

# iLet Follow-Up Visit Guide: Optimizing Outcomes

Use the Bionic Report to assess the key areas below. Rather than emphasizing setting adjustments, fully adaptive insulin dosing allows you to educate the patient on best practices.

## 1. iLet Care & Maintenance

Basic iLet care is essential to avoid interruptions in therapy.

- Filled with Insulin
- Charged Battery
- Consistently connected to CGM

## 2. Responding to alerts appropriately

User's should respond promptly and take appropriate action.

- A glucose of >300mg/dL for >90 mins triggers the high alert. Ensure that the system is delivering insulin and the infusion site is viable. Some alarms will stop insulin delivery (e.g. occlusion alarm). Check for ketones if applicable.
- When treating lows, it is important to treat with an amount of carbohydrates that will return the glucose to 70-130 mg/dL. Overtreating lows could trigger insulin dosing and cause "roller coaster" glucose values.

- Don't pause insulin to treat lows.
- Treating lows while euglycemic and before receiving an alert could negatively impact the system's learning.

## 3. Announcing meals appropriately

Timely announcements with appropriate carb amounts are the most important user interactions for optimal outcomes.

- Meals should be announced up to 15 mins before eating or within 30 mins of starting to eat.
- Most meal announcements should be "Usual." If not, ensure that the rationale is appropriate.
- Misusing "Usual/More/Less" in an attempt to influence insulin delivery may provide short-term benefits but can lead to poor adaptation and increase glycemic variability.

After counseling on the above topics, consider adjusting the CGM Target if indicated. The iLet allows for 2 CGM Target profiles that can be adjusted under Therapy Settings.

<b>Lower 110 mg/dL</b>	Some patients may benefit from a lower Target during hours when meals are eaten.
<b>Usual 120 mg/dL</b>	Default starting CGM Target.
<b>Higher 130 mg/dL</b>	Not typically necessary unless the user is extremely insulin sensitive.
<b>Raising/Lowering the CGM Target</b>	<ul style="list-style-type: none"><li>• Raising the Target will trigger correction insulin later.</li><li>• Lowering the Target will trigger correction insulin earlier which closely counteracts carb intake.</li><li>• Raise the Target for drifting lows overnight.</li><li>• Lower the Target to improve time-in-range if there is no drifting hypoglycemia or if seeing lows after highs to trigger correction dosing earlier.</li></ul>

# Tips to help you have the best experience using the iLet.

Review the checked topics that your care team would like you to focus on.

## iLet Care & Maintenance

- Keep the iLet battery charged. Set an alarm as a reminder if needed. Charge 10-15 mins per day.
- Keep the iLet filled with insulin. Respond to low insulin alerts. Use an alarm to remind you if needed and keep back up supplies with you so you can replace your supplies when needed.
- Stay connected to CGM. Be sure to keep back up sensors on hand and always ask the manufacturer for a replacement if a sensor falls off or fails early.

## Breakfast, Lunch, & Dinner Announcements

### General:

- Announce **all** meals and snacks that contain enough carbs to require an announcement.
- Do not announce meals to correct highs. It's unsafe.** The iLet will correct highs automatically. If you need to take action, you will receive a high alert.

### Timing:

- Announce meals up to 15 mins before eating or within 30 mins of starting to eat.
- Avoid announcing more than 30 minutes after eating begins. Announcing late can stack insulin and lead to lows since the iLet may have already given correction insulin.

### Selecting Usual/More/Less:

- Select **"Usual"** for most meals.
- Select "Less" if the meal **has about half** the "Usual" carbohydrate amount.
- Select "More" if the meal contains about **1½ times** the usual carbohydrate amount.
- Announce only based on the amount of carbs in the meal, not the overall amount of food or fat/protein in the meal.

## Alerts, Alarms, & Best Practices for Treating Lows or Highs

### Lows:

- Wait for an iLet alert before treating a low. Eating carbs you didn't need will make the iLet learn incorrectly.
- Do not pause insulin to treat a low.** The iLet automatically stops insulin if your glucose is dropping rapidly or < 80 mg/dL.
- When you get a **low alert**, eat just enough carbs (5-15g depending on the alert) to bring your glucose back to **70-130 mg/dL** — but don't overdo it. Going high after a low can make the iLet give more insulin.

### Highs:

- Stay alert for a **high alert**.
  - You should take action and check if:
    - The infusion site is bad and needs to be changed
    - There is an alert/alarm that has stopped insulin delivery (e.g. occlusion alarm).

If you need help or have questions about how the iLet is working for you, call Customer Service at 1-855-745-3800, Option 1.