

Executive Officer Notice: Health Network System Changes to Reimbursement of Blood Glucose Test Strips

Effective March 13, 2022

The purpose of this notice is to provide you with information regarding Health Network System (HNS) changes to the reimbursement of Blood Glucose Test Strips (BGTS) under the Ontario Drug Benefit (ODB) program effective **March 13, 2022**.

Overview

In 2013, the ministry introduced restrictions on the number of BGTS that ODB recipients are eligible to receive per year under the ODB program. The HNS currently applies a maximum number of BGTS that may be reimbursed for the recipient in a 365-day period, based on both online and paper claims as follows:

Diabetes Treatment	Maximum number of test strips per year
Patients managing diabetes with insulin	3,000
Patients managing diabetes with anti-diabetes medication with higher risk of causing hypoglycemia	400
Patients managing diabetes using anti-diabetes medication with lower risk of causing hypoglycemia	200
Patients managing diabetes through diet/lifestyle therapy only (no insulin or anti-diabetes medications)	200

Changes to the HNS:

Effective March 13, 2022, the HNS will apply the BGTS annual maximum quantity limit restriction based on online and paper claims submitted by pharmacies as well as prescription receipts submitted for reimbursement by ODB-eligible recipients.

On the date a recipient requests a refill of BGTS, the HNS will look back over a 365-day period in their claims and receipts history and determine the number of test strips that the recipient is eligible to receive. For example, if a recipient is eligible for 200 test strips in a 365-day period (which includes the date of dispensing) and the recipient has already received 100 test strips within the lookback period prior to the date of dispensing, then the HNS will allow a maximum of another 100 strips.

All test strips paid by the ministry for ODB-eligible recipients and paid by the recipients out-of-pocket as part of their deductible contribution (e.g., Trillium Drug Program (TDP) recipients) will be counted towards the recipient's annual maximum BGTS allotment.

Additional test strips paid above the recipient's annual quantity limit through an override code by the pharmacist will **not** be counted towards the recipient's annual maximum allotment and therefore the recipient will not be impacted when a refill is processed.

The quantity of test strips that patients are eligible to receive is not affected by this system change. For a small number of patients, on their next refill, they may notice a one-time adjustment where the number of test strips for that refill is for a smaller quantity than they are accustomed to; however, the overall number of test strips within a 365-day period for that patient has not changed.

This is consistent with how the HNS adjudicates Valved Holding Chambers (VHC) and Flash Glucose Monitoring System (FGMS) which also have quantity limit restrictions.

All other aspects of the policy remain the same including:

- For each BGTS claim that is accepted or rejected, the HNS will continue to display a message line in the pharmacy claim response to notify the pharmacy the remaining quantity that the patient still has left and the date when the remaining quantity is in effect until. Please refer to the [Ontario Drug Programs Reference Manual](#) for information on potential override/intervention codes if a claim is rejected because the patient has reached their allotment. Note that proper documentation is required and should include the reason for the higher than recommended number of test strips, the specific testing frequency and the name of the referring health care provider.
- The HNS will continue to track and determine the appropriate levels of reimbursement of test strips based on the current diabetes therapy used by ODB eligible recipients. The HNS will automatically review the anti-diabetes medications claims* within the **previous 180 days** as before to identify claims for insulin products and other anti-diabetes medications in order to determine the maximum number of BGTS that may be reimbursed. (*includes online and paper claims as well as prescription receipts submitted by the patient to the ministry for reimbursement or to satisfy a TDP deductible)
- The ministry will continue to reimburse pharmacies the amount identified in the column **Amount MOH Pays** in section IX-B of the ODB Formulary/Comparative Drug Index or

on the ODB e-Formulary. No mark-up is permitted for BGTS. Cost-to-Operator claims are not accepted.

- Pharmacies may not charge ODB eligible recipients any amount other than the co-payment for supplying BGTS under the ODB program.
- The reconciliation adjustment process described in the most recent version of **EO Notice: Reconciliation Adjustment Percentages to Improve the Value of Pharmacy Payments** applies to BGTS claims and is posted on the ministry's website at this link: https://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/eo_communiq.aspx

Additional Information:

For pharmacies:

Please refer to the **Frequently Asked Questions for Ontario Pharmacists: Blood Glucose Test Strip Reimbursement Policy** on the ministry's [website](#)

Or call the ODB Pharmacy Help Desk at: 1-800-668-6641

For all other Health Care Providers and the Public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282