**Victoza® (liraglutide 1.8 mg) provided superior HbA₁c reductions in adults with type 2 diabetes compared to continued sitagliptin treatment**

**Boston, US, 2 April 2016** - Findings from a clinical trial comparing Victoza® (liraglutide 1.8 mg) and sitagliptin (100 mg), both in combination with metformin, demonstrated that switching from sitagliptin to Victoza® provided superior HbA₁c reductions vs continuing with sitagliptin treatment in adults with type 2 diabetes. Results from the LIRA-SWITCH trial were presented at the Endocrine Society’s 98th Annual Meeting and Expo (ENDO 2016) in Boston, MA, US.¹

The 26-week LIRA-SWITCH trial assessed the efficacy and safety of Victoza® as an add-on to metformin in 407 adults with type 2 diabetes who switched from sitagliptin.¹ Of the 407 adults uncontrolled on sitagliptin (HbA₁c 7.5–9.5%) at week 26, those who switched to Victoza® (n=203) achieved a superior reduction in HbA₁c vs those who continued their sitagliptin treatment (n=204) (−1.14% vs −0.54%; estimated treatment difference [ETD] −0.61%, 95% confidence interval [CI]: −0.82 to −0.40, p<0.0001).¹

Additionally, adults who switched to Victoza® experienced significantly greater body weight reductions vs those who continued with their sitagliptin dose (−3.31 kg/−7.29 lb vs −1.64 kg/−3.62 lb; ETD −1.67 kg/−3.68 lb, 95% CI: −2.34 to −0.99, p<0.0001).¹

"The LIRA-SWITCH trial results provide valuable insight that adults uncontrolled on sitagliptin may achieve a superior HbA₁c reduction with liraglutide 1.8 mg vs continuing on sitagliptin treatment," said Dr Maximo Maislos, Director of Western Negev Mobile Diabetes Clinic Program, and Diabetes and Metabolism, Ben-Gurion University FOHS, Beer Sheva-Israel and investigator of the LIRA-SWITCH trial. "These findings are valuable as there is limited clinical evidence to guide treatment strategy when people with type 2 diabetes are uncontrolled on second-line therapy."

The trial demonstrated that more adults with type 2 diabetes treated with Victoza® vs sitagliptin achieved HbA₁c targets <7% (50.6% vs 26.9%; OR [odds ratio]: 3.36; 95% CI: 2.08 to 5.42, p<0.0001) and ≤6.5% (29.5% vs 9.9%; OR: 5.44; 95% CI: 2.82 to 10.47, p<0.0001).¹ Furthermore, adults treated with Victoza® demonstrated significantly greater reductions in fasting plasma glucose vs those treated with sitagliptin (−1.84 vs −0.73; ETD: −1.10; 95% CI −1.50 to −0.71, p<0.0001).¹,²
Adverse events were more common in the Victoza® group vs the sitagliptin group (68.8% vs 56.9%), with gastrointestinal side effects more frequent with Victoza®: nausea (21.8% vs 7.8%) and diarrhoea (16.3% vs 9.3%). There were no reports of severe hypoglycaemia and no reports of confirmed nocturnal hypoglycaemia.1

About the LIRA-SWITCH Trial
The 26-week trial was a randomised, double-blind, double-dummy, active-controlled trial involving 407 adults with type 2 diabetes not achieving adequate glycaemic control on sitagliptin as add-on to metformin.1 Trial participants were previously treated with stable doses of sitagliptin (100 mg daily) and metformin (≥1500 mg daily or maximum tolerated dose ≥1000 mg daily) for ≥90 days.1 Participants were randomised 1:1 to switch to Victoza® 1.8 mg or continue sitagliptin 100 mg, both in combination with metformin.1

About Victoza®
Victoza® (liraglutide) is a human glucagon-like peptide-1 (GLP-1) analogue with an amino acid sequence 97% similar to endogenous human GLP-1. Like natural GLP-1, Victoza® works by stimulating the beta-cells to release insulin and suppressing glucagon secretion from the alpha-cells only when blood sugar levels are high. Due to this glucose-dependent mechanism of action, Victoza® is associated with a low rate of hypoglycaemia.* In addition, liraglutide reduces body weight and body fat mass through mechanisms involving reduced appetite and lowered energy intake.3

Victoza® was launched in the EU in 2009 and is commercially available in more than 80 countries, treating more than 1 million people with type 2 diabetes globally.3,4 In Europe, Victoza® is indicated for the treatment of adults with type 2 diabetes to achieve glycaemic control in combination with oral glucose-lowering medicinal products and/or basal insulin when these, together with diet and exercise, do not provide adequate glycaemic control.3 In the US, Victoza® was approved in 2010 as an adjunct to diet and exercise to improve blood glucose control in adults with type 2 diabetes.5

*Hypoglycaemia has primarily been observed when Victoza® is combined with a sulfonylurea or basal insulin.

About Novo Nordisk
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References