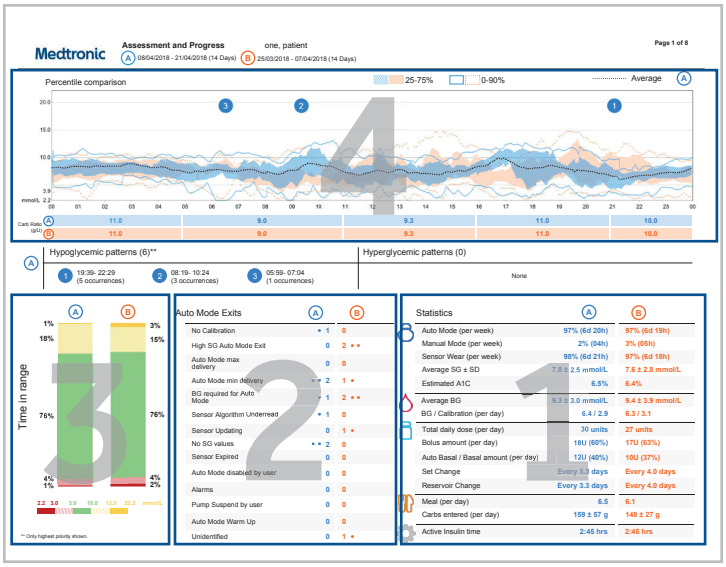
INTERPRETING AUTO MODE CARELINK™ REPORTS

AIM Methodology: AIM is a standard, systematic method used for evaluating MiniMed™ 670G CareLink™ data accurately and efficiently. AIM uses three reports to:

A) Assess glycaemia and proper use of technology (A & P Report)
I) Identify issues and their cause (Weekly Review Report)
M) Make and document setting and / or suggested behaviour changes (Device Settings Report).

Assessment and Progress (A&P) Report: Provides a synopsis of overall glycaemia and use of technology.

Note: If the A&P report indicates all therapeutic goals have been met, this may be the only report that needs to be evaluated, unless you or the patient have other concerns.



REVIEW IN THE FOLLOWING ORDER:

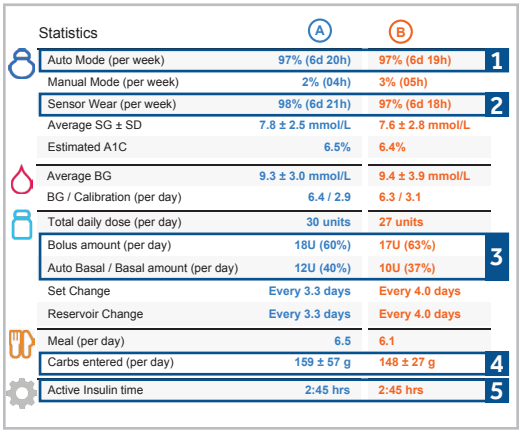
1) **Statistics:** Assess technology use,

2) **Auto Mode Exits:** Evaluate frequency and reason for exits,

3) **Time in Range:** Assess time spent in, above, and below target range,

4) **Percentile Comparison:** Assess overall glycaemia. Compare to previous download.

Statistics



1) **Auto Mode (per week) GOAL ≥ 80%**
Spending ≥ 80% of time in Auto Mode helps patient achieve Time in Range goal
   - **In Auto Mode < 80%:** Assess Sensor Wear time / reasons for Auto Mode exits

2) **Sensor Wear (per week) GOAL ≥ 85%**
Wearing sensor > 85% of time increases probability of achieving ≥ 80% time in Auto Mode
   - **Wear Time < 85%:** Address reasons (i.e., tape, comfort level changing sensor, etc.) and identify solution
   - **Wear Time ≥ 85% but < 80% time in Auto Mode:** Review Auto Mode exits (frequency & reasons)

Note: Technology effectiveness can be evaluated even if Auto Mode / Sensor Wear time are not ideal. Use Weekly Review report to identify **consecutive** days with most time in Auto Mode and re-run reports using only those days.

3) **Bolus / Basal** (per day) **Percentage GOAL: Bolus: 50-70% | Basal: 30-50%**
   - **Bolus is < 50%:** Assess carb intake. Low carb intake can result in lower bolus percentage
   - **Assess Carb entry:** If accurate, assess ICR

4) **Carbs entered** (per day) **GOAL: Reasonable & consistent with previous carb intake**
   - **Increased carbs:** May indicate improved carb counting, diet change or phantom carbs
   - **Phantom carbs:** Ask why / address issue (i.e., unrealistic expectation, insufficient food or correction bolus)

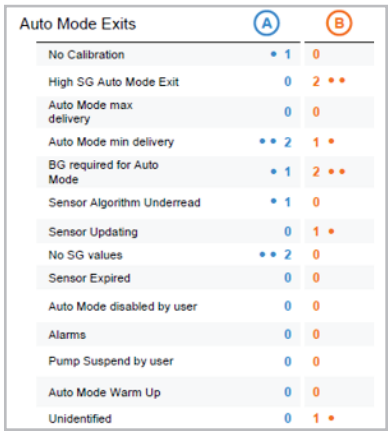
Statistics (continued)

5) **Active Insulin Time (AIT) GOAL: Appropriately set for correction bolus to deliver enough insulin to lower glucose to the 8.3 mmol/L correction target, without stacking insulin and causing lows.**

Correcting glucose to 8.3 mmol/L and allowing Auto Basal to gradually lower it to 6.7 mmol/L may take longer than when correcting to a lower target (i.e., 5.6 mmol/L), but it typically results in fewer lows and more time in range.

Recommended AIT Setting: 3-4 hours (at initiation). Rarely needs adjusting.
Note: AIT only affects a correction bolus amount if there is active insulin remaining from a previous bolus.

Auto Mode Exits GOAL: Minimise number and length of exits / Re-enter Auto Mode as soon as possible

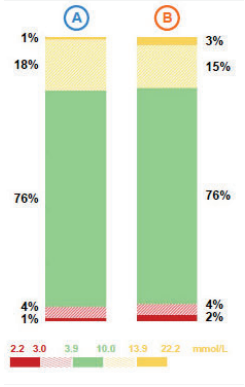


Fewer exits equate to more time in Auto Mode. Evaluate reasons for exits. Focus first on overnight exits and those within patient control:

- **Missed Calibration:** Coach patient to calibrate 3-4 times a day (i.e., before meals and bedtime) to help minimize overnight exits due to missed calibration.
- **High SG or Max delivery:** Coach patient to enter BG, give recommended correction dose and bolus before eating. Evaluate ICR.

Note: Each time a BG is entered, the Min and Max delivery times are reset. Entering a BG allows the Min and Max rate to continue to deliver for up to another (2½ and 4 hrs. respectively). This helps prevent Min and Max delivery exits.

Time in Range (3.9-10.0 mmol/L) GOAL: ≥ 70% time for 14 yrs and older | ≥ 65% time for ages 7-13 yrs



Evaluate time spent in each range:

- **Time in Range (3.9-10.0 mmol/L)**
  - If < 70% time spent in range (< 65% for 7-13 yrs), use Weekly Review report to evaluate cause of lows and highs.
- **Lows (3.1-3.8 mmol/L)**
  - If > 3% of time in low range, ask about phantom carbs, carb counting, exercise (use of Temp Target, supplemental carbs, etc.). Evaluate ICR accuracy.
- **Lows (< 3.1 mmol/L)**
  - If > 1% of time spent below 3.1 mmol/L, ask about phantom carbs, carb counting, exercise (use of Temp Target, supplemental carbs, etc.). Evaluate ICR accuracy.

Percentile Comparison GOAL: Stay within target range while minimising variability

Assess overall glycaemia and identify time-of-day patterns within blue shaded area.
If blue area shows persistent high or low periods, Review the Weekly Review Report to identify cause.