



<Date>

<Parent or Guardian of>
<FirstName> <LastName>
<Address1>
<Address2>
<City>, <State> <ZIP>

Dear <Parent or Guardian of> <FirstName> <LastName>,

Your health care is our priority. That is why we are writing to tell you that on December 15, 2021, there will be a change to the Continuous Glucose Monitor (CGM) coverage.

THE FOLLOWING CGM WILL BE PREFERRED ON THE PHARMACY BENEFIT EFFECTIVE DECEMBER 15, 2021.

Brand	Type	Notes
Freestyle Libre	N/A	Prior Authorization Required. If you are currently using this product, you will be able to continue on under the pharmacy benefit
Freestyle Libre 2	N/A	Prior Authorization Required. If you are currently using this product, you will be able to continue on under the pharmacy benefit

THE FOLLOWING CGM(S) WILL BE NON-PREFERRED ON THE PHARMACY BENEFIT EFFECTIVE DECEMBER 15, 2021.

Brand	Type	Notes
Dexcom	N/A	Preferred Alternatives are Freestyle Libre and Freestyle Libre 2. If you are currently using this product, you will be able to continue on under the pharmacy benefit
Guardian Sensor 3	N/A	Preferred Alternatives are Freestyle Libre and Freestyle Libre 2
Eversense	N/A	Preferred Alternatives are Freestyle Libre and Freestyle Libre 2

What should you do?

First, talk to your provider. Your provider can submit a prior authorization for the Continuous Glucose Monitor that is no longer preferred if you need to remain on that device.

We are here to help you. If you have any questions or need help interpreting this letter, please call Member Services at 1-800-488-0134 (TTY: 1-800-750-0750 or 711). We are here Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

CareSource RxInnovations

OH-MED-M-940519

ODM Approved: 10/21/2021