

Frequently Asked Questions: Continuous Glucose Monitoring

Type 1 Diabetes; Pregnancy Planning, Pregnancy or Immediately Post Pregnancy

Q. How will eligibility be assessed through the different phases of pregnancy?

A. To be eligible to access subsidised products through the National Diabetes Services Scheme (NDSS):

- The person is expected to benefit clinically from the use of continuous glucose monitoring (CGM); **and**
- The person has the willingness and capability to use CGM; **and**
- The person has the commitment to actively participate in a diabetes management plan that incorporates CGM.

In addition, the person must meet the criteria in one of the following categories:

- **Category A - Pre-pregnancy**

The person with type 1 diabetes is considered as actively planning pregnancy and should be having regular and frequent engagement with pre-conception care services such as an endocrinologist, diabetologist and/or specialist physician, ideally at least every 6-8 weeks and more frequently if there is sub-optimal glycaemic control. An authorised health professional may certify eligibility for an initial 6-month period on the basis of the person seeking active pre-pregnancy care and committing to regular engagement with the pre-conception care service provider.

If at the end of the initial 6-month period the pre-conception care is continuing, an authorised health professional may certify eligibility for a further 6-month period. A maximum of two, 6-month access periods (up to a maximum period of 12 months) may be authorised.

- **Category B - Pregnant/Post-Pregnancy**

The person with type 1 diabetes has a confirmed pregnancy and is regularly engaging with a health professional such as an endocrinologist, diabetologist and/or specialist physician. An authorised health professional may certify eligibility that will continue until 3 months after the expected date of birth of the baby.

People with type 1 diabetes will be eligible for up to 12 months subsidised access to CGM to support active pregnancy planning. Once pregnancy is confirmed, they will be eligible from when the pregnancy is confirmed until 3 months after the expected date of birth of the baby.

Q. When can my access start?

A. People with type 1 diabetes who are either planning pregnancy, are pregnant or are in the immediate post-pregnancy phase will be able to apply from 1 March 2019. Women will need to complete an Eligibility Assessment Form, found [here](#).

Q. What are the eligibility criteria for women with type 1 diabetes actively planning pregnancy?

A. For those actively planning pregnancy, the following are the general guidelines when determining eligibility to fully subsidised CGM:

- The person with type 1 diabetes is considered as actively planning pregnancy and should be having regular engagement with pre-conception care services such as an endocrinologist, diabetologist and/or specialist physician, ideally at least every 6-8 weeks and more frequently if there is sub-optimal glycaemic control.
- An authorised health professional may then certify eligibility for an initial 6-month period on the basis of a person seeking active pre-conception care and committing to regular engagement with the pre-conception care service provider.
- If at the end of the initial 6-month period pre-conception care is still continuing, an authorised health professional may certify eligibility for a further 6-month period. A maximum of two 6-month access periods (up to a period of 12 months) is the total entitlement for active pregnancy planning.

Q. Am I eligible if I am planning pregnancy through other means, such as IVF?

A. If you're planning pregnancy you are eligible to access CGM supplies, irrespective of the pregnancy planning pathway you choose. As long as you meet the following eligibility criteria you may apply for the subsidy:

- You have regular engagement with a pre-conception care service for the purpose of planning pregnancy, such as an endocrinologist, diabetologist and/or specialist physician. This is likely to be a minimum of every 6-8 weeks or more frequently if there is sub-optimal glycaemic control. It is recommended that a person with type 1 diabetes preparing for pregnancy consults and involves an endocrinologist for optimum care; **and**
- You are implementing daily diabetes self-management strategies in collaboration with your authorised health professional.

An authorised health professional may then certify eligibility for an initial 6-month period on the basis of a person seeking active pre-conception care and committing to regular engagement with the pre-conception care service provider.

If at the end of the initial 6-month period pre-conception care is still continuing, an authorised health professional may certify eligibility for a further 6-month period. Your authorised health professional may certify a maximum of two 6-month access periods (up to a period of 12 months) of entitlement for active pregnancy planning.

Q. What if I am not pregnant after 12 months of trying?

A. If you are continuing to actively try for pregnancy after 12 months, you may continue to be eligible to access CGM.

There may be exceptional circumstances for an extension of this timeframe that will be considered on a case-by-case basis, noting these will be considered by an appropriately constituted expert panel established by Diabetes Australia that will provide a recommendation to the Department of Health.

Q. I need to take a break in pregnancy planning. Can I carry forward what's left of my 6-month eligibility period when I resume planning?

A. If you break during your granted access period, you forfeit any time that is left over. A person may reapply for pre-pregnancy status at any time, and this would be considered a separate and distinct application, not a continuation of their previous access.

Q. What are the eligibility criteria for pregnant women with type 1 diabetes?

A. Access to CGM may be provided to women with type 1 diabetes during pregnancy where:

- The person has regular engagement with pregnancy care health services, such as an endocrinologist, diabetologist and/or specialist physician; **and**
- The person is implementing daily diabetes self-management strategies in collaboration with an authorised health professional during pregnancy.

When pregnancy is confirmed, the authorised health professional will certify eligibility from when the pregnancy is confirmed until 3 months after the expected date of birth of the baby. The eligibility period ends 3 months after the expected date of birth of the baby.

Q. I have been actively planning pregnancy for the past 10 months. I am now pregnant. Do I continue to receive the subsidised access I have been getting?

A. Once you are pregnant, you need to reapply for the pregnancy/post-pregnancy phase of subsidised access. You can do so by completing the relevant section on the Eligibility Assessment Form, found [here](#).

Q. I am already pregnant. Can I still apply?

A. You can apply for the remaining period of your pregnancy. The eligibility period ends 3 months after the expected date of birth of the baby.

Q. I have just given birth. Am I eligible?

A. An authorised health professional may certify eligibility that will continue until 3 months after the expected date of birth of the baby. The eligibility period ends 3 months after the expected date of birth of the baby.

Q. What do I need to do if my CGM access period is coming to an end?

A. At least one month before the end of either the 'pre-pregnancy' or 'post-pregnancy' periods, the person will receive a notification via SMS or email, advising them that their CGM access period is ending soon and that they should consult their authorised health professional to discuss future access to CGM, or to transition to alternative arrangements for finger prick blood glucose checks.

Q. Who decides if a person meets the criteria?

A. Specialist involvement is recommended for diabetes management and care for pregnancy planning and in pregnancy care in type 1 diabetes, as well as for the interpretation of CGM results. The authorised health professionals who may certify eligibility to access CGM through the NDSS for pregnancy include:

- Endocrinologist
- Diabetologist
- Credentialed diabetes educator
- Other registered health professional specialised in diabetes
 - Physician
 - Nurse practitioner.

Q. How do people living in remote or rural locations access specialists responsible for signing off on eligibility?

A. Where direct access to an endocrinologist or specialist physician is not possible, support may be provided by a local, appropriately upskilled health professional with expertise in diabetes management. This local health professional may coordinate CGM and work in collaboration with specialist diabetes services.

Specialist involvement is recommended for diabetes management and care for pregnancy planning and in pregnancy care in type 1 diabetes, as well as for the interpretation of CGM results.

Q. Is gestational diabetes covered under this funding extension?

A. People diagnosed with gestational diabetes do not have type 1 diabetes and are not eligible to access CGM through the NDSS. However, check out our website at ndss.com.au/gestational-diabetes-resources or call the NDSS Helpline on **1300 136 588** if you would like further guidance on gestational diabetes and how the NDSS can help people with gestational diabetes.

Q. What happens in the case of a pregnancy loss?

A. In the unfortunate event that a pregnancy ends in loss, the currently approved period of CGM access will continue unchanged. A person may reapply for pre-pregnancy status at any time, and this would be considered a separate and distinct application, not a continuation of their previous access.

Q. Is there an upper age limit for pregnancy eligibility?

A. There is no upper age limit on eligibility for pregnancy, as long as an authorised health professional certifies that the person is actively planning pregnancy or is pregnant.

Q. Is there a deadline to apply for the subsidies?

A. There is no deadline to apply. There is no limit to how many eligible people can apply. If you're eligible, you are eligible.

Q. How are the subsidies going to help those who are eligible, exactly?

A. Accessing fully subsidised CGM products through the CGM Initiative could save eligible people up to \$7,000 per year.

Q. Will this change impact the process through which I currently get my NDSS products and services?

A. There is no change in how you access your subsidised diabetes products. Your local NDSS Access Point (usually a community pharmacy) will continue to provide subsidised NDSS products. Please note that Access Points will not have CGM products on the shelf. These will have to be ordered. To allow enough time for your new supplies to arrive, we recommend that you order one week prior to needing them. There are no other changes to how you access NDSS products, such as insulin pen needles and blood glucose test strips.

Q. Is there any co-payment clause or condition that we need to know about?

A. There will be no co-payment involved. The Government is expanding subsidised access to CGM to support more people with type 1 diabetes, specifically those with certain high clinical needs.

Q. If I am eligible, do I have to change my device?

A. There is no need to change the device you use if it is available through the NDSS. You should consult with your health professional to ensure that you are using the device best-suited to your clinical needs.

Q. How does someone choose to opt out of the initiative?

A. If you or your authorised health professional determine that you are not benefitting from and can stop using CGM, a [Continuous Glucose Monitoring Update or Termination Form](#) needs to be completed, signed and submitted according to the details on the form.

Q. Are health professionals and Access Points aware of this change?

A. The Department of Health will be writing to health professionals and Access Points before 1 March 2019 to inform them about the extension of subsidies to glucose-monitoring supplies through the NDSS. We encourage you to talk to your health professional to determine whether CGM will clinically benefit you.

Q. When will the Medtronic Guardian (3) transmitters and sensor be available through the NDSS?

A. Subsidised access through the NDSS to the products on the Medtronic Guardian (3) platform will start on 1 April 2019. All the eligibility assessment forms are available [here](#). You can read more about the CGM Initiative, eligibility criteria, and the application process [here](#).

Q. My Access Point says my choice of device is not covered under the subsidy. Why is my choice being restricted?

A. Click [here](#) for a list of the various CGM devices subsidised through the NDSS that you can choose from. This list also includes information about which CGM devices are compatible with the various insulin pumps. There is no restriction in the choice of device from this list. You can discuss with your authorised health professional which one is best-suited to your needs.

The selection of appropriate CGM devices should be made by the authorised health professional based on their clinical assessment in consultation with you. This assessment should consider the indicated use for each CGM device, noting that not all products may be appropriate for all eligibility groups.

Q. What is CGM?

A. A CGM device is a small wearable device that measures glucose levels throughout the day and night. It has alarms to let the user know if glucose levels are getting too low or too high, and what their glucose level is at any time, and whether it is stable or on the way up or down. These devices reduce the frequency of daily finger prick blood glucose checks. Some devices can work in conjunction with a compatible insulin pump while others send information to a receiver or an application (app) via a smartphone. Click [here](#) for more information.

Q. What is the benefit of using CGM?

A. Using CGM may be helpful when managing type 1 diabetes. It may reduce stress, anxiety, and unscheduled visits to the hospital because of hypoglycaemia or hyperglycaemia. You can talk to your diabetes health professional to determine if CGM is suited to your needs and will clinically benefit you.