Patients can start either on pump or CGM first and transition quickly to full system use of pump with CGM. No evidence supports starting one before the other; this is usually a provider and/or patient preference. In some cases, pump and CGM therapy can be started simultaneously.

The table below provides an outline of a typical pump and CGM start as patients transition from multiple daily injections (MDI) or pump therapy to the MiniMed™ 670G system.

<table>
<thead>
<tr>
<th>TRANSITIONING PATIENTS TO THE MINIMED™ 670G SYSTEM FROM:</th>
<th>MDI</th>
<th>Pump Therapy</th>
</tr>
</thead>
</table>
| **Initial Pump Settings** *(Write orders for Manual Mode)* | Use standard formulas / guidelines to determine:  
- Basal rates, ICRs, ISFs, BG targets, AIT  
- Set up CareLink™ software account | Use current settings if glycemia is acceptable:  
- If experiencing frequent excursions, re-calculate settings using standard formulas  
- Set up CareLink™ software account |
| **Pump Start** | Comprehensive training:  
- Buttons, menu navigation, infusion set insertion, Diabetic Ketoacidosis (DKA) prevention, treatment of lows, sick-day management, etc | Teach new device:  
- Menus, buttons, use of Bolus Wizard™ feature, DKA prevention, etc. as needed |
| **Initial CGM Settings** *(Write orders for CGM)* | Setting recommendations:  
- Alert on low: ON  
- Suspend before low: ON  
- All other alerts: Off | Setting recommendations:  
- Alert on low: ON  
- Suspend before low: ON  
- All other alerts: Off |
| **CGM Start** | When ready, start CGM:  
- Comprehensive training on calibration, sensor insertion, taping, trends and alerts, etc.  
- Set up CareLink™ software account | If currently using a pump:  
- Start Manual Mode & CGM simultaneously and complete comprehensive CGM training as outlined for MDI |
| **Auto Mode Start** *(Write orders for Auto Mode Settings)* | Recommendations  
- Use Manual Mode at least 6-7 days and complete training before initiating Auto Mode  
- Manual Mode settings do not have to be tightly titrated, however they should provide safe, reasonable glycemic control with minimal risk for hypoglycemia  
- Consider strengthening ICR and decreasing basal rates by 10% if basal is > 50% of TDD  
- Assess for the following essential patient behaviors:  
  - Calibrates 3-4 times a day  
  - Uses pump & CGM appropriately  
  - Changes infusion site & sensor appropriately |  
- Gives corrections as instructed  
- Uploads to CareLink™ software  
- Enters carbs / boluses before eating |
| **Auto Mode Follow-up** | Frequent follow up is recommended at first to:  
- Assess patient understanding and address issues and questions  
- Review CareLink™ reports, evaluate glycemia, system use, and need for behavior or setting changes (Refer to AIM Methodology page 15 for guidelines on evaluating CareLink™ data)  
- Review percent of time spent in Auto Mode (goal > 80%)  
- Review time spent in range (70-180 mg/dL)  
  - ≥ 70% of time for ages 14 and older  
  - ≥ 65% of time for ages 7-13 yrs | |
AUTO MODE INITIATION

When patients transition from their current therapy to Manual Mode, the system begins recording all insulin delivery data. If patients have been practicing during training, clear all Active Insulin prior to initiating Manual Mode, as all recorded data should be actual therapeutic values (not practice values). Auto Mode can be initiated remotely or in person.

Requirements for Auto Mode Initiation

The following requirements are needed for the system to enter Auto Mode:

- A working Guardian™ Sensor 3
- At least 8 units / day TDD
- No more than 250 units / day TDD
- A current BG entered
- Programmed ICR and AIT
- A minimum of 48 hours of insulin history in Manual Mode (starts midnight after pump start) before Auto Mode can be turned ON

**Note:** Auto Mode cannot initiate if the system is delivering a bolus, a temp basal is running, or the pump is suspended.

Best Practices

Below is a list of best practices to enhance Auto Mode use:

- Provide guidelines on when patients should contact your office (i.e., ketones, extreme highs or lows, illness), the product trainer, or the Medtronic Helpline
- Collect at least 6 days of Manual Mode pump and CGM data before initiating Auto Mode
- Establish a CareLink™ data downloading schedule
- Evaluate reports to assess glycemia, time in range, patient understanding and use of system, and reasons for Auto Mode exits
- Make setting adjustments and coach patient on use of system as needed
- Schedule follow-up visit

**Note:** Since many patients are over-basaled and under-bolused, ICRs typically need to be strengthened and basal rates lowered (10%) once Auto Mode is initiated. Individuals with A1Cs > 9% may need additional adjustments to ICR sooner and more frequently as insulin sensitivity improves.