

- Type 2 diabetes mellitus (T2DM) is a progressive disease and patients often require treatment with basal insulin (e.g. insulin glargine) or glucagon-like peptide-1 receptor agonists (e.g. liraglutide), of which there are limited comparative data in the real-world setting.
- The INITIATOR pilot study retrospectively evaluated real-world treatment patterns in US patients with T2DM initiating injectable therapy with insulin glargine via disposable pen or liraglutide.
- At baseline, liraglutide initiators were more likely to be obese and nearly one in three had glycated hemoglobin A1C <7.0%, suggesting glycemic control may not be the primary treatment goal for them. Insulin glargine initiators had poorer health status and higher rates of health care utilization and higher costs. These substantial baseline differences should be considered when conducting comparative effectiveness research.
- During the 1-year follow-up, treatment persistence was approximately 60% among insulin glargine initiators and 50% among liraglutide initiators. Both groups experienced a significant increase in pharmacy costs during follow-up. However, diabetes-related health care costs remained similar between baseline and follow-up periods for insulin glargine initiators due to lower medical costs. For those who initiated with liraglutide, diabetes-related health care costs increased significantly.
- Insights from these pilot data will be used in the INITIATOR study full phase analysis.

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