

MINIMED™ 780G SYSTEM

THERAPY MANAGEMENT – ONBOARDING – FOLLOW-UP



MiniMed™ 780G system

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AGENDA

- SmartGuard™ feature – Recap
- User Onboarding
- How to follow-up user in 3 steps
- FAQs
- Glossary



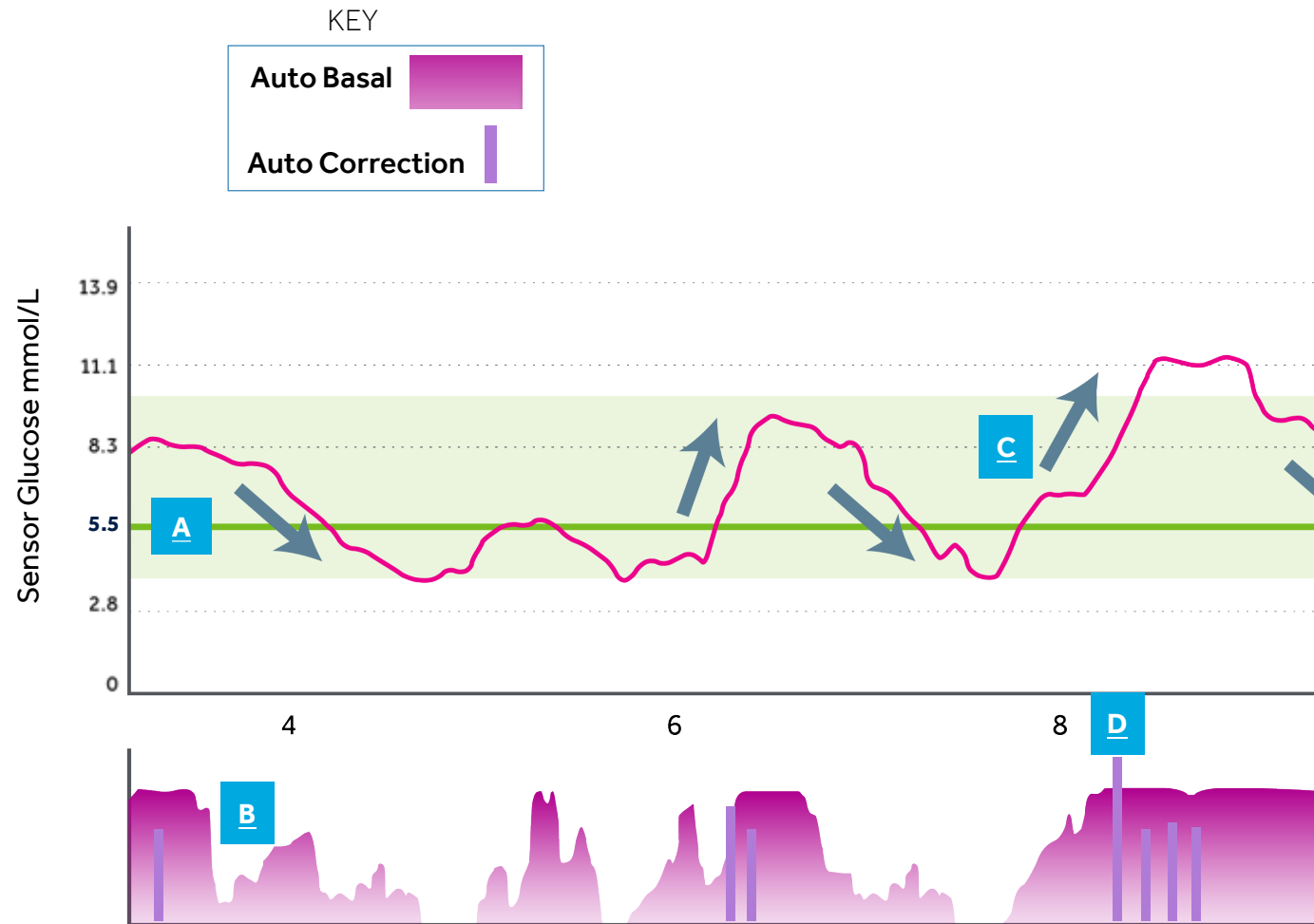
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RECAP SMARTGUARD™ FEATURE

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SMARTGUARD™ FEATURE – HOW IT WORKS

Auto basal &
auto correction
bolus delivery



For illustrative purposes only

SUMMARY

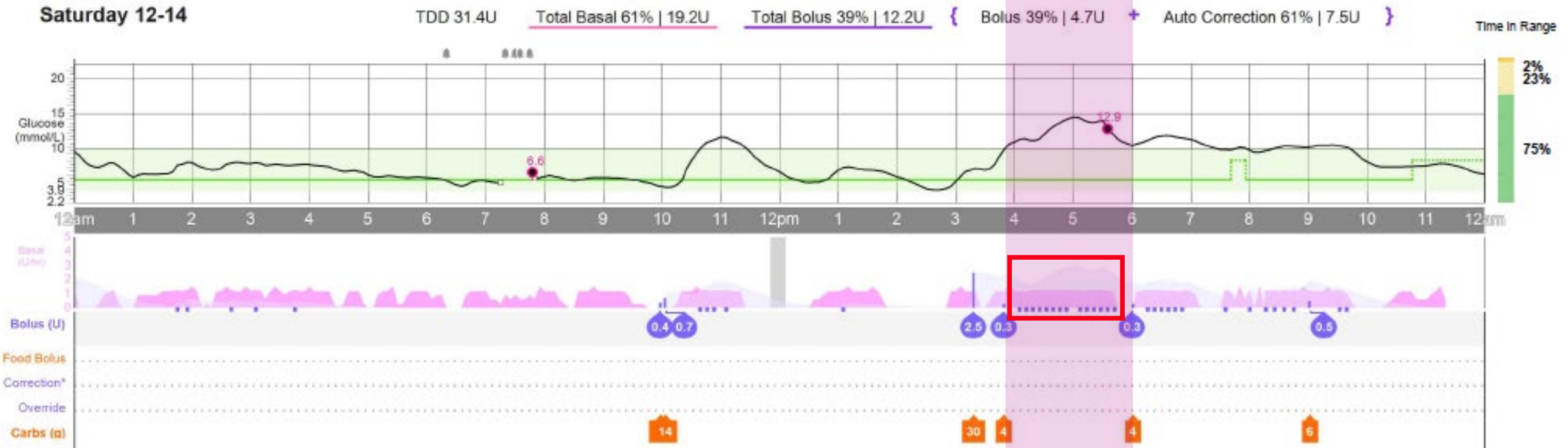
- A** Selection between the default setting of 5.5 mmol/L, and 6.1 mmol/L or 6.7 mmol/L.
- B** Basal insulin adjusts every 5 mins based on SG values
- C** The auto correction target is set at 6.7 mmol/L
- D** Auto corrections delivered every 5 minutes if max basal reached and SG is above 6.7 mmol/L, as determined by the algorithm. NO automatic corrections if Temp Target is set.

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CONDITION FOR AUTO CORRECTION TO OCCUR

- Max basal delivery
- SG > 6.7 mmol/L

Auto correction



Safety feature can limit Auto correction

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SMARTGUARD™ SETTINGS – SET BY CLINICIAN OR ALGORITHM

SETTING	CLINICIAN	ALGORITHM
Auto Basal		☒
Carb Ratio	☒	
Insulin Sensitivity Factor		☒
Active Insulin Time	☒	
Auto Basal Targets	☒	
Auto Correction		☒

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SMARTGUARD™ TARGETS

	5.5 mmol/L	6.1 mmol/L	6.7 mmol/L	8.3 mmol/L
Auto Basal	DEFAULT	OPTIONAL	OPTIONAL	TEMP TARGET SET
Auto Correction			FIXED TARGET DEFAULT "ON"	NO AUTO CORRECTIONS WHEN TEMP TARGET SET
Manual* Correction			FIXED TARGET	TEMP TARGET SET

*Manual correction boluses are delivered by the patient.

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SMARTGUARD™ FEATURE – KEY TOUCH POINTS

The SmartGuard™ feature can be adjusted by tweaking the **Carb Ratio** and **Active Insulin Time** settings.

Insulin Sensitivity Factor is determined by the algorithm.

Safe meal bolus depending on CGM slope and past insulin delivery, the SmartGuard™ feature may reduce a food bolus to help mitigate low SG.



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ACTIVE INSULIN TIME – WHAT DOES IT MEAN?

Active Insulin Time

**Relates loosely to physiology
– used to ‘tune’ the
algorithm’s delivery of Auto
correction bolus**

- AIT determines mainly the maximum correction bolus delivered by the SmartGuard™ feature
 - Choosing a shorter AIT (i.e., 2 hours) leads to a larger magnitude in the correction bolus decision
 - Choosing a longer AIT (i.e., 4 hours) leads to a limited magnitude in the correction bolus decision

Can be shortened as the algorithm’s safety features reduce the correction bolus dose or prevent it altogether if low glucose is predicted¹

Programmed AIT only impacts boluses – not Auto basal

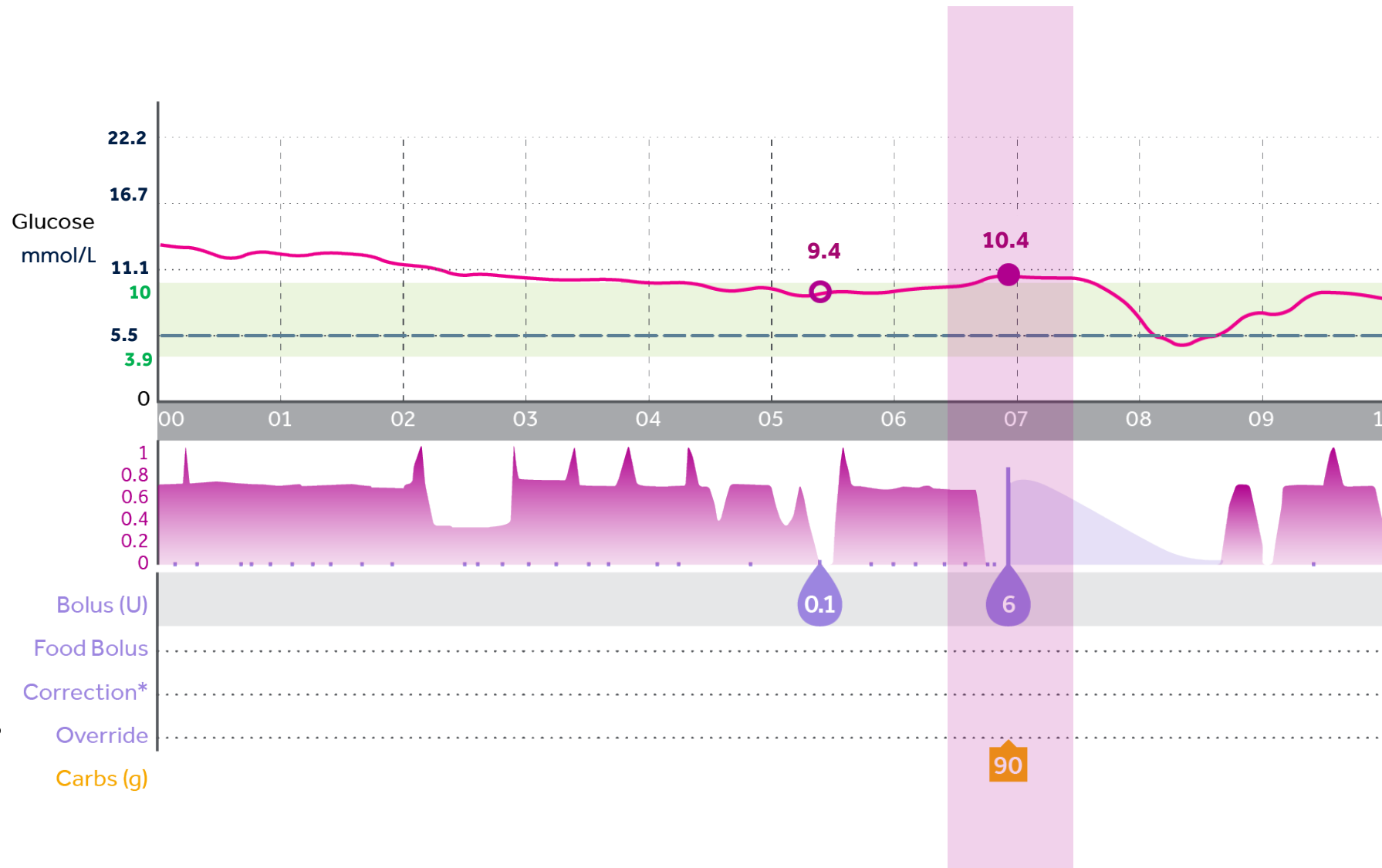
1. Carlson, A.L. et al. 97-P- Safety and glycemic outcomes of the MiniMed AHCL System in subjects with T1D. 80th ADA International Conference, June 2020, Chicago

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SMARTGUARD™ FEATURE – BOLUS ADJUSTMENTS

Safe meal bolus feature factors in predicted future glucose to help prevent lows.

- ICR: 15
- SG:10.4 mmol/L
- Bolus for 90 grams = 6 units
- Low glucose predicted, mitigated by a reduced bolus amount



ONBOARDING PATIENTS

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ONBOARDING – INITIAL PUMP SETTINGS FOR MDI*

Basal

- Reduce Total Daily Dose (TDD) by 15–25%
- Basal insulin dose: reduced TDD dose x 0.5
 - If half the dose is >0.4 U/kg: use weight dose:
 - Weight in kg x 0.3 = adult (normal weight)
 - Weight in kg x 0.2 = paediatrics
 - Weight in kg x 0.4 = adolescents
- Basal insulin / 24 = hourly basal rate
 - 1 or 2 basal rates (nighttime – daytime)

Bolus

- Insulin Carb Ratio (ICR): 450/TDD
- Insulin Sensitivity Factor (ISF): 100/TDD
- Blood Glucose Target: 5.5 – 6.7 mmol/L
- Active Insulin Time (AIT): 2.0 to 3.0 hours

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ONBOARDING – INITIAL PUMP SETTINGS FOR PUMP USER

Basal

- Use current pump settings

Bolus

- Insulin Carb Ratio (ICR): 450/TDD
- Insulin Sensitivity Factor (ISF): 100/TDD
- Blood Glucose Target: 5.5 – 6.7 mmol/L
- Active Insulin Time (AIT): 2.0 to 3.0 hours

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ONBOARDING – INITIAL CGM* & SMARTGUARD™ SETTINGS FOR MDI & PUMP USER

CGM Settings

- Suspend before low: **ON**
- Low limit threshold: 3.8 mmol/L
- Alert before low: **OFF**
- Alert on low: **ON** by default
- Alert on high: **OFF**

SmartGuard Settings

- Auto basal target: 5.5 mmol/L
- Auto corrections: **ON**



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ONBOARDING – PUMP & CGM IN MANUAL MODE

Technical Focus



- Program pump
- Program meter (Ensure correct time/date) & pair meter with pump
- Program CGM settings for Manual Mode
- Pair Transmitter
- Start Sensor

Educational Focus



- How to bolus, suspend & resume
- Carb counting & bolus before meals
- Correction bolus (if high)
- Calibrate 2–3 times/day (before meals & bed)
- Reminders:
 - Read & respond to pump messages
 - How to change sensor
 - How to set-up CareLink™ Personal account and upload the pump in CareLink™ software (if needed)
 - Hypo & hyper protocol

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ONBOARDING – SMARTGUARD™ FEATURE IMPLEMENTATION

Technical Focus



- Program SmartGuard™ settings
- Start SmartGuard™ feature

Educational Focus



- How to change infusion sets
- Temp Target — when & how to use it
- Check need for exercise protocol
- Assess understanding / address issues & questions
- Patient responsibilities:
 - Calibration
 - Enter carbs / bolus before meal
 - “Blue shield & green circle”



Every patient must start MiniMed™ 780G system in Manual Mode, regardless of previous pump and CGM experience. Requires at least 48 hours insulin delivery data before the SmartGuard™ feature can be initiated (Timing begins at midnight).

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SMARTGUARD™ FEATURE – SETTING APPROPRIATE EXPECTATIONS

Ensure that patients understand the system is not fully automated.

- Patients should:
 - Enter carbs & bolus before eating
 - Enter BGs for calibrations; give correction bolus if recommended
- Set up a CareLink™ Personal account
- Use MiniMed™ Mobile app for automatic uploads if possible
- Follow instructions on pump screen to re-enter the SmartGuard™ feature if exited to Manual mode

HOW TO FOLLOW-UP PATIENTS IN 3 STEPS

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HOW TO FOLLOW-UP PATIENTS IN 3 STEPS USING CARELINK™ DATA

1 REVIEW THERAPY GOALS



Assessment &
Progress Report

2 IF GOALS ARE NOT MET REVIEW THERAPY



Meal Bolus Wizard &
Weekly/Daily Review
Report

3 UPDATE MANUAL MODE SETTINGS



Device Settings Report /
Assessment & Progress
Report

MINIMED™ 780G SYSTEM

1 REVIEW THERAPY GOALS



TIME IN RANGES ¹	GOAL
Time Above 13.9 mmol/L ¹	< 5%
Time Above 10.0 mmol/L ¹	< 25%
Time In Range (TIR) ¹ 3.9 – 10.0 mmol/L	>70%
Time Below 3.9 mmol/L ¹	< 4%
Time Below 3.0 mmol/L ¹	< 1%

HbA1c Goal²

ADULTS: <7%
(<53 mmol/mol)



PAEDS: <7.5%
(<58 mmol/mol)

Coefficient of Variation (CV)³

GOAL: <36%

SmartGuard™ use

 ≥85%

Calibrations/day

 2 - 3

Sensor usage⁴

 ≥85%

- Time in Ranges are international consensus goals¹
- Personalised patient goals may be different than what's in the table
- Action may not be required if personalised goals are met – consider as well the level of diabetes control before starting with the MiniMed™ 780G system.

1. Battelino T et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations from the International Consensus on Time in Range. Diabetes Care 2019; 42: 1593-1603

2. American Diabetes Association. Glycemic Targets: Standards of Medical Care in Diabetes—2019. Diabetes Care 2019; 42(1): S61-S70. <https://doi.org/10.2337/dc19-S006>

3. Danne T et al. International Consensus on Use of Continuous Glucose Monitoring. Diabetes Care. 2017; 40:1631-1640

4. Battelino T et al. Routine use of continuous glucose monitoring in 10 501 people with diabetes mellitus. Diabet Med 2015. 2(12): 1568-74

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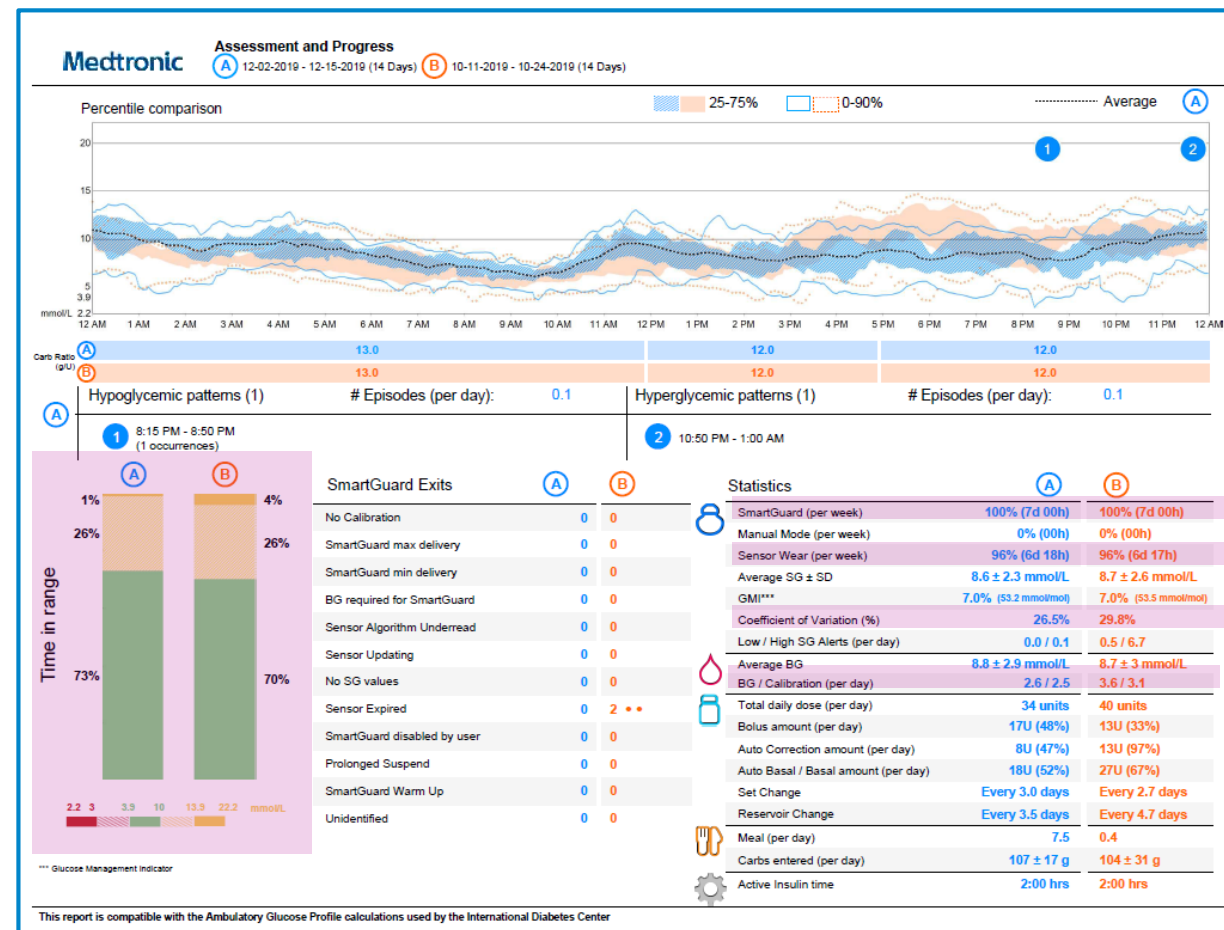
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Sensor usage⁴



ASSESSMENT & PROGRESS REPORT



1. Battelino T et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations from the International Consensus on Time in Range. Diabetes Care 2019; 42: 1593-1603

2. American Diabetes Association. Glycemic Targets: Standards of Medical Care in Diabetes—2019. Diabetes Care 2019; 42(1): S61-S70 <https://doi.org/10.2337/dc19-S006>

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Review Auto Basal Target & AIT

- Is Auto basal target set to 5.5 mmol/L?
- Active Insulin Time (AIT) set to 2-3 hours?
- If no, are higher settings warranted?

- The system is designed for 5.5 mmol/L Auto basal target. In certain cases, selecting a higher starting target of 6.1 mmol/L or 6.7 mmol/L and gradually becoming more aggressive over time may be advisable in the following situations:
 - Retinopathy may flare if glucose is reduced too quickly¹
 - Hypoglycaemia anxiety of patient and/or HCP
 - "Pseudo-hypoglycaemia" symptoms in patients with extended persistent hyperglycaemia²
- It is recommended to use an AIT of 2-3 hours. However, in cases as described above, a longer AIT may be necessary

¹ Feldman-Billard S, Larger E, Massin P. *Diabetes & Metab* 2018. 44(1); 4-14.

² Seaquist E, Anderson J, Childs B, et al. *Diabetes Care* 2013. 36(5); 1384-1395.

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2 IF GOALS ARE NOT MET REVIEW THERAPY

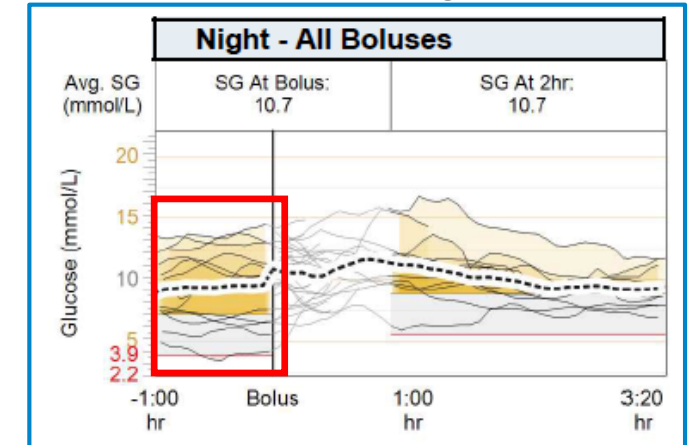


Time Above Range is High

Use Meal Bolus Wizard™ report and other CareLink™ reports to evaluate if:

- Bolus timing: pre-meal glucose rise -> consider earlier timing of bolus
- Boluses omitted?
- Insulin to carb ratio: 2-hour post-prandial glucose is >10,0 mmol/L and bolus timing is appropriate -> consider strengthening ICR (i.e., change ICR from 10 to 8 g/U)

Bolus before eating



Meal Bolus Wizard Report



After each intervention, allow system time to adapt before making further adjustments – generally 2 weeks – unless issue with hypoglycemia exists. Consider changing only one or two settings or behaviours at the same time.

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2 IF GOALS ARE
NOT MET REVIEW
THERAPY



Time Below Range is High

Use CareLink™ reports to assess:

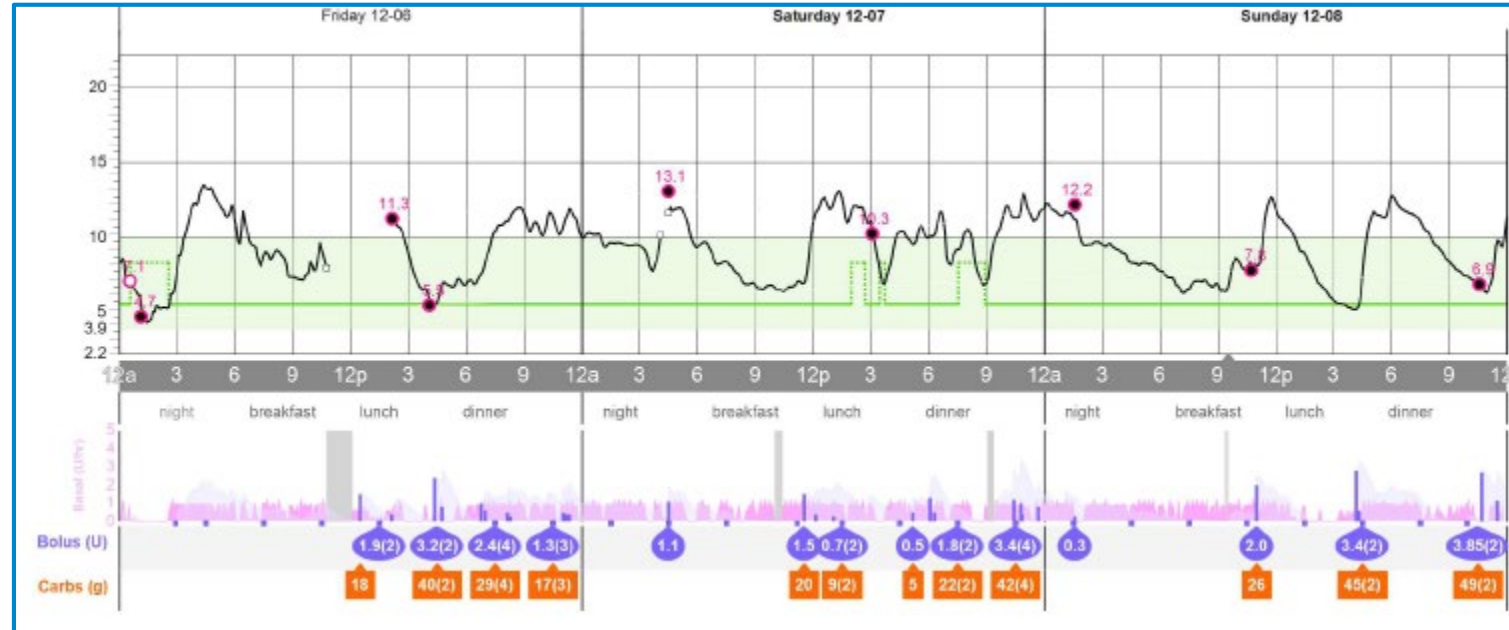
- Bolus timing?
- Overestimation of carbs (avg carbs/meals are listed)?
- ICR: Smaller meal bolus may be needed (i.e., change ICR from 8 to 10g/U)
- Persistent lows without a bolus: consider higher Auto basal target
- Persistent lows after Auto correction boluses: consider lengthen AIT (i.e., change from 2.0 to 2.5 hours)
- Exercise: temp target used?
- Low during sleep? Smaller meal/snack bolus may be needed prior to bed - or program higher target or even temp target



- After each intervention, allow system time to adapt before making further adjustments – generally 2 weeks – unless issue with hypoglycemia exists.
- Consider higher Auto Basal target in case of persistent lows.
- Consider changing only one or two settings or behaviours at the same time.

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2 IF GOALS ARE NOT MET REVIEW THERAPY



Weekly/Daily Review
Report



Consistent highs or lows post-meal
...adjust carb ratio down or up by
10-20% respectively¹

Inconsistent highs or lows post-meal
...discuss and assess carb counting
skills and consider bolus timing

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2 IF GOALS ARE
NOT MET REVIEW
THERAPY



SmartGuard™ use

 **<85%**

- Educate on sensor wear (primary issue)
- Ensure calibrations occur at least every 12 hours, preferably ONE before bedtime

Calibrations/day

 **<2**

- Ensure calibrations occur at least every 12 hours
- Explore calibration timing

Sensor usage

 **<85%**

- Educate on sensor use and care
- Explore reasons for underuse

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3 UPDATE MANUAL MODE SETTINGS



Best Practice

- Evaluate Manual mode settings 1–2 weeks after starting SmartGuard™ feature & at every office visit
- Adjust settings to mirror SmartGuard™ settings

Recommendations

- **Adjust BG Target:** 5.5 – 6.7 mmol/L – to match how the SmartGuard™ algorithm is working
- **Adjust ISF:**
 - 100 Rule ÷ Current Total Daily Dose (TDD)
- **Basal Rates:** Ensure Manual mode 24-hr. basal total < 50% of total daily dose (TDD)
- **Suspend before low 'ON'**

	Total daily dose (per day)	34 units	40 units
	Bolus amount (per day)	17U (48%)	13U (33%)
	Auto Correction amount (per day)	8U (47%)	13U (97%)
	Auto Basal / Basal amount (per day)	18U (52%)	27U (67%)
	Set Change	Every 3.0 days	Every 2.7 days
	Reservoir Change	Every 3.5 days	Every 4.7 days

Assessment & Progress Report – Statistics section

Basal 1 (active)		
24-Hour Total	27.700 U	
Time	U/Hr	
00:00	1.00	
03:00	1.20	
06:00	1.40	
08:00	1.10	
17:00	1.20	

Device Settings Report

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AUTO CORRECTIONS – WHAT DO THEY MEAN?

AUTO CORRECTIONS

Indicator of how a patient is using the system

High percentage of Auto corrections per day

- Not necessarily a bad thing
- System is working hard to lessen high glucose and keep in target range
- If Auto correction % is high (>30%) and personalized goals are not met:
 - Evaluate if boluses are omitted
 - Evaluate meal bolus report to assess bolus timing and ICR adequacy
 - If post-prandial elevated, consider intensifying carb ratio (more insulin) or refine carb counting if not consistent

Low percentage of Auto corrections per day

- Basal and pre-meal bolus insulin likely keeping glucose in range
- Patient is most likely bolusing before meals

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BEST PRACTICES & CLINICAL TIPS

Best practices

- Keep interventions at a minimum. After updating a setting, allow the system time to adapt
- **In general:** the system needs time to adapt, and it may take a few days, but maybe also several weeks
- Carb entry + Auto correction boluses ON + lowest Auto basal target = achieving diabetes goals
- Optimise ICR and AIT
- Auto correction % is an indicator of how the patient is using system. If Auto correction % is high (>30%) and personalized goals are not met:
 - Evaluate if boluses are omitted
 - Evaluate meal bolus report to assess bolus timing and ICR adequacy
 - If post-prandial elevated, consider intensifying carb ratio (more insulin) or refine carb counting if not consistent

Clinical Tips

- Encourage carb counting and pre-meal bolusing
- Start new sensor during a fasting period or wait 2-3 hours after bolusing
- Caution using multiple correction doses in Manual mode
- Majority of patients will run a bit above the target glucose setting
- Keep Manual mode basal rates up to date
- Depending on CGM slope and past insulin delivery, the SmartGuard™ feature may reduce a food bolus to help mitigate low SG
- Sync to CareLink™ feature allows automatic uploads, giving HCPs access to data with less work

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QUICK REFERENCE GUIDE ON CARELINK™ FOLLOW-UP

1 REVIEW THERAPY GOALS

Assessment & Progress Report



REVIEW THERAPY GOALS:

Time in Ranges ¹	mmol/L (mg/dL)	Goal
Time Above	13.9 (250)	<5%
Time Above	10.0 (180)	<25%
Time In Range (TIR)	3.9 - 10 (70 - 180)	>70%
Time Below	3.9 (70)	<4%
Time Below	3.0 (54)	<1%

HbA1c Goal²:

ADULTS: <7%
(≤53 mmol/mol)



PAEDS: <7.5%
(≤58 mmol/mol)

Coefficient of variation (CV)³

GOAL: <36%

SmartGuard™ use



Calibrations/day



Sensor usage⁴



- Time in Ranges are international consensus goals¹
- Personalised patient goals may be different
- Action may not be required if personalised goals are met - consider as well the level of diabetes control before starting with the MiniMed™ 780G system.

2 IF GOALS ARE NOT MET REVIEW THERAPY

Meal Bolus Wizard & Weekly / Daily Review Report



REVIEW AUTO BASAL TARGET & AIT

- Is Auto basal target set to 5.5 mmol/L (100 mg/dl)? AIT set to 2-3 h?
- If no, are higher settings warranted?

TIME ABOVE RANGE IS HIGH

- Bolus timing: pre-meal glucose rise -> consider earlier timing of bolus
- Boluses omitted?
- Insulin to carb ratio: 2-hour post-prandial glucose is >10.0 mmol/L (180 mg/dL) and bolus timing is appropriate -> consider strengthening ICR (i.e. change ICR from 10 to 8 g/U)

TIME BELOW RANGE IS HIGH

- Bolus timing?
- Overestimation of carbs (avg carbs/meals are listed)?
- ICR: Smaller meal bolus may be needed (i.e. change ICR from 8 to 10 g/U)
- Persistent lows without a bolus: consider higher target
- Persistent lows after Auto correction boluses: consider lengthen AIT (i.e. change from 2.0 to 2.5 hours)
- Exercise: temp target used?
- Low during sleep? Smaller meal/snack bolus may be needed prior to bed or program higher target or even temp target



Consistent highs or lows post-meal

- Adjust carb ratio down or up by 10-20% respectively

Inconsistent highs or lows post-meal

- Discuss and assess carb counting skills and consider bolus timing

SmartGuard™ use



Educate on sensor wear (primary issue); Ensure calibrations occur at least every 12h, preferably before bedtime

Calibrations/day



Ensure calibrations occur at least every 12 hours; Explore calibration timing

Sensor usage⁴



Educate on sensor use and care; explore reasons for underuse

3 UPDATE MANUAL MODE SETTINGS

Device Settings Report / Assessment & Progress Report



BEST PRACTICE

- Evaluate Manual mode settings 1-2 weeks after starting SmartGuard™ feature & at every office visit
- Adjust settings to mirror SmartGuard™ settings

RECOMMENDATIONS

- Adjust BG Target:** 5.5 - 6.7 mmol/L (100-120 mg/dL) to match how the SmartGuard™ algorithm is working
- Adjust ISF**
 - mmol/L: 100 Rule ÷ Current Total Daily Dose (TDD)
 - mg/dL: 1800 Rule ÷ Current Total Daily Dose (TDD)
- Basal Rates:** Ensure Manual mode 24-hr basal total < 50% of total daily dose (TDD) - check Statistics section Assessment & Progress Report and compare with Manual mode basal rate on Device Settings Report
- Suspend before low 'ON'**



- After each intervention, allow system time to adapt before making further adjustments. Generally 2 weeks unless issue with hypoglycaemia exists
- Consider changing only one or two settings or behaviours at the same time
- In general:** The system needs time to adapt and it might need a few days, but maybe also several weeks

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FAQ



Is there an Auto correction “warm up” period? Some patients have noticed the system seems significantly less aggressive in the first few days after enabling Auto correction.

- Yes — this system behaviour is normal. Help patients understand the system is still adapting at this point; the process takes about 6–7 days. Set realistic expectations.
- The algorithm looks at TDD and many other factors, so the effect cannot be instantaneous — the algorithm needs to find a median path.
- Generally, the algorithm is designed to be conservative with sensor glucose-based corrections when sensors are first started. This is so any fluctuations in early sensor life do not have a negative effect.

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SMARTGUARD™ FEATURE / UNDERSTANDING THE ALGORITHM



What are the parameters for Auto correction to engage, and what trips it?

What do we need to know about thresholds, trends, sensitivity, rate of change, etc.?

- Basal delivery must be at maximum basal delivery
- The SG value must be above 6.7 mmol/L (the correction target), regardless of selected auto basal target
- The correction bolus amount (after deducting active insulin), must be greater than 10% of maximum basal delivery

How does Auto correction relate to meals? Does the algorithm take into account a previous large bolus (i.e., a meal bolus via the Bolus feature)?

- The Auto correction deducts the current active insulin from previous boluses in the same manner as an ordinary correction bolus.



Does the system use the user-programmed active insulin time, or does it use an internal active insulin time?

- Auto corrections use the user-programmed active insulin time
- A shorter active insulin time setting tends to make Auto correction boluses more aggressive, as previous boluses will wash out more quickly

Will a change in active insulin time (AIT) by the user have an impact on Auto correction?

AIT determines mainly the maximum correction bolus delivered by the SmartGuard™ feature

- Choosing a shorter AIT (i.e., 2 hours) leads to a larger magnitude in the correction bolus decision
- Choosing a longer AIT (i.e., 4 hours) leads to a limited magnitude in the correction bolus decision
- Correction boluses are a function of that involves sensor glucose, the correction target, insulin on board and insulin sensitivity.
- A correction bolus is processed by a "safe" part of the algorithm that can deduct additional insulin from the bolus if it is predicted to lead to hypoglycaemia.



How do Auto Corrections work around meal boluses?

- A meal bolus will generate a large amount of insulin on board that will gradually wash out over the term of the Active Insulin Time setting.
- Auto correction boluses will start once the insulin on board is reduced to a point where sensor glucose minus the correction target (set at 6.7 mmol/L) divided by insulin sensitivity dominates.
- A correction bolus is processed by a "safe" part of the algorithm that can deduct additional insulin from the bolus if it is predicted to lead to hypoglycaemia.

How long does the maximum Auto basal have to be active before an Auto correction will be given?

- There is no minimum time that the system must be at the maximum Auto basal for an Auto correction to occur.
- A single occurrence of maximum Auto basal can lead to an Auto correction if all other conditions are also met.



What can we do for patients that are hyperglycaemic for more than 4 hours after a meal? If these patients try to give a correction through the Bolus feature, it will only allow a very small correction compared to what they could do before Auto corrections were enabled.

- Generally, patients will get very little through the Bolus feature with Auto corrections running, as AIT levels may be elevated due to Auto correction activity.
- Recommendations when a user experience this situation:
 - Check infusion site and wait
 - If problem persist, assure pre-meal bolusing and consider changing the Active Insulin Time (AIT) and the carb ratio

Some patients still want the ability to do Dual Wave™ and/or split boluses in the SmartGuard™ feature.

- The system design should compensate for not having those features available, and the Auto correction feature should eliminate the need for them.
- Patient expectations should be set accordingly.

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SMARTGUARD™ FEATURE / UNDERSTANDING THE ALGORITHM



What other differences are there in algorithm calculations relative to MiniMed™ 670G system?

- Safe Correction Bolus: If a meal is detected based on rising sensor glucose values, the predicted glucose threshold is lowered to 2.8 mmol/L.
- Safe Meal Bolus: The meal bolus is reduced if hypoglycaemia is predicted; estimated glucose is used when SG is not available.
- Fasting glucose history: Algorithm uses 14 days of fasting glucose history instead of 6 days.



What if my patient enters too few carb grams for a meal?

- Enter and bolus for the remaining carbs as they are eaten or at the end of the meal.
- If more than an hour has passed since eating, it is usually best to enter the current blood glucose (BG) reading and give a correction bolus as recommended by the system.
- Auto corrections will be delivered if max basal is being delivered and SG >6.7 mmol/L

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UNSURE OF HOW MUCH WILL BE EATEN



What if my patient is unsure of how much will be eaten?

- Before the meal, bolus for grams that are certain to be eaten.
- If additional grams are consumed, enter and bolus for additional grams as they are eaten or at the end of the meal.



What if my patient forgets to bolus?

If less than 30 min after eating and glucose is high:

- Enter half the grams of carb eaten and recheck BG in an hour.
- If glucose is still high, give a correction bolus as recommended by the system.

If more than 30 min after eating, enter the BG and give the recommended correction bolus.

Auto corrections will be delivered if max basal is being delivered and SG >6.7 mmol/L.

MINIMED™ 780G SYSTEM GLOSSARY

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GLOSSARY



TERM	DESCRIPTION
A&P report	Assessment & Progress Report. Available in CareLink™ software when downloading the MiniMed™ 780G system.
Aggressiveness Factor	Tuning knob to adjust the aggressiveness of the algorithm displayed as Active Insulin Time in the pump. Lengthen AIT to lessen the algorithm's aggressiveness.
Auto basal	The basal insulin that is automatically adjusted and delivered based on sensor glucose values.
Auto correction	Bolus delivered automatically if algorithm determines it's needed.
Baseline Insulin Delivery	Fixed rate of insulin based on recent insulin delivery. It is delivered any time the algorithm determines there is an action to be completed.
Fixed Low Alarm (Low SG)	Alert always occurs when SG reaches or falls below 3.0 mmol/L. Alert cannot be silenced with Alert Silence. Applies to both Manual mode and the SmartGuard™ feature.

MINIMED™ 780G SYSTEM

GLOSSARY



TERM	DESCRIPTION
Manual mode	Manual mode refers to system functions when the SmartGuard™ feature is turned OFF. It is standard pump therapy, with or without CGM.
Maximum Delivery	The auto basal maximum delivery is a personalized delivery amount, based on the recent insulin delivery history and glucose response. The max delivery alert occurs when the pump has been at the maximum delivery for 7 hours.
Minimum Delivery	This alert occurs when zero or near zero insulin has been delivered for 3-6 hours. You may see this alert after auto basal delivery is decreased: Due to non-food bolus response, such as post exercise, etc. or in response to an increase of insulin availability from a recent food bolus delivery.
PID	Proportional-integral-derivative controller. Algorithm used with the MiniMed™ 780G system.

MINIMED™ 780G SYSTEM

GLOSSARY



TERM	DESCRIPTION
SmartGuard™ feature	Uses sensor glucose (SG) to automatically adjust basal insulin and automatically deliver correction boluses. Referenced as advanced hybrid closed loop therapy.
Suspend before low feature	Automated insulin suspension based on sensor glucose (applies to Manual mode). Enables insulin to suspend 30 minutes before a preset low SG threshold is reached.
Suspend on low feature	Automated Insulin Suspension based on Sensor Glucose (applies to Manual Mode). Suspends insulin delivery when a pre-set low SG threshold is reached.
Temp Target	Designed for times when a user would like to have less insulin delivered, such as exercising or driving. When turning on this feature, the sensor glucose target increases to 8.3 mmol/L, thus reducing the amount of insulin a patient may receive. Auto correction boluses are not delivered while Temp Target is set.