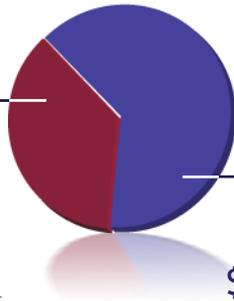


# National

Total Spending in Canadian Publicly and Privately Funded Drug Plans on Blood Glucose Test Strips Exceeded

**\$500 million** in 2010

Patients with diabetes who are using insulin  
**\$183,000,000**

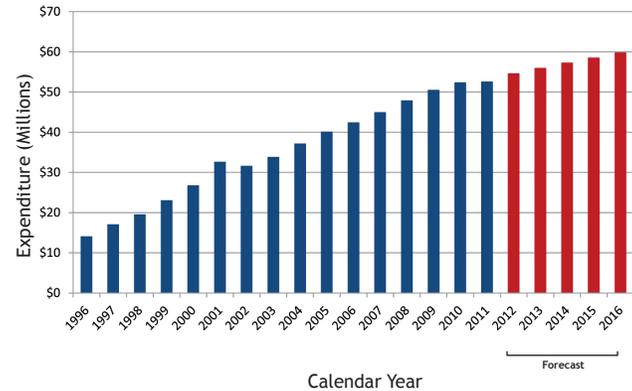


Patients with diabetes who are not using insulin  
**\$317,000,000**

These results were prepared using data from Brogan Inc., a unit of IMS, PharmaStat®, public, and private drug plans databases, 2000 to 2011, but the analyses, conclusions, opinions, and statements expressed are those of CADTH.

# British Columbia

Total Spending on Blood Glucose Test Strips in British Columbia<sup>†</sup>



<sup>†</sup>This information includes only transactions entered into the BC PharmaNet system and excludes all federally insured claims. Dispensing fees are included as part of the total costs.

If practice changes to reflect the evidence, \$450 million to \$1.2 billion\* could be freed up between 2012 and 2015 for spending on antidiabetes interventions that are proven effective. Patient health would not be affected negatively.

For project information, visit the CADTH website:  
[www.cadth.ca/smbg](http://www.cadth.ca/smbg)

\*The amount of actual savings depends on the limits placed on test strip reimbursement (e.g., maximum test strips per year = 0, 100, 180, or 360).



Ministry of Health



Canadian Agency for  
Drugs and Technologies  
in Health

April 2012

# WHEN CONSIDERING SELF-MONITORING OF BLOOD GLUCOSE

## MY PATIENT

## BOTTOM LINE\*

Person with type 1 or type 2 diabetes using basal-bolus insulin regimens



Self-monitoring of blood glucose should be individualized to guide adjustments in insulin therapy to achieve optimal blood glucose control.

Adult with type 2 diabetes using basal insulin



Self-monitoring of blood glucose should be individualized, but testing of up to 14 times per week should be sufficient for most patients at most times.

Adult with type 2 diabetes managed on oral antidiabetes drugs



Routine self-monitoring of blood glucose is not required. Periodic testing in selected patients (e.g., those with unstable glucose levels, acute illness, pharmacotherapy changes, risk of hypoglycemia with insulin secretagogues like glyburide) should be linked to specific patient actions (e.g., prevention or treatment of hypoglycemia, self-directed dosage adjustment).

Adult with type 2 diabetes controlled by diet alone



Routine self-monitoring of blood glucose is not required.

These recommendations — which include clinical and cost-effectiveness evidence — should be taken into account, along with each patient's unique situation, when recommending self-monitoring of blood glucose. The evidence shows that patient health will not be affected in a negative way.



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For more project information, visit the CADTH website:  
[www.cadth.ca/smbg](http://www.cadth.ca/smbg)

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