

September 18th, 2006

RE: Insulin coverage for patients with Type I diabetes in British Columbia

I believe very strongly that insulin analogues are an important part of diabetes treatment. Let me go further to say that the use of a new basal analogue (either glargine or detemir) and an ultrafast analogue (lispro or aspart) is an ESSENTIAL (not optional) part of therapy for **type I diabetes**.

I refuse to start new patients with type 1 diabetes on NPH insulin as I find an unacceptable frequency of nocturnal hypoglycemia is inevitable with NPH. This leads to hypoglycemia unawareness and ultimately life-threatening hypoglycemia. The studies do not adequately show these risks (they are not powered to do so), but I have seen far too many patients with type 1 diabetes with severe hypos in hospital with unconscious hypoglycemia and related car accidents or falls/seizures, and far too many patients who are terrified because they realize that they are close to such a catastrophic event (it just has not happened yet to them).

I try to find a way to help all of my patients with type 1 diabetes get off NPH and Regular insulin onto analogues. I rely heavily on free insulin from the companies (who thank god actually help our patients with no strings attached - anonymous shipments and sample cards). And yes, I have many patients who cannot understand why Pharmacare refuses coverage when these new insulins have "changed their lives". (They are frequently embarrassed to come to the office "begging for insulin" and I don't blame them.) It is clear that Pharmacare has no compassion in this regard.

Does Pharmacare really expect mortality data? Do they want to hear about Dr. Priestman's patient who died on the Patullo bridge about 3 years ago driving hypoglycemic? I can provide the names of several drivers (if they will allow) who have become able to feel hypoglycemia for a change since the switch to the new insulins (and the switch to insulin analogue therapy is now REQUIRED in my practice for anyone with hypoglycemia unawareness). My patient Jack P. asked me about this issue today (patient with type 1 diabetes awaiting kidney transplant). Jack believes that, had these insulins been available in past years with the attendant stabilization in control, he might have prevented loss of vision and kidney failure. Hard for me to disagree!

So we have treatment which in clinical practice in selected patients is clearly and remarkably superior to standard therapy. I believe that the government has a moral obligation to fund insulin analogues. This need not be for all patients with diabetes but at least for our patients with brittle type 1/other insulin deficient diabetes and at least by physician request (special authority).

Best regards,

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