NOTIFICATION ONLY

Flash Glucose Scanning System (FGS) – funding application for FGS sensors for use in adults

Patient NHS No.		**Trust**		**GP name**	
Patient hospital number		**Consultant making request**		**GP code/ Practice code**	
Patient initials and date of birth		**Consultant contact details**		**GP post code**	

Only fully completed forms will be accepted for consideration. These should be submitted via Blueteq.

If the patient does not meet routine commissioning criteria, please consider if there are any individual exceptional clinical circumstances. If so, a full individual funding request (IFR) form will need to be completed (http://www.gpref.bedfordshire.nhs.uk/media/146459/bccg_individualfundingrequestformdrugsonlyjuly2016.docx) and submitted to **Beds.IFRrequests@nhs.net** **(e-mail preferred method)** or telephone 01494 555530. IFR team, South, Central and West CSU, Albert House, Queen Victoria Road, High Wycombe, HP11 1AG.

1. Confirm that the person has Type 1 diabetes or Type 1 or 2 Diabetes (if person fits criteria 2.1 Pregnancy/Pre Pregnancy) and is under the care of the Adult Diabetes Specialist Team	**Yes** ☐
2. Confirm which indication category applies to this person (please tick box or type X and provide details requested)	

<u>2.1</u> Confirm that the person complies with one of the following 'Pregnancy' Criteria • Pre Pregnancy Care (PPC) for women with Type 1 diabetes in a recognised PPC pathway. • Pre Pregnancy Care (PPC) for women with Type 2 diabetes on an intensive insulin regime, in a recognised PPC pathway. • Pregnancy care for women with Type 1 diabetes. • Pregnancy care for women with preconception Type 2 diabetes on an intensive insulin regimen.			**☐ Yes ☐ No** **☐ Yes ☐ No** **☐ Yes ☐ No** **☐ Yes ☐ No**
Baseline HbA1c Target HbA1c		Average number of blood glucose tests performed per day over the last 6 months	
<u>2.2</u> Confirm that the person with Type 1 diabetes meets NICE TA151 criteria for Continuous Subcutaneous Insulin Infusion (CSII) and are in a recognised pathway prior to CSII, where a successful trial of FreeStyle Libre® may avoid the need for insulin pump therapy if clinically appropriate			☐ Yes
Baseline HbA1c Target HbA1c		Average number of blood glucose tests performed per day over the last 6 months	
I confirm that the person is currently on an insulin pump pathway in line with NICE TA151			☐ Yes
Please confirm the indication for pump therapy:	Is ≥12 years of age and attempts to achieve target HbA1c levels with multiple daily injections (MDIs) has resulted in disabling hypoglycaemia☐ **<u>OR</u>** Is ≥12 years of age and HbA1c levels ≥ 69 mmol/mol on MDI therapy including, if appropriate, the use of long-acting insulin analogues, despite a high level of care.		

2.3 Confirm that the person has co-morbidities (This applies to Anorexia nervosa (receiving concomitant psychological therapy), PEG feeding or People with cystic fibrosis related diabetes) or is on treatments which are associated with changes in nutrient intake or insulin sensitivity resulting in marked fluctuations of blood glucose levels with • *evidence of hypoglycaemic episodes/significant hypoglycaemia lasting > 15 minutes confirmed by downloaded blood glucose data or diagnostic Continuous Glucose Monitoring (CGM)* ***AND/OR*** • *HbA1c ≥ 58 mmol/mol* ***AND*** • *frequent blood glucose testing (≥8 times per day) that is clinically appropriate on the recommendation of the diabetes specialist team confirmed by data download from blood glucose testing meter.* **Please select the relevant co-morbidity, if applicable:** • Anorexia nervosa (receiving concomitant psychological therapy) • PEG feeding • People with cystic fibrosis related diabetes	☐ Yes ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**

Baseline HbA1c Target HbA1c		Average number of blood glucose tests performed per day over the last 6 months	
Evidence of frequent hypoglycaemia confirmed BG meter data download ☐ **OR** diagnostic CGM ☐ **AND/OR** Poor glycaemic control (HbA1c ≥58 mmol/mol) ☐			
Average number of hypoglycaemic events per week		Evidence of significant hypos >15 minutes ☐	

2.4 Confirm that the person has frequent (>2 per year) hospital admissions (inpatient episodes) with Diabetic Ketoacidosis (DKA) and HbA1c ≥ 69 mmol/mol despite intensive clinical intervention.	☐ Yes

Number of hospital admissions with DKA blood pH <7.3 over the last year		Average number of blood glucose tests performed per day over the last 6 months	
Baseline HbA1c	Target HbA1c		

3. Confirm that the patient has received approved training in the use of FGS, and that they/parents/carers have been assessed as able to use the device, interpret readings and take appropriate action (please tick box or type X)	☐ **Yes**

4. Confirm that a patient contract has been completed and that the patient is aware that if they do not use the technology appropriately it will not be continued, and that funding policy will be subject to review and that may be stopped in the future (please tick box or type X)	☐ **Yes**

5. Confirm that the patient has been entered into the Association of British Clinical Diabetologists (ABCD) national audit. (please tick box or type X)	☐ **Yes**

6. Continuation of funding Funding will initially be provided for a 6 month period. **Funding will be provided for continuation of treatment where there is clear evidence of an initial and ongoing adequate response to treatment. This information will be submitted via a follow-up form on Blueteq which will require Prior Approval**	
7. Please provide any other relevant information	
8. I confirm that the patient (or in the case of a minor or vulnerable adult where the parent/guardian or legal carer) has given consent for the patient identifiable data on this form to be shared with the CCG Medicines Management / Optimisation or Contracts Team. This data may then be used 1. In the interests of the care of the patient 2. For clinical audit purposes 3. To validate against subsequent invoices.	☐ **Yes** ☐ **No**

Form completed by		**Date:**	

I confirm that the patient meets the criteria for the technology: Consultant/Specialist Diabetes Nurse/Dietician signature*		**Date**	

Trust Chief Pharmacist (or nominated deputy) signature*		**Date**	

*Electronic signatures are acceptable

Summary of PAC recommendations:

NB. All recommendations apply to patients with Type 1 diabetes mellitus (T1DM) only unless otherwise stated. See bulletin for full details.

Recommendation 1

1.1 Pre Pregnancy Care (PPC) for women with Type 1 diabetes in a recognised PPC pathway.

1.2 Pre Pregnancy Care (PPC) for women with Type 2 diabetes on an intensive insulin regime, in a recognised PPC pathway.

1.3 Pregnancy care for women with Type 1 diabetes.

1.4 Pregnancy care for women with preconception Type 2 diabetes on an intensive insulin regimen.

Entry criteria

- Women with Type 1 diabetes or preconception Type 2 diabetes on an intensive insulin regime who are in a recognised PPC pathway.
  OR
- Pregnant women with Type 1 diabetes, OR with preconception Type 2 diabetes on an intensive insulin regimen.

Recommendation 2

People with Type 1 diabetes who meet NICE TA151 criteria for Continuous Subcutaneous Insulin Infusion (CSII), and who are in a recognised pre pump pathway, where a successful trial of FreeStyle Libre® may avoid the need for insulin pump therapy if clinically appropriate.

Entry criteria

- Patients who fulfil criteria for CSII who are on a recognised pump pathway in line with criteria specified in NICE TA 151.

Recommendation 3

People with co-morbidities or who are on treatments which are associated with changes in nutrient intake or insulin sensitivity resulting in marked fluctuations of blood glucose levels that make the diabetes management difficult. This applies to people with the following co-morbidities:

- Anorexia nervosa (receiving concomitant psychological therapy)
- PEG feeding
- People with cystic fibrosis related diabetes

Entry criteria

- Patients with anorexia nervosa (receiving concomitant psychological therapy), or PEG feeding or cystic fibrosis related diabetes.

AND

- Evidence of hypoglycaemia episodes from downloaded blood glucose data/ significant hypoglycaemia lasting >15 minutes confirmed by diagnostic CGM or downloaded blood glucose data and/or HbA1c ≥ 58 mmol/mol

AND

- Frequent blood glucose testing (≥8 times per day) that is clinically appropriate on the recommendation of the diabetes specialist team confirmed by data downloaded from blood glucose testing meter.

Recommendation 4

Frequent (>2 per year) hospital admissions (inpatient episodes) with diabetic ketoacidosis (DKA) with HbA1c ≥ 69 mmol/mol despite intensive clinical intervention.

Entry criteria

- Hospital admissions (>2 per year) with DKA with a blood pH <7.3.
- Poor metabolic control: HbA1c ≥ 69 mmol/mol despite intensive clinical intervention.