MORE THAN 80% TIME IN RANGE WITH OPTIMISED SETTINGS[1]

omnipod
automated insulin delivery system
5

Of real-world Omnipod® 5 users with time in range (TIR) below 70%

53% do not frequently use the lowest Target Glucose setting[2]

Lowering Target Glucose significantly improved TIR[2]
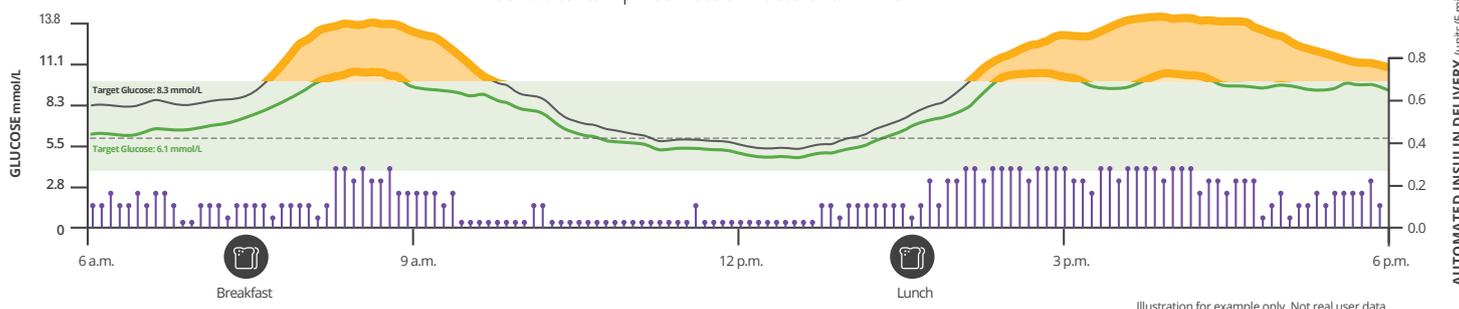
12% TIR

Real-world users showed a 12% time in range difference between the lowest and highest Target Glucose setting[3]

This was achieved with no clinically meaningful impact on time below range. [3]

Target Glucose
8.3 mmol/L vs. 6.1 mmol/L
I:C Ratio: 1:9 | Correction Factor: 1.7 mmol/L

GLUCOSE mmol/L — 13.8, 11.1, 8.3, 5.5, 2.8, 0

Target Glucose: 8.3 mmol/L
Target Glucose: 6.1 mmol/L

6 a.m. — Breakfast — 9 a.m. — 12 p.m. — Lunch — 3 p.m. — 6 p.m.

AUTOMATED INSULIN DELIVERY (units/5 mins) — 0.8, 0.6, 0.4, 0.2, 0.0

Illustration for example only. Not real user data.

Optimise settings

Target Glucose Setting: 6.1 mmol/L[1]

Insulin-to-carb ratio: I:C Ratio x TDI ≤ 350[1]

Correction factor: ISF x TDI ≤ 83[1]

Omnipod® 5 autocorrects for highs while helping to protect from lows.[4,5]

Omnipod 5 reacts in the event of a missed mealtime bolus*

AUTOMATED INSULIN DELIVERY (units/5 min)

Target Glucose 6.1 mmol/L

- **Meal** with missed bolus
- **Automatically increases** insulin delivery
- **Pauses** insulin when not needed
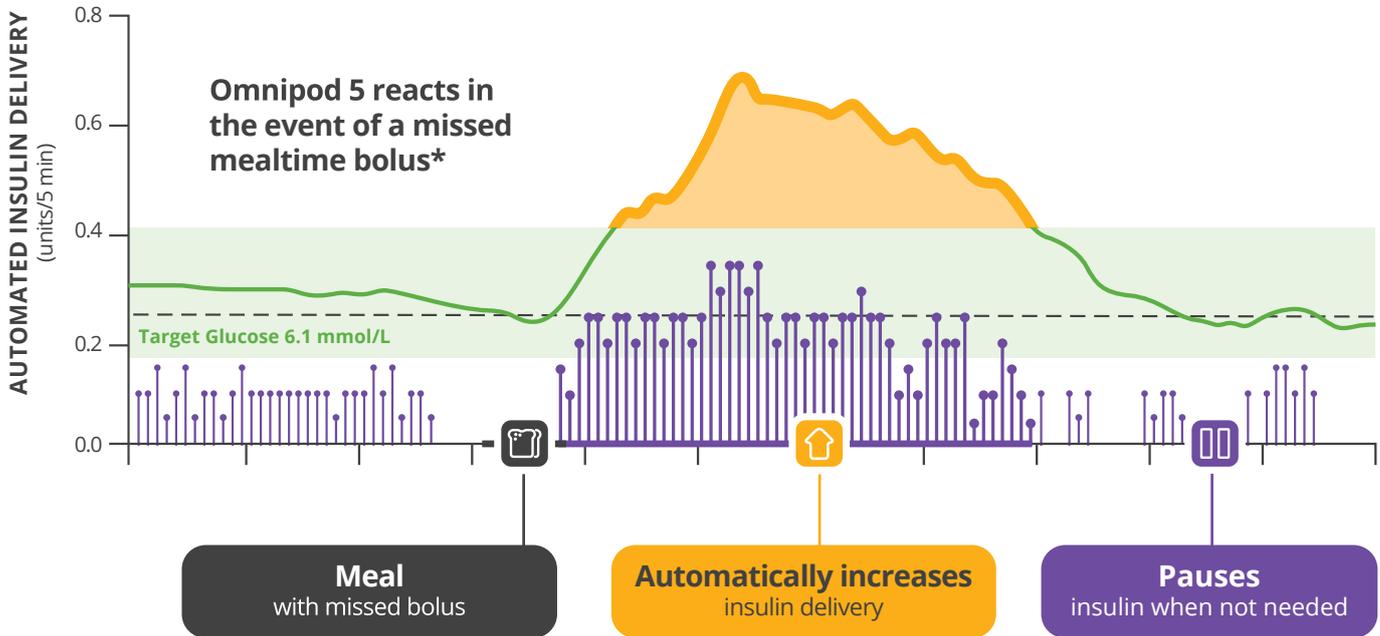
Refer to Cari Berget's "Practical considerations for using the Omnipod® 5 Automated Insulin Delivery System: Clinical experience from the United States and Europe" for tips on optimisation.

> *Most people with T1D will benefit from AID therapy, and the **Omnipod 5 System has been found safe and effective in diverse clinical trial cohorts,** such as those transitioning from multiple daily injection (MDI) therapy and those with high baseline HbA1c, including those who may not count carbohydrates or bolus consistently."*
>
> —Berget C, et al.

*Bolusing with the Omnipod 5 System is recommended for meals

References:
1. Retrospective RWE data on file. 2025. Results shown for users with optimised settings including sufficient CGM data (≥75% of days with ≥220 readings), ≥90% time in Automated Mode, ≥5 bolus/day and an average Target Glucose of 6.1-6.4 mmol/L. Optimised settings: ISF x TDI ≤1500, I:C Ratio x TDI ≤350. RF-062025-00014. 2. Forlenza G, et al. Presented at: ATTD; March 19-22, 2025; Amsterdam, Netherlands. Impact of Lowering Target Glucose Setting with the Omnipod 5 Automated Insulin Delivery System: Real-world data from 403 type 1 diabetes (T1D) users who transitioned from the 8.3 mmol/l to 6.1 mmol/l Target Glucose. Omnipod 5 results based on users with ≥90 days CGM data and ≥ 75% of days with ≥220 readings available. Insulet Data on File. 06.27.25. RF-062025-00038 3. Forlenza G, et al. Presented at: ATTD; March 19-22, 2025; Amsterdam, NL. Real-world data from 403 people with type 1 diabetes aged 2+ using the Omnipod 5 System who transitioned from the 8.3 mmol/L to 6.1 mmol/L Target Glucose. Each Target Glucose was used for a consecutive period of 14-90 days. Median time in Range (3.8-10 mmol/l) improved 11.8% (p<0.05). Median time (<3.8 mmol/l) +0.23% (p<0.05). Omnipod 5 results based on users with ≥75% of days with ≥220 readings available. Insulet Data on file. 05.15.25. RF-042025-00013 4. 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 >10 mmol/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. Mean time < 3.9 mmol/L in adults/adolescents and children, ST vs. 3-mo Omnipod 5: 2.9% vs. 1.3%, P<0.0001; 2.2% vs. 1.8%, P=0.8153, respectively. Results measured by CGM. Study funded by Insulet. 5. Sherr JL, et al. Diabetes Care. 2022. 45(8):1907–1910. 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 >10 mmol/L in very young children (2 - 5.9yrs) as measured by CGM: ST

Always read the label and follow the directions for use.

Compatible glucose sensors sold separately and require a separate prescription.

Omnipod® 5 Automated Insulin Delivery System Important Safety Information.
The Omnipod® 5 Automated Insulin Delivery System is indicated for use by individuals with Type 1 diabetes mellitus in persons 2 years of age and older. The Omnipod® 5 System is intended for single patient, home use and requires supervision of the user's healthcare provider. The Omnipod® 5 System is compatible with the following U-100 insulins: NovoLog®/ NovoRapid®, Humalog®, Trurapi®/Insulin aspart Sanofi®, Kirsty®, and Admelog®/Insulin lispro Sanofi®. Refer to the Omnipod® 5 Automated Insulin Delivery System User Guide and www.omnipod.com/safety for complete safety information including indications, contraindications, warnings, cautions, and instructions.

Warning: DO NOT start to use the Omnipod® 5 System or change settings without adequate training and guidance from a healthcare provider. Initiating and adjusting settings incorrectly can result in over-delivery or under-delivery of insulin, which could lead to hypoglycaemia or hyperglycaemia.

omnipod
automated insulin delivery system
5