

## HERTFORDSHIRE AND WEST ESSEX AREA PRESCRIBING COMMITTEE (HWE APC)

### DEXCOM ONE FOR BLOOD GLUCOSE MONITORING IN DIABETES RECOMMENDED FOR RESTRICTED USE (AMBER INITIATION)

Name:	What it is	Indication	Date decision last revised	Decision status
Dexcom ONE	Continuous glucose monitoring (CGM) system	Diabetes	December 2022 Updated December 2023 to include HWE CGM Policy March 2023	Final

#### HWE APC recommendation:

Dexcom ONE is recommended for restricted use as an alternative CGM option for patients who satisfy the HWE CGM Policy funding criteria (March 2023) for flash glucose monitoring systems (see Appendix 1)

#### Supply and monitoring arrangements for Dexcom ONE to be in line with existing arrangements for Freestyle Libre 2®.

- For new patients, Dexcom ONE is to be initiated by a provider Trust consultant led specialist diabetes team only. Primary care initiation is not recommended.
- Previous self-funders – GPs to take on prescribing following specialist review/confirmation that the patient meets both the initiation and continuation criteria (see Appendix 1).
- Specialist diabetes teams are required to:
  - complete Blueteq prior approval application forms for each patient and submit to ICB
  - provide each patient with the patient information letter
  - provide appropriate training and advice to patients on use of Dexcom ONE
  - monitor patients to confirm appropriate use and benefit
  - stop treatment where Dexcom ONE is not being used appropriately and/or treatment goals have not been achieved.
- Continuation of Dexcom ONE after the 6-month review for all patients is contingent upon evidence that the patient: (1) has met the conditions for funding, and (2) that on-going use of Dexcom ONE is demonstrably improving an individual's diabetes self-management (see Appendix 1). This will be subject to prior approval by the ICB (via Blueteq).

For patients who are newly started on Dexcom ONE, the specialist diabetes team will contact GP practices when patients are initiated on treatment (this will include a request for GPs to take over prescribing after the initial supply). The specialist diabetes team will also contact GP practices after the 6 month review (for new patients and previous self-funders) to confirm if Dexcom ONE has been discontinued or is to be continued.

The expectation is that patients being considered for Dexcom ONE as they are part of the agreed patient groups will already be known to, and under the care of a specialist diabetes team. Primary care clinicians should only consider referral of patients to specialist diabetes services where patients are within the agreed patient groups and are not already under the care of the specialist service.

#### Switching between Freestyle Libre 2® and Dexcom ONE

Patients currently receiving NHS-funded Freestyle Libre 2® or Dexcom ONE who feel that the alternative system (Dexcom ONE or Freestyle Libre 2®) is better suited to managing their diabetes should be advised to discuss this with their diabetes specialist at their next routine appointment. Specialists may switch patients between Freestyle Libre 2® and Dexcom ONE where considered suitable. Primary care clinicians should only switch the patient's prescription to Dexcom ONE/Freestyle Libre 2® when advised to do so by the patient's diabetes specialist.

For further information, please see link to the Dexcom ONE Frequently Asked Questions (FAQs) documents:

- [Hertfordshire](#)
- [West Essex](#)

## Appendix 1

### Criteria for HWE CGM Policy (March 2023)

The following cohorts are currently recommended for funding for specific CGM devices in Hertfordshire and West Essex (HWE):

- **Adults with type 1 diabetes who are willing to commit to using CGM at least 70% of the time and to calibrate it as needed, and who have any of the following despite optimised use of insulin therapy and conventional blood glucose monitoring** (As per the previous National Institute for Health and Care Excellence (NICE) guidance NG17 and criteria from NHS England (NHSE) 2019 Flash guidance):
  - More than 1 episode a year of severe hypoglycaemia with no obviously preventable precipitating cause.
  - Complete loss of awareness of hypoglycaemia.
  - Frequent (more than 2 episodes a week) asymptomatic hypoglycaemia that is causing problems with daily activities.
  - Extreme fear of hypoglycaemia.
  - Hyperglycaemia (HbA1c level of 75 mmol/mol [9%] or higher) that persists despite testing at least 10 times a day. Continue real time continuous glucose monitoring only if HbA1c can be sustained at or below 53 mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more.
  - Are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months OR with diabetes associated with cystic fibrosis on insulin treatment.
  - Are unable to self-monitor due to disability.
  - The specialist diabetes MDT determines have occupational or psychosocial circumstances that warrant a 6-month trial of isCGM
  - Are living with a learning disability and it is recorded on their GP Learning Disability register.
- **Adults with insulin treated type 2 diabetes who are living with a learning disability and it is recorded on their GP Learning Disability register** (As per NHSE 2019 Flash guidance,)
- **People with any form of diabetes on haemodialysis and on insulin treatment who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months** (As per NHSE 2019 Flash guidance,)
- **People with diabetes associated with cystic fibrosis on insulin treatment** (As per NHSE 2019 Flash guidance,)

#### Note:

*Continuing prescription for long-term use of Flash Glucose Monitoring, after the initial six months, would depend on evidence of agreement with the above conditions and that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management - for example, improvement of HbA1c or Time In Range; improvement in symptoms such as **diabetic ketoacidosis** (DKA) or hypoglycaemia; or improvement in psycho-social wellbeing.*