

## Bulletin #92

### **Changes to Pharmacare and Employment & Income Assistance Drug Programs benefit coverage for Blood Glucose Test Strips (BGTS) Effective June 15, 2017**

Effective **June 15, 2017**, the approved quantity limits for blood glucose test strips (BGTS) will change. For eligible Manitoba Health beneficiaries, this may affect the number of BGTS considered as an eligible benefit.

Research has indicated that BGTS have a limited benefit for many patients who do not take insulin to manage their diabetes. Based on evidence, Manitoba Health, Seniors and Active Living is introducing changes to the approved quantities for BGTS, while ensuring those who need test strips to help manage their diabetes will continue to have access to them. The new approved quantities for BGTS are aligned with Diabetes Canada guidelines which can be found at: <http://guidelines.diabetes.ca/bloodglucoselowering/smbgrecommendationsheet>.

The approved quantities for BGTS are determined by treatment regimen:

PIN/Name	Treatment Regimen	Comments/Examples	Approved Quantity
00993650 <i>Person with diabetes using Insulin</i>	Managing diabetes with insulin	This higher limit applies whether or not the patient is also taking other diabetes medications	3,650 strips per benefit year
00999400 <i>Person with diabetes using Oral - High Risk</i>	Managing diabetes with medication with a higher risk of causing low blood sugar	gliclazide (Diamicon®), glyburide (Diabeta), repaglinide (Gluconorm®), chlorpropamide, tolbutamide, Glimepiride (Amaryl®)	400 strips per benefit year
00999200 <i>Person with diabetes using Low Risk Oral or diet/lifestyle therapy</i>	Managing diabetes with medication with a lower risk of causing low blood sugar	acarbose (Glucobay®), linagliptin (Trajenta®), metformin (Glucophage®), pioglitazone (Actos), rosiglitazone (Avandia®), saxagliptin (Onglyza®), sitagliptin (Januvia®), canagliflozin (Invokana®), dapagliflozin (Forxiga®)	200 strips per benefit year
	Managing diabetes through diet/lifestyle therapy		200 strips per benefit year

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**Exceptions: Additional test strips per benefit year (to a maximum of 100 strips)** may be approved for coverage as benefits according to Exception Drug Status (EDS) review processes for patients who:

- 1) have been directed by their nurse practitioner or physician to monitor their blood glucose levels more closely, **and**
- 2) meet at least one of the following criteria:
  - ✓ Occupation that requires strict avoidance of hypoglycemia for safety reasons (e.g., pilots, air-traffic controllers, commercial drivers, critical positions in railways, etc.)
  - ✓ Not meeting glycemic targets, as determined by the physician, primary health care provider, pharmacist, or diabetes educator for 3 months or greater
  - ✓ Changes in drug therapy that may impact blood glucose control (e.g. starting or stopping hypo or hyperglycemic inducing medication, drug/drug interaction, drug/disease interaction)
  - ✓ Acute illness, or infection that may affect blood glucose control over a sustained period of time
  - ✓ Gestational diabetes
  - ✓

Approval for additional test strips will be granted on a time-limited basis, in accordance with the clinical indication.

## FREQUENTLY ASKED QUESTIONS

### 1) Will DPIN claims submission for BGTS change?

- Pharmacists will continue to submit claims for BGTS in the same manner as before but will use the new therapeutic category PINs instead of the previously established PINs assigned to individual brands of BGTS.
- Pharmacists may experience more claims that are not accepted due to the new approved quantities.

### 2) Is the BGTS approved quantity based on a benefit year or a 365 day period?

- BGTS quantity is based on a benefit year. **For 2017/2018 only**, the benefit year will begin on June 15, 2017 and end March 31, 2018. BGTS purchased after June 15, 2017 will be included in the number of BGTS covered in this fiscal year.
- On the date a BGTS claim is submitted, the Drug Program Information Network (DPIN) adjudicates against the total number of BGTS claimed up to the submission date according to the appropriate PIN.
  - If the patient has not reached his/her maximum approved quantity over the previous fiscal year, he/she will pay according to his/her deductible.
  - If the patient has reached his/her maximum approved quantity over the previous fiscal year, the patient would be responsible for the cost of the BGTS above the approved amount.
- The BGTS approved quantity applies to on-line, pharmacy paper claims and submitted patient receipts.

### 3) How will a pharmacist know when their patient has reached their maximum approved quantity?

- A **CR** (Exceeds maximum for this type of service/item) response code will display during claim adjudication when the total strips dispensed in a benefit year has exceeded the approved quantity (200, 400 or 3650).

### 4) What happens if a patient's diabetes medication management protocol changes?

- When a claim is being submitted, the pharmacist should confirm that the appropriate treatment regimen, as identified by PIN, is used. If the medication management protocol changes, the pharmacist should document the change (for auditing purposes), and update the PIN. The benefit limit will be altered automatically.

### 5) How is a pharmacist paid for dispensing BGTS? What should the professional fee be?

- Pharmacists are paid for dispensing BGTS as per the fee schedule on file with Provincial Drug Programs (PDP). The professional fee should be as indicated in the Schedule A or Schedule B submitted to PDP.

### 6) How will this change affect the patient?

- For the majority of patients, there will be no noticeable change. For patients who consume volumes of BGTS beyond the new maximums, education will be needed regarding the rationale for testing blood glucose to encourage patients to test at an appropriate frequency. Individuals who feel they need more BGTS than the maximum benefit allowed should be encouraged to speak with their health care provider. Where appropriate, Exception Drug Status (EDS) applications can be made.

### 7) How can a request for additional BGTS in a fiscal year be made?

- Physicians and Nurse Practitioners prescribing within their scope of practice may apply for EDS for patients as per exception criteria. Requests can be submitted by fax.
- The fax number is (204) 942-2030 or 1-877-208-3588. Please provide the following:
  - **Patient's Name**
  - **Patient's Personal Health Information Number (PHIN)**
  - **Reason for increase (see criteria above)**
  - **Primary Care Provider Name and Phone Number**

### 8) How will a patient know how many strips they have remaining in their benefit year?

- To confirm the number of BGTS remaining for a patient in their benefit year please contact the DPIN Help Desk:

**Pharmacy Line:** (204) 786-8000 in Winnipeg or at 1-800-663-7774 outside Winnipeg

**Public Inquiries:** (204) 786-7141 in Winnipeg or at 1-800-297-8099 outside of Winnipeg TTY (204) 774-8618.

Information is also available at <http://www.gov.mb.ca/health/mdbif/index.html>

**Diabetes Canada Guidelines** can be found at:

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