

18 September 2024

Kia ora koutou

I know you are all very busy thinking about the imminent availability of CGM's and Automated insulin delivery for people with T1D. We are keen to ensure equitable access, particularly for those who have never had experience of using a CGM.

There are many people working hard to ensure guidance is available by 1st October but of course we realise that planning for our services requires knowledge of available resources prior to this.

We suggest you talk to primary care colleagues now to allay any concerns they may have about special authority applications and prescriptions. This process has started in many regions including informing expectations on timeframes for starting new people on insulin pumps, which will likely be years for most due to staff shortages and no additional funding.

To clarify some questions that have arisen:

- Any prescriber in diabetes care can apply for a special authority and write a prescription for all CGM's. This includes GPs, nurse practitioners, nurse prescribers, pharmacist prescribers and dietitian prescribers. All prescribers can also provide ongoing scripts and special authorities for insulin pump consumables once pump therapy is commenced.
- There is no expectation that primary care will be starting people on pumps in any region of Aotearoa New Zealand. This should only be done within a secondary care multidisciplinary diabetes service.
- Primary care will have an important role in starting CGM in most regions to allow rapid access for patients, given each practice will only have a few people with T1D
- Many people have been self-funding CGM and many others will have trialled a CGM, so are familiar with their use. We can be comfortable with a pragmatic approach to CGM's given evidence that use of a CGM improves HbA1c without additional input.
- Encourage people to combine their annual diabetes check with an appointment for a CGM prescription so they do not incur extra costs.

There are many sources of information being developed and for consistency I think it is useful to link to these.

- The Pharmac website will have generic information about the CGM's and pumps which will be relevant for health professionals and whānau. click [HERE](#)
- Diabetes NZ have great patient centred information. click [HERE](#)
- Health Pathways and the NZ formulary are finalising their guidance with input from NZSSD and others.

We know it will take some time to start all those who wish to have an insulin pump. I have attached a couple of options for a prioritisation tool so that we can ensure an equitable approach to starting insulin pumps and AID.

Ngā mihi
 Rosemary

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WAIKATO REGION PRIORITISATION TOOL

Priority items:	Potential Score
Māori and/or Pacific ethnicity	2 points
Living rurally	1 point
HbA1c > 86 mmol/mol (10%)	2 points
HbA1c 58 – 85 mmol/mol	1 point
Severe hypoglycaemia in last 2 years	1 point
Age < 25 years	1 point
Known diabetes complications	1 point
Occupational requirement (e.g. driver/shift worker)	1 point
Potential total:	10 points

WELLINGTON REGION PRIORITISATION TOOL

Name	Score
Recurrent or unprovoked DKA post diagnosis	5
Rotating shift work <i>or</i> Occupational licensing requirements	3
Pregnant	10
Planning Pregnancy	5
Severe hypoglycaemia <i>or</i> Reccurant hypoglycaemia <i>or</i> Hypo Unaware	5
HbA1c > 100 or TIR 35%	10
HbA1c 80-99	8
HbA1c 60-79	4
HbA1c < 60	0
Deprivation scale	1-5
CVD <i>or</i> eGFR <60 and/or albumin:creatinine ratio ≥30 <i>or</i> On dialysis or post renal transplant Proliferative retinopathy	5
Albumin:creatinine ratio of 2.5-29.9 (men) or 3.5-29.9 (women)	3
Other factors impacting on ability to manage diabetes. E.g. Disability, eating disorder, mental health concerns	1/3/5
Increased risk of diabetes complications due to ethnicity	4
Total	62