Pod shown without necessary adhesive.

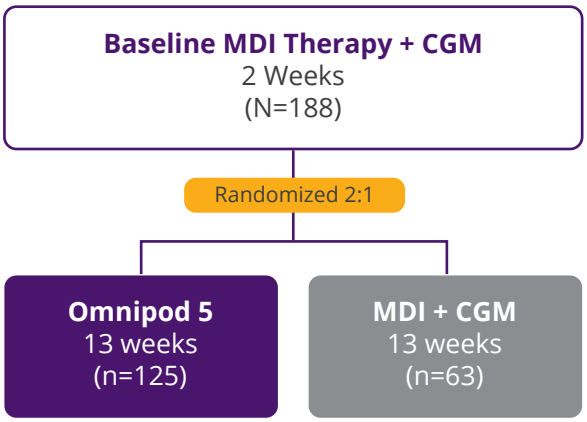
Omnipod® 5
RADIANT
Randomized Controlled Trial (N=188)

Objective[1]:

Evaluate changes in A1C, glycemic outcomes, and safety with **Omnipod 5** compared to **MDI + CGM** therapy in adults and children with T1D

Methods[1]:

- Randomized controlled trial
- Study population: Adults and children with T1D (4-70 years)
- HbA1C of 7.5%-11% at screening; FreeStyle Libre 2 for ≥3 months



Key Results[1]:

- Omnipod 5 **significantly reduced A1C overall by 0.8%**, with **greater reduction (1.0%)** in participants with **baseline A1C ≥8%**
- Omnipod 5 **significantly increased TIR by 22% compared to MDI users**, without increasing time below range
- **Higher TIR** starting from **Day 1** with Omnipod 5
- Omnipod 5 resulted in clinically meaningful **improvements in glycemic outcomes regardless of baseline glycemia**

Key Safety Results:

No episodes of severe hypoglycemia or diabetic ketoacidosis occurred in either treatment group

Significance[1,2]:

- RADIANT results demonstrated clinically significant improvements in A1C and TIR when switching directly from MDI to Omnipod 5, regardless of baseline glycemia
- Clinically significant improvements were observed in TIR from the first day of system use, with no increase in hypoglycemia
- These findings further solidify Omnipod 5 as first-line therapy for adults and children with T1D, reinforcing American Diabetes Association Standards of Care indicating AID as the preferred insulin delivery method over MDI

Scan QR code for full abstract

AID, automated insulin delivery; CGM, continuous glucose monitor/monitoring; MDI, multiple daily injections; T1D, type 1 diabetes; TIR, time in range.

References: 1. Wilmot EG, et al. A 13-week randomized, parallel-group clinical trial conducted among 188 participants (age 4-70) [51% HbA1c≥ 8% (64 mmol/mol)] with type 1 diabetes in France, Belgium, and the U.K., comparing the safety and effectiveness of the Omnipod 5 System versus multiple daily injections with CGM. *Lancet Diabetes Endocrinol.* 2026. **2.** American Diabetes Association Professional Practice Committee. *Diabetes Care.* 2025;48(suppl 1):S146-S166.

Omnipod 5 RADIANT

Randomized Controlled Trial

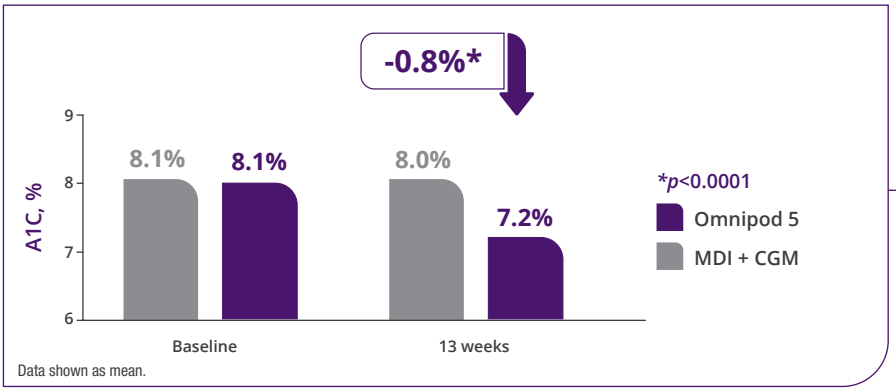
N=188, 13-Week Trial in the UK, Belgium, and France

Baseline Participant Characteristics (Adults & Children):

- *Age ranged from 4-70 years*
- *T1D for ≥12 months*
- *51% had A1C ≥8%*
- *100% were MDI users*

Key Takeaways:

1. Significant overall A1C reduction of 0.8%



Data shown as mean.

1.0%*
**p*<0.0001

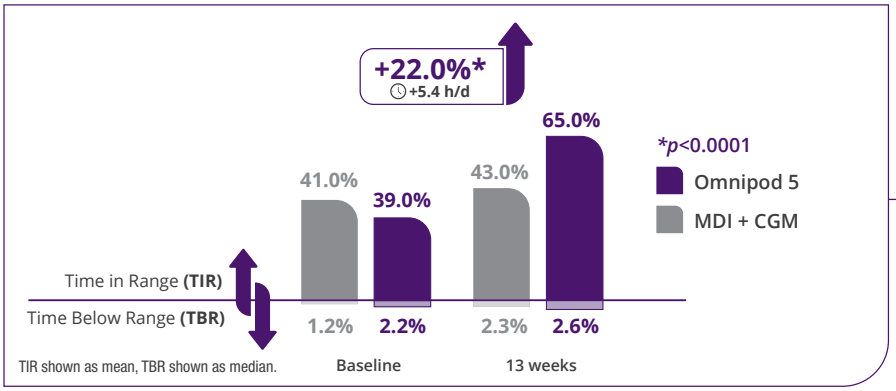
Overall reduction **(1.0%*)** seen in those with A1C ≥8.0% at baseline

A1C Reduction by Age Group

0.8%* in adults (18-70 years)
**p*<0.0001

0.8%* in children (4-17 years)
**p*<0.0001

2. Significant overall TIR improvement of 22%, with minimal TBR



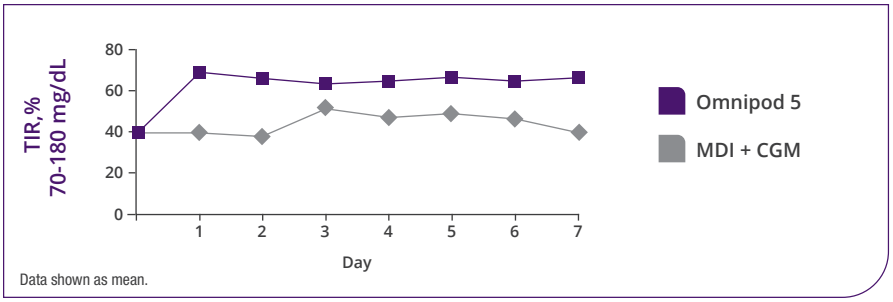
TIR shown as mean, TBR shown as median.

TIR Improvement by Age Group

23.0%* in adults (18-70 years)
**p*<0.0001

20.0%* in children (4-17 years)
**p*<0.0001

3. Higher TIR from day 1 with Omnipod 5



Data shown as mean.

CGM, continuous glucose monitor/monitoring; MDI, multiple daily injections; T1D, type 1 diabetes; TBR, time below range; TIR, time in range.

Reference: Wilmot EG, et al. A 13-week randomized, parallel-group clinical trial conducted among 188 participants (age 4-70) [51% HbA1c≥ 8% (64 mmol/mol)] with type 1 diabetes in France, Belgium, and the U.K., comparing the safety and effectiveness of the Omnipod 5 System versus multiple daily injections with CGM. *Lancet Diabetes Endocrinol.* 2026.

Omnipod 5 is indicated for people with type 1 diabetes, ages 2 years and older and type 2 diabetes in persons 18 years of age and older. RX only. WARNING: Do not use SmartAdjust™ technology for people under the age of 2 or who require less than 5 U of insulin per day. Please see Omnipod.com/safety for Important Safety Information.

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