OMNIPOD® 5 - SOPHISTICATED AID TECHNOLOGY, *SIMPLIFIED*

For people 2 years and older with type 1 diabetes requiring insulin

Omnipod 5 with SmartAdjust™ technology delivers insulin every 5 minutes to help minimize time in hyperglycemia and hypoglycemia[1,2,*]

- Adjusts insulin delivery using the selected glucose target
- Allows glucose target customizations with up to 8 time segments per day
- Includes a unique **SmartBolus Calculator,** informed by sensor value and trend[†]

Adjustments on the go[†]

No more multiple daily injections, tubing, or finger pricks[‡]

- Tubeless, waterproof[§], Pod with built-in SmartAdjust™ technology
- Integrated with compatible sensors[†]

Pod shown without necessary adhesive.

Scan to learn more about Omnipod 5 and access training and informational resources for you and your patients.

omnipod 5 automated insulin delivery system

Omnipod 5 improved glycemic control in pivotal studies[1,2]

76%
time in range (TIR) at a target of 6.1 mmol/L in adults and adolescents (14–70 years) and **68%** overall TIR in children (2-13.9 years)[1,2]

60%
reduction in hypoglycemia overnight and **46%** overall in adults and adolescents[1]

33%
reduced time in hyperglycemia in children, and **24%** in adults and adolescents[1]

HbA1c
was significantly reduced in very young children (2.0–5.9 years), children (6–13.9 years), and adults and adolescents (14–70 years) by 0.5%, 0.7%, and 0.4% respectively[1,2]

Important Safety Information: 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®, Trurapi®/Truvelog®/Insulin aspart Sanofi®, Kirsty®, and Admelog/Insulin lispro Sanofi U-100 insulin.

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

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.

*When used in automated mode with compatible sensor, the Omnipod 5 System adjusts insulin delivery every 5 minutes based on the user's current sensor value, glucose values predicted 60 minutes in the future, glucose trend, and past insulin delivery to bring glucose to a user-defined target.

†Compatible sensors prescribed and sold separately.

‡Finger pricks are required if your glucose readings and alarms do not match symptoms or expectations.

§The Pod has an IP28 rating for up to 7.6 metres (25 feet) for 60 minutes. The controller is not waterproof.

AID=automated insulin delivery; CGM/sensor=continuous glucose monitor; CSII=continuous subcutaneous insulin infusion; DKA=diabetic ketoacidosis; HbA1c=glycated hemoglobin; HCL=hybrid closed loop; MDI=multiple daily injection; ST=standard therapy; T1D=type 1 diabetes.

References: 1. Brown S. et al. *Diabetes Care*. 2021;44:1630-1640. Prospective pivotal trial in 240 participants with T1D aged 6-70 yrs. Study included a 14-day standard therapy (ST) phase followed by a 3-month Omnipod 5 hybrid closed-loop (HCL) phase. Mean time in hyperglycemic range (>10.0 mmol/L or >180 mg/dL) as measured by CGM in adults/adolescents and children ST vs. 3-mo Omnipod 5: 28.9% vs. 22.8%; 44.8% vs. 29.7%, *P*<0.0001, respectively. Mean time in hypoglycemic range (<3.9 mmol/L or <70 mg/dL) as measured by CGM in adults/adolescents and children ST vs. 3-mo Omnipod 5: 2.89% vs. 1.32%, *P*<0.0001; 2.21% vs. 1.78, *P*=0.8153, respectively. Mean time <3.9 mmol/L or <70 mg/dL (12AM - <6AM) as measured by CGM in adults/adolescents and children ST vs. 3-mo Omnipod 5: 3.64% vs. 1.17%, *P*<0.0001; 2.51% vs. 1.78, *P*=0.0456, respectively. Mean HbA1c: ST vs. Omnipod 5 use in adults/adolescents (14-70 yrs) and children (6-13.9 yrs), respectively (7.16% vs. 6.78% or 55 mmol/mol vs. 51 mmol/mol, *P*<0.0001; 7.67% vs. 6.99% or 60 mmol/mol vs. 53 mmol/mol), *P*<0.0001). Mean time in range (3.9-10.0 mmol/L or 70-180 mg/dL) in adults/adolescents as measured by CGM: ST = 64.7%, 3-mo Omnipod 5 = 73.9%, *P*<0.0001. Mean time in range (3.9-10.0 mmol/L or 70-180 mg/dL) in children as measured by CGM: ST = 52.5%, 3-mo Omnipod 5 = 68.0%, *P*<0.0001.

2. Sherr J, et al. *Diabetes Care*. 2022;45:1907-1910. Single-arm multicentre clinical trial in 80 pre-school children (aged 2-5.9 yrs) with T1D. Study included a 14-day standard therapy (ST) phase followed by a 3-month AID phase with Omnipod 5 system. Mean time in hyperglycemic range (>10.0 mmol/L or >180 mg/dL) as measured by CGM in children ST vs. 3-mo Omnipod 5: 39.4% vs. 29.5%, *P*<0.0001, respectively. Mean time in hypoglycemic range (<3.9 mmol/L or <70 mg/dL) as measured by CGM in children ST vs. 3-mo Omnipod 5: 3.43% vs. 2.46%, *P*=0.0204. Mean HbA1c as measured in very young children, ST vs. Omnipod 5 use: 7.4% vs. 6.9% or 57 mmol/mol vs. 53 mmol/mol; (*P*<0.0001). Mean time in range (3.9-10.0 mmol/L or 70-180 mg/dL) as measured by CGM in children ST vs. 3-mo Omnipod 5: 57.2% vs. 68.1%, *P*<0.0001. Mean time in hypoglycemic range (<3.9 mmol/L or <70 mg/dL as measured by CGM) ST = 3.43% vs. Omnipod 5: 2.46%, *P*<0.0001.

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