

### **CeQur** Simplicity...

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

MEALTIME INSULIN **SIMPLIFIED**™



## The Challenge: Insulin only works when used consistently



### Of the 29.7 million Americans diagnosed with diabetes, ~4 million are on mealtime insulin<sup>1,2\*</sup>

 Intensification of insulin therapy with mealtime dosing has proved to help people with diabetes achieve glycemic targets<sup>3,4</sup>

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

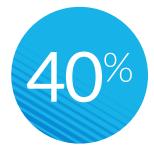
Burdens associated with taking multiple injections include interference with daily activities, embarrassment, and injection pain.<sup>5</sup>



**Do not** take insulin outside the home<sup>6</sup>



Reported **missing injections** they knew they should take<sup>5</sup>



Forgot their insulin<sup>7</sup>



Missed insulin doses raise A1C, which increases the risk of diabetes complications and the cost of care.8,91

<sup>\*</sup>Seagrove Partners; The Diabetes Forum: 2022 Insulin Pump Market Primer analyst report.

 $<sup>^{\</sup>dagger}$ Based on a 2006 survey of type 1 diabetes youth using CSII with suboptimal A1C levels  $\geq$ 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.

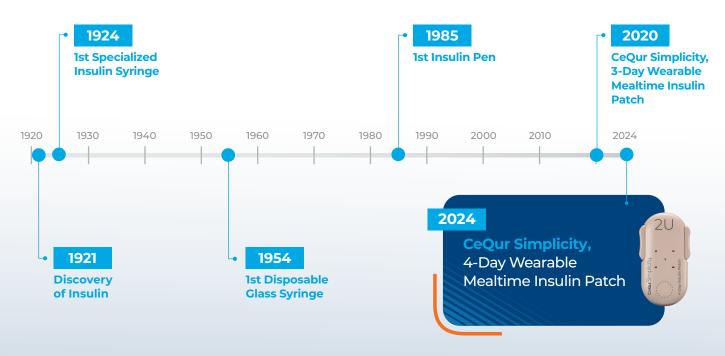
# Insulin delivery hasn't been simple for people with type 2 diabetes (T2D) until now

### Comparing 4 days of mealtime bolus dosing



<sup>&</sup>lt;sup>‡</sup>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 T2D10



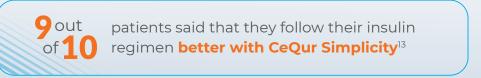
## Offering a first-in-class wearable option for delivering mealtime insulin

### CeQur Simplicity is a simple, easy, and discreet alternative to MDI<sup>11,12</sup>



### An insulin delivery device in a category all its own

- An on-demand bolus-only wearable insulin patch<sup>11</sup>
- Consider for your patients who:
  - Are **not adherent with pens** and missing glycemic targets
  - Dose consistently with pens but want an insulin delivery device to better fit their lifestyle
  - Struggle or don't prefer managing the complexities of continuous subcutaneous insulin
    infusion (CSII) pump therapy



## 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
- Holds a maximum of 200 units of rapid-acting insulin<sup>§</sup>



### 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 adherence11
- Fewer injections: 1 patch replaces up to 12 mealtime injections, for ~90 fewer injections per month
- Less pain<sup>11</sup>

### CeQur Simplicity is designed for safety



**2-button safety mechanism** ensures
that dosing occurs only
when intended<sup>12</sup>



**Buttons lock** when patch is empty or cannula is occluded<sup>12</sup>



Tactile and audible feedback indicates 2-unit delivery<sup>12</sup>



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



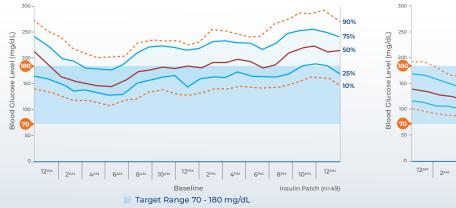
Water-resistant to a depth of 1 meter for up to 30 minutes

## Use of CeQur Simplicity: Clinically shown to improve glycemic control<sup>11,14</sup>



### After 24 weeks with CeQur Simplicity, patients increased time-in-range (TIR) by 50%<sup>14</sup>







The International Consensus on Time in Range defines clinical target for TIR  $\geq$ 70%, which is evidenced to be equivalent to an AIC of  $\leq$ 7%. <sup>15</sup>

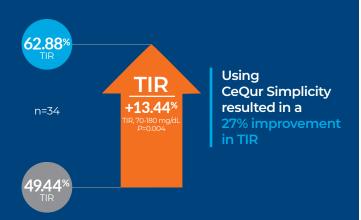
### Real-world experience mirrors robust clinical data

### Real-world experience demonstrated significant AIC reduction in a retrospective chart review<sup>1</sup>

### Baseline vs First A1C After Starting CeQur Simplicity



#### **Patient TIR Results**



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



### AIC improved regardless of CGM use

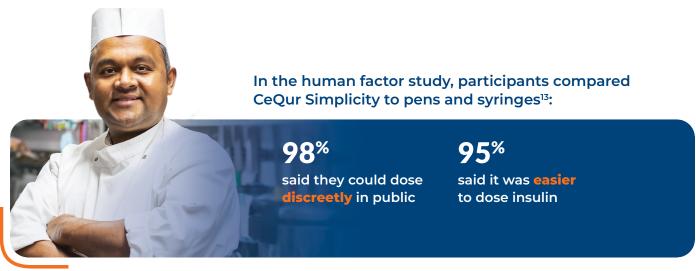
CGM users experienced a nonsignificant (Δ-0.24%, *P*=0.622) benefit over non-CGM users.
Only patients with CGM data before and after using **CeQur Simplicity** were included in the CGM group.
The non-CGM group included 8 patients who started CGM after/ with **CeQur Simplicity** and 2 patients who stopped 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-AIC (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.







## CeQur Simplicity redefines insulin delivery

## Confidence comes quickly<sup>13</sup>

Most patients said they felt fully comfortable applying the patch after just 1-3 times.<sup>13</sup>







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







Español

Scan here to **watch** our Quick Start Training Videos

## Identifying candidates for CeQur Simplicity<sup>1</sup>



### 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)
- Struggles with technology



### Isabella: At goal, but wants 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 to better fit her lifestyle

#### These patients sometimes skip mealtime insulin doses because they<sup>5,17,18</sup>:

- 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

## Getting patients started with CeQur Simplicity

#### Prescribe for your patients:



### CeQur Simplicity 2U 4-Day, 8-Pack

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



### CeQur Simplicity Inserter Kit

Includes a reusable Inserter and Quick Start Guide



### 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.<sup>13</sup>

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

#### 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



### When your patients register 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 CeOur 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



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