

It's what you don't know about hidden glucose peaks.

Benefits for Diabetes Management – Personalized Care Clinically proven 2-week measure of average daily maximum blood glucose^{1,2,3}

- Reveals recent deterioration in control not yet visible in A1C^{4,5}
- Shows therapy change improvement within 2 weeks^{5,6}
- May help motivate patients adhere to therapy, diet and lifestyle changes⁵

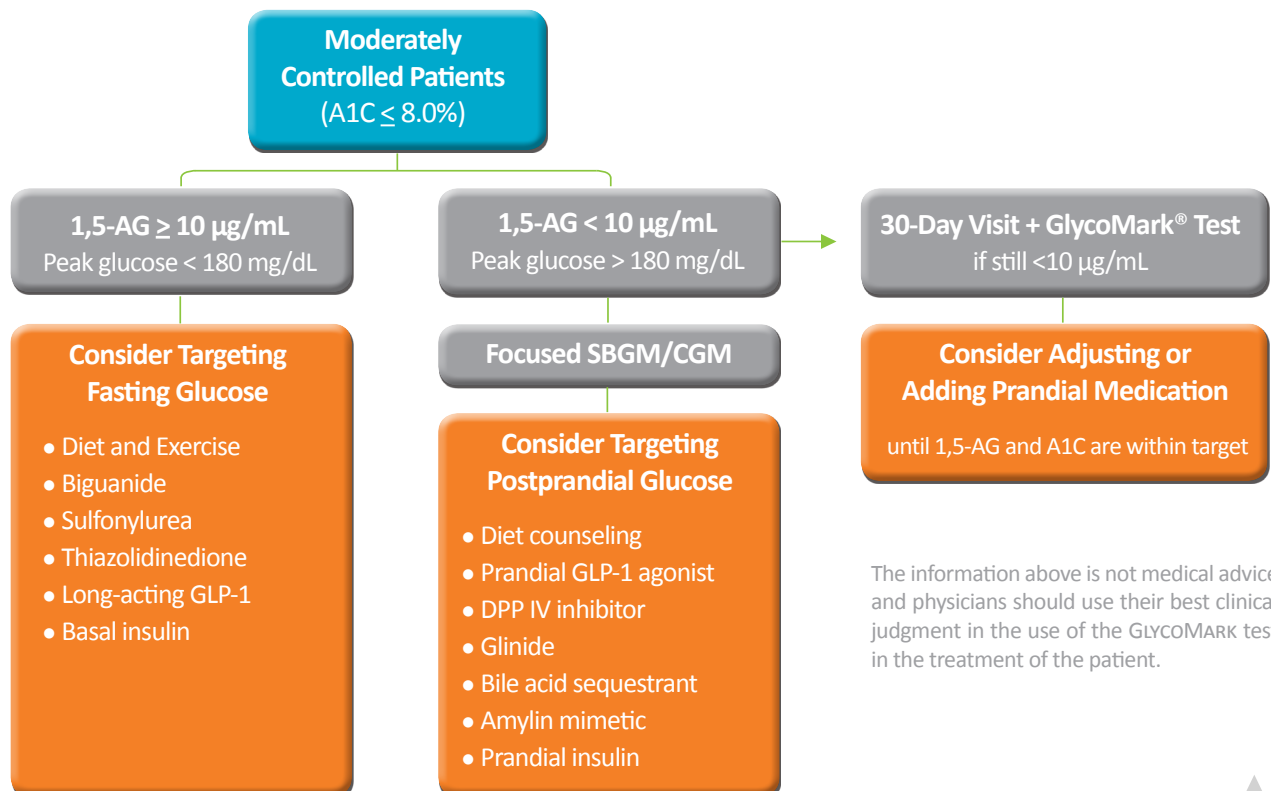
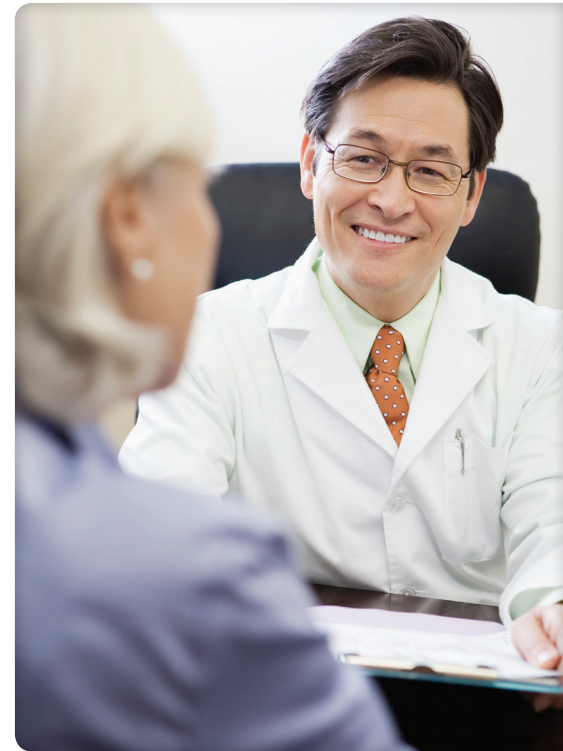
Can help identify patients who may need therapy changes despite a “good” A1C

- Average blood glucose for an A1C of 7% can range from 123 – 185 mg/dL;⁷ The GLYCOMARK test identifies patients with more frequent and extreme hyperglycemic excursions, despite similar A1Cs
- Indicates need for more frequent self blood glucose monitoring (SBGM) or continuous glucose monitoring (CGM)

Low 1,5-AG levels have been shown to stratify patients at higher risk of diabetes complications^{8,9,10,11,12}

Suggested Personalized Therapy Algorithm^{13,14}

When A1C ≤ 8%, the GLYCOMARK test can identify patients with higher glucose excursions, providing you additional information.¹



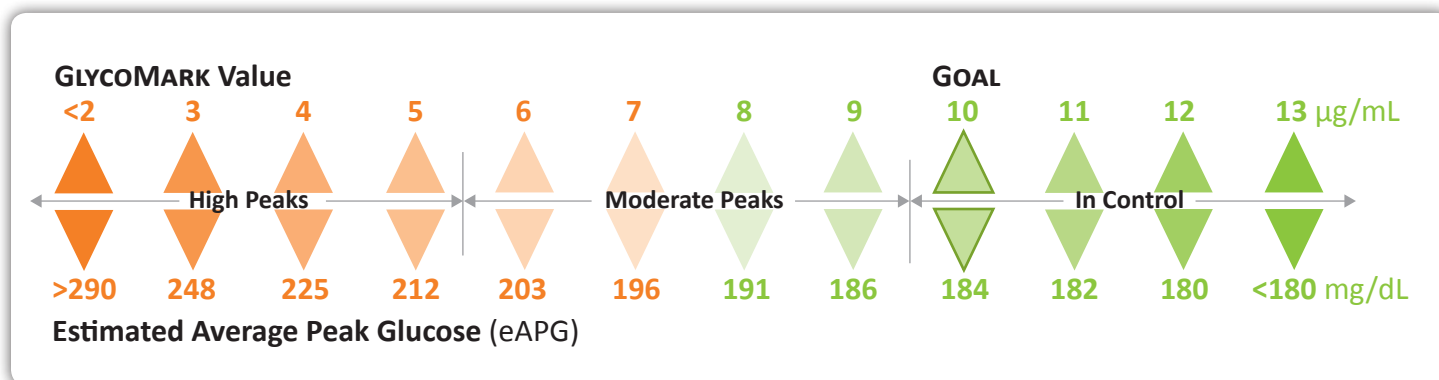
The information above is not medical advice and physicians should use their best clinical judgment in the use of the GLYCOMARK test in the treatment of the patient.



Interpreting Results¹

- GLYCOMARK values <10 µg/mL indicate frequent hyperglycemic excursions over the renal threshold of approximately 180 mg/dL during the past 1-2 weeks
- The lower the GLYCOMARK value, the higher the mean daily peak glucose, because 1,5-AG is excreted in the urine whenever glucosuria occurs, quickly lowering serum levels

American Diabetes Association Guidelines for 2-hour postmeal blood glucose: <180 mg/dL (AACE < 140 mg/dL)^{14,15}



Test Limitations¹⁶

- Low GLYCOMARK values can occur in Stage 4 or 5 kidney disease, advanced liver disease and during pregnancy
- The diabetes drugs acarbose and SGLT2 inhibitors (such as INVOKANA®) cause low values
- The Chinese medicines Polygala, Tenuifolia and Senega Syrup may cause high GLYCOMARK values

Ordering and Reimbursement

- The GLYCOMARK test is a nonfasting, FDA-cleared, serum or plasma blood chemistry test
- Reimbursed by Medicare, Medicaid and most private payers under CPT code 84378
- May be run monthly as needed to monitor therapy between A1C tests
- Available through major reference labs — Specimen drawing instructions
 - A1C with reflex to GLYCOMARK 1 SST and 1 Lavender tube
 - GLYCOMARK test only 1 SST tube

Reimbursement information provided is not intended to be advice about how to code, complete, or submit claims for payment. All coding and billing should be truthful, not misleading and make full disclosure when seeking reimbursement.

GLYCOMARK Ordering Lab Codes

LabCorp #500115

Quest #19599

Other Lab # _____

To learn more, call **888-744-0221** or visit **www.glycomark.com**

The GLYCOMARK test is FDA-cleared for intermediate monitoring of glucose control in people with diabetes. Components of glycemic monitoring include hyperglycemia and hypoglycemia. The GLYCOMARK test does not reflect hypoglycemia and is not intended to diagnose any specific diabetes state or disease. Physicians should use their best clinical judgment when using the GLYCOMARK test. For full prescribing information, visit www.glycomark.com.

¹Dungan, et al, Diabetes Care 29:1214-1219, 2006; Patent No. US 8,178,312 B2 May 15, 2012; ²Wang, et al, Diabetes Metab Res Rev 28: 357-362, 2012; ³Stettler, et al, Diabetes Care 31:1534-15356, 2008; ⁴Yamanouchi, et al, Lancet 347 (9014), June 1996; ⁵McGill, et al, Diabetes Care 27:1859-1865, Aug 2004; ⁶Moses, et al, Diabet Med 25, 2008; ⁷Nathan, et al, Diabetes Care, Vol 31(8); pp 1473-8, Aug 2008; ⁸Yamanouchi, et al, Diabetes Care, Vol 21(4), pp 619-624, 1998; ⁹Kim, et al, Diabetic Medicine, DOI: 10.1111/j.1464-5491. Feb 2012; ¹⁰Watanabe, et al, Atherosclerosis, Vol 216(2), Pages 477-483, Feb 2011; ¹¹Hirsch, et al, Presented at Endocrine Society Meeting July 2012; ¹²Juraschek, et al (Johns Hopkins), Diabetes Care, August 2012; ¹³Modified from Dungan, Expert Rev Mol Diagn 8(1), 2008; ¹⁴AACE 2011 Diabetes Guidelines - Drugs separated into fasting and post-prandial; ¹⁵ADA Standards of Medical Care in Diabetes, Diabetes Care 36(1), Jan 2013; ¹⁶Visit www.glycomark.com for more details