

Notice from the Executive Officer:

Blood Glucose Test Strip Reimbursement Policy

The Executive Officer is introducing changes to the reimbursement of Blood Glucose Test Strips (BGTS) for eligible Ontario Drug Benefit (ODB) Program recipients, effective August 1, 2013.

Rationale

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 blood glucose test strips 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 aligned with the Canadian Diabetes Association (CDA) and encourage proper testing practices for optimal patient outcomes.

A July 2009 report from Canadian Agency for Drugs and Technologies in Health (CADTH) stated that BGTS, in practice, have a limited clinical benefit for many patients who are not on insulin. The CDA also published a [commentary](#) for healthcare providers in the September 2011 issue of the Canadian Journal of Diabetes, recognizing that some limits on the number of BGTS reimbursed for patients on oral anti-diabetes medications may be reasonable.

General Rules and Limits

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 in 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 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 | 200 |

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| medication with low risk of causing hypoglycemia ² | |
| Patients managing diabetes through diet/lifestyle therapy only (no insulin or anti-diabetes medications) | 200 |

* Low blood sugar

¹ Including but not limited to glyburide, gliclazide, chlorpropamide, tolbutamide, repaglinide, nateglinide, or glimepiride

² Including but not limited to metformin, sitagliptin phosphate monohydrate, saxagliptin, acarbose, rosiglitazone, pioglitazone, linagliptin, or liraglutide

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 previous 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 that maximum amount.

HNS Claim Submission Responses

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 limit and the claim is rejected. Two different response codes may be provided by the HNS in this scenario:

1. OC – Quantity Reduction Required

This response code will be displayed if the claim can be accepted by reducing the quantity. A message line will be included to advise of the allowable number of test strips for the recipient.

2. LO – Maximum Benefit Exceeded

This response code indicates that the recipient has exceeded their maximum benefit, and cannot receive any additional test strips without an override.

Override

There may be exceptional clinical circumstances where patients may require additional test strips. When a patient has reached their limit of available test strips in a 365-day period, two intervention codes are available for pharmacists. Documentation to support the application of each intervention code is required. Pharmacists must keep this information on file at the pharmacy for not less than two years for audit purposes.

1. Override/intervention code “NF – Override – Quantity Appropriate”

This intervention code may be used for patients who require more than 200 test strips in a 365-day period, because they had claims for insulin and/or anti-diabetes medications (at high risk for hypoglycemia) in the previous six months, that were not reimbursed under the ODB program. The identified anti-diabetes medications that were reimbursed by private drug insurance plans or paid by the patient, must be documented and readily available for audit purposes.

2. Override/intervention code “MG – Override – Clinical Reasons”

This override code will allow for 100 additional test strips to be reimbursed for patients who have been directed by a healthcare professional to monitor blood glucose levels more frequently for a specific clinical reason. Documentation must include the reason for exceeding the recommended frequency of monitoring and the name of the referring healthcare professional and Ontario College of Pharmacists (OCP) ID number.

| Override Type | Intervention Code | Sample Reasons for Override | Documentation Required |
|---|-------------------|---|------------------------|
| Quantity Appropriate | NF | <ul style="list-style-type: none">• Patient has a claim for insulin or anti-diabetes medications at high risk for hypoglycemia not reimbursed under the ODB in the past 6 months. (e.g. Patient paid out of pocket or had private drug insurance). | Yes |
| Clinical Reasons for higher rates of testing as directed by a healthcare professional | MG | <ul style="list-style-type: none">• Patient has recently experienced acute illness or infection that affected blood glucose control• Issues related to drug interactions• Starting a new medication known to cause hyperglycemia (e.g. steroids)• Gestational diabetes• Has an occupation that requires strict avoidance of hypoglycemia (e.g., | Yes |

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|--|--|--|--|
| | | pilots, air-traffic controllers, critical positions in railways) | |
|--|--|--|--|

We need your help

In order to ensure that patients receive the correct number of strips to monitor their condition, and there are no issues regarding reimbursement, I urge you to work with your patients and educate them on the proper testing practices and frequency that is right for them.

The ministry will be providing you with a kit that contains:

- a Q & A with additional information on the guidelines and related changes;
- a tear pad with relevant information on the reimbursement limits and where they can find information on managing their diabetes.

You should receive this package near the end of July. In the meantime, printable versions of the documents for sharing with your patients are available on the ministry website at www.health.gov.on.ca/diabetesteststrips

The Ministry of Health and Long-Term Care also offers self-management education and skills training for people with diabetes and for health care providers working to help patients better manage their health. For more information on this please visit www.ontario.ca/diabetes.

MedsCheck for Diabetes

The MedsCheck program is an appointment-based medication review service that is separate from the dispensing-related service and it takes place in a community pharmacy. It is an opportunity for pharmacists to engage the patient in a focused medication review including advice, training on devices, monitoring and diabetes education.

We recommend that you take the opportunity to offer your patient a free diabetes MedsCheck while you are discussing blood glucose testing practices and the new reimbursement limits. Learn more at www.ontario.ca/medscheck