



October 9, 2019

Mrs. Danielle McCann  
Minister of Health and Social Services  
Ministère de la Santé et des Services sociaux  
Édifice Catherine-De Longpré  
1075, chemin Sainte-Foy  
15e étage  
Québec (Quebec) G1S 2M1

Dear Health Minister McCann,

On behalf of the Endocrine Society, please find below a letter of support for the coverage of continuous glucose monitors (CGMs) in the public health and prescription drug insurance plan (RAMQ) for Quebec. Founded in 1916, the Society represents more than 18,000 physicians and scientists in the field of endocrinology who are engaged in the treatment and research of endocrine disorders, such as diabetes, hypertension, osteoporosis, infertility, obesity, and thyroid disease.

We support coverage of CGMs for certain patients with diabetes as indicated in our clinical practice guideline, “Diabetes Technology—Continuous Subcutaneous Insulin Infusion and Continuous Glucose Monitoring Adults”, which was released in the *Journal of Clinical Endocrinology & Metabolism* in 2016.<sup>1</sup> The guideline provides recommendations on the use of CGMs in people with diabetes based on scientific evidence and was co-sponsored by the American Association for Clinical Chemistry, the American Association of Diabetes Educators, and the European Society of Endocrinology.

Our guideline recommends real-time CGMs for adult patients with type 1 diabetes (T1D) who are willing and able to use the devices on a nearly daily basis. This recommendation is based on a review of evidence that demonstrated that adults with A1C levels  $\geq 7.0\%$  had a greater reduction in A1C using CGM.<sup>2</sup> Patients with T1D face daily challenges in managing blood glucose levels and avoiding severe hypoglycemia and hyperglycemia. Continuous, real-time

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<sup>1</sup> Anne L. Peters, Andrew J. Ahmann, Tadej Battelino, Alison Evert, Irl B. Hirsch, M. Hassan Murad, William E. Winter, Howard Wolpert, Diabetes Technology—Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 101, Issue 11, 1 November 2016, Pages 3922–3937.

<sup>2</sup> Juvenile Diabetes Research Foundation Continuous Glucose Monitoring Study Group, Tamborlane WV, Beck RW, Bode BW, et al. Continuous glucose monitoring and intensive treatment of type 1 diabetes. *N Engl J Med*. 2008;359:1464-1476.

monitoring improves glucose control by providing patients with actionable data to keep blood sugar in range and to avoid unnecessary hospitalizations and life-threatening complications.<sup>3</sup>

Studies have shown that CGM reduces the burden of hypoglycemia for people with T1D who consistently use CGM and a proven benefit of the alarm functionality, which can help manage nocturnal hypoglycemia and increase the amount of time blood sugar is in target range.<sup>4</sup> These systems also replace the need for routine finger sticks, making diabetes management much easier.

Studies have found similar results when children with T1D consistently use CGM. A previous Endocrine Society guideline on continuous glucose monitoring recommends use by children and adults with type 1 diabetes who have A1C levels below 7% to assist in maintaining target A1C levels and limit hypoglycemia.<sup>5</sup> In children and adolescents with T1D who have an A1c > 7%, we also recommend CGM use. While our guideline does not make a recommendation on the use of CGM by children less than 8 years old, recently published studies state that CGM can be used in patients over 2 years old.<sup>6</sup> The U.S. Food and Drug Administration also approves use of the Dexcom G5 Mobile CGM system in patients aged 2 years and older.

Finally, our guideline suggests short-term, intermittent use of CGMs in adult patients with type 2 diabetes who are not on prandial insulin and have A1C levels  $\geq$  7% who are willing and able to use the device.<sup>7</sup> A large-scale randomized controlled trial showed that use of intermittent CGM for 12 weeks resulted in significant improvements in A1C.<sup>8</sup>

In the United States, the clinical evidence and practice guidelines have resulted in every diabetes professional society recommending the use of CGM in people with type 1 diabetes and nearly all private health plans cover the device for this population. Unfortunately, CGMs are not covered by government insurance in Canada. This has created an access problem, particularly for individuals with T1D who would benefit from this technology the most. We hope that you will keep our recommendations in mind as you consider whether to provide CGM coverage in RAMQ.

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<sup>3</sup> Ibid.

<sup>4</sup> Peters AL, Ahmann AJ, Hirsch IB, Raymond JK. Advances in Glucose Monitoring and Automated Insulin Delivery: Supplement to Endocrine Society Clinical Practice Guidelines. *J Endocr Soc.* 2018;2(11):1214–1225. Published 2018 Oct 5. doi:10.1210/je.2018-00262

<sup>5</sup> David C. Klonoff, Bruce Buckingham, Jens S. Christiansen, Victor M. Montori, William V. Tamborlane, Robert A. Vigersky, Howard Wolpert, Continuous Glucose Monitoring: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 96, Issue 10, 1 October 2011, Pages 2968–2979.

<sup>6</sup> Laffel LM, Aleppo G, Buckingham BA, et al. A Practical Approach to Using Trend Arrows on the Dexcom G5 CGM System to Manage Children and Adolescents With Diabetes. *J Endocr Soc.* 2017;1(12):1461–1476.

<sup>7</sup> Anne L. Peters, Andrew J. Ahmann, Tadej Battelino, Alison Evert, Irl B. Hirsch, M. Hassan Murad, William E. Winter, Howard Wolpert, Diabetes Technology—Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 101, Issue 11, 1 November 2016, Pages 3922–3937.

<sup>8</sup> Vigersky, RA, Fonda SJ, Chellappa M, Walker MS, Ehrhardt NM. Short- and long-term effects of real-time continuous glucose monitoring in patients with type 2 diabetes. *Diabetes Care.* 2012; 35:32-38.



Should you have any questions, please don't hesitate to contact Meredith Dyer, Director of Health Policy, at [mdyer@endocrine.org](mailto:mdyer@endocrine.org).

Thank you in advance for your consideration.

A handwritten signature in blue ink, appearing to read "Robert Lash".

Robert Lash, MD  
Chief Professional and Clinical Affairs Officer  
Endocrine Society