

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC65 **Continuous subcutaneous insulin infusion (insulin pumps) for adults with type 1 diabetes**

Recommendation made by the Priorities Committee: **July 2017**

Date of issue: **December 2018**

The Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE guidance for the use of continuous subcutaneous insulin infusion (CSII / insulin pumps) for adults with type 1 diabetes. The Committee supports the use of CSII / insulin pumps as per NICE Technology Appraisal (TA151)¹ and Clinical Guidelines (NG17)².

This policy applies to adults with type 1 diabetes, including pregnant women. CSII is **not normally funded** in type 2 diabetes.

Insulin pumps may be considered as an option in type 1 diabetes patients with:

- Disabling hypoglycaemia resulting from attempts to achieve target HbA1c levels with multiple daily injections (MDIs).

Disabling hypoglycaemia is defined as the repeated and unpredictable occurrence of hypoglycaemia that results in persistent anxiety about recurrence and is associated with a significant adverse effect on quality of life. MDI therapy should be continued for 6 months before pump consideration.

- HbA1c levels which have remained high (at 69 mmol/mol [8.5%] or above) on MDI therapy (including, if appropriate, the use of long-acting insulin analogues) despite a high level of care. MDI therapy should be continued for 1 year before pump consideration.
- Impaired hypoglycaemia awareness - IHA (Gold \geq 4)
- Gastroparesis

AND

- The patient understands how to use the pump system and is committed and able to be compliant.

CSII therapy should be initiated and supported following assessment by a NHS specialist and multidisciplinary team, which provides structured education programmes and advice on diet, lifestyle and exercise appropriate for people using CSII.

Appropriate targets for such improvements should be set by the responsible physician, in discussion with the person receiving the treatment or their carer. CSII therapy will be discontinued after a period of 12 months if the agreed targets are not met. A trial off pump for patients following surgery for gastroparesis may be considered.

- CSII therapy should only be continued if it results in a documented sustained improvement in glycaemic control, evidenced by a fall in HbA1c levels, or a documented sustained decrease in the rate of hypoglycaemic episodes.
- CSII therapy should only be continued until hypoglycaemic awareness has been restored (Gold < 4) or gastroparesis patients have achieved a documented sustained decrease in the rate of hypoglycaemic episodes or a fall in HbA1c to 8.5% or below.

The most appropriate insulin pump device with the lowest acquisition cost should be used. Switching devices within the original warranty period is **not normally funded**. When devices become due for replacement funding will only be considered if continuing clinical benefit is evidenced in line with the criteria above.

NHS funding is not available for consumables or replacements following initial private provision or purchase of a pump.

Sensor augmented pump (SAP) systems, with integrated continuous glucose monitoring (CGM), will only be considered in line with NICE DG21 criteria for patients with IHA (Gold score ≥ 4). Please see Policy No. TVPC64 Real-time continuous glucose monitors and TVPC73 for Flash glucose monitors (Freestyle Libre).

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>

¹ <https://www.nice.org.uk/guidance/ta151>

² <https://www.nice.org.uk/guidance/ng17>