Conclusions

1. HZT-501 reduces NSAID-associated UGIs overall and in the subset of patients taking NSAIDs for OA, RA and chronic pain.
2. TEAEs were balanced across both treatment groups except dyspepsia which was statistically lower for HZT-501 vs. IBU in line with known activity of FAM.
3. Combination therapy may improve adherence and compliance in patients taking NSAIDs who require gastroprotection.

References


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