

Frequently Asked Questions for Ontario Pharmacists: Blood Glucose Test Strip Reimbursement Policy

1. Why is the ministry introducing changes to the reimbursement of Blood Glucose Test Strips (BGTS)?

Research has indicated that BGTS have a limited benefit for many patients who do not take insulin to manage their diabetes. Based on best evidence, the government is introducing changes to the number of BGTS it will reimburse people with diabetes while ensuring those who need test strips to help manage diabetes, will continue to have access to them. The new changes on the reimbursement of blood glucose test strips are effective August 1, 2013, and are aligned with the Canadian Diabetes Association (CDA) to encourage proper testing practices for optimal patient outcomes.

A July, 2009 report from the Canadian Agency for Drugs and Technologies in Health (CADTH), stated that in practice, blood glucose test strips have a limited clinical benefit for many patients who are not on insulin. The CDA also published a [commentary](#) for healthcare providers recognizing that some limits on the number of blood glucose test strips reimbursed for patients on oral anti-diabetes medications may be reasonable.

2. How often should patients be self-monitoring their blood glucose?

The ministry's BGTS reimbursement policy is in alignment with the CDA recommendations to test according to the current medication profile.

The CDA has made several recommendations about Self-Monitoring of Blood Glucose (SMBG) in their 2013 Clinical Practice Guidelines:

- *For individuals using **insulin more than once a day**, SMBG should be used as an essential part of diabetes self-management [Grade A, Level 1, for type 1 diabetes; Grade C, Level 3, for type 2 diabetes] and should be undertaken **at least three times per day** [Grade C, Level 3] and include both pre- and postprandial measurements [Grade C, Level 3]*
- *In those with **type 2 diabetes on once-daily insulin in addition to oral antihyperglycemic agents**, testing **at least once a day at variable times** is recommended [Grade D].*
- *For **individuals with type 2 diabetes not receiving insulin therapy**, SMBG recommendations should be **individualized depending on type of antihyperglycemic agents, level of glycemic control and risk of hypoglycemia** [Grade D].*
- *When glycemic control is not being achieved, SMBG should be instituted [Grade B, Level 2] and should include periodic pre- and postprandial*

measurements and training of healthcare providers and patients on methods to modify lifestyle and medications in response to SMBG values [Grade B, Level 2].

- *If achieving glycemic targets or receiving medications not associated with hypoglycemia, infrequent SMBG is appropriate [Grade D].*

For a complete version of the 2013 Clinical Practice Guidelines:

<http://guidelines.diabetes.ca/>

3. When will changes in reimbursement of BGTS be in effect?

The changes for BGTS reimbursement are effective on or after August 1, 2013 and will be applied on the first claim for test strips after this date.

4. How many diabetes test strips are ODB recipients eligible to receive under the ODB Program?

As of August 1, 2013, the Health Network System (HNS) will track and determine appropriate levels of reimbursement of BGTS based on the current diabetes therapy used by eligible ODB recipients.

When a claim is submitted for BGTS for eligible ODB recipients, the HNS will automatically review the anti-diabetes medications claims within the **previous six months** to identify claims for insulin products and other anti-diabetes medications. The HNS will then apply a maximum number of self-monitoring BGTS that may be reimbursed for the recipient in the following 365 days, based on both online and paper claims as follows:

Diabetes Treatment History	Number of BGTS allowed within a 365-day period
Patients managing diabetes with insulin	3,000
Patients managing diabetes with anti-diabetes medication with high risk of causing hypoglycemia*	400
Patients managing diabetes using anti-diabetes medication with low risk of causing hypoglycemia	200
Patients managing diabetes through diet/lifestyle therapy only (no insulin or anti-diabetes medications)	200

(*low blood sugar)

For additional information regarding treatment classes, please refer to question 7 below.

Recipients will be allotted the indicated number of test strips for use over the course of a 365-day period. The test strip allotment will apply to both online and paper claims.

When submitting a claim for insulin or anti-diabetes medication along with a claim for BGTS, **pharmacists should submit all anti-diabetes medications prior to entering the BGTS claim.** This ensures that the most current drug profile is included in the historical treatment review and patients are allocated the proper number of test strips. Similarly, all related paper claims should be submitted for processing as soon as possible.

When a claim is submitted, the HNS will look back over the prior 365 days, and will calculate whether the recipient has met their allotted maximum during that time. If the recipient has not reached their maximum number of allotted test strips over the previous 365 days, they will be eligible to receive test strips up to the maximum amount.

5. When does the new policy for reimbursement start for each patient?

The application of a maximum number of test strips provided to an individual in a 365-day period begins when a pharmacist submits the first claim for BGTS for the patient on or after August 1, 2013.

6. How should simultaneous claims for test strips and insulin/anti-diabetes medications be processed?

When submitting a claim for insulin or anti-diabetes medication along with a claim for BGTS, pharmacists should submit all anti-diabetes medications prior to entering the test strip claim. This ensures that the most current drug profile is included in the historical treatment review and patients are allocated the proper number of test strips. All related paper claims should be submitted for processing as soon as possible. The test strip allotment will apply to both online and paper claims.

7. What insulin or anti-diabetes medications will the HNS use to determine treatment categories for ODB recipients?

The HNS system will determine the treatment category for an ODB recipient based upon claims for insulin products or other anti-diabetes medications available on the ODB Formulary.

Treatment Class	Medication Name or Class
Patients managing diabetes with anti-diabetes medication with HIGH risk of causing hypoglycemia	<ul style="list-style-type: none"> • Sulfonylureas (e.g. glyburide) • Meglitinides (e.g. nateglinide)
Patients managing diabetes using anti-diabetes medication with LOW risk of causing hypoglycemia	<ul style="list-style-type: none"> • Metformin • Acarbose • Thiazolidinediones (e.g. pioglitazone) • DPP-4 inhibitors (e.g. saxagliptin)

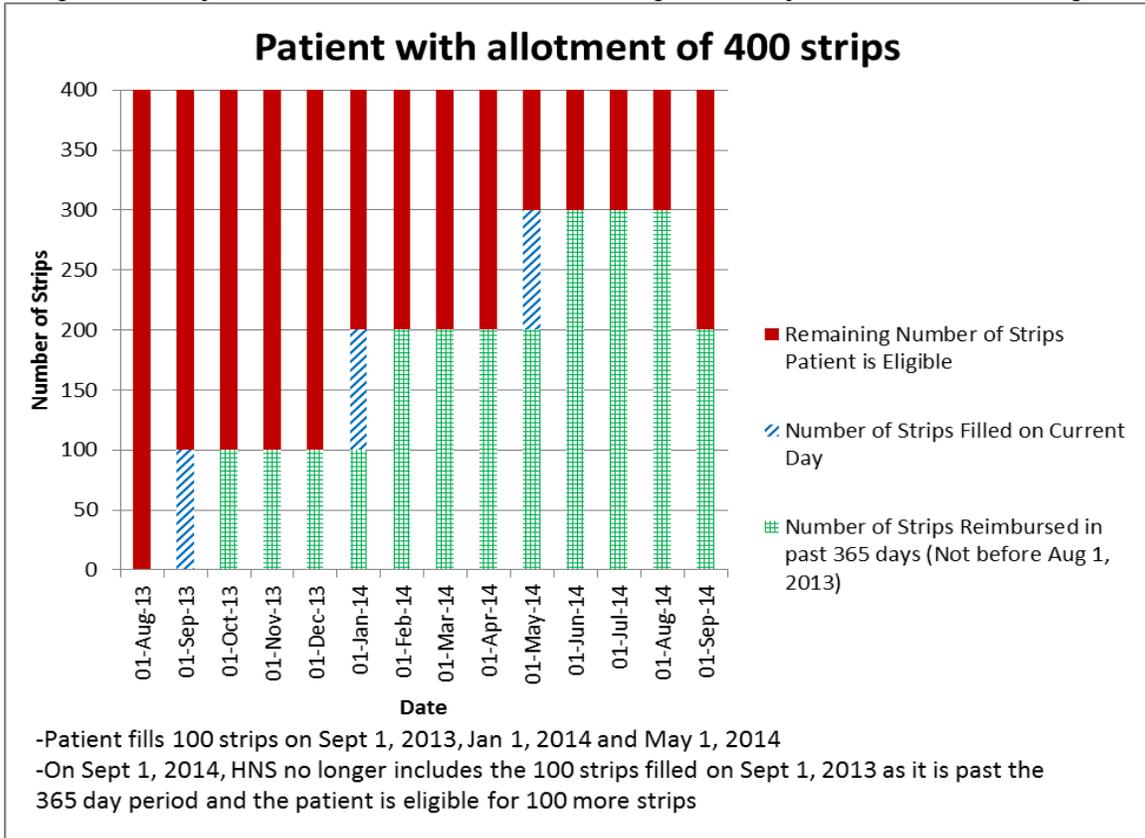
	<ul style="list-style-type: none"> GLP-1 agonists (e.g. exenatide)
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8. What should I do if an ODB recipient has received insulin or anti-diabetes medications that were not reimbursed under the ODB program?

The intervention code **NF – Override – Quantity Appropriate** may be used for patients who require more than 200 or 400 test strips in a given year because they had claims for insulin and/or anti-diabetes medications at high risk for hypoglycemia in the recent six months that were not reimbursed under the ODB program. The identified anti-diabetes medications that were reimbursed by private drug insurance plan or paid by the patient must be documented and readily available for audit purposes.

9. How would I know how many strips a patient is entitled?

Pharmacists can determine the overall annual allotment for test strips that patients are entitled to by assessing the patient’s medications in the past six months and the number of strips already reimbursed in the past 365 days at any point in time. In order for patients to track the remaining number of strips available for reimbursement, patients should be encouraged to have their prescriptions filled at one pharmacy to ensure that they have a complete history of all the medications and test strips that they have received in the past.



10. What happens when an ODB recipient reaches their annual allotment of test strips?

If the maximum number of test strips is exceeded in a 365-day period for a given patient, a response code is provided to the pharmacist indicating that the recipient has reached their allotment and the claim is rejected.

If the claim can be accepted by reducing the quantity of strips dispensed, a response code and message line will be returned to the pharmacy (**OC – Quantity Reduction Required**) to advise the pharmacist of the allowable number of test strips for the recipient before they reach their limit.

If the response code **LO – Maximum Benefit Exceeded** is returned, the recipient has exceeded their maximum benefit.

11. What if an ODB recipient requires more test strips annually than they are allowed under the new limits?

A maximum of 100 additional test strips may be reimbursed for non-insulin dependent patients who have been directed by a healthcare professional, for clinical reasons, to monitor blood glucose levels more closely than what would be required over a one year period as determined by their anti-diabetic medication profile.

Pharmacists can enter the intervention code **MG – Override – Clinical Reasons** for patients with documented clinical reasons for requiring test strips beyond the prescribed annual limit for a given 365-day period and submit a claim of up to 100 test strips.

Documentation should include the reason for the higher than recommended monitoring schedule, *specific* testing frequency (if not indicated on the prescription) and the name of the referring healthcare professional.

12. What are some clinical reasons for which a person may require additional BGTS?

Patients may require more frequent testing for a variety of reasons. Some common reasons for which an individual may require more frequent testing include the following:

- Patient has experienced acute illness or infection that affected blood glucose control over a sustained period of time
- Issues related to drug interactions which have impacted blood glucose control
- Patient has gestational diabetes
- Patient has an occupation that requires strict avoidance of hypoglycemia (e.g., pilots, air-traffic controllers, critical positions in railways)
- Patient is not meeting glycemic targets for 3 months or greater

Documentation should include reason for the higher than recommended monitoring schedule, *specific* testing frequency (if not indicated on the prescription) and the name of the referring healthcare professional.

13. My patient indicates they have not received their maximum allotment but I am receiving a maximum limit code. What should I do?

If a patient provides information that differs from what is being indicated in the HNS, the patient medication profile may be out of date or incomplete.

If there is a discrepancy is the pharmacist should:

1. Reconfirm the patient's allotment based on the patient history to ensure that the limit indicated in the HNS is correct. All prescription information should be confirmed as up-to-date.
2. Review what order prescriptions were entered - if a prescription was entered into the system after the claim for the test strips, the limit indicated for the patient may not be accurate.
3. Inquire to see if the patient has received any medications outside of the ODB program within the last six months that would entitle them to a higher allotment.

If it is determined that the patient is wrong about their allotment (change in medication profile, etc.), an override is not allowed.

14. Can a pharmacist prescribe or authorise a renewal for BGTS?

BGTS are designated listed substances as defined by ODBA and require a prescription by a physician in order to be eligible for reimbursement under the ODB Program. Prescriptions and prescription extensions by pharmacists for BGTS are not eligible for reimbursement under the ODB program. The ministry will continue to monitor the impact of this policy.

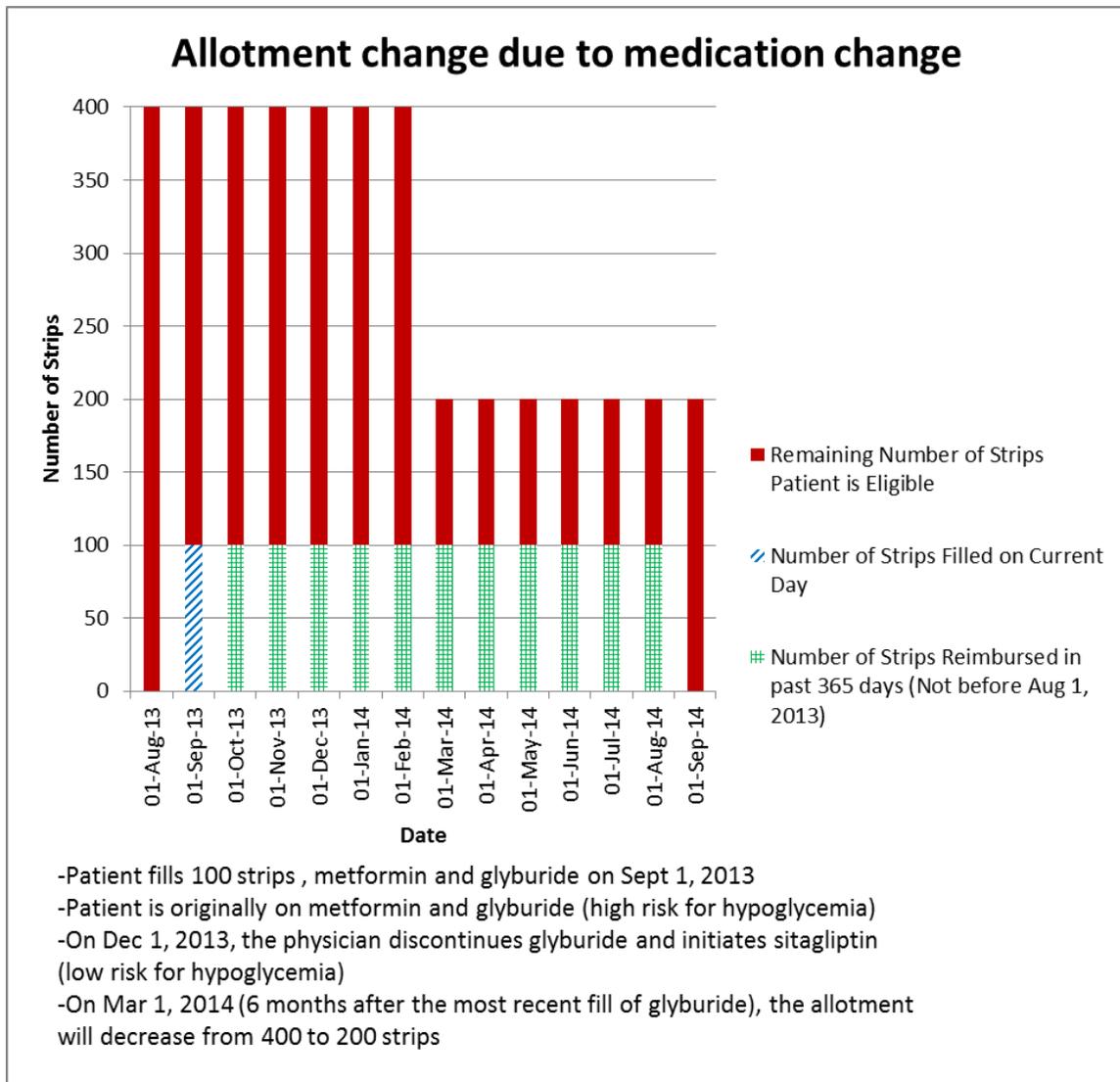
15. How does the HNS system determine the allotment if a patient changes to a medication from a different treatment class?

When a BGTS claim is submitted, the HNS determines the patient's diabetic medication use in the previous six months and calculates the number of test strips already reimbursed in the previous 365 days. Thus a patient's allotment can change if a patient originally uses a medication with a high risk of hypoglycaemia, but then only uses medications with a low risk of hypoglycaemia or vice versa.

For example:

A physician discontinues glyburide, a medication with a high risk of hypoglycaemia, and the patient remains on medications with a low risk of hypoglycaemia. The patient's allotment was originally 400 annual test strips, but will change to 200 annual test strips six months after the last fill of glyburide. The

total number of strips reimbursed in the past 365 days is still calculated in the same manner. Education of the patient's monitoring frequency is important when there are changes with the patient's medications.



16. A patient changed their diabetic testing device and their current test strips are not compatible with their new device. Will they receive the full allocation of test strips for their device?

Changing to a new device does not qualify as a clinical reason for additional test strips. If the patient has not reached their allotment, they can receive test strips for their new device, but the total allocation includes the test strips from their previous device. It is recommended that the patient use a device that will be compatible with their current test strips to ensure the patient does not exceed their allocated maximum number of test strips for the year. If there are malfunctions with their current device, it is recommended that the patient use a new device that remains compatible with their test strips.

17. How can I ensure that my patient appropriately manages their blood glucose monitoring?

We're asking that you discuss the new limits with your patients and speak to them about proper testing practices and frequency of testing that's right for them.

Informing patients to monitor their blood sugar as directed by their health care professional can help ensure that patients monitor their blood glucose effectively and prevent patients from running out of test strips. Patients should be reminded that BGTS do have an expiry date and that refilling their test strips judiciously can ensure that they are not left with expired test strips.

A blood glucose log sheet is available on the Canadian Diabetes Association website (http://smbg.diabetes.ca/CDA_SMBG_Log.pdf) that a patient can use to keep track of their blood glucose levels. Health care professionals may use this tracking sheet to assess the patient's blood glucose control and determine if they are monitoring their blood glucose as recommended by their healthcare provider.

Printable documents for sharing with your patients are available on the ministry website at www.ontario.ca/diabetesteststrips

18. How does the HNS administer claims for BGTS that exceed the usual 50 or 100 strips per pack?

Changes to the HNS for the reimbursement of blood glucose test strips for eligible ODB recipients have been made to accommodate test strip packaging that exceeds the usual 50 or 100 strips per pack. Test strip allotments for ODB recipients take into account diabetic test strip products that contain 51 and 102 test strips per package.

The revised limits are administered automatically without requiring the use of an override code.