## Type 2 Diabetes Open-label Trial Comparing a Once Daily Oral Medication to Insulin Glargine

Protocol	J2A-MC-GZGS
Ideal Patient Profile	Adult (18+) with T2DM and at least one CV risk factor and currently taking 1 – 3 approved
	oral antihyperglycemic medications (metformin $\geq$ 1500 mg, SGLT2, or sulfonylurea)
Study Duration	Event-driven study with an estimated duration of approximately 2 years.
Visit Schedule	Weekly for 8 visits, transitioning to quarterly for study duration
Reimbursement	\$6328 plus actual travel and meal expenses
Inclusion Criteria:	Joszo plus actual travel and meal expenses
Medical Condition	T2DM with A1C 7.0 – 10.5% (LL 7.5% if taking sulfonylurea) and currently taking 1
Medical Condition	$-3$ approved medications (metformin $\geq$ 1500 mg, SGLT2, or sulfonylurea)
Ago.	
Age	≥ 18 Years diagnosed w/ T2DM AND at least one CVD risk factor
BMI CVD Bisk Festers	≥ 27.0 kg/m2
CVD Risk Factors:	
Coronary Heart Disease	MI, $\geq$ 50 stenosis of major coronary artery, CAC $\geq$ 300, stable angina (treated),
	asymptomatic cardiac ischemia, coronary angioplasty, CABG
Peripheral Artery Disease	Claudication, resting limb ischemia, ≥50 stenosis of iliac / femoral / popliteal /
	subclavian arteries, ABI ≤90, revasc/amputation, carotid stenosis ≥70%, carotid
	revasc, abdominal AA
Cerebrovascular Disease	Ischemic stroke, >50 years of age with history of transient ischemic attack (TIA)
Chronic Kidney Disease	≥35 yrs old with history of CKD and eGFR<60mL/min/1.73m2 on Visit 1 and Visit 2
Congestive Heart Failure	≥50 years of age with CHF-NYHA class II or III
Key Exclusions:	
Medical Conditions	• T1DM
	<ul> <li>≥1 episode of ketoacidosis, hyperosmolar state OR coma OR severe</li> </ul>
	hypoglycemic unawareness within the last 6 months
	<ul> <li>Diagnosed with diabetic retinopathy an/or macular edema requiring treatment</li> </ul>
	Autoimmune disease likely to require glucocorticoid therapy in the next 12 mo
<b>Obesity Related Exclusions</b>	Obesity induced by other disorders (Cushing's disease, melanocortin 4 receptor
	deficiency, Prader-Willi, etc.
Con Meds (exclusionary)	<ul> <li>Use weight loss products (OTC or prescribed) within 3 months of visit 1</li> </ul>
	• Have used antihyperglycemics within 90 days of visit 1 or between visits 1 and 3
	<ul> <li>Insulin therapy in the past 90 days prior to visit 1</li> </ul>
	• Chronic use of systemic glucocorticoid therapy (>14 days) within 30 days of visit
	1 or between visits 1 and 3 (exceptions apply for topical, intraocular, intranasal,
	interphalangeal, or inhaled preparations)
Heart Disease or CVD	Has had in the past 90 days prior to visit 1 an acute MI OR Stroke OR hospitalization for
	congestive HF OR is diagnosed with congestive HF class IV
Kidney disease	eGFR <15ml/min/1.73m2 at visit 1
Gastrointestinal	Have a known clinically significant gastric emptying abnormality OR have
	undergone gastric bypass surgery OR undergone restrictive bariatric surgery OR
	chronically take drugs that directly affect GI motility
Liver disease	Acute or chronic hepatitis or evidence of liver disease other than NAFLD
	Positive test for hepatitis B or C test
Thyroid disease	<ul> <li>TSH outside range of 0.4 – 6.0 mUI/L at visit 1</li> </ul>
	<ul> <li>Serum calcitonin level of ≥20 ng/L at visit 1 if eGFR ≥60 mL/min/1.73 m2 OR</li> </ul>
	≥35 ng/L at visit 1 if eGFR <60 mL/min/1.73 m2
Cancer	• Molignent peoplesms within past 5 years prior to corporing with eventions for
	<ul> <li>Malignant neoplasms within past 5 years prior to screening with exceptions for</li> </ul>
	<ul> <li>Malignant neoplasms within past 5 years prior to screening with exceptions for basal or squamous skin cancer, stage 0 non-invasive cervical or prostate cancer</li> </ul>