

SUPPLEMENTARY MATERIAL

Real-World Effectiveness of Insulin Glargine 300 U/mL in People with Type 2 Diabetes Previously Treated with Tirzepatide: The DELIVER-T Study

Robert Ritzel¹; Melanie J. Davies²; Lichen Hao³; Linong Ji⁴; Lintu MK⁵; Aileen Mabunay⁶; Didac Mauricio⁷; Timothy Bailey⁸

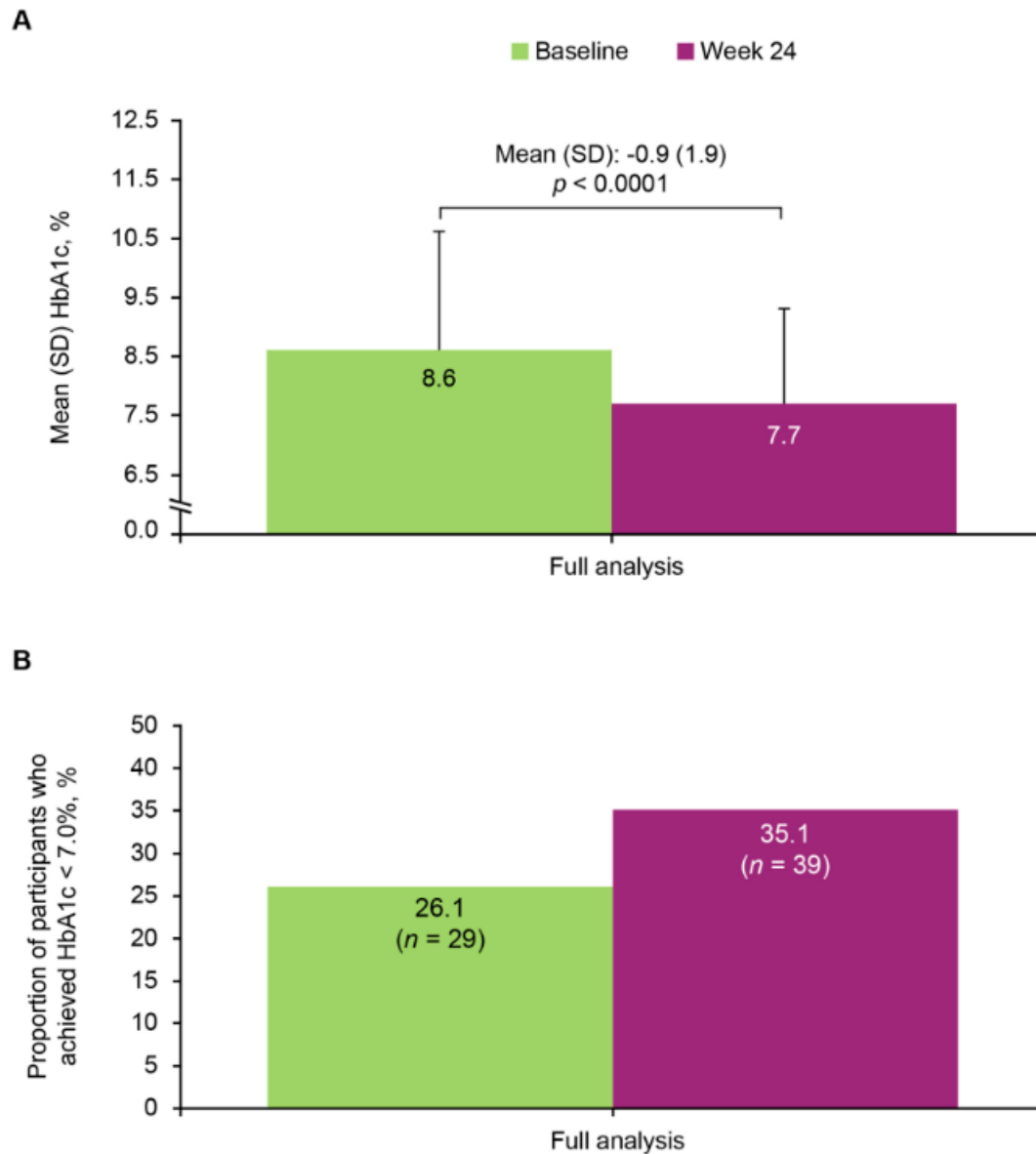
¹Klinikum Schwabing and Bogenhausen, Munich, Germany; ²University of Leicester, Leicester, United Kingdom; ³Sanofi, Bridgewater, New Jersey, United States; ⁴Peking University, Beijing, China; ⁵Sanofi, Hyderabad, India; ⁶Sanofi, Singapore; ⁷CIBERDEM, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; ⁸ Headlands Research AMCR Institute, Escondido, California, United States.

Corresponding author: Robert Ritzel

Email: robert.ritzel@muenchen-klinik.de

FIGURES

Fig. S1. HbA1c values at baseline and 6-month follow-up and the proportion of people attaining HbA1c < 7.0% at 6-month follow-up in the full analysis set^a



The full analysis included participants with any HbA1c at baseline who were previously treated with tirzepatide and intensified with Gla-300 ($n = 111$)

HbA1c glycated haemoglobin, n number, SD standard deviation

Table S1. Baseline demographics, characteristics and comorbidities in the full analysis set

	Full analysis^a (<i>n</i> = 111)
Age, mean (SD)	61.8 (9.9)
Female, <i>n</i> (%)	70 (63.1)
Race/Ethnicity, <i>n</i> (%)	
Asian	1 (0.9)
Black	15 (13.5)
White	62 (55.9)
Unknown	33 (29.7)
Region within US, <i>n</i> (%)	
Midwest	14 (12.6)
Northeast	5 (4.5)
South	80 (72.1)
West	12 (10.8)
Baseline comorbidities, <i>n</i> (%)	
Hypertension	83 (74.8)
Hyperlipidaemia	87 (78.4)
Neuropathy	27 (24.3)
Nephropathy	7 (6.3)
Retinopathy	1 (0.9)
Obesity	53 (47.7)
Chronic kidney disease	9 (8.1)
Heart failure	9 (8.1)
HbA1c (%) closest to index treatment initiation, <i>n</i> (%)	
HbA1c ≤ 7.0%	29 (26.1)
HbA1c > 7.0% and <7.5%	8 (7.2)
HbA1c ≥ 7.5% and <8%	11 (9.9)
HbA1c ≥ 8.0% and <8.5%	8 (7.2)
HbA1c ≥ 8.5%	55 (49.5)

HbA1c (%) closest to index treatment initiation, mean (SD)	8.6 (2.0)
Number of oral antihyperglycaemic medications, <i>n</i> (%)	
0	37 (33.3)
1	26 (23.4)
2	32 (28.8)
≥3	16 (14.4)
Use of oral antihyperglycaemic medications during the baseline period, <i>n</i> (%)	
Metformin	48 (43.2)
Metformin + DPP4i	3 (2.7)
Metformin + SGLT2i	12 (10.8)
DPP4i	3 (2.7)
SGLT2i	26 (23.4)
Sulfonylureas	23 (20.7)
Thiazolidinedione	11 (9.9)
Days of prior treatment with tirzepatide at baseline	
Mean (SD)	103.0 (97.0)
Median (Q1–Q3)	76.0 (28.0–143.0)
Min–max	1.0–444.0

^aThe full analysis included participants with any HbA1c at baseline who were previously treated with tirzepatide and intensified with Gla-300

DPP4i dipeptidyl peptidase 4 inhibitors, *HbA1c* glycated haemoglobin, *n* number, *Q* quartile, *SD* standard deviation, *SGLT2i* sodium-glucose co-transporter 2 inhibitors, *US* United States

Table S2. Persistence data from index date to the end of the 6-month follow-up period in the full analysis set

	Full analysis ^a (<i>n</i> = 111)			
	Baseline ^b (<i>n</i> = 111)	TZP ^c (<i>n</i> = 92)	Gla-300 ^c (<i>n</i> = 111)	TZP + Gla-300 ^c (<i>n</i> = 92)
Number of prescriptions filled ^d				
Mean (SD)	3.2 (2.5)	4.4 (2.3)	2.8 (1.5)	4.3 (2.6)
Median	2.0	4.0	2.0	4.0
(Q1–Q3)	(1.0–5.0)	(3.0–6.0)	(2.0–3.0)	(2.0–6.0)
Min-max	1.0–12.0	1.0–13.0	1.0–8.0	1.0–11.0
Days of supply ^e				
Mean (SD)	112.1 (99.3)	163.7 (85.3)	157.1 (84.3)	110.7 (78.1)
Median	84.0	168.0	150.0	95.5
(Q1–Q3)	(28.0–168.0)	(112.0–224.0)	(90.0–210.0)	(46.0–161.5)
Min-max	28.0–563.0	28.0–512.0	28.0–418.0	4.0–352.0
Days of prior treatment ^f				
Mean (SD)	103.0 (97.0)	157.5 (66.9)	166.2 (67.2)	124.5 (70.3)
Median	76.0	189.5	179.0	141.0
(Q1–Q3)	(28.0–143.0)	(134.0–201.0)	(105.0–211.0)	(67.0–186.5)
Min-max	1.0–444.0	4.0–257.0	28.0–300.0	4.0–251.0

^aThe full analysis included participants with any HbA1c at baseline who were previously treated with tirzepatide and intensified with Gla-300

^bBaseline denotes from first fill of TZP to first fill of Gla-300

^cFollow-up period from index date to end of 6-month follow up

^dNumber of prescriptions filled refers to the total count of times a prescription for a medication is dispensed or refilled for each participant over the specified period

^eDays of supply denotes the number of days medication is supplied to each participant

^fTreatment length refers to the median duration of time participants remain on the treatment from initiation until discontinuation, switch, or end of observation

Gla-300 insulin glargine 300 U/mL, *TZP* tirzepatide

Table S3. Diabetes-related healthcare resource utilisation

		Full analysis ^a (<i>n</i> = 111)		Primary analysis (Gla-300 switch/add-on group) ^b (<i>n</i> = 82)		Sub-analysis (Gla-300 add-on group) ^c (<i>n</i> = 66)	
		Baseline period ^d	6-month follow-up period ^e	Baseline period ^d	6-month follow-up period ^e	Baseline period ^d	6-month follow-up period ^e
Hospitalisations	Total number of participants with ≥ 1 event, <i>n</i> (%)	5 (4.5)	5 (4.5)	3 (3.7%)	4 (4.9%)	2 (3.0%)	4 (6.1%)
	Total number of events, <i>n</i>	5	5	3	4	2	4
	Event rate (P100PY)	9.4	9.4	7.7	10.2	6.3	12.7
ER visits	Total number of participants with ≥ 1 event, <i>n</i> (%)	4 (3.6)	8 (7.2)	3 (3.7%)	6 (7.3%)	3 (4.6%)	3 (4.6%)
	Total number of events, <i>n</i>	8	12	4	7	4	3
	Event rate (P100PY)	15	22.4	10.2	17.9	12.7	9.5

^aThe full analysis included participants with any HbA1c at baseline who were previously treated with tirzepatide and intensified with Gla-300

^bThe primary analysis (Gla-300 switch/add-on group) included participants with HbA1c > 7.0% at baseline who were previously treated with tirzepatide and added or switched to Gla-300

^cThe sub-analysis (Gla-300 add-on group) included participants with HbA1c > 7.0% at baseline who were treated with tirzepatide and added Gla-300

^dThe baseline period was defined as 6-months immediately before the index date

^eThe follow-up period was defined as a minimum of 6 months immediately after the index date

ER emergency room, *HCRU* healthcare resource utilisation, *n* number, *P100PY* per 100 person-years