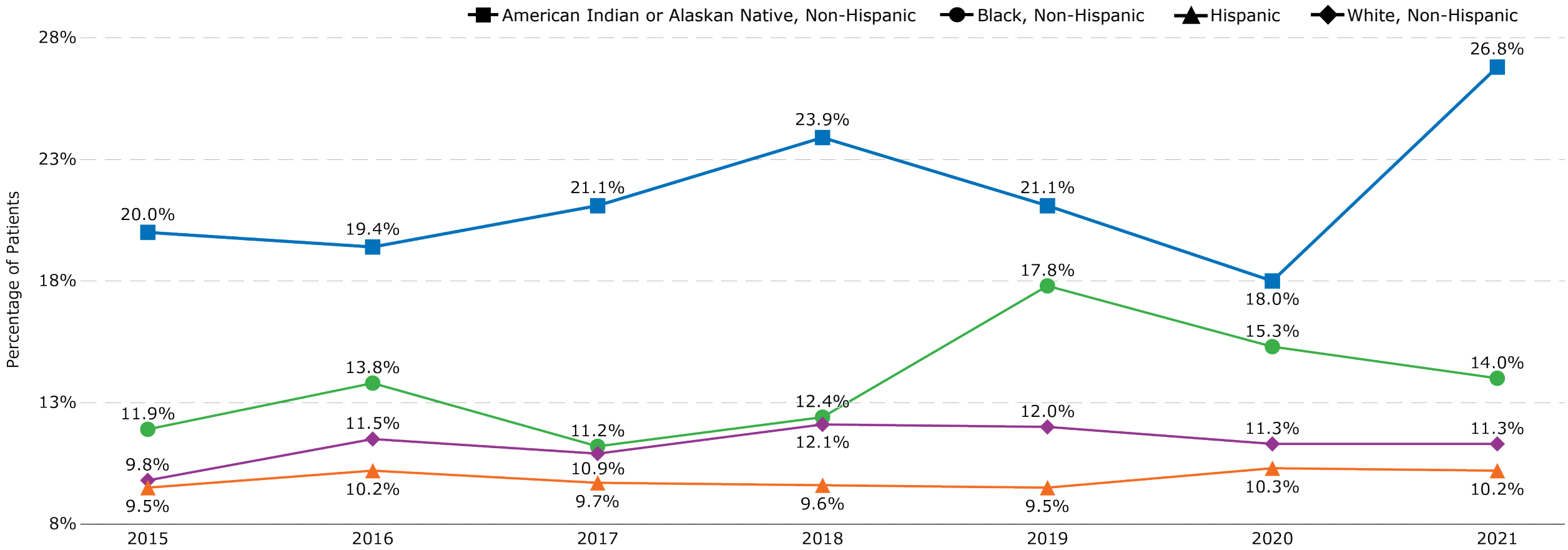
Arizona and National Markets

Type 2 Diabetes Data

MAT-US-2203113-v1.0-05/2022

Percentage of Individuals Self-Reporting Diabetes, by Race/Ethnicity, Arizona, 2015–2021*



*Data source: Centers for Disease Control and Prevention © 2022

NOTE: Behavioral Risk Factor Surveillance System (BRFSS) data on diabetes are based on responses to the survey question, "Have you ever been told by a doctor that you have diabetes?"

Distribution of Type 2 Diabetes Patients, by Duration of Disease, 2020–2021*

	<5 Years		≥5 Years	
MARKET	**2020**	**2021**	**2020**	**2021**
El Centro	25.9%	25.7%	74.1%	74.3%
Flagstaff	35.9%	34.6%	64.1%	65.4%
Lake Havasu City	32.2%	30.7%	67.8%	69.3%
Phoenix	31.5%	29.6%	68.5%	70.4%
Tucson	28.8%	26.0%	71.2%	74.0%
Yuma	30.3%	27.2%	69.7%	72.8%
Arizona	31.4%	29.3%	68.6%	70.7%
NATION	**30.4%**	**27.7%**	**69.6%**	**72.3%**

*Data source: IQVIA © 2022

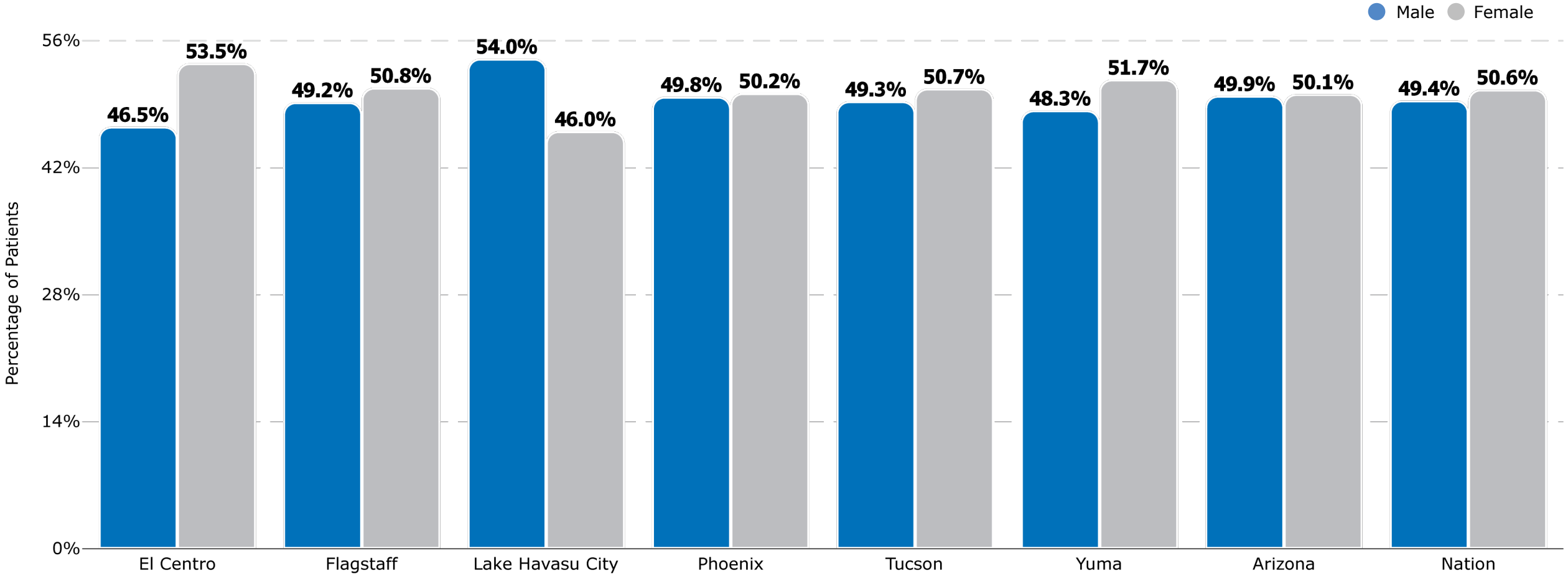
NOTE: In the subsequent slides, the numbers of patients with Type 2 diabetes tracked were as follows for calendar year 2021: El Centro (7,606), Flagstaff (3,789), Lake Havasu City (9,915), Phoenix (221,779), Tucson (30,247), Yuma (10,487), Arizona (292,580), and nation (12,872,955). The percentages are representative of the universe of patients with diabetes for whom claims data have been collected in a given year. The Lake Havasu City market includes Kingman and the Phoenix market includes Mesa and Scottsdale. An n/a indicates that data were not available.

Distribution of Type 2 Diabetes Patients, by Age, 2020–2021*

	0–17		18–35		36–64		65–79		80+	
MARKET	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
El Centro	0.3%	0.2%	2.0%	2.1%	36.7%	35.8%	43.6%	44.5%	17.5%	17.3%
Flagstaff	0.0%	0.0%	3.6%	3.6%	51.4%	48.8%	35.8%	38.1%	9.1%	9.4%
Lake Havasu City	0.1%	0.2%	1.8%	1.6%	35.3%	36.2%	46.9%	46.9%	15.9%	15.2%
Phoenix	0.2%	0.2%	2.5%	2.6%	40.3%	40.9%	42.3%	41.8%	14.6%	14.4%
Tucson	0.2%	0.2%	2.3%	2.1%	40.8%	39.3%	42.9%	44.2%	13.8%	14.2%
Yuma	0.3%	0.2%	3.1%	2.7%	44.6%	42.1%	39.8%	42.2%	12.2%	12.9%
Arizona	0.2%	0.2%	2.5%	2.5%	40.4%	40.6%	42.5%	42.4%	14.4%	14.3%
NATION	**0.3%**	**0.3%**	**2.1%**	**2.1%**	**39.0%**	**38.4%**	**43.5%**	**44.1%**	**15.2%**	**15.2%**

*Data source: IQVIA © 2022

Distribution of Type 2 Diabetes Patients, by Gender, 2021*



*Data source: IQVIA © 2022

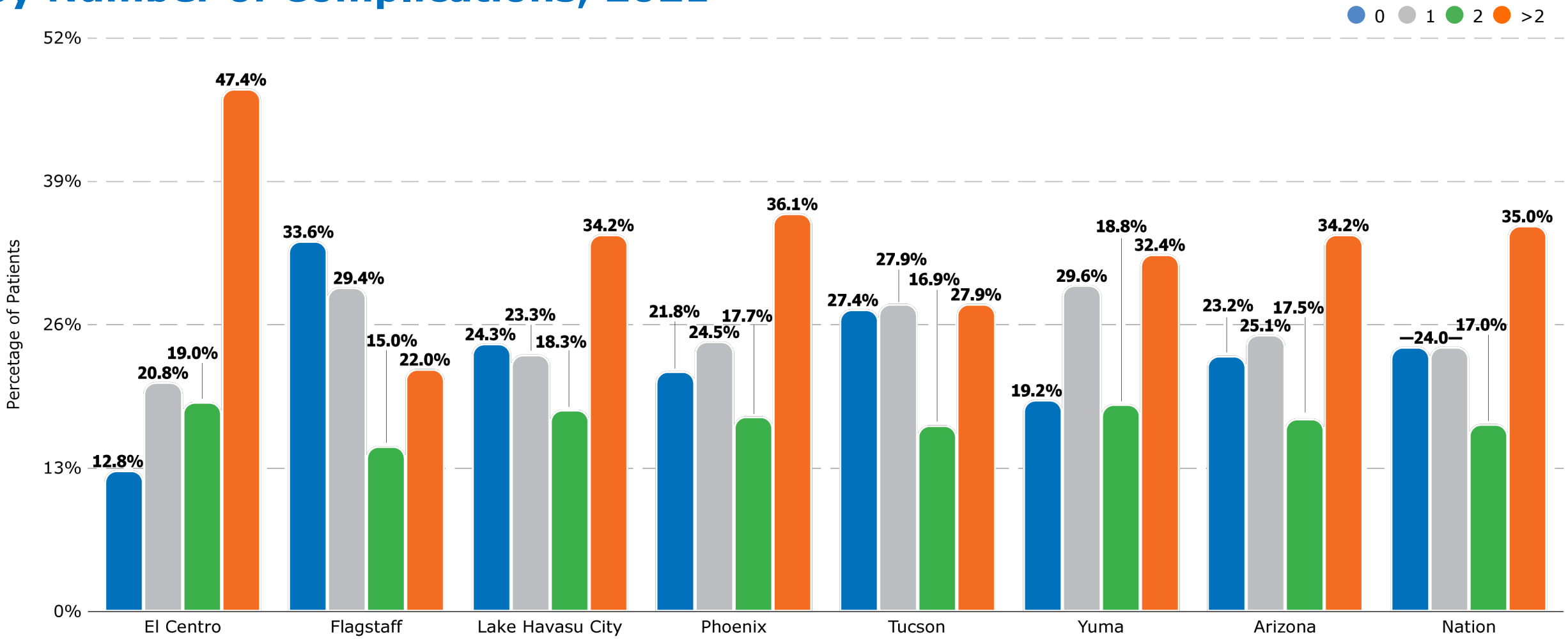
Distribution of Type 2 Diabetes Patients, by Payer, 2020–2021*

	Commercial Insurance[1]		Medicare		Medicaid[2]	
MARKET	2020	2021	2020	2021	2020	2021
El Centro	40.2%	42.9%	45.5%	42.0%	14.3%	15.0%
Flagstaff	40.5%	40.4%	32.4%	32.5%	27.1%	27.1%
Lake Havasu City	30.6%	32.5%	46.6%	45.1%	22.8%	22.5%
Phoenix	40.4%	40.1%	34.9%	34.8%	24.7%	25.1%
Tucson	35.8%	35.7%	35.0%	36.9%	29.2%	27.3%
Yuma	34.2%	32.4%	38.3%	44.3%	27.6%	23.3%
Arizona	39.0%	38.8%	35.7%	36.1%	25.3%	25.2%
NATION	**41.6%**	**41.5%**	**45.8%**	**45.6%**	**12.6%**	**13.0%**

*Data source: IQVIA © 2022

[1] Includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations.
[2] Medicaid includes fee-for-service and managed care.

Distribution of Type 2 Diabetes Patients, by Number of Complications, 2021*,[1]



*Data source: IQVIA © 2022

[1] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, congestive heart failure, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

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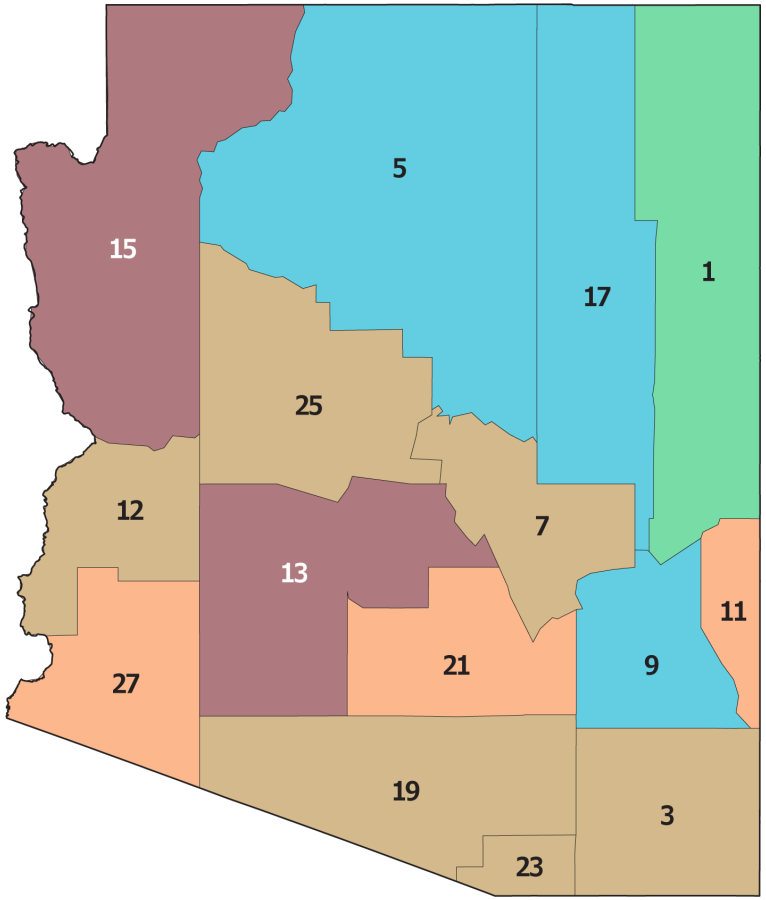
Distribution of Type 2 Diabetes Patients With >2 Complications, by County, 2021*,[1]

Percentage of Patients:

- <18.0%
- 18.0–21.9%
- 22.0–25.9%
- 26.0–29.9%
- 30.0–33.9%
- ≥34.0%



Arizona	
ID	**County**
1	Apache County
3	Cochise County
5	Coconino County
7	Gila County
9	Graham County
11	Greenlee County
12	La Paz County
13	Maricopa County
15	Mohave County
17	Navajo County
19	Pima County
21	Pinal County
23	Santa Cruz County
25	Yavapai County
27	Yuma County

*Data source: IQVIA © 2022

[1] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, congestive heart failure, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

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Percentage of Type 2 Diabetes Patients, by Actual Complication, 2021*,1

	CV Disease	CKD	Hypoglycemia	MI	Nephropathy	Neuropathy	PAD	Retinopathy	Stroke
MARKET									
El Centro	41.2%	28.3%	1.2%	2.3%	41.9%	22.1%	16.2%	42.7%	4.5%
Flagstaff	22.0%	12.2%	3.6%	2.3%	24.9%	30.9%	7.6%	15.1%	3.2%
Lake Havasu City	36.2%	20.0%	1.9%	3.4%	33.0%	37.3%	12.3%	11.2%	3.9%
Phoenix	34.2%	20.2%	2.8%	2.4%	34.7%	35.1%	16.2%	15.6%	4.2%
Tucson	26.6%	17.5%	2.1%	2.8%	30.1%	36.4%	10.4%	22.7%	3.7%
Yuma	27.7%	18.5%	2.8%	3.0%	28.3%	27.1%	10.7%	15.5%	3.6%
Arizona	32.9%	19.5%	2.7%	2.5%	33.4%	35.0%	15.0%	16.3%	4.1%
NATION	**36.0%**	**20.6%**	**2.9%**	**2.9%**	**34.3%**	**33.1%**	**16.3%**	**15.8%**	**4.2%**

*Data source: IQVIA © 2022

[1] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, congestive heart failure, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

Percentage of Type 2 Diabetes Patients With Various Complications, 2021*,1

	CKD Stage 1	CKD Stage 2	CKD Stage 3	CKD Stage 4	CKD Stage 5	ESRD
MARKET						
El Centro	1.2%	8.4%	13.9%	3.5%	1.3%	5.1%
Flagstaff	n/a	2.0%	6.5%	1.7%	0.8%	3.5%
Lake Havasu City	0.4%	3.3%	15.1%	2.4%	0.6%	1.7%
Phoenix	0.5%	3.4%	13.5%	2.8%	0.7%	2.8%
Tucson	0.8%	3.0%	10.5%	2.2%	0.7%	2.9%
Yuma	0.5%	4.7%	10.6%	2.9%	1.0%	2.9%
Arizona	0.5%	3.3%	12.9%	2.7%	0.7%	2.8%
NATION	**0.5%**	**3.0%**	**13.7%**	**3.7%**	**0.9%**	**3.1%**

*Data source: IQVIA © 2022

[1] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, congestive heart failure, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

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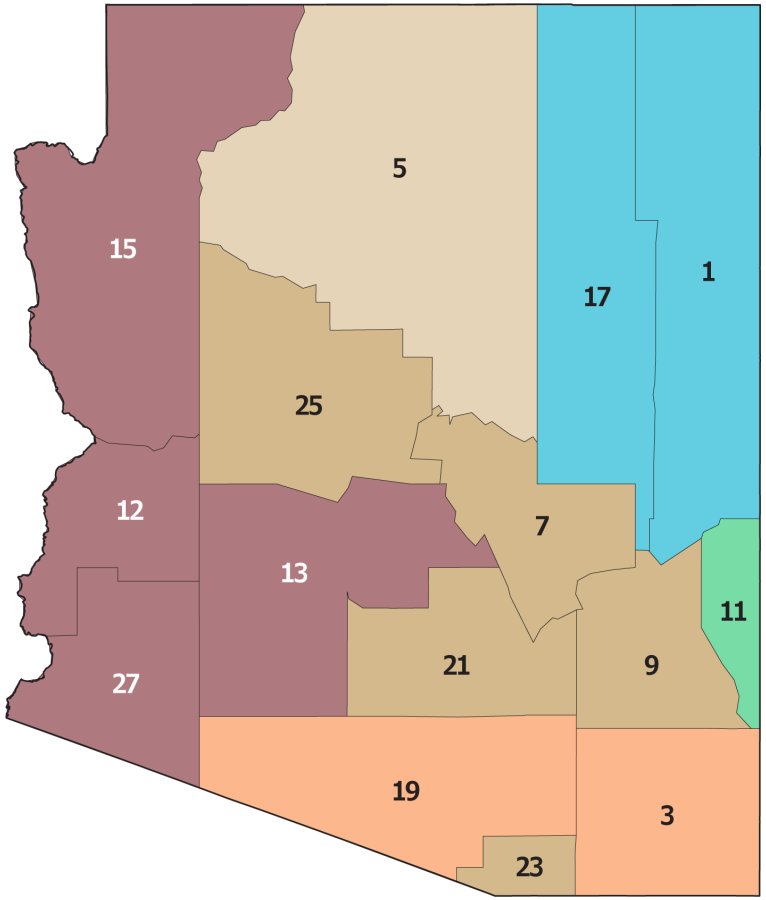
Percentage of Type 2 Diabetes Patients With a Complication of CKD, by County, 2021*,[1]

Percentage of Patients:

- <10.0%
- 10.0–11.9%
- 12.0–13.9%
- 14.0–15.9%
- 16.0–17.9%
- ≥18.0%



Arizona	
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15	Mohave County
17	Navajo County
19	Pima County
21	Pinal County
23	Santa Cruz County
25	Yavapai County
27	Yuma County

*Data source: IQVIA © 2022

[1] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, congestive heart failure, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

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Percentage of Type 2 Diabetes Patients With Various Co-Occurring Conditions, 2021*,1

	Asthma	CV Disease	Depression	Hypertension	Obesity	Pneumonia
MARKET						
El Centro	6.8%	41.2%	11.5%	87.3%	33.1%	4.0%
Flagstaff	7.4%	22.0%	12.5%	70.4%	34.6%	6.2%
Lake Havasu City	5.3%	36.2%	12.7%	81.5%	30.6%	7.2%
Phoenix	6.9%	34.2%	13.1%	76.9%	27.6%	8.1%
Tucson	7.1%	26.6%	14.5%	71.1%	27.0%	6.5%
Yuma	4.0%	27.7%	11.2%	78.1%	35.8%	6.0%
Arizona	6.8%	32.9%	13.2%	76.5%	28.0%	7.7%
NATION	**5.8%**	**36.0%**	**11.9%**	**80.5%**	**25.4%**	**6.4%**

*Data source: IQVIA © 2022

[1] A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), gastrointestinal (GI) symptoms, congestive heart failure, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

Percentage of Type 2 Diabetes Patients by Setting of Care, 2019–2021*

	Emergency Department			Hospital Inpatient			Hospital Outpatient			Office/Clinic			Telehealth		
MARKET	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**
El Centro	9.9%	9.8%	10.8%	14.8%	13.1%	11.8%	29.9%	24.0%	25.8%	96.0%	94.6%	95.0%	0.2%	26.2%	24.4%
Flagstaff	27.4%	27.2%	27.5%	18.1%	16.6%	15.6%	28.2%	30.4%	29.2%	87.9%	83.1%	86.0%	1.4%	17.5%	12.9%
Lake Havasu City	32.5%	30.4%	28.9%	19.0%	18.2%	16.6%	44.5%	40.4%	36.6%	93.6%	93.3%	92.7%	4.4%	18.9%	11.1%
Phoenix	30.1%	28.8%	31.3%	20.3%	19.4%	19.6%	28.8%	23.1%	23.3%	85.4%	85.3%	86.9%	1.6%	15.5%	14.7%
Tucson	30.0%	23.2%	28.1%	18.9%	16.4%	17.4%	27.2%	19.4%	20.2%	88.3%	89.4%	88.3%	3.1%	17.1%	15.6%
Yuma	28.0%	30.5%	28.2%	13.5%	12.4%	16.1%	26.5%	26.7%	47.9%	89.5%	90.1%	84.3%	5.9%	14.1%	12.8%
Arizona	29.8%	28.0%	30.3%	19.6%	18.6%	18.8%	29.4%	23.9%	24.9%	86.0%	86.1%	87.1%	2.1%	15.7%	14.4%
NATION	**27.8%**	**25.3%**	**25.8%**	**19.0%**	**18.0%**	**17.8%**	**34.6%**	**31.0%**	**32.1%**	**84.3%**	**83.6%**	**84.3%**	**0.5%**	**16.9%**	**12.0%**

*Data source: IQVIA © 2022

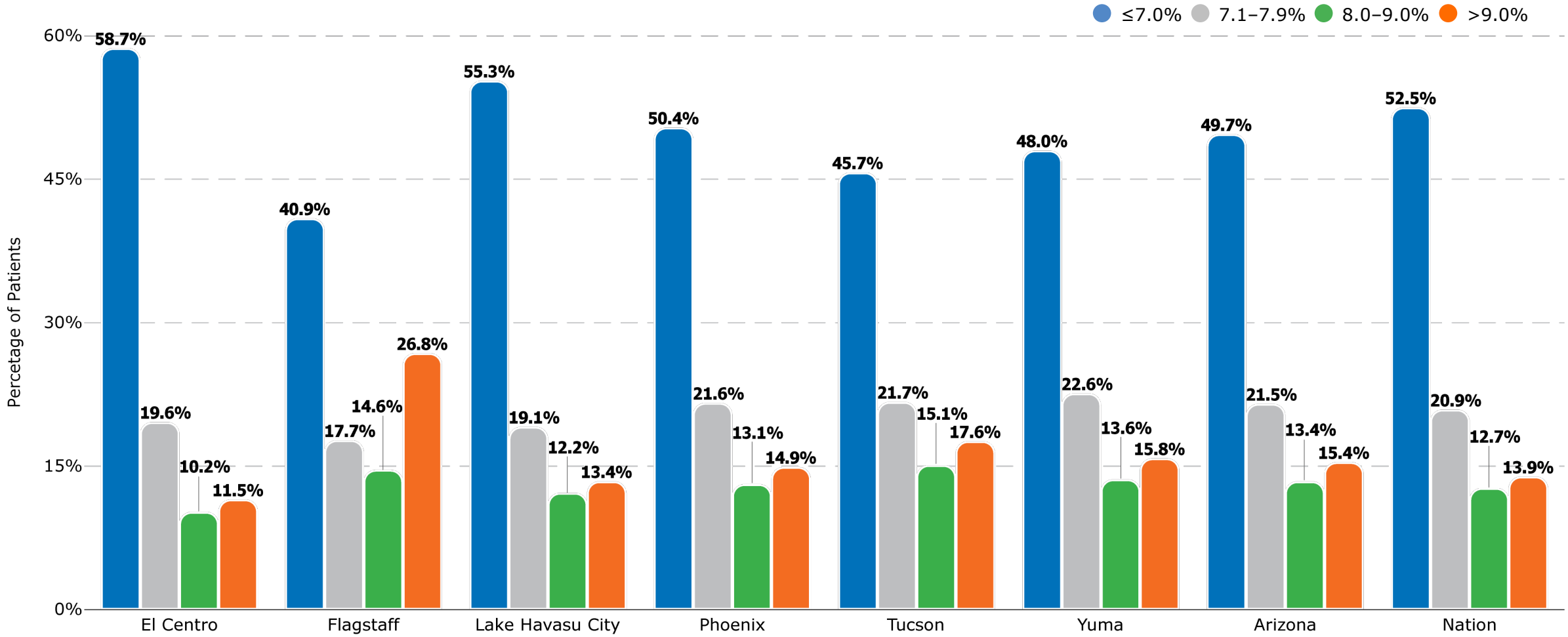
Percentage of Type 2 Diabetes Patients Receiving Various Services, 2019–2021

	A1c Test[1]			Blood Glucose Test			Ophthalmologic Exam			Serum Cholesterol Test			Urine Microalbumin Test		
MARKET	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**	**2019**	**2020**	**2021**
El Centro	81.1%	77.9%	87.0%	88.9%	85.9%	91.9%	59.3%	51.9%	56.0%	69.1%	65.6%	77.3%	45.9%	41.1%	50.2%
Flagstaff	66.0%	67.0%	72.3%	70.8%	72.0%	74.4%	50.0%	44.1%	47.6%	44.6%	46.5%	48.4%	20.3%	21.3%	23.2%
Lake Havasu City	53.8%	57.7%	63.4%	63.3%	61.9%	63.8%	47.3%	43.4%	46.0%	41.0%	41.9%	44.6%	19.0%	18.3%	19.8%
Phoenix	69.1%	69.4%	71.6%	75.4%	76.2%	76.9%	52.2%	47.4%	47.7%	57.2%	58.0%	59.3%	34.7%	34.5%	34.4%
Tucson	57.0%	58.0%	60.7%	67.1%	65.2%	66.8%	61.0%	55.3%	54.5%	45.4%	44.9%	47.1%	22.4%	21.4%	22.9%
Yuma	67.6%	65.0%	66.5%	66.4%	66.5%	68.1%	50.3%	48.1%	49.1%	46.2%	45.8%	48.1%	22.8%	23.6%	24.7%
Arizona	66.4%	66.9%	69.2%	73.1%	73.6%	74.4%	53.3%	48.4%	48.8%	53.9%	54.8%	56.2%	31.5%	31.4%	31.5%
NATION	**78.7%**	**78.8%**	**80.2%**	**83.4%**	**83.3%**	**84.2%**	**47.4%**	**42.7%**	**44.3%**	**68.6%**	**68.7%**	**70.2%**	**41.4%**	**40.7%**	**41.9%**

*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

Distribution of Type 2 Diabetes Patients, by A1c Level Range, 2021*,[1]



*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

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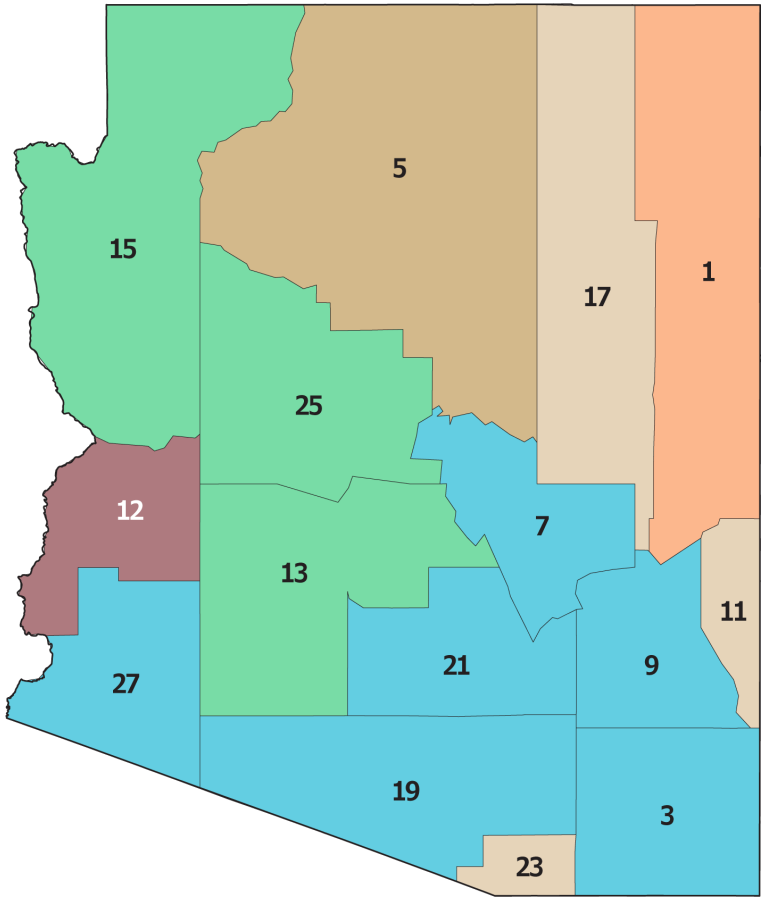
Distribution of Type 2 Diabetes Patients With an A1c Level >9.0%, by County, 2021*,[1]

Percentage of Patients:

- <15.0%
- 15.0–19.9%
- 20.0–24.9%
- 25.0–29.9%
- 30.0–34.9%
- ≥35.0%



Key	County
1	Apache County
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7	Gila County
9	Graham County
11	Greenlee County
12	La Paz County
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15	Mohave County
17	Navajo County
19	Pima County
21	Pinal County
23	Santa Cruz County
25	Yavapai County
27	Yuma County

*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

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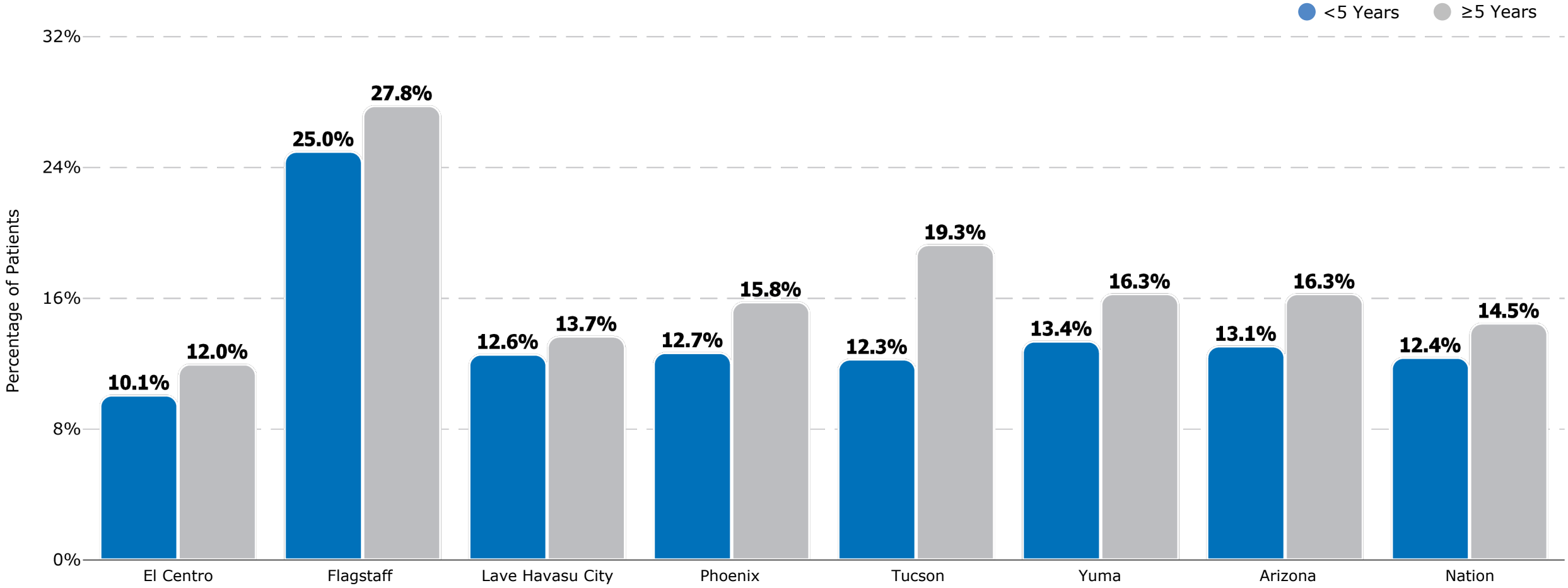
Composite A1c Levels for Type 2 Diabetes Patients, by Duration of Disease, 2019–2021*,1

	<5 Years			≥5 Years		
MARKET	2019	2020	2021	2019	2020	2021
El Centro	7.01	6.87	7.05	7.37	7.34	7.29
Flagstaff	7.92	7.52	8.06	7.73	7.96	8.09
Lake Havasu City	7.05	7.12	7.26	7.17	7.23	7.41
Phoenix	7.12	7.14	7.30	7.41	7.44	7.56
Tucson	7.23	7.24	7.30	7.54	7.59	7.79
Yuma	6.96	7.16	7.44	7.27	7.46	7.60
Arizona	7.14	7.17	7.32	7.42	7.46	7.59
NATION	**7.12**	**7.17**	**7.23**	**7.40**	**7.40**	**7.47**

*Data source: IQVIA © 2022

[1] Composite A1c level is an average of the patients' most recent A1c measurement in 2018 compared with the most recent A1c measurement in 2020 in a subset of patients with a reported A1c in the respective year.

Percentage of Type 2 Diabetes Patients With an A1c Level >9.0%, by Duration of Disease, 2021*,[1]

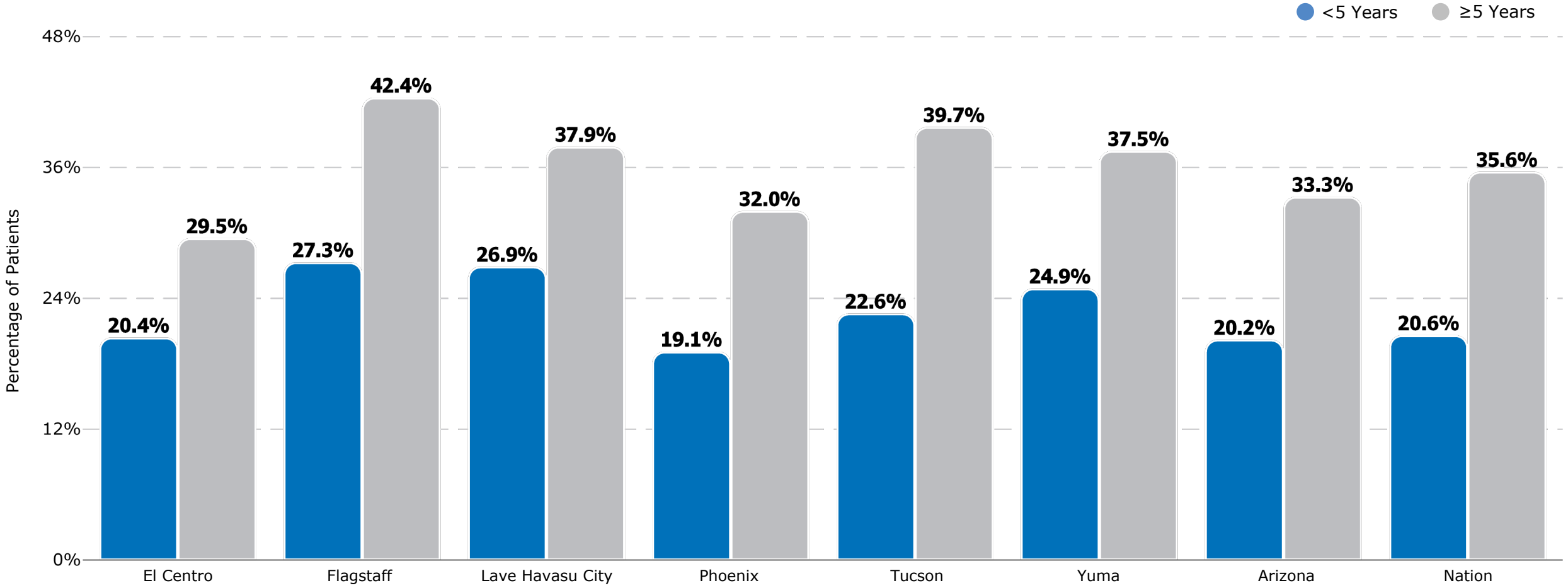


*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

MAT-US-2203113-v1.0-05/2022

Percentage of Type 2 Diabetes Patients Receiving Any Insulin Therapy, by Duration of Disease, 2021*



*Data source: IQVIA © 2022

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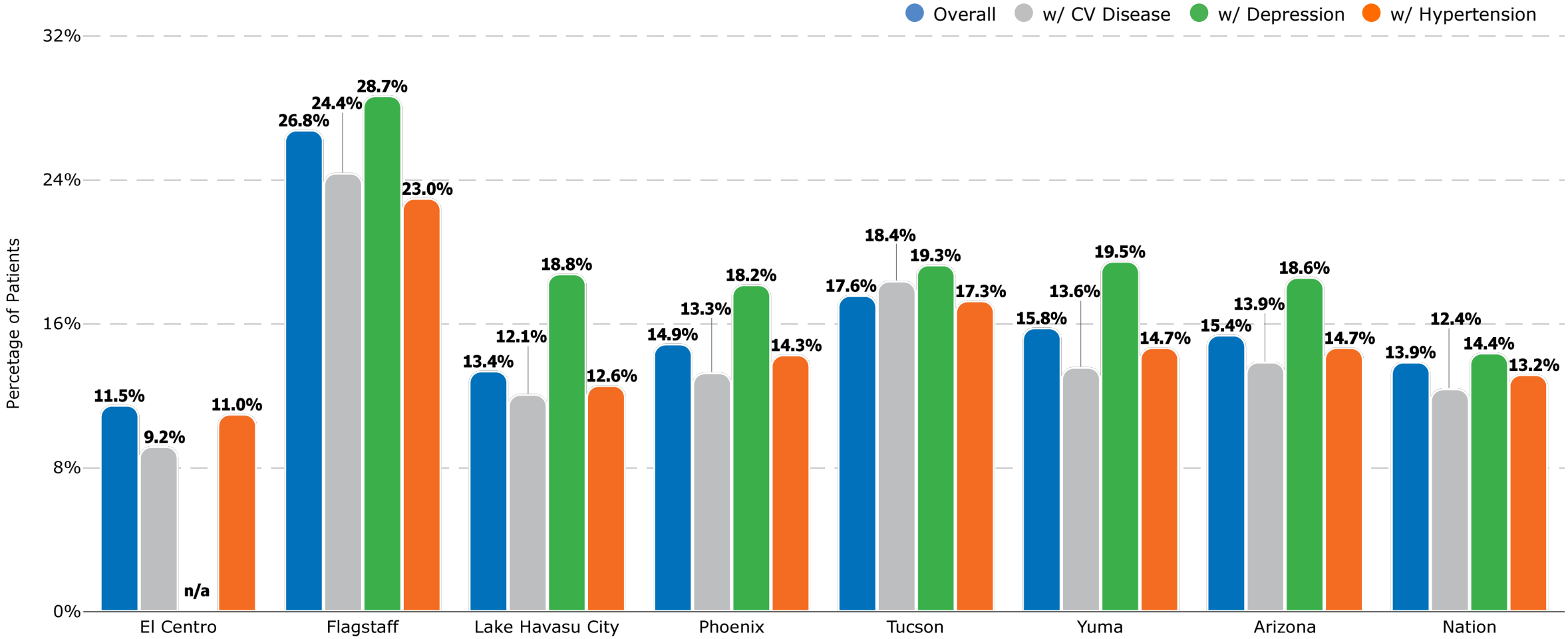
Percentage of Type 2 Diabetes Patients With an A1c Level >9.0%, Overall vs. With Various Co-Occurring Conditions, 2021*,1,2



*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.

[2] A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), gastrointestinal (GI) symptoms, congestive heart failure, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

MAT-US-2203113-v1.0-05/2022

Distribution of Type 2 Diabetes Patients, by Payer and A1c Level Range, 2021*,[1]

	Commercial Insurance[2]				Medicare				Medicaid[3]			
MARKET	≤7.0%	7.1–7.9%	8.0–9.0%	>9.0%	≤7.0%	7.1–7.9%	8.0–9.0%	>9.0%	≤7.0%	7.1–7.9%	8.0–9.0%	>9.0%
El Centro	56.4%	21.2%	10.7%	11.7%	65.1%	20.4%	7.2%	7.4%	52.5%	18.4%	13.9%	15.2%
Flagstaff	43.9%	18.4%	13.9%	23.8%	44.9%	19.0%	15.8%	20.3%	38.5%	15.9%	11.6%	34.0%
Lake Havasu City	57.4%	18.1%	13.2%	11.4%	58.6%	19.8%	10.5%	11.1%	44.8%	17.6%	15.5%	22.1%
Phoenix	51.5%	22.1%	13.1%	13.4%	54.3%	22.5%	12.5%	10.8%	45.5%	18.7%	14.0%	21.8%
Tucson	45.3%	21.6%	15.6%	17.6%	50.2%	22.6%	13.4%	13.8%	43.4%	19.5%	15.7%	21.4%
Yuma	46.4%	22.6%	14.6%	16.5%	53.5%	23.5%	12.3%	10.7%	41.0%	18.6%	13.0%	27.3%
Arizona	50.8%	21.9%	13.4%	13.9%	53.8%	22.4%	12.5%	11.4%	45.0%	18.7%	14.3%	21.9%
NATION	**51.9%**	**20.8%**	**12.9%**	**14.4%**	**55.6%**	**21.2%**	**12.3%**	**10.9%**	**47.3%**	**18.7%**	**13.5%**	**20.6%**

*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of 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] Medicaid includes fee-for-service and managed care.

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Percentage Point Change of A1c in Type 2 Diabetes Patients Receiving Long-Acting Basal Category 1 vs. Category 2, ≤7.0% and >9.0%, 2019–2021*,[1]

	≤7.0%[2]						>9.0%[3]					
	Cat. 1		2019–2021 Percentage Point Change[4]	Cat. 2		2019–2021 Percentage Point Change[4]	Cat. 1		2019–2021 Percentage Point Change[4]	Cat. 2		2019–2021 Percentage Point Change[4]
MARKET	2019	2021		2019	2021		2019	2021		2019	2021	
Phoenix	28.1%	23.8%	**–4.4**	25.5%	25.6%	**0.1**	28.2%	31.3%	**3.2**	26.8%	26.0%	**–0.9**
Tucson	25.4%	21.9%	**–3.6**	24.9%	23.3%	**–1.7**	29.8%	35.6%	**5.8**	29.3%	26.1%	**–3.3**
Arizona	27.2%	23.5%	**–3.7**	25.8%	24.9%	**–0.9**	28.6%	32.0%	**3.4**	27.0%	26.6%	**–0.4**
NATION	**26.7%**	**25.1%**	**–1.6**	**24.8%**	**25.1%**	**0.4**	**29.7%**	**31.7%**	**2.0**	**29.1%**	**28.1%**	**–1.0**

*Data source: IQVIA © 2022

1 The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.
2 Positive percent change in this group indicates an increase, from 2019 to 2021, in the percentage of patients with A1c levels at or below 7.0%.
3 Negative percent change in this group indicates a reduction, from 2019 to 2021, in the percentage of patients with A1c levels above 9.0%.
4 Percentage-point changes are calculated from data with additional decimal places and may differ slightly from calculations using the rounded figures shown.

NOTE: Throughout this presentation, "Category 1" refers to long-acting basal insulins approved through 2014 and follow-on long-acting insulins approved after 2014. "Category 2" refers to non-follow-on long-acting basal insulins approved in or after 2015. Some data were unavailable for the selected markets.

Percentage Point Change of A1c in Type 2 Diabetes Patients Receiving Fixed Ratio (Long-Acting Insulin/GLP-1 RA) vs. Free Ratio (Variable Long-Acting Insulin + GLP-1 RA), ≤7.0% and >9.0%, 2019–2021*,[1]

	≤7.0%[2]						>9.0%[3]					
	Fixed Ratio (Long-Acting Insulin/GLP-1 RA)		2019–2021 Percentage Point Change[4]	Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)		2019–2021 Percentage Point Change[4]	Fixed Ratio (Long-Acting Insulin/GLP-1 RA)		2019–2021 Percentage Point Change[4]	Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)		2019–2021 Percentage Point Change[4]
MARKET	**2019**	**2021**		**2019**	**2021**		**2019**	**2021**		**2019**	**2021**	
Phoenix	24.3%	19.7%	**–4.6**	28.3%	23.5%	**–4.8**	33.6%	30.7%	**–3.0**	25.7%	29.6%	**3.9**
Arizona	22.2%	19.1%	**–3.2**	26.8%	23.2%	**–3.7**	34.1%	32.8%	**–1.3**	26.8%	30.5%	**3.7**
NATION	**20.1%**	**22.3%**	**2.3**	**26.0%**	**25.1%**	**–0.9**	**33.2%**	**30.8%**	**–2.4**	**28.2%**	**29.2%**	**1.0**

*Data source: IQVIA © 2022

1 The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.
2 Positive percent change in this group indicates an increase, from 2019 to 2021, in the percentage of patients with A1c levels at or below 7.0%.
3 Negative percent change in this group indicates a reduction, from 2019 to 2021, in the percentage of patients with A1c levels above 9.0%.
4 Percentage-point changes are calculated from data with additional decimal places and may differ slightly from calculations using the rounded figures shown.

NOTE: Throughout this presentation, GLP-1 RA is GLP-1 receptor agonist. "Fixed ratio (long-acting insulin/GLP-1 RA)" refers to the two therapies combined in a single product. "Free ratio (variable long-acting insulin + GLP-1 RA)" refers to the two therapies taken separately and concurrently. Some data were unavailable for the selected markets.

Composite A1c Levels for Type 2 Diabetes Patients Receiving Fixed Ratio (Long-Acting Insulin/GLP-1 RA) vs. Free Ratio (Variable Long-Acting Insulin + GLP-1 RA), 2019–2021*,[1]

	Fixed Ratio (Long-Acting Insulin/GLP-1 RA)		Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)		2019–2021 Composite A1c Percentage Point Change[2]	
MARKET	**2019**	**2021**	**2019**	**2021**	**Fixed Ratio**	**Free Ratio**
Phoenix	8.55	8.44	8.26	8.49	–0.11	0.22
Tucson	9.41	9.04	8.49	8.75	–0.37	0.27
Arizona	8.58	8.56	8.31	8.52	–0.03	0.21
NATION	**8.56**	**8.46**	**8.31**	**8.37**	**–0.10**	**0.06**

*Data source: IQVIA © 2022

[1] Composite A1c level is an average of the patients' most recent A1c measurement in 2018 compared with the most recent A1c measurement in 2021 in a subset of patients with a reported A1c in the respective year.
[2] Percentage point changes are calculated from data with additional decimal places and may differ slightly from calculations using the rounded figures shown.

NOTE: Some data were unavailable for the selected markets.

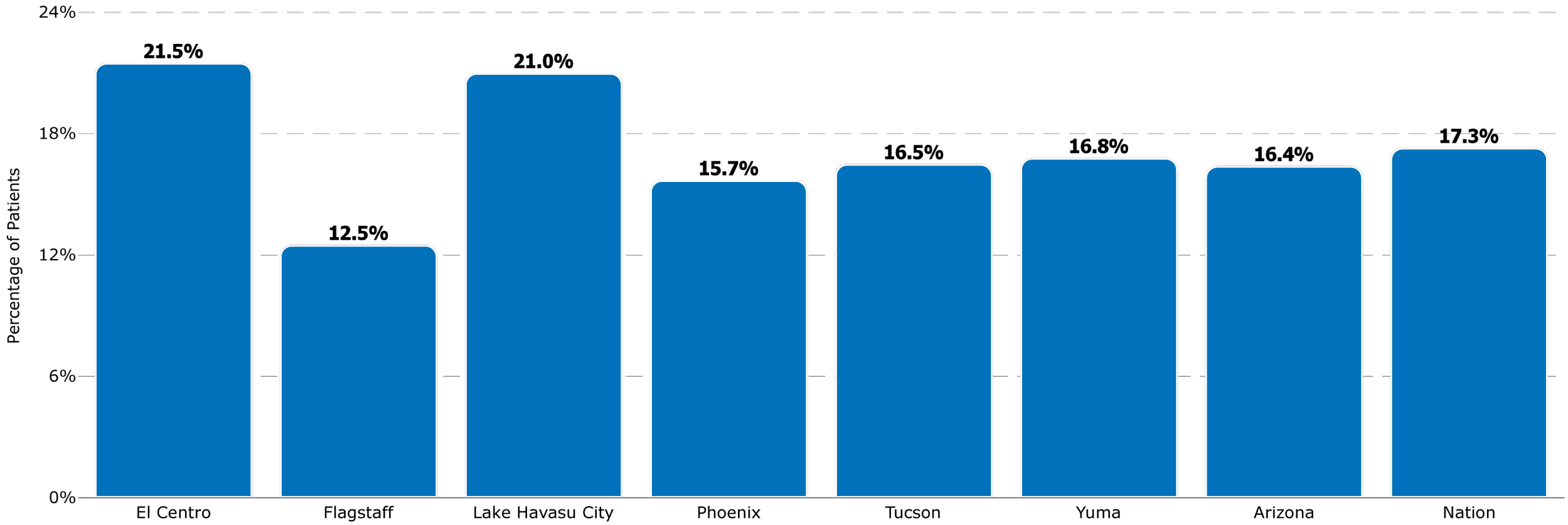
Percentage of Inpatient and Outpatient Type 2 Diabetes Cases per Hospital per Year With Hypoglycemia, 2020*,[1]

	Inpatient	Outpatient
MARKET		
El Centro	6.6%	3.7%
Flagstaff	8.1%	6.4%
Lake Havasu City	12.5%	5.6%
Phoenix	11.7%	7.3%
Tucson	10.9%	5.5%
Yuma	12.7%	9.2%
Arizona	11.5%	6.9%
NATION	**12.5%**	**6.3%**

*Data source: Definitive Healthcare © 2022

[1] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, congestive heart failure, hypoglycemia, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

Emergency Department (ED) Share of Type 2 Diabetes Inpatient and Outpatient Cases per Hospital per Year, 2020*,[1]



*Data source: Definitive Healthcare © 2022

[1] Emergency department cases are a subset of inpatient and outpatient cases.

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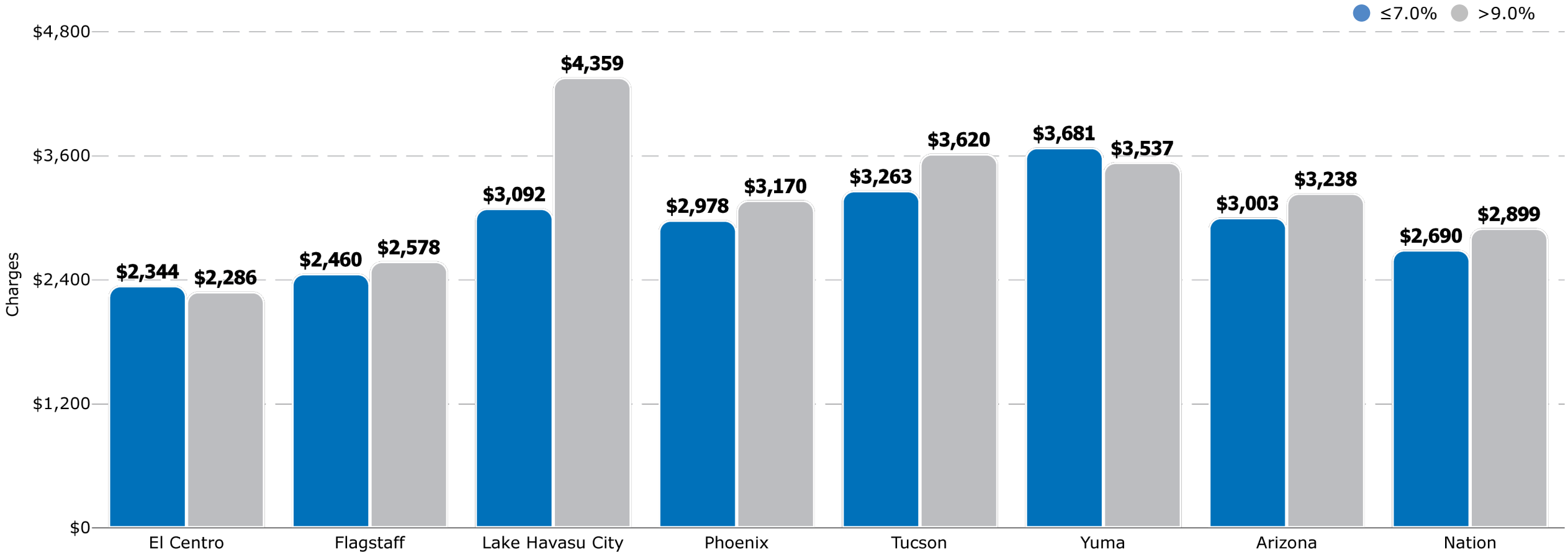
Professional Charges per Year for Type 2 Diabetes Patients, by Setting, 2020–2021*,[1]

	Ambulatory Surgery		Emergency Department		Hospital Inpatient		Hospital Outpatient		Office/Clinic	
MARKET	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
El Centro	$1,573	$2,263	$1,564	$1,727	$3,594	$3,764	$2,193	$2,161	$3,518	$3,811
Flagstaff	$5,269	$5,880	$2,217	$2,163	$5,745	$5,381	$1,730	$1,930	$2,128	$2,479
Lake Havasu City	$5,346	$5,308	$2,755	$3,316	$5,976	$7,467	$1,884	$2,459	$2,170	$2,405
Phoenix	$5,276	$5,566	$3,117	$3,175	$6,083	$6,117	$2,355	$2,494	$3,570	$3,924
Tucson	$4,636	$4,729	$2,894	$3,198	$6,158	$5,969	$2,128	$2,409	$2,708	$3,164
Yuma	$4,073	$5,328	$3,851	$3,999	$4,074	$5,694	$1,388	$1,538	$2,596	$2,737
Arizona	$5,184	$5,474	$3,071	$3,171	$5,984	$6,064	$2,231	$2,376	$3,319	$3,649
NATION	**$4,387**	**$4,393**	**$2,492**	**$2,549**	**$5,753**	**$6,006**	**$1,966**	**$2,141**	**$2,845**	**$3,169**

*Data source: IQVIA © 2022

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

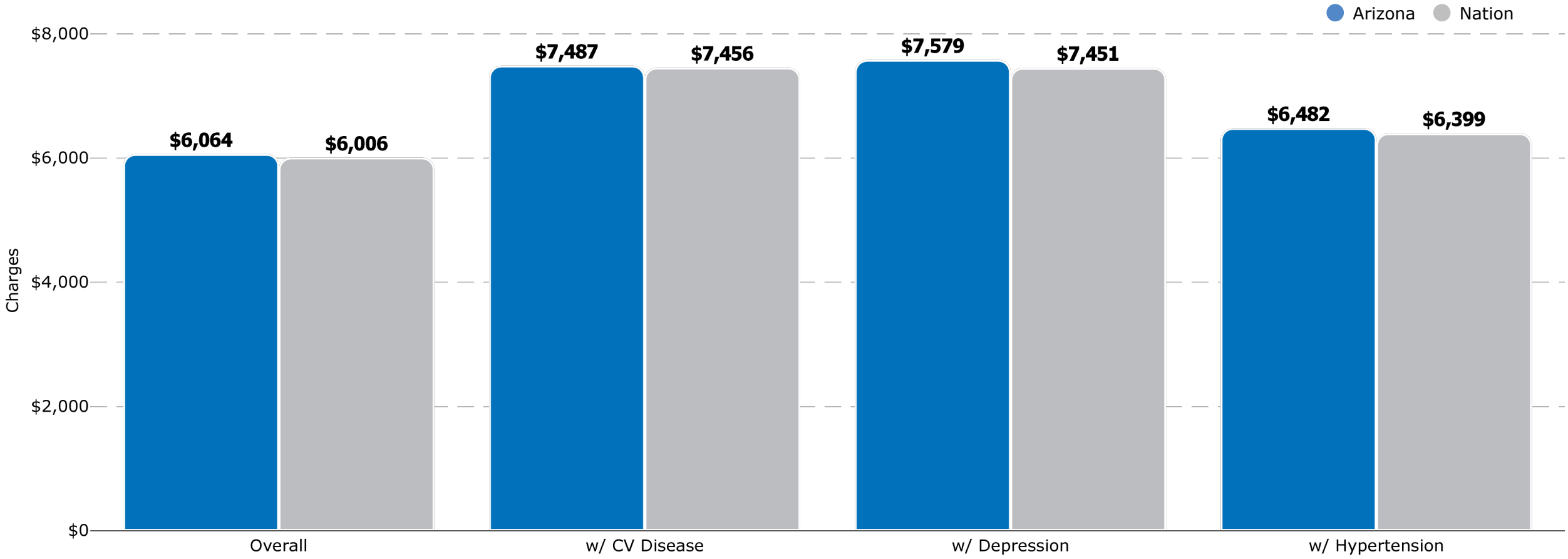
Professional Emergency Department Charges per Year for Type 2 Diabetes Patients, by A1c Level Range, 2021*,1,2



*Data source: IQVIA © 2022

[1] The A1c test measures the average blood glucose over the past three months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.
[2] Professional charges are those generated by the providers delivering care to patients with diabetes in various settings.

Professional Inpatient Charges per Year for Type 2 Diabetes Patients, Overall vs. With Various Co-Occurring Conditions, 2021*,1,2



*Data source: IQVIA © 2022

[1] A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), gastrointestinal (GI) symptoms, congestive heart failure, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

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

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Percentage of Type 2 Diabetes Patients Receiving Various Insulin and Combination Therapies, 2021*

	Long-Acting Basal Category 1	Long-Acting Basal Category 2	Rapid-/Short-Acting Insulin	Mixed Insulin	Fixed Ratio (Long-Acting Insulin/GLP-1 RA)	Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)
MARKET						
El Centro	17.7%	7.1%	8.8%	2.0%	1.6%	10.2%
Flagstaff	30.3%	3.5%	17.5%	1.8%	n/a	6.9%
Lake Havasu City	25.5%	5.1%	15.3%	2.0%	0.3%	6.5%
Phoenix	19.8%	5.1%	12.5%	1.8%	0.6%	6.1%
Tucson	24.5%	4.1%	14.2%	4.6%	0.7%	7.9%
Yuma	27.0%	2.7%	14.6%	3.7%	n/a	5.7%
Arizona	20.9%	4.9%	12.9%	2.1%	0.6%	6.3%
NATION	**20.5%**	**6.7%**	**14.8%**	**2.8%**	**0.6%**	**7.8%**

*Data source: IQVIA © 2022

Percentage of Type 2 Diabetes Patients Receiving Various Insulin and Combination Therapies, by Duration of Disease, 2021*

	Long-Acting Basal Category 1		Long-Acting Basal Category 2		Rapid-/Short-Acting Insulin		Mixed Insulin		Fixed Ratio (Long-Acting Insulin/GLP-1 RA)		Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)	
MARKET	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**
El Centro	15.5%	18.6%	3.6%	8.5%	4.8%	10.4%	1.1%	2.4%	1.0%	1.8%	6.9%	11.6%
Flagstaff	23.4%	33.3%	n/a	4.4%	12.7%	19.5%	n/a	2.1%	n/a	n/a	3.7%	8.3%
Lake Havasu City	21.0%	27.3%	2.5%	6.1%	12.1%	16.6%	1.6%	2.1%	n/a	0.4%	4.6%	7.3%
Phoenix	13.9%	21.6%	2.8%	5.8%	8.1%	13.8%	1.0%	2.1%	0.4%	0.7%	3.5%	6.9%
Tucson	17.1%	26.8%	2.1%	4.7%	8.7%	15.9%	2.0%	5.4%	0.4%	0.8%	4.5%	8.9%
Yuma	20.1%	29.2%	1.2%	3.2%	9.8%	16.1%	2.4%	4.1%	n/a	n/a	3.0%	6.5%
Arizona	14.9%	22.8%	2.7%	5.6%	8.5%	14.3%	1.2%	2.4%	0.4%	0.7%	3.7%	7.1%
NATION	**14.3%**	**22.5%**	**3.6%**	**7.7%**	**9.1%**	**16.6%**	**1.6%**	**3.2%**	**0.4%**	**0.7%**	**4.7%**	**8.8%**

*Data source: IQVIA © 2022

Percentage of Type 2 Diabetes Patients Receiving Various Non-Insulin Antidiabetic Therapies, 2021*

	Biguanides	DPP-4 Inhibitors	GLP-1 RAs	Insulin Sensitizing Agents	SGLT-2 Inhibitors	Sulfonylureas
MARKET						
El Centro	76.7%	18.8%	25.8%	13.2%	20.4%	24.7%
Flagstaff	70.5%	6.6%	17.4%	9.0%	11.7%	22.7%
Lake Havasu City	68.8%	8.0%	15.2%	6.0%	11.5%	32.1%
Phoenix	63.5%	11.8%	17.3%	8.9%	16.6%	26.4%
Tucson	72.7%	8.3%	18.5%	9.4%	12.8%	27.2%
Yuma	73.7%	9.0%	13.8%	8.4%	12.4%	34.5%
Arizona	65.0%	11.1%	17.1%	8.8%	15.7%	27.1%
NATION	**66.5%**	**11.7%**	**20.3%**	**7.1%**	**16.8%**	**28.7%**

*Data source: IQVIA © 2022

Percentage of Type 2 Diabetes Patients Receiving Various Non-Insulin Antidiabetic Therapies, by Duration of Disease, 2021*

	Biguanides		DPP-4 Inhibitors		GLP-1 RAs		Insulin Sensitizing Agents		SGLT-2 Inhibitors		Sulfonylureas	
MARKET	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**	**<5 Years**	**≥5 Years**
El Centro	85.6%	73.2%	15.0%	20.3%	20.0%	28.1%	12.2%	13.5%	18.0%	21.3%	19.9%	26.6%
Flagstaff	77.9%	67.4%	5.6%	7.1%	13.9%	18.9%	5.8%	10.4%	11.2%	11.9%	21.2%	23.3%
Lake Havasu City	74.8%	66.4%	5.8%	8.9%	13.2%	16.0%	5.8%	6.1%	10.3%	12.0%	29.7%	33.1%
Phoenix	72.7%	60.7%	8.7%	12.7%	14.5%	18.1%	6.5%	9.6%	14.5%	17.2%	22.0%	27.8%
Tucson	79.5%	70.6%	5.7%	9.0%	14.6%	19.7%	7.3%	10.1%	10.0%	13.7%	21.9%	28.8%
Yuma	81.5%	71.2%	5.7%	10.1%	10.0%	15.0%	7.4%	8.7%	9.3%	13.3%	30.7%	35.7%
Arizona	73.8%	62.3%	8.1%	12.0%	14.2%	18.0%	6.5%	9.5%	13.6%	16.4%	22.7%	28.4%
NATION	**75.1%**	**63.7%**	**9.1%**	**12.5%**	**17.5%**	**21.3%**	**5.1%**	**7.7%**	**14.4%**	**17.6%**	**23.2%**	**30.5%**

*Data source: IQVIA © 2022

Annual Out-of-Pocket Costs per Type 2 Diabetes Patient Receiving Various Insulin and Combination Therapies, by Payer, 2021*

	Long-Acting Basal Category 1		Long-Acting Basal Category 2		Rapid-/Short-Acting Insulin		Mixed Insulin		Fixed Ratio (Long-Acting Insulin/ GLP-1 RA)		Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)	
PAYER	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**
Commercial Insurance[1]	$199	**$208**	$213	**$217**	$150	**$169**	$213	**$200**	$165	**$211**	$498	**$589**
Medicare	$191	**$197**	$221	**$218**	$150	**$162**	$175	**$187**	$266	**$274**	$631	**$623**
Medicaid[2]	$2	**$15**	$23	**$21**	$3	**$13**	$2	**$14**	$64	**$18**	$16	**$60**

*Data source: IQVIA © 2022

[1] Includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations.
[2] Medicaid includes fee-for-service and managed care.

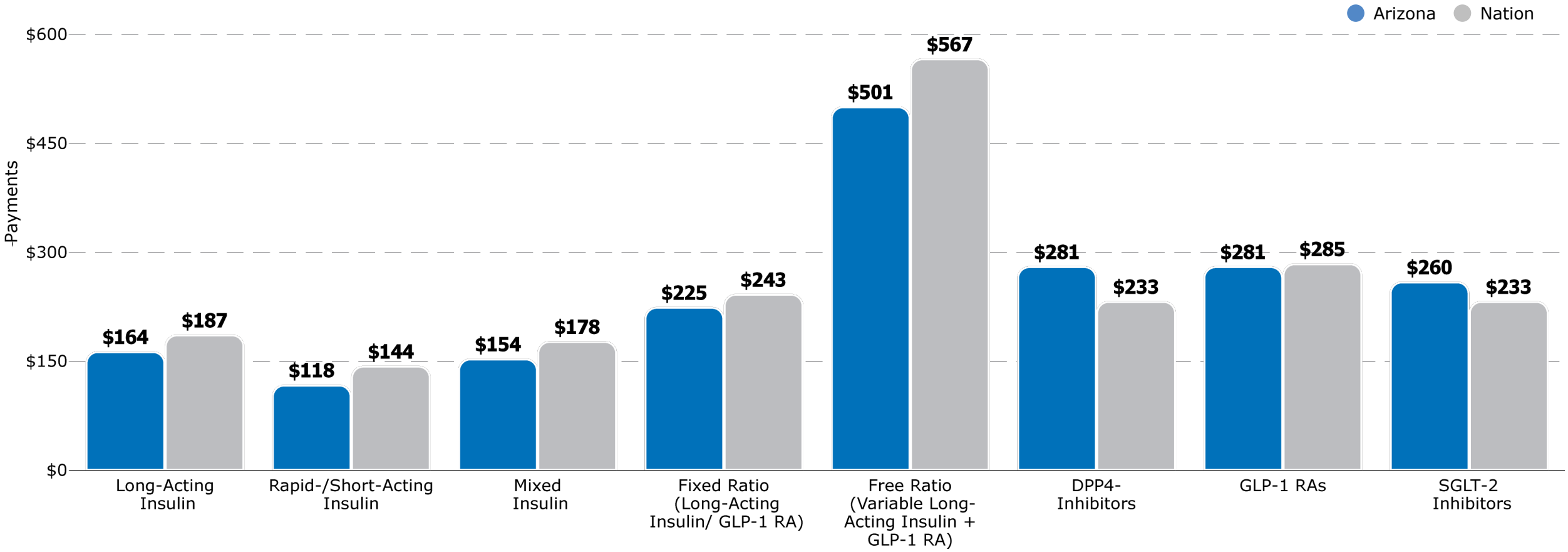
Annual Out-of-Pocket Costs per Type 2 Diabetes Patient Receiving Various Non-Insulin Antidiabetic Therapies, by Payer, 2021*

	Biguanides		DPP-4 Inhibitors		GLP-1 RAs		Insulin Sensitizing Agents		SGLT-2 Inhibitors		Sulfonylureas	
PAYER	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**	**Arizona**	**NATION**
Commercial Insurance[1]	$27	**$24**	$266	**$243**	$217	**$252**	$48	**$46**	$195	**$228**	$36	**$34**
Medicare	$9	**$11**	$324	**$266**	$396	**$373**	$17	**$20**	$351	**$281**	$12	**$15**
Medicaid[2]	$0	**$2**	$2	**$14**	$6	**$28**	$1	**$3**	$3	**$17**	$1	**$2**

*Data source: IQVIA © 2022

[1] Includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations.
[2] Medicaid includes fee-for-service and managed care.

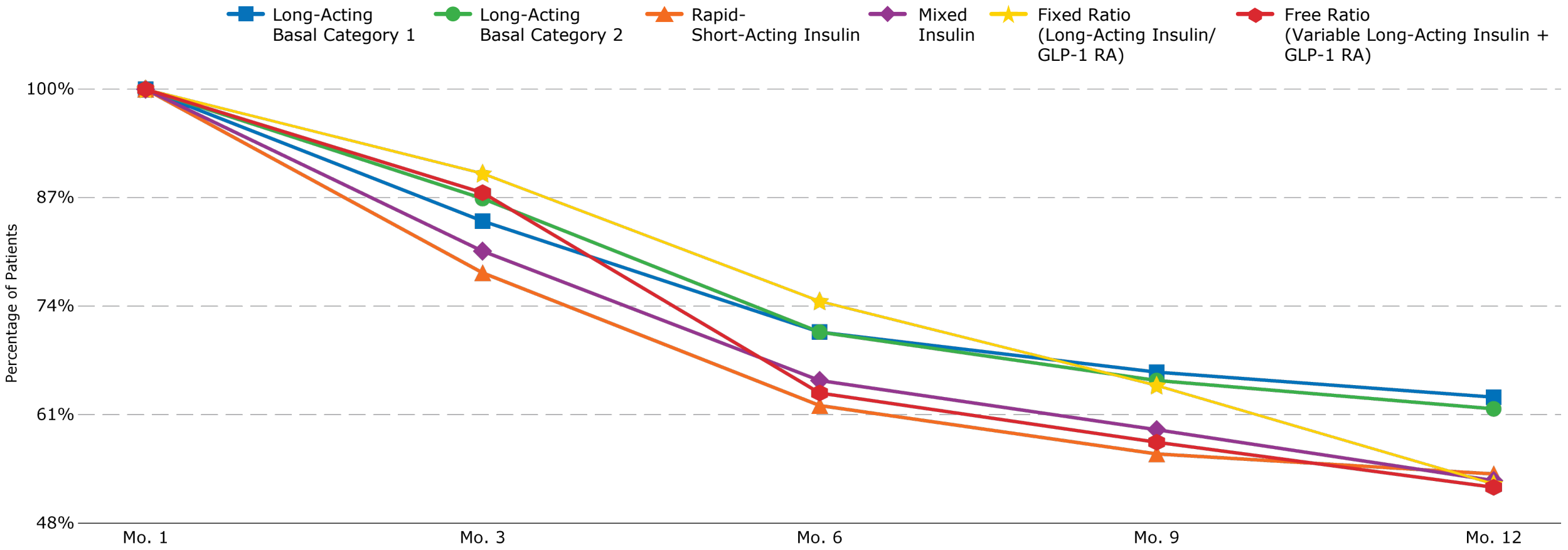
Annual Out-of-Payments per Type 2 Diabetes Patient Receiving Various Insulin and Non-Insulin Antidiabetic Therapies, 2021*,1



*Data source: IQVIA © 2022

[1] Figures reflect the per-patient yearly payments for diabetes patients receiving a particular type of therapy. These are the actual amounts paid by the insurer and patient for such prescriptions.

Persistency: Type 2 Diabetes Patients Receiving Various Insulin Therapies, Arizona, 2021*



*Data source: IQVIA © 2022

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 six 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. Persistency is tracked for patients who are new to therapy (those who have not filled the therapy in question in the six months prior to their first fill of the study period).

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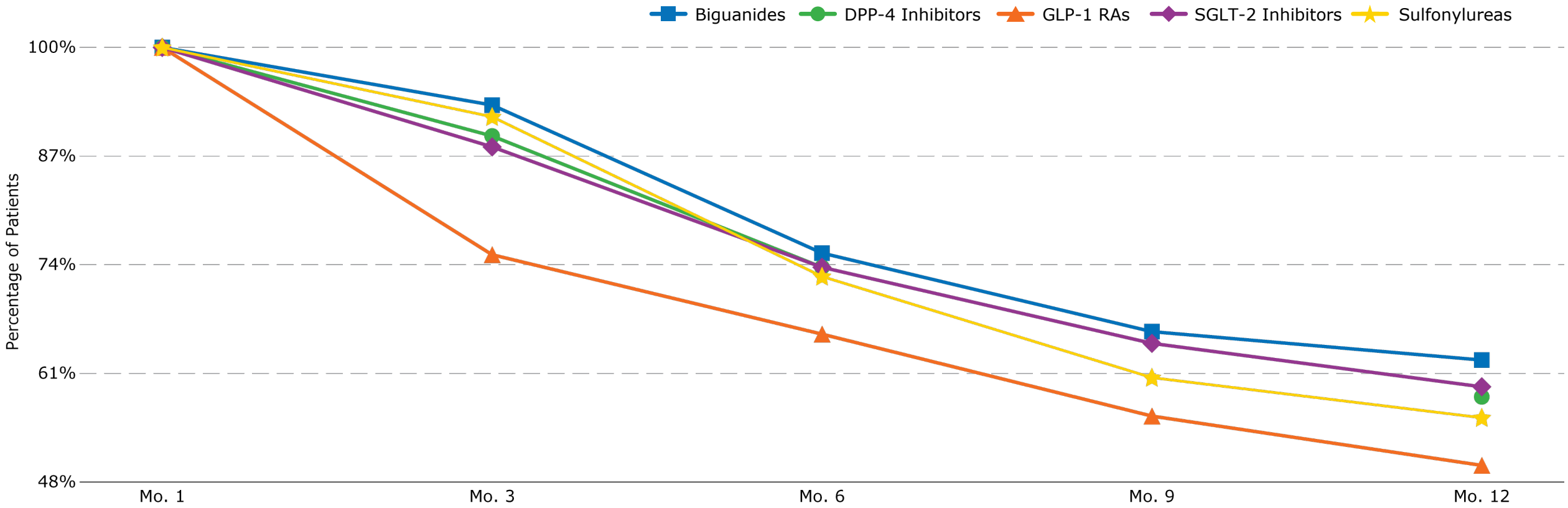
Persistency: Type 2 Diabetes Patients Receiving Various Non-Insulin Antidiabetic Therapies, Arizona, 2021*



*Data source: IQVIA © 2022

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 six 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. Persistency is tracked for patients who are new to therapy (those who have not filled the therapy in question in the six months prior to their first fill of the study period).

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Three- and 30-Day Readmission Rates for Type 2 Diabetes Patients Receiving Various Therapies, Overall vs. With Hypoglycemia, Nation, 2019–2021*,1,2

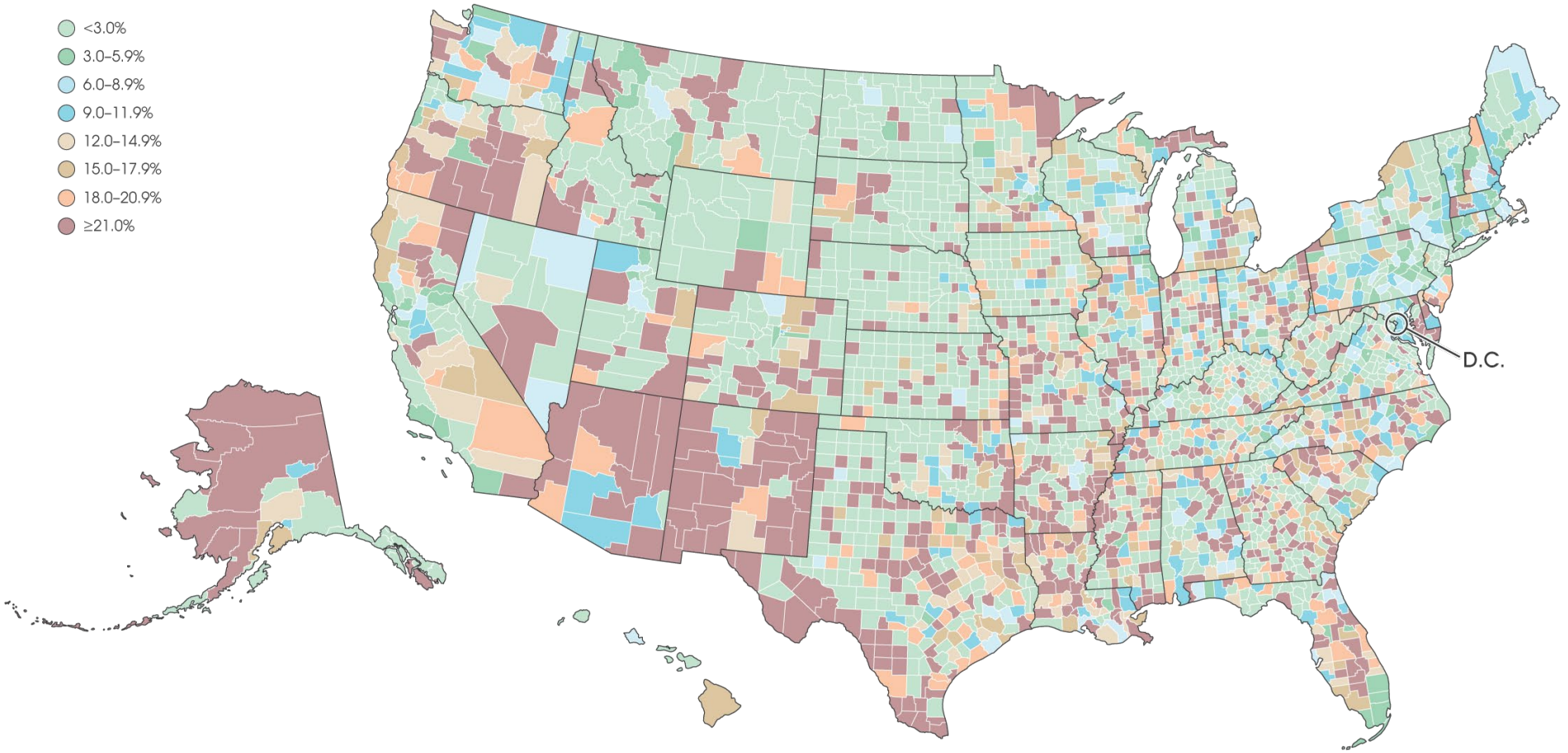
	Three-Day Readmissions			30-Day Readmissions		
TYPE 2 DIABETES POPULATION	**Long-Acting Basal Insulin Category 1**	**Long-Acting Basal Insulin Category 2**	**Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)**	**Long-Acting Basal Insulin Category 1**	**Long-Acting Basal Insulin Category 2**	**Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)**
Overall	6.9%	3.7%	8.1%	19.0%	15.8%	17.4%
w/ Hypoglycemia[2]	11.9%	7.5%	11.6%	33.2%	30.6%	27.2%

*Data source: IQVIA © 2022

[1] Figures reflect the percentages of Type 2 diabetes patients who were readmitted to an inpatient facility in the three-year period between 2018 and 2020. These percentages include patients who filled multiple prescriptions. Readmissions are not necessarily due to Type 2 diabetes. Readmissions data are available down to the national level only.

[2] A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, chronic kidney disease (CKD), congestive heart failure, diabetic ketoacidosis (DKA), end-stage renal disease (ESRD), hyperglycemia, hypoglycemia, long-term antidiabetic drug use, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

Percentage of Census Tracts Classified as Food Deserts, by County, 2019†



†Data source U.S. Department of Agriculture

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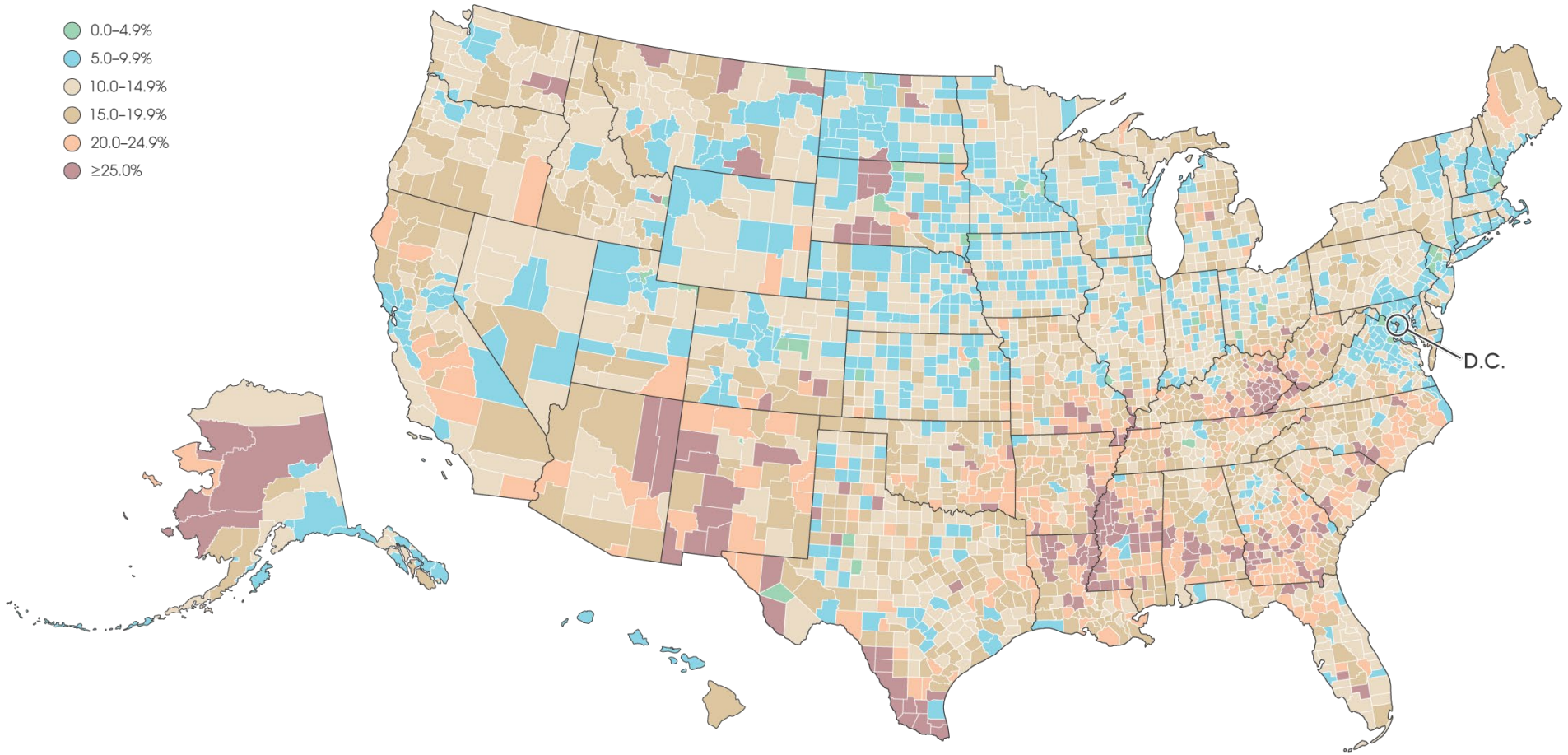
Percentage of Population Living Below Federal Poverty Level, by County, 2019†



†Data source U.S. Census Bureau

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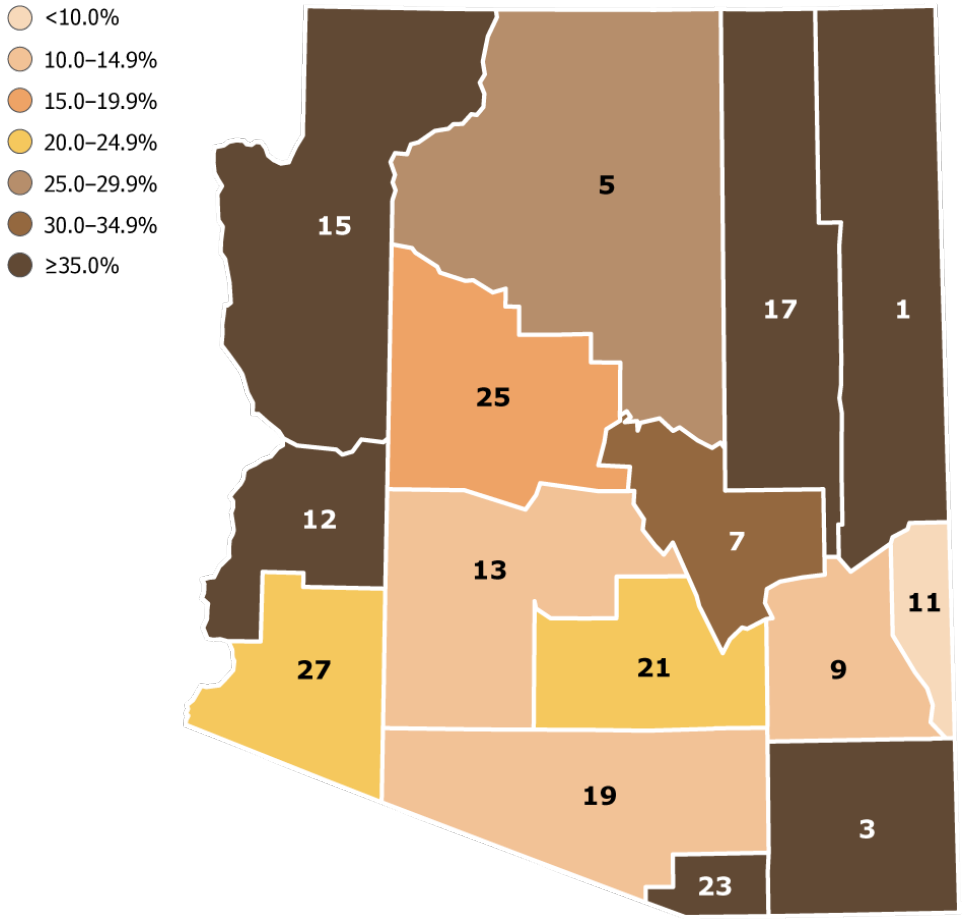
Percentage of Census Tracts Classified as Food Deserts in Arizona, by County, 2019†

Arizona	
ID	**County**
1	Apache County
3	Cochise County
5	Coconino County
7	Gila County
9	Graham County
11	Greenlee County
12	La Paz County
13	Maricopa County
15	Mohave County
17	Navajo County
19	Pima County
21	Pinal County
23	Santa Cruz County
25	Yavapai County
27	Yuma County



†Data source U.S. Department of Agriculture

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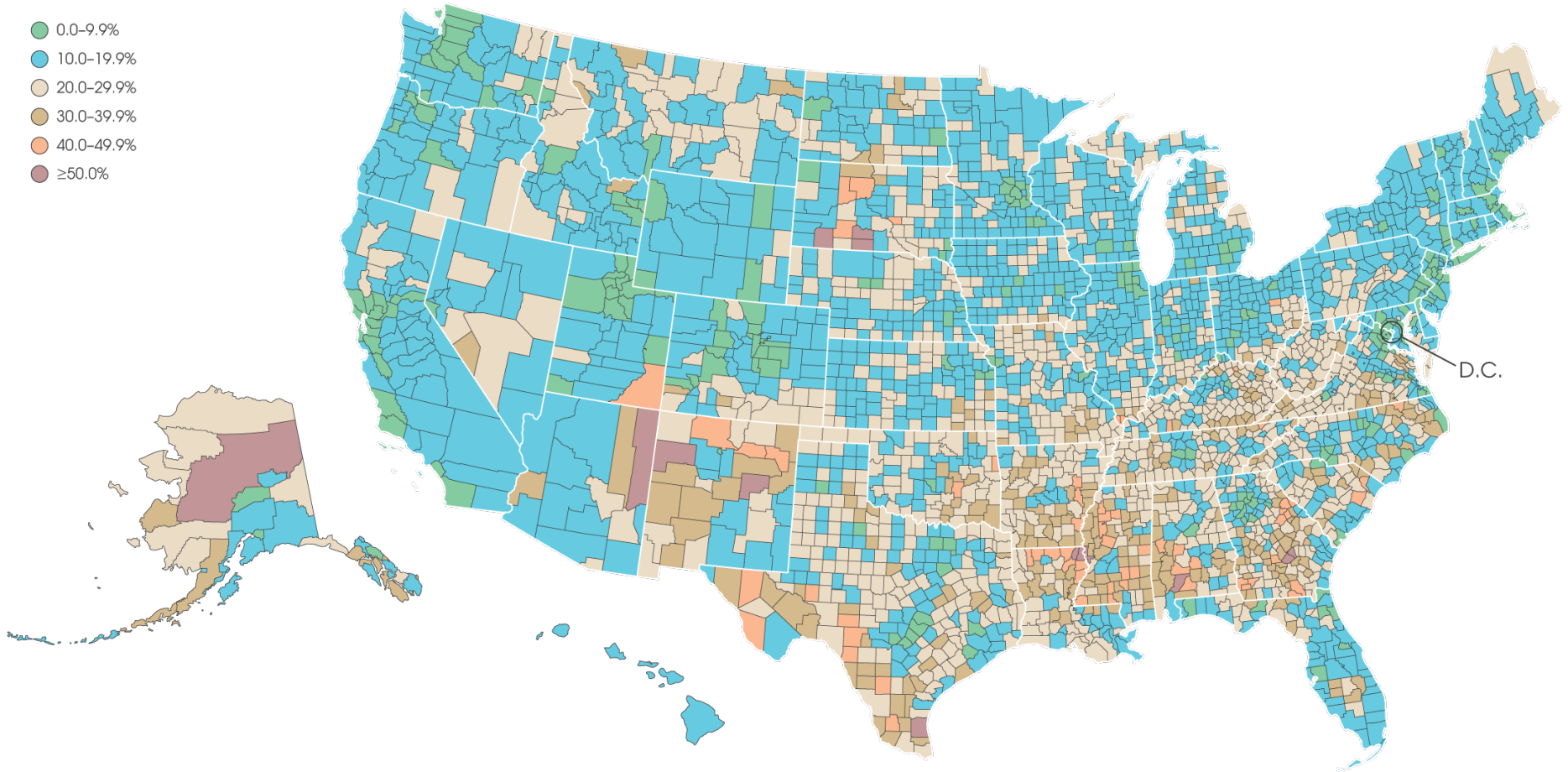
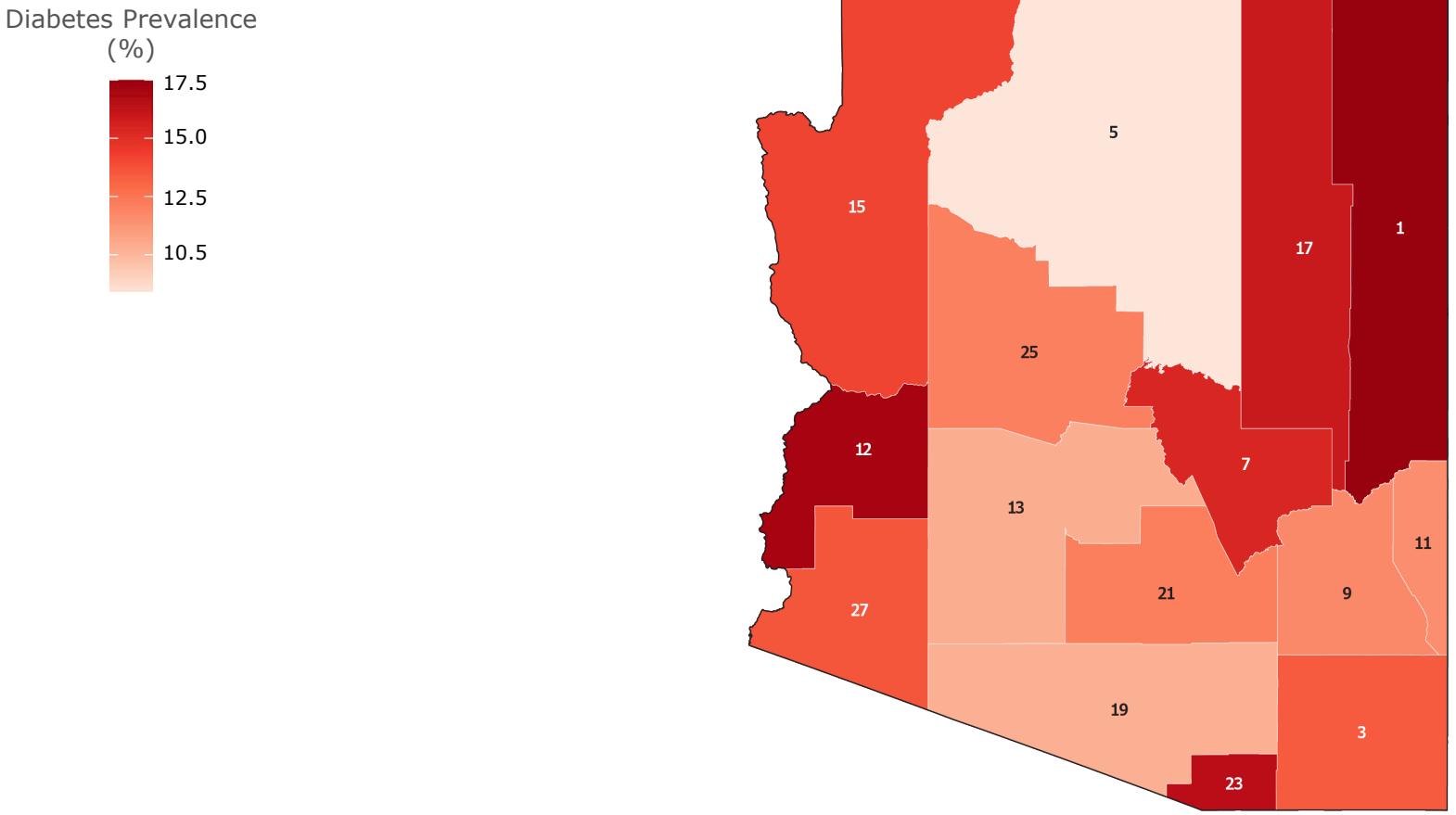
Percentage of Households With No Internet Access, by County, 2019[1]



†Data source U.S. Census Bureau

NOTE: U.S. Census Bureau data for map are from five-year estimates ending in the year indicated.

Prevalence of Diabetes in Arizona, by County, 2019†



Arizona	
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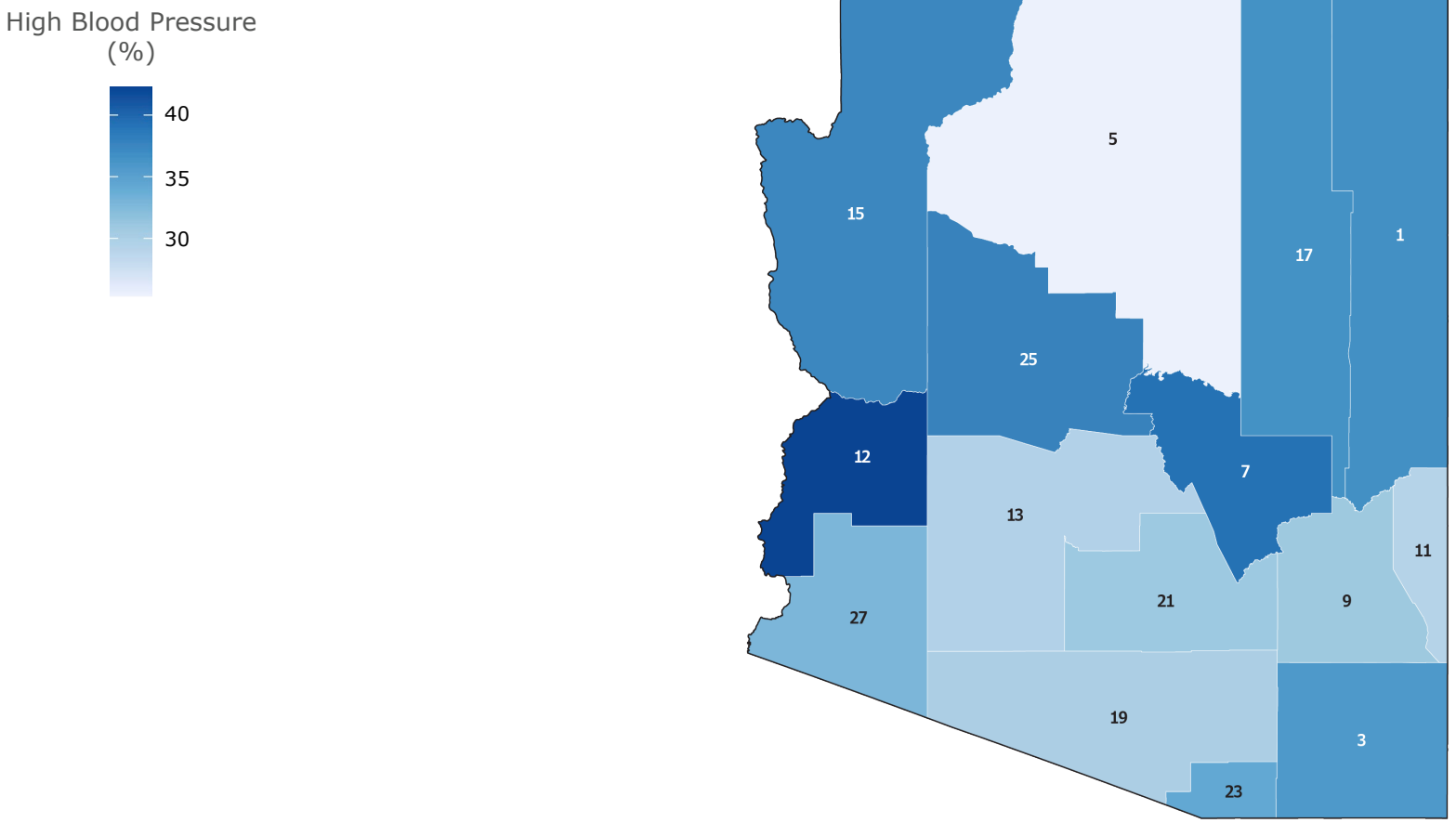
19	Pima County
21	Pinal County
23	Santa Cruz County
25	Yavapai County
27	Yuma County

†Data source: U.S. Centers for Disease Control and Prevention, PLACES Project.

NOTE: Figures represent the percentage of respondents aged ≥18 years who report ever being told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy. The denominator excludes those who refused to answer, had a missing answer, or answered "don't know/not sure." Data are crude prevalence.

Prevalence of High Blood Pressure in Arizona, by County, 2019†



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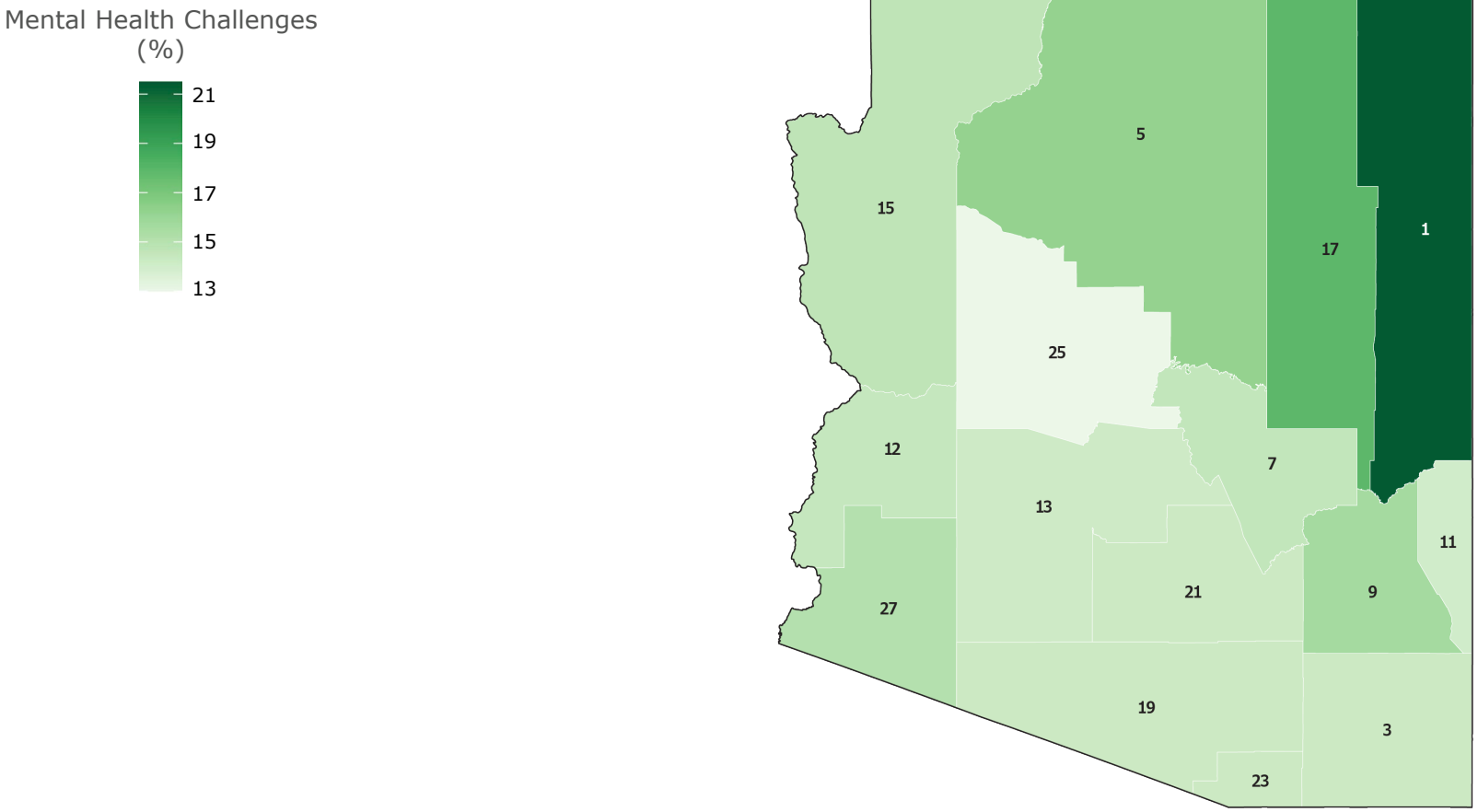
27	Yuma County

†Data source: U.S. Centers for Disease Control and Prevention, PLACES Project.

NOTE: Figures represent the percentage of respondents aged ≥18 years who report ever being told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy. The denominator excludes those who refused to answer, had a missing answer, or answered "don't know/not sure." Data are crude prevalence.

Prevalence of Mental Health Challenges in Arizona, by County, 2019†



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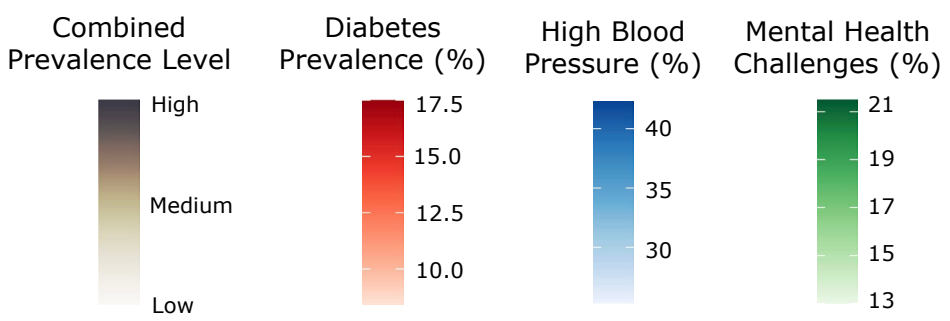
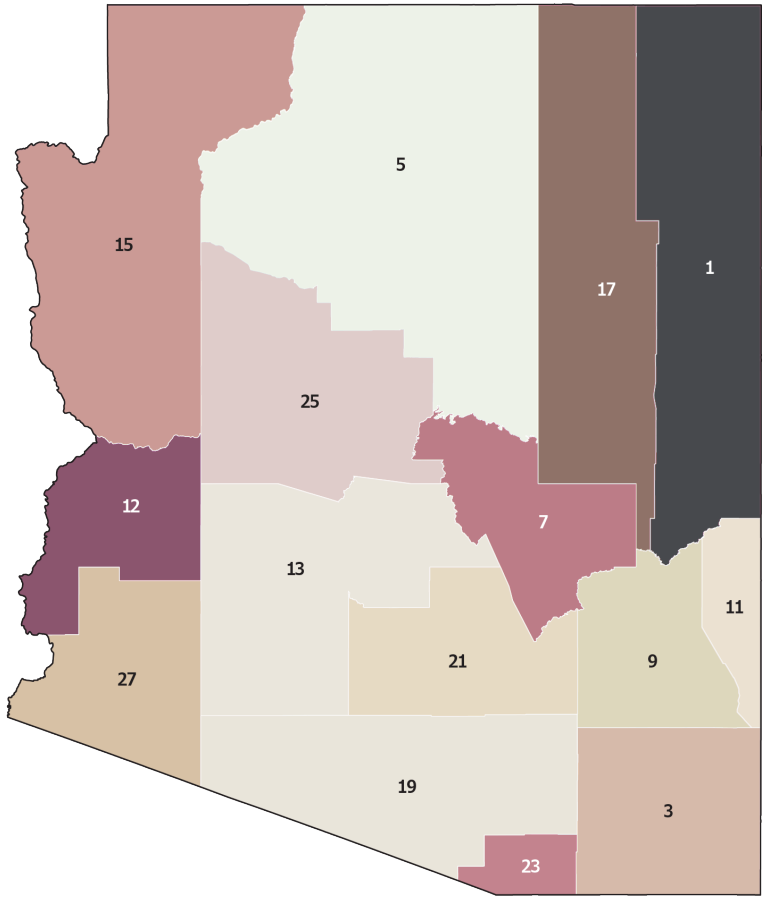
†Data source: U.S. Centers for Disease Control and Prevention, PLACES Project.

NOTE: Figures represent the percentage of respondents aged ≥18 years who report ever being told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy. The denominator excludes those who refused to answer, had a missing answer, or answered "don't know/not sure." Data are crude prevalence.

Prevalence of Clinical Challenges in Arizona, by County, 2019†





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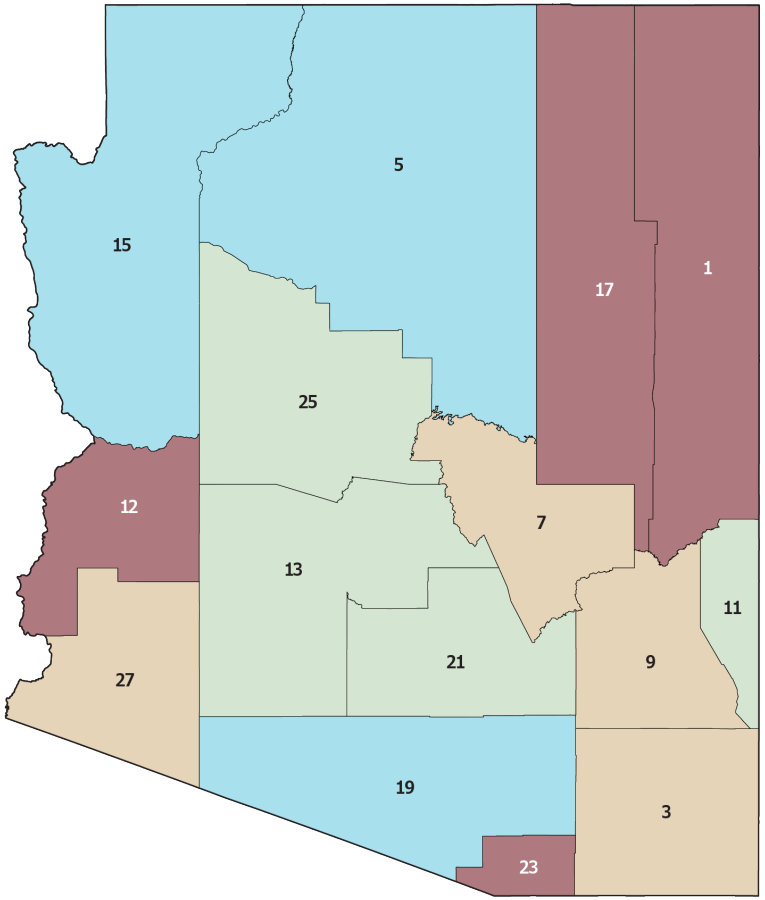
†Data source: U.S. Centers for Disease Control and Prevention, PLACES Project.

Combined Social Determinants of Health (SDoH) Stress in Arizona, by County, 2019‡

Quartile:

- 1st (Lowest Stress)
- 2nd
- 3rd
- 4th (Highest Stress)
- Not Available



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27	Yuma County

†Data source: U.S. Census Bureau, American Community Survey, Five-Year Estimate and U.S. Department of Agriculture.

NOTE: Combined score represents a linear, equally-weighted combination of county rankings for four SDoH elements: 1) percentage of population living below the federal poverty level; 2) percentage of households without internet access; 3) percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits; and 4) percentage of Census tracts in county classified as a food desert. A higher combined score represents higher levels of stress with respect to these SDoH elements.

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Methodology

IQVIA generated the Type 2 diabetes data for this presentation out of health care professional (837p) and institutional (837i) insurance claims, representing nearly 12.9 million unique patients nationally in 2021 with a diagnosis of Type 2 diabetes (E08, E09, E11, and E13). Data from physicians of all specialties and from all hospital types are included. Substate markets represent core-based statistical areas (CBSAs).

IQVIA also gathers data on prescription activity from the National Council for Prescription Drug Programs (NCPDP). These data account for some 4 billion prescription claims annually, or more than 92% of the retail prescription universe and 72% of the traditional and specialty mail order universe. These prescription data represent the sampling of prescription activity from a variety of sources, including retail chains, mass merchandisers, and pharmacy benefit managers. Cash, Medicaid, and third-party transactions are tracked. Data arriving into IQVIA are put through a rigorous process to ensure that data elements match to valid references, such as product codes, ICD-10 (diagnosis) and CPT-4 (procedure) codes, and provider and facility data.

Proprietary lab data derive from one of the largest independent commercial lab companies in the U.S. Patient information is de-identified, matched, and linked with other patient data assets (e.g., medical claims data). The most common attributes used are the de-identified patient ID, observation date, diagnosis, test name, test code, and test result.

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, IQVIA creates a unique, random numerical identifier for every patient, and then strips away all patient-specific health information that is protected under the Health Insurance Portability and Accountability Act (HIPAA). The identifier allows IQVIA to track disease-specific diagnosis and procedure activity across the various settings where patient care is provided (hospital inpatient, hospital outpatient, emergency rooms, clinics, doctors' offices, and pharmacies), while protecting the privacy of each patient.

Limitations

This is an administrative-claims-based data set, with potential biases secondary to coding variation and missing data. Administrative claims data have been used successfully in many published studies to examine patterns, effectiveness, and gaps in quality of care, and to assess outcomes in care. Although this data set focuses on patients with Type 1 or Type 2 diabetes, there are limitations in the granularity of ICD-10 codes used for billing. There were unmeasured factors that predict hospital readmission (e.g., quality of inpatient care and discharge planning, race, education, smoking, wellness program utilization) that were not controlled for in the multivariate analyses.

Methodology

Definitive Healthcare Medicare Standard Analytics Files (SAFs) are part of the Limited Data Set (LDS) files released on a yearly and quarterly basis by the Centers for Medicare & Medicaid Services (CMS). The SAFs capture adjudicated claims and are 100% Medicare fee-for-service claims (does not include Medicare Advantage). The SAFs are available for all claim settings (e.g., inpatient, outpatient, home health, skilled nursing facility, and hospice). The adjudicated claims are "final action" claims, and the payment amount reflects the actual payment made by Medicare to the provider. If the claim was denied, there is a zero payment amount. The Definitive Healthcare commercial data set is sourced from some of the largest medical claim clearinghouses in the United States and includes a mixture of professional and institutional claims processed through those clearinghouses. Professional claims are generated for work performed by physicians, suppliers, and other non-institutional providers for both inpatient and outpatient services. Institutional claims are generated for work performed by hospitals, skilled nursing facilities, and other institutions for inpatient and outpatient services (e.g., use of equipment/supplies, laboratory, radiology). Claims data are aggregated and reported as cases.