



MORE PATIENTS CAN DO IT

WITHOUT LANCETS*



The FreeStyle Libre system delivers clinical benefits for a broad range of patients



FreeStyle
Libre
FLASH GLUCOSE MONITORING SYSTEM



life. to the fullest.®

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The FreeStyle Libre flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in adults aged 18 years and older with diabetes mellitus. Always read and follow the label/insert. The FreeStyle LibreLink app and the FreeStyle Libre reader have similar but not identical features. A finger prick test using a blood glucose meter is required during times of rapidly changing glucose levels when interstitial fluid glucose levels may not accurately reflect blood glucose levels or if hypoglycemia or impending hypoglycemia is reported by the FreeStyle LibreLink app or when symptoms do not match the app readings. The FreeStyle Libre sensor communicates with the FreeStyle Libre reader that started it or the FreeStyle LibreLink app that started it. A sensor started by the FreeStyle Libre reader will also communicate with the FreeStyle LibreLink app. The FreeStyle LibreLink app is only compatible with certain mobile devices and operating systems. Please check the website for more information about device compatibility before using the app. Use of FreeStyle LibreLink requires registration with LibreView.

* Scanning the sensor does not require lancets.

A major obstacle to glucose monitoring is the pain and hassle of finger pricks^{1,2}

>**3X**

The recommended times per day for glucose testing by the Diabetes Canada Clinical Practice Guidelines^{3,*}

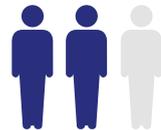
Infrequent glucose testing leads to insufficient glucose data for diabetes treatment decisions^{1,2}

Patients do not test as often as they should, and many do not achieve optimal glycemic control⁴⁻⁸

Patient adherence to SMBG is low



Only **1/3** adhere to the frequency of SMBG recommended by their HCP¹



2/3 skip SMBG because it is invasive to their lives²

Many patients fail to achieve their optimal glycemic control



>**3/4** using insulin do not achieve their A1C target of <7%⁹



1/2 Canadians with diabetes do not achieve their A1C target of $\leq 7\%$ ¹⁰

SMBG, self-monitoring of blood glucose.

* For diabetes patients using insulin more than once a day. For individuals with type 2 diabetes on once-daily insulin in addition to noninsulin antihyperglycemic agents, testing at least once a day at variable times is recommended. For individuals with type 2 diabetes not receiving insulin therapy, frequency of glucose testing recommendations should be individualized depending on type of antihyperglycemic agents, level of glycemic control, and risk of hypoglycemia.³

References: 1. Vincze G, Barner JC, Lopez D. Factors associated with adherence to self-monitoring of blood glucose among persons with diabetes. *Diabetes Educ.* 2004;30(1):112-125. 2. Wagner J, Malchoff C, Abbott G. Invasiveness as a barrier to self-monitoring of blood glucose in diabetes. *Diabetes Technol Ther.* 2005;7(4):612-619. 3. Berard LD, Siemens R, Woo V. Monitoring glycemic control. *Can J Diabetes.* 2018;42 (Suppl 1):S47-S53. 4. Schnell O, Alawi H, Battelino T, et al. Consensus statement on self-monitoring of blood glucose in diabetes. A European perspective. *Diabetes, Stoffwechsel*

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The FreeStyle Libre flash glucose monitoring system eliminates finger pricks*



Reduces A1C

Clinically proven to significantly reduce A1C in type 2 diabetes¹



Easy to Use

With a painless 1-second scan,² patients see their current glucose reading, trend arrow, and 8-hour history



Easy to Wear

A small, discreet sensor with proven accuracy, stability, and consistency that is easy to apply and wear for up to 14 days^{2,3}



* A finger prick test using a blood glucose meter is required during times of rapidly changing glucose levels when interstitial fluid glucose levels may not accurately reflect blood glucose levels or if hypoglycemia or impending hypoglycemia is reported by the system or when symptoms do not match the system readings.

References: 1. Kröger J, Fasching P, Hanaire H. Three European retrospective real-world chart review studies to determine the effectiveness of flash glucose monitoring on HbA1c in adults with type 2 diabetes. *Diabetes Ther.* 2020;11(1):279-291. 2. Data on file, Abbott Diabetes Care Inc. 3. Bailey T, Bode BW, Christiansen MP, Klaff LJ, Alva S. The performance and usability of a factory-calibrated flash glucose monitoring system. *Diabetes Technol Ther.* 2015;17(11):787-794.



Increased glucose monitoring is strongly associated with better diabetes management



References: 1. Bolinder J, Antuna R, Geelhoed-Duijvestijn P, Kröger J, Weitgasser R. Novel glucose-sensing technology and hypoglycaemia in type 1 diabetes: a multicentre, non-masked, randomised controlled trial. *Lancet*. 2016;388(10057):2254-2263. 2. Haak T, Hanaire H, Ajjan R, Hermanns N, Riveline JP, Rayman G. Flash glucose-sensing technology as a replacement for blood glucose monitoring for the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. *Diabetes Ther*. 2017;8(1):55-73. 3. Ajjan R. Insights from real world use of flash continuous glucose monitoring. Presented at: American Diabetes Association 78th Scientific Sessions; June 22-26, 2018; Orlando, FL. 4. Seibold A, Ellis S, Schlaeager C, Welsh Z. A meta-analysis of real world observational studies on the impact of flash glucose monitoring on glycemic control as measured by A1c. Presented at: American Diabetes Association 78th Scientific Sessions; June 22-26, 2018; Orlando, FL.

Canadian real-world use of the FreeStyle Libre system resulted in increased patient engagement¹

Estimated A1C



In estimated A1C as scan rate increased ($P < .001$)¹

Higher rates of scanning are associated with improved glucose control¹

Time in hypoglycemia (≤ 3.0 mmol/L)



From 28.8 to 22.1 min/day with increased scan rate ($P < .001$)¹

Time in range

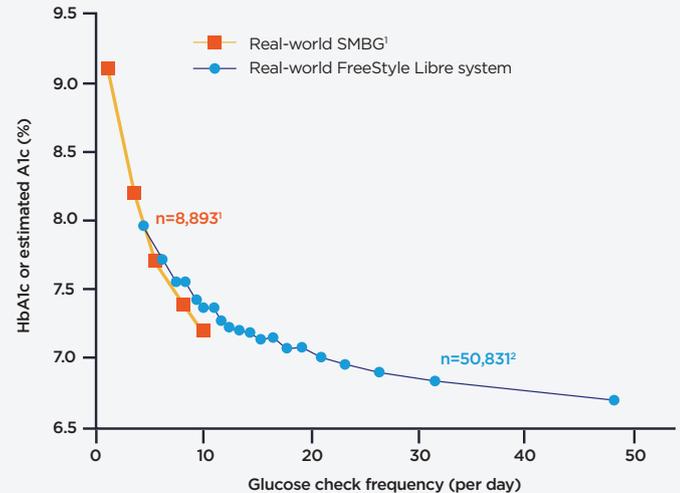


From 12.6 to 16.6 hours/day with increased scan rate ($P < .001$)¹

108 million glucose measurements¹

>15K readers in Canada¹

12 average scans/day¹ vs Diabetes Canada Clinical Practice Guidelines recommendation of ≥ 3 times per day for SMBG^{2,*}



* For diabetes patients using insulin more than once a day. For individuals with type 2 diabetes on once-daily insulin in addition to noninsulin antihyperglycemic agents, testing at least once a day at variable times is recommended. For individuals with type 2 diabetes not receiving insulin therapy, frequency of glucose testing recommendations should be individualized depending on type of antihyperglycemic agents, level of glycemic control, and risk of hypoglycemia.²

References: 1. Berard L, Virdi N, Dunn TC. Canadian real-world analysis of flash glucose monitoring and impact on glycaemic control. Presented at: Diabetes Canada Conference; October 2-5, 2019; Winnipeg, MB. 2. Berard LD, Siemens R, Woo V. Monitoring glycaemic control. *Can J Diabetes*. 2018;42(Suppl 1):S47-S53.

References: 1. Miller KM, Beck RW, Bergenstal RM, et al. Evidence of a strong association between frequency of self-monitoring of blood glucose and hemoglobin A1c levels in T1D exchange clinic registry participants. *Diabetes Care*. 2013;36(7):2009-2014. 2. Dunn TC, Xu Y, Hayter G, Ajjan RA. Real-world flash glucose monitoring patterns and associations between self-monitoring frequency and glycaemic measures: a European analysis of over 60 million glucose tests. *Diabetes Res Clin Pract*. 2018;137:37-46.

Seamlessly manage your patients' diabetes with free digital health tools



For patients



- Easy-to-read reports showing glucose patterns and trends
- Glucose data are automatically uploaded* to LibreView



For HCPs



LibreView

- A secure cloud-based system that enables you to access reports on demand and virtually



Recommend the FreeStyle Libre system to your patients today.

Visit [FreeStyleLibre.ca](https://www.FreestyleLibre.ca) to learn more



life. to the fullest.®

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LibreView is developed, distributed, and supported by Newyu, Inc. 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.

* Use of FreeStyle LibreLink requires registration with LibreView. Automatic upload requires a wireless internet connection or mobile data connection.

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