



**Brighton and Hove
High Weald Lewes Havens**
Clinical Commissioning Groups

Updated position statement on FreeStyle Libre[®] System from the Brighton Area Prescribing Committee endorsed by our local diabetologists.

At the most recent meeting of our Area Prescribing Committee (APC) on 28th November we reviewed a local application from consultant diabetologists as well as recommendations made by the Regional Medicines Optimisation Committee (RMOC).

As a result the APC agreed it would routinely fund the system on NHS prescription in line with the initiation criteria based on the recommendations by RMOC which are:

FreeStyle Libre[®] should only be used for people with type 1 diabetes, aged four and above, attending specialist diabetes type 1 care using multiple daily injections or insulin pump therapy, who have been assessed by the specialist clinician and deemed to meet one or more of the following criteria:

1. Patients who undertake intensive monitoring 8 or more times daily.
2. Those who meet the current NICE criteria for insulin pump therapy [HbA1c >8.5% (69.4mmol/mol) or disabling hypoglycemia as described in NICE TA151] where a successful trial of FreeStyle Libre[®] may avoid the need for pump therapy.
3. Those who have recently developed impaired awareness of hypoglycaemia. It is noted that for persistent hypoglycaemia unawareness, NICE recommend continuous glucose monitoring with alarms and FreeStyle Libre[®] does currently not have that function.
4. Frequent admissions (more than 2 per year) with DKA or hypoglycaemia.
5. Those who require third parties to carry out monitoring and where conventional blood testing is not possible.

In addition:

- All patients (or carers) must attend training (arranged by the specialist service) in the use of Freestyle Libre[®] System
- Commit to ongoing regular follow-up and monitoring (including remote follow-up where this is offered)
- Adjunct blood testing strips should be prescribed according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced

In view of the concerns noted with regard to the clinical evidence, costing information supplied, and in order to monitor outcomes which may inform future commissioning arrangements, the APC agreed that initiation on the NHS must be via the patient's usual consultant led specialist diabetes service.

Therefore the system **must not** be initiated by primary care prescribers.



Better health for our city



Access to the system may be through Diabetes Care For You (DCFY), but could be with an alternative provider such as the paediatric team at BSUH or the level 4 diabetes services provided by BSUH.

Patients will have the opportunity to discuss FreeStyle Libre[®] at their next routine appointment with the relevant local specialist service where they will make an assessment as to whether the patient meets the criteria. If criteria are met, patients will be required to sign a contract outlining their commitment to regular scans, their use in self-management and attendance at relevant training provided by the diabetes specialist team. The contract will also outline discontinuation criteria to include:

- Failure to meet individualised clinical criteria to support ongoing benefit
- Failure to achieve a reduction in test strip usage
- Failure to commit to regular scans and their use in self-management

On completion of relevant training, the specialist service will provide an initial 2 week supply of the system to the patient and a copy of the contract will be sent to the patient's GP. At this point it will be appropriate for the primary care prescriber to take on prescribing until the patient attends a 6 month specialist review where the outcomes will be reviewed and a decision made with respect to ongoing benefit. This decision will be communicated to the primary care prescriber. In the absence of benefit of the system or if they fail to have a 6 month review, the system will no longer be funded on the NHS in line with the contract.

In the unlikely event of a patient not under the local specialist service AND potentially meeting initiation criteria, a referral should be made to the relevant specialist service.

Patients currently self-funding will be reviewed by the specialist service at their next planned specialist appointment and those meeting the criteria will be considered for NHS prescription if they agree to follow the same pathway as new patients.

The APC decision will be reviewed in 12 months or sooner in light of further national guidance.

30th November 2017

