

INSTRUCTIONS FOR USE

- 1 Download user's device to My.Glooko.com → Set report settings to Target Range 70-180 mg/dL
- 2 Create reports → 2 weeks → Select: a. CGM Summary; b. Week View; and c. Devices
- 3 Follow this worksheet for step-by-step guidance on clinical assessment, user education and insulin dose adjustments.
STEP 1 **BIG PICTURE** (PATTERNS) → STEP 2 **SMALL PICTURE** (REASONS) → STEP 3 **PLAN** (SOLUTIONS)

PANTHER[™]TOOL for

OMNIPOD 5



OVERVIEW using C|A|R|E|S Framework

C | How it **CALCULATES**

- Automated basal insulin delivery calculated from total daily insulin, which is updated with each pod change (“adaptive basal”).
- Calculates dose of insulin every 5 min based on glucose levels predicted 60 minutes into future.

A | What you can **ADJUST**

- Can adjust the algorithm target (110, 120, 130, 140, 150 mg/dl) for adaptive basal.
- Can adjust I:C ratios, correction factors, active insulin time for bolus settings.
- Cannot change basal rates (programmed basal rates are not used in automated mode).

R | When to **REVERT** to open-loop

- System may revert to “Automated Mode: Limited” (static basal rate determined by system) for 2 reasons:
 1. If CGM stops communicating with pod for 20 min. Will resume full automation when CGM returns.
 2. If an “Automated Delivery Restriction” alarm occurs (insulin delivery suspended or at max delivery too long). Alarm must be cleared by user and enter manual mode for 5 min. Can turn “automated mode” back on after 5 minutes.

E | How to **EDUCATE**

- Bolus before eating, ideally 10-15 minutes prior.
- Tap “Use CGM” in bolus calculator to add glucose value and trend into bolus calculator.
- Treat mild hypoglycemia with 5-10g carb to avoid rebound hyperglycemia and WAIT 15 min before re-treating to give glucose time to rise.
- Infusion site failure: Check ketones and replace pod if unexplained hyperglycemia persists (e.g. >300 mg/dL for > 90 min) despite correction bolus. Give syringe injection for ketones.

S | **SENSOR/SHARE** characteristics

- Dexcom G6 which require no calibrations.
- Must use G6 mobile app on smartphone to start CGM sensor (cannot use Dexcom receiver or Omnipod 5 controller).
- Can use Dexcom Share for remote monitoring of CGM data.

PANTHERPOINTERS[™] FOR CLINICIANS

- 1 Focus on behavior: Wearing the CGM consistently, giving all boluses, etc.
- 2 When adjusting insulin pump settings, focus primarily on algorithm target and I:C ratios.
- 3 To make system more aggressive: Lower the algorithm target, encourage user to give more boluses and intensify bolus settings (e.g. I:C ratio) to increase total daily insulin (which drives the automation calculation).
- 4 Avoid overthinking the automated basal delivery. Focus on the overall Time in Range (TIR), and optimizing system use, bolus behaviors and bolus doses.



This PANTHERprogram.org tool for Omnipod 5 was created with the support of [danatech](https://danatech.com).

CGM Summary Report to assess system use, glycemic metrics, and identify glucose patterns.

A Is the person using the CGM consistently?

% Time CGM Active:

If <90%, discuss why:

- Problems accessing supplies/sensors not lasting 10 days? →Contact Dexcom for replacement sensors
- Skin problems or difficulty keeping sensor on? →Rotate sensor insertion sites (arms, hips, buttocks, abdomen) →Use barrier products, tackifiers, overtapes and/or adhesive remover to protect skin
- Problems with CGM-Pod connectivity? →Place pod and CGM on same side of body/in “line of sight” to aid the Bluetooth communication between pod and CGM

B Is the person using Automated Mode?

Automated Mode %:

If <90%, assess why:

Emphasize goal is to use automated mode as much as possible

Automated:Limited %:

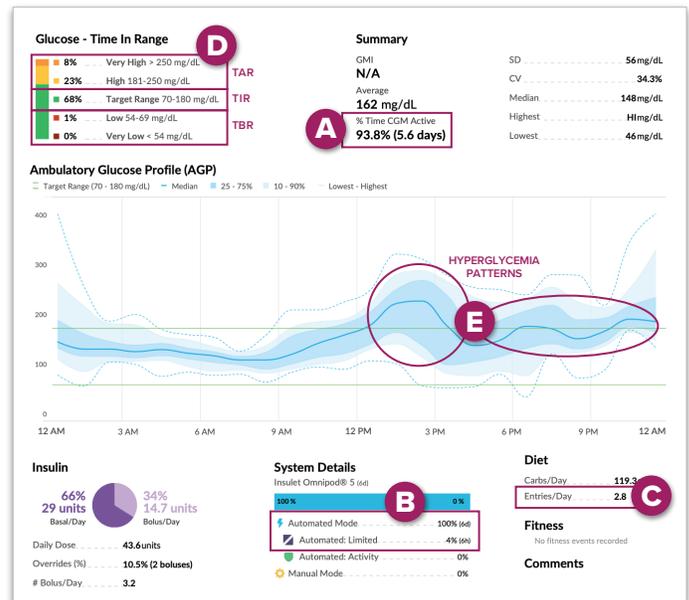
If >5%, assess why:

- Due to gaps in CGM data? →Review device placement: wear pod and CGM in “line of sight” to optimize pod-CGM communication
- Due to automated delivery restriction (min/max delivery) alarms? →Educate user to clear alarm, check BG to as needed, and after 5 minutes switch mode back to Automated Mode (will not return to Automated automatically)

C Is the user giving boluses for meals?

Is the user giving at least 3 “Diet Entries/Day” (boluses with CHO added)?

→If not, ASSESS for missed meal boluses



D Is the user meeting Glycemic Targets?

Time in Range (TIR) Goal is >70%
70-180 mg/dL (3.9-10.0 mmol/L) “Target Range”

Time Below Range (TBR) Goal is <4%
<70 mg/dL (<3.9 mmol/L) “Low” + “Very Low”

Time Above Range (TAR) Goal is <25%
>180 mg/dL (>10.0 mmol/L) “High” + “Very High”

E What are their patterns of hyperglycemia and/or hypoglycemia?

Ambulatory Glucose Profile compiles all data from reporting period into one day; shows median glucose with the blue line, and variability around the median with the shaded ribbons. Wider ribbon = more glycemic variability.

Identify the overall patterns by primarily focusing on the dark blue shaded area.

Hyperglycemia patterns: (eg: high glycemia at bedtime)

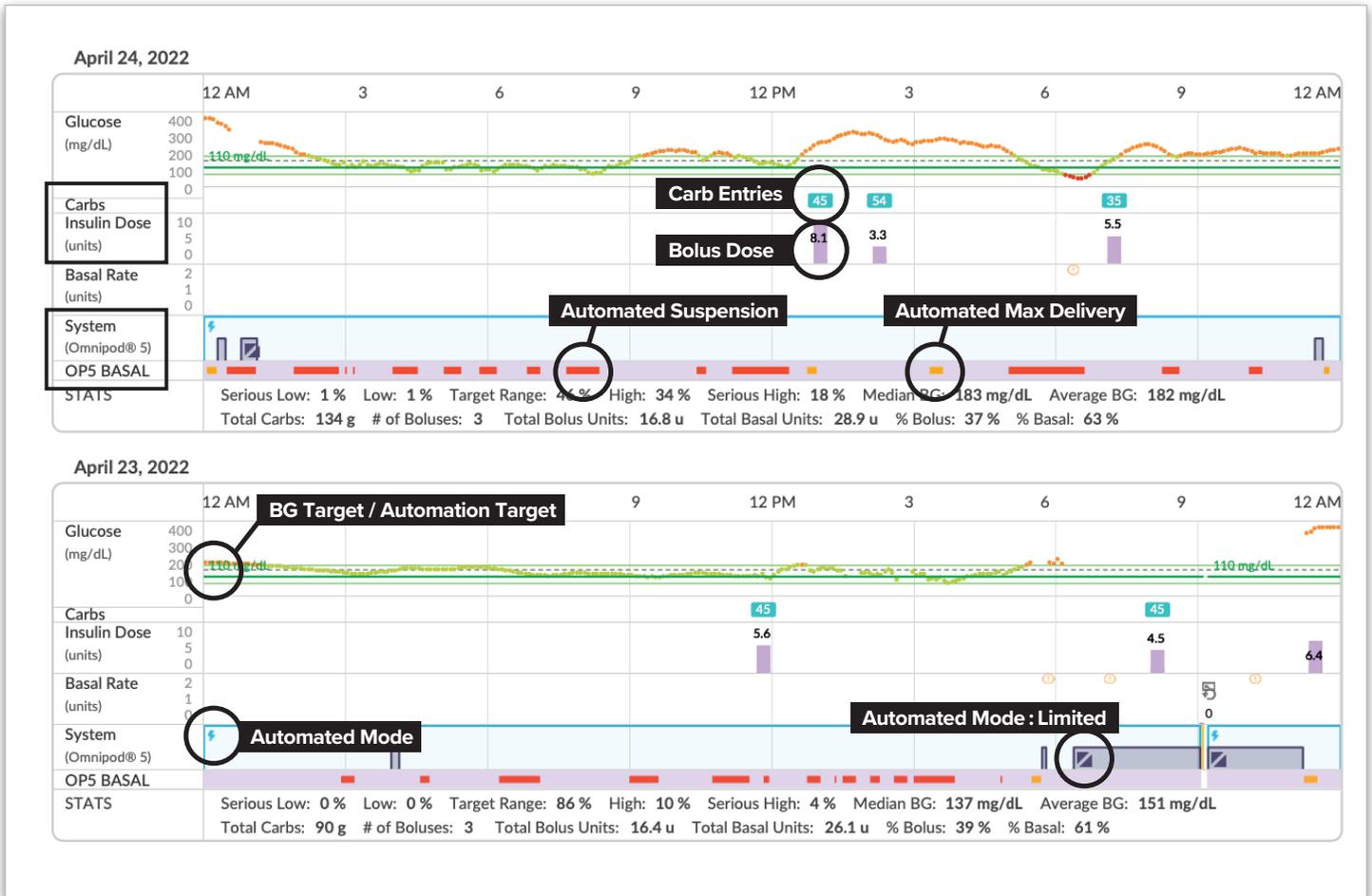
Hypoglycemia patterns:

1 The goal of this therapy review is to increase Time in Range (70-180 mg/dL) while minimizing Time Below Range (<70 mg/dL)

2 Is the Time Below Range **more** than 4%?
If **YES**, focus on fixing patterns of **hypoglycemia**
If **NO**, focus on fixing patterns of **hyperglycemia**

STEP 2 SMALL PICTURE (REASONS)

Use the **Week View** and discussion with the user to identify causes of the glycemic patterns identified in STEP 1 (hypoglycemia or hyperglycemia).



Identify the predominant 1-2 causes of the hypo- or hyperglycemia pattern.

Is the **hypoglycemia** pattern occurring:

- Fasting / Overnight?
- Around mealtime?
(1-3 hours after meals)
- Where low glucose levels follow high glucose levels?
- Around or after exercise?

Is the **hyperglycemia** pattern occurring:

- Fasting / Overnight?
- Around mealtime?
(1-3 hours after meals)
- Where high glucose levels follow low glucose levels?
- After a correction bolus was given?
(1-3 hours after correction bolus)

Hypoglycemia	PATTERN	Hyperglycemia
SOLUTION	PATTERN	SOLUTION
<p>Raise BG target (algorithm target) overnight</p>	<p>Fasting / Overnight</p> 	<p>Lower BG Target overnight (lowest is 110 mg/dL)</p>
<p>Weaken I:C Ratios by 10-20% (e.g. if 1:10, change to 1:12)</p>	<p>Around mealtime (1-3 hours after meals)</p> 	<p>Assess if the meal bolus was missed. If yes, educate on giving all meal boluses prior to eating. Strengthen I:C Ratio by 10-20% (e.g. from 1:10 to 1:8)</p>
<p>If due to bolus calculator overrides, educate user to follow the bolus calculator and avoid overriding to give more than recommended. There may be a lot of IOB from AID that user is not aware of. Bolus calculator factors in IOB from increased AID when calculating correction bolus dose.</p> <p>Weaken correction factor by 10-20% (e.g. if 1:50, change to 1:60) if hypos 2-3 hours after correction bolus.</p>	<p>Where low glucose follows high glucose</p>  <p>Where high glucose follows low glucose</p> 	<p>Educate to treat mild hypoglycemia with fewer grams of carbs (5-10g)</p>
<p>Use the Activity Feature 1-2 hours before exercise begins. Activity Feature will temporarily reduce insulin delivery aiming to reduce risk of hypoglycemia.</p> <p>To use activity feature, go to Main Menu → Activity Feature</p>	<p>Around or after exercise</p> 	
	<p>After a correction bolus was given (1-3 hours after correction bolus)</p>	<p>Strengthen correction factor (e.g. from 50 to 40)</p>

ADJUST insulin pump settings and EDUCATE.

Most impactful insulin dose settings to change:

1. **Target Glucose (for adaptive basal)** Options: 110, 120, 130, 140, 150 mg/dL
Can program different targets for different times of day
2. **I:C Ratios** It is common to need stronger I:C Ratios with AID
3. **Correction Factor & Active Insulin Time**
These will only influence bolus calculator doses; has no impact on automated insulin

To change settings, tap the main menu icon  in top-left corner of **Omnipod 5** app:
→ **Settings** → **Bolus**

Insulet Omnipod 5

General		Bolus	
Active Insulin Time	3 hours	Min BG for Bolus Calc	70 mg/dL
Unit of Measurement	mg/dL	Extended Bolus	ON
		Reverse Correction	ON
		Max Bolus	13 U

Basal	
Max Basal Rate	1.5 U/hour
Temporary Basal Enabled	OFF

Basal Profile	
Basal 1 (Active)	
12:00 AM (24 hr)	0.85 Units/hr
Total	20.4 Units

Sensitivity (ISF, Correction)	
Profile (Active)	
12:00 AM (20.5 hr)	45 mg/dL
8:30 PM (3.5 hr)	50 mg/dL

BG Target Range	
Profile (Active)	
12:00 AM (24 hr)	110 mg/dL (+0/-0)

Insulin : Carb Ratios	
Profile (Active)	
12:00 AM (6 hr)	15 g/Unit
6:00 AM (3 hr)	10 g/Unit
9:00 AM (4 hr)	9 g/Unit
1:00 PM (2 hr)	11 g/Unit
3:00 PM (4 hr)	10 g/Unit
7:00 PM (5 hr)	10 g/Unit

BG Corre	
Profile (Active)	
12:00 AM (24 hr)	110 mg/dL

Basal Rates and Max Basal settings are **NOT USED** and **NOT** relevant to Automated Mode

Change **Insulin:Carb Ratios** in bolus settings in pump

Change **Sensitivity (ISF, Correction)** in bolus settings in pump

Change **BG Target Range** for automation and correction target — programmed in bolus settings in pump

AFTER VISIT SUMMARY

Great job using Omnipod 5!

Using this system can help you achieve your diabetes goals.

The American Diabetes Association suggests aiming for **70%** of your glucose levels to be between **70-180 mg/dL** (3.9–10.0 mmol/L), called **Time in Range** or **TIR**. If you are not currently able to reach 70% TIR, don't be discouraged! Start from where you are and set smaller goals to increase your TIR. Any increase in your TIR is beneficial to your lifelong health!

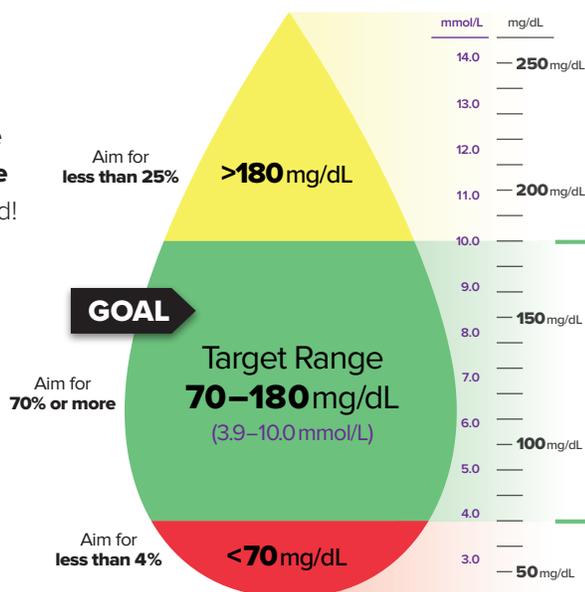


REMEMBER...

Don't overthink what the Omnipod 5 is doing in the background. **Focus on what you can do.** See helpful tips below...

TIPS for Omnipod 5

- **HYPERGLYCEMIA >300 mg/dL (>16.7 mmol/L) for 1-2 hours?** Check ketones first! If ketones, give syringe injection of insulin and replace pod.
- **Bolus before eating**, ideally 10-15 minutes before all meals and snacks.
- **Do not override the bolus calculator:** Correction bolus doses may be smaller than expected due to insulin on board from the adaptive basal.
- **Give correction boluses for hyperglycemia:** Tap "Use CGM" in bolus calculator to add glucose value and trend into bolus calculator.
- **Treat mild hypoglycemia with 5-10g carb** to avoid rebound hyperglycemia and WAIT 15 min before re-treating to give glucose time to rise. System will have likely suspended insulin, resulting in little insulin on board when hypoglycemia occurs.
- **Wear POD and CGM on same side of body** so they don't lose connection.
- **Clear "Delivery Restrictions" alarms immediately**, troubleshoot hyper/hypo, confirm CGM accuracy and switch back to automated mode.



PANTHERprogram.org

Have questions about the Omnipod 5?

omnipod.com

Omnipod customer support
1-800-591-3455

Have questions about your CGM?

dexcom.com

Dexcom customer support
1-888-738-3646

Dexcom technical support
1-844-607-9398