NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

Position Statement: *To be adhered to in line with the CCG Prescribing Policy*

Treatment	**I-Port Advance® Injection Port (Medtronic)**
Commissioning position	**NHS Herefordshire & Worcestershire CCG commissions the use of the I-Port Advance® Injection Port if clinically appropriate, for adults and children and young people (CYP) where:** 1. Patient engagement and clinical criteria for initiation of Continuous Subcutaneous Insulin Infusion (CSII) are met, as defined by: ○ HWCCG Continuous Subcutaneous Insulin Infusion (CSII) in Adults Commissioning Policy OR ○ NICE TA151: Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus for CYP **AND** 2. Difficulty administering insulin in accordance with prescribed schedule, (despite support, advice and patient engagement), as a result of significant problems with: ○ Severe pain or needle phobia causing anxiety/psychological distress ○ Significant lipohypertrophy **All aspects of I-Port Advance® use including initiation, supply, and continuation must be maintained and managed within secondary care by the diabetes specialist teams:** • Initiation should involve an MDT review • Where available Blueteq should be used to validate patient eligibility • The following stopping criteria should be applied: ○ Review at 1 month, to ensure that the person with diabetes is utilising the I-Port Advance® without problems and this is helping the glycaemia management/ diabetes distress, with the expectation to see regular use of I-Port Advance®. ○ Review at 4 months, expectation is to see good utilisation of I-Port Advance® and improved insulin administration resulting in better diabetes management, demonstrated where clinically appropriate by; reduced diabetes distress, improvement in HbA1c, improved glucose profiles, or reduction in hospitalisations. ○ If no improvement in diabetes management (as defined above) at 4 months, then the I-Port Advance® should be discontinued. ○ Once ongoing benefit has been seen use should be reviewed at least annually by the Specialist Diabetes team.
Summary of Evidence	• The available published clinical evidence is limited. • NTAG (Northern Treatment Advisory Group**)** support the use of the I-Port Advance® as an alternative treatment option for some patients with type 1 diabetes who would otherwise be eligible for and progress to Continuous Subcutaneous Insulin Infusion (CSII or 'insulin pump') therapy. • NTAG do not recommend I-Port advance for the treatment of people with type 2 diabetes mellitus. Patients with type 2 diabetes may also require

	insulin injection but clinical evidence highlighting benefits of using an injection port in this population is currently limited.
Financial implications	The eligibility criteria for the I-Port Advance enables the device to be used in patients who may otherwise be initiated on a CSII pump, the I-Port Advance is considerably more cost-effective than CSII pumps. There are additional financial benefits associated with the I-Port Advance including reduction in hospital admissions due to diabetes ketoacidosis (DKA) and reducing the risk of long-term complications and the associated financial impact.
Acknowledgement	Northern (NHS) Treatment Advisory Group (NTAG) Dr Jyothish Govindan, Endocrine Consultant, WVT
Approved **Date for Review**	July 2021 *July 2024 or sooner if additional national guidance and/or published evidence is made available*
References	1. Medtronic I-Port Advance™ website. 2. NTAG appraisal: I-Port Advance™ for Diabetes. February 2019 3. NTAG Treatment appraisal: decision summary. I-Port Advance™ for use in children and adults with Type 1 diabetes. February 2019. 4. The East of England Priorities Advisory Committee (PAC). I-port Advance guidance statement. 5. Amal et el. Benefits of using the i-port system on insulin treated patients. Spectrum diabetes journal. WINTER 2019;32:1. 6. Blevins T SS, Bode B et al. A study assessing an injection port for administration of insulin. Diabetes Spectrum 2008;21:197-202. 7. Burdick P CS, Horner B, Corby E, McFann K, Chase HP. Use of a subcutaneous injection port to improve glycaemic control in children with type 1 diabetes. Paediatric Diabetes 2009;10:116-19 8. Maltoni G ZM, Zucchini S, Pession A. Research Letter - Using an injection port helps improve metabolic control and compliance to a strict basal-bolus regimen in children and adolescents with type 1 diabetes. Journal of Diabetes 2018;10:686-88.