Reducing the risk of selection errors with continuous glucose monitoring (CGM) devices.

Across South East London, many individuals living with diabetes monitor their glucose levels using continuous glucose monitoring (CGM) devices. Supply of CGM devices are through the hospital supply chain route or via a prescription (FP10 or hospital prescription). Details of the devices approved for supply via a prescription are detailed on the South East London (SEL) Joint Medicines Formulary.

Over the past few years, the number of devices available have increased with some having very similar sounding names and packaging (see page 2). This therefore may lead to errors in both prescribing, selection and dispensing. The devices differ in many ways including functionality, application and connectivity. It is essential that the right device is issued to ensure the individual can safely manage their glucose levels.

Risks of receiving the incorrect device include:

- Insulin pump integration issues- some devices link with insulin pumps to work as a 'hybrid closed loop' (HCL) system. If the wrong CGM device is given the insulin pump cannot work as an HCL system which may result in the individual not receiving appropriate doses of insulin.
- Individuals being unable to use the device as they are not trained on its use. This could lead to the individual not being able to monitor glucose levels.
- Differences in high or low glucose alarm functionality, leading to the risk of individuals being unaware of hypoglycaemia or hyperglycaemia.

These can lead to **diabetes emergencies** such as hypoglycaemia or diabetic ketoacidosis (DKA). It is therefore vital to ensure that the correct devices are being prescribed, selected and dispensed.

Preventing Errors

For all prescribers:

- Ensure documentation clearly specifies which CGM device is to be prescribed.
- When changing CGM device, document the following in correspondence to primary care and the patient:
  - The device being discontinued.
  - The new device being initiated.
  - Remove the previous device from repeat prescribing records.
- Educate patients on:
  - The device they will be receiving.
  - The risks of receiving the wrong device.
  - The importance of checking the pharmacy bag before leaving the pharmacy to ensure they have received the correct device.
- Carefully check when selecting the device from drop down options on prescribing systems to ensure it is the right one.
- Ensure that patients have access to self-monitoring blood glucose meter and testing strip in addition to CGM as outlined in SEL guidance.
- Where there are any discrepancies regarding the CGM device contact the initiating team for clarification.

For community pharmacy and hospital outpatient pharmacies:

- Store CGM devices with similar visual appearance and/or names separately to minimise the risk of mis-selection.
- Carefully check the device against the prescription when selecting from the electronic dispensing system drop down pick list and then against the selected stock when dispensing.
- Check on handout to the patient that right device has been issued. Where any discrepancies arise, check with the prescriber to confirm the correct device.

Table 1: FreeStyle Libre devices and key differences

Device	FreeStyle Libre 2®	FreeStyle Libre 2 Plus®	FreeStyle Libre 3®
Presentation			
How long does a sensor last?	14 days	15 days	14 days
Transmitter	inbuilt	inbuilt	inbuilt
Hybrid closed loop (insulin pump) compatible	No	Yes- Omnipod ® 5 insulin pump	Yes- YpsoPump® insulin pump

Table 2: Dexcom ONE devices and key differences

Device	Dexcom ONE®	Dexcom ONE+®
Presentation		
How long does a sensor last?	10 days	10 days
Transmitter	requires separate Decom One transmitter which should be replaced every 90 days.	inbuilt
Hybrid closed loop (insulin pump) compatible	No	No

SEL CGM guidance can be found on the SEL IMOC website. For further information on the Freestyle Libre devices please visit here and for Dexcom devices please visit here.

Approval date: November 2024 **Minor update:** February 2025 **Review date:** November 2026 **(or sooner if evidence or practice changes)**

Not to be used for commercial or marketing purposes. Strictly for use within the NHS