omnipod 5
automated insulin delivery system

CELEBRATE STRONG CLINICAL PERFORMANCE[1-3]

The clinical results you want to see. The tube-free lifestyle they want to live.

TIME IN RANGE ACHIEVED IN THE REAL WORLD[4]

Forlenza G, et al. Diabetes Technol Ther (2024). Retrospective analysis of real-world evidence with 5,846 (20.4%) of the 28,612 adults with type 1 diabetes using Omnipod 5 who utilised the 6.1 mmol/L glucose target had 80% Time in Range or greater. Omnipod 5 results based on users with ≥90 days CGM data, ≥75% of days with ≥220 readings available.

MANY PEOPLE LIVING WITH T1D LOSE HEALTHY YEARS WHEN THEY DON'T HAVE THE RIGHT TOOLS[5]

Glycaemic goals vs the reality for patients on MDI

<7% HbA1c

An HbA1c of <7% is an appropriate glycaemic goal for most people living with diabetes[6]

VS.

9.2% HbA1c

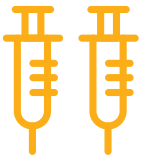
Average HbA1c for patients with T1D using MDI[7]

Globally, an increasing number of guidelines and consensus statements recognise the value of AID technology for facilitating the attainment of glycaemic targets in people with T1D, all making proactive recommendations for use of AID technology in the management of T1D

- European Association for the Study of Diabetes (2021)[8]
- International Society for Paedriatric and Adolescent Diabetes (2022)[9]
- Scottish Health Technology Group (2022)[10]
- American Association for Clinical Endocrinologists (2021)[11]
- American Diabetes Association (2023)[12]
- Societe Francophone du Diabete (2021)[13]
- Nederlandse Internisten Vereniging (2022)[14]
- Advanced Technologies & Treatments for Diabetes (2023)[15]
- Deutsche Diabetes Gesellschaft (2023)[16]
- National Institute for Health & Care Excellence (2023)[17]

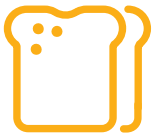
OMNIPOD® 5 HAS SHOWN TO IMPROVE HbA1c AND TIME IN RANGE WHILE HELPING TO PROTECT AGAINST HIGHS AND LOWS[18]

DO YOU HAVE PATIENTS WITH DIABETES WHO:



Struggle to see improvements on MDI or non-automated pump therapy?

Exhibit signs of diabetes distress?



Have difficulty counting carbs?

Hesitate to try diabetes technology because they seem too complex?

Have a fear of hypoglycaemia?

Spend too much time managing their condition?

BETTER DIABETES MANAGEMENT HELPS PROTECT AGAINST LONG-TERM COMPLICATIONS

An increase in TIR of 10% (2.4 h per day) corresponds to a decrease in HbA1c of approximately 0.5%[19]

Clinically meaningful reduction in HbA1c will prevent long-term complications[19]

MDI-user data

OMNIPOD 5 USERS WERE SUCCESSFUL COMPARED TO MDI[1]

IN THE RECENT RADIANT RANDOMISED CONTROLLED TRIAL[1]

188 participants (ages 4–70) with T1D were enrolled

In France, Belgium, and the U.K.

All participants were previously on MDI therapy + Sensor

Omnipod 5 showed significant improvements compared to MDI therapy[1]

22.4%
MORE TIR

Omnipod 5 improves time in range by an average of 22% (compared to MDI therapy)

=

5.4
HOURS/DAY

Equal to an average of 5.4 hours more per day, with **no increase in time below range**

HbA1c

1%
DECREASE IN HbA1c

51% of study participants with T1D with a baseline HbA1c ≥8% (64 mmol/mol) were able to improve their HbA1c by 1% compared to MDI therapy

Pump-user data

OMNIPOD 5 IMPROVES RESULTS FOR THOSE WHO HAVE ALREADY TRIED A SENSOR AND PUMP[2]

IN THE RECENT OP5-003 RANDOMISED CONTROLLED TRIAL

194 adults (age 18-70) with T1D were enrolled

In France and the U.S.

All were on pump therapy (excluding AID) for ≥3 months

Omnipod 5 users achieved more TIR vs. prior pump therapy[2]

17.5%
MORE TIR

=

4.2
additional hours, while decreasing time below range

Despite already using a non-AID insulin pump with CGM, patients who transitioned to Omnipod 5 saw improvement in TIR and HbA1c[2]

OMNIPOD 5 LETS USERS ENJOY MORE OF WHAT MATTERS[2]

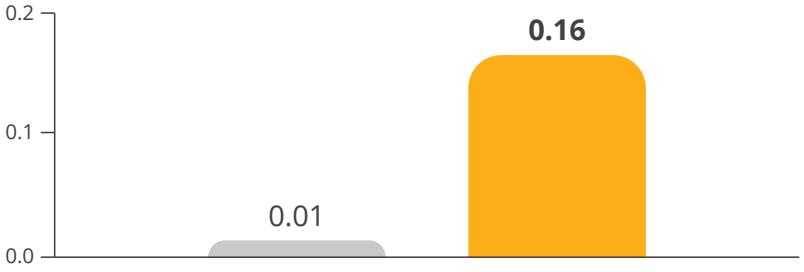
Omnipod 5 users reported the following changes:

Omnipod 5 users found it easy to use[20]

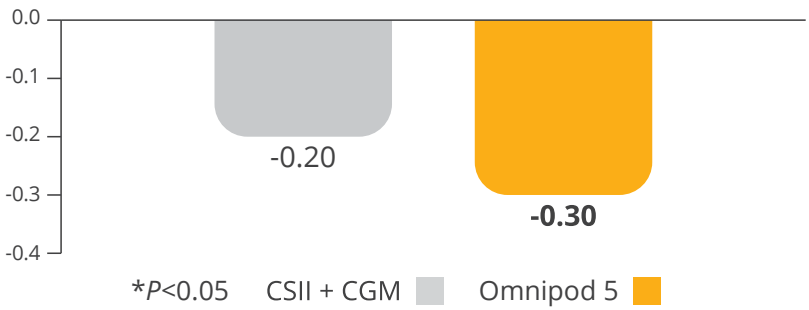
Omnipod 5 users reported more confidence in avoiding hypoglycaemia[2]

Omnipod 5 reduced diabetes distress[2]

Hypoglycaemia Confidence Scale (HCS)[2]: higher = better*



Type 1 Diabetes Distress (T1-DDS)[2]: lower = better*



Explore the data

OMNIPOD 5 USERS WERE SUCCESSFUL IN A REAL-WORLD SETTING[3]

THE OMNIPOD 5 REAL-WORLD DATASET CONSISTS OF

69,902 U.S. Omnipod 5 users (ages ≥2) with ≥3 months of use

Real-world evidence is needed to explore effectiveness in non-study conditions and reaffirms findings from clinical trials

17.7 million days of Omnipod 5 use represented

Use of the lowest Target Glucose (6.1 mmol/L [110 mg/dL]) was associated with a higher TIR

>80% TIR achieved by 20% of adults at an average target of 6.1 mmol/L (110 mg/dL)[4]

1.1%
TBR

In the real world, Omnipod 5 users experienced only 1.12% time below range at an average target glucose of 6.1 mmol/L (110 mg/dL)[3]

NO REASON TO DISCONNECT

94.1%

Adults spent 94.1% time in Automated Mode in a real-world setting[3]

With the tubeless, waterproof* Omnipod 5, there's no need to disconnect during daily activities.†

* The Pod has an IP28 rating for up to 7.6 meters (25 feet) for 60 minutes. The Omnipod 5 Controller is not waterproof.

† Device components including the Pod, Sensor, and Transmitter must be removed before Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scan, or diathermy treatment. In addition, the Controller and smartphone should be placed outside of the procedure room. Exposure to MRI, CT, or diathermy treatment can damage the components.

Real-world evidence demonstrates Omnipod 5 is effective even in candidates who **may not be considered typical candidates** for automated insulin delivery and are often overlooked[3]

Explore the data

MORE THAN 80% TIME IN RANGE WITH OPTIMISED SETTINGS IN THE REAL-WORLD[4]

TARGET GLUCOSE

8.3 mmol/L vs. 6.1 mmol/L

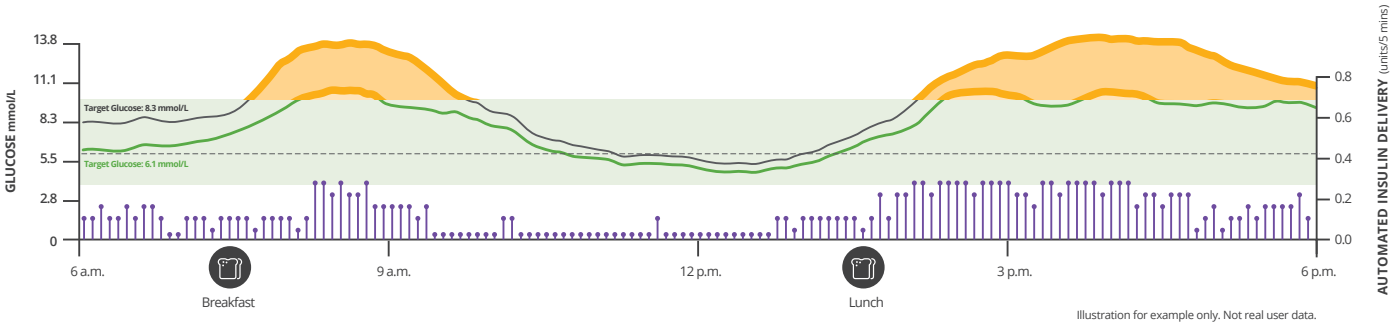


Illustration for example only. Not real user data.

Users seeking to increase their TIR should consider decreasing their Target Glucose setting to 6.1 mmol/L

Higher targets may result in satisfactory outcomes when balancing several factors, including fear or unawareness of hypoglycaemia, or other health risk factors

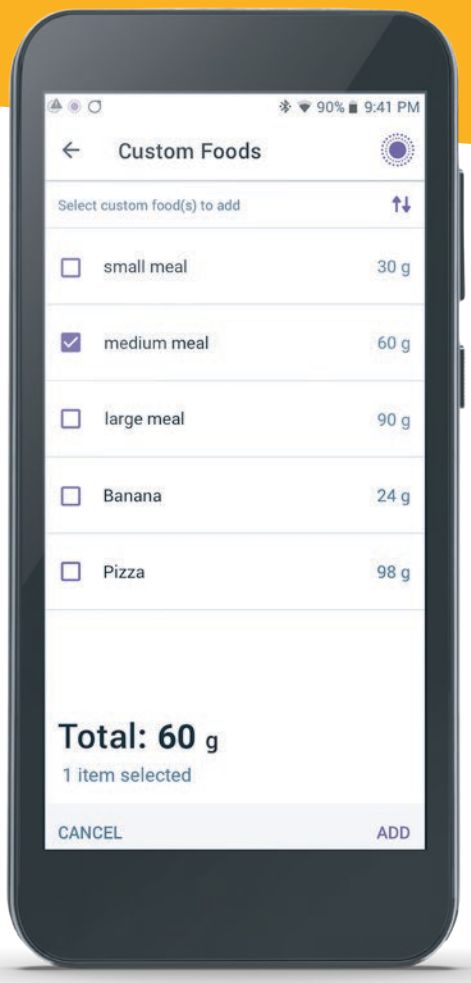
LOWERING TARGET GLUCOSE SIGNIFICANTLY IMPROVED TIR[21]

OPTIMISE RESULTS BY BALANCING AUTOMATED AND USER-INITIATED INSULIN DELIVERY

- 5 Target Glucose options for more flexibility
- Insulin-to-carb ratio
- Correction factor
- Simplify mealtime bolusing with Custom Foods*

*User-initiated insulin delivery.

SIMPLIFY MEALTIMES FOR PATIENTS



Patients can save preset carb amounts and select from their list of Custom Foods using the SmartBolus Calculator which adjusts the bolus dose based on sensor value and trend.

- Save up to **50 Custom Foods**
- **Meal sizes** such as small, medium and large
- **Meal types** such as breakfast, lunch and dinner
- **Individual** food items
- **Favourite** meals and snacks

> “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.

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.

EMPOWER YOUR PATIENTS

Omnipod 5 achieved strong clinical results, showing that patients can successfully manage their diabetes in everyday life without interrupting their daily activities.[1-3]

Find out how Omnipod 5 can help your patients achieve glycaemic goals

For more information visit:
www.omnipod.com/en-au

THERE ARE LOTS OF PUMPS. THERE'S ONLY ONE OMNIPOD® 5

References:

1. Wilmot E, et al. Presented at: ATTD; March 19-22, 2025; Amsterdam, NL. A 13-week randomised, parallel-group clinical trial conducted among 188 participants (age 4-70) with type 1 diabetes in France, Belgium, and the U.K., comparing the safety and effectiveness of the Omnipod 5 System versus multiple daily injections with CGM. 2. Renard E, et al. Diabetes Care. 2024. doi:10.2337/dc24-1550. A 13-week randomised controlled trial conducted among 194 adults (age 18-70 years) with type 1 diabetes in France and the U.S., comparing the safety and effectiveness of the Omnipod 5 Automated Insulin Delivery (AID) System versus conventional non-AID pump therapy and CGM (control). Participants had a mean baseline HbA1c of 8.5% or 69 mmol/mol. Mean time in range (3.9-10.0 mmol/L) at 13-weeks as measured by CGM: Control = 43.8%, Omnipod 5 = 61.2%. Mean adjusted difference Omnipod 5—Control = 17.5%, P<0.0001. Mean change in HbA1c at 13-weeks: Control = -0.68% or -7.4 mmol/mol, Omnipod 5 = -1.24% or -13.6 mmol/mol. Mean adjusted difference Omnipod 5—control = -0.58% or -6.3 mmol/mol, P<0.0001. Mean time in hypoglycaemic range (<3.9 mmol/ L) at 13-weeks as measured by CGM: Control = 1.75%, Omnipod 5 = 1.18%. Mean adjusted difference Omnipod 5—control = -0.36%, P=0.005. Mean Type 1 Diabetes Distress Scale (T1-DDS) total score at 13-weeks: Control = 2.08, Omnipod 5 = 1.72. Mean adjusted difference in change in T1-DDS score, Omnipod 5-Control = 0.18, P=0.0094. Mean proportion of participants with clinically meaningful change ≥0.19 (%) at 13-weeks: Control = 45.0%, Omnipod 5 = 53.8%. Mean adjusted difference, Omnipod 5—control = 24.3%, P=0.0145. Mean Hypoglycaemia Confidence Scale (HCS) total score at 13-weeks: Control = 3.14, Omnipod 5 = 3.40, Mean adjusted difference in change in HCS score, Omnipod 5-Control = 0.20, P=0.0048. Mean proportion of participants with clinically meaningful result ≥3 (%) at 13-weeks: Control = 61.7%, Omnipod 5 = 81.7%. Mean adjusted difference, Omnipod 5—Control = 18.9%, P=0.0076 3. Forlenza G, et al. Diabetes Technol Ther. 2024. 26(8):514-525. Retrospective analysis of real-world 37,640 Omnipod 5 users with type 1 diabetes in the United States utilised the 6.1 mmol/L glucose target with a median time in hypoglycaemia (<3.9 mmol/L) of 1.12%. Omnipod 5 results based on users with ≥90 days CGM data, ≥75% of days with ≥220 readings available. 4. Forlenza G, et al. Diabetes Technol Ther (2024). Retrospective analysis of real-world evidence with 5,846 (20.4%) of the 28,612 adults with type 1 diabetes using Omnipod 5 who utilized the 110 mg/dL glucose target had 80% Time in Range or greater. Omnipod 5 results based on users with ≥90 days CGM data, ≥75% of days with ≥220 readings available. 5. Type 1 Diabetes Index. https://www.t1dindex.org Accessed 11Feb2025. 6. Phillip M, Nimri R, Bergenstal RM, et al. Consensus Recommendations for the Use of Automated Insulin Delivery Technologies in Clinical Practice. Endocr Rev. 2023;44(2):254-280. doi:10.1210/endrev/bnac022 7. Gandhi K, et al. Insulin Pump Utilization in 2017–2021 for More Than 22,000 Children and Adults With Type 1 Diabetes: A Multicenter Observational Study. Clin Diabetes, 2024;42(1):56–64. doi: 10.2337/cd23-0055 8. Holt R, et al. The management of type 1 diabetes in adults. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia. 2021;64(12):2609-2652. 9. Sherr J, et al. ISPAD Clinical Practice Consensus Guidelines 2022: Diabetes technologies. Pediatric Diabetes. 2022;1-26. 10. Scottish Health Technologies Group (SHTG). Closed-Loop Systems and the Artificial Pancreas for the Management of T1DM. Published 2022. 11. American Diabetes Association. Standards of Medical Care in Diabetes-2022. Diabetes Care. 2022;45(Suppl 1). 12. Grunberger G, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: The Use of Advanced Technology in the Management of Persons With Diabetes Mellitus. Endocrine practice: official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. 2021;27(6):505-537. 13. Tubiana-Rufi N, et al. Practical implementation of automated closed-loop insulin delivery: A French position statement. Diabetes & metabolism. 2021;47(3):101206. 14. Nederlandse Internisten Vereniging. Kwaliteitscriteria voor optimale en doelmatige inzet diabeteshulpmiddelen Consensusdocument. Versie 1 juni 2022, versie 1.0 15. Moshe Philip, et al. Consensus recommendations for the use of Automated Insulin Delivery (AID) technologies in clinical practice, Endocr Rev. 2023;4;44(2):254-280. 16. Deutsche Diabetes Gesellschaft. S3-Leitlinie Therapie des Typ-1-Diabetes, Version 5, 2023 17. National Institute For Health and Care Excellence. Final appraisal document Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes. 07 November 2023. 18. 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-month 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-month 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. 19. Tadej Battelino, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. Diabetes Care 1 August 2019; 42 (8): 1593–1603. 20. Insulet Data on File. OP5-003 Clinical Study Report. 2024. A 13-week randomised controlled trial conducted among 194 adults (age 18-70 years) with type 1 diabetes in France and the U.S., comparing the safety and effectiveness of the Omnipod 5 Automated Insulin Delivery (AID) System versus conventional non-AID pump therapy and CGM (control). At 13-weeks of Omnipod 5 use 130 participants were asked via a System Usability Survey (SUS) if the system was easy to use. 71.5% of participants strongly agreed and 19.2% agreed. 21. Forzlenza 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.

Always read the label and follow the directions for use.

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® 5
automated insulin delivery system