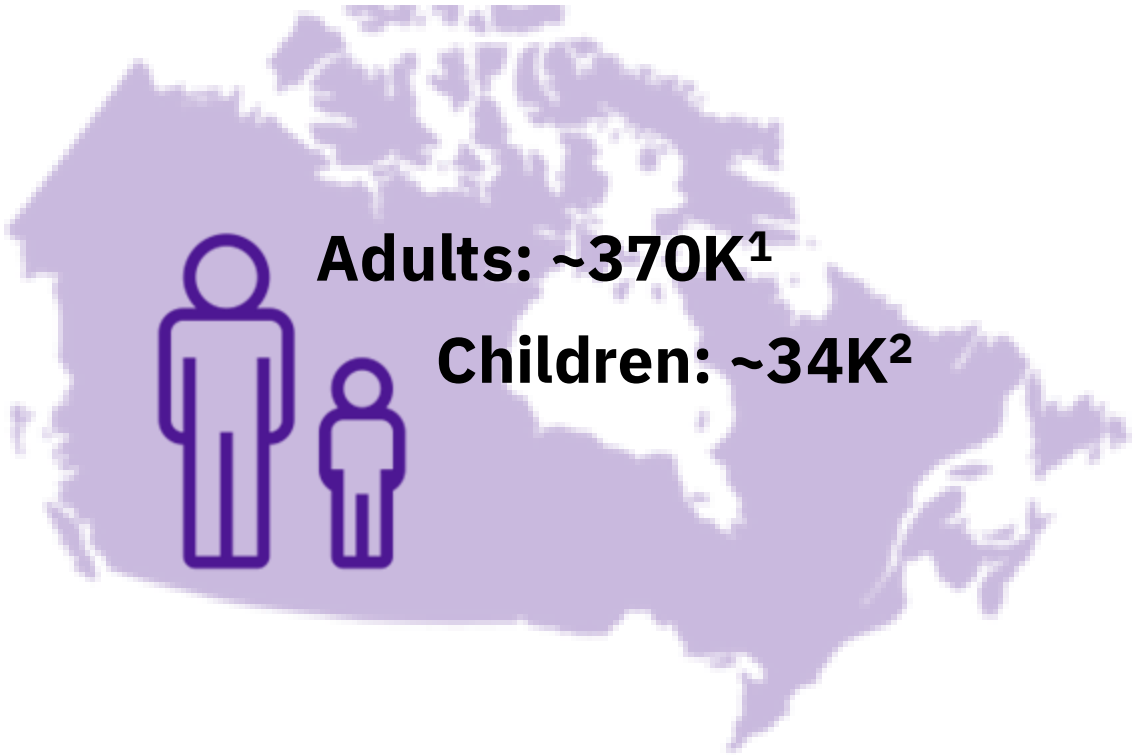
Pod shown without necessary adhesive.
The Pod has an IP28 rating for up to 7.6 metres (25 feet) for up to 60 minutes. The Controller is not waterproof. Please consult sensor manufacturer user guide for sensor waterproof rating.

The Life-Changing Impact of Diabetes Technology

Advancing the Future of Insulin Management

Insulet

There are ~400,000 Canadians that Require Insulin Multiple Times A Day[1]

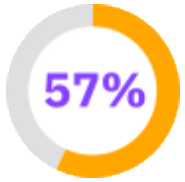


- There is **no cure** for Type 1 Diabetes (T1D)[1]
- T1D cases grow **~4.4% per year**[3]
  (higher than Canada's population growth of ~1.0% per year)
- **455,580** Canadians are expected to have T1D by **2040**[3]

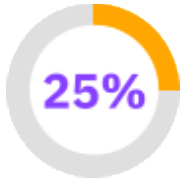
T1D, type 1 diabetes.

1. Coverage of Insulin Pumps Across Canada. Diabetes Canada. 2023. https://www.diabetes.ca/getmedia/452498e1-2e9f-48dc-8bad-5ed0424e4daf/Insulin-Pumps_EN-2023.pdf. **2.** Cockcroft EJ, et al. *BMC Pediatr*. 2025;25(345):1-9. **3.** Type 1 diabetes facts. Breakthrough T1D. Accessed August 2025. https://breakthrought1d.ca/t1d-basics/facts-and-figures/.

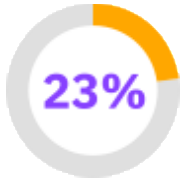
Multiple Daily Injections (MDI) Therapy Often Results in Inconsistent Diabetes Management and Reduced Quality of Life[1,*]



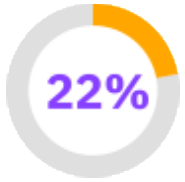
reported skipping insulin injections they knew they should take



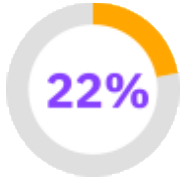
said insulin injections had a negative effect on daily living



said insulin injections interfered with their eating/exercising schedule more than a little



planned their daily activities around their insulin injections



reported they had to mentally prepare themselves before each injection

14 injections every 3 days[2,†]

140 injections per month[2,†]
1,643 injections per year[2,†]

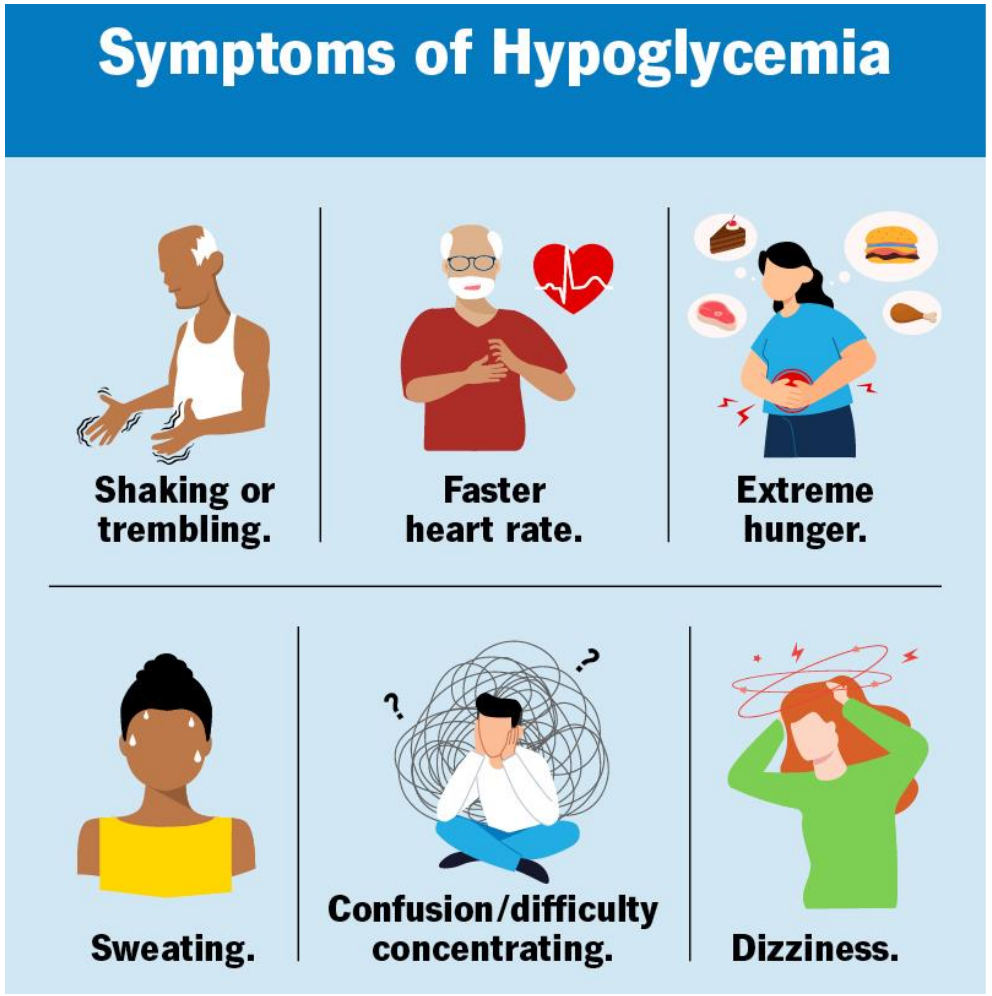
*Data was obtained through an Internet survey of 502 U.S. adults self-identified as taking insulin by injection to treat type 1 or type 2 diabetes.
† Approximate values. 14 injections/3 days based on people with T1D on MDI taking ≥3 bolus and 1-2 basal injections/day multiplied by 3 days.[2]

1. Peyrot M, Rubin RR, Kruger DF, Travis LB. *Diabetes Care.* 2010;33(2):240-245. **2.** Chiang JL, et al. *Diabetes Care.* 2014:37(7):2034–2054.

Impacts of Poor Glycemic Control[1]

HYPOGLYCEMIA

- **Low blood sugar** usually occurs as a result of too much insulin on board
- **Requires immediate treatment** with fast acting glucose
- **If untreated, symptoms can worsen**
  - Confusion, slurred speech, loss of coordination
- **Severe hypoglycemia** can be life threatening and can cause a loss of consciousness & seizures
- **Fear of low blood sugar** can cause people to avoid lows and keep their glucose levels higher than they should

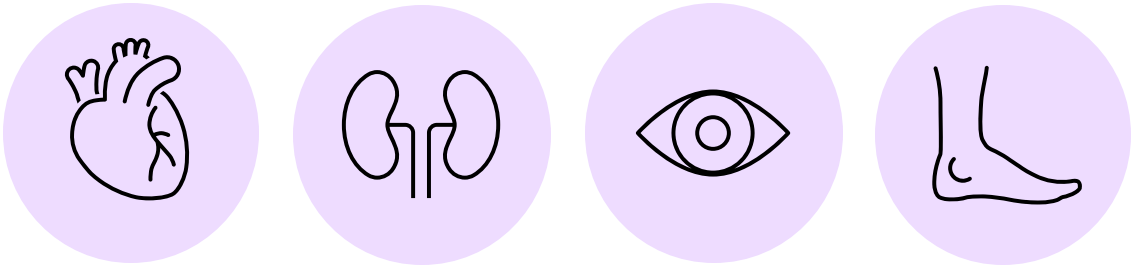


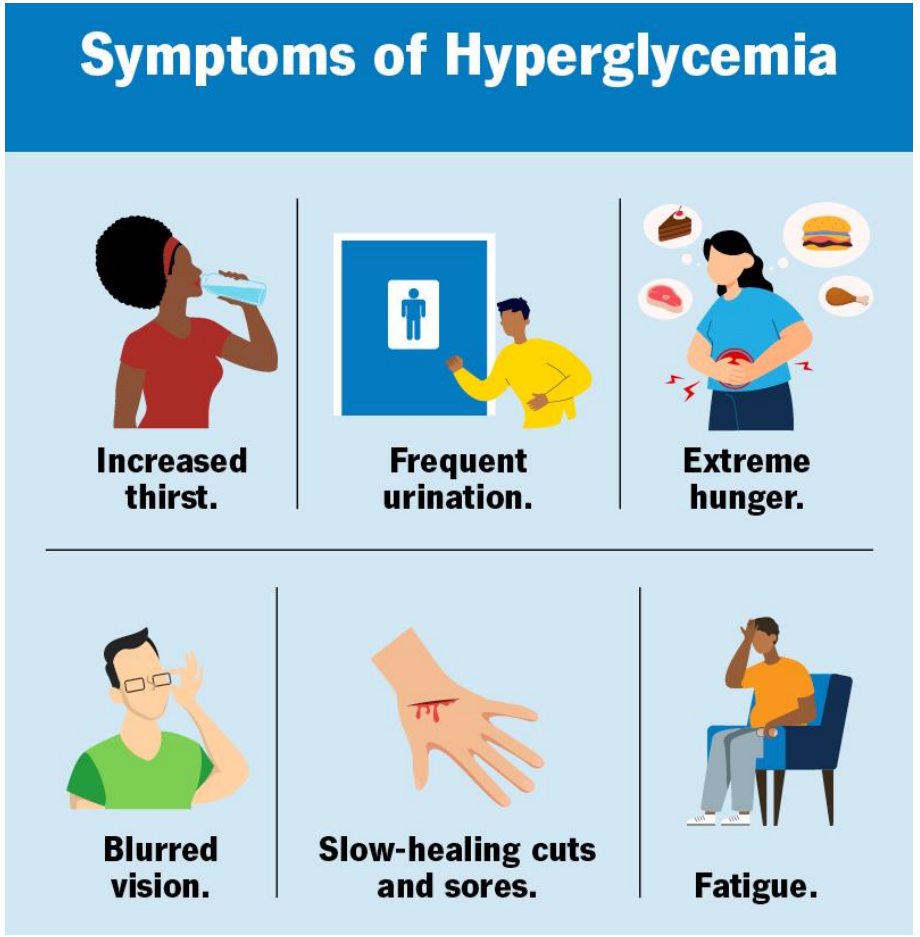
1. https://my.clevelandclinic.org/health/diseases/11647-hypoglycemia-low-blood-sugar

Impacts of Poor Glycemic Control[1]

HYPERGLYCEMIA

- **Too much glucose in the blood stream**, usually caused by not enough insulin in the body.
- **Long-term high blood sugar** that is left untreated can lead to serious organ damage





1. https://my.clevelandclinic.org/health/diseases/9815-hyperglycemia-high-blood-sugar

There is a Considerable Burden on Individuals, their Families, Caregivers, the Healthcare System, and Society[1]

Only 34.7% of adults with T1D meet the A1C target of ≤7.0%[2]

People with T1D experience **9% more depression** compared to the general population[5]

35% of patients experience poor sleep quality[3]

64% of caregivers have trouble sleeping[4]

33% report some level of **dread** with taking daily insulin injections[6]

Effective management demands consistent commitment and strict daily routines — ***constantly*** monitoring glucose levels, diet, activity, and insulin dosing[1,7]

A1C, glycated hemoglobin (hemoglobin A1C, HbA1c); T1D, type 1 diabetes.

1. Coverage of Insulin Pumps Across Canada. Diabetes Canada. 2023. https://www.diabetes.ca/getmedia/452498e1-2e9f-48dc-8bad-5ed0424e4daf/Insulin-Pumps_EN-2023.pdf. **2.** Weisman A, Booth GL, Everett K, Tomlinson GA. *Diabetes Technol Ther*. 2024;26(9):607-617. **3.** van Dijk M, et al. *Diabetologia*. 2011;54(8):1967-1976. **4.** Feeley CA, et al. *Diabetes Educ*. 2019;45(1):80-86. **5.** Farooqi A, et al. *Prim Care Diabetes*. 2022;16(1):1-10. **6.** Peyrot M, et al. *Diabetes Care*. 2010;33(2):240-245. **7.** Chamberlain J, et al. *Annals of internal medicine*. 2017;167(7):493-498.

ne Mental Load of T1D

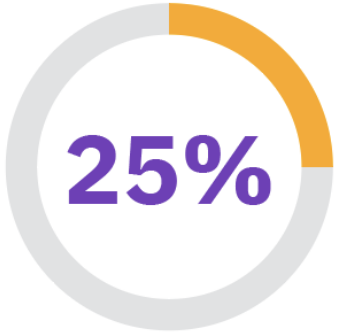
e living with T1D make an extra ealth-related decisions a day than one without diabetes[1]

T1D, type 1 diabetes.

1. Tack CJ, et al. *JMIR Diabetes*. 2018;3(4):e17.

The Financial Burden of Diabetes Management Can Prevent Successful Outcomes

Canadians with T1D can pay **up to 20% of their gross annual income on medications and devices, ranging from $78 to $18,306 per year**[1]



In 2015, **25% of Canadians with diabetes** indicated their **treatment compliance was affected by cost**[2]

$39B

The full cost of diabetes to the healthcare system could exceed **$39 billion by 2028**[2]

"As a young professional, my son would not be able to afford his current rental home without assistance. My husband and I supplement our son $200/month to help cover his diabetes management supplies."

-Denis B, Alberta[1]

T1D, type 1 diabetes.

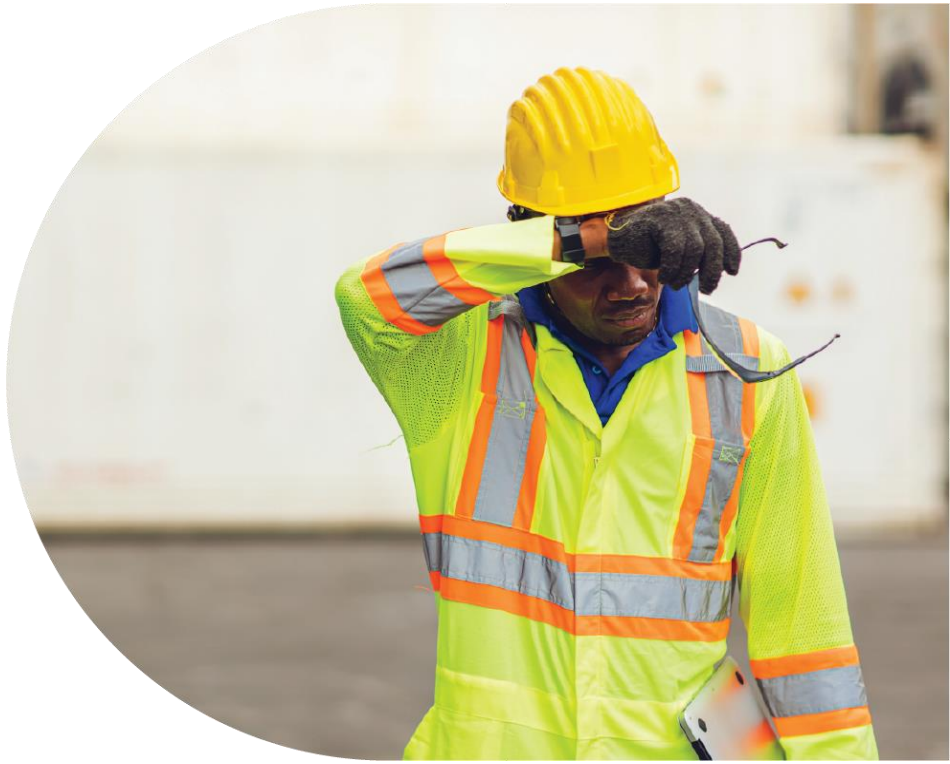
1. Diabetes in Canada: Backgrounder. Ottawa: Diabetes Canada; 2023. **2.** Universal access to diabetes medications, and diabetes device fund for devices and supplies. Government of Canada. February 29, 2024. **3.** Diabetes and Diabetes-Related Out-of-Pocket Costs. 2022 Update. Diabetes Canada. Available from: https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Advocacy%20Reports/Diabetes-Canada-2022-Out-Of-Pocket-Report-EN-FINAL.pdf.

Impact of Diabetes on Professional Life

People with diabetes had between **5.4 and 18.1 days of absenteeism** per year compared with 3.4 to 8.7 days for people without diabetes, **costing employers $315 per person per year**[1,2]

Hypoglycemia costs employers $850 CAD annually per person with T1D, due to reduced work productivity[3]

When a hypoglycemia event occurred at work, 18% of people left work early or **missed a full day, or 9.9 hours of work per month, costing employers $500 due to absenteeism per person per year**[2,3]



T1D, type 1 diabetes.

1. Breton MC, et al. *Diabetes Care*. 2013;36(3):740-749. **2.** O'Reilly DJ, et al. *Can J Diabetes*. 2018;42(6):659-663 **3.** The plan sponsor's guide to diabetes. Benefits Canada. Available from: https://www.benefitscanada.com/microsite/benefits-canada/the-plan-sponsors-guide-to-diabetes/workplace-impact-of-diabetes/.

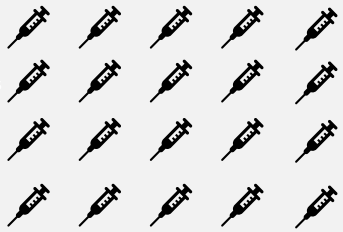
The greatest opportunities for improving current T1D treatment lie in **simplifying therapy** and **reducing the mental effort** required to **ensure compliance and glycemic control.**[1]

T1D, type 1 diabetes.

1. Pettus JH, et al. *Diabetes Tech Ther*. 2019;21(6):336-343.

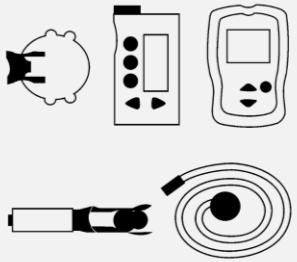
How Has Insulin Delivery Technology Improved to Address the Burden?

Evolution Of Insulin Management Technology



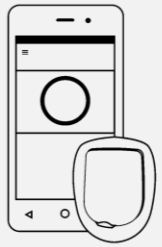
Multiple Daily Injections (MDI)

14 injections every 3 days[1,*]
140 injections per month[1,*]
Approximately 1,643 injections per year[1,*]



Traditional Tubed Pumps

1 cannula inserted every 24 to 72 hours[2]



Tubeless Pump

1 Pod for a maximum of 3 days
(72 hours)
10 Pods per month

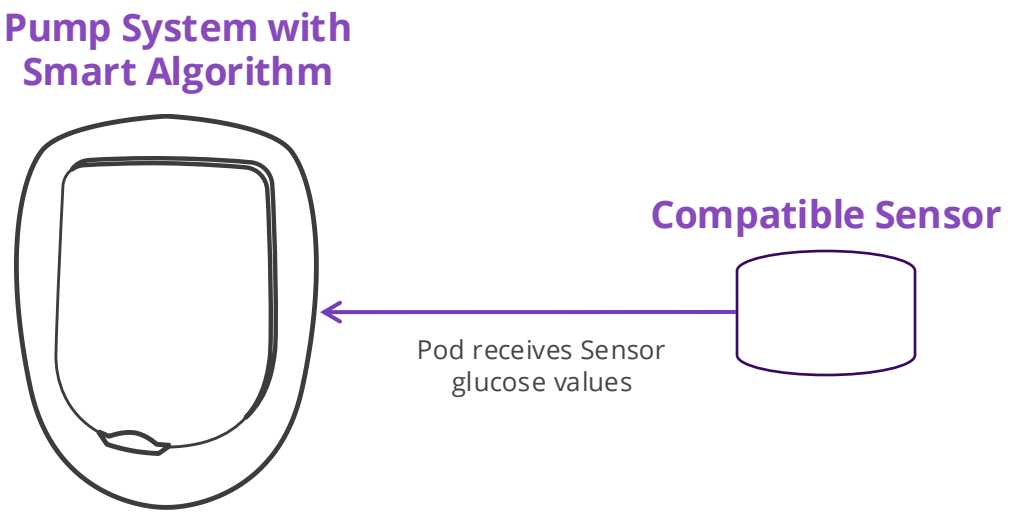
*Approximate values. 14 injections/3 days based on people with T1D on MDI taking ≥3 bolus and 1-2 basal injections/day multiplied by 3 days.[1]

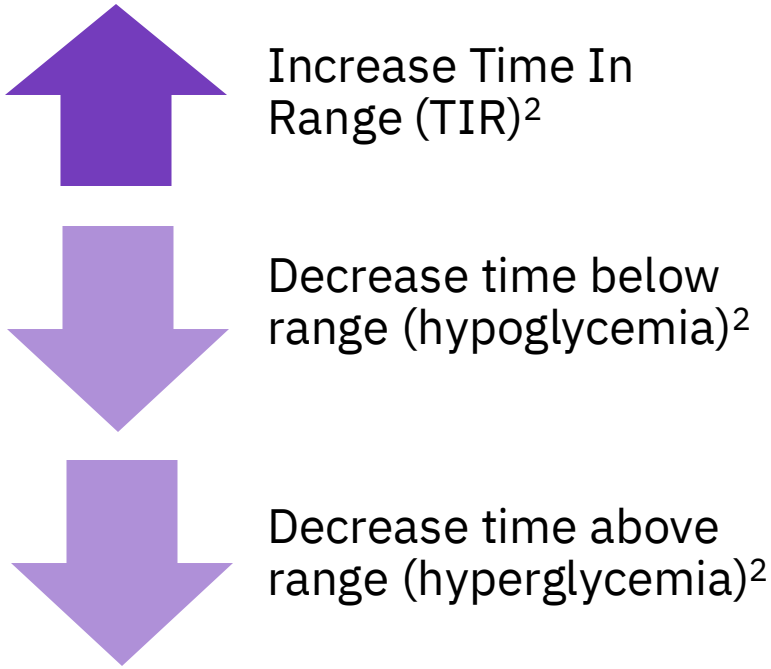
T1D, type 1 diabetes.

1. Chiang JL, et al. *Diabetes Care*. 2014:37(7):2034–2054. **2.** Government of Canada. Insulin Pumps. https://www.canada.ca/en/health-canada/services/healthy-living/your-health/medical-information/insulin-pumps.html Accessed August 2025.

Automated Insulin Delivery (AID) aka “Artificial Pancreas” or “Hybrid Closed-Loop System”

Insulin pumps with AID technology have a smart algorithm and can connect with compatible continuous glucose monitors (CGM) to automate insulin delivery based on real-time glycemic data, aiming to keep glucose levels at pre-specified targets[1]





1. Berget C, Sherr JL, DeSalvo DJ, Kingman R, Stone S, Brown SA, Nguyen A, Barrett L, Ly T, Forlenza GP. Clinical Implementation of the Omnipod 5 Automated Insulin Delivery System: Key Considerations for Training and Onboarding People with Diabetes. Clin Diabetes. 2021. *Online* ahead of print. https://doi.org/10.2337/cd21-0083 **2.** American Diabetes Association Professional Practice Committee; 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2025. *Diabetes Care* 1 January 2025; 48 (Supplement_1): S128–S145. https://doi.org/10.2337/dc25-S006

2025 Canadian Clinical Practice Guidelines[1]

"Automated Insulin Delivery (AID) to be offered to all individuals living with T1D"[1]

Clinical Practice Guidelines for Glycemic Management Across the Lifespan of People with T1D

T1D, type 1 diabetes.

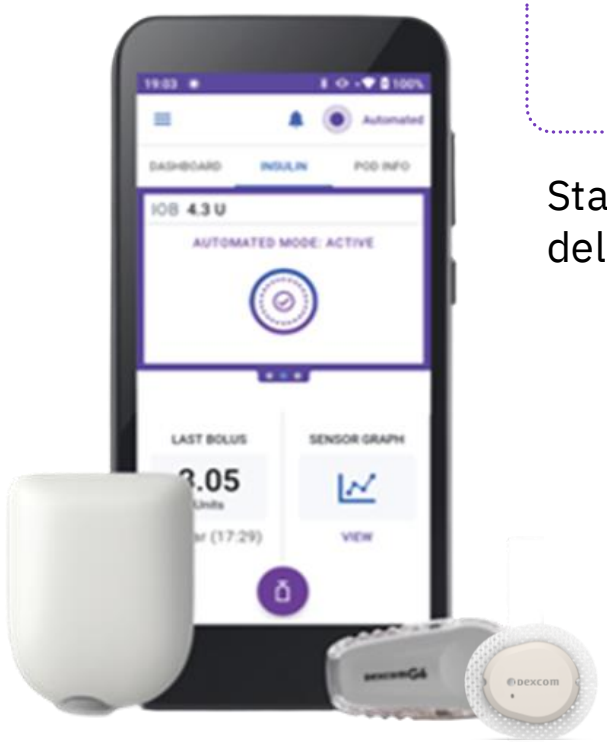
1. Halperin IJ, et al. *Canadian Journal of Diabetes*. 2025;49(1):5-18.

Omnipod® 5 : The Future of Insulin Delivery Simplified

Pod + SmartAdjust™ Technology

Tubeless & Waterproof

Has SmartAdjust™ technology enabling automated insulin delivery without Controller nearby



Pod and sensors are shown without the necessary adhesive

Omnipod 5 Controller

Start, stop and pause insulin delivery and deliver meal boluses + more

Compatible Sensor

*Dedicated hand-held Controller is also provided. It is recommended to keep the Controller nearby to manage alerts and alarms. The Pod has an IP28 rating for up to 7.6 metres (25 feet) for up to 60 minutes. The Controller is not waterproof. Please consult sensor manufacturer user guide for sensor waterproof rating.
AID, automated insulin delivery; CGM, continuous glucose monitor.

Reduction in Diabetes Distress Regardless of Age

People with Diabetes and Caregivers

	Diabetes Distress*
Adults (N=115)[3]	↓
Children (N=83, 6-<12 yrs)[1]	↓
Caregivers of Adolescents (N=42, 13-<18)[1]	↓
Caregivers of Children (N=83, 6-<12 yrs)[1]	↓
Caregivers of Very Young Children (N=80, 2-5.9 years)[2]	↓

*P<0.001 for all

Key Themes of DDS[t]:

Emotional Burden + Regimen, Interpersonal and Physician Distress

Example Questions for T1-DDS:

"Feeling frightened that I could have a serious hypoglycemic event when I'm asleep."

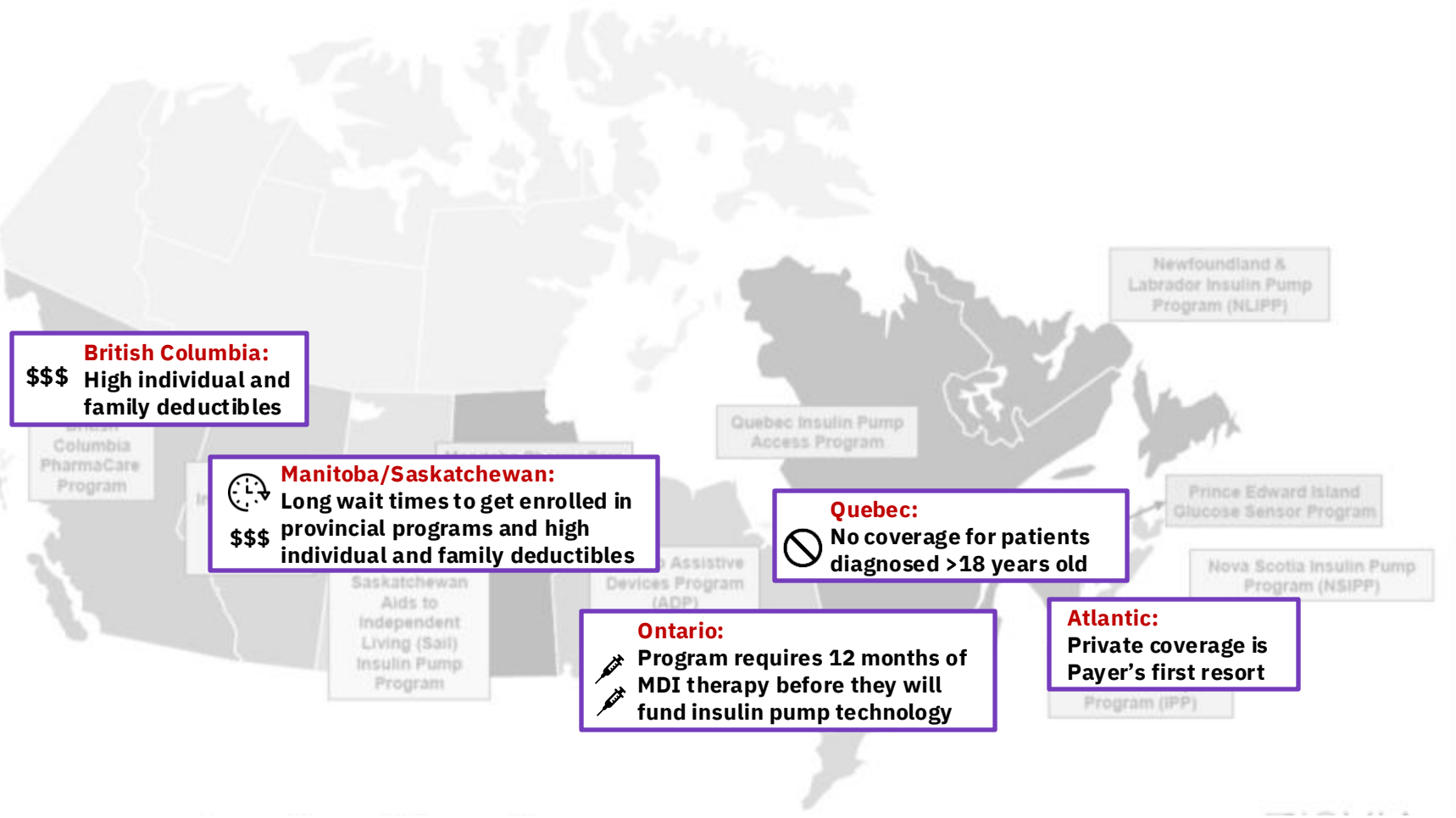
"It bothers me that diabetes seems to control my life."

*Measured by PAID-C (children), P-PAID-T (adolescents – caregiver) and P-PAID-C (children – caregiver), t DDS = diabetes distress scale

1. Hood K et al. Pediatric Diab. vol. 2023, Article ID 867625 **2.** MacLeish SA, et al. Diabetes Obes Metab. 2024. **3.** Polonsky et al. Diabetes Research and Clinical Practice. https://doi.org/10.1016/j.diabres.2022.109998. August 2022.

Insulin Pump Funding Across Canada

Public Insulin Pump Programs Offer Some Coverage



British Columbia:
$$$ **High individual and family deductibles**

Manitoba/Saskatchewan:
Long wait times to get enrolled in provincial programs and high individual and family deductibles
$$$

Quebec:
No coverage for patients diagnosed >18 years old

Ontario:
Program requires 12 months of MDI therapy before they will fund insulin pump technology

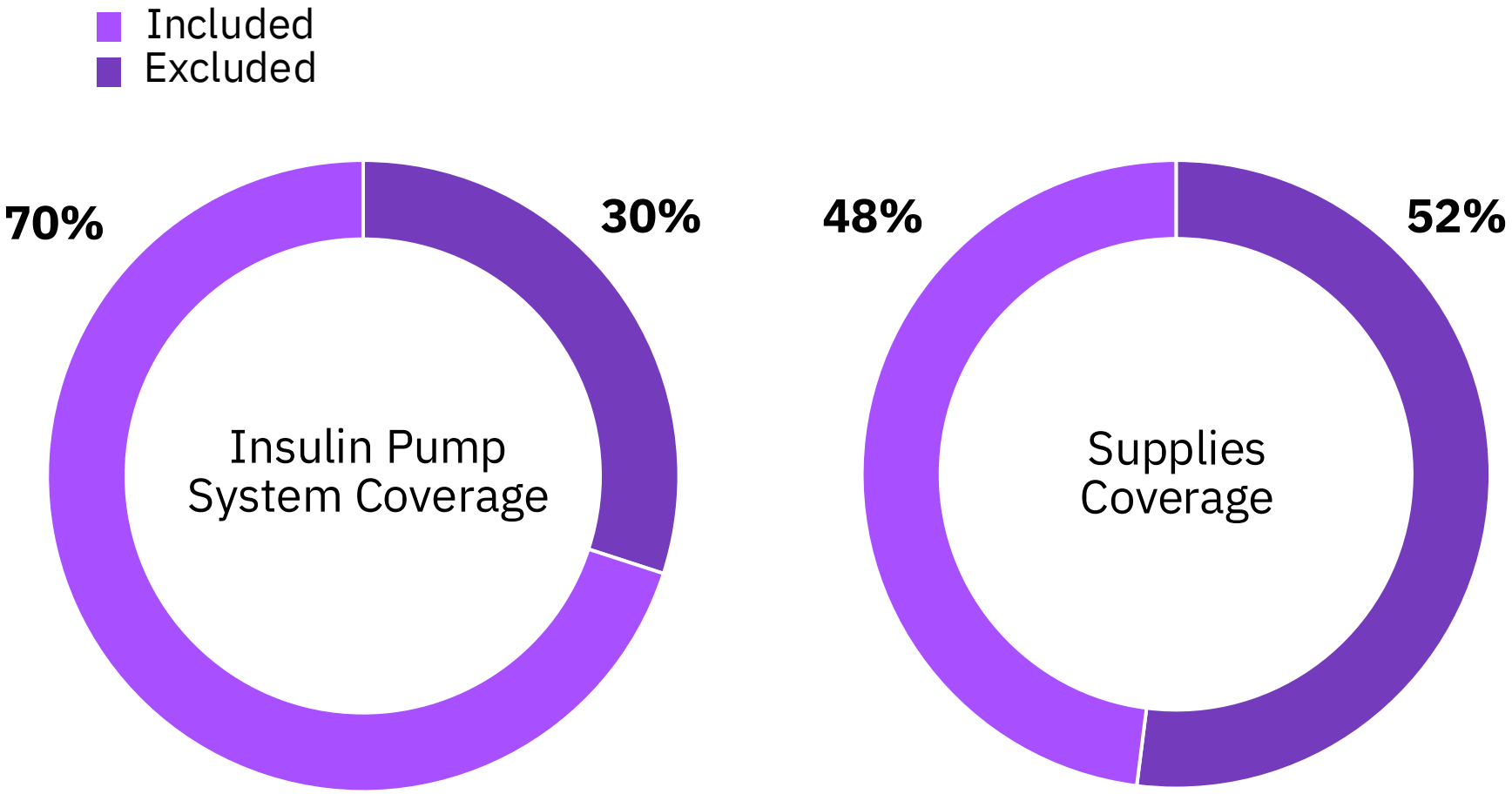
Atlantic:
Private coverage is Payer's first resort

Many with Private Health Benefits seek coverage when public coverage is unavailable or insufficient

*As of August 2025
† The Pod has an IP28 rating for up to 7.6 metres (25 feet) for up to 60 minutes. The Controller is not waterproof. Please consult sensor manufacturer user guide for sensor waterproof rating.

Private Insurance Insulin Pumps Benefits

~65% OF CANADIANS HAVE PRIVATE HEALTH COVERAGE



Variable Coverage Conditions and Limits

Non-Standard Categorization of Insulin Pumps and Supplies

Plan Members May Struggle to Access their Coverage

1. Mapol Data, 2023

Ways to Close the Gap

Public coverage is often not enough, with out-of-pocket costs, deductibles, and coverage gaps in most jurisdictions.[1]

Support Those Who Need Automated Insulin Delivery Systems

- ✓ Include insulin pump and supplies in your plan
- ✓ Increase plan maximums and minimize co-pays to support lifelong affordability

Benefit to Employers

Reduce costs associated with sick leave and absenteeism

Improve mental health at work; reduce diabetes distress

Reinforce your company's value of employee well-being

AID, automated insulin delivery; T1D, type 1 diabetes.

1. Diabetes and Diabetes-Related Out-of-Pocket Costs. 2022 Update. Diabetes Canada. Available from: https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Advocacy%20Reports/Diabetes-Canada-2022-Out-Of-Pocket-Report-EN-FINAL.pdf.

Leading the Future of T1D Care

Access to Technology = Healthier Canadians

To Learn More About Omnipod®

Omnipod.ca

To Contact Us

Pamela Borges
pborges@insulet.com

T1D, type 1 diabetes.

1. Public Health Agency of Canada, Framework for Diabetes in Canada. Government of Canada. 2022.

Thank You

Insulet Canada Corporation
1540 Cornwall Rd. Suite: 201
Oakville, Ontario, L6J 7W5

1-855-POD-INFO (1-855-763-4636)
omnipod.com

INS-OHS-08-2025-00280 V1.0

Insulet

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 intended to operate as an automated insulin delivery system when used with compatible Continuous Glucose Monitors (CGM). When in automated mode, the Omnipod 5 system is designed to assist people with type 1 diabetes in achieving glycemic targets set by their healthcare providers. It is intended to modulate (increase, decrease, or pause) insulin delivery to operate within predefined threshold values using current and predicted CGM values to maintain blood glucose at variable target glucose levels, thereby reducing glucose variability. This reduction in variability is intended to lead to a reduction in the frequency, severity, and duration of both hyperglycemia and hypoglycemia.

The Omnipod 5 System can also operate in a manual mode that delivers insulin at set or manually adjusted rates.

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.

Warnings:
• SmartAdjust™ technology **should NOT be used** by anyone under the age of 2 years old.
• SmartAdjust™ technology **should NOT be used** in people who require less than 5 units of insulin per day
• The Omnipod 5 System is **NOT recommended** for people who are unable to monitor glucose as recommended by their healthcare provider, are unable to maintain contact with their healthcare provider, are unable to use the Omnipod 5 System according to instructions, are taking hydroxyurea as it could lead to falsely elevated CGM values and result in over-delivery of insulin that can lead to severe hypoglycemia, and do NOT have adequate hearing and/or vision to allow recognition of all functions of the Omnipod 5 System, including alerts, alarms, and reminders. Device components including the Pod, CGM transmitter, and CGM sensor 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.

Refer to the Omnipod 5 Automated Insulin Delivery System User Guide for a complete list of indications, contraindications, warnings, cautions, andinstructions. The Guides are available by calling us at 1-855-POD-INFO (1-855-763-4636) or by visiting our website at omnipod.com/en-ca.

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