#### **Type 2 Diabetes Test Strips Reimbursement:**

#### **Questions and Answers for Healthcare Professionals**

Note: This restriction does not apply to type 1 diabetes or type 2 diabetes on insulin

## 1. Why is the HSE introducing changes to the reimbursement of Blood Glucose Test Strips?

The National Clinical Programme for Diabetes has developed guidance on blood glucose testing for people with type 2 diabetes. Research has indicated that blood glucose test strips (BGTS) have a limited benefit for many patients who **do not** take insulin to manage their diabetes. In line with this, the HSE Medicines Management Programme (MMP) has recommended changes to the number of BGTS provided for people with type 2 diabetes while ensuring those who need test strips to help manage their diabetes will continue to have access to them. These are aligned with international best practice recommendations on appropriate blood glucose testing practices required for optimal patient outcomes.

#### 2. When will changes in reimbursement of BGTS be in effect?

The changes for BGTS reimbursement are effective on or after the 1st April 2016.

### 3. How many diabetes test strips are recipients eligible to receive under this initiative?

Following the review by the MMP into international recommendations and guidelines on appropriate blood glucose testing frequencies it is recommended that reimbursement of Blood Glucose Test Strips for patients with Type 2 Diabetes Mellitus be revised as follows:

- Patients on insulin have no restriction.
- Patients managed on sulphonylurea or meglitinide drugs will be reimbursed for 2 boxes of test strips per month i.e. 1,200 test strips/annum.
- Patients managed on oral hypoglycaemic drugs other than sulphonylurea or meglitinide drugs will be reimbursed for 1 box of test strips per month i.e. 600 test strips/annum.
- Patients managed through diet alone will be reimbursed for 2 boxes of test strips per annum i.e. 100 test strips/annum.







Patient group	Testing recommendation	Limit on yearly dispensing
Patients	4 times daily and when required	No limit recommended
receiving		Test according to specialist
insulin		recommendations
Patients	Patients receiving sulphonylurea (e.g.	1200 test strips per year
receiving non-	gliclazide) or meglitinide (e.g.	Two boxes (100 test strips) per
insulin anti-	repaglinide) drugs : May test 1-2 times	month will be reimbursed
diabetic drugs	daily or if feeling hypoglycaemic.	
	Patients on anti-diabetic drugs other	600 test strips per year
	than sulphonylurea or meglitinides (i.e.	One box (50 test strips) per
	metformin and/or a thiazolidinedione,	month will be reimbursed
	DPP-4 inhibitor , GLP-1 analogue,	
	SGLT2 inhibitor)*: May test 3 times per	
	week if needed	
Diet alone	Not required	100 test strips per year
		One pack per 6 months to allow
		for periodic testing where
		recommended

<sup>\*</sup> Thiazolidinedione (e.g. pioglitazone)

DPP-4 inhibitor (e.g. sitagliptin, saxagliptin)

**GLP-1** analogue (e.g. liraglutide, exenatide)

SGLT2 inhibitor (e.g. canagliflozin, dapagliflozin)

### 4. How should simultaneous claims for test strips and insulin/anti-diabetic medication be processed?

It is important that insulin and anti-diabetic medication are claimed in the same month as blood glucose test strips to ensure the correct allocation is reimbursed. 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.

## 5. What insulin or anti-diabetic medications will the PCRS use to determine treatment categories for recipients?

A distinction has been made between anti-diabetic medication which may or may not have an increased risk of causing hypoglycaemia. Extra supply is allocated for patients on sulphonylureas or meglitinides as more frequent testing may be required.







Patients managing diabetes with anti- diabetic medication with <b>HIGHER</b> risk of causing hypoglycaemia	Patients managing diabetes using anti-diabetic medication with <b>LOW</b> risk of causing hypoglycaemia	
<ul> <li>Sulphonylureas (e.g. gliclazide)</li> <li>Meglitinides (e.g. repaglinide)</li> </ul>	<ul> <li>Metformin</li> <li>Acarbose</li> <li>Thiazolidinediones (e.g. pioglitazone)</li> <li>DPP-4 inhibitors (e.g. saxagliptin)</li> <li>GLP-1 agonists (e.g. liraglitide, exenatide)</li> <li>SGLT2 inhibitors (e.g. canagliflozin, dapagliflozin)</li> </ul>	

#### 6. What should I do if a recipient requires more test strips than the revised reimbursement limits?

If patients have a requirement for more test strips due to a particular medical condition or circumstance (exceptional arrangements) the prescriber may apply online to the PCRS stating the reasons for the extra allowance request. The online application may be accessed via www.pcrs.ie (online services). Where such a request is received it will be approved. To register specific patients for exceptional arrangements, please provide the following details online:

- 1. GMS number, LTI number or Drugs Payment Scheme Number (where a patient is recently diagnosed or does not qualify for an LTI Book)
- 2. The category of diabetes treatment currently prescribed for the patient which will automatically populate the recommended quantity of test strips for that category
- 3. The reason for additional quantities (pregnancy, job safety etc)
- 4. The number of test strips you wish the patient to access on a monthly basis.

### 7. How will a pharmacist know if a patient is registered for exceptional arrangements?

The pharmacist can check that a patient has been registered by accessing the secure portal on the Systems Checker where the patients' approval status will be provided.

## 8. How much is currently spent on blood glucose test strips through the LTI, DPS and GMS?

In 2014, the total HSE expenditure (ingredient cost plus fees) on blood glucose test strips was €46.8 million. This initiative hopes to reduce over-use of test strips by funding their supply based on best practice guidelines while ensuring that those who need test strips to help manage their diabetes will continue to have access to them.

#### 9. Pregnancy







If insulin is not prescribed in a pregnant woman with type 2 diabetes, but blood glucose testing is indicated, it is important that the prescriber registers their patient through the online system for a blood glucose test strip allowance.

# 10. Where can I get information for my patients in relation to best practice for self-monitoring of blood glucose?

You can order the Diabetes Programme patient information leaflets on <a href="www.healthpromotion.ie">www.healthpromotion.ie</a>. For further information and for frequently asked questions (FAQs) for patients and the full evaluation report you can visit <a href="www.hse.ie/yourmedicines">www.hse.ie/yourmedicines</a>.





