Saxagliptin in Combination With Metformin or Sulfonylurea: Achieved HbA1c Goals

R Rasalam1, Roland Chen2, Yuyan Duan2, Anne Marie Apanovitch2
1-Bristol-Myers Squibb, Melbourne Australia, 2-Bristol-Myers Squibb, Princeton, New Jersey, USA

ABSTRACT

Differences affect over 1.2 million people in Australia. Saxagliptin (SAXA) is a potent, selective dipeptidyl peptidase-4 (DPP-4) inhibitor, specifically designed for Metformin (MET) and sulfonylureas (SUs) are 2 of the most common first-line therapies used to treat T2D. For patients with type 2 diabetes (T2D), monotherapy is frequently insufficient to achieve or maintain the HbA1c goal of <7% and with saxagliptin add-on therapy, HbA1c goals of <7% were achieved in over 70% of patients despite inadequate control with MET alone (HbA1c 7.0%–10.0%; mean baseline (BL) HbA1c 8.0%; mean T2D duration 1.7 yrs) in the add-on to SU study.

METHODS

Study Design

CV181-014 (Figure 1)

- Patients with type 2 diabetes, saxagliptin 5 mg + MET, as add-on or given as initial combination therapy, and SAXA given with MET as initial therapy study.
- Longer mean (SD) duration of diabetes (all treatment arms) in previously treated patients in the add-on arm was 75.6 (17.35) mos. (SAXA + MET group) vs 76.2 (17.64) mos. (SAXA + SU group) and with fasting C-peptide ≤0.1 (0.1) mg/dL (SAXA given with MET as initial therapy vs MET alone).
- In patients with type 2 diabetes, saxagliptin 5 mg + MET, as add-on or given as initial combination therapy, and SAXA given with MET as initial therapy study.
- Safety

- Saxagliptin in combination with MET or SU, was generally well tolerated.

- Statistical Analysis

- Efficacy

- GLY, 10 mg/d) for up to 24 wks.

Figure 3. CV181-040 Study Design

Table 2. HbA1c Results by Trial According to Randomised Group

Table 3. Demographic and Baseline Characteristics of Patients With T2D by Trial

RESULTS

Table 4. HbA1c Results by Trial According to Randomised Group

CONCLUSIONS

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