

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 May 2017

Ref No: SQ17-000947

OUTCOME: 4 - Individual Health Benefits

Topic: Insulin Pumps

Type of Question: Written Question on Notice

Senator: Griff, Stirling

Question:

Regarding the announcement the Government would fully subsidise continuous glucose monitoring products to type 1 diabetics aged under 21 years:

- a) Is this unconditionally available to all type 1 diabetics under 21? Is it means tested?
- b) What is the per unit cost of these devices to the department?
- c) How many users do you have or expect to have each year?
- d) Can the Department please provide the clinical advice it relied on to determine that the program should only extend to diabetics aged under 21.
- e) What support or transitional assistance is in place to assist these young adults when they turn 21 to manage manual daily injections?
- f) Is there any reason insulin pumps shouldn't be fully subsidised for all people with Type 1 diabetes? Is it purely a cost issue?

Answer:

- a) Is this unconditionally available to all type 1 diabetics under 21?

No. Eligibility for access to subsidised continuous glucose monitoring products requires authorisation by a healthcare provider, to ensure that the individual will benefit clinically from the use of continuous glucose monitoring (CGM), and patient commitment and ability to use the device as part of their diabetes management plan.

Is it means tested?

No.

- b) What is the per unit cost of these devices to the department?

The per unit cost of CGM products supplied under the National Diabetes Services Scheme is commercially confidential information of the suppliers, and not for public disclosure.

- c) How many users do you have or expect to have each year?

At 15 June 2017, 4,140 people were authorised as eligible by their health professional.

d) Can the Department please provide the clinical advice it relied on to determine that the program should only extend to diabetics aged under 21?

The Department of Health was advised by an expert Advisory Group, including endocrinologists, credentialed diabetes educators and stakeholder organisations, such as the DANII Foundation, Diabetes Australia, JDRF and the Pharmacy Guild of Australia in the implementation of this initiative.

The Advisory Group recommended that people with type 1 diabetes who experience significant difficulty in managing their blood glucose levels should be a high priority for access to CGM. The Advisory Group also confirmed that young people under 21 years of age are the group with the highest clinical need for CGM technology, as a child or young person with type 1 diabetes may experience frequent episodes of hypoglycaemia, and have impaired awareness and/or an inability to recognise or communicate their symptoms of hypoglycaemia and will gain significant clinical benefit from the use of CGM. For children under ten years of age hypoglycaemia in particular can impact on brain development.

e) What support or transitional assistance is in place to assist these young adults when they turn 21 to manage manual daily injections?

Once a person turns 21 years of age, they will continue to be supported by their healthcare team, as part of their ongoing diabetes management plan. A patient may choose to continue to use CGM, however they will need to purchase products directly from the supplier.

Note that patients may also continue to use insulin pumps, which may be subsidised under private health insurance policies. Insulin pump consumables are subsidised under the National Diabetes Services Scheme.

f) Is there any reason insulin pumps shouldn't be fully subsidised for all people with type 1 diabetes? Is it purely a cost issue?

While insulin pumps can have a quality of life benefit for some people living with diabetes, they may not be optimal therapy for all people with diabetes. A Post-market Review of Products Used in the Management of Diabetes failed to find any evidence of insulin pumps providing superior clinical outcomes, for patients, over injections.