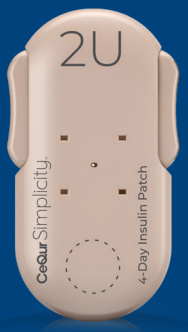


CeQur Simplicity™

The **4-day** mealtime insulin patch.

MEALTIME INSULIN **SIMPLIFIED**™

Dear mealtime insulin pen, I'm breaking up with you.

You just can't measure up to CeQur Simplicity™, the 4-day mealtime insulin patch. CeQur Simplicity is always on my side and improves my A1C and Time in Range. No more leaving the worksite to deal with you.

–RICH

The Challenge: *Insulin only works when used consistently*

Of the 29.7 million Americans diagnosed with diabetes, 2.4 million are on mealtime insulin[1,2]*

- Intensification of insulin therapy with mealtime dosing has proved to help people with diabetes achieve glycemic targets[3,4]

The Problem: *People on multiple daily injections (MDI) are missing insulin doses and not taking their insulin as prescribed*

Burdens associated with taking multiple injections include interference with daily activities, embarrassment, and injection pain.[5]

72%

Do not take insulin outside the home[6]

57%

Reported **missing injections** they knew they should take[5]

40%

Forgot their insulin[7]

Missed insulin doses raise A1C, which increases the risk of diabetes complications and the cost of care.[8,9†]

*Health Advances LLC. 2017 Simple Infusion Device Market Model, Health Advances interviews and analysis.

†Based on a 2006 survey of type 1 diabetes youth using CSII with suboptimal A1C levels ≥8 (n=48) in the US. Linear regression showed that at 3 months, there was a 0.92% increase in A1C for every 4 meal boluses missed.

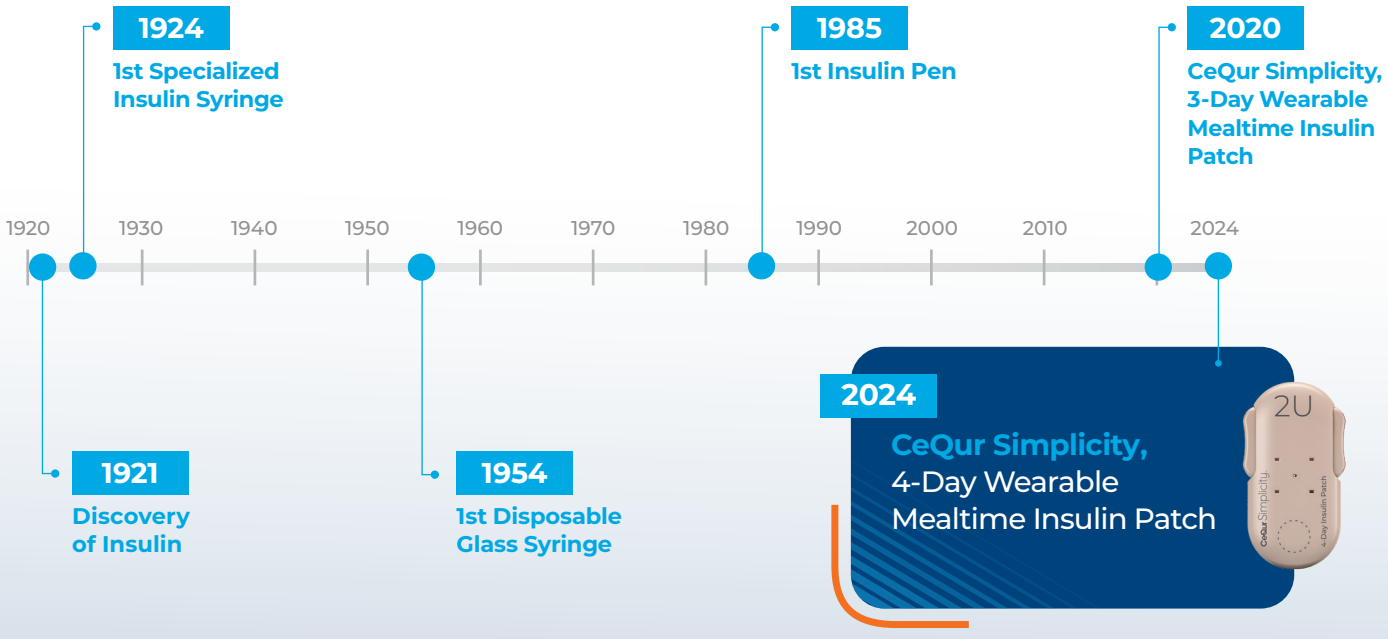
Insulin delivery hasn't been simple for people with type 2 diabetes (T2D) until now

Comparing 4 days of mealtime bolus dosing

Type	Therapy Over 4 Days‡	Per Year	Inject or Click?
Syringes	**12** Injections	**1095**	
Pens	**12** Injections	**1095**	
CeQur Simplicity™	**1** Insertion	**92**	

‡Regular basal doses are still needed; 12 injections are based on 3 meal boluses per day for 4 days.

Insulin delivery milestones for people with T2D[10]



Offering a first-in-class wearable option for delivering mealtime insulin

CeQur Simplicity is a simple, easy, and discreet alternative to MDI[11,12]

Injections

Syringes

Pens

CSII pumps

Programmable/ durable

Set rates/ disposable

CeQur Simplicity™

MEALTIME INSULIN **SIMPLIFIED™**

An insulin delivery device in a category all its own

- A bolus-only **wearable** insulin patch[11]
- It's **not a CSII pump**. It's simply a 4-day wearable mealtime insulin patch[11]
- For people over 21 years of age with T2D who want to be **more adherent** with their mealtime insulin
- Holds a maximum of **200 units** of rapid-acting insulin*

9 out of 10 patients said that they follow their insulin regimen **better with CeQur Simplicity**[13]

*Labeled for use with Humalog® U-100 and NovoLog® U-100

CeQur Simplicity offers advantages over syringes, pens, and pumps

Convenient

- Easy to apply, wear for up to 4 days
- Fits into patient's lifestyle
- Wearable while showering, sleeping, exercising, and swimming

Discreet

- Wear and dose under clothing
- One click administers 2 units of insulin
- Thin (<4 stacked quarters), compact (65 x 36 mm), and lightweight (10 gm)

Injection-Free

- Better adherence[11]
- Fewer injections: 1 patch replaces up to 12 mealtime injections, for ~90 fewer injections per month
- Less pain[11]

CeQur Simplicity is designed for safety

2-button safety mechanism ensures that dosing occurs only when intended[12]

Buttons lock when patch is empty or cannula is occluded[12]

Tactile and audible feedback indicates 2-unit delivery[12]

Adhesive designed to keep patch on skin for **up to 4 days**

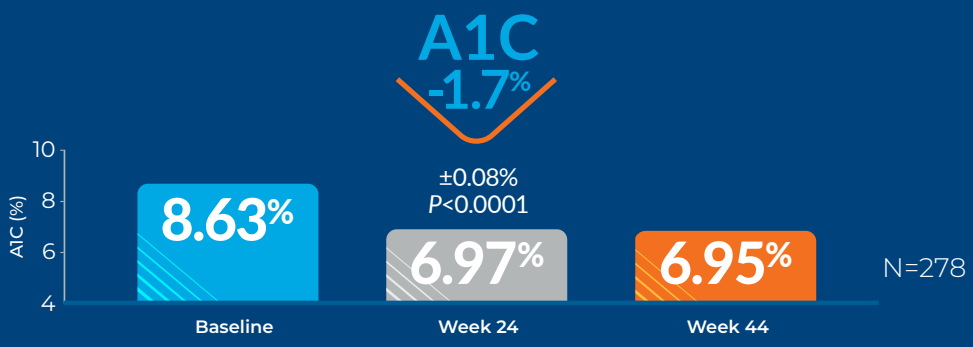
Water-resistant to a depth of 1 meter for up to 30 minutes

Use of CeQur Simplicity: Clinically shown to improve glycemic control[11,14]

With use of CeQur Simplicity, A1C target goals were achieved

Clinical Outcome Study Findings[11]

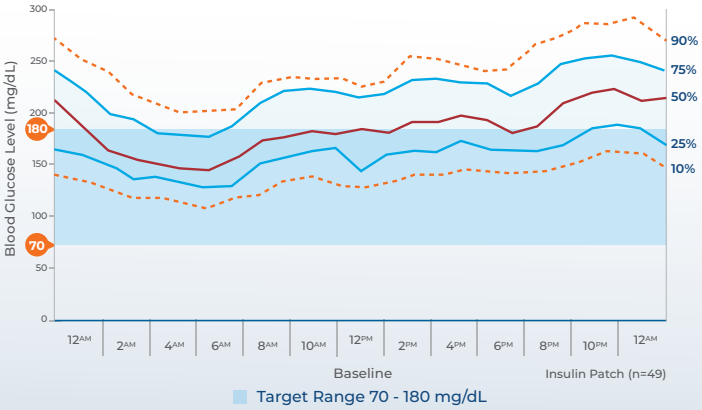
Mean A1C Was Reduced to Target Goal by Week 24 and Sustained at Week 44



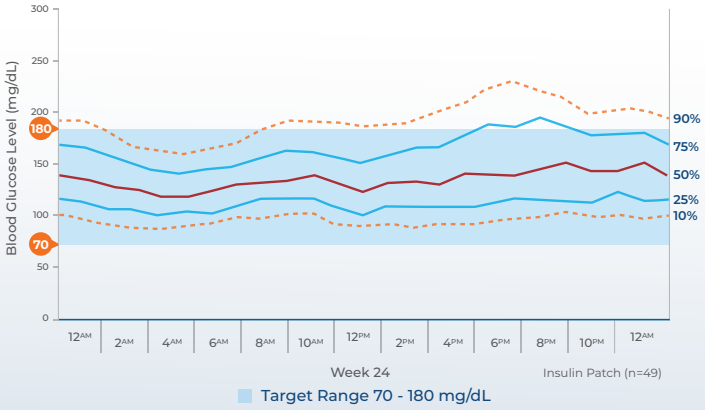
Results were comparable to pens.
Consistent A1C <7% supports HEDIS Comprehensive Diabetes Care measure.

After 24 weeks with CeQur Simplicity, **patients increased time-in-range (TIR) by 50%**[14]

Baseline: TIR = 48.4%



After 24 Weeks: TIR = 74.1%

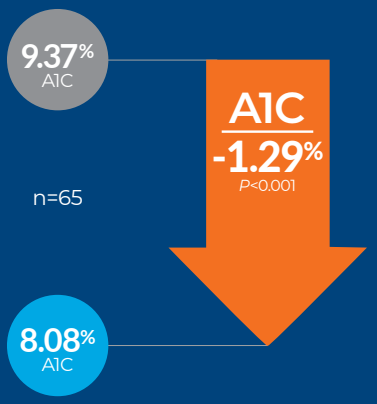


The International Consensus on Time in Range defines clinical target for TIR ≥70%, which is evidenced to be equivalent to an A1C of ≤7%.[15]

Real-world experience mirrors robust clinical data

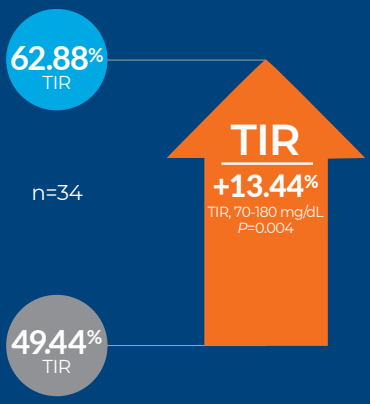
Real-world experience demonstrated significant A1C reduction in a retrospective chart review[1]

Baseline vs First A1C After Starting CeQur Simplicity



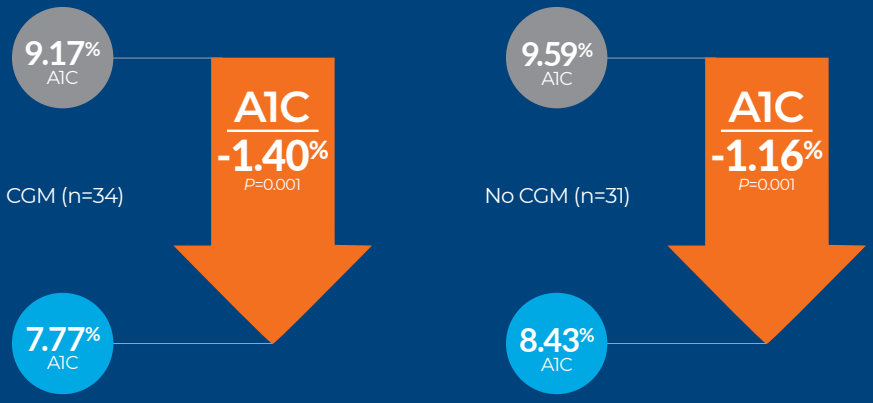
Using CeQur Simplicity reduced A1C by 1.29%

Patient TIR Results



Using CeQur Simplicity resulted in a 27% improvement in TIR

Baseline vs First A1C After Starting CeQur Simplicity: Continuous Glucose Monitoring (CGM) vs Non-CGM Users



A1C improved regardless of CGM use

CGM users experienced a nonsignificant (Δ-0.24%, *P*=0.622) benefit over non-CGM users.

Only patients with CGM data before and after using **CeQur Simplicity** were included in the CGM group.

The non-CGM group included 8 patients who started CGM after/with **CeQur Simplicity** and 2 patients who stopped using CGM.

Patient characteristics

- Assessed data on all CeQur Simplicity users from 4 centers
- 78 users were identified with a follow-up A1C
- 65 patients were included for analysis with a pre- and post-A1C (10 with type 1 diabetes and 55 with type 2 diabetes)
- 13 patients excluded (missed pre- or post-A1C)
- Mean age: 59.4 ± 13.9 years
- Mean duration of diabetes: 20.6 ± 10.7 years
- Treatments before starting CeQur Simplicity: Basal-only regimen (5 patients) and MDI (60 patients)
- CGM use: 34 patients

Patients prefer CeQur Simplicity to pens and syringes

Three clinical studies have confirmed that people with T2D strongly prefer CeQur Simplicity over other delivery methods.

In the human factor study, participants compared CeQur Simplicity to pens and syringes[13]:

98% said they could dose **discreetly** in public

95% said it was **easier** to dose insulin

In the randomized-controlled trial, participants compared CeQur Simplicity to insulin pens[11]:

90% said taking mealtime insulin was **painless**

92% said they were confident they dosed **correctly**

94% said they felt confident **managing** their insulin

In the real-world insulin delivery satisfaction survey, participants compared CeQur Simplicity to insulin pens, pumps, syringes, and inhaled insulin[16]:

94% said they were **completely** or **very satisfied** with CeQur Simplicity

93% said CeQur Simplicity is **better than** their previous method

All images are actor portrayals.

CeQur Simplicity redefines insulin delivery

Confidence comes quickly[13]

Most patients said they felt fully comfortable applying the patch after just 1-3 times.[13]

84% say training was EASY[13]

Most needed <30 minutes of training[13]

Easy to teach, easy to learn[11]

Patient training video available on
MyCeQurSimplicity.com/resources-support

English

Español

Scan here to watch our Quick Start Training Videos

*Identifying candidates for CeQur Simplicity**

Mike: Not at goal, struggles with adherence

- Diagnosed with T2D and not at goal A1C: 8.4; TIR: 41%
- Uses MDI and CGM
- Needs extra help with insulin adherence due to dietary noncompliance

Jim: New to basal/bolus, dislikes injections

- Diagnosed with T2D, on basal, and advancing to basal/bolus therapy
- Uses CGM
- TIR has been decreasing (from >70% to ~60% over the past year)

Isabella: At goal, but needs an easier option

- Diagnosed with T2D and at goals: A1C <7%; TIR >70%
- Uses insulin pens or syringes and vials for MDI
- Looking for an easier mealtime insulin delivery option

These patients sometimes skip mealtime insulin doses because they[5,17,18]:

- Dislike injections
- Forget syringe/pen at home
- Find it difficult to inject at work
- Are embarrassed to inject in public
- Want to carry fewer items daily
- Are increasingly challenged to administer syringes/pens due to aging

*Patient photos and data portray appropriate candidates for CeQur Simplicity and do not represent actual patients.

Getting patients started with CeQur Simplicity

Prescribe for your patients:

1. CeQur Simplicity 2U 4-Day, 8-Pack

CeQur Simplicity is covered on most commercial and Medicare Part D insurance plans as a pharmacy benefit

2. CeQur Simplicity Inserter Kit

Includes a reusable Inserter and Quick Start Guide

3. A vial of rapid-acting insulin

Labeled for use with Humalog® U-100 and Novolog® U-100. Insulin sold separately

Inserter Kits are available from your CeQur representative or by calling the CeQur Cares™ team at **1-888-55-CeQur (1-888-552-3787)**

In a study, most patients quickly and easily learned how to use CeQur Simplicity.[13]

Humalog® is a registered trademark of Eli Lilly and Company. NovoLog® is a registered trademark of Novo Nordisk A/S.

References:

1. Data on File at CeQur. **2.** Centers for Disease Control and Prevention. National Diabetes Statistics Report. Updated November 29, 2023. Accessed May 1, 2024. https://www.cdc.gov/diabetes/data/statistics-report/index.html. **3.** Hanefeld M. Use of insulin in type 2 diabetes: what we learned from recent clinical trials on the benefits of early insulin initiation. *Diabetes Metab*. 2014;40(6):391-399. **4.** Hirsch IB, Bergenstal RM, Parkin CG, Wright E Jr, Buse JB. A real-world approach to insulin therapy in primary care practice. *Clin Diabetes*. 2005;23(2):78-86. **5.** Peyrot M, Rubin RR, Kruger DF, Travis LB. Correlates of insulin injection omission. *Diabetes Care*. 2010;33(2):240-245. **6.** Grabner M, Chen Y, Nguyen M, Abbott SD, Quimbo R. Using observational data to inform the design of a prospective effectiveness study for a novel insulin delivery device. *Clinicoecon Outcomes Res*. 2013;5:471-479. **7.** Randløv J, Poulsen JU. How much do forgotten insulin injections matter to hemoglobin a1c in people with diabetes? A simulation study. *J Diabetes Sci Technol*. 2008;2(2):229-235. **8.** Chase HP, Horner B, McFann K, et al. The use of insulin pumps with meal bolus alarms in children with type 1 diabetes to improve glycemic control. *Diabetes Care*. 2006;29(5):1012-1015. **9.** Top 10 most expensive chronic diseases for healthcare payers. Health Payer Intelligence. Accessed May 4, 2023. https://healthpayerintelligence.com/news/top-10-most-expensive-chronic-diseases-for-healthcare-payers **10.** Kesavadev J, Saboo B, Krishna MB, Krishnan G. Evolution of insulin delivery devices: from syringes, pens, and pumps to DIY artificial pancreas. *Diabetes Ther*. 2020;11(6):1251-1269. Accessed March 18, 2024. **11.** Bergenstal RM, Peyrot M, Dreon DM, et al. Implementation of basal-bolus therapy in type 2 diabetes: a randomized controlled trial comparing bolus insulin delivery using an insulin patch with an insulin pen. *Diabetes Technol Ther*. 2019;21(5):273-285. **12.** Dreon DM, Hannon TM, Cross B, et al. Laboratory and benchtop performance of a mealtime insulin-delivery system. *J Diabetes Sci Technol*. 2018;12(4):817-827. **13.** Zraick V, Dreon D, Naik R, et al. Patient user experience evaluation of bolus patch insulin delivery system. Poster presented at: American Diabetes Association 76th Scientific Sessions; June 10-14, 2016; New Orleans, LA. **14.** Bergenstal RM, Johnson ML, Aroda VR, et al. Comparing patch vs pen bolus insulin delivery in type 2 diabetes using continuous glucose monitoring metrics and profiles. *J Diabetes Sci Technol*. 2022;16(5):1167-1173. **15.** Battelino T, Danne T, Bergenstal RM, et al. Clinical targets for continuous glucose monitoring data interpretation: recommendations from the International Consensus on Time in Range. *Diabetes Care*. 2019;42(8):1593-1603. **16.** Isaacs D, Kruger DF, Shoger E, Chawla H. Patient perceptions of satisfaction and quality of life regarding use of a novel insulin delivery device. *Clin Diabetes*. 2023;41(2):198-207. **17.** Peyrot M, Barnett AH, Meneghini LF, Schumm-Draeger PM. Insulin adherence behaviours and barriers in the multinational Global Attitudes of Patients and Physicians in Insulin Therapy study. *Diabet Med*. 2012;29(5):682-689. **18.** Munshi MN, Slyne C, Greenberg JM, et al. Nonadherence to insulin therapy detected by bluetooth-enabled pen cap is associated with poor glycemic control. *Diabetes Care*. 2019;42(6):1129-1131.

Here to support your patients with getting started

CeQur Cares™

[We Care For You]

When your patients register with CeQur Cares, they'll receive:

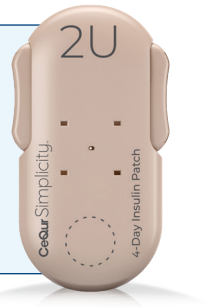
- **One-to-one virtual training** with our diabetes specialists
- Supplemental **virtual** patch-change support
- **Ongoing personal support** from our diabetes specialists
- **Resources and tips** for using CeQur Simplicity

Contact the CeQur Cares team.
We're here to support your patients and practice.

Copay Savings Card

For patients who have a high copay or if CeQur Simplicity is not covered by their commercial insurance, our pharmacy savings program may help.*

To find more information, visit: myceqursimplicity.com/savings



Questions? We're here to help you and your patients

For you and your practice:
- Product and training support

For your patients:
- Product support
- Benefits verification
- Insurance and access support

Call CeQur Cares for support:
1-888-55-CeQur
(1-888-552-3787)
cequrcare@cequr.com

Hours of operation:
Monday–Friday,
9:00 AM–6:00 PM ET

Visit our website:
MyCeQurSimplicity.com

CeQur Simplicity™
MEALTIME INSULIN SIMPLIFIED™

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