

**FreeStyle Libre® is recommended for restricted use as an option in specific groups of patients with type 1 diabetes (also includes pre-pregnancy and pregnancy care for women with type 2 diabetes on intensive insulin regime) who meet agreed criteria in accordance with the East Of England Priorities Advisory Committee (PAC) recommendations.**

There is a local recommendation document and separate PAC recommendation documents for adults and children & young people available on the NHS Herts Valleys CCG website at [https://hertsvalleysccg.nhs.uk/clinicians/medicines-guidance/topic/1049/Endocrine\\_system/541](https://hertsvalleysccg.nhs.uk/clinicians/medicines-guidance/topic/1049/Endocrine_system/541). Refer to these documents for full information including patient groups, agreed criteria, supply and funding recommendations. A Frequently asked Questions document for patients is also available at the above link.

**PRIMARY CARE PRESCRIBING IS NOT RECOMMENDED. FreeStyle Libre® is to be initiated, managed and supplied by a hospital Trust consultant led specialist diabetes team only.**

### Adults (age 19 and older)

All recommendations apply to patients with type 1 diabetes mellitus (T1DM) only unless otherwise specified:

1. Pregnancy
  - 1.1 Pre Pregnancy Care (PPC) for women with type 1 diabetes in a recognised PPC pathway.
  - 1.2 PPC for women with type 2 diabetes on an intensive insulin regime, in a recognised PPC pathway.
  - 1.3 Pregnancy care for women with type 1 diabetes.
  - 1.4 Pregnancy care for women with preconception type 2 diabetes on an intensive insulin regimen.
2. People with type 1 diabetes who meet NICE TA151 criteria for Continuous Subcutaneous Insulin Infusion (CSII) and are in a recognised pathway prior to CSII.
3. People with co-morbidities or who are on treatments which are associated with changes in nutrient intake or insulin sensitivity resulting in marked fluctuations of blood glucose levels that make diabetes management very difficult. This applies to patients with anorexia nervosa, PEG feeding, and people with cystic-fibrosis related diabetes.
4. Frequent hospital admissions (more than 2 per year) with diabetic ketoacidosis (DKA) with HbA1c of 69 mmol/mol or greater despite intensive clinical intervention.

### Children and young people (age 4 to (less than) 19)

All recommendations apply to patients with type 1 diabetes mellitus (T1DM) only unless otherwise specified:

1. Children who have recently developed hypoglycaemia unawareness (less than 3 months onset).
2. Children who have disabling hypoglycaemia without loss of hypoglycaemia awareness  
Disabling hypoglycaemia is defined as the repeated and unpredictable hypoglycaemia that results in persistent anxiety about recurrence and is associated with a significant adverse effect on quality of life and is manifested by one or more of the following features:
  - High frequency of blood glucose testing during night that disturbs sleep.
  - Persistent efforts to maintain high blood glucose levels in excess of the recommended maximum target in order to avoid hypoglycaemic episodes, that adversely affect metabolic control.
3. Children where adequate frequency of blood glucose monitoring is unachievable due to diagnosed behavioural or mental health disorders where there are significant concerns about the safety of the individual, and poor metabolic control.
4. Children with co-morbidities or who are on treatments which are associated with changes in nutrient intake or insulin sensitivity resulting in marked fluctuations of blood glucose levels that make diabetes management very difficult. This applies to patients with anorexia nervosa, PEG feeding, and children with cystic-fibrosis related diabetes.
5. Frequent hospital admissions (more than 2 per year) with diabetic ketoacidosis (DKA) and HbA1c of 69 mmol/mol or greater despite intensive clinical intervention.
6. Children who meet the current NICE criteria for insulin pump therapy who are on the pump pathway, where a successful trial of FreeStyle Libre® may avoid the need for insulin pump therapy if clinically appropriate.
7. Children with extreme phobia towards a finger prick blood test which adversely affects metabolic control, this is defined as: children who have good concordance with insulin treatment but who have significant needle phobia despite psychological/play therapy interventions, and who are blood glucose testing less than 5 times a day resulting in poor metabolic control (HbA1c of 69 mmol/mol or greater).
8. Children who are unable to achieve the HbA1c target of less than 58 mmol/mol despite intensive clinical intervention to optimise therapy and persistent (more than 6 months) intensive blood glucose monitoring (blood glucose testing of 8/day or more that is clinically appropriate, on the recommendation of the diabetes specialist team).