

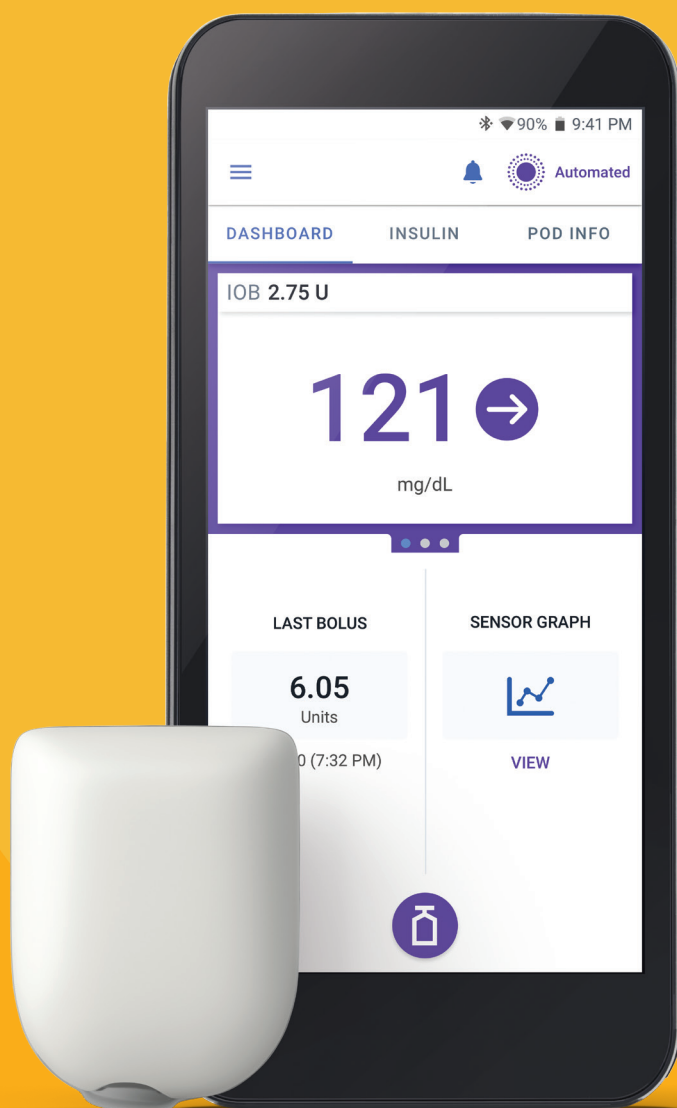
CELEBRATE RESULTS^{1,2,3}

HELPS TO
ADJUSTS | **CORRECT** | **PROTECT**

Omnipod® 5 and SmartAdjust™ technology

Adjusts basal insulin
so you don't have to¹

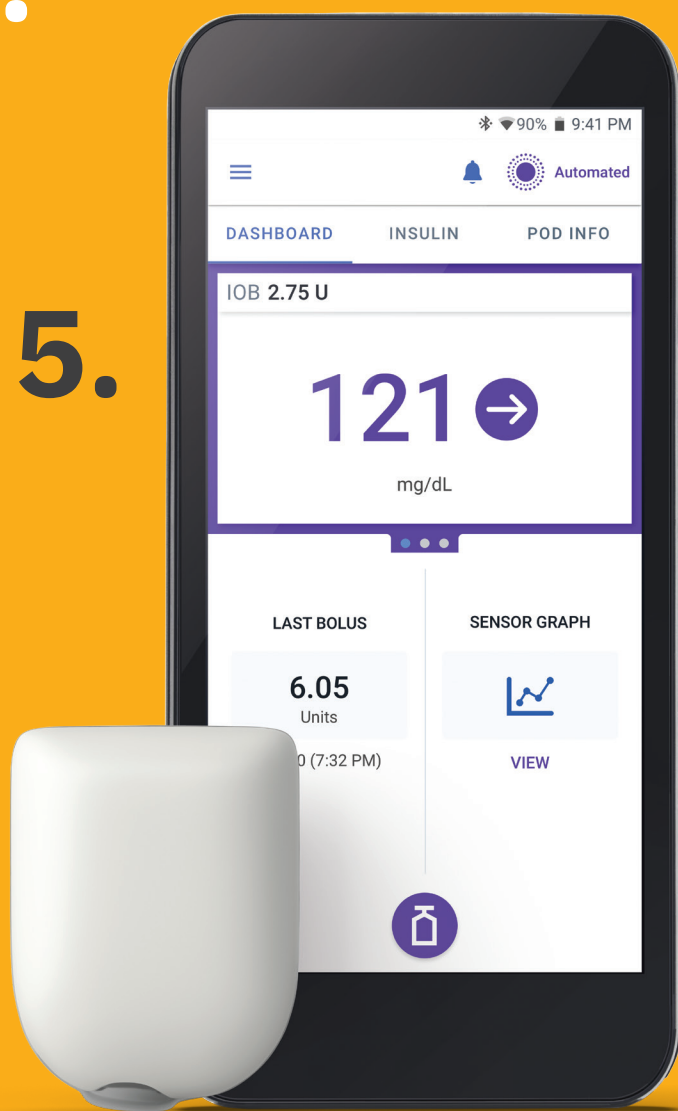
HELPS TO
Correct and **protect**^{2,3}



Pod shown without the necessary adhesive.



THERE
ARE LOTS
OF PUMPS.
THERE'S
ONLY ONE
OMNIPOD® 5.



Pod shown without the necessary adhesive.

MORE TIME TO FOCUS ON YOUR PATIENTS



Pod shown without the necessary adhesive.

SmartAdjust™ technology adjusts basal insulin automatically

No need to fine-tune basal settings. It adapts to your patient's dynamic insulin needs in daily life and can also cover long-term developments like changes in weight, growth, and aging.¹

In the real world

Adults switching from multiple daily
injections (MDI) therapy showed

71.3%

TIME IN RANGE

0.90%

TIME BELOW RANGE

at an average target of 110 mg/dL.*

*Forlenza G, et al. Diabetes Technol Ther (2024). 5,091 adult Omnipod 5 users with type 1 diabetes at the Target Glucose of 110 mg/dL who utilized MDI as prior therapy had a time in range of 71.3% and time below range of 0.90%. Omnipod 5 results based on users with ≥90 days CGM data, ≥75% of days with ≥220 readings available.



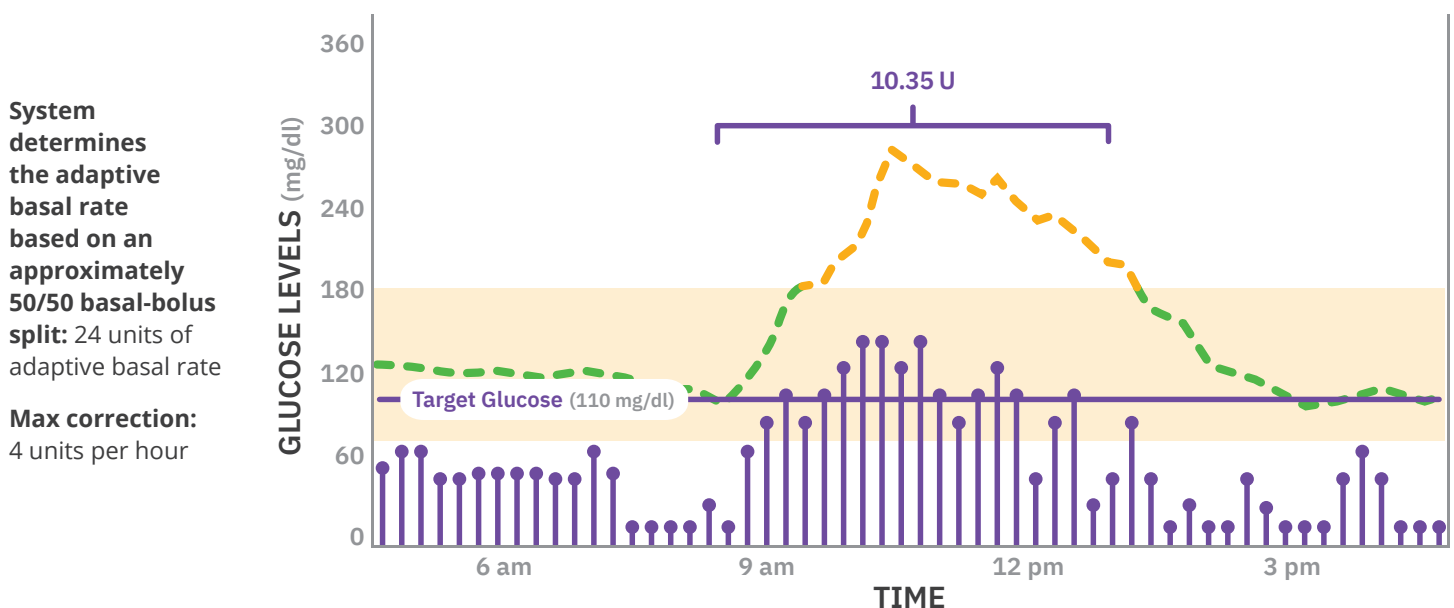
HELPS TO PROACTIVELY CORRECT & PROTECT^{2,3}

SmartAdjust technology delivers up to 38% of TDI in response to missed meal boluses⁴

When SmartAdjust predicts high glucose values, it will deliver a microbolus up to 400% of the patient's adaptive basal rate, every 5 minutes. Additionally, it will proactively decrease or pause insulin delivery to help protect against hypoglycemia^{2,3}

Example user with Total Daily Insulin (TDI) of 48

SmartAdjust technology is driven by total daily insulin. Optimal results can be achieved with the right balance between automated insulin delivery and bolusing from the user.



Around **9 am**, hyperglycemia is predicted. As a response, the system increases microboluses every 5 minutes until the user's glucose levels return into range.

Between **9 am and 12:30 pm**, approximately **10.35 units** were delivered. After the initial correction, insulin delivery is proactively decreased to help protect against hypoglycemia^{2,3}

STRONG SETTINGS FOR STRONG RESULTS

Set your patients up for success with the following recommendations

Rethink settings! Transferring settings unchanged from other AID systems, Pumps or MDI therapy may not lead to the optimal results.

Initial basal rates

SmartAdjust uses the programmed Basal Rate to calculate the initial total daily insulin amount. Be sure initial basal settings accurately represent your patients needs:

- For patients transitioning from MDI, ensure that programmed basal rate accounts for **40-50% of total daily insulin** (basal+bolus)
- For patients transitioning from other pumps or AID systems, be sure to consider historical total daily insulin

After initiation, the programmed basal rates do not affect the **Adaptive Basal Rate in Automated Mode**.

Target Glucose settings

Pay close attention to Target Glucose, it is the only setting that directly impacts the aggressiveness of automated insulin delivery.

- **110 mg/dl Target Glucose** generally results in increased time in range
- Consider higher Target Glucose settings during consistent times of greater risk for hypoglycemia

SmartBolus Calculator settings

With automated insulin delivery, expect a redistribution of basal to bolus insulin. To configure the SmartBolus Calculator for increased bolus insulin distribution, consider the following steps:

- Strengthen **Insulin to Carbohydrate Ratios** (up to 10-25% more*) and **Correction Factors**
- Remember that you might want to adjust the **“Correct Above”** setting when changing to lower Target Glucose
- Toggle **OFF Reverse Correction**, to calculate more bolus insulin when glucose is in target range
- Lower hours of **Duration of Insulin Action** to subtract less insulin from user-initiated boluses

*Source: Berget et al. Clinical Implementation of the Omnipod 5 Automated Insulin Delivery System: Key Considerations for Training and Onboarding People with Diabetes. Clin Diabetes. 2022;40(2):168-184. <https://doi.org/10.2337/cd21-0083>



OMNIPOD® 5 SIMPLIFY LIFE®



LEARN MORE
about the power of
SmartAdjust™ technology

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1. In Automated Mode, SmartAdjust technology uses your total daily insulin (TDI) to set a new Adaptive Basal Rate for you. Omnipod 5 User Manual. P. 291
2. 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 phase. Mean time >180 mg/dL 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. Median time <70 mg/dL in adults/adolescents and children, ST vs. 3-mo Omnipod 5: 2.0% vs. 1.1%, P<0.0001; 1.4% vs. 1.5%, P=0.8153, respectively. Results measured by CGM.
3. Sherr JL, et al. Prospective trial in 80 participants with T1D aged 2 - 5.9 yrs. Study included a 14-day standard therapy (ST) phase followed by a 3-month Omnipod 5 hybrid closed-loop (HCL) phase. Mean time >180 mg/dL in very young children (2 - 5.9yrs) as measured by CGM: ST = 39.4%, 3-mo Omnipod 5 = 29.5%, P<0.0001. Mean time <70 mg/dL in very young children (2-5.9 yrs) as measured by CGM: ST = 3.41%, 3-mo Omnipod 5 = 2.13%, P=0.0185. Results measured by CGM.
4. Ekhalaspour L, et al. Poster presented at: ATTD; March 6-9, 2024; Florence, Italy. Real-world data from 500 adults with type 1 diabetes using Omnipod 5. Data analyzed to find the percentage of TDI administered in the 4-hour period following a missed meal bolus. Mean automated insulin delivery (% of total daily dose) of 15.6% delivered in the 4-hour period following an analysis of 1,370 missed meal boluses. Omnipod 5 results based on users with ≥90 days CGM data, ≥75% of days with ≥220 readings available, and average Target Glucose of 110 mg/dL. Bolusing with the Omnipod 5 System is recommended for meals.
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