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'Closest To What The Pancreas Would Actually Do': Medtronic Diabetes Execs On Marketing Plans For MiniMed 780G

Discuss Plans For MiniMed 780G, One-StopShopping For Diabetes Tech

by [Marion Webb](#)

In this third Exec Chat with leaders at major diabetes companies that presented at ADA's Scientific Sessions 2023, *Medtech Insight* interviewed Medtronic diabetes business leaders Ali Dianaty and Jennifer McVean about the company's marketing strategy for the recently launched MiniMed 780G with meal detection technology, plans for the Simplera disposable CGM, outlook on the consumer market, and more.

[Medtronic plc](#)'s recently announced Medicare and Medicare Advantage coverage for its next-generation MiniMed 780G insulin pump marks another milestone on the road to reviving its diabetes business.

In an interview at the American Diabetes Association's annual conference, two Medtronic diabetes executives were optimistic about prospects for the company's next-generation MiniMed 780G insulin pump. After years of delay, the pump was finally approved by the US Food and Drug Administration in April for people with type 1 diabetes over the age of 7. (Also see "[Minute Insight: Medtronic Received Medicare Coverage For New MiniMed 780G Insulin Pump](#)" - Medtech Insight, 11 Jul, 2023.)

It was the same sentiment expressed by Medtronic's management team in a meeting with investors at the event.

"780G is a very important step in the turnaround of the US business," said Que Dallara, president of Medtronic's Diabetes business. "It's going to take us some time to rebuild our install base. We

have had attrition in prior years, of course. Europe, outside the US, is doing really well, but it's going to take time for us to make patients and HCPs aware of the system, what it does, the benefits, and then rebuild our install base." (Also see "[Talking ATTD, 780G, Rumors And Missteps With Medtronic's Diabetes Leaders](#)" - Medtech Insight, 8 Mar, 2023.)

Ali Dianaty, senior vice president of product innovation and operations at Medtronic Diabetes, and Jennifer McVean, senior medical affairs director at Medtronic Diabetes, pointed *Medtech Insight* to the positive clinical and real-world data supporting the MiniMed 780G system paired with the Guardian 4 continuous glucose monitor (CGM). They highlighted new features such as meal detection technology that automatically adjusts and corrects sugar levels every five minutes. (Also see "[Medtronic's 780G – Finally! – Gets FDA Approval](#)" - Medtech Insight, 25 Apr, 2023.)

"The MiniMed 780G is really quite revolutionary," McVean said. "Because of its ability to target 100 mg/dL [milligrams per deciliter] and autocorrect every five minutes, it can really tackle hyperglycemia."



Source: Medtronic Diabetes

Available in Europe since 2020, the system features the lowest glucose target setting in any automated insulin pump on the market.

One analysis, presented by McVean at the ADA conference, homed in on the impact of the 780G on more than 3,500 children under the age of 15 in Europe, the Middle East and Africa. The data, which was uploaded from August 2020 to September 2022, showed "overall the children did quite well [in terms of time in range], but they did even better with the recommended settings," McVean said.

The results showed the 780G helped children in Europe, the Middle and Africa achieve average time spent within a healthy glucose range of 73.9% for all users regardless of settings and climbed to 78.9% when children used the system's recommended settings. Similarly, children in Latin America achieved a higher average time in range when they used the recommended settings – 78.2% versus 74.2% regardless of settings, the analysis showed.

"What this is telling us is as we increase the amount of automation with the system, the patients do better," McVean said. "Less for the patient to do, more for the system to do, and the system is doing that in the background. The patient doesn't have to worry about that."

Another study presented at the ADA, by diabetologist Goran Petrovski from Sidra Medicine at Weil Cornell, focused on adolescents who also used the pre-settings in the 780G versus entering a precise number of carbohydrates for their meals. The results showed that the simplified carb entry helped participants maintain international targets for glycemic control – time in range of 72.7% – and reduced time above 250 mg/dL from 28.3% to 5.3% at six months. (Also see "[Medtronic MiniMed 780G Data Shows Simplified Meal Management Helps Users With Glycemic Target](#)" - Medtech Insight, 23 Jun, 2023.)

Medtronic's Ali Dianaty said [#ADA2023](#) focus is on creating awareness, present data on new MiniMed 780G rolled out to early adopters May. Target MDI, people on competitive systems, MiniMed users up for renewal. [#diabetes](#) [#type2diabetes](#) [#medtech](#) pic.twitter.com/l2ZoXjZpFa

— Marion Webb (@medtechMarion) [June 24, 2023](#)

Our interview with Dianaty and McVean, lightly edited below for content and length, covers new features of the 780G and what these improvements mean for patients and physicians, marketing strategy for the newly launched system, and other products on the horizon.

Q Medtech Insight: What is your outlook for adoption of the MiniMed 780G?

A Dianaty: We started taking orders on 15 May, and then within a few weeks started shipping, mostly to first adopters. The feedback has been very complimentary in terms of what we're trying to do, mainly because of the problems we solve with the system, specifically for anybody with type 1. One of the major challenges is dealing with meals. With this system, we offer the ability for it to be much more forgiving and allow people to live their life. People make choices all the time as it relates to what they choose to eat, when they eat it. What we're seeing, especially in this new cohort of folks that are on it, is the guilt of having that bag of chips or having those slices of pizza has now gone away because they're not afraid of the ramifications of errors in carb counting and what that equates to in terms of having highs or lows in blood sugar. It is taking away that mental burden and then allowing them, quite frankly, to

do what they probably want to do in the first place instead of having to make some of these choices that many of us take for granted.

A McVean: I think adoption is really going to take off for two reasons. We focused here on the outcomes, but the user experience with the 780G is significantly different and improved versus the 770G. There were a lot of alerts and alarms that made it a struggle to use. Because the 780G is an entirely different algorithm and it has the capability to target 100 mg/dL and to autocorrect every five minutes and the meal detection technology, this is leading these outcomes, but also a decrease in burden. Also, while a typical infusion set lasts three days, the infusion set of the 780G lasts seven days, so that's one less thing you have to do. The sensor also lasts up to seven days, so you can change the infusion set and the sensor on the same day.

Q How does the system's meal detection technology work?

A McVean: The MiniMed 780G delivers insulin dynamically every five minutes to maximize the time in range and minimize the highs and the lows. Every five minutes, it automatically delivers the basal or background insulin to target a glucose, and the choices are 100 mg/dL, 110 mg/dL and 120 mg/dL, and the recommended target to achieve the maximum time in range is 100 mg/dL. There is no other system that is able to target 100 mg/dL – that's the closest to what the pancreas would actually do. In addition, it has the ability to auto-correct.

If the glucose is elevated as often as every five minutes, it can give an auto correction to bring the patient back down. That's important, because every time, before someone with diabetes eats, they have to bolus, they have to enter their carbs. People can be inaccurate. If someone has forgotten to enter in their carbs or not entered in enough, then the system will see that rise in glucose and it will kick in those auto corrections to bring them back down. So really, the 780G is quite revolutionary in combating hyperglycemia. In the US, unfortunately, the minority of people living with type 1 diabetes are achieving the less than 7% hemoglobin A1C and the over 70% time in range. The reason for that is too many highs, and if there are too many high blood sugars, there are acute complications like diabetic ketoacidosis. It also

impacts the developing brain in children and adolescents and there are also long-term complications, eye disease, kidney disease, heart disease. The metabolic goals are met more frequently in Europe.

Q Why are the metabolic goals met more frequently in Europe?

A McVean: There's a lot of focus in the US on hypoglycemia, or lows. In Europe, they really have combated hyperglycemia. This is my hypothesis. Also, in the US, there's this CGM first mentality, where after a child is diagnosed, they immediately get continuous glucose monitoring. And continuous glucose monitoring is helpful. It tells you if your glucose levels are high or low, but it doesn't take any action. In Europe, they use continuous glucose monitoring as well, but they seem quicker to adopt the fully automated system. I believe that the gold standard for the management of type 1 diabetes is automated insulin delivery, and I believe that we need to shift our mindset to restart from the beginning.

Q What is your marketing strategy for the 780G?

A Dianaty: We're very happy with how well it's moving, but like most things in medtech, it's going to take a while for it to take hold. It takes things like these conferences to get the momentum going. Obviously, we want to make sure that we can get as many people as we possibly can onto the system. There are three sets of folks that we're going after and we have a strategy for each type of those cohorts. That is people on multiple daily injections, folks that are on competitive systems, and then of course our own folks that are coming up for renewal. I can't give you any hard numbers at this point.

Q What is your strategy to win market share from competitors, some of whom are also introducing new products?

A Dianaty: It's very clear, and we just presented the data as well, as it relates to things like carb counting, and actually as far as getting good outcomes as a result of meals, our performance shines. The other thing that we have that I think the others don't is that we actively are targeting people to a lower target of 100 mg/dL, which also

improves outcomes.

A McVean: People need to see it to believe it, and we have all of this data from outside the US. Doctors are seeing the outcomes and they are hearing about the improved user experience. We'll start to see that on social media too. The physicians will see it in their office, the patients will see it in the type 1 communities and on social media.

Q What does the Centers for Medicare and Medicaid Services' expansion of CGM coverage, which removes the prior requirement of multiple daily insulin injections to be eligible for reimbursement, mean for CGM development at Medtronic?

A Dianaty: That change is for the type 2 side of things. We have a number of ongoing programs in place for that, specifically for the Simplera disposable CGM sensor, which has been submitted for regulatory approval in the US. The other component that we have is the InPen smart insulin pen.

[Medtronic said its Guardian 4 sensor will be replaced by the Simplera CGM, although the timeline for the integration with the MiniMed 780 system is still to be determined and Dallara told investors that Simplera will also be combined with the InPen, both pending regulatory clearance of Simplera.]

The combination of those things will fit that coverage very well.

Q What are the main differences between Simplera and the Guardian 4 sensor?

A Dianaty: The Simplera is a fully disposable sensor and very easy to apply and use. The Guardian 4 is two pieces and requires overtape to keep the sensor secure. Simplera doesn't require overtape at all.

Q What is Medtronic's business strategy with the new program given that most people with type 2 diabetes are initially followed in the primary care setting?

A Dianaty: The first thing is that though it is primary care, it's primary care that are

using insulin currently. It's not all primary care. We're targeting those folks that are heavy prescribers of insulin and working that angle more so than anything else.

Q What does that mean in terms of building up your sales force?

A Dianaty: We haven't completely disclosed that either in terms of how fast we're going to be doing that. Our focus right now is on the 780G, and it's more dependent on the timing of the approval of the Simplera. Because that's in front of the agency right now, we haven't really talked through much of the strategy for that.

Q What are your plans for the insulin patch you will acquire through the buyout of [EOFlow Co., Ltd.](#)?

A Dianaty: That acquisition closes hopefully in October. Our intent is to integrate the algorithms in the 780G into that product and then effectively launch it. We haven't disclosed timing of that yet, because we're not sure of the close, but our goal is to market it in the next two years.

McVean: We are going to have a whole host of options and patients can choose a tubed device and if they decide they want to go to a patch pump, they can choose that. And all of their data and their settings will seamlessly transfer. Additionally, we have smart insulin pens. Same thing there. People with type 1 diabetes have different times in their lives where they want different things to manage their diabetes.

Q Both [Abbott](#) and [DexCom, Inc.](#) are expanding into the consumer market with CGM products and apps. Does Medtronic have plans for the consumer market?

A Dianaty: At the moment, no. We are still focusing on people dosing insulin.