NHS Greater Manchester Integrated Care
Continuous glucose monitoring (CGM) prescribing guidance

1. Introduction

Guidance produced by the National Institute for Clinical Excellence was updated in 2022 to widen eligibility for continuous glucose monitoring (CGM) for certain categories of patients. Following extensive discussion and consultation, NHS Greater Manchester has approved that the prescribing of and access to CGM should align with the updated NICE guidance. This document summarises:

- Who should be offered or considered for CGM according to NICE guidelines.
- Where resultant changes/savings should be made when moving people onto CGM devices.
- Eligibility for CGM and that it should not be offered outside of the ICB alignment with NICE guidance.
- A GM infographic to illustrate the process of confirming who should be offered or considered for CGM.
- A compiled reproduction of the pertinent recommendations from the four relevant NICE guidelines in a single document for ease of reference.

The relevant guidelines are:
NG3: Diabetes in pregnancy: management from preconception to the postnatal period
NG17: Type 1 diabetes in adults: diagnosis and management
NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management
NG28: Type 2 diabetes in adults: management

2. Savings from changes in prescribing

When considering the not insignificant financial implications of increasing access to CGM, the ICB was cognisant of the potential for commensurate savings in other areas. As well as the long-term cost-effectiveness of CGM in its own right, there is the opportunity to reduce expenditure on other forms of glucose monitoring, notably on blood glucose testing strips (BGTS).

The NHS GM ICB has confirmed alignment with the commissioning recommendations contained in the *Second National Assessment of Blood Glucose and Ketone Meters, Testing Strips and Lancets* (June 2025) available from NHSE England link here[1].

Systems and prescribers are expected to act in line with the above and to follow the GM formulary guidance and recommendations on blood glucose meters and testing at:

1. https://gmmmg.nhs.uk/wp-content/uploads/2025/02/GM-Test-Strip-recommendations.pdf
2. https://www.greatermanchesterformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.01.06&SubSectionID=A100

3. Confirming eligibility

IMPORTANT

Patients who fall outside the eligible categories in the NICE recommendations as described in this guidance are not eligible to be prescribed CGM and it should not be offered to them.

[1] https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00037-v4-commissioning-recommendations-following-the-national-assessment-of-blood-glucose-and.pdf

4. Summary of NICE guidance eligibility

The following summarises who should be offered or considered for continuous glucose monitoring (CGM) according to NICE guidance (NG) as updated in 2022.

KEY
rtCGM = real-time continuous glucose monitoring
isCGM = intermittently scanned continuous glucose monitoring

From NG3 – Diabetes in Pregnancy Recommendations

- Offer rtCGM to all pregnant women with type 1 diabetes.
- Offer isCGM to pregnant women with type 1 diabetes who are unable to use rtCGM or express a clear preference for isCGM.
- Consider rtCGM for pregnant women who are on insulin therapy but do not have type 1 diabetes, if:
    - they have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia); or
    - they have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control.

From NG17 – Type 1 Diabetes in Adults Recommendations

- Offer adults with type 1 diabetes a choice of rtCGM or isCGM, based on their individual preferences, needs, characteristics, and the functionality of the devices available.

From NG18 – Diabetes in Children and Young People Recommendations

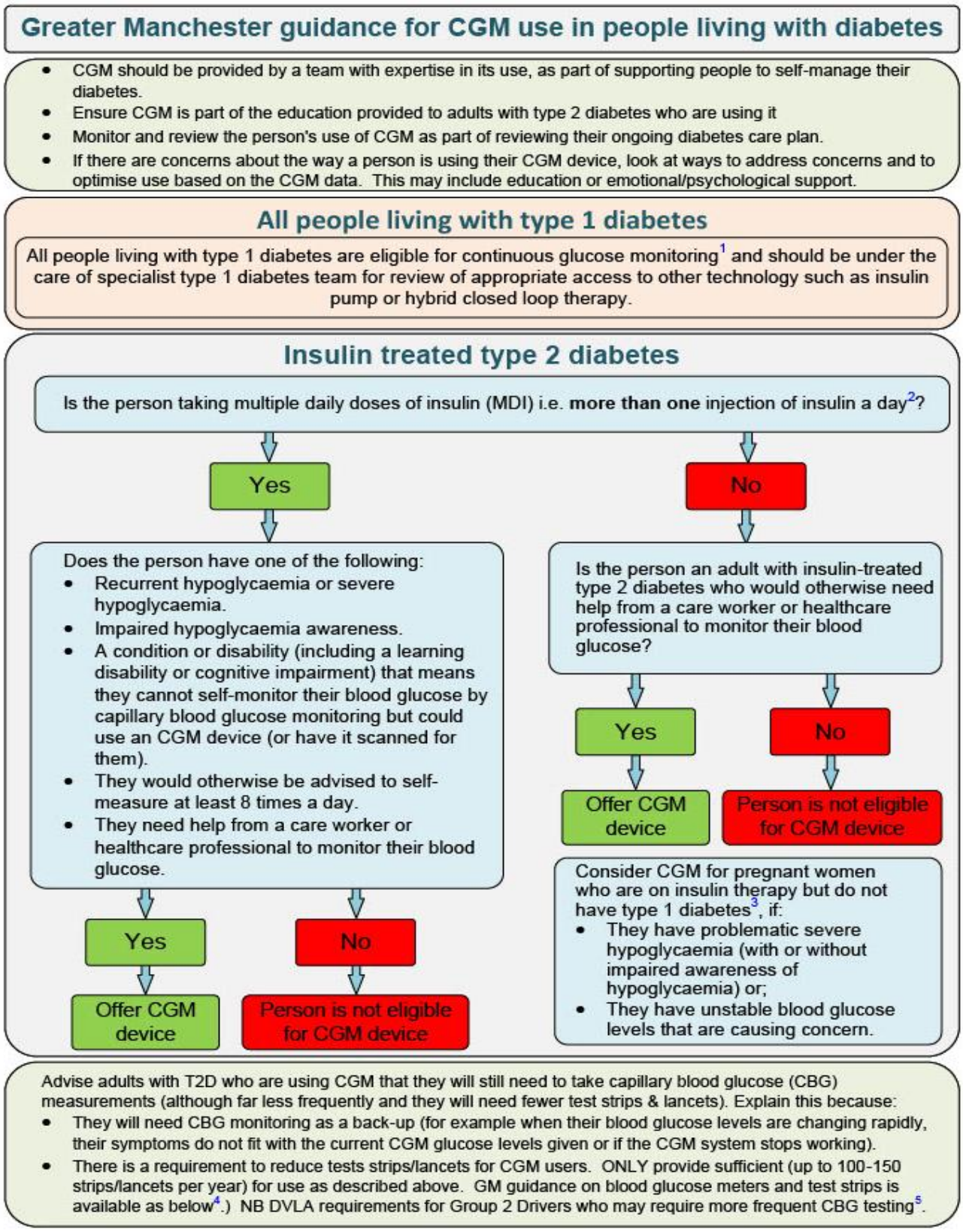
- Offer rtCGM to all children and young people with type 1 diabetes.
- Offer isCGM to children and young people with type 1 diabetes aged 4 years and over who are unable to use rtCGM or who express a clear preference for isCGM.
- Offer children and young people with type 1 diabetes a choice of rtCGM device, based on their individual preferences, needs, characteristics, and the functionality of the devices available.

From NG28 – Type 2 Diabetes in Adults Recommendations

- Offer isCGM to adults with type 2 diabetes on multiple daily insulin injections if any of the following apply:
    - they have recurrent hypoglycaemia or severe hypoglycaemia
    - they have impaired hypoglycaemia awareness
    - they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them)
    - they would otherwise be advised to self-measure at least 8 times a day.
- For guidance on continuous glucose monitoring (CGM) for pregnant women, see the NICE guideline on diabetes in pregnancy.
- Offer isCGM to adults with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose.
- Consider rtCGM as an alternative to isCGM for adults with insulin-treated type 2 diabetes if it is available for the same or lower cost.

The pathway diagram in the following section summarises the above in graphic form to support easy identification of patients who are eligible for CGM and those that should not be offered CGM.

5. GM CGM Pathway prescribing diagram



1. NICE NG 17 (updated 2022) Type1 Diabetes in Adults: Diagnosis & Management
2. NICE NG 28 (updated 2022) Type2 Diabetes in Adults: Management
3. NICE NG 3 (updated 2022) Diabetes in Pregnancy: Management from preconception to the Postnatal Period
4. GM Medicines Management Group GM recommended blood glucose meters
5. DVLA advice on driver requirements available at Diabetes mellitus: assessing fitness to drive - GOV.UK

APPENDIX: NICE recommendations on offering & considering CGM

The NICE guidelines NG3, NG17, NG18, and NG28 outline specific eligibility criteria for offering continuous glucose monitoring (CGM) to people with diabetes. The recommendations on CGM from these four guidelines are reproduced below in a single document for ease of reference.

KEY
rtCGM = real-time continuous glucose monitoring
isCGM = intermittently scanned continuous glucose monitoring

NG3 – Diabetes in Pregnancy (Recommendations)

Continuous glucose monitoring

1.3.17 Offer real-time continuous glucose monitoring (rtCGM) to **all pregnant women with type 1 diabetes** to help them meet their pregnancy blood glucose targets and improve neonatal outcomes. [2020]

1.3.18 Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to **pregnant women with type 1 diabetes who are unable to use rtCGM** or express a clear preference for isCGM. [2020]

1.3.19 Consider rtCGM for **pregnant women who are on insulin therapy but do not have type 1 diabetes**, if:

- they have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or
- they have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control. [2015, amended 2020]

1.3.20 For pregnant women who are using continuous glucose monitoring (CGM), a member of the joint diabetes and antenatal care team with expertise in these systems should provide education and support (including advising women about sources of out-of-hours support). [2020]

NG17 – Type 1 Diabetes in Adults (Recommendations)

Continuous glucose monitoring

1.6.10 Offer **adults with type 1 diabetes** a choice of real-time continuous glucose monitoring (rtCGM) or intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash'), based on their individual preferences, needs, characteristics, and the functionality of the devices available. See box 1 for examples of factors to consider as part of this discussion. [2022]

1.6.11 When choosing a continuous glucose monitoring (CGM) device:

- use shared decision making to identify the person's needs and preferences, and offer them an appropriate device
- if multiple devices meet their needs and preferences, offer the device with the lowest cost. [2022]

1.6.12 CGM should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes. [2015, amended 2022]

1.6.13 Advise adults with type 1 diabetes who are using CGM that they will still need to take capillary blood glucose measurements (although they can do this less often). Explain that this is because:

- they will need to use capillary blood glucose measurements to check the accuracy of their CGM device
- they will need capillary blood glucose monitoring as a back-up (for example, when their blood glucose levels are changing quickly or if the device stops working).

Provide them with enough test strips to take capillary blood glucose measurements as needed. [2022]

1.6.14 If a person cannot use or does not want rtCGM or isCGM, offer capillary blood glucose monitoring. [2022]

1.6.15 Include CGM in the structured education programme provided to all adults with type 1 diabetes (see the section on education and information), and ensure that people are empowered to use CGM devices (see the section on empowering people to self-monitor blood glucose). [2022]

1.6.16 Monitor and review the person's use of CGM as part of reviewing their diabetes care plan (see recommendations 1.1.7, 1.2.5 and 1.2.6 on what to consider when agreeing a care plan and what a care plan should cover). [2022]

1.6.17 If there are concerns about the way a person is using the CGM device:

- ask if they are having problems using their device
- look at ways to address any problems or concerns to improve their use of the device, including further education and emotional and psychological support. [2022]

For guidance on CGM for pregnant women, see the NICE guideline on diabetes in pregnancy. [2022]

1.6.18 Commissioners, providers and healthcare professionals should address inequalities in CGM access and uptake by:

- monitoring who is using CGM
- identifying groups who are eligible but who have a lower uptake
- making plans to engage with these groups to encourage them to consider CGM. **[2022]**

NG18 – Diabetes in Children and Young People (Recommendations)

Continuous glucose monitoring

1.2.60 Offer real-time continuous glucose monitoring (rtCGM) to **all children and young people with type 1 diabetes**, alongside education to support children and young people, and their families and carers, to use it (see recommendation 1.2.67). [2022]

1.2.61 Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to **children and young people with type 1 diabetes aged 4 years and over who are unable to use rtCGM or who express a clear preference for isCGM**. [2022]
In March 2022, isCGM was licensed for children aged 4 years and over.

1.2.62 Offer **children and young people with type 1 diabetes** a choice of rtCGM device, based on their individual preferences, needs, characteristics, and the functionality of the devices available. See box 1 for examples of factors to consider as part of this discussion. [2022]

1.2.63 When choosing a continuous glucose monitoring (CGM) device:

- use shared decision making to identify the child or young person's needs and preferences and offer them an appropriate device
- if multiple devices meet their needs and preferences, offer the device with the lowest cost. [2022]

1.2.64 CGM should be provided by a team with expertise in its use, as part of supporting children and young people to self-manage their diabetes. [2022]

1.2.65 Advise children and young people with type 1 diabetes who are using CGM (and their families or carers) that they will still need to take capillary blood glucose measurements (although they can do this less often). Explain that this is because:

- they will need to use capillary blood glucose measurements to check the accuracy of their CGM device
- they will need capillary blood glucose monitoring as a back-up (for example, when their blood glucose levels are changing quickly or if the device stops working).

Provide them with enough test strips to take capillary blood glucose measurements as needed. [2022]

1.2.66 If a person cannot use or does not want rtCGM or isCGM, offer capillary blood glucose monitoring. [2022]

1.2.67 Include CGM in the continuing programme of education provided to all children and young people with type 1 diabetes and their families or carers (see the section on education and information). [2022]

1.2.68 Monitor and review the child or young person's use of CGM as part of reviewing their diabetes care plan, and explain to them the importance of continuously wearing the device. [2022]

1.2.69 If the child or young person is not using their CGM device at least 70% of the time:

- ask if they are having problems with their device

- look at ways to address any problems or concerns to improve their use of the device, including further education and emotional and psychological support. [2022]

1.2.70 Commissioners, providers and healthcare professionals should address inequalities in CGM access and uptake by:

- monitoring who is using CGM
- identifying groups who are eligible but who have a lower uptake
- making plans to engage with these groups to encourage them to consider CGM. [2022]

NG28 – Type 2 Diabetes in Adults (Recommendations)

Continuous glucose monitoring

1.6.17 Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to **adults with type 2 diabetes on multiple daily insulin injections if any of the following apply**:

- **they have recurrent hypoglycaemia or severe hypoglycaemia**
- **they have impaired hypoglycaemia awareness**
- **they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them)**
- **they would otherwise be advised to self-measure at least 8 times a day.**

For guidance on continuous glucose monitoring (CGM) for pregnant women, see the NICE guideline on diabetes in pregnancy. **[2022]**

1.6.18 Offer isCGM to **adults with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose**. **[2022]**

1.6.19 Consider real-time continuous glucose monitoring (rtCGM) as an alternative to isCGM **for adults with insulin-treated type 2 diabetes if it is available for the same or lower cost**. **[2022]**

1.6.20 CGM should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes. **[2022]**

1.6.21 Advise adults with type 2 diabetes who are using CGM that they will still need to take capillary blood glucose measurements (although they can do this less often). Explain that is because:

- they will need to use capillary blood glucose measurements to check the accuracy of their CGM device
- they will need capillary blood glucose monitoring as a back-up (for example when their blood glucose levels are changing quickly or if the device stops working).

Provide them with enough test strips to take capillary blood glucose measurements as needed. [2022]

1.6.22 If a person is offered rtCGM or isCGM but cannot or does not want to use any of these devices, offer capillary blood glucose monitoring. [2022]

1.6.23 Ensure CGM is part of the education provided to adults with type 2 diabetes who are using it (see the section on education). [2022]

1.6.24 Monitor and review the person's use of CGM as part of reviewing their diabetes care plan (see the section on individualised care). [2022]

1.6.25 If there are concerns about the way a person is using the CGM device:

- ask if they are having problems using their device
- look at ways to address any problems and concerns to improve their use of the device, including further education and emotional and psychological support. [2022]

1.6.26 Commissioners, providers and healthcare professionals should address inequalities in CGM access and uptake by:

- monitoring who is using CGM
- identifying groups who are eligible but who have a lower uptake
- making plans to engage with these groups to encourage them to consider CGM. [2022]