Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Continuous glucose monitoring (CGM) position statement – May 2024

This statement covers the use of Flash also known as intermittently scanned continuous glucose monitoring devices (isCGM) and certain, named real-time CGM (rtCGM) devices which are prescribable in the Drug Tariff for use in adults, young people and children, current examples include Freestyle Libre 2, Freestyle Libe 2 Plus , Dexcom ONE+ and Dexcom One sensors.

NTAG recommends FreeStyle Libre 2, Freestyle Libre 2 Plus, Dexcom ONE+ and Dexcom One as options for glucose monitoring in the North East and North Cumbria as follows:

The choice of device should be based on individual patient factors and following an informed discussion between patient and/or carer and their clinician.

NTAG and NENC Medicines Subcommittee approved criteria for isCGM and rtCGM (September 2023)

NTAG only recommends the use of CGM for as per the recommendations from NICE in:

- NICE NG17 - Type 1 diabetes in adults: diagnosis and management. Last updated: 17 Aug 2022
- NICE NG28 - Type 2 diabetes in adults: management. Last updated: 29 June 2022
- NICE NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management. Last updated: 11 May 2023
- NICE NG3 - Diabetes in pregnancy: management from preconception to the postnatal period - Last updated: 16 December 2020

Type 1 diabetes in adults

- Offer adults with type 1 diabetes a choice of real-time continuous glucose monitoring (rtCGM) or intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash'), based on their individual preferences, needs, characteristics, and the functionality of the devices available.
- When choosing a continuous glucose monitoring device:
  - use shared decision making to identify the person's needs and preferences, and offer them an appropriate device.
  - if multiple devices meet their needs and preferences, offer the device with the lowest cost.
- CGM should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes. This would be considered to include appropriately trained clinicians in primary care.

Type 2 diabetes in adults

- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to adults with type 2 diabetes on multiple daily insulin injections (2 or more) if any of the following apply:
  - they have recurrent hypoglycaemia or severe hypoglycaemia
  - they have impaired hypoglycaemia awareness
  - they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them)
  - they would otherwise be advised to self-measure at least 8 times a day.
- Offer isCGM to adults with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose.
- Consider real-time continuous glucose monitoring (rtCGM) using a NTAG approved device as an alternative to isCGM for adults with insulin-treated type 2 diabetes if it is available for the same or lower cost.
- CGM should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes. This would be considered to include appropriately trained clinicians in primary care.

Approved by NENC Medicines Subcommittee 10.6.2024

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Diabetes (type 1 and type 2) in children and young people

Type 1 diabetes:

- Offer real-time continuous glucose monitoring (rtCGM) to all children and young people with type 1 diabetes, alongside education to support children and young people, and their families and carers, to use it
- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to children and young people with type 1 diabetes aged 4 years and over who are unable to use rtCGM or who express a clear preference for isCGM.
- Offer children and young people with type 1 diabetes a choice of rtCGM device, based on their individual preferences, needs, characteristics, and the functionality of the devices available.
- When choosing a continuous glucose monitoring (CGM) device:
    - use shared decision making to identify the child or young person's needs and preferences and offer them an appropriate device
    - if multiple devices meet their needs and preferences, offer the device with the lowest cost.
- CGM should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes. This would be considered to include appropriately trained clinicians in primary care.

Type 2 diabetes:

- Offer real-time continuous glucose monitoring (rtCGM) to children and young people with type 2 diabetes if any of the following apply. They:
    - have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot engage in monitoring their glucose levels by capillary blood glucose monitoring
    - would otherwise be advised to self-monitor at least 8 times a day
    - have recurrent or severe hypoglycaemia.
- Consider rtCGM for children and young people with type 2 diabetes who are on insulin therapy.
- Consider intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') for children and young people with type 2 diabetes aged 4 years and over who are on insulin therapy if rtCGM is contraindicated for them or they express a clear preference for isCGM.
- CGM should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes. This would be considered to include appropriately trained clinicians in primary care.

Diabetes in Pregnancy

For those with pre-existing diabetes (type 1 & type 2) on insulin who are actively trying to conceive or are currently pregnant:

- Offer real-time continuous glucose monitoring (rtCGM) to all pregnant women with type 1 diabetes to help them meet their pregnancy blood glucose targets and improve neonatal outcomes.
- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to pregnant women with type 1 diabetes who are unable to use rtCGM or express a clear preference for isCGM.
- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to pregnant women with type 2 diabetes treated with insulin.
- Consider rtCGM for pregnant women who are on insulin therapy but do not have type 1 diabetes, if:
    - they have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or
    - they have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control.

Total duration of CGM under these criteria will be for 12 months in total: inclusive of pre-conceptual period, pregnancy and the immediate post-partum period. Thereafter; patients will be expected to return to their previous method of blood glucose testing.Patients developing gestational diabetes are excluded from this recommendation.

Existing patients started on flash glucose monitoring under previous NTAG, RMOC or NHS England criteria remain eligible provided they continue to meet the agreed criteria for continuation.

Other requirements:

1. Education on isCGM or rtCGM has been provided (online or in person)
2. Agree to regular reviews with the local clinical team.

3. Previous attendance, or due consideration given to future attendance, at a type 1 diabetes structured education programme (DAFNE or equivalent if available locally).

Responsibility for Initiation of FreeStyle Libre 2, Freestyle Libre 2 Plus, Dexcom One or Dexcom One+

- For Adults: FreeStyle Libre 2, Freestyle Libre 2 Plus, Dexcom One and Dexcom One+ can be initiated in in both primary & secondary care. However, it would be a good opportunity to refer patient back to specialist type 1 diabetes services if not already under their care, this should not delay the provision of CGM pending Type 1 Specialist review.
- For children and young people under 16 years old: As all are under secondary care and rtCGM is the recommended first choice then refer to paediatric MDT to support initiation.
- For any child/young person with any form of diabetes aged 16-19yrs if not under secondary care then as well as supporting initiation in primary care take the opportunity to refer back into the Paediatric / Young Persons service to re-engage and support self-management and transition to adult services (be that secondary or primary care.)

Ongoing use should be reviewed as part of the standard patient review in each individual patient's diabetes care plan.

Adjunct blood glucose testing strips should continue to be prescribed based upon individual patient needs and according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced.

Used FreeStyle Libre 2 sensors and Dexcom One should be disposed of in a sharps bin. 4L and 7L Sharpsafe disposal bins need to be available for the safe disposal of diabetes devices as per device company advice. This can be prescribed on an FP10 prescription by the GP. The collection and disposal of the full bins should be as per local arrangements applicable to that local authority.

Note: Freestyle Libre 3 is not to be prescribed by primary care. Use is limited to type 1 diabetes patients only with a compatible insulin pump. It is to be prescribed/supplied by secondary care diabetes teams only.