We previously reported that saxagliptin (SAXA) add-on to dapagliflozin (DAPA) plus metformin (MET) resulted in greater reductions in A1C, compared with placebo (PBO) add-on, after 24 weeks of treatment in patients with type 2 diabetes (T2D) and inadequate glycemic control with DAPA 10 mg/d+MET. Here we report results over 52 weeks of treatment. Patients (mean baseline A1C 7.9%) were randomized to PBO or SAXA 5 mg/d plus open-label DAPA+MET. Adjusted mean change from baseline to week 52 in A1C in 1A1C was greater with SAXA vs PBO (–0.38% vs 0.05%; difference [95% CI] –0.42% [–0.64, –0.20]). More patients achieved A1C 7% with SAXA (29%) vs PBO (13%), and fewer patients were rescued or discontinued for lack of glycemic control with SAXA (19%) vs PBO (28%). Small reductions in body weight (BW) (≤1.5 kg) occurred in both groups. The proportion of patients with ≥1AE was similar with SAXA (58.2%) and PBO (58.0%); no new safety signals were detected. Hypoglycemia was infrequent in both treatment groups (≤2.5%), with no major episodes of hypoglycemia. Urinary tract infections were similar between the 2 groups (7.8% vs 7.4%). The incidence of genital infections was lower with SAXA (3.3%) vs PBO (6.2%). No AEs of decreased lymphocyte count or pancreatitis were reported; renal AEs were rare (1%). Triple therapy with SAXA add-on to DAPA+MET for 52 weeks resulted in sustained reductions in A1C and a greater proportion of patients achieving A1C 7% compared with PBO without any increased risk of hypoglycemia or an increase in BW.