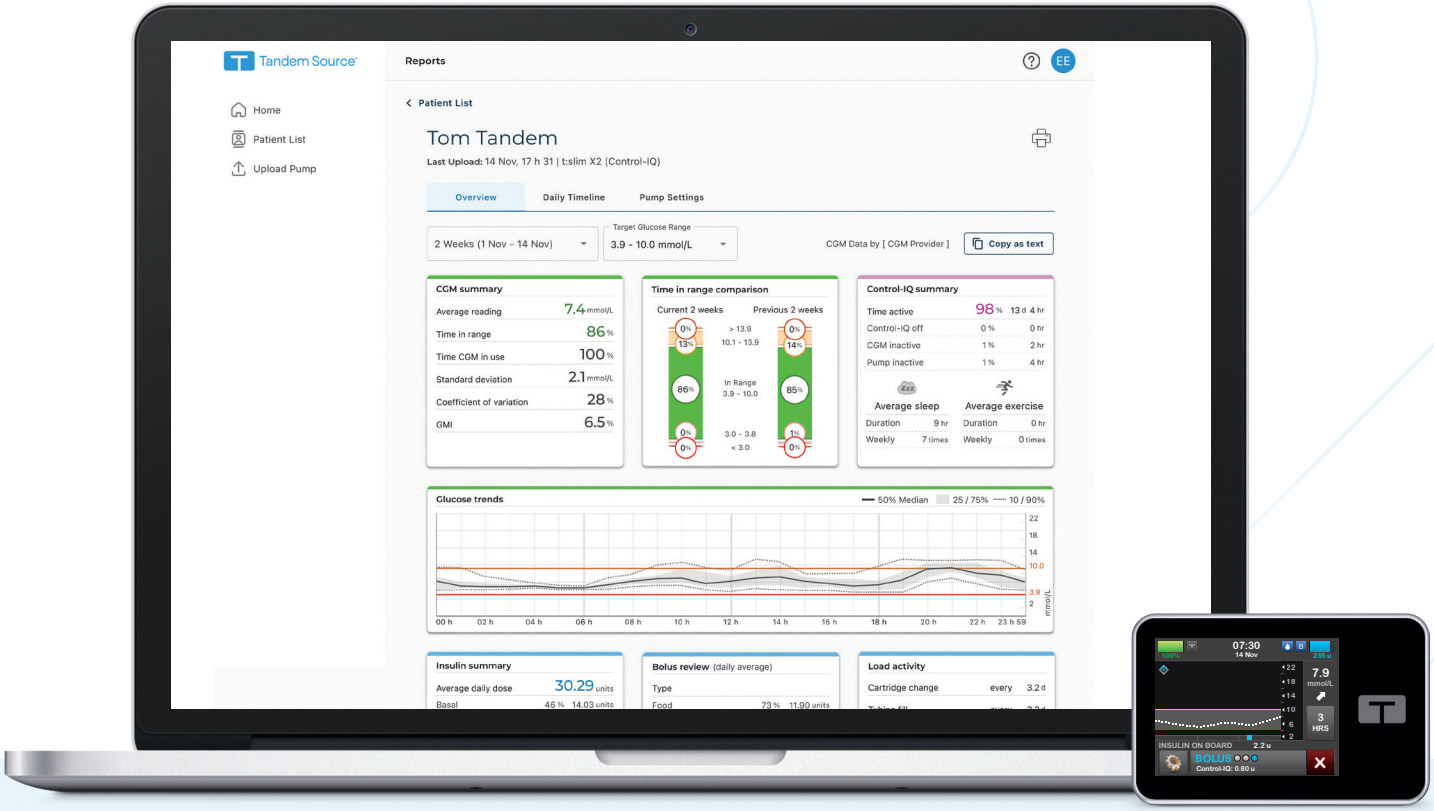
TANDEM Diabetes Care + PANTHER® Diabetes Technology. Deciphered.

PROFESSIONAL

CONTENT ADAPTED WITH PERMISSION FROM THE PANTHER PROGRAM®

How to Make Control-IQ Technology Adjustments Using Tandem Source



Instructions for Use

View User's Pump Data

Visit **source.tandemdiabetes.com** and upload pump data or view reports.

Save and Print Reports

Select Overview, Daily Timeline, and Pump Settings at last upload, and select a two-week date range.

Follow the Worksheet

Get step-by-step guidance on clinical assessment, user education, and insulin dose adjustments.

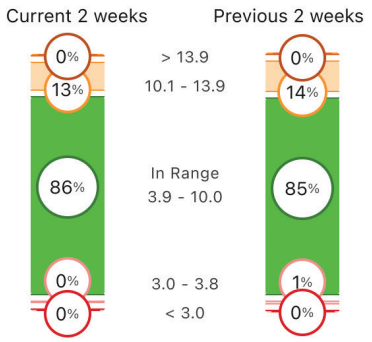
01 Patterns

A

CGM summary

Average reading	7.4 mmol/L
Time in range	86 %
Time CGM in use	100 %
Standard deviation	2.1 mmol/L
Coefficient of variation	28 %
GMI	6.5 %

Time in range comparison



B

Control-IQ summary

Time active	98 %	13 d 4 hr
Control-IQ off	0 %	0 hr
CGM inactive	1 %	2 hr
Pump inactive	1 %	4 hr

Average sleep

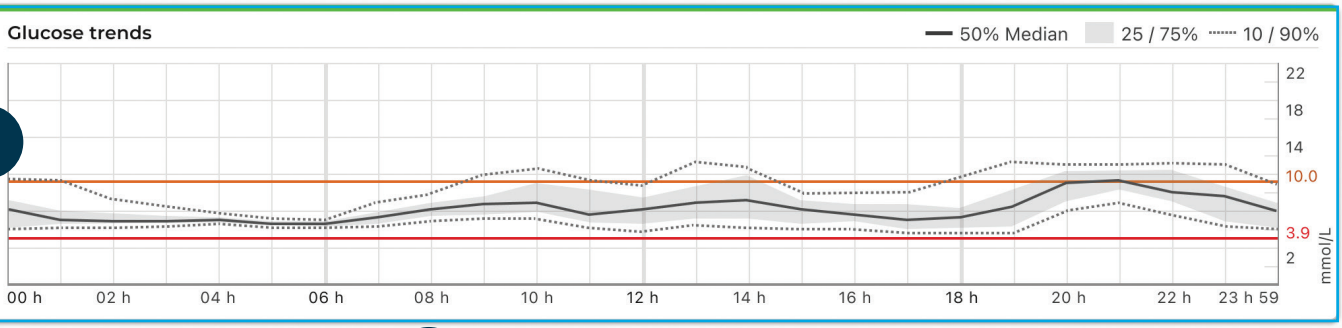
Duration	9 hr
Weekly	7 times

Average exercise

Duration	0 hr
Weekly	0 times

C

Glucose trends



D

Insulin summary

Average daily dose		30.29 units
Basal	46 %	14.03 units
Bolus	54 %	16.26 units
Average daily boluses		8 boluses
Manual	61 %	5 boluses
Control-IQ	39 %	3 boluses
Average daily carbs		96 g

Bolus review (daily average)

Type		
Food	73 %	11.90 units
Correction	7 %	1.07 units
Override	4 %	0.63 units
Control-IQ	16 %	2.66 units

Delivery Method		
Standard	82 %	13.26 units
Extended	0 %	0.00 units
Quick	2 %	0.34 units
Control-IQ	16 %	2.66 units

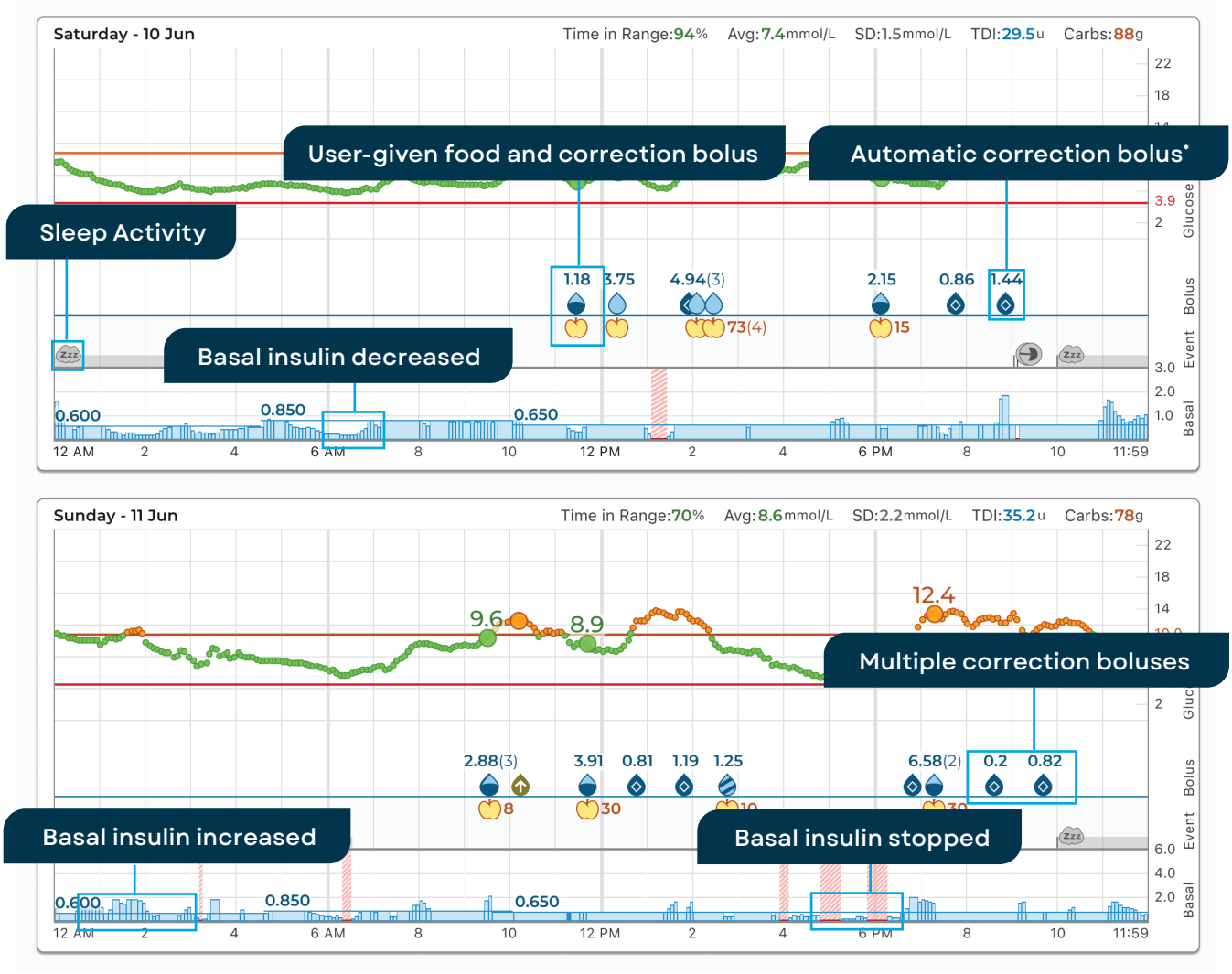
Load activity

Cartridge change	every	3.2 d
Tubing fill	every	3.2 d
Cannula fill	every	- d

01 Patterns

A	B	C	D
Are glycemic targets being met?[1]	**Is Control-IQ technology being used?**	**Are there patterns of hypoglycemia and/ or hyperglycemia?**	**Assess insulin delivery**
Level 2 hypoglycemia: Time below range (TBR) <3.0 mmol/L, goal is <1% **Level 1 hypoglycemia:** TBR 3.0-3.8 mmol/L, goal is <4% **Time in range (TIR):** 3.9-10.0 mmol/L, goal is >70% **Level 1 hyperglycemia:** Time above range (TAR) 10.1-13.9 mmol/L, goal is <25% **Level 2 hyperglycemia:** TAR >13.9 mmol/L, goal is <5%	**Time Control-IQ in use (Percent of time that Control-IQ technology is in use):** Aim for >90%. If less, assess why. **CGM inactive (Time sensor not active):** Aim for <10%. If more, assess why. **Daily sleep:** Recommended to program Sleep Schedule. **Weekly exercise events:** Assess use of Exercise Activity and outcomes.	**Use Glucose trends to understand average glucose data throughout the day:** Focus on the areas where the average glucose is out of target range. The median line should ideally be mostly flat and within the target range of 3.9-10.0 mmol/L. 25/75% shows 50% of the glucose values; ideally, shaded area is narrow. 10/90% shows where 10% of values are below and 10% are above; ideally the closer the dotted lines are to the darker shaded area, the better.	**Ratio of basal to bolus delivery:** Basal percentage typically between 40-60%[2] If not, assess why (activity level, bolus behaviors, types of meals, increased/ decreased interaction with system). **Consider verifying user's settings:** See back of handout for instructions on how to calculate. **Types of boluses:** Assess types of meals/ timing of bolus, carb counting knowledge, and carb ratios.

02 Reasons



Identify the predominant causes of a hypoglycemic or hyperglycemic pattern

Is there a pattern of hypoglycemia occurring?

- ✓ Fasting/overnight?
- ✓ After meal bolus? (1-3 hours after)
- ✓ Following hyperglycemia events?
- ✓ During or after exercise?

Is there a pattern of hyperglycemia occurring?

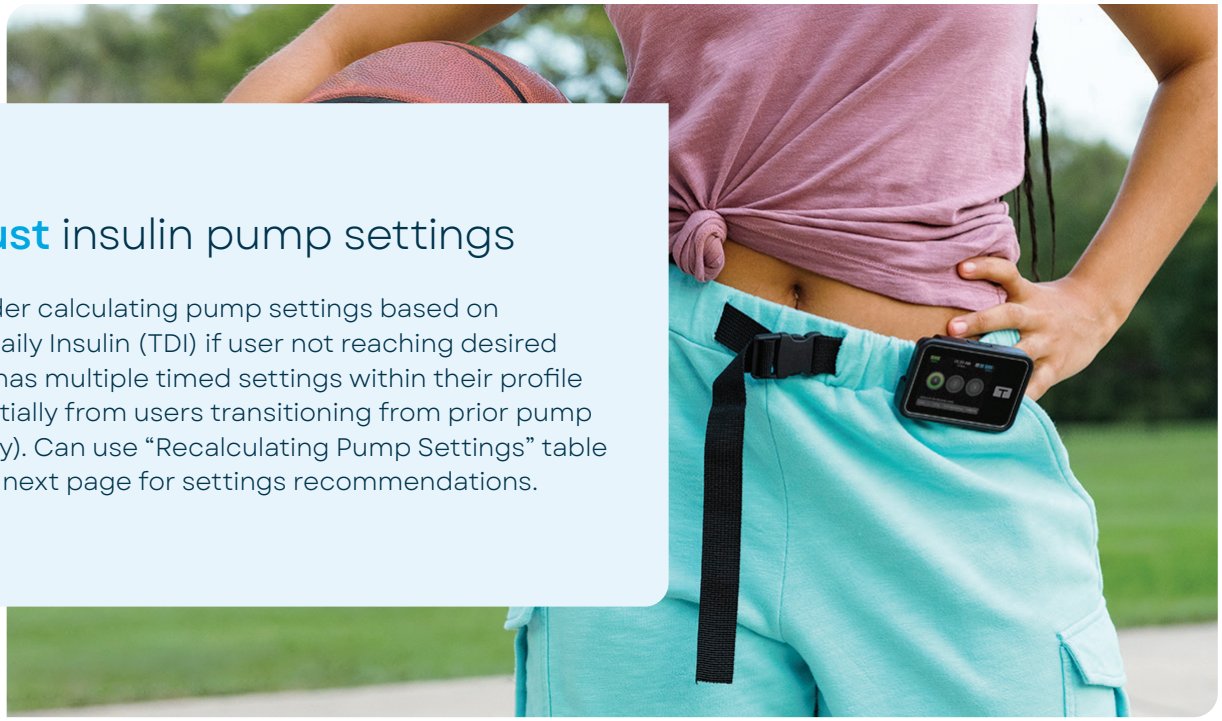
- ✓ Fasting/overnight?
- ✓ After meal bolus? (1-3 hours after)
- ✓ Following hypoglycemia events?

03 Solutions

Primary Safety Goal: Reduce Hypoglycemia (<3.9 mmol/L) to <4%
Primary Overall Goal: Increase TIR (3.9-10.0 mmol/L) to >70%

Pattern	Hypoglycemia Solution	Hyperglycemia Solution
Fasting/overnight	Recommend Sleep Schedule is set nightly. Reduce basal rates 10-20% 1-2 hours prior to hypoglycemia.	Recommend Sleep Schedule is set nightly. Increase basal rates 10-20% 1-2 hours prior to hyperglycemia.
After mealtime (1-3 hours after meal boluses)	Weaken the carb ratios by 10-20% (e.g., if 1:10, change to 1:12).	Strengthen carb ratios by 10-20% (e.g., if 1:10, change to 1:8). Consider timing of bolus.
Following high glucose	Weaken the correction factor by 10-20% (e.g., if 1:2.8, change to 1:3.0). This will impact both user-given and automatic correction boluses.	Strengthen the correction factor by 10-20% (e.g., if 1:2.8, change to 1:2.5). If unexplained hyperglycemia persists, refer to “Infusion Site Tips” on next page.
Following low glucose	Evaluate Insulin on Board. Treat extended hypoglycemia with 15g of carbs and recheck glucose in 15 minutes. Repeat as necessary.	Treat mild hypoglycemia with fewer grams of carbs (5-10g), especially after periods of reduced/suspended insulin delivery.
After a correction bolus was given (1-3 hours after)	Weaken the correction factor by 10-20% (e.g., if 1:2.8, change to 1:3.0). Avoid overriding recommended doses.	Strengthen correction factor by 10-20% (e.g., if 1:2.8, change to 1:2.5).
During or after exercise	Use Exercise Activity feature (timing varies based on intensity of physical activity). Consider alternate Personal Profile.	Educate on proper type, amount, and timing of additional carb intake prior to exercise.

04 Education

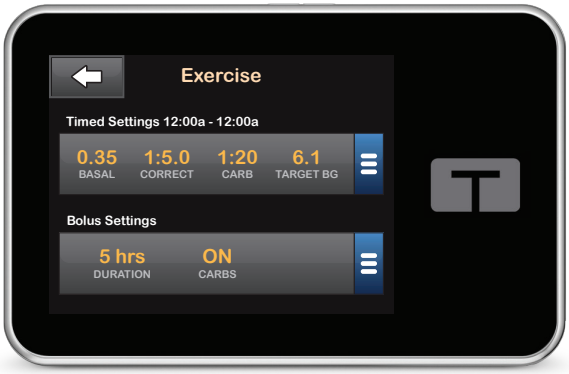


Adjust insulin pump settings

Consider calculating pump settings based on Total Daily Insulin (TDI) if user not reaching desired TIR or has multiple timed settings within their profile (potentially from users transitioning from prior pump therapy). Can use “Recalculating Pump Settings” table on the next page for settings recommendations.

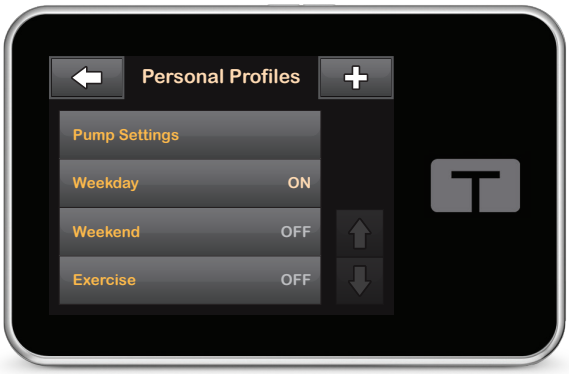
Adjustable parameters

Basal rates, carb ratios, and correction factors can be modified to patient needs. Target range values are preset to 6.25-8.9 mmol/L if Control-IQ technology is enabled, or modified to 6.25-6.7 mmol/L during Sleep Activity and 7.8-8.9 mmol/L during Exercise Activity. Correction factor directly impacts how Control-IQ technology automates insulin delivery, including bolus delivery. Studies show a more aggressive correction factor is associated with higher time in range with negligible impact to hypoglycemia.[3]



Personal Profiles

Up to six Personal Profiles can be created to personalize anticipated changes in insulin requirements.



04 Education

Infusion Site Tips

When in doubt, change it out

- If unexplained hyperglycemia persists (i.e., >13.9 mmol/L for >90 minutes)
  - 01 Correct by injection
  - 02 Change infusion set, site, and cartridge
  - 03 Check for ketones

Other times to change infusion set

- If wetness (possible leaking) or redness/swelling (possible infection) at site
- If not changed within 2-3 days
- If insulin or infusion set is expired
- Rotate site often to avoid scar tissue/lipohypertrophy
- If experiencing repeated infusion site problems, try different cannula length or infusion set

Disconnecting

- If disconnecting from the pump, suspend insulin so Control-IQ technology calculates insulin on board accurately and continue to monitor glucose
- If disconnecting for 1-4 hours, reconnect and deliver bolus if hyperglycemia occurs. Reduce amount for activity if neccessary.
- Always disconnect from site on body, not the tubing connector

Recalculating Pump Settings

Basal Rate	Total Daily Basal Units	Pump TDI x %Basal (40-60%) = Total Daily Basal[2,4,5]	_____ Pump TDI UNITS/DAY × 0.4-0.6 / %Basal = _____ UNITS/DAY (Total Daily Basal)
	Initial Basal Rate	Total Daily Basal ÷ 24 hours = Initial Basal Rate[2,4,5]	_____ Total Daily Basal UNITS/DAY ÷ 24 HOURS = _____ UNITS/HOUR (Initial Basal Rate)
Correction Factor	–	90† ÷ Pump TDI = Correction Factor[2,4]	90 ÷ _____ Pump TDI UNITS/DAY = _____ MMOL/L: 1 UNIT (Correction Factor)
Carb Ratio	–	450 ÷ Pump TDI = Carb Ratio[5]	450 ÷ _____ Pump TDI UNITS/DAY = _____ GRAMS: 1 UNIT (Carb Ratio)

†Can recalculate using 80-100

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***** If glucose values are predicted to be above 10.0 mmol/L, Control-IQ technology calculates a correction bolus using the Personal Profile settings and a target of 6.1 mmol/L and delivers 60% of that value.

References: 1. Diabetes Technology: *Standards of Care in Diabetes - 2024. Diabetes Care.* 2024;47(Suppl. 1):S126-S144. doi: 10.2337/dc24-S007. **2.** Walsh J, Roberts R. *Pumping Insulin: Everything for Success on an Insulin Pump and CGM.* 6th ed. San Diego, CA: Torrey Pines Press; 2016. **3**. Messer LH, Breton M. Therapy Settings Associated with Optimal Outcomes for t:slim X2 with Control-IQ Technology in Real World Clinical Care. *Diabetes Technol Ther.* 2023;25(12):877-882. doi: 10.1089/dia.2023.0308. **4.** Grunberger G, Abelseth JM, Bailey TS, et al. Consensus Statement by the American Association of Clinical Endocrinologist/American College of Endocrinology Insulin Pump Management Task Force. *Endocr Pract.* 2014;20(5):463-489. doi: 10.4158/EP14145.PS. **5.** Hinnen D, DeGroot J. Therapy Intensification: Technology and Pain Management. In: *The Art and Science of Diabetes Care and Education.*5th ed. Chicago: Association of Diabetes Care and Education Specialists; 2021:592-593.

This product may not be right for you. Always read and follow the label.

Important Safety Information: The t:slim X2 insulin pump with Control-IQ technology (the System) consists of the t:slim X2 insulin pump, which contains Control-IQ technology, and a compatible continuous glucose monitor (CGM, sold separately). The t:slim X2 insulin pump is intended for the subcutaneous delivery of insulin, at set and variable rates, for the management of diabetes mellitus in people requiring insulin. The t:slim X2 insulin pump can be used solely for continuous insulin delivery and as part of the System. When used with a compatible CGM, the System can be used to automatically increase, decrease, and suspend delivery of basal insulin based on CGM sensor readings and predicted glucose values. The System can also deliver correction boluses when the glucose value is predicted to exceed a predefined threshold. The pump and the System are indicated for use in individuals 6 years of age and greater. The pump and the System are intended for single user use. The pump and the System are indicated for use with NovoRapid, Admelog, Trurapi, or Humalog U-100 insulin. The System is intended for the management of Type 1 diabetes.

WARNING: Control-IQ technology should not be used by anyone under the age of 6 years old. It should also not be used in users who require less than 10 units of insulin per day or who weigh less than 25 kilograms.

The System is not indicated for use in pregnant women, people on dialysis, or critically ill users. Do not use the System if using hydroxyurea.

Users of the pump and the System must: be willing and able to use the insulin pump, CGM, and all other system components in accordance with their respective instructions for use; test blood glucose levels as recommended by their healthcare provider; demonstrate adequate carb-counting skills; maintain sufficient diabetes self-care skills; see healthcare provider(s) regularly; and have adequate vision and/or hearing to recognize all functions of the pump, including alerts, alarms, and reminders. If your CGM readings do not match your symptoms or expectations, use a blood glucose meter to make diabetes management decisions. The t:slim X2 pump must be removed before MRI, CT, or diathermy treatment. Visit tandemdiabetes.com/safetyinfo for additional important safety information.

These infusion sets are indicated for the subcutaneous infusion of insulin administered by Tandem insulin pumps for the treatment of diabetes. These infusion sets are indicated for single use. For contraindications, warnings, precautions, and other important information, please refer to the instructions for use accompanying the infusion sets.

The **Tandem Source platform** is intended for use by individuals with diabetes mellitus who use Tandem Diabetes Care insulin pumps, their caregivers, and their healthcare providers in home and clinical settings. The Tandem Source platform supports diabetes management through the display and analysis of information uploaded from Tandem insulin pumps.