“SURPASS(ing)” an Era of Basal-Bolus Insulin Therapy: Tirzepatide vs Insulin Lispro TID

Julio Rosenstock1, Juan P. Frías1, Helena W. Rodbard2, Santiago Totoé3, Emmalee Sears1, Ruth Huh4, Laura Fernández Landó5, Hiren Patel6
1Velocity Clinical Research at Medical City, Dallas, USA; 2Velocity Clinical Research, Los Angeles, USA; 3Endocrine and Metabolic Consultants, Rockville, USA, 4Department of Endocrinology and Nutrition, University Hospital Don Sabas, Palma de Mallorca, Spain; 5Eli Lilly and Company, Indianapolis, USA

Efficacy analyses were performed using the modified intent-to-treat (iGlar) estimand

Participants were required to be treated with a once-daily dose of insulin for at least 4 weeks, with or without basal insulin. Single-blind treatment with placebo and intermediate-acting insulin was not allowed.

At Week 52, 7.8%, 14.3%, and 19.0% of participants treated with iLispro, Tirzepatide 5 mg, and Tirzepatide 15 mg, respectively, demonstrated a significant reduction in HbA1c from baseline.

Clinical relevant changes in mean calcitonin were observed in the treatment groups, with the greatest change observed in the group treated with iLispro.

The rate of clinically significant hypoglycemia was substantially less for Tirzepatide vs. iLispro.

All key eligibility criteria were well balanced across the treatment groups.