COMING SOON



Meet the next generation Omnipod® 5 Automated Insulin Delivery System



INDICATION: FOR PEOPLE WITH INSULIN REQUIRING **TYPE 1 DIABETES** AGED 2 YEARS AND OLDER



Pod and Dexcom G6 shown without necessary adhesive

Omnipod 5*: automated insulin control for people with type 1 diabetes¹

Omnipod 5^{*} with **SmartAdjust[™] technology** proactively manages insulin delivery every 5 minutes using a customised glucose target to help minimise time in hyperglycaemia and hypoglycaemia.^{b,c,d1}

- Choice of glucose targets by time of day, throughout the day; adjustable from 110–150 mg/dL (6.1–8.3 mmol/L)^e
- The only AID System with SmartBolus calculator, informed with Dexcom G6 CGM value and trend

OMNIPOD 5 IMPROVED GLYCAEMIC CONTROL FOR ADULTS, ADOLESCENTS AND CHILDREN WITH T1D IN PIVOTAL STUDIES^{C,D,F1,2}



76%

time in range at a target of 110mg/dl (6.1mmol/L) in adults (2.0-5.9 years), children and adolescents (14-70 years) and 68% overall TIR in children (2-13.9 years)



HbA1c

was significantly reduced reduced time in in very young children hyperglycaemia in children, and (6-13.9 years) and **24%** in adults adults and adolescents and adolescents¹ (14-70 years) by 0.5%, 0.7% and 0.4% respectively^{1,2}



33%



60%

reduction in hypoglycaemia overnight and

46% overall in

adults and adolescents¹

Omnipod 5*: **Adjustments** on the go^{c,b1}

No more multiple daily injections, tubing, or fingersticks^{h1}

- Tubeless, waterproof, Pod with built-in SmartAdjust[™] technology
- Integrated with the accurate Dexcom G6 CGM System^j

IN THE OMNIPOD 5 PIVOTAL STUDY...¹



Adults reported lower stress when eating compared to prior therapy^{c,g}



Parents of children reported better sleep quality compared to prior therapy^{c,g}



Adult users and parents of children felt confident in staying safe from the risk of hypoglycaemia compared to prior therapy^{c,g}



Omnipod 5^{*} – next generation AID, CE-marked and coming soon

- Improved glycaemic control across all age groups from age 2 in two pivotal studies, while time in hypoglycaemia remained low^{b,c,d,f 1,2}
- No more multiple daily injections, tubing, or fingersticks^{h1}

SPEAK RFP

- Tubeless, waterproof,ⁱ Pod with built-in SmartAdjust[™] technology

EXPLORE THE BENEFITS OF **OMNIPOD 5**

Whether better suited to CSII, or in need of a simple tubeless insulin delivery system in the run-up to Omnipod 5... Omnipod DASH[®] could be a good solution today

Impotant Safety Information: The Omnipod 5 Automated Insulin Delivery System is indicated for use by individuals with Type 1 diabetes mellitus in persons 2 years of age and older. The Omnipod 5 System is intended for single patient, home use and requires supervision of the user's healthcare provider. The Omnipod 5 System is compatible with the following U-100 insulins: NovoLog®, Humalog®, and Admelog®.

Refer to the Omnipod® 5 Automated Insulin Delivery System User Guide and www.omnipod.com/safety for complete safety information including indications, contraindications, warnings, cautions, and instructions.

a When used in automatic mode with Dexcom 66 CGM, the Omnipod 5 System makes adjustments to insulin delivery every 5 minutes based on the user's current CGM value, glucose values predicted 60 minutes in the future, glucose trend, and past insulin delivery to bring glucose to a user-defined target. B Requires a Dexcom 66 CGM. c Prospective yolutal trial in 240 participants with T1D aged 6–70 yrs (128 adolescents/adults aged 14–70 yres) and 112 children aged 6–-13.9 years). Study included a 14-day ST phase followed by a 3-month Omnipod 5 HCL phase. The incidence rates of severe hypoglycemia and diabetic ketoacidosis during the AID phase were 4.8 and 1.2 events per 100 person-years, respectively. I d Mean time in range (70–180 mg/dL (13)–10.0 mmol/L) as measured by CGM in adults/adolescents and children ST vs 3-month Omnipod 5: 64.7% vs 73.9%, P<0.0001; 52.5% vs 68.0%, P<0.0001, respectively. Mean HbA1c: baseline vs Omnipod 5 use in adults/adolescents and children ST vs 3-month Omnipod 5: 2.0% vs 6.7%, P<0.0001, respectively. Mean time above range (>180 mg/dL (10.0 mmol/L)) as measured by CGM in adults/adolescents and children ST vs 3-month Omnipod 5: 2.0% vs 6.4%, vs 0.4%, vs 0.4%, vs 0.4%, vs 0.4%, P<0.0001; respectively. Median time below range (<70 mg/dL [3.9 mmol/L]) as measured by CGM in adults/adolescents and children ST vs 3-month Omnipod 5: 2.0% vs 0.8%, p<-0.0001; respectively. Median time below range (<70 mg/dL [3.9 mmol/L]) as measured by CGM in adults/adolescents and children ST vs 0-monto Dmipod 5: 2.0% vs 0.8%, p<-0.0001; respectively. Median time below range (<70 mg/dL [3.9 mmol/L]) as measured by CGM in adults/adolescents and children ST vs 0-monto Dmipod 5: 2.0% vs 0.8%, p<-0.0001; respectively. Median time below range (<70 mg/dL [3.9 mmol/L]) as measured by CGM in adults/adolescents and children ST vs 0-monto Dmipod 5: 2.0% vs 0.8%, p<-0.0001; respectively. Median time below range (<70 mg/dL [3.9 mmol/L]) as measured by CGM in adults/adolescents and children ST vs 0-monto Dmipod 5: 2.0% vs 0.8%,

AID, automated insulin delivery; CGM, continuous glucose monitor; CSII, continuous subcutaneous insulin infusion; DKA, diabetic ketoacidosis; HbAfc, glycated hemoglobin; HCL, hybrid closed loop; MDI, multiple daily injection, ST, standard therapy; T1D, type 1 diabetes.

References 1. Brown S et al. Multicenter trial of a tubeless, on-body automated insulin delivery system with customizable glycemic targets in pediatric and adult participants with type 1 diabetes. Diabetes Care. 2021;44(7):1630-1640. 2. Sherr JL et al. Safety and glycemic outcomes with a tubeless automated insulin delivery system in very young children with type 1 diabetes: a single-arm, multicenter clinical trial. Diabetes Care. 2022; doi: 10.2337/dc21-2359 [Online ahead of print].

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