omnipod 5
automated insulin delivery system

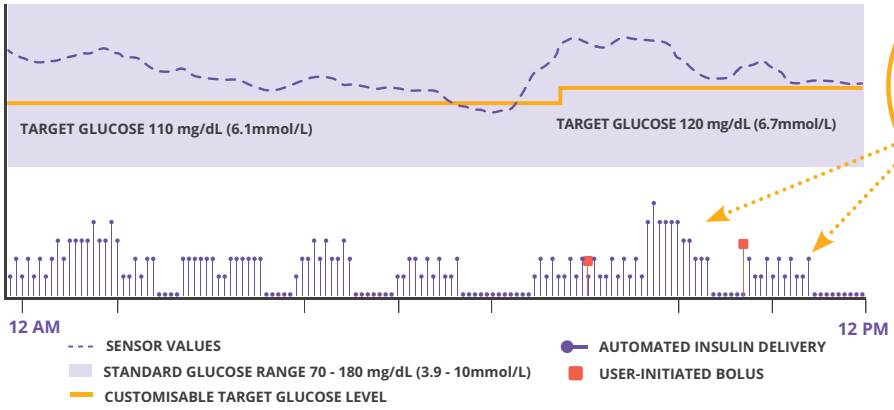
SmartAdjust™ Technology

automatically increases, decreases, or pauses insulin delivery, every five minutes, to your personal needs which may help to prevent against highs and lows.[1]

Treats using a personalised target, not a set range.

HOW IT WORKS

Predicts glucose 60 minutes into the future



Graph for illustrative purposes only

Adjusts insulin delivery using the selected Target Glucose

Delivers insulin doses every 5 minutes *(as needed)*

Adaptive

- SmartAdjust™ technology, embedded within the Pod, determines an adaptive basal rate based on the user's total daily insulin (TDI)
- The adaptive basal rate serves as a baseline
- The insulin dose is determined using the current and predicted glucose value, insulin history, and chosen glucose Target
- The Adaptive Basal Rate updates with each Pod change based upon user's TDI from previous Pods

Customisable

- Target Glucose setting directly impacts automated insulin delivery
- Choose between five targets: 110, 120, 130, 140, 150 mg/dL (6.1, 6.7, 7.2, 7.8, 8.3mmol/L)
- Set up to eight segments in a 24-hour period

Proactive

- Uses the sensor value and trend to predict glucose values 60 minutes into the future
- Based on this prediction, SmartAdjust™ technology will increase, decrease, or pause insulin every 5 minutes using the Target Glucose value

1. Brown S. et al. Diabetes Care. 2021;44:1630-1640. Prospective pivotal trial in 240 participants with T1D aged 6 - 70 yrs [adults/adolescents (n=128; aged 14-70 yrs) children (n=112; aged 6-13.9 yrs)]. Study included a 14-day standard therapy (ST) phase followed by a 3-month Omnipod 5 hybrid closed-loop (HCL) phase, then the option to continue onto a 12-month extension phase. Mean time in range (70-180mg/dL)(3.9 - 10mmol/L) during 110mg/dL (6.1mmol/L) Target BG in adults/adolescents (n=121) = 75.6%. Mean time in range (70-180mg/dL(3.9 - 10mmol/L); 12AM to <6AM) in adults/adolescents and children during ST vs 3-mo Omnipod 5: 64.3% vs 78.1%, 55.3% vs 78.1%, P<0.0001, respectively. Mean HbA1c: ST vs Omnipod 5 use in adults/adolescents (14-70 yrs) and children (6-13.9 yrs), respectively (7.16% vs 6.78%, P<0.0001; 7.67% vs 6.99%, P<0.0001). Median time in range in adults/adolescents (< 70 mg/dL(3.9mmol/L); 12AM-6AM) ST = 2.07%, 3-mo Omnipod 5 = 0.82%, P<0.0001. Comparison is a relative change. Mean time 70-180mg/dL(3.9 - 10mmol/L), ST vs Omnipod 5 in adults/adolescents and children: 64.7% vs 73.9%, P<0.0001; 52.5% vs 68.0%, P<0.0001, respectively. Median time <70 mg/dL(3.9mmol/L), ST vs Omnipod 5 in adults/adolescents and children: 2.0% vs 1.1%, P<0.0001; 1.4% vs 1.5%, P=0.8153, respectively. Mean time >180 mg/dL(10mmol/L) in adults/adolescents and children, ST vs 3-mo Omnipod 5: 32.4% vs 24.7%; 45.3% vs 30.2%, P<0.0001, respectively. Timed-related results measured by CGM.

What to expect from this technology

First Pod

- Automated Mode can be activated immediately
- Estimates TDI based on the programmed basal rate. As a safety measure, maximum automated insulin delivery is restrained
- After 48 hours of wear and a subsequent Pod change, SmartAdjust™ technology uses insulin delivery history to set the adaptive basal rate and initial safety restraints are removed

Ongoing Wear

- SmartAdjust™ technology continues to adapt based on insulin delivery history. Given the adaptive nature, glycaemia should improve across time from a few days to a few weeks
- Encourage bolusing for meals and corrections as needed so TDI reflects actual insulin needs
- The more precise the inputs are to the algorithm during this time, the faster it can adapt. Inputs include basal/bolus ratio, TG, ICR and DIA

Optimisation

- Adjust target glucose setting as needed
- Adjust SmartBolus Calculator settings as you would traditional pump therapy, including insulin to carbohydrate ratio, correction factor, and duration of insulin action

ACTIVITY FEATURE TIPS

- Sets the Target Glucose to 150 mg/dL (8.3mmol/L) AND reduces automated insulin delivery
- Enable 1 to 2 hours before beginning exercise
- Set for 1 hour up to 24 hours (in 1 hr increments) and full automated insulin delivery resumes upon completion or cancellation

THE ABCs OF BEST PRACTICES

(A)SSESS:

- Insulin delivery history and bolusing habits so that starting settings are reflective of physiological needs and safe and effective in **Manual Mode**
- Programmed basal rate to account for **40-50% of (TDI)** to optimise initiation

(B)OLUS:

- Bolus for carbs and corrections as needed to inform System of TDI needs
- Bolus **15-20 minutes before eating**
- Avoid overriding suggested boluses as **hypoglycaemia can occur** due to IOB from automated insulin delivery

(C)ONSIDER:

- Strengthening IC ratios as a **key lever** to adjust bolus insulin
- Treating hypoglycaemia **with fewer carbs** as SmartAdjust™ technology may have already reduced/ suspended insulin delivery
- Using the **Activity feature** for times of reduced insulin needs

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