



10th September 2024

Kia ora Colleagues,

Starting from October 1st, Pharmac will fund continuous glucose monitoring (CGM) and automated insulin delivery (AID; closed loop insulin pump therapy) systems for all people with type 1 diabetes, pancreatogenic (type 3c) diabetes, and those with monogenic diabetes with insulin deficiency. This is a momentous occasion and a significant milestone in diabetes care, comparable to the introduction of blood glucose meters and insulin in Aotearoa New Zealand.

There has been a lot of fear that primary care will now be expected to start AID. This is simply not true and not an expectation in any region of Aotearoa NZ. In fact, only a diabetes physician or nurse practitioner specialising in diabetes will be expected to complete the special authority for insulin pumps and AID due to the extensive specialist input required. So the main role of primary care for people wanting to start AID will be referring them to their local diabetes service in secondary care. Importantly, despite a strong need and many requests, there is no additional funding or resources for the implementation of CGM and AID. Therefore, many services may take years to meet the expected demand for starting AID and will need to prioritise based on need.

The rollout of CGM will also likely differ significantly between regions in Aotearoa NZ depending on the capacity of secondary care diabetes services. But in contrast to AID, any medical, nurse, pharmacist or dietitian prescriber will be able to do the special authority and prescribe CGM. Consequently, many people with diabetes who are eligible for CGM will want to start CGM in primary care. Many practices have extensive experience with and are comfortable starting CGM, but understandably many health care professionals may be anxious about prescribing CGM. As a result, there will be detailed health pathways, educational webinars, podcasts and online resources to provide practical guidance to both clinicians and whaanau with diabetes. Clinicians in the community would only be expected to start 'stand alone' CGMs that do not communicate with insulin pumps, which are the Freestyle Libre 2 and the Dexcom ONE+. However, people with diabetes will likely be very appreciative if their primary care team could also provide ongoing scripts for CGM already started to enable AID, which includes the Dexcom G6, Dexcom G7 and Freestyle Libre 3 plus CGM. This includes the thousands of people who were previously forced to self-fund their CGM.

With the vast regional difference in the rollout of CGM and AID, it will be important for clinicians to check their local referral criteria on Health Pathways and maintain contact with their local diabetes specialist team. Updates from our national diabetes society, the New Zealand Society for the Study of Diabetes (NZSSD) will also be disseminated via the normal networks.

People with type 1, pancreatogenic and monogenic diabetes have been waiting many years for this day so understandably there may be some frustrations at the capacity of our currently stretched health system. But we can only do what we can do and thank you for your care of our whaanau with diabetes. We will continue to keep you updated and our next challenge will be to get funding for this life changing technology for people with type 2 diabetes and gestational diabetes.

Ngaa mihi nui

Dr Ryan Paul

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