

26 April 2024

PHARMAC  
PO Box 10254  
The Terrace  
Wellington 6143

Sent via email to: [consult@pharmac.govt.nz](mailto:consult@pharmac.govt.nz)

Dear Sir/Madam,

**Re: Consultation on proposal to fund continuous glucose monitors, insulin pumps, and insulin pump consumables**

Thank you for the opportunity to provide feedback on the above proposal.

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing the majority of community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Our feedback on this consultation focuses on Guild members' concerns around general economic, funding and supply issues. Guild submissions should not be taken as any endorsement of, or any attempt to comment on, issues of safety, efficacy, or individual patient utility.

We strongly support your proposal to fund continuous glucose monitoring (CGM) systems, insulin pumps, and associated consumables. We applaud Pharmac's efforts in exploring and implementing funding considerations in this space. Several international research articles have emphasised the importance of CGMs and insulin pumps in effectively managing diabetes. These devices provide real-time insights and precise control over blood glucose levels, thereby lowering the risk of both short-term and long-term complications associated with diabetes.

With this in mind, we would like to raise the following key points for your consideration:

**1. Equitable access and support:**

- We propose that pharmacists are funded for their time spent consulting with patients who may qualify or who do qualify for funding for these items. This includes patients transitioning from other products to CGM systems and insulin pumps, as well as patients considering the transition. Pharmacists are well placed not only to identify patients, including Māori and Pacific people and those with disabilities, who may benefit from switching from traditional methods of diabetic treatment and control, but also to have informative conversations with these patients or potential patients on the various benefits and use of these systems.
- Pharmacists should be remunerated for their time spent during each consultation, similar to the proposed compensation for counselling sight-impaired patients to swap to new blood glucose monitor devices recently. As clinicians are increasingly time

pressured, an onboarding and wraparound support from a pharmacist would benefit patients greatly.

- We would also like to urge Pharmac to investigate the funding of these products via community pharmacy and the impact of this on equity of access. A shortfall in the medicine margin funding community pharmacies receive means medicines in this price bracket do not breakeven for all pharmacies, depending on their pharmaceutical wholesaler terms of trade.

**2. Support for healthcare professionals:**

- Pharmacists may need support by being able to access appropriate free training and information about the prescribing and use of insulin pumps, CGMs and AID systems and access to consumer education resources to effectively counsel patients.
- The consumer education resources should be translated to a number of languages to assist in supporting patients from various ethnicities.

**3. Economic and clinical impact:**

- Poor glucose control leads to significant healthcare costs and diabetes-related complications. Studies have shown that CGM devices can reduce complications such as diabetic ketoacidosis, leading to substantial cost savings and assist in people with more complex uncontrolled hyperglycaemia and unexplainable hypoglycaemia.
- CGM systems offer benefits such as alerts of hyperglycaemia or hypoglycaemia, data observability from multiple devices, improved glucose control, and integration with insulin pumps. These features contribute to better diabetes management and patient outcomes.
- For these reasons we would like to urge Pharmac to consider expanding the access to CGMs to patients with gestational diabetes and type 2 diabetes that fit specific eligibility in the near future.

**4. Special authorities and evergreen funding:**

- It is crucial to ensure that the special authority numbers for the funding of CGMs, insulin pumps, and associated consumables are "evergreen", recognising that patients with type 1 diabetes cannot be cured and will likely require lifelong support.
- The special authority numbers for the funding of these products should also be interchangeable to similar products to mitigate the impact of stock shortages on these patients and the healthcare system. This approach reduces administrative burdens and ensures seamless transitions for patients in these circumstances.

Thank you for your consideration of our response. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lowis ([martin@pgnz.org.nz](mailto:martin@pgnz.org.nz), 04 802 8218) or Cathy Martin ([cathy@pgnz.org.nz](mailto:cathy@pgnz.org.nz), 04 802 8214).

Yours sincerely,



**Nicole Rickman**

General Manager – Membership and Professional Services