



FreeStyle
Libre 3



REAL-WORLD CASE STUDY

Helping patients to better manage their diabetes and reduce burden

The FreeStyle Libre 3 system helped Debra better understand her glucose levels to improve medication adherence and time in target range

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Image and name not of actual patient.

See last page for Important Safety Information.



Meet Debra*

Bus driver, ~45 years old

Patient History

Baseline metrics and medications

HbA1c: **8.3%**

Body mass index (BMI):
28.74 kg/m²
Weight: **151.8 lb**

Metformin 1,000 mg
Glipizide 5 mg
both 2x day

- She was diagnosed with T2D 5 years ago
- She feared having hypoglycemia episodes while driving the bus
- She was nervous about others seeing her perform blood glucose monitoring (BGM) on the job
 - Therefore conducted fingerstick monitoring at home only ~5 times a week

Data on file. Abbott Diabetes Care.

This case study is intended to be used for educational purposes only. Individual symptoms, situations, and circumstances may vary.

*Actual patient information, although not the patient's real name or image.

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Initial assessment revealed high glucose—and the need for improved medication adherence

The Glucose Pattern Insights (GPI) report provides a guided interpretation of the patient's CGM data to highlight important patterns

Time in ranges

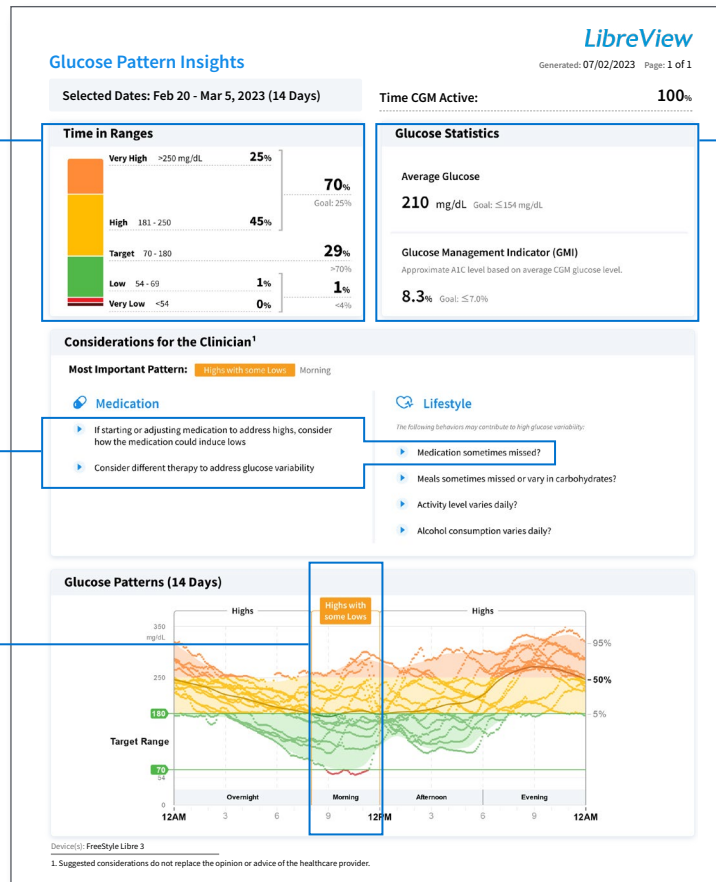
- 70% of time above target range
- 29% of time in target range

Considerations for the clinician

Glucose variability may indicate how Debra is not taking her medications during the day

Most important pattern

Highs with some lows (morning)

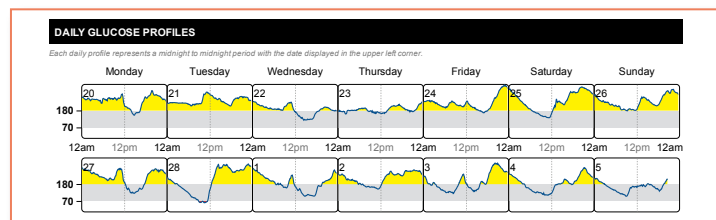


Glucose statistics

- Average glucose: 210 mg/dL
- Glucose management indicator (GMI): 8.3%

From the AGP report portion of the LibreView* report: Baseline Daily Glucose Profile

- Yellow-peaked areas illustrate significant hyperglycemia throughout each day
- When her clinician asked what might be causing these glucose spikes, **Debra disclosed that she didn't take her morning medications** on days she went to work (due to fears of having hypoglycemia while driving)



Actual patient information.

AGP=Ambulatory Glucose Profile.

Treatment plan

Based on her first LibreView* report, Debra and her clinician agreed to:

- **Continue** checking regularly with the FreeStyle Libre 3 system
- **Discontinue** glipizide (which carries significant hypoglycemia risk)
- **Avoid** injectable therapies, as patient is not open to it
- **Begin** empagliflozin 10 mg daily (an SGLT2 inhibitor)
- **Improve** adherence in taking prescribed metformin 1,000 mg twice daily

Data on file. Abbott Diabetes Care.

*The LibreView data management software is intended for use by both patients and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis and evaluation of historical glucose meter data to support effective diabetes management. The LibreView software is not intended to provide treatment decisions or to be used as a substitute for professional healthcare advice.

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KEY TAKEAWAYS

The FreeStyle Libre 3 system helped to make a real difference for Debra

Enhanced glucose numbers were accompanied by a brighter outlook

Clinical highlights



Increased time in target range by 58%¹ to meet American Diabetes Association guidelines²



Reduced HbA1c by 1.5 percentage points¹ from 8.3% to 6.8%, with no time in hypoglycemia



Increased quality of life and reduced fear of hypoglycemia

Real-life improvements

Thanks to the FreeStyle Libre 3 system and the guidance of her clinical team, Debra:

- **Found comfort** in knowing her glucose levels at all times
- **Developed an understanding** of how different foods interact with her glucose and how her medications work to manage her glucose
- **Felt more at ease about taking medications** and became interested in weight loss, so began injections of semaglutide
- **Felt safe starting exercise**
- **Was able to decrease** her metformin to 500 mg twice daily

Actual patient information.



Patient case provided by

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1. Data on file. Abbott Diabetes Care. 2. ADA. *Diabetes Care* (2023): <https://doi.org/10.2337/dc23-S006>.

See last page for Important Safety Information.

Prescribe the FreeStyle Libre 3 system

New prescriptions include:

- FreeStyle Libre 3 app*
- FreeStyle Libre 3 sensor
 - Quantity: 2 sensors/month
NRC# 57599-0818-00
 - Sensor refills: PRN or 12 refills annually

Optional FreeStyle Libre 3 reader for patients without a compatible smartphone: NRC# 57599-0820-00

Medicare patients/beneficiaries are eligible for the FreeStyle Libre 3 system†1.



Not actual patient data; for illustrative purposes only.



Scan to learn more about the FreeStyle Libre 3 system

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Abbott provides this information as a courtesy; it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors. Medicare coverage is available for FreeStyle Libre systems if their respective readers are used to review glucose data on some days every month. Medicare and other third-party payor criteria apply.

*The FreeStyle Libre 3 app is only compatible with certain mobile devices and operating systems. Please check our website for more information about device compatibility before using the app.
†Patients must meet Medicare eligibility coverage criteria.

1. CMS (2022). Accessed December 2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822>.

IMPORTANT SAFETY INFORMATION

Failure to use FreeStyle Libre 3 system as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose alarms and readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.freestyle.abbott/us-en/safety-information.html> for safety info.

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