MORE THAN 80% TIME IN RANGE (TIR) WITH OPTIMIZED SETTINGS[1,*]

omnipod 5 automated insulin delivery system

In real-world Omnipod® 5 users with TIR below 70%,

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

Lowering Target Glucose significantly improved TIR[3]

12% TIR

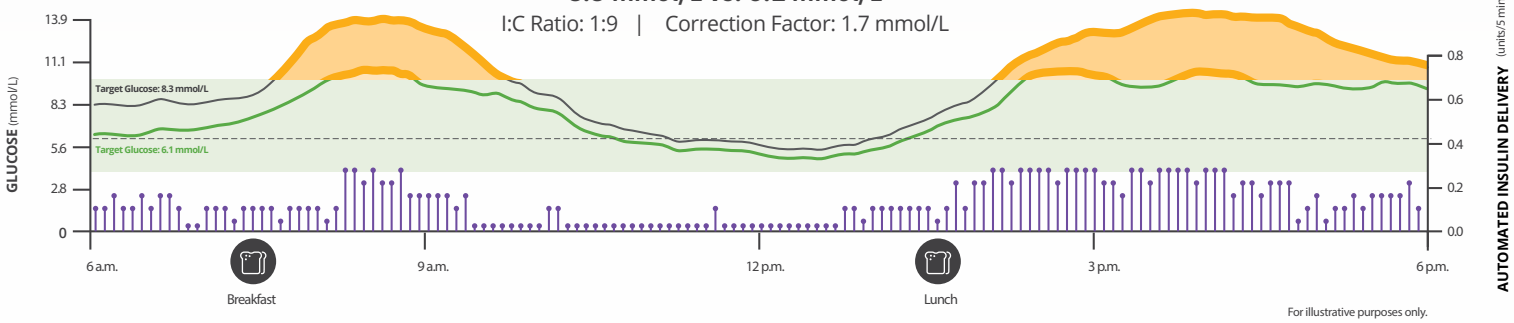
Real-world users increased TIR by nearly 12% by switching to the lowest Target Glucose setting.[3]

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



For illustrative purposes only.

Optimize settings

Target Glucose setting: 6.1 mmol/L[1]

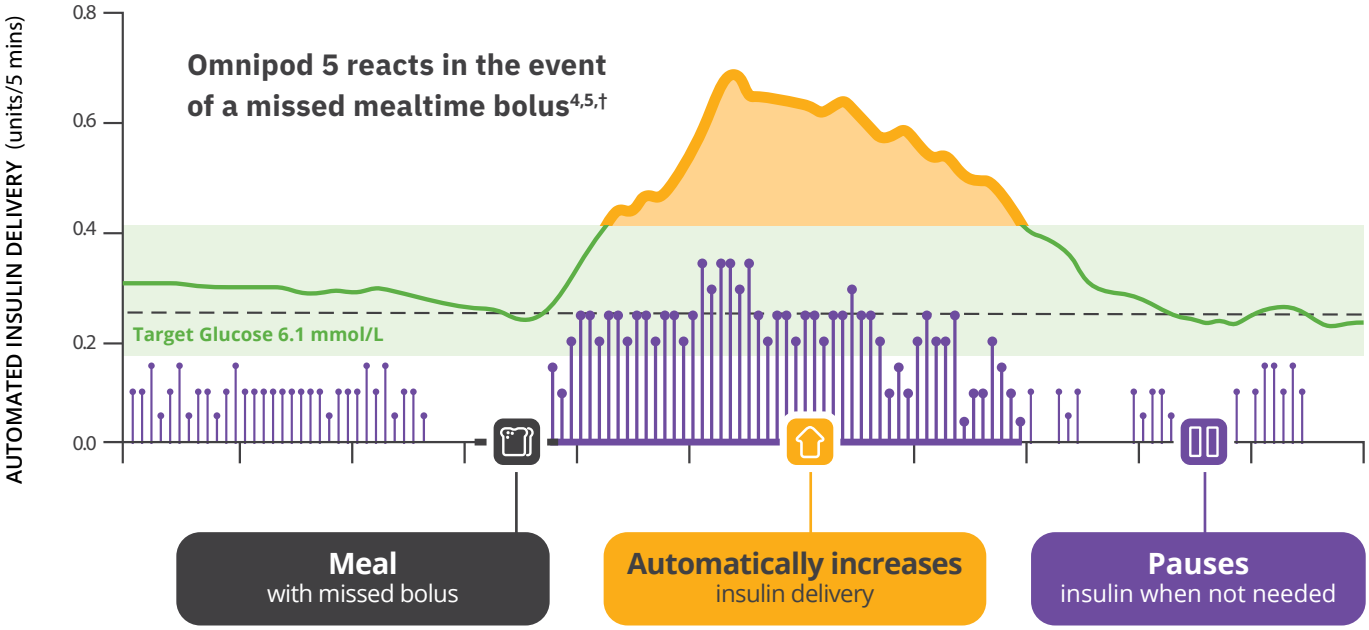
Insulin-to-carb ratio: I:C Ratio x TDI ≤ 350[1]

Correction factor: ISF x TDI ≤ 83[1]

I:C Ratio, insulin:carb ratio; ISF, insulin sensitivity factor; TDI, total daily insulin.

*Based on the retrospective RWE data on file. 2025. Results shown for users with optimized 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. Optimized settings: ISF x TDI ≤83, I:C Ratio x TDI ≤350. RF-062025-00014.

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



Check out the available webinars on Omnipod.ca to learn about optimization strategies for your patients!

> *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.
AID, automated insulin delivery; HbA1c, glycated hemoglobin (hemoglobin A1C); T1D, type 1 diabetes.

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 NovoLog®/NovoRapid®, Humalog®/Liprolog®, Admelog®/Insulin lispro Sanofi®, Trurapi®/Insulin aspart Sanofi®, and Kirsty® U-100 insulin. Refer to the Omnipod 5 Automated Insulin Delivery System User Guide and www.omnipod.com/en-ca/safety for complete safety information including indications, contraindications, warnings, cautions, and instructions.

1. Retrospective RWE data on file. 2025. Results shown for users with optimized 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. Optimized settings: ISF x TDI ≤83, I:C Ratio x TDI ≤350. RF-062025-00014.

2. Insulet data on file. 2025. Retrospective analysis including 103,369 T1D users with TIR (3.9-10.0 mmol/L) <70%. 54,365 (53%) did not use the 6.1mmol/L target as their average glucose target setting. 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 (T1D) 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 TIR Time in Range (3.9-10 mmol/L) improved +11.8% in T1D (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.

A small increase in Time Below Range (TBR) was observed. While the median increases were within acceptable consensus targets, the potential for hypoglycemia remains a critical concern, especially in vulnerable populations. Pediatric subgroup (ages 2-5) showed a more pronounced rise in TBR compared to the broader T1D cohort: median TBR increase ranged from 0.64% to 3.09% for the 6.7 to 6.1 mmol/L group. Careful individualization of glucose targets and increased monitoring are necessary for young children.

4. Brown SA, et al. *Diabetes Care*. 2021;44(7):1630-1640. Prospective, pivotal trial in 240 people with T1D aged 6-70 years involving 2 weeks standard diabetes therapy (ST) followed by 3 months Omnipod 5 use in Automated Mode. Mean time in hyperglycemic range (>10 mmol/L) as measured by CGM 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 in hypoglycemic range (<3.9 mmol/L) as measured by CGM 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. Study funded by Insulet.

In a 3-month clinical study, 3 cases of severe hypoglycemia and 1 case of diabetic ketoacidosis (DKA) were reported in participants aged 6-70 years during Omnipod 5 System use. These cases were not related to automated insulin delivery malfunction.

5. Sherr JL, et al. *Diabetes Care*. 2022;45(8):1907-1910. Single-arm, multicentre, prospective clinical trial in 80 people with T1D aged 2-5.9 yrs involving 2 weeks standard diabetes therapy (ST) followed by 3 months Omnipod 5 use in Automated Mode. Mean time in hyperglycemic range (>10 mmol/L) as measured by CGM: ST = 39.4%, 3-mo Omnipod 5 = 29.5%, p<0.0001. Mean time in hypoglycemic range (<3.9 mmol/L) as measured by CGM: ST = 3.43%, 3-mo Omnipod 5 = 2.46%, p=0.0204. Study funded by Insulet.

INS-OHS-10-2025-00351 V1.0