omnipod 5 Insulet ATTD Advanced Technologies & Treatments for Diabetes

CLINICAL AND REAL-WORLD INSIGHTS AND THE FUTURE OF AUTOMATED INSULIN DELIVERY (AID)

ATTD SYMPOSIUM HIGHLIGHTS

ADVANCED TECHNOLOGIES & TREATMENTS FOR DIABETES

19th Annual International Conference | March 2026 | Barcelona, Spain

- Closing the gap between guideline recommendations and real-world AID
- Optimising outcomes with the Omnipod® 5 Automated Insulin Delivery System from day one
- The future of AID



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CLOSING THE GAP BETWEEN GUIDELINES AND CLINICAL PRACTICE



> **AID should be the first option, not the last.**
> *— Dr. Cardona-Hernandez*

Dr. Roque Cardona-Hernandez, MD
Paediatric Endocrinologist
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AID has moved from optional to *standard of care*

Dr. Cardona-Hernandez highlighted a disconnect between modern diabetes guidelines recommending AID systems and real-world technology uptake.

IN HIS VIEW, CLINICIANS NO LONGER NEED MORE EVIDENCE THAT AID SYSTEMS WORK. THE CHALLENGE NOW IS:

1. Overcoming outdated perceptions
2. Simplifying access
3. Implementing systems that reduce barriers for both clinicians and patients

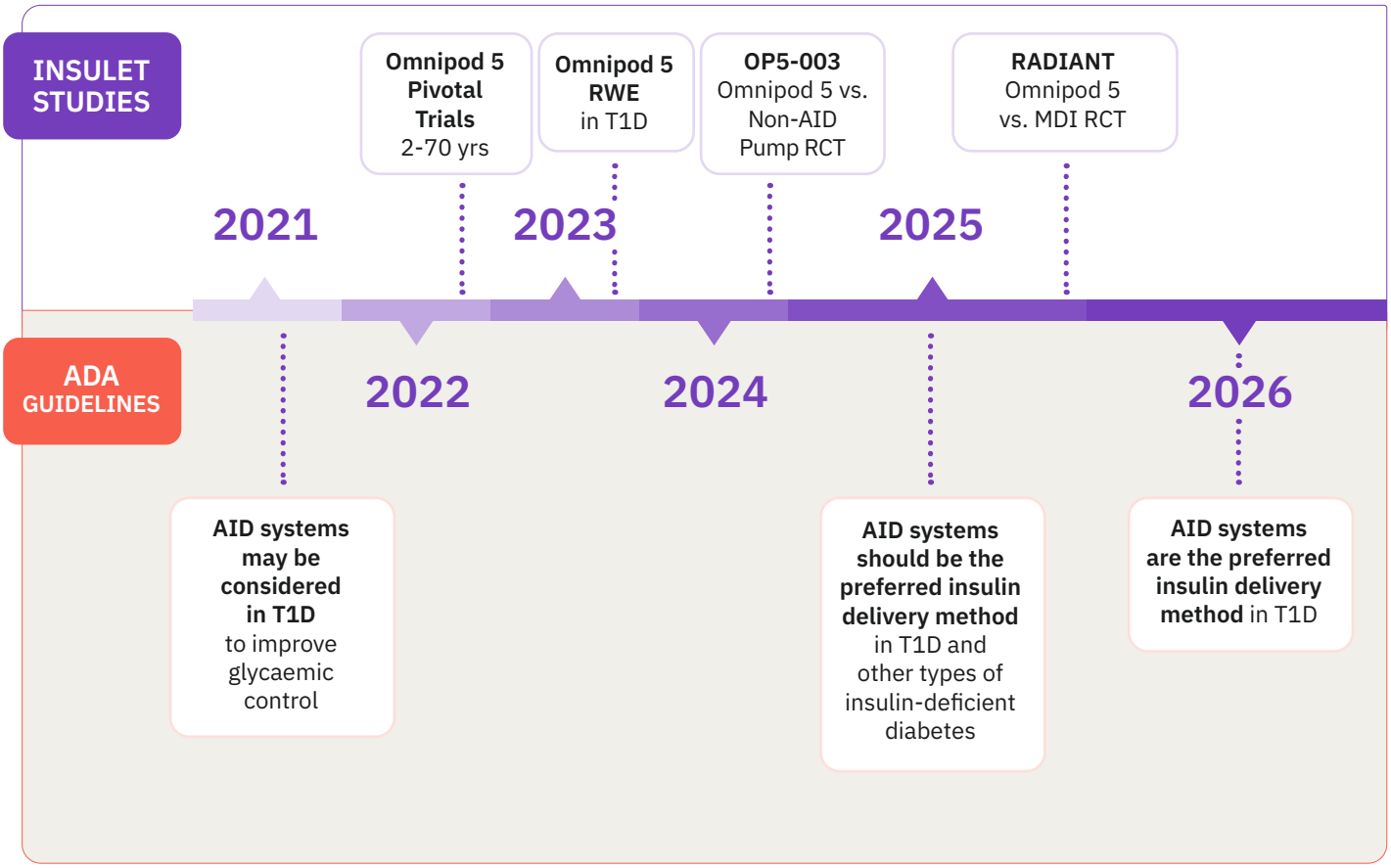
KEY HIGHLIGHTS

- AID is the preferred standard of care for type 1 diabetes (T1D) patients **across age groups**[1]
- Clinical adoption of AID remains **slow**—putting patients at risk[2]
- AID could give 7+ years of healthy life back to your T1D patients[3,*]
- Outdated perceptions of insulin pumps are clouding clinical judgement[†]
- **AID is not as complex as you might think**

*Data are specific to Spain and were presented at ATTD 2026 in Barcelona.
†Industry expert insights, McKinsey data 2025. HCP survey (N=203): "For type 1 and type 2 diabetes patients to whom (A) you are not or would not recommend/prescribe an insulin pump today, (B) you are or would recommend/prescribe an insulin pump but not a patch pump, what are the reasons for not doing it? Please rank up to 5 reasons where 1 = most important reason for not doing it."

AID is the standard of care[1]

Over the past several years, as the clinical evidence for AID has continued to grow, the language of the American Diabetes Association (ADA) clinical practice guidelines has become **stronger**, making it very clear that AID systems are not just an option, but are now the preferred management method for T1D.



American Diabetes Association, Professional Practice Committee for Diabetes.

AID systems are now recommended across age groups

In children, adolescents, and adults with type 1 diabetes.[1]

Strong recommendations over CSII and MDI

AID is favoured over both MDI and conventional pump therapy.[1]

CSII, continuous subcutaneous insulin infusion; MDI, multiple daily injections; RCT, randomised controlled trials; RWE, real-world evidence.

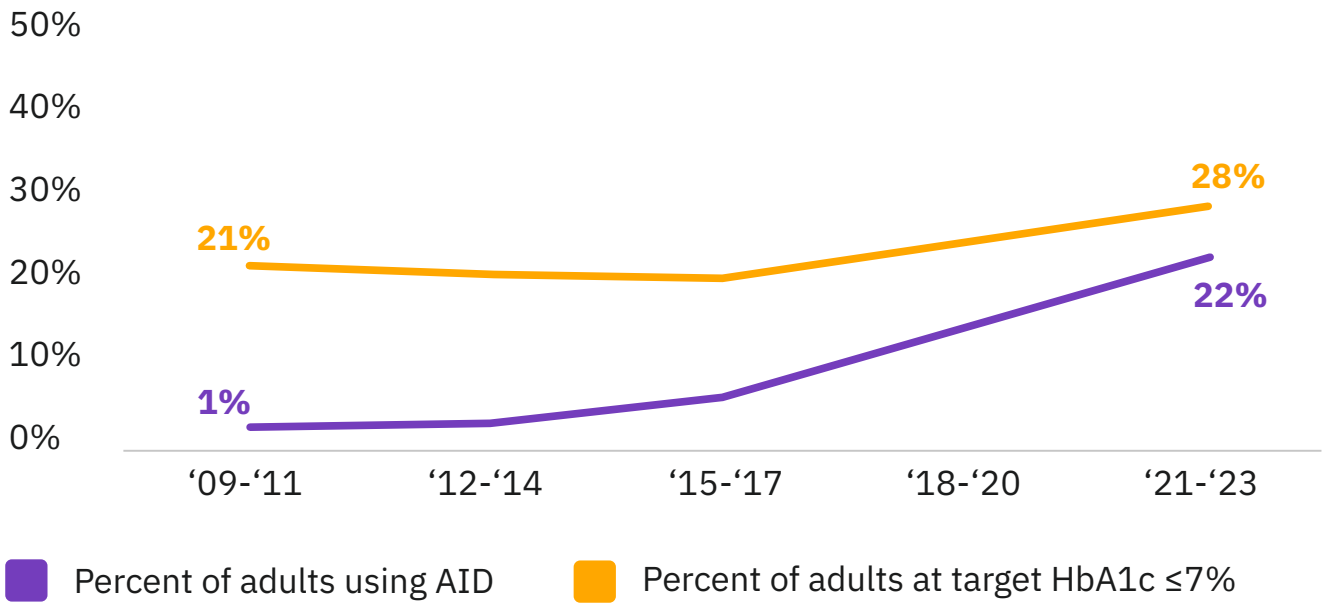
The real challenge: Clinical adoption still trails the evidence

AID is now the global standard of care—but adoption still lags far behind clinical recommendations.[1,2]

Dr. Cardona-Hernandez reviewed data from nearly 200,000 people with T1D in the United States showing:

- Only modest AID uptake in adults
- Substantial numbers of patients still not achieving HbA1C targets
- Persistent gaps between clinical recommendations and implementation

U.S. T1D AID Usage and Outcomes Trends, 2009-2023, N=186,590



A shortfall in AID adoption leaves patients struggling to achieve optimal glycaemia and at risk for long-term complications[2]

Adapted from Fang M, Xu Y, Ballew SH, et al. Trends and Disparities in Technology Use and Glycemic Control in Type 1 Diabetes. *JAMA Netw Open*. 2025;8(8):e2526353.

HbA1c, haemoglobin A1C.

Why is AID underused in practice?

Surveyed healthcare professionals cited several reasons for not recommending an insulin pump*:

- Worry that patients may struggle with new technology
- Complexity of adjusting pump settings
- Feeling that pumps are not clinically necessary or MDI is sufficient
- Safety concerns

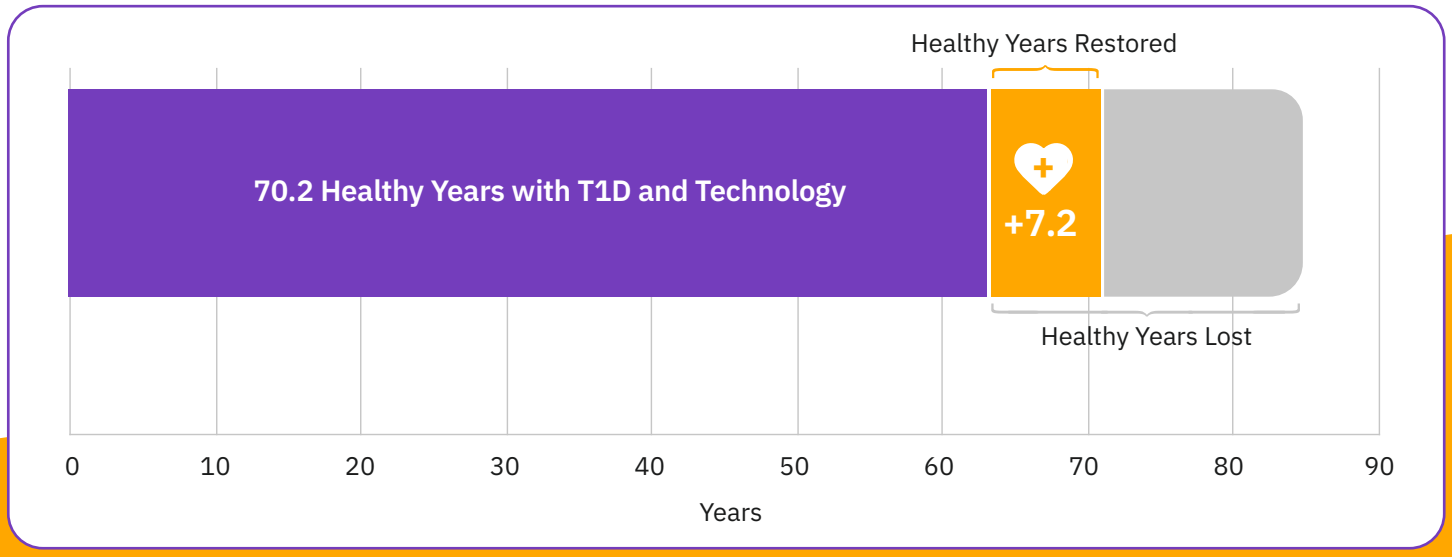
> **We know that these answers are perceptions that are now outdated. There is technology like the Omnipod® 5 that has confirmed efficacy and safety, shown impressive improvements of outcomes compared to MDI, and it's simple to use.**
>
> *— Dr. Cardona-Hernandez*

Healthy years matter—AID helps[3]

Data from the T1D Index initiative show that advanced care, including the use of diabetes technology like AID systems, gives up to 7.2 healthy years back to people diagnosed with T1D in Spain.

This metric of "years of healthy life lost" reflects the reduction in quality- and disability-adjusted life expectancy (DALYs), not just total lifespan.

AID ISN'T JUST CONVENIENCE—IT IS A MEANINGFUL LONG-TERM HEALTH INTERVENTION[3]



YOU CAN EXPLORE THE T1D INDEX FOR YOUR COUNTRY.

Scan or click the QR code

*Industry expert insights, McKinsey data 2025. HCP survey (N=203): "For type 1 and type 2 diabetes patients to whom (A) you are not or would not recommend/prescribe an insulin pump today, (B) you are or would recommend/prescribe an insulin pump but not a patch pump, what are the reasons for not doing it? Please rank up to 5 reasons where 1 = most important reason for not doing it."

Healthy years matter—AID helps[3]



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TECHNOLOGY ALONE DOES NOT IMPROVE OUTCOMES.

Access, clinician confidence, and simplicity determine whether patients benefit.

96% OF USERS AGREED OMNIPOD 5 IS EASY TO USE*

SIMPLE AND INTUITIVE SYSTEMS LIKE OMNIPOD 5 REDUCE TECHNOLOGY BURDEN.

Watch 7-year-old River independently change his Pod.

Scan or click the QR code

*2025 Customer Survey of U.S. adults with type 1 diabetes, n=70, 96% agreed Omnipod 5 is easy to use.



Dr. Cardona-Hernandez

KEY TAKEAWAYS

We have no time to wait—closing the gap requires action

- Expanding AID access can restore meaningful healthy years of life[3]
- Simplicity and usability remove barriers and matter clinically
- Access delays may prolong avoidable complications and burden[2]
- Tubeless systems like Omnipod 5 may engage populations previously reluctant to adopt traditional pumps

LEARN MORE ABOUT GETTING PATIENTS STARTED ON OMNIPOD 5

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1. American Diabetes Association Professional Practice Committee for Diabetes. 7. Diabetes technology: Standards of care in diabetes—2026. *Diabetes Care*. 2026; 49 (Suppl. 1): S150-S165. https://doi.org/10.2337/dc26-S007 **2.** Fang M, Xu Y, Ballew SH, et al. Trends and disparities in technology use and glycemic control in type 1 diabetes. *JAMA Netw Open*. 2025;8(8):e2526353. doi:10.1001/jamanetworkopen.2025.26353 **3.** Spain - Type 1 Diabetes Index. https://www.t1dindex.org/countries/spain/

OPTIMISING IMPACT FROM DAY 1 WITH OMNIPOD 5



Omnipod 5 demonstrated rapid glycaemic improvement, sustained outcomes, and clinically actionable optimisation strategies that may help more patients achieve higher time in range with minimal burden.[1]

Dr. Grazia Aleppo, MD, FACE, FACP
Endocrinologist and Professor
Northwestern University Feinberg School of Medicine
Chicago, Illinois, United States

You can help patients succeed with AID immediately, and sustain success long term

Dr. Aleppo's presentation combined clinical trial and real-world evidence, optimisation guidance, and patient examples to demonstrate how Omnipod 5 can support improved outcomes from the first day of use.

> You can get results from day one.
> *— Dr. Grazia Aleppo*

KEY HIGHLIGHTS

- MDI often fails patients in real life[2-4]
- RADIANT trial: Direct transition from MDI to Omnipod 5[1]
- Immediate glycaemic benefits, sustained through 6 months[1]
- 13% reduction in emergency department visits related to severe hypoglycaemia with Omnipod 5 vs. tubed AID systems[5]
- Simple optimisation steps and bolusing ("expert-level" carb counting not required)

MDI is not a simple or sufficient solution

It is important to challenge the common assumption that MDI is a simpler or safer treatment approach.

PATIENTS ON MDI CONTINUE TO FACE REAL-WORLD BURDENS, INCLUDING[2-4]:

- Missed injections
- Fear of hypoglycaemia
- Injection fatigue
- Social embarrassment
- The complexity of carbohydrate counting
- Inconsistent dosing behaviours

2 TO 3

> **Two or three missed insulin injections per week, it's a 1.1% increase in HbA1c. Not the safest thing.** – Dr. Grazia Aleppo

Sustainable clinical outcomes depend on patients being willing and able to integrate therapy consistently into everyday life.[2,3]

By making therapy more accessible and easier to use, patients may feel more confident, comfortable, and in control of their diabetes management, helping support strong clinical outcomes without compromising quality of life.[2,3]



RADIANT Trial: Direct transition from MDI to Omnipod 5[1]

RADIANT is the first randomised controlled trial evaluating the direct transition from MDI plus sensor to Omnipod 5.

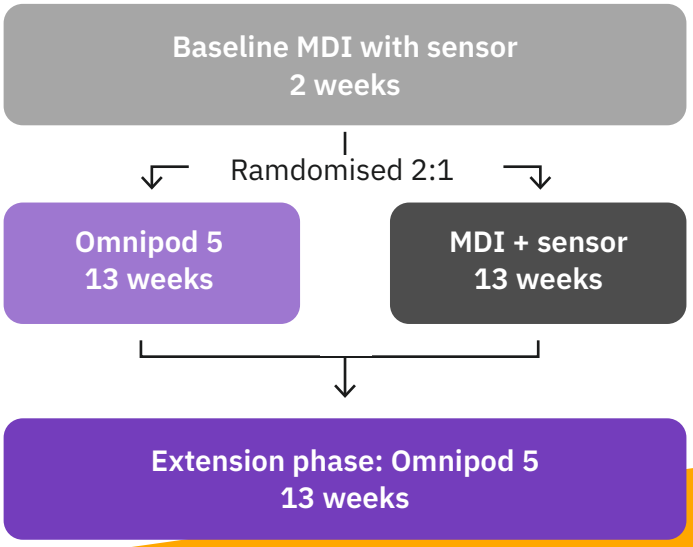
STUDY DESIGN

188 participants from 19 institutions in the UK, France, and Belgium

Participants aged 4–70 years with T1D for ≥1 year

MDI + sensor for ≥3 months

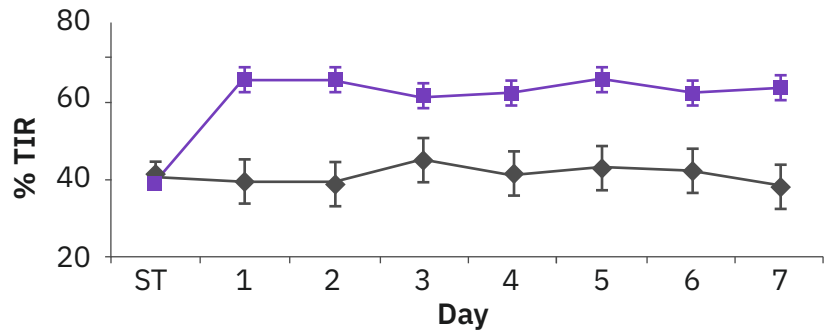
Baseline HbA1C: 7.5%–11% (58-97 mmol/mol)



VIEW THE FULL STUDY.

Scan or click the QR code

GLYCAEMIC BENEFITS WITH OMNIPOD 5 STARTED ON DAY 1[1]



Omnipod 5 demonstrated improved TIR with minimal TBR.

Data shown as mean. Error bars represent the 95% confidence interval. ST – baseline standard therapy phase.

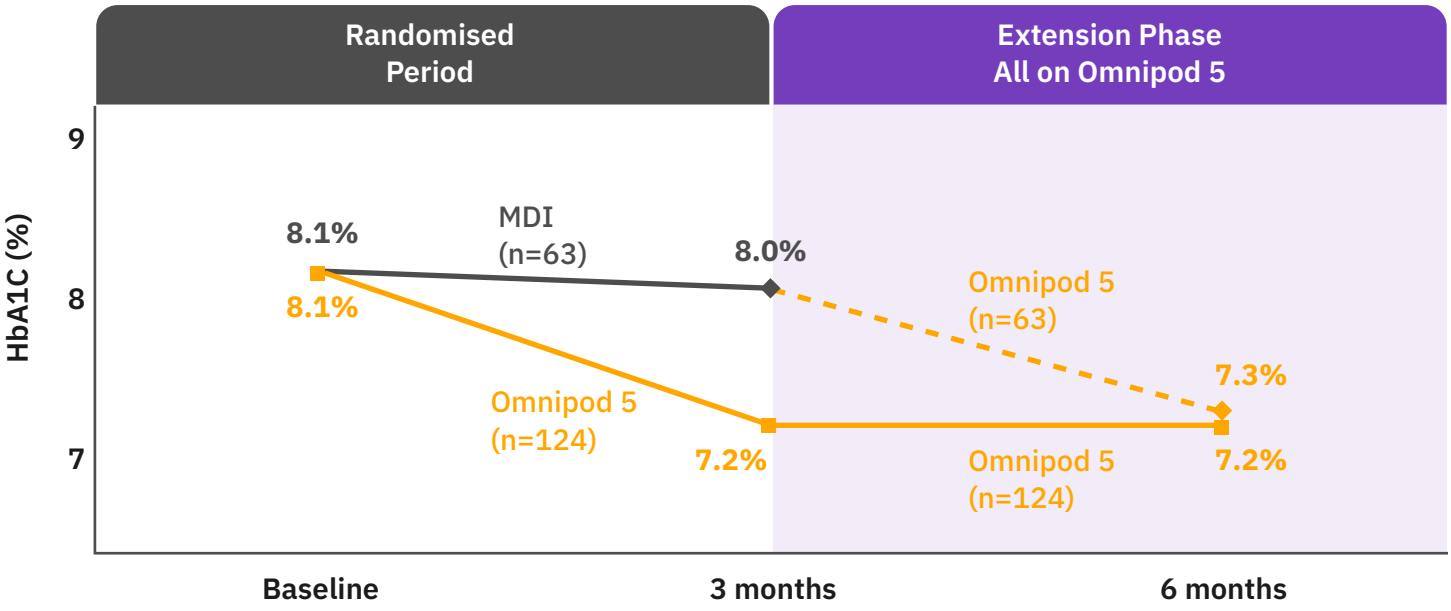
TBR, time below range; TIR, time in range.

Immediate and sustained impact of Omnipod 5[1]

Dr. Aleppo highlighted *sustained* HbA1C reductions in the RADIANT extension phase.[6]

Participants who transitioned to Omnipod 5 achieved:
- HbA1C reduction from 8.1% (baseline) to approximately 7.2% (end of the extension phase)
- Sustained improvements over 6 months
- Crossover participants (from MDI + sensor) ultimately achieved similar outcomes after switching to Omnipod 5

Sustained improvements through 6 months[1,6]



Omnipod 5 reduced emergency department visits related to severe hypoglycaemia vs. tubed AID systems[5]

Komodo claims database in the US analysed more than 220,000 users demonstrated fewer emergency department visits related to hypoglycaemia with Omnipod 5 vs. tubed systems.

Rate reduction of emergency department visits with Omnipod 5 vs. tubed systems

Type 1 Diabetes

Hypoglycaemia



-13%*

*p<0.05.

"Omnipod 5 is the triple threat."
— Dr. Grazia Aleppo

Strong TIR

Low TBR

Excellent HbA1C

Small settings adjustments may produce clinically meaningful gains in TIR

Dr. Aleppo's framework for improving TIR using three practical setting adjustments provides an actionable approach that may help maximise time in range.

THREE SIMPLE OPTIMISATION STEPS[7]

Data from >150,000 users informed the optimised value

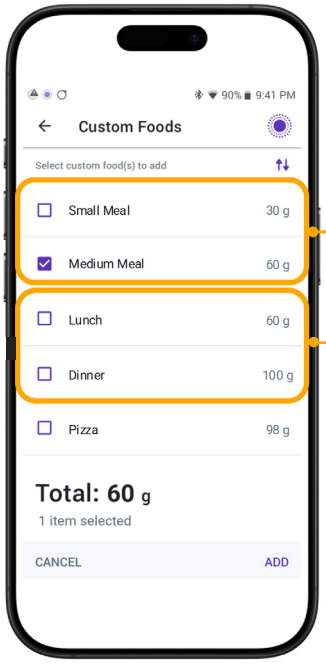
Step	Settings adjustment	Suggested target	Example TDI=50 units Baseline → Follow-up	Direct impact
1	**Target Glucose**	**110 mg/dL (6.1 mmol/L)**	120 → 110 mg/dL (6.7 mmol/L → 6.1 mmol/L)	Increases algorithm responsiveness
2	**Insulin to Carb Ratio**	**≤350/TDI**	1:9 → 1:7 U/g	Optimises postprandial control
3	**Correction Factor**	**≤1,500/TDI (mg/dL) ≤83/TDI (mmol/L)**	34 → 30 mg/dL/U (1.9 → 1.7 mmol/L/U)	Improves efficacy of user-initiated corrections

CF, correction factor; TDI, total daily insulin.

Simplified bolusing without compromising outcomes

Omnipod 5's Custom Foods feature simplifies mealtime bolusing and minimises carb counting.

Patients can set up carb estimates or small/med/large meals for quick and simple bolusing.



Screen for illustrative purposes only.

Simplified Bolus by Meal Size

- Small = 30 grams
- Medium = 60 grams
- Large = 90 grams

Simplified Bolus by Mealtime

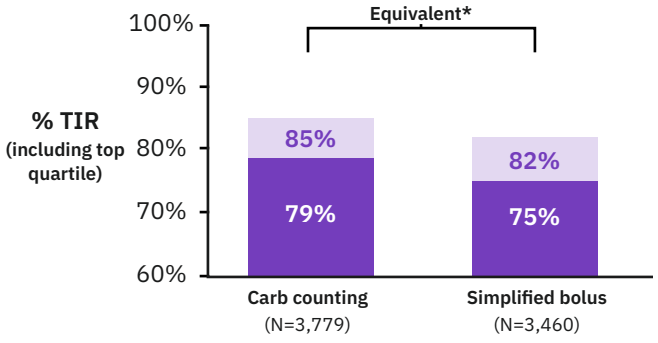
- Breakfast = 70 grams
- Lunch = 60 grams
- Dinner = 100 grams

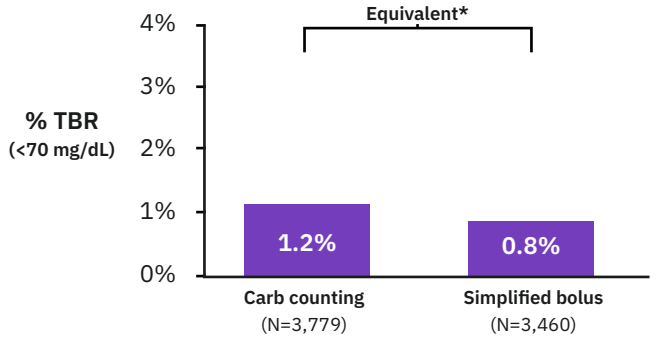
LEARN MORE ABOUT THE CUSTOM FOODS FEATURE.

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OUTSTANDING TIR WITH SIMPLIFIED BOLUS AND OPTIMISED SETTINGS[8]





*Indicates non-inferiority vs. carb counting at a 3% margin.
7,239 US and EU users with T1D using optimised settings, 2+ years.
Retrospective analysis. Data shown as median; boxplots represent the IQR.
Bolus approach classified by percentage of meal boluses using top 5 carb values for each user: ≥75% defined as simplified bolus and <60% defined as carb counting.
Results shown for users with intended system use including sufficient sensor data (≥75% of days with ≥220 readings), ≥90% time in Automated Mode, and bolusing ≥3 times per day.
Optimised settings = 110 mg/dL Target Glucose, correction factor (CF) x TDD ≤1,500 and I:C Ratio x TDD 350. Insulet data on file, 2025.



Dr. Aleppo

KEY TAKEAWAYS

Omnipod 5 supports fast and sustainable clinical impact

- Glycaemic improvements can be immediate and sustained[1]
- Simple settings optimisations are associated with higher TIR[7]

BE THE FIRST TO KNOW MORE ABOUT OMNIPOD, INCLUDING FUTURE EDUCATIONAL EVENTS AND TRAINING.

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IQR, interquartile range; TDD, total daily dose.

1. Wilmot EG, Beltrand J, Guerci B, et al. Tubeless automated insulin delivery versus multiple daily injections in children and adults with type 1 diabetes with elevated HbA1c (RADIANT): A multicentre, international, parallel-group, open-label, randomised, controlled trial. *Lancet Diabetes Endocrinol*. 2026;14(4):305-316. doi: 10.1016/S2213-8587(25)00364-X **2.** Bellido V, Duque N, Newson RS, et al. The burden of suboptimal insulin dosing in people with diabetes in Spain: Barriers and solutions from the physician perspective. *Patient Prefer Adherence*. 2024;18:151-164. doi: 10.2147/PPA.S439814 **3.** Peyrot M, et al. Insulin adherence behaviours and barriers in the multinational Global Attitudes of Patients and Physicians in Insulin Therapy study. *Diabet Med*. 2012;29(5):682-9. **4.** Brixner D, Edelman SV, Sieradzan R, Gavin JR 3rd. Addressing the burden of multiple daily insulin injections in type 2 diabetes with insulin pump technology: A narrative review. *Diabetes Ther*. 2024;15(7): 1525-1534. doi: 10.1007/s13300-024-01598-3 **5.** Weinstein J, et al. J Manag Care Spec Pharm. 2026;32(8). Studied 165,155 individuals with T1D initiating Omnipod 5 or tubed AID system from August 1, 2022 to August 1, 2024 and tracked hypoglycemia-related emergency department (ED) visits until the study period end on 31 May 2025. P-value <0.05. **6.** Gillard P, et al. Sustained glycemic improvements with extended use of Omnipod 5: Results of the radiant 13-week extension study. EASD; Sep 2025. **7.** Sawyer A, et al. *Diabetes Technol Ther*. 2026. Retrospective RWE of T1D users utilizing optimiszed settings including sufficient CGM data (≥75% of days with ≥220 readings), ≥90% time in Automated Mode, and ≥5 bolus/day. Optimiszed settings: CF x TDI ≤1500 (83 mmol/L), I:C Ratio x TDI ≤350, Average Target Glucose of 110-115 mg/dL (6.1-6.4 mmol/L). **8.** Insulet Data on File. 2025.



INSULET POV: THE FUTURE OF DIABETES CARE



> **We are proud that more than 600,000 people around the world are benefitting from the user-friendly insulin delivery system—the only tubeless AID available that consistently, reliably, and safely helps people manage their diabetes**
>
> *— Dr. Ly*

Dr. Trang Ly, MBBS, FRACP, PhD
Senior Vice President, Chief Medical Officer
Insulet Corporation
Acton, Massachusetts, United States

Innovating to take outcomes (and patient choice) to new heights

Closing the symposium, Dr. Ly outlined Insulet's vision to continue advancing automated insulin delivery and help integrate diabetes care more seamlessly into everyday life.

KEY HIGHLIGHTS

Fewer interruptions and more time in automated mode thanks to the new Check Blood Glucose alarm

Omnipod 5 offers more choice*

*Omnipod 5 can be used with Dexcom G6, Dexcom G7 and the FreeStyle Libre 2 Plus and FreeStyle Libre 3 Plus sensors. A compatible Pod is also needed.

Max insulin delivery

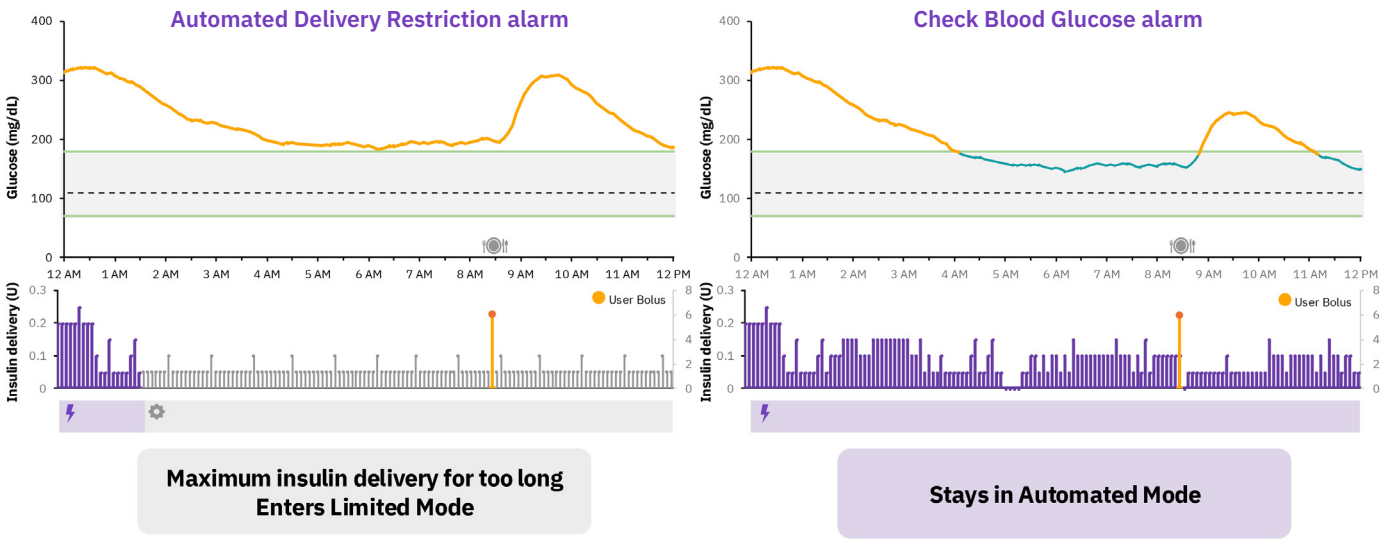
Improved Omnipod 5 Algorithm updates allow your patients to experience:

Fewer interruptions

More time in Automated Mode

THE AUTOMATED DELIVERY RESTRICTION ALARM IS BEING REPLACED WITH THE CHECK BLOOD GLUCOSE ALARM

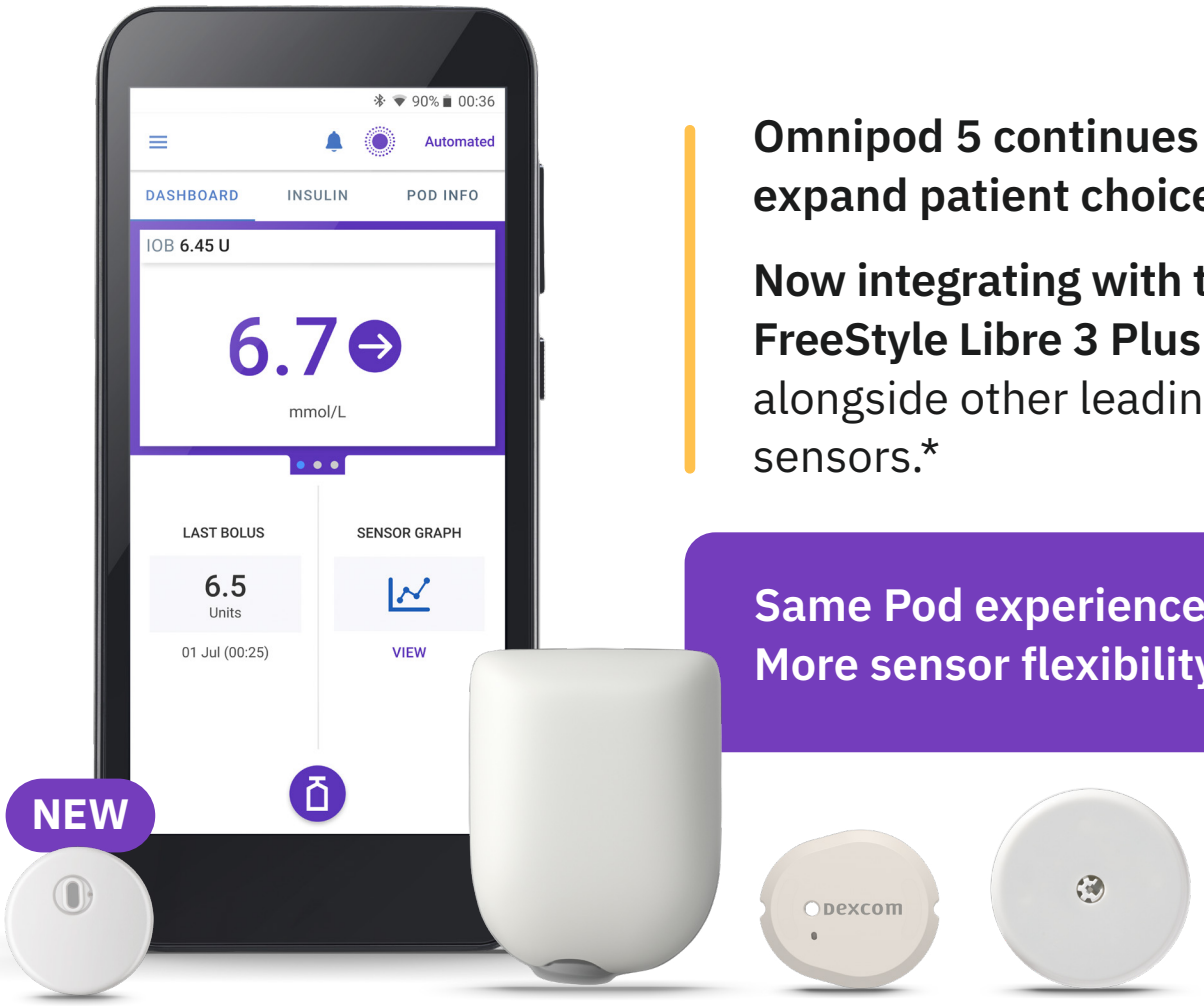
Keeps user in Automated Mode—no need to switch to Manual Mode



Graph from simulated 12-hr glycaemic tracing from single (n=1) virtual user at the 110 mg/dL Target Glucose, with the previous (left) and new (right) implementation of the maximum insulin delivery restriction alert. Data on file

SIGN UP FOR EDUCATIONAL WEBINARS AND GET THE LATEST UPDATES ON CLINICAL DATA, SYSTEM FEATURES AND BENEFITS, PATIENT INITIATION AND MANAGEMENT TIPS, ALONG WITH COMMON ONBOARDING AND OPTIMISATION TOPICS.

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Omnipod 5 continues to expand patient choice.

Now integrating with the FreeStyle Libre 3 Plus sensor alongside other leading sensors.*

Same Pod experience.
More sensor flexibility.

Screen for illustrative purposes only. Pod and sensors are shown without necessary adhesive. Sensors are sold separately and require a separate prescription.

*Omnipod 5 can be used with Dexcom G6, Dexcom G7 and the FreeStyle Libre 2 Plus and FreeStyle Libre 3 Plus sensors. A compatible Pod is also needed.



Dr. Ly

KEY TAKEAWAYS

Elevating outcomes. Expanding possibilities.

- Omnipod 5 is transforming outcomes today, delivering strong TIR, low hypoglycaemia, and a simple experience for people with diabetes
- Global momentum is accelerating, with sensor compatibility, algorithm enhancements, and new data tools empowering the diabetes community, increasing personalisation and patient choice

OPTIMISE YOUR CLINICAL PRACTICE WITH OMNIPOD 5.
Access expert insights, practical tools, and advanced data-driven support.

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SEE OUR FULL ATTD SYMPOSIUM COVERAGE

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PRESCRIBE OMNIPOD 5

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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 to operate as an automated insulin delivery system when used with compatible Continuous Glucose Monitors (CGM). When in automated mode, the Omnipod 5 system is designed to assist people with type 1 diabetes in achieving glycaemic targets set by their healthcare providers. It is intended to modulate (increase, decrease or pause) insulin delivery to operate within predefined threshold values using current and predicted CGM values to maintain blood glucose at variable target glucose levels, thereby reducing glucose variability. This reduction in variability is intended to lead to a reduction in the frequency, severity, and duration of both hyperglycaemia and hypoglycaemia.

The Omnipod 5 System can also operate in a manual mode that delivers insulin at set or manually adjusted rates. The Omnipod 5 System is intended for single patient use. The Omnipod 5 System is indicated for use with U-100 rapid acting insulin.

Warning: The Omnipod 5 Algorithm should NOT be used by anyone under the age of 2 years old. The Omnipod 5 Algorithm should also NOT be used in people who require less than 5 units of insulin per day as the safety of the technology has not been evaluated in this population.

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