

What is Virta?

Virta is a research-backed treatment that safely and sustainably reverses type 2 diabetes without the risks, costs, or side effects of medications or surgery.

Reversal is defined as HbA1c less than 6.5% and off diabetes-specific medication.

What results can members see when participating in Virta?

One Year Outcomes From Virta Include*:

1.3

57%

19lbs

HBA1C REDUCTION

RX COST REDUCTION

AVG WEIGHT LOSS

How does Virta fit in with the patient's current care team and PCP?

Virta employs their own providers (licensed in all 50 States) to provide diabetes care for patient's in partnership with their health coach. Virta functions as a specialist, focused on diabetes treatment. Virta's providers do not replace the PCP relationship, and advocate for our patients to seek care regularly for health maintenance and medical conditions outside Virta's scope of practice. Virta sends regular updates to the patient's PCP on progress, labs and medication changes.

What updates will the PCP receive from Virta?

Virta provides fax updates to the patient's PCP at enrollment, 14, 30, 60 days, and every 30 days thereafter, as well as an update if the patient is released from the Virta treatment. Progress reports will include:

- Results from lab tests Virta orders (HbA1c, lipid panel, glucose, weight, other T2D info)
- Comparison to prior values
- Rx changes

Will Virta order labs for patients? How will PCPs see the lab results?

At enrollment, Virta either collects recent lab results, if available, for the patient or sends them to get new labs. Once enrolled in treatment Virta will order labs every 6-months for the patient. If the patient has had labs done through their PCP or health plan, we can access those in lieu of ordering additional labs. All lab results will be provided to the PCP in monthly fax reports.

Virta will send patients to a LabCorp or Quest for labs (included in treatment, at no cost to the plan or patient). If LabCorp/Quest is not available or they have another preference, the patient can use another lab.

How will the PCP be informed about medication changes?

Given the dynamic nature of medication adjustments (particularly small, frequent adjustments in insulin), medication changes are sent at a regular cadence, rather than every time a change is made. This reduces the burden of updates on the PCP team and summarizes the continuous remote care that is being provided by Virta.

If HbA1c results come from outside the health system/plan, how can the plan ensure they are included in quality measures and other reporting?

All HbA1c values collected by Virta will be shared in progress report faxes to the PCP. Also, the health plan will receive monthly flat files with updated outcomes for all enrolled patients including HbA1c values.

What deprescribing protocols do the Virta physicians follow?

Virta follows standards of care with cardiovascular and renal indications for diabetes medications. The primary focus is on avoiding hypoglycemia, by deprescribing meds with a risk of low blood glucose (insulin and sulfonylureas). We also focus on medications with side effect risk (SGLT-2s). Our providers will then consider stopping additional medication (GLP-1 and DPP-4) when glucose continues to come down.

What is Virta's scope of practice with regards to hypertension, lipids, mental health, or other conditions?

Virta is focused on the treatment of type 2 diabetes and metabolic syndrome. We defer management of conditions such as hypertension, lipids or mental health to the patient's PCP, except in acute instances. As referenced in our clinical trial outcomes, we generally see improvements in blood pressure, lipid profile, and ASCVD risk, although there is of course some individual variability.

We recommend that patients follow Standards of Care guidelines for hypertension and lipid management, and in cases where there is an unfavorable change, we instruct our patients to discuss this with their PCP. In rare cases where there is a dramatic improvement in blood pressure and any risk of hypotension, as licensed providers we can temporarily adjust blood pressure medications for patient safety, with a recommendation to follow up in the clinic for evaluation and medication decisions.

We do not treat depression, anxiety, or other mental health conditions, but if issues are surfaced, we direct the patient to the appropriate care. In the very rare instance of suicidal or homicidal ideations, we reach out to the patient immediately and direct them toward immediate assistance. We do not treat musculoskeletal conditions, pain, infections, or other conditions outside our scope, but direct the patient to appropriate care.

Are there exclusions for the Virta Treatment?

The following criteria excludes individuals from the Virta Treatment:

- Younger than 18 years old
- Age 80 or older
- Type 1 diabetes
- Pregnant or nursing
- Diabetic ketoacidosis in past 12 months
- Stage 4 or 5 chronic kidney disease or end stage renal disease on dialysis

How will our PCPs/care teams know which patients are working with Virta?

Providers will be notified through fax when their patient enrolls in Virta. The provider or care team can then add this information to the EMR, if needed.

Virta's care team manages the patient's diabetes care while they are enrolled. Virta coordinates with the PCP and ensures there is an open line of communication (email or phone), should the PCP have guestions or concerns.

How does Virta fit in with other diabetes resources and programs (diabetes management, diabetes educators, dietitians etc.) available to members and patients?

Virta is an added benefit to members who are interested in the opportunity to reverse their diabetes (normalize HbA1c and eliminate medications through lifestyle changes). Not all members will enroll in the Virta treatment. Virta addresses diabetes reversal with different goals and outcomes than management.

How does the Virta Care team instruct patients to navigate triage type situations, such as feeling hypoglycemic?

Virta gives all patients guidance that Virta is not an emergency clinic, and if they have an emergent health event like acute chest pain, stroke symptoms, severe pain, etc, they should seek care locally as they would normally, and not wait for Virta to respond.

If the patient messages Virta about emergent symptoms, Virta coaches will tell the patient to seek care, and alert the Virta provider.

For issues like hypoglycemia, there are automated alerts in the app giving them instructions on how to treat lows and if/when to seek care right away. If they have a low, the Virta provider also gets alerted, and the patient's care team will troubleshoot, adjust meds, and direct to care, as needed.

What happens if a Virta patient gets admitted to the hospital?

When someone is hospitalized, Virta communicates with them via app or phone calls while in the hospital (with medical management of course being managed by the hospital team). Virta is available to talk with the hospital team as needed. On discharge, Virta asks the patient to update their care team with any medication changes, and to verify their med list in the app, with special attention towards any changes in DM meds. Virta closely monitors and adjusts meds as needed based on their glucose control after discharge.

In terms of communicating with the PCP, Virta updates them on the med list via the next scheduled fax, or in the very rare instance where the hospitalization is related to their diabetes treatment, Virta would communicate directly with the PCP to discuss the care plan.

If you have any questions for Virta, please reach out to Virta's Provider Support team at 844-847-8216 and or through providersupport@virtahealth.com. Western Health Advantage fully covers the cost of Virta (valued at over \$3,000) for you and your eligible family members with type 2 diabetes

^{*}Virta Health Registry for Remote Care of Chronic Conditions: Clinical outcomes among real-world patients with type 2 diabetes treated one year. October 6, 2021.

N= 3876 Virta Enterprise patients with T2D. Baseline HbA1c was laboratory measured. In the absence of follow up laboratory data, eA1c is derived from a proprietary model which estimates A1c on each day based on baseline information and actual biomarker data recorded on each patient in the last 120 days. The median absolute error is 0.23. Weight loss utilizes 3d average carried forward from last recorded in case of missing data at one year. Rx elimination is the percentage of non-metformin diabetes medications at baseline discontinued one year into treatment; if a patient was prescribed multiple insulins, all insulins had to be deprescribed to consider the medication to be eliminated.