

Position statement on the prescribing of FreeStyle Libre®

London Regional Medicines Optimisation Committee members recommended the London Diabetes Clinical Network, working in collaboration with the NHS London Procurement Partnership (LPP) to produce a pan-London clinical consensus for the use of FreeStyle Libre® in the NHS for London. The resultant implementation guidance was agreed at the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups Area Prescribing sub-Committees (BHR CCGs APC) meeting on the 20th February 2018.

Decision

The BHR CCGs APC agreed FreeStyle Libre® prescribing for patients with type 1 diabetes:

- On multiple daily injections (4 or more doses of insulin a day) or insulin pump therapy who test frequently. The intention is to reduce test strips by at least 8 strips a day (7 in children aged 0-19 years). If this is not achieved by 6 months, prescribing may be discontinued and this will be discussed and agreed with the patient at initiation
- With HbA1c >8.5% (69.4mmol/mol) or disabling hypoglycaemia who would be eligible for insulin pump therapy as per NICE TA151 (plus additional notes on those who can be considered for continuous glucose monitoring as per NG17 and NG18). The intention is to reduce HbA1c by 0.6% (6.6mmol/mol) and/or reduce severe hypoglycaemic episodes by 75%, as detailed in TA151. If this is not achieved then consideration of other locally available and appropriate technologies should be revisited. Expected outcomes should be discussed and agreed with the patient at initiation
- On multiple daily injections or insulin pump therapy where conventional monitoring is not possible with self-monitoring blood glucose (SMBG) testing. The intention is to ensure appropriate monitoring of glucose levels is possible for the patient. The definition of appropriate monitoring is dependent on the individual and should be defined and noted following discussion between the specialist and patient at the initial consultation. Examples where Libre® is not currently recommended for prescribing include:
 - District nursing where regular care is needed for other interventions (e.g. insulin injections) at the same or greater frequency than monitoring is required
 - Residential or nursing home services where staff regularly see and care for patients throughout the day

Exceptions

BHR CCGs APC have agreed NO exceptions to this recommendation.

Who will be prescribing this?

Initiation will only be carried out by the local specialist diabetes team after referral from a GP. For these patients, prescribing is expected to be transferred back to primary care at 2 months. GPs should not initiate FreeStyle Libre®.