

# EVALUATING THE BUDGET IMPACT OF THE OMNIPOD® 5 AUTOMATED INSULIN DELIVERY SYSTEM



## A Case Study

### BACKGROUND

Automated Insulin Delivery Systems, such as Omnipod® 5, are advanced technologies that help people with diabetes requiring insulin to manage their blood glucose levels more effectively and with less effort<sup>1</sup>. In randomised control trials, Omnipod® 5 has been shown to deliver reduced levels of blood glucose, and improved time within a target blood glucose range, compared to both multiple daily insulin injections and insulin pumps alone<sup>2,3</sup>. A key feature of AID devices is that they link to continuous glucose monitoring devices to deliver a hybrid closed loop system (HCL). This enables insulin to be injected automatically and precisely according to the user's need as it changes throughout the day and night<sup>1</sup>.

Since December 2023, NICE has recommended HCL systems for children with type 1 diabetes as well as for a large proportion of the adult population meeting specified criteria<sup>4</sup>. Starting in April 2024, NHS England put in place a five-year implementation plan for HCL in order to deliver the NICE guidance. NHS England has also provided ring-fenced funding to meet a substantial part of the cost of implementation<sup>5</sup>.

### SITUATION

Notwithstanding the availability of earmarked national funding, integrated care boards and NHS Trusts must budget carefully to ensure that they are able to provide HCL technology in line with the NICE recommendations. A number of HCL systems are available at NHS Supply Chain approved prices, but only one of these – Omnipod® 5 – is paid for continuously in line with usage. This is delivered through the novel commercial model – OmnipodPromise®. “Tubed” HCL systems by contrast require an upfront financial commitment to a high-cost insulin pump, the full amount of which must be met over the warranty period regardless of its use. This has a significant impact on how the budget impact of Omnipod® 5 should be evaluated.

A group of NHS Trusts in a part of England was looking for budget savings through trying to preference a single HCL option at what they considered to be the lowest cost. This created challenges for both potential users of the

technology and the clinicians responsible for their care, who wish to maintain a choice of available HCL system. In this context it should be noted that there are several systems, including Omnipod® 5 with a choice of continuous glucose monitoring sensors, that are approved as cost-effective by NHS Supply Chain in line with the NICE guidance<sup>6</sup>.

### INTERVENTION

Insulet worked with both finance leaders in the relevant trusts and commissioners in the parent integrated care board to attempt to resolve this situation.

Insulet has created and owns a novel budget impact model that shows, over the course of both one year and four years, the financial outlay required to bring its Omnipod® 5 technology to people with type 1 diabetes. This compares the costs of Omnipod® 5 with both the average cost of competitor products (with a notional discount figure applied) and with the reimbursement sums paid out under NHS England's national funding scheme. In this instance Insulet developed a bespoke model for the health economy in question which it shared with key decision-makers. This used patient numbers based on plausible estimates of the number of people in the area concerned likely to be eligible for HCL technology.

The model shows how the cost of Omnipod® 5 is spread out over the duration of the model (four years), avoiding the large budget impact of upfront pump cost associated with tubed products. The value of this exercise for payers is both to get a true perspective on how the cost of Omnipod® 5 compares with other systems over an extended planning period, and to help them size the extent of the budget impact associated with the introduction of HCL/AID technology.

### OUTCOME

As a result of these interactions, and the use of a bespoke budget impact model, Insulet was able to reach a common understanding with NHS decision-makers. The payers with whom Insulet interacted recognised the validity of the company's modelling approach and compared it with their own. This created a positive environment for further discussions and decision-making in which patient choice might be upheld and the benefits of HCL technology extended as widely as possible.

#### References:

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3. Wilmot E. RADIANT RCT Paper presented at :Advanced Technologies and Treatments for Diabetes 2025 March 19-22 (Amsterdam, Netherlands)
4. Hybrid Closed Loop Systems for Managing Type 1 Diabetes, National Institute of Health and Care Excellence (NICE) Technology Appraisal Guidance (TA 943), December 2023
5. Hybrid Closed Loop Technologies: 5-year implementation strategy, NHS England, January 2024 (NHS England » Hybrid closed loop technologies: 5-year implementation strategy. (Accessed November 2025)
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The Omnipod® 5 Automated Insulin Delivery System is a single hormone insulin delivery system intended to deliver U-100 insulin subcutaneously for the management of type 1 diabetes in persons aged 2 and older requiring insulin. The Omnipod® 5 System is intended for single patient use. The Omnipod® 5 System is indicated for use with U-100 rapid acting insulin. Refer to the Omnipod® 5 Automated Insulin Delivery System User Guide and [www.omnipod.com/safety](http://www.omnipod.com/safety) for complete safety information including indications, contraindications, warnings, cautions, and instructions. ©2025 Insulet Corporation. Omnipod and the Omnipod logo are trademarks or registered trademarks of Insulet Corporation in the United States of America and other various jurisdictions. All rights reserved. INS-OHS-11-2025-00048 v1.0

