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The Honorable Adrian Dix
BC Minister of Health

Dear Minister Dix

Re: Pharmacare Special Authority requirements for DPP4i, SGLT2i and GLP1 RAs

I salute all that you and your team have done for British Columbians, especially during the COVID era, and most particularly for the advances in care for people living with diabetes.

The drugs and devices that have been approved by Pharmacare during your tenure have been highly efficacious but more than anything else have improved safety. The greatest short-term peril for people living with diabetes is severe low blood sugar (severe hypoglycemia, SH), a state where the brain has insufficient fuel for normal function, leading, as the sugar level falls progressively from impaired judgement (without awareness), to diminished consciousness, coma and occasionally death. Continuous glucose monitors (CGM) prevent SH by warning the client ahead of time but CGM is only approved for individuals who are on insulin pumps or who take multiple daily doses of insulin by injection.

The current Special Authority form for the DPP4i, SGLT2i and GLP1 RAs classes of drugs requires either the prescription of sulfonylureas (SUs) or insulin, or an acceptable medical rationale for prescribing neither. Insulin requires daily injection, which is often painful and objectionable to most clients, is an unreasonable therapy early in the natural history of Type 2 diabetes. In the past two months Pharmacare has begun refusing all medical rationales against prescribing SUs. In practice, this leaves SU therapy as an essential requirement for successful SA application for the DPP4i, SGLT2i and GLP1 RAs classes of drugs.

SU drugs are a very common cause of mild to moderate low sugar and the occasional cause of severe life-threatening hypoglycemia. Put simply, the use of SUs is a safety concern.

BC Pharmacare's requirement for SU therapy to qualify for a Special Authority for DPP4i, SGLT2i and GLP1 RAs runs in the face of the overwhelming consensus of expert diabetology opinion. The 2020 Diabetes Canada Clinical Practice guidelines (see <https://bit.ly/DCguide2020>) rank SUs third line, after DPP4 & SGLT2 inhibitors & GLP-1 RAs (second line). This is based on greater efficacy of DPP4/SGLT2/GLP1s & safety & the extensive published evidence for severe hypoglycemia (SH) with SUs (see <https://bit.ly/SUpublications>). Based on the literature & my 30 years of practice as an academic endocrinologist (my CV = https://bit.ly/TE_CV) I never prescribe SUs routinely. I consider all SUs to be dangerous drugs. In an email poll conducted 2022-Sep-1 of all members of the Society of Endocrinology & Metabolism of the doctorsofBC, 87% of respondents agreed with me that SUs were dangerous drugs. The risk of SH with SUs is simply too high to justify an SU prescription especially to qualify for a DPP4/SGLT2/GLP1 SA.

In the summer of 2022 two of my clients experienced SU-induced SH - video testimonials of their ordeal, obtained with their consent, can be seen at https://bit.ly/glyburide_danger (4 minutes) & https://bit.ly/glyburide_danger2 (10 minutes). In both cases, they were fortunate to survive.

I hereby offer to work with you and Pharmacare in good faith to draw up new SA guidelines for DPP4i, SGLT2i and GLP1 RAs which better protect the health of the more than 300,000 British Columbians living with Type 2 diabetes.

Yours sincerely,

Tom Elliott