

<b>Policy statement:</b>	<b>Insulin Pump Therapy- continuous subcutaneous insulin infusion</b>
<b>Status:</b>	<b>Individual Prior Approval</b>

M&SECCGs commission the use of continuous subcutaneous insulin infusion (CSII) or 'insulin pump' therapy as a treatment for adults and children 12 years and over with type 1 diabetes mellitus where:

- attempts to reach target haemoglobin A1c (HbA1c) levels with multiple daily injections result in the person having 'disabling hypoglycaemia', **OR**
- HbA1c levels have remained high (8.5% or above) with multiple daily injections (including using long-acting insulin analogues if appropriate) despite the person and/or their carer carefully trying to manage their diabetes **AND**
- The person has attended and completed a CCG approved diabetes educational course for example DAFNE.

CSII therapy is commissioned as a treatment option for children younger than 12 years with type 1 diabetes mellitus provided that:

- Multiple Daily Injection (MDI) therapy is considered to be impractical or inappropriate, **and**
- Children on insulin pumps would be expected to undergo a trial of therapy between the ages of 12 and 18 years.

Insulin pump therapy should only be started by a trained specialist team. This team should include a doctor who specialises in insulin pump therapy, a diabetes nurse and a dietitian (someone who can give specialist advice on diet). This team should provide structured education programmes and advice on diet, lifestyle and exercise that is suitable for people using insulin pumps.

Following initiation in adults and children 12 years and older, CSII therapy should only be continued if it results in a sustained improvement in glycaemic control, evidenced by a fall in HbA1c levels, or a sustained decrease in the rate of hypoglycaemic episodes. Appropriate targets for such improvements should be set by the responsible physician, in discussion with the person receiving the treatment or their carer, and notified to the commissioner. Patients must be reviewed against these targets at least annually. Continuation of funding will be dependent upon demonstrating sustained improvement and management in glycaemic control as above. .

Insulin pump therapy is not routinely funded for people with type 2 diabetes mellitus

In accordance with NICE principles and the ethos of NICE clinical guideline Type 1 diabetes in adults: diagnosis and management ([nice.org.uk/guidance/ng17](http://nice.org.uk/guidance/ng17)), M&SECCGs support

funding of the insulin pump with the lowest acquisition cost that meets the clinical needs of the patient, and without consideration of a patient's desire to self-fund CGM. Co-funding, which involves both private and NHS funding for a single episode of care, is not permitted for NHS care. The choice of pump in very young children should take into account the ability to deliver a very low basal rate

Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

### **References:**

(NICE Technology Appraisal 151: <https://www.nice.org.uk/Guidance/TA151>).