time it takes the medications to work
- the fatigue they cause
- the size of tablets
- the high cost
- the frequency of monitoring that accompanies medication use
- associated side effects

Respondents commented on several bothersome and unpleasant issues and side effects with their medications, including, but not limited to, yeast infections, urinary tract infections, weight gain, fatigue, hypoglycemia, arrhythmias, gastrointestinal issues (stomach upset, diarrhea), loss of appetite, bruising around the injection site, thirst, light-headedness, depression and “brain fog”.

Many felt their current medication regimen is helping them better meet fasting blood sugar target levels and those measured upon waking and after meals, as well as their target hemoglobin A1c. Several shared that the medications they are taking now were neither better nor worse than ones previously taken with respect to weight maintenance or loss and problems like gastrointestinal problems, thirst/dehydration and infections (yeast, urinary tract). Most respondents said they don’t have any issues obtaining their medications, though some pointed out that they are costly or not covered by their insurance, which are significant access barriers. One person said “medication is so expensive so sometimes I have to conserve insulin use”. Another said “each time it takes me 1.5 hours for return driving” to obtain a prescription refill.

Are there aspects of the disease that are not being addressed by current treatments?

- No
- Yes

What aspects of the disease are not being addressed?

Survey respondents from British Columbia and elsewhere in Canada expressed the following desires for diabetes treatments:



"All devices that help track and inject insulin...should be covered for all children [sic]."

"Faster working insulin's [sic]."

"Not having to take needles...fewer side effects of meds."

"Get something to deliver insulin easier."

"More information about new happenings with diabetes treatments."

"Reduce amount of potential side effects."

"Better pump technology."

"Less injections per day."

"To not need medication. Advance medical care."

"A cure, plain and simple."

This feedback suggests the following needs within the diabetes community:

- enhanced public and private coverage of diabetes medications and insulin pumps for all ages
- better access to insulins with a rapid onset
- greater availability in the market of insulins with a rapid onset
- oral forms of injectable medications
- improvements to equipment for administration of injectable medications (pen needles, insulin pumps)
- expanded access and more options for concentrated insulins, combination therapies and longer acting medications
- medications with fewer side effects
- increased publicity/more information around diabetes treatments
- greater investment into a diabetes cure

What trade-offs do patients consider when choosing therapy (e.g., more efficacy, less side effects)?



Respondents who answered this question (n=12) reported the following as “very important” when choosing pharmacotherapy for diabetes management:

- keeping blood glucose at satisfactory level during the day or after meals (91%)
- keeping blood glucose at satisfactory level upon waking or after fasting (91%)
- avoiding low blood sugar during the day (75%)
- avoiding low blood sugar overnight (79%)
- avoiding weight gain/reducing weight (63%)
- reducing high blood pressure (61%)
- reducing risk of heart problems (63%)
- avoiding gastrointestinal side effects (nausea, vomiting, diarrhea, abdominal pain) (56%)
- avoiding urinary tract and/or yeast infections (56%)
- avoiding fluid retention (61%)

Below are some direct quotes from respondents that describe priority considerations when choosing a diabetes medication:

“The ability to be used with an insulin pump.”

“The simpler the better.”

“Convenient [sic] and effective.”

“No weight gain, minimum number of pills.”

“Long term affordability for people without insurance.”

“Ease of use.”

“Trusted by medical team.”

“The ability to manage and change my dosages as needed.”

“That it won’t interact with [other medications being taken].”

“No to few side effects.”



Please describe patients' ability to access treatment. Consider factors such as financial barriers, social stigma, or any other factors beyond their control that may make it difficult to receive treatment (e.g., travel to clinic, time off work).

The majority of respondents stated that they don't have trouble procuring their medications, though many talked about how expensive they are. Some described their access as precarious:

"If my Pharmacare deductible changes I may not be able to afford any of my health care."

"[No trouble with access] at this time as we do have some work coverage."

One respondent described some frustration at medications not always being in stock at the pharmacy, only being able to obtain one box at a time, paying a high "handling" fee for the medications and having to drive a long way to access them. Another respondent reported difficulties in accessing reliable, supportive diabetes care. Several people spoke generally about social stigma negatively impacting their self-management.

Drug-Related Questions

Do the patients you represent have any experience with the drug in question?

- No
- Yes

Please describe the positive and/or negative impacts this drug has had on patients' condition.

A total of 10 survey respondents reported experience with Entuzity. There were 3 British Columbians who are currently taking it to treat their diabetes; 1 person reported only taking Entuzity, while 2 said they take it along with other diabetes medications. All are over the age of 65 years (65-74 years: n=2; 75 years and over: n=1), living with type 2 diabetes, and have had the disease for over 20 years. They obtained their medications in the following ways:

- from manufacturer's samples (n=1)
- from a specialist's prescription (n=1)
- through a clinical trial (n=1)



British Columbians shared the following about their experience taking Entuzity:

"Helps me control my blood sugar levels to the point of being almost normal."

"Highly recommended."

"Easy to use and no need to measure."

"100% satisfied."

"[No dislikes] except the cost."

Other Canadians reported the following:

"I love how it controls my glucose levels without the need to increase volume. Checking my blood sugar levels several times a day. You notice the medication working. Less spikes."

"It's quick and easy."

"It's just 2 big doses."

"Concentration allows 1 pen to last about a week when u100 or u200 would only last 2-3 days max."

"u500 has been a real game changer [sic] for me."

Because it is a concentrated insulin, Entuzity may reduce the number of daily injections needed, as well as reduce the volume of medication required for each injection. When asked whether or not this matters to them, 80% of all respondents (n=8) answered in the affirmative. They cited the following advantages and disadvantages to having concentrated insulin available to people with diabetes:

"Ease of use - reduced volume required per dose - no side effects."

"It is certainly a perfect solution for me."



"If it is not covered by Government [sic], or the clinical trial period is over, I don't know how many patients can afford."

"Can eat more of food items due to its ability to control the sugar level."

"Better protection."

"I use [sic] to take over 250-300 units/meal. Now I take 90-160."

"Less shots but don't know if inbetween [sic] the sugar goes up and down or its [sic] stable."

"Its [sic] easy to administer but the big disadvantage is the cost of each pen."

"Disadvantage - people need to be careful. There is risk in taking too much. Advantages - less hassle, maintenance and for pumpers less frequency of changing of infusion sets/cartridges."

When respondents were asked about the impact Entuzity has had on their lives and those of their families, they reported the following:

"On my previous medications, I suffered horrible side effects. Entuzity allows me to live a normal life while maintaining normal A1c."

"Makes me a better quality of life."

"Good experience."

"Better control of my sugar levels."

"It's very easy to give."

"Financially it is a big drain on income."

"It has saved me some time - time is very precious and limited for me. I can now put that new found [sic] time to my family and career."



How did this drug compare to other treatments patients have tried? Consider factors such as efficacy, side effects, and impact on quality of life.

Of those who responded to these questions (n=2), people said they were “much better” or “better” able to meet target fasting blood sugar levels in general, upon waking and after meals and meeting target hemoglobin A1c levels on Entuzity than on other medications tried. They reported Entuzity being “much better”, “better” or “the same” as other medications with respect to:

- incidence of side effects, notably gastrointestinal issues, extreme thirst/dehydration, yeast infections and urinary tract infections
- weight maintenance or loss
- hypoglycemia avoidance

Are there subgroups of patients with this disease for whom this drug is particularly helpful? In what ways?

Patients requiring more than 200 units per day of insulin who are continuing to struggle to achieve glycemic targets or find the volume of insulin/number of injections required intolerable would be best suited for treatment with Entuzity. If access is available and there are no contraindications, patients should be placed on metformin, a GLP-1 receptor agonist and an SGLT2 inhibitor, then Entuzity added, if they still require more than 200 units per day of insulin. Additionally, patients who are living with obesity or weighing over 100 kg and requiring more than 2 units/kg/day of insulin could also benefit from Entuzity.

Entuzity should be initiated by a clinician with expertise in diabetes management. Patients taking Entuzity should be followed by a care team that includes diabetes educators, who can provide additional teaching, training and support to ensure safety and optimal outcomes on the medication.

Conclusion

Is there anything else you would like the Ministry to consider in their review of this drug?

Diabetes is a disease that requires intensive self-management. Diabetes Canada’s 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada



highlight the importance of personalized care when it comes to the pharmacologic management of the condition. Specifically, after initiating healthy behaviour measures, the guidelines recommend selecting diabetes treatments based on a patient's degree of glycemic control and various other considerations.

To achieve optimal blood glucose levels, individualization of therapy is essential. This includes careful consideration of medication selection, route of administration (oral, injection, infusion), frequency and type of blood glucose monitoring, frequency and manner of managing dosage adjustments, benefits and risks that the patient experiences and/or tolerates, and lifestyle changes the patient is willing or able to make. Our survey responses reinforce the message that different people with diabetes require different medications/treatment modalities to help effectively manage their disease. Their unique clinical profile, preferences, tolerance of therapy and personal circumstances should direct prescribers to the most appropriate choice and combination of treatments for disease management. Health-care providers must be supported in prescribing evidence-based therapies and, through public and private drug plans, patients should have access to a range of treatments that will allow them to optimize their health outcomes. For those paying out-of-pocket, costs should not be so high as to prohibit medication procurement.

While current therapies have generally led to improvement for many people with diabetes in blood glucose and hemoglobin A1c control, respondents hope for even more agents that they can access equitably and affordably, in a timely manner, and with good results to help them lead a normal life. Entuzity may help people to achieve better glycemic control, which could potentially improve lives and save millions in direct health-care costs. For this reason, Entuzity should be an option on the provincial formulary for people living with diabetes in British Columbia.

Respondents from across Canada shared the following final thoughts regarding their experience living with diabetes:

"It is a difficult disease to control and feel better."

"I feel it is very unfair that people need this medication to live but it isn't provided for free or at least at a much lower cost. I'm scared that if we were to lose our insurance that we would have to choose between medication to keep my child alive or have food and bills paid."



"Diabetes is very hard to live with."

"A death sentence, will probably take ten years off of my life."

"Focus more efforts on a cure."

"It's a horrible disease and I wish there was more for someone when first diagnosed. As well as help for the spouse."

"Faster insulin and increased access to funding or lower cost insulin treatments and technology is needed...Pharmacare needs to include better types of insulin as well as new technologies in their Formulary."

"It is a 24hr [sic], you-get-no-breaks kind of chronic disease. The mental toll it takes on a person is debilitating. You can't even sleep comfortably because you worry about going low through the night. I have had this nearly my whole life and I have diabetes burnout and can't seem to find anything that helps. I'm tired. I'm in pain. And I wish there was a better solution...Every few minutes I need to know what my [blood sugar] level is. It makes it hard to concentrate on other things because all you do is worry."