

# PRESCRIBED BRAND IN THE GLP-1 RA CLASS WORLDWIDE FOR PATIENTS WITH T2D<sup>a</sup>

## Choose Ozempic®

For a range of doses designed with your patients with T2D in mind



Actor portrayal.

**Dosing Guide**<sup>1</sup> >

#### Indications and Limitations of Use

Ozempic® (semaglutide) injection 0.5 mg, 1 mg, or 2 mg is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus and to reduce the risk of major adverse cardiovascular (CV) events (CV death, nonfatal myocardial infarction, or nonfatal stroke) in adults with type 2 diabetes mellitus and established CV disease.

- Ozempic® has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Ozempic® is not indicated for use in patients with type 1 diabetes mellitus.

#### **Important Safety Information**

#### WARNING: RISK OF THYROID C-CELL TUMORS

- In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Ozempic® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined.
- Ozempic® is contraindicated in patients with a personal or family history of MTC and in
  patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients
  regarding the potential risk for MTC with the use of Ozempic® and inform them of symptoms
  of thyroid tumors (eg, a mass in the neck, dysphagia, dyspnea, persistent hoarseness).
  Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for
  early detection of MTC in patients treated with Ozempic®.

[\*Based on internal analysis by Novo Nordisk using data from the following source: IQVIA Monthly MIDAS database, Measure: Volume sales, ATC3 A10S, for the time period MAT 09.2022 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.]

GLP-1 RA=glucagon-like peptide-1 receptor agonist.



Please see Important Safety Information throughout. Please see Prescribing Information, including Boxed Warning, <u>here</u>.



# A1C control within your control: Ozempic® once-weekly dose options for a range of patients with T2D

### Ozempic® is available in 3 multi-use pens for more A1C control<sup>1</sup>

For single-patient use only

# Pen that delivers doses of 0.25 mg and 0.5 mg

Contains 2 mg of Ozempic®

Delivers only the starting dose of 0.25 mg and a maintenance dose of 0.5 mg



## Pen that delivers doses of 1 mg

Contains 4 mg of Ozempic®

Delivers only the maintenance dose of 1 mg



## Pen that delivers doses of 2 mg

Contains 8 mg of Ozempic®

Delivers only the maximum maintenance dose of 2 mg



#### Thinnest once-weekly GLP-1 RA needle (32G, 4 mm) included with each pen<sup>1</sup>

# Important Safety Information Contraindications

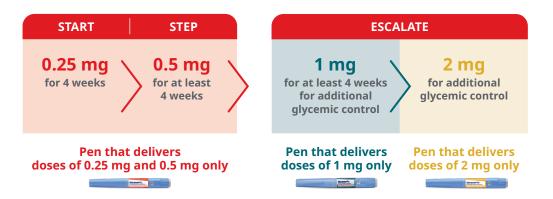
 Ozempic® is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2, and in patients with a hypersensitivity reaction to semaglutide or to any of the excipients in Ozempic®. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported with Ozempic®.





# A1C control within your control: Ozempic® once-weekly dose options for a range of patients with T2D

### Gradual dose escalation designed to help patients adjust to therapy<sup>a</sup>



- Administer Ozempic® once weekly on the same day each week, at any time of day, with or without meals
- The day of weekly administration can be changed, if necessary, as long as the time between 2 doses is at least 2 days (>48 hours)
- If a dose is missed, administer Ozempic® as soon as possible within 5 days after the missed dose and administer the next dose on the regularly scheduled day. In each case, patients can then resume their regular once-weekly dosing schedule

# Important Safety Information Warnings and Precautions

- **Risk of Thyroid C-Cell Tumors:** Patients should be referred to an endocrinologist for further evaluation if serum calcitonin is measured and found to be elevated or thyroid nodules are noted on physical examination or neck imaging.
- Pancreatitis: Acute and chronic pancreatitis have been reported in clinical studies.
   Observe patients carefully for signs and symptoms of pancreatitis (persistent severe abdominal pain, sometimes radiating to the back with or without vomiting). If pancreatitis is suspected, discontinue Ozempic® promptly, and if pancreatitis is confirmed, do not restart.



Please see Important Safety Information throughout. Please see Prescribing Information, including Boxed Warning, here.



<sup>&</sup>lt;sup>a</sup>The starting dose of 0.25 mg is a nontherapeutic dose intended to help patients adjust to treatment.

### Prescribe Ozempic® in your EHR system

Ozempic<sup>®</sup> pen that delivers doses of 0.25 mg or 0.5 mg per injection

# Ozempic® pen that delivers doses of 1 mg

#### **Trade Pack**





NDC		0169-4181-13		0169-4130-13	
Days Supply	Sample or Initial (42 Days)	1 Month (28 Days)	3 Months (84 Days)	1 Month (28 Days)	3 Months (84 Days)
Intent of Prescription	Sample or initial prescription for new starts	1-month prescription for maintenance on 0.5 mg	3-month prescription for maintenance on 0.5 mg	1-month prescription for maintenance on 1 mg	3-month prescription for maintenance on 1 mg
Strength	2 mg per 3 mL (0.68 mg/mL)		2 mg per 3 mL (0.68 mg/mL)	4 mg per 3 mL (1.34 mg/mL)	4 mg per 3 mL (1.34 mg/mL)
Dosage Form	Solution		Solution	Solution	Solution
SIG	Sample or initial prescription: 0.25 mg SC once weekly for 4 weeks, then 0.5 mg SC once weekly for 2 weeks	Maintenance prescription: 0.5 mg SC once weekly for 4 weeks	Maintenance prescription: Inject 0.5 mg SC once weekly for 12 weeks	Maintenance prescription: Inject 1 mg SC once weekly for 4 weeks	Maintenance prescription: Inject 1 mg SC once weekly for 12 weeks
Dispense Quantity	3 mL		9 mL	3 mL	9 mL
Needles	6 included		18 included	4 included	12 included
Number of Boxes	1 box		3 boxes	1 box	3 boxes

EHR=electronic health record; NDC=National Drug Code; SIG=signetur; SC=subcutaneously.

# Important Safety Information Warnings and Precautions (cont'd)

• Never Share an Ozempic® Pen Between Patients: Ozempic® pens must never be shared between patients, even if the needle is changed. Pen-sharing poses a risk for transmission of blood-borne pathogens.



Please see Important Safety Information throughout. Please see Prescribing Information, including Boxed Warning, <u>here</u>.



### Prescribe Ozempic® in your EHR system

#### Ozempic® pen that delivers doses of 2 mg

#### **Trade Pack**



NDC	0169-4772-12			
Days Supply	<b>1 Month</b> (28 Days)	3 Months (84 Days)		
Intent of Prescription	1-month prescription for maintenance on 2 mg	3-month prescription for maintenance on 2 mg		
Strength	8 mg per 3 mL (2.68 mg/mL)	8 mg per 3 mL (2.68 mg/mL)		
Dosage Form	Solution	Solution		
SIG	<b>Maintenance prescription:</b> Inject 2 mg SC once weekly for 4 weeks	<b>Maintenance prescription:</b> Inject 2 mg SC once weekly for 12 weeks		
Dispense Quantity	3 mL	9 mL		
Needles	4 included	12 included		
Number of Boxes	1 box	3 boxes		

# Important Safety Information Warnings and Precautions (cont'd)

• **Hypoglycemia:** Patients receiving Ozempic® in combination with an insulin secretagogue (eg, sulfonylurea) or insulin may have an increased risk of hypoglycemia, including severe hypoglycemia. Inform patients using these concomitant medications of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia.





### Start patients with a free 6-week kit

FREE 6-week starter kit, including 1 sample of 1 pen that delivers doses of 0.25 mg and 0.5 mg







# Important Safety Information Warnings and Precautions (cont'd)

- Diabetic Retinopathy Complications: In a 2-year trial involving patients with type 2 diabetes and high cardiovascular risk, more events of diabetic retinopathy complications occurred in patients treated with Ozempic® (3.0%) compared with placebo (1.8%). The absolute risk increase for diabetic retinopathy complications was larger among patients with a history of diabetic retinopathy at baseline than among patients without a known history of diabetic retinopathy. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. The effect of long-term glycemic control with semaglutide on diabetic retinopathy complications has not been studied. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy.
- Acute Kidney Injury: There have been postmarketing reports of acute kidney injury and worsening
  of chronic renal failure, which may sometimes require hemodialysis, in patients treated with GLP-1
  receptor agonists. Some of these events have been reported in patients without known underlying
  renal disease. A majority of the reported events occurred in patients who had experienced nausea,
  vomiting, diarrhea, or dehydration. Monitor renal function when initiating or escalating doses of
  Ozempic® in patients reporting severe adverse gastrointestinal reactions.







### More Ozempic<sup>®</sup>. Same Co-pay.



#### To receive offer, prescription must be for a 1-month, 2-month, or 3-month supply.<sup>a</sup>

"Eligible commercially insured patients with coverage may pay as little as \$25 for either 1-month, 2-month, or 3-month supply with the Ozempic® savings offer. Month is defined as 28 days. Maximum savings is \$150 for 1-month, \$300 for 2-month, or \$450 for 3-month supply. Offer is good for up to 24 months. Eligibility and restrictions apply. For details, see NovoCare.com.

# Important Safety Information Warnings and Precautions (cont'd)

- **Hypersensitivity:** Serious hypersensitivity reactions (eg, anaphylaxis, angioedema) have been reported in patients treated with Ozempic<sup>®</sup>. If hypersensitivity reactions occur, discontinue use of Ozempic<sup>®</sup>; treat promptly per standard of care, and monitor until signs and symptoms resolve. Use caution in a patient with a history of angioedema or anaphylaxis with another GLP-1 receptor agonist.
- Acute Gallbladder Disease: Acute events of gallbladder disease such as cholelithiasis or cholecystitis
  have been reported in GLP-1 receptor agonist trials and postmarketing. In placebo-controlled trials,
  cholelithiasis was reported in 1.5% and 0.4% of patients treated with Ozempic® 0.5 mg and 1 mg,
  respectively, and not reported in placebo-treated patients. If cholelithiasis is suspected, gallbladder
  studies and appropriate clinical follow-up are indicated.







A1C Control Is Within Your Control

# Once-weekly Ozempic®

Dose options for a range of patients with T2D

For more information, visit **OzempicSavings.com** 

[\*Based on internal analysis by Novo Nordisk using data from the following source: IQVIA Monthly MIDAS database, Measure: Volume sales, ATC3 A10S, for the time period MAT 09.2022 (41 countries) reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.]

### Important Safety Information

#### **Adverse Reactions**

• The most common adverse reactions, reported in ≥5% of patients treated with Ozempic® are nausea, vomiting, diarrhea, abdominal pain, and constipation.

#### **Drug Interactions**

- When initiating Ozempic®, consider reducing the dose of concomitantly administered insulin secretagogue (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia.
- Ozempic® causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications, so caution should be exercised.

#### **Use in Specific Populations**

• There are limited data with semaglutide use in pregnant women to inform a drug-associated risk for adverse developmental outcomes. Discontinue Ozempic® in women at least 2 months before a planned pregnancy due to the long washout period for semaglutide.

References: 1. Ozempic [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; 2022. 2. Data on file. Novo Nordisk Inc.; Plainsboro, NJ.

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