

Information is specific to use of each pump's AID features

MiniMed™ 780G



CALCULATE

Basal automation?	“Auto Basal” calculated from total daily insulin, which is updated each day at midnight. Auto Basal is adjusted every 5 min based on recent CGM glucose trends, aiming for the target glucose value.
Bolus automation?	Auto correction boluses (max. every 5 min) if glucose is > 120 mg/dL. Auto corrections can be turned on or off.
Algorithm target glucose/target range?	User can set 1 target for 24 hr. period
Which insulin does the user give?	User gives boluses for meals by entering total grams of carbs in the bolus menu / bolus calculator. User can deliver correction boluses as needed in the bolus menu / bolus calculator.

ADJUST

When using AID, what settings can you adjust?	Basal Rates	I:C Ratios	Correction/Sensitivity Factor	Active Insulin Time
	No	Yes	No	Yes
Can user give extended boluses?	No			
Can user change/override recommended bolus doses in bolus calculator?	No			
What are the special features in automated insulin delivery?	Temp Target: Changes target glucose to 150 mg/dL to reduce auto-basal delivery for chosen duration (30 min – 24 hr) and disables auto correction boluses.			
Which pump settings impact automated insulin delivery (insulin delivered by the algorithm)?	Auto Basal Target: 100, 110, 120 mg/dL; only 1 target can be set. Active Insulin Time (2 hrs for most aggressive insulin delivery—will mainly impact auto correction bolus doses).			

REVERT

Is there a limited automation mode the system may revert to if there is a loss of CGM communication or other reasons?	Yes, Safe Basal: the pump will deliver a basal rate determined by the algorithm, but without glucose-dependent basal adjustments and no auto correction boluses. May activate due to max/min insulin delivery constraints, loss of CGM data or system concerns about sensor accuracy. User needs to enter a BG value into the pump before the “time to exit” expires to prevent SmartGuard exit.
When will the system automatically revert to manual mode (conventional pump therapy using programmed basal rates — no insulin dose automation)?	If the “time to exit” expires without a BG entry, the pump will revert to manual mode. User must enter a BG value into the pump to return to SmartGuard following an exit to manual mode.

EDUCATE

Mealtime and Bolus Considerations	Pre-bolus for all meals and snacks, ideally 10-15 min before eating. The sensor glucose value auto-populates into the bolus menu for correction bolus calculation. SmartGuard will adjust the bolus dose based on the CGM value and insulin on board. The user is not able to change or override the suggested dose.
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EDUCATE (Continued)

<p>Sleep Considerations</p>	<p>Can adjust Target as needed (only 1 target setting for 24-hr period). Could also consider use of Temp Target if hypoglycemia is occurring during sleep (will disable auto correction boluses and raise auto basal target to 150 mg/dL). Review evening/bedtime behaviors to identify causes of high or low glucose patterns, if they are occurring in the several hours after bedtime (e.g., missed boluses or ineffective bolus doses?).</p>
<p>Exercise Considerations</p>	<p>Managing glucose levels with exercise must be personalized for each individual based on previous experience and type of exercise. Considerations with AID include: Avoid large carb snacks prior to exercise as large spikes in glucose will result in increases in insulin delivery and greater risk of hypoglycemia. Instead, consider consuming small quantities of carbohydrates during exercise as needed and/or disconnecting from the device as needed. Use Temp Target; turn on 1-2 hours prior to starting exercise and consider leaving on for several hours after exercise ends if delayed hypoglycemia is a concern. Consider reducing meal bolus doses that occur 1-3 hours prior to exercise (e.g., bolus for only 1/2 to 3/4 of consumed carbs).</p>
<p>Other Considerations</p>	<p>Follow system prompts for “BG Required” to stay in SmartGuard. Consider using the 100 mg/dL Target and Active Insulin Time of 2 hours for optimal system performance as long as hypoglycemia is not >4%. Do not enter “fake carbs” to try to get more insulin from the system. This will result in an increased risk of hypoglycemia, and greater glucose variability. Consider treating mild hypoglycemia with less carbohydrates (5-10 g) than the traditional rule of 15g. If hypoglycemia occurs, the algorithm will have already decreased or suspended insulin delivery and treating with too many carbs may result in large rebound hyperglycemia.</p>

SENSOR/SHARE

<p>Which CGM is compatible? *CGM options may vary by region</p>	<p>Guardian 4 Simplera Sync</p>
<p>How long does the sensor last?</p>	<p>Guardian 4: 7 days maximum Simplera Sync: 7 days maximum</p>
<p>Can user see real-time data on personal cell phone?</p>	<p>MiniMed mobile app (pump + CGM data)</p>
<p>Can others see data remotely?</p>	<p>CareLink Connect app (pump + CGM data)</p>
<p>Is data automatically stored in the cloud?</p>	<p>Automatic uploads to CareLink via MiniMed mobile app</p>