Healthcare professionals guide

MiniMed Go system for diabetes management

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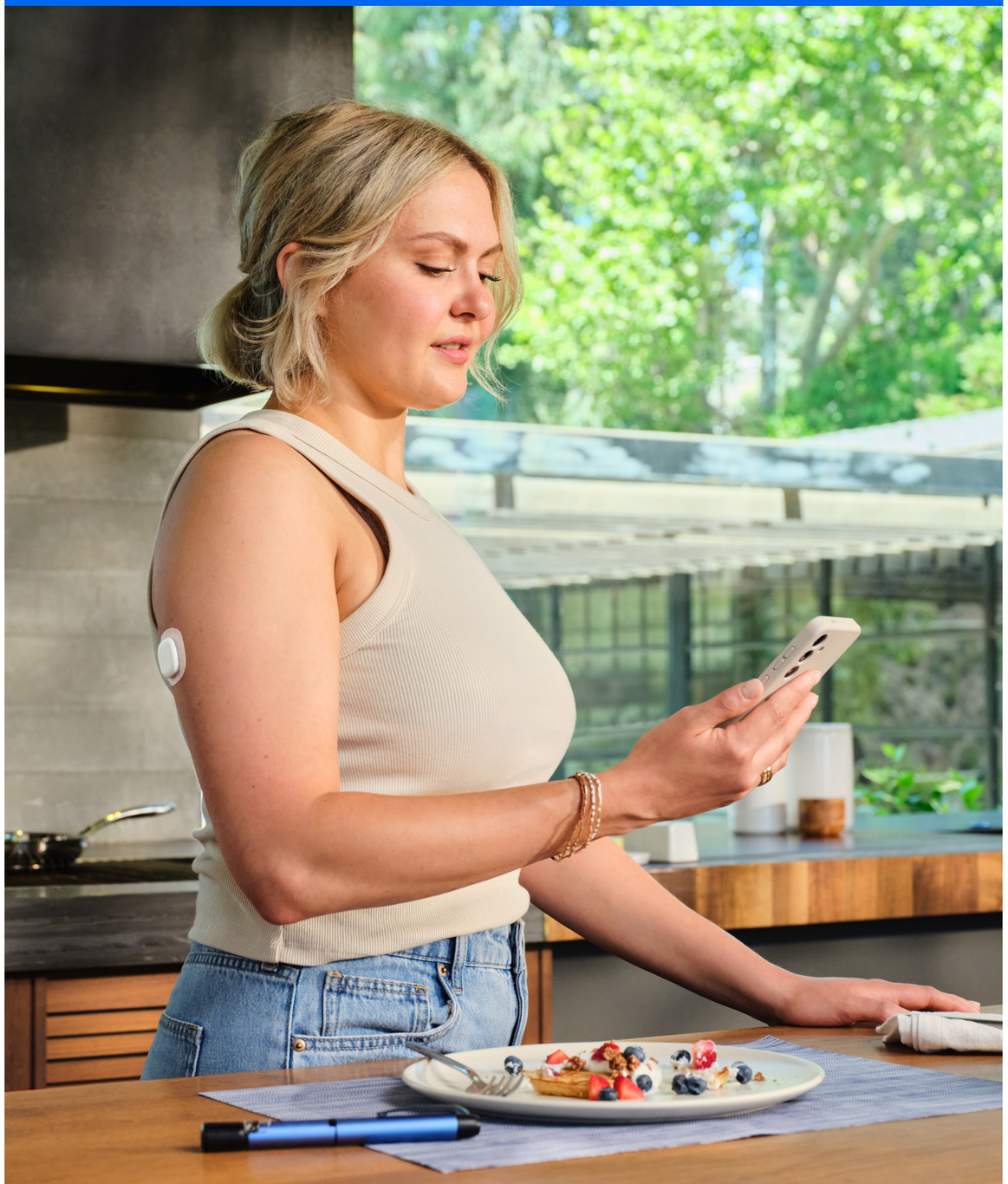
Meet the MiniMed Go™ system



Overview

This guide supports HCPs caring for MiniMed Go users by sharing practical tips, best practices, and research insights. Use your clinical expertise to tailor therapy settings, and refer to the MiniMed Go™ app and Instructions for Use.

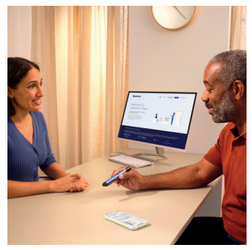
What are the challenges of multiple daily injections (MDI)?

Dose decision making

- Calculating doses that account for current glucose, upcoming carbs, and active insulin
- Remembering to take each dose
- Adjusting doses for meals, activity, and illness, adding complexity for both the person with diabetes (PWD) and clinicians

High and low management

- Managing hypo- or hyperglycemia between meals
- Translating glucose values for diabetes decisions
- Fear of hypoglycemia
- Difficulty estimating active insulin in the body



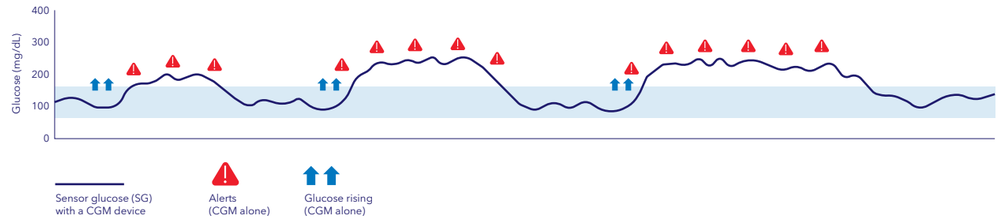
Availability of data to optimize therapy

- Limited objective and standardized data for therapy optimization
- Limited information on how to address educational and behavioral needs

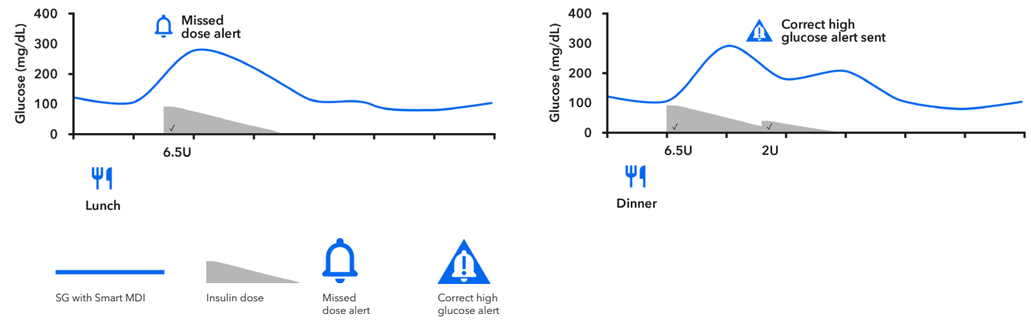
A new approach to MDI therapy

As demonstrated in the graph below, with continuous glucose monitoring (CGM) alone, alerts occur, but the action that needs to be taken is unclear.

Did the PWD miss a dose? Not take enough insulin? How much insulin is active if they did take a dose? As a result, this person's day is full of interruptions that do not provide actionable guidance.



The MiniMed Go system offers fully customizable glucose alerts to minimize alert fatigue. The MiniMed Go system provides real-time dosing guidance with fewer interruptions and more actionable insights.†[1]

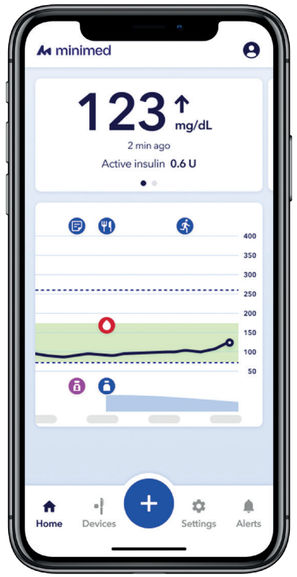


† Compared to CGM alone.

1. Smith MB, et al. Why CGM alone is not enough: low actionability of CGM alerts without considering impact of active insulin. Diabetologia. 2023;10.1007/00125-023-05969-6.

MiniMed Go system components

The system is composed of a smart insulin pen and a compatible sensor working together via the MiniMed Go app.



MiniMed Go app (compatible with iOS and Android)

InPen™ smart insulin pen

Instinct sensor

Simplera™ sensor

Apple Watch (optional)

System benefits

Assists with dose calculation:

- Tracks dosing data

Provides actionable alerts:

- Missed dose alert
- Correct high glucose alert

Offers three different Meal Therapy dosing options:

- Carb Counting
- Meal Estimation
- Fixed Dose

Easy access to data and insights through reports:

- Provides insights into overall diabetes management and PWD engagement
- Includes combined CGM and insulin delivery details

Indications for use

The MiniMed Go system is for single-patient use by people with diabetes who have a compatible iOS or Android device.

Instinct sensor

Instinct sensor with InPen smart insulin pen is indicated for diabetes patients aged 7+ or those aged 2–6 under adult supervision.

- Wear time: up to 15 days
- One-piece application
- One-hour warm-up
- Insertion site: back of upper arm

Simplera sensor

Simplera sensor with InPen smart insulin pen is indicated for diabetes patients aged 18+.

- Wear time: up to 6 days (followed by a 24-hour grace period)
- All-in-one design
- Two-hour warm-up
- Insertion site: back of upper arm

InPen™ smart insulin pen is indicated for ages 7+ or those aged 2–6 under adult supervision.

Meet the MiniMed Go system

MiniMed Go system setup

Getting started

Prescriptions required:

- InPen smart insulin pen: select insulin and color (see chart below)
- 3.0 mL U100 rapid-acting insulin cartridges
  - Humalog®
  - NovoLog®
  - Fiasp®
- Compatible sensors
- Pen needles
- Long-acting insulin if not already prescribed

Place orders directly via EMR/EHR to your preferred local pharmacy using the NDC codes below:

Color	Novolog® or Fiasp® U-100 3.0 mL	Humalog® U-100 3.0 mL
Blue	NDC 63000-082718	NDC 63000-082715
Gray	NDC 63000-082719	NDC 63000-082716
Pink	NDC 63000-082720	NDC 63000-082717

Long-acting insulin settings

Continue the user on their current long-acting dose.

If new to multiple daily injections (MDI), the long-acting insulin dose can be calculated in units per kilogram per day, for example:

Adults with T1D	0.2 units/kg/day[1]	**Adults with T2D**	0.1 units/kg/day or 10 units/day[1]
Prepubertal with T1D	0.2 units/kg/day[1]	**Children and adolescents with T2D**	0.25-0.5 units/kg/day[3]
Pubertal with T1D	0.3 units/kg/day[2]		

Use clinical judgment to determine starting settings. For example, individuals with insulin resistance may require higher doses of insulin.

Rapid-acting insulin settings

Carb ratio Insulin-to-carb ratio (ICR)	The insulin-to-carb ratio (ICR) indicates the number of grams of carbohydrate covered by one unit of insulin. If available, use existing carb ratios. If not, set according to practice protocols or calculate using standard formulas such as: 450/Total Daily Dose (TDD). TDD is the total average amount of long-acting and rapid-acting insulin the user takes each day. **Weight-based dosing[4]:** • 6 x weight in kg/TDD • 2.8 x weight in lb/TDD **T1D – prepubertal children:** **Individualize according to age and TDD. The ISPAD recommendations are[2]:** • 500/TDD for most children • 250–330/TDD for preschoolers Regardless of the Meal Therapy type selected, the carb ratio must be calculated and entered.
Insulin sensitivity factor (ISF)	Also known as correction factor, the ISF is the amount that blood glucose is lowered by one unit of insulin. Set according to your practice or follow accepted rules, such as the 1800 rule: • 1800/TDD.[5]
Glucose target	The glucose target is used by the dose calculator to determine the correction portion of the insulin dose. Set it according to your practice protocols or the individual user's needs. For example, consider a target of 100–110 mg/dL for a user with low incidence of hypoglycemia.
Active insulin time	Set as per the insulin manufacturer recommendations or use the following suggested values: • Rapid-acting insulin: 3–4 hours • Ultra-rapid-acting insulin: 2–3 hours
Maximum recommended dose	Set this number at the maximum dose an individual can safely receive in a single injection.
Meal Therapy	The dose calculator has three Meal Therapy options. Choose the one that best meets the user's current dosing needs for meals.

1. American Diabetes Association Professional Practice Committee. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes–2024. Diabetes Care. 2024 Jan 1;47(Suppl 1):S158–S178.
2. Cengiz E, Danne T, Ahmad T, Ayyavoo A, Beran D, Ehtisham S, Fairchild J, Jarosz-Chobot P, Ng SM, Paterson M, Codner E. ISPAD Clinical Practice Consensus Guidelines 2022: Insulin treatment in children and adolescents with diabetes. Pediatr Diabetes. 2022 Dec;23(8):1277–1296.
3. Urakami T. Treatment strategy for children and adolescents with type 2 diabetes based on ISPAD Clinical Guidelines 2022. Clin Pediatr Endocrinol. 2023;32(3):125–136.
4. Davidson PC, Hebblewhite HR, Steed RD, Bode BW. Analysis of guidelines for basal-bolus insulin dosing: basal insulin, correction factor, and carbohydrate-to-insulin ratio. Endocr Pract. 2008;14:1095–1101.
5. Hanas R, Adolfsson P. J Diabetes Sci Technol. 2017 Mar; 11(2): 247–252. Published online 2017 Mar 1.doi: 10.1177/1932296816661348.

MiniMed Go system setup

Meal Therapy options

	Who is it suggested for?	User responsibility	Setting up Meal Therapy
Carb Counting†	Users who are familiar with carbohydrate counting.	Enter the amount of carbohydrates to be consumed at each meal or snack.	Use existing carb ratios. If not available, calculate an ICR.
Meal Estimation	Individuals who prefer not to count carbohydrates or who prefer to estimate carbohydrate amounts; carb amounts can be customized or set to default values.	Select the relative carbohydrate content of the meal or snack: • Extra low carb • Low carb • Medium carb • High carb • Extra high carb	Determine the grams of carbohydrate consumed for the named values.
Fixed Dose	Individuals who do not count carbohydrates and those who have difficulty estimating carbohydrates consumed.	Take a fixed amount of insulin at each meal or snack: • Breakfast • Lunch • Dinner • Snack	Determine the number of carbohydrate servings consumed at these meals. One carbohydrate serving equals 15 grams of carbohydrate.

In all three therapy modes, the dose calculator will increase or decrease the dose based on active insulin and the current glucose level.

Therefore, using the dose calculator to obtain dose recommendations at mealtimes or between meals can be done safely while minimizing the risk of insulin stacking. An example of the Insulin Settings form is provided in the appendix on page 34.

† Most precise dosing option.

Example:

The ICR is 1 unit of insulin for every 10 grams of carbohydrate.

Meal Estimation

The initiation settings form allows you to select the defaulted estimated carb amounts (15, 30, 45, 60, and 75 grams) or a custom amount if individualized needs differ for each carb category.

Food portion of your insulin dose is based on the carb size of your meal

Carb size	☐ Custom	☐ Default‡
Extra low	grams	15 grams
Low	grams	30 grams
Medium	grams	45 grams
High	grams	60 grams
Extra high	grams	75 grams

Enter the carb sizes needed (at least 1)

Meal Estimation in action:
The system uses the programmed carb ratio to calculate the suggested meal dose of insulin based on carb size indicated.

For example:
Carb ratio: 10
Meal Estimation: Default settings

Low carb entered for breakfast:
3 units would be suggested if no correction is needed or active insulin is present

When managing therapy, the carb ratio can be adjusted to make the dose stronger or weaker.

Fixed Dose

The food portion of your dose is based on a fixed amount of carb for that meal

Meal	Grams
Breakfast	**30 grams**
Lunch	grams
Dinner	grams
Snack	grams

Determining settings:

Typical breakfast for user:

Two eggs 0 g of carbs

One piece of toast 15 g or one carb serving

One yogurt (6–8 oz) 15 g or one carb serving

30g would be programmed for breakfast.

If the user typically has a larger meal for lunch or dinner, consider increasing the carb amount assigned for that meal. For snacks, consider decreasing.

When managing therapy, if eating habits haven't changed, the carb ratio can be adjusted to make the doses stronger or weaker if there are highs or lows.

‡ These are the values the system defaults to, exercise your clinical judgement.

Use the MiniMed Go app default CGM settings

Use default settings: The settings below will be automatically be programmed

Low glucose alerts	High glucose alerts	
Low limit: 70 mg/dL	Day starts at 6:00 AM	Night starts at: 9:00 PM
Alert on low: ON	Missed dose: ON	No alerts: ON
Snooze: 20 min	Correct high glucose: ON	
High	Snooze: 2 hours	

The fixed urgent low glucose alert is always ON:

<55 mg/dL when using the Instinct sensor (manufactured by Abbott)

<64 mg/dL when using the Simplera sensor

An example of the Glucose Alerts and Settings form is provided in the appendix, on page 34, 35 and 36.

HCP expectations

- Encourage the use of the dose calculator at all meals and snacks, and administer correction doses where appropriate
- Reinforce the importance of responding to the Missed dose alert and the Correct high glucose alerts
- Evaluate CareLink reports to ensure the MiniMed Go system is being used appropriately

User expectations

- Enter the prescribed settings
- Use the dose calculator at meals and snacks
- Respond promptly to all actionable alerts
- Follow HCP recommendations

Respond to alerts
Missed dose alert

Notifies the user when the algorithm detects a rapid rise in sensor glucose (SG) and no recent dose of insulin has been logged

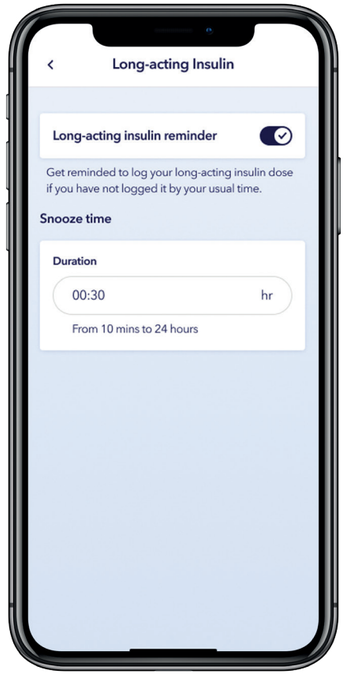
When the alert is triggered, the user should respond by selecting **Calculate dose**. A glucose value is not needed, manually enter the full amount of carbs consumed or the meal type.. **Administer the full suggested dose.**

Respond to alerts
Correct high glucose alert

Alerts the user when glucose is above the target and the dose calculator would recommend a correction dose to bring glucose back into range. It is triggered if the recommended dose is at or above the user's threshold for the **"Alert me when I need"** amount.

Alert me when I need ___ units (Ranges from 0.5 units to 30 units). Use the default calculated threshold. Adjust higher if the user is getting too many alerts and lower if they aren't notified early enough.

When this alert is triggered, the user can choose to **Calculate dose**.



Set the long-acting insulin reminder

This feature is especially helpful for users who may occasionally forget to take or log their long-acting insulin dose. By logging the dose, users can avoid unnecessary reminders, while those who forget will receive a helpful prompt to take and record their insulin.

Turn on the reminder if needed:

- Select **Settings** from the bottom of the **Home** screen
- Select **Alert and glucose settings**
- Under **Reminders** select **Long-acting insulin reminder** and toggle it on. Set the **Snooze** time duration

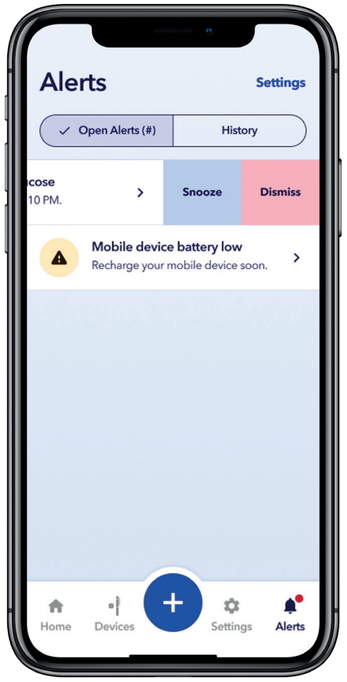
Log events

Users are encouraged to enter their long-acting insulin dose daily. Additional events can also be logged, such as blood glucose (BG) readings, carbs consumed to treat hypoglycemia, and exercise.

1. Tap the **Action** button
2. Tap **Log event**
3. Tap the event to log

Events that user can log:

- Rapid-acting insulin
- Long-acting insulin
- Blood glucose
- Carb
- Exercise
- Note



Dismiss alerts

Up to two alerts can appear on the lock screen of a mobile device. To see additional alerts, users can tap **Alerts** from the home screen to view. A red dot on the **Alerts** icon signals that there are open alerts needing attention.

Alerts are sorted by priority, with the most recent at the top. Swiping left on the alert allows you to snooze or dismiss it.

Use a BG meter reading during the first 12 hours of wearing a new sensor

Users will see the **Check BG** icon during the first 12 hours of wearing a new sensor

- Use a BG meter reading to make treatment decisions
- Do not use SG readings to make treatment decisions

MiniMed Go system setup confirmation

1. **Prescribed all necessary items:**
   - InPen smart insulin pen
   - 3.0 mL U100 rapid-acting insulin cartridges
   - Compatible sensors
   - Pen needles
   - Long-acting insulin
2. Provided the PWD with a copy of their MiniMed Go therapy settings
3. Scheduled a follow-up appointment within two weeks to review their CareLink report

Therapy management

How to get reports

Accessing data from MiniMed Go app is straightforward. Once accounts are linked, user information is available in CareLink Clinic.

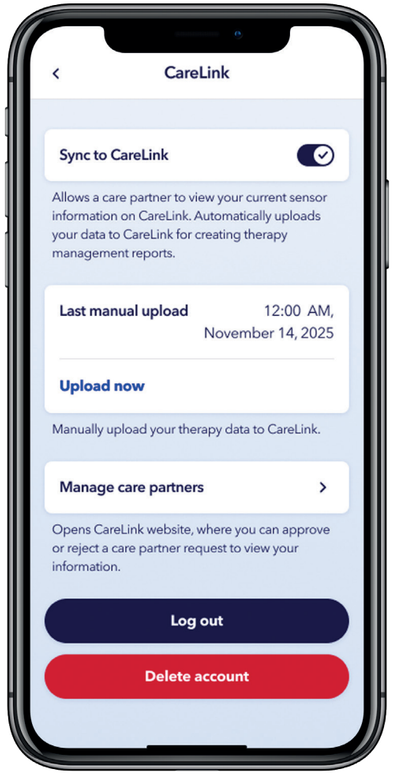
If you don’t have access to CareLink Clinic, contact your local MiniMed representative for assistance with setup.

Sync to CareLink™ in the app

If user data is not appearing, first confirm that the **Sync to CareLink** feature in the MiniMed Go app is enabled.

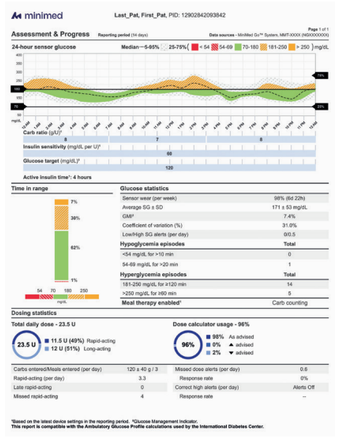
On the **Home** screen, tap the **Profile** menu, then tap **CareLink**, and confirm that the user is logged into **CareLink** and the **Sync to CareLink** feature is toggled on.

This feature allows for daily automatic uploads, ensuring efficient and timely access to user data.



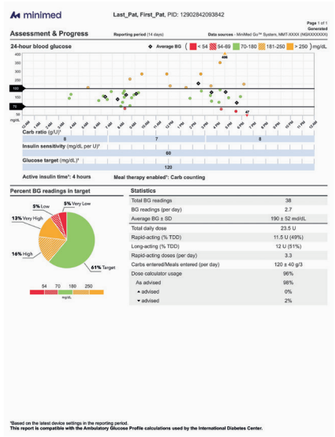
Most commonly used reports

- Allow a structured follow-up for optimal outcomes and system use
- Provide an assessment of Time in Range (TIR), user behaviors, and statistics
- Can display data in a 7, 14 (default), 30, or 90-day time frame



Assessment & Progress
24-hour sensor glucose

- Defaults to a 14-day single report
- Time period comparison is available
- Displays CGM, TIR, insulin, and behavior data

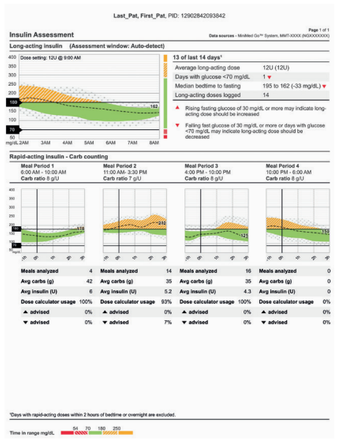


Assessment & Progress
24-hour blood glucose

- Displays BG, insulin, and behavior data
- If the user is not wearing CGM, this report is valuable for identifying trends in BG values

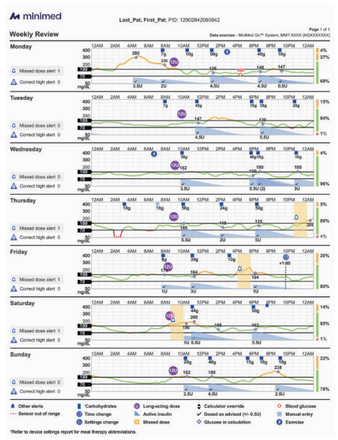
Daily Review

- Provides an overview of each individual day
- Offers a deeper dive into daily events
- Includes details such as override amounts for doses, making it useful for troubleshooting specific events



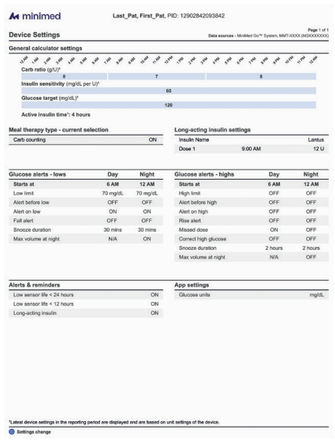
Insulin Assessment

- Based on CGM data and recorded insulin doses, this report is useful for assessing whether the long-acting insulin dose is appropriate, and for reviewing postprandial (after meal) glucose values



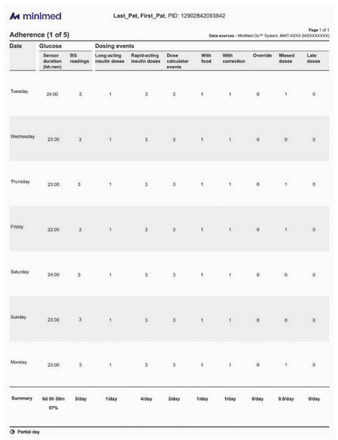
Weekly Review

- Helps fill in gaps and allows for a detailed review of the person's day-to-day diabetes management



Device Settings

- Displays the dose calculator and long-acting insulin settings, as well as alerts and reminders



Adherence

- Presents a summary of how the user is engaging with the system
- Details on sensor wear and dosing events are collected and summarized

Therapy management

3-step methodology

1 Review data | 2 Evaluate data and fine-tune | 3 Discuss changes and reinforce basics

CareLink reports can support users in meeting their individualized therapy goals. Start by evaluating TIR. If TIR is not at goal, first assess the overnight period for any hypoglycemia or hyperglycemia. Next, move on to evaluating postprandial (after-meal) glucose control. This assessment can be performed using the 3-step methodology:

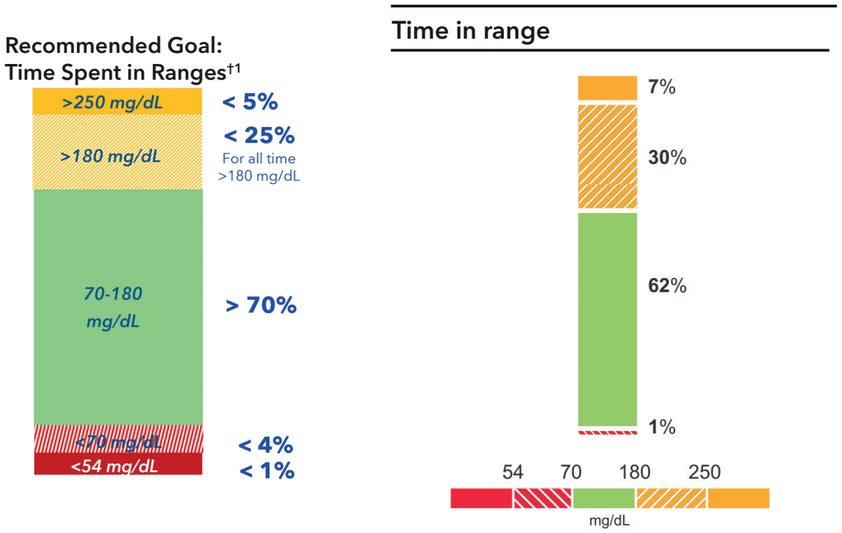
Here is a standard, systematic method to reviewing the reports:

1 Review data

Use the Assessment & Progress report to do the following:

- Assess overall glycemia
- Assess insulin data
- Review user engagement with the technology

Review first: Time in Range (TIR), Time Below Range (TBR), and Time Above Range (TAR)

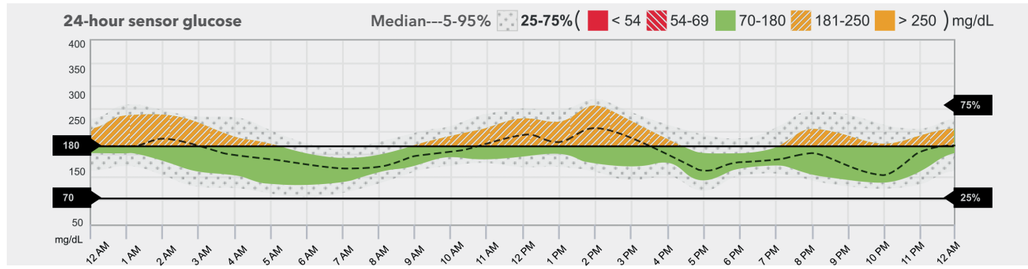


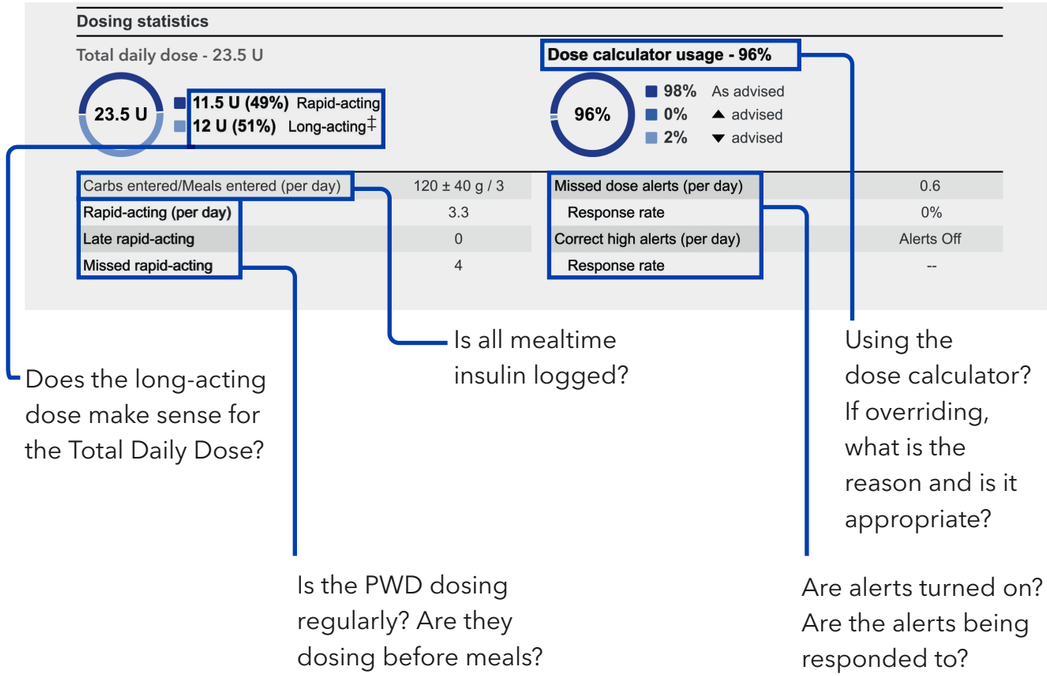
1. Battelino T, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations from the International Consensus on Time in Range. Diabetes Care 2019; 42: 1593-1603.

† Time in Range goals should be individualized to the user.

Therapy management

1 Review data | 2 Evaluate data and fine-tune | 3 Discuss changes and reinforce basics

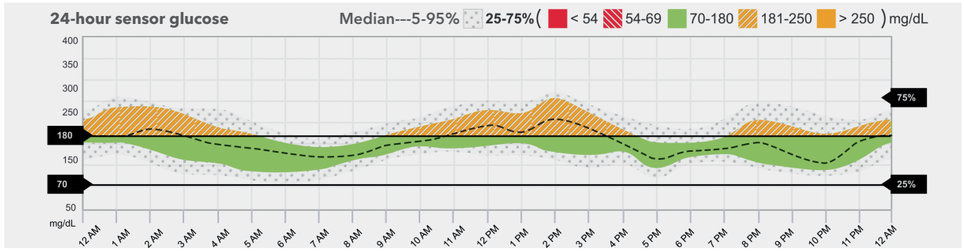




‡ The long-acting insulin dose is based on the number entered in the user's insulin settings.

2 Evaluate data and fine-tune

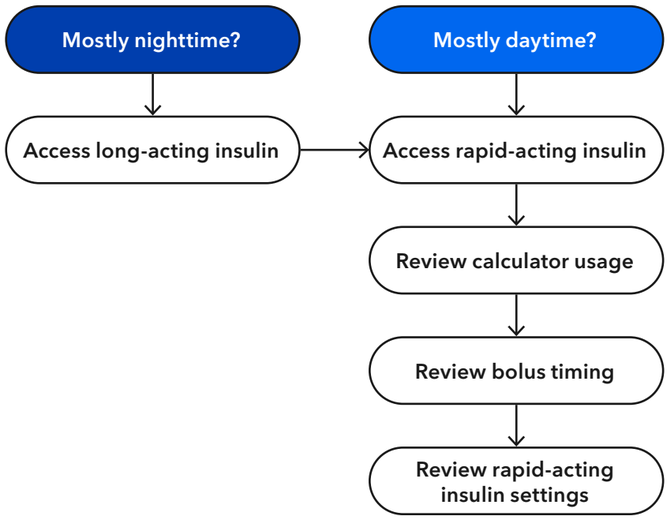
- Assess for hypoglycemia
- Assess for hyperglycemia
- If both require improvement, start first with hypoglycemia (TBR). Review the overnight period and then the periods before and after the meal



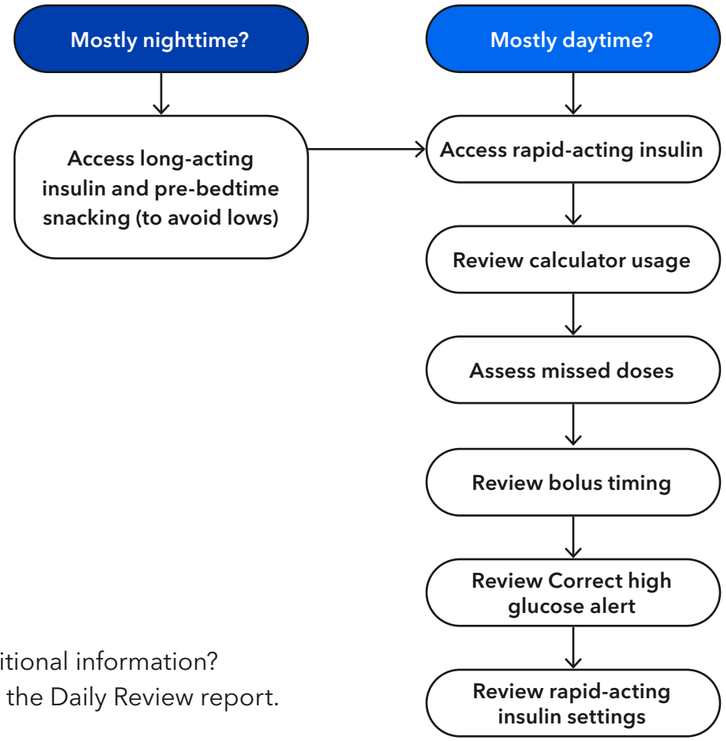
24-hour sensor glucose: Assess glucose patterns by time of day. The layout of this report is from midnight to midnight and helps identify patterns in hypo- or hyperglycemia.

Hypo and hyperglycemia flow charts

Too much time spent low?
(Usually 4% or more)



Too much time spent high?

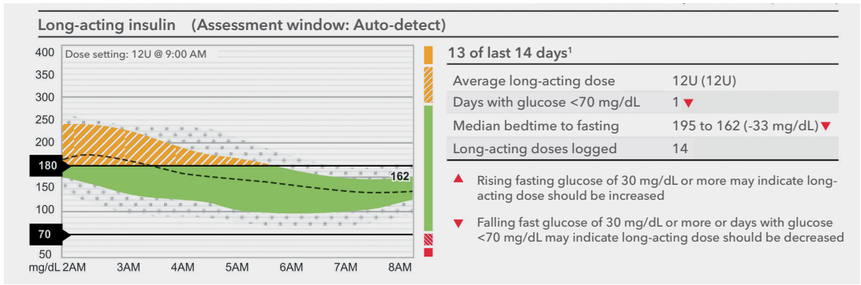


Need additional information?
Check out the Daily Review report.

General recommendations for interpretation

Always start by evaluating overnight first using the long-acting assessment chart (found on the Insulin Assessment report).

- Is there a change >30 mg/dL from bedtime to fasting morning values?
- How many days are morning glucose values <70 mg/dL?
- Is long-acting insulin reminder turned ON?



1 Review data | **2 Evaluate data and fine-tune** | 3 Discuss changes and reinforce basics

Is overnight hypoglycemia present?

If so, assess the following:

- Is the long-acting insulin dose too much?
- Are dinner or bedtime snack doses too high?
- Did the user exercise earlier?
- Was alcohol consumed?
- Is insulin sensitivity too strong for a correction taken before bed?

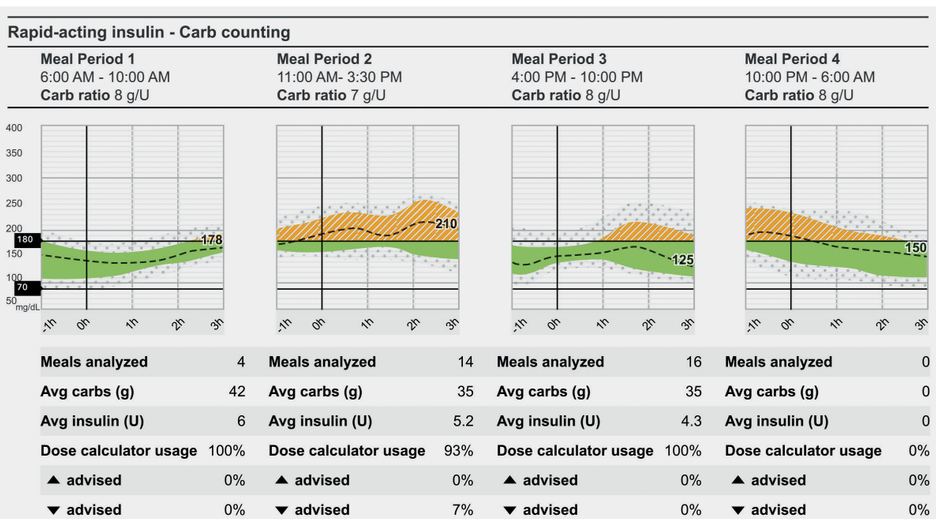
Is overnight hyperglycemia present?

If so, assess the following:

- Were long-acting doses missed or altered?
- Did the user snack before bed without an insulin dose?
- Was the dose calculator overridden?
- Is the insulin sensitivity and/or carb ratio too weak?
- Were CGM alerts missed or turned off?

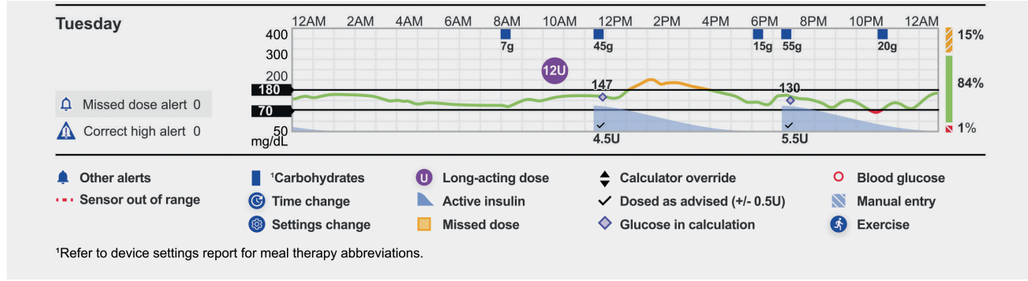
If the data indicates a need, address any necessary behavioral changes or adjust therapy settings accordingly.

Use the Insulin Assessment report along with the Weekly Review report to assess for hypoglycemia or hyperglycemia, meal timing, and behavior.



Weekly Review report

1 Review data | **2 Evaluate data and fine-tune** | 3 Discuss changes and reinforce basics



Is daytime hypoglycemia present?

If so, assess the following:

- Is the timing (before meals) of mealtime dosing appropriate?
- Is the dose calculator being used?
- If the dose calculator is being used, is the recommended dose being overridden?
- Does the carb ratio or insulin sensitivity need to be weakened?

Is daytime hyperglycemia present?

If so, assess the following:

- Is the dose calculator being used?
- If the dose calculator is being used, is the recommended dose being overridden?
- Is the Missed dose alert on during the day and if so, is the user responding to the alerts?
- Is the timing (before meals) of mealtime dosing appropriate?
- Was the Correct high glucose alert **ON** during the day and if so, is the user responding to it?
- Does the carb ratio or insulin sensitivity need to be strengthened?

3 **Discuss changes and reinforce basics**

Healthcare professional safety considerations

Ensure the user has the following supplies in the event of an emergency:

- Rapid-acting glucose
- BG testing supplies
- Urine or blood ketone monitoring supplies
- Short-acting insulin with dosage instructions
- Glucagon

Transition to automated insulin delivery (AID) therapy

As diabetes is a chronic condition, changes in therapy may be necessary to increase the chances of optimal glucose control over the lifetime of the PWD. The decision to change therapy modes may be based on any number of factors, including lifestyle, available technology, concomitant therapies, comorbidities, age, and available funding. The decision is ultimately made as a collaboration between the person with diabetes and their healthcare providers.

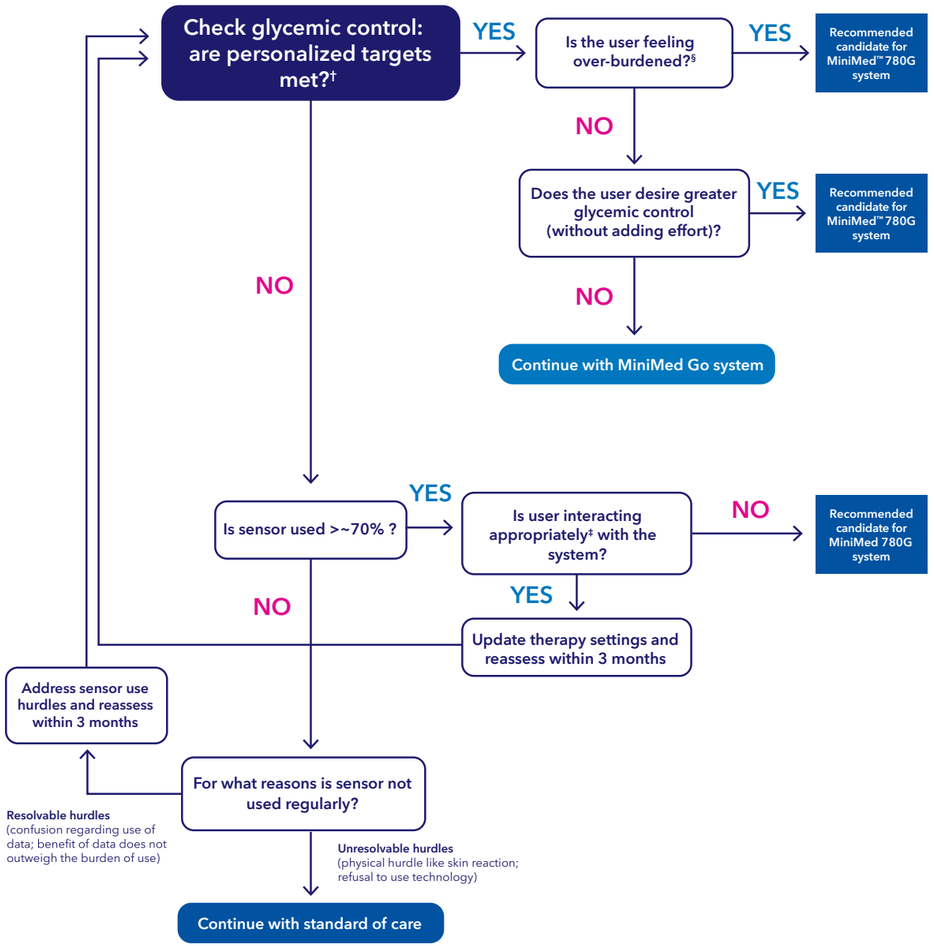
Next, we describe how the information provided by the MiniMed Go system can help you decide if and when a change in therapy is appropriate. Here, the CareLink reports unique to the system give valuable data on glycemic control, insulin dosing, and user behaviors that can guide therapy decisions and aid in a smooth transition to the MiniMed 780G system.

As with this entire practical guide, the suggestions herein are not prescriptive and serve only as proposals for your consideration. When choosing therapies and treating people with diabetes, healthcare professionals must always rely on their own clinical judgment.

MiniMed Go system setup

MiniMed Go system clinical assessment for insulin therapy transition

The flowchart below poses pertinent questions when assessing the therapy outcomes for the PWD. Factors to consider include clinical outcomes, sensor usage, user behavior, and therapy burden.



If goals are not reached by 6 to 9 months, it is recommended to initiate an insulin therapy transition.

† Those with excessive hypoglycemia may be good candidates to change to the MiniMed 780G system, but consider contributing factors for the hypoglycemia such as alcohol use disorder, exercise, etc.

§ Refer to the "Follow-up methodology" to assess user behavior and interaction with the system.

‡ Burden: Here we refer to the effort associated with administering multiple daily insulin injections.

Tips for a smooth transition to the MiniMed 780G system

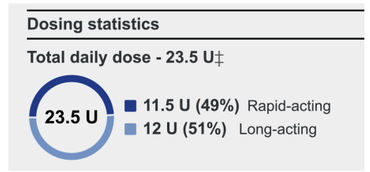
When a PWD has been identified to transition to the MiniMed 780G system, the following suggestions can help support a seamless transition from the MiniMed Go system.

The transition to the MiniMed 780G system is facilitated by the availability of key parameters already collected and reported by the MiniMed Go system, such as the total daily dose and insulin sensitivity factor.

The following MiniMed 780G system settings are suggested:

Insulin sensitivity factor (ISF)	ISF from the MiniMed Go system can be used
SmartGuard™ glucose target	100 mg/dL (as per recommended setting[1])
Active insulin time (AIT)	2 hours (as per recommended setting[1])
Sensor alert settings	Consider carrying over existing low alert settings from the MiniMed Go system, individualize as needed. The MiniMed 780G system will alert users if glucose levels have been 250 mg/dL or greater for three hours.
Manual hourly basal rate	Calculated as half of the total daily dose (TDD) divided by 24: Hourly basal rate = (TDD x 0.5)/24 Since the MiniMed Go system tracks the actual insulin amount delivered, a reduction in TDD when moving to the MiniMed 780G system is not suggested, unless there is there is a concern of hypoglycemia, where a 10% reduction is suggested

MiniMed Go system CareLink Assessment and Progress report:



1. Choudhary P, et al. Diabetes Technol Ther. 2024 Mar;26(53):32-37.

This transition is a good moment to reassess the meal management strategy based on current MiniMed Go system Meal Therapy modes and actual meal dosing behaviors. While Carb Counting has been shown to provide the best glycemic control, other users can reach glycemic targets with simpler meal announcement strategies[1]. Use the ICR from the MiniMed Go system, individualize settings as needed.

These are suggested settings to start on the MiniMed 780G system, but over time all settings can be adjusted. Refer to available training materials and contact your local Medtronic support for further information. It may be helpful to schedule the next follow-up appointment within 14 days to discuss and adjust the settings as necessary.

1. Petrovski G, Campbell J, Pasha M, et al. Simplified Meal Announcement Versus Precise Carbohydrate Counting in Adolescents With Type 1 Diabetes Using the MiniMed 780G Advanced Hybrid Closed Loop System: A Randomized Controlled Trial Comparing Glucose Control. Diabetes Care. 2023;46(3):544–550.

Appendix

Insulin Settings form

MiniMed Go™ System Settings

_____ / _____ / _____

Patient Name | Date of Birth

Long-acting Insulin Settings

Insulin Name: _____

Dose 1
Time: __ : __ AM/PM
Amount: ___ units

Dose 2 (If ordered)
Time: __ : __ AM/PM
Amount: ___ units

Scan QR code (for your phone type) to upload the MiniMed Go™ app

www.minimed.com/mmgo-apple | www.minimed.com/mmgo-google

Rapid-acting Insulin Settings

Carb Ratio
450/Total Daily Dose (TDD)†

Start Time	End Time	Setting
12:00 AM		g/unit

Insulin Sensitivity Factor
1800/Total Daily Dose (TDD)†

Start Time	End Time	Setting
12:00 AM		mg/dL /unit

Glucose Target

Start Time	End Time	Setting
12:00 AM		mg/dL

Additional settings recorded here:

Active Insulin Time: _____ hours _____ minutes **Max recommended dose:** _____ units

Meal Therapy: choose one meal therapy

○ **Carb Counting**

Food portion of your insulin dose is based on the grams of carbohydrates in your meal

No additional settings needed

OR

○ **Meal Estimation**

Food portion of your insulin dose is based on the carb size of your meal

Carb Size	☐ Custom	☐ Default
Extra Low	grams	15 grams
Low	grams	30 grams
Medium	grams	45 grams
High	grams	60 grams
Extra High	grams	75 grams

Enter the Carb Sizes needed (at least 1)

OR

○ **Fixed Dose**

Food portion of your dose is based on a fixed amount of carb for that meal

Meal	Grams
Breakfast	grams
Lunch	grams
Dinner	grams
Snack	grams

Glucose Alert Settings

Use default settings unless otherwise provided.

_____ _____ / _____ / _____

Healthcare Professional Signature | Today's Date

† If available, use current settings. If not set according to practice protocols or calculate using standard formulas.

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Instinct Settings form

MiniMed Go™ System - Glucose Alert Settings (Instinct sensor)

_____ _____ / _____ / _____

Patient Name | Date of Birth

_____ _____ / _____ / _____

Healthcare Professional Signature | Today's Date

☐ **Use default settings:** The settings below will automatically be programmed

Low glucose alerts
Low limit: **70 mg/dL**
Alert on low: **ON**
Snooze: **20 min**

High glucose alerts
Day starts at: **6:00 AM**
Missed dose: **ON**
Correct high glucose: **ON**
Snooze: **2 hrs**

Night starts at: **9:00PM**
No alerts **ON**

☐ **Enter settings:** Manually enter the settings marked below into the app

Low glucose alerts

☐ **Day and night OFF** (OFF)
Low limit _____ mg/dL
☐ Alert on low

☐ **Day and night ON** (ON)
Day starts at ____:____
Day low limit _____ mg/dL
☐ Alert on low
☐ Snooze _____ *(10 min-45 min)*

Night starts at ____:____
Night low limit _____ mg/dL
☐ Alert on low
☐ Max volume at night

High glucose alerts

☐ **Day and night OFF** (OFF)
High limit _____ mg/dL
☐ Alert on high

High glucose dosing alerts
☐ Missed dose
☐ Correct high glucose

☐ **Day and night ON** (ON)
Day starts at ____:____
Day high limit _____ mg/dL
☐ Alert on high

High glucose dosing alerts
☐ Missed dose
☐ Correct high glucose
☐ Snooze _____ *(10 min-3 hrs)*

Night starts at ____:____
Night low limit _____ mg/dL
☐ Alert on high

High glucose dosing alerts
☐ Missed dose
☐ Correct high glucose
☐ Max volume at night

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Simplera Settings form

MiniMed Go™ System - Glucose Alert Settings (Simplera sensor)

_____ _____ / _____ / _____
Patient Name Date of Birth

_____ _____ / _____ / _____
Healthcare Professional Signature Today's Date

☐ **Use default settings:** The settings below will automatically be programmed

Low glucose alerts
Low limit: **70 mg/dL**
Alert on low: **ON**
Snooze: **20 min**

High glucose alerts
Day starts at: **6:00 AM**
Missed dose: **ON**
Correct high glucose: **ON**
Snooze: **2 hrs**

Night starts at: **9:00PM**
No alerts **ON**

☐ **Enter settings:** Manually enter the settings marked below into the app

Low glucose alerts

☐ **Day and night OFF** OFF
Low limit _____ mg/dL
☐ Alert before low ____ min
☐ Alert on low
☐ Fall alert: ↓ or ↓↓ or ↓↓↓

☐ **Day and night ON** ON
Day starts at ____:____
Day low limit _____ mg/dL
☐ Alert before low ____ min (5-60 min)
☐ Alert on low
☐ Fall alert: ↓ or ↓↓ or ↓↓↓
☐ Snooze _____ *(10 min-45 min)*

Night starts at ____:____
Night low limit _____ mg/dL
☐ Alert before low ____ min (5-60 min)
☐ Alert on low
☐ Fall alert: ↓ or ↓↓ or ↓↓↓
☐ Max volume at night

High glucose alerts

☐ **Day and night OFF** OFF
High limit _____ mg/dL
☐ Alert before high ____ min
☐ Alert on high
☐ Rise alert: ↑ or ↑↑ or ↑↑↑

High glucose dosing alerts
☐ Missed dose
☐ Correct high glucose

☐ **Day and night ON** ON
Day starts at ____:____
Day high limit _____ mg/dL
☐ Alert before high ____ min (5-60 min)
☐ Alert on high
☐ Rise alert: ↑ or ↑↑ or ↑↑↑

High glucose dosing alerts
☐ Missed dose
☐ Correct high glucose
☐ Snooze _____ *(10 min-3 hrs)*

Night starts at ____:____
Night high limit _____ mg/dL
☐ Alert before high ____ min (5-60 min)
☐ Alert on high
☐ Rise alert: ↑ or ↑↑ or ↑↑↑

High glucose dosing alerts
☐ Missed dose
☐ Correct high glucose
☐ Max volume at night

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The MiniMed Go™ system with Instinct sensor, Instinct Go sensor and Simplera™ sensor

The MiniMed Go app is intended for use with the InPen smart insulin pen system and compatible continuous glucose monitoring (CGM) systems, namely, Simplera and Instinct (US; "Instinct Go" outside the US), to aid in diabetes management through multiple daily injections of compatible rapid-acting insulins. Both sensor types are indicated for use in the back of the upper arm, with Instinct having approximately twice the wear time of Simplera. Age indications vary per geography and sensor type.

The systems require, among other things, a prescription (US), adequate hearing, a compatible mobile device and operating system, an open app, adequate pairing and connectivity, use of an approved, rapid-acting insulin, mobile device battery power, proper settings, accurate manual logging of insulin doses administered by means other than InPen, and occasional blood glucose meter (BGM) readings.

Establishment of settings and treatment decisions should be made in consultation with a healthcare professional and on the basis of a combination of glucose readings, trend arrows, glucose target, active alerts, and recent events (such as insulin doses, exercise, meals, and medications). Failure to observe these and other details as found in the user guide can result in incorrect dosing, missed alerts and notifications, and ultimately hypoglycemia or hyperglycemia, with serious injury or death possible.

For complete details, consult the appropriate system and component user guides at https://www.medtronicdiabetes.com/support/download-library/user-guides, as well as https://bit.ly/GoSafety.

Notes

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Toll-free: 1 (800) 328-2518
(24-Hour Technical Support for physicians and medical professionals)

medtronicdiabetes.com