Medtronic News

Medtronic Applauds AACE/ACE on Their Updated Insulin Pump Therapy Consensus Statement

MINNEAPOLIS - May 19, 2014 - Medtronic, Inc. (NYSE:MDT) applauds the American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) on their updated consensus statement on insulin pump therapy. In addition to continued support of insulin pump therapy for people with type 1 diabetes, AACE and ACE recognize the clinical value of insulin pumps in improving glucose control for those with intensively managed insulin-dependent type 2 diabetes. Improving glucose control is the key to helping people with diabetes avoid dangerous complications so that they can live fuller, healthier lives. The support of prestigious physician organizations helps ensure access to these therapies for people who need them.

"Insulin pumps have been shown to improve glucose control in people with insulin-dependent type 2 diabetes[1] and better glucose control reduces the risk of diabetes complications,[2]" said Francine R. Kaufman, M.D., chief medical officer and vice president of global clinical affairs for Medtronic Diabetes. "Improving access to this life-changing technology for people with type 2 diabetes will allow them to enjoy an improved quality of life that comes with better glucose control and a simplified diabetes management routine."

While the majority of private payers provide coverage for insulin pumps for both type 1 and type 2 patients, some payers restrict access to many people with type 2 diabetes by requiring that they be C-peptide negative or have other markers of islet autoimmunity. C-peptide is a blood test that indicates whether insulin is being produced by the pancreas. However, it does not show insulin resistance, which characterizes many patients with type 2 diabetes. The consensus statement specifically states that the requirement that patients be C-peptide negative or have other markers of islet autoimmunity are not justified.

The statement highlights MiniMed 530G with Enlite, Medtronic's latest insulin pump system, as a primary example of functional improvements in insulin pump advancements that have significant clinical benefit. The MiniMed 530G system includes an advanced feature called Threshold Suspend, which automatically stops insulin delivery when sensor glucose levels reach a preset low threshold and if the patient is unable to respond to the Threshold Suspend alarm. The consensus statement also expanded its recommendations on training for patients and their families as well as health care professionals and school personnel, underscoring the important role of patient education in managing diabetes with technology.

For more information about the AACE/ACE Consensus Statement, please visit http://media.aace.com/press-release/american-association-clinical-endocrinologists-publishes-consensus-statement-managemen.

About the Diabetes Business at Medtronic
The Diabetes business at Medtronic (www.medtronicdiabetes.com) is the world leader in advanced diabetes management solutions, including integrated diabetes management systems, insulin pump therapy, continuous glucose monitoring systems and therapy management software, as well as world-class, 24/7 expert consumer and professional service and support.

About Medtronic
Medtronic, Inc. (www.medtronic.com), headquartered in Minneapolis, is the global leader in medical technology - alleviating pain, restoring health and extending life for millions of people around the world.

Any forward-looking statements are subject to risks and uncertainties such as those described in Medtronic's periodic reports on file with the Securities and Exchange Commission. Actual results may differ materially from anticipated results.

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[1] Edelman SV, Bode BW, Bailey TS, et al. Insulin pump therapy in patients with Type 2 diabetes safely improved glycemic control using a simple insulin dosing regimen. *Diabetes Technol Ther.* 2010;12(8):627-633

[2] Diabetes Control and Complications Trial Research Group. Lifetime benefits and costs of intensive therapy as practiced in the Diabetes Control and Complications Trial. *JAMA*, November 6, 1996; 276: No.17.

Contacts:
Amanda Sheldon
Public Relations
+1-818-576-4826

Jeff Warren
Investor Relations
+1-763-505-2696

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