For adults with a BMI ≥30 kg/m^2 or BMI ≥27 kg/m^2 with a weight-related comorbidity, along with diet and exercise[1]

Saxenda® is also indicated for adolescents aged 12-17 years with obesity along with diet and exercise[1]

Meaningful weight loss **STARTS NOW**

The first GLP-1 RA approved for chronic weight management has been used by more than 1.5 million patients globally[2,a]

[a]As of March 2020.

Actor portrayals throughout.

Indications and Usage

Saxenda® (liraglutide) injection 3 mg is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in:

- Adult patients with an initial body mass index (BMI) of 30 kg/m^2 or greater (obese) or 27 kg/m^2 or greater (overweight) in the presence of at least one weight-related comorbid condition (eg, hypertension, type 2 diabetes mellitus, or dyslipidemia)
- Pediatric patients aged 12 years and older with body weight above 60 kg (132 lbs) and initial BMI corresponding to 30 kg/m^2 or greater for adults (obese) by international cut-offs

Limitations of Use

- Saxenda® contains liraglutide and should not be coadministered with other liraglutide-containing products or with any other GLP-1 receptor agonist
- The safety and effectiveness of Saxenda® in pediatric patients with type 2 diabetes have not been established
- The safety and effectiveness of Saxenda® in combination with other products intended for weight loss, including prescription drugs, over-the-counter drugs, and herbal preparations, have not been established

Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS

Liraglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether Saxenda® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined.

Saxenda® 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 of MTC with use of Saxenda® 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 Saxenda®.

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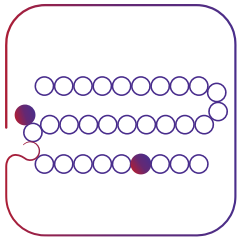
Please **click here** for Prescribing Information, including Boxed Warning, for Saxenda®.

Saxenda®
liraglutide injection 3mg

Saxenda® acts through an established MOA[1]

Saxenda® is 97% similar to native GLP-1[1]



GLP-1 is a native hormone released in response to food intake and acts as a physiological regulator of appetite[1,3]

Saxenda® targets GLP-1 receptors located in several areas of the brain involved in appetite regulation and food intake[1,a]

[a]Shown in animal models.

Patients taking Saxenda® feel satisfied and eat less food, leading to weight loss[1]

Monica
BMI 27 kg/m^2
Comorbidity: High blood pressure

Important Safety Information (cont'd)

Contraindications

Saxenda® is contraindicated in:

- Patients with a personal or family history of MTC or patients with MEN 2
- Patients with a serious hypersensitivity reaction to liraglutide or to any of the excipients in Saxenda®. Serious hypersensitivity reactions including anaphylactic reactions and angioedema have been reported with Saxenda®
- Pregnancy

Warnings and Precautions

- **Risk of Thyroid C-cell Tumors:** If serum calcitonin is measured and found to be elevated, the patient should be further evaluated. Patients with thyroid nodules noted on physical examination or neck imaging should also be further evaluated

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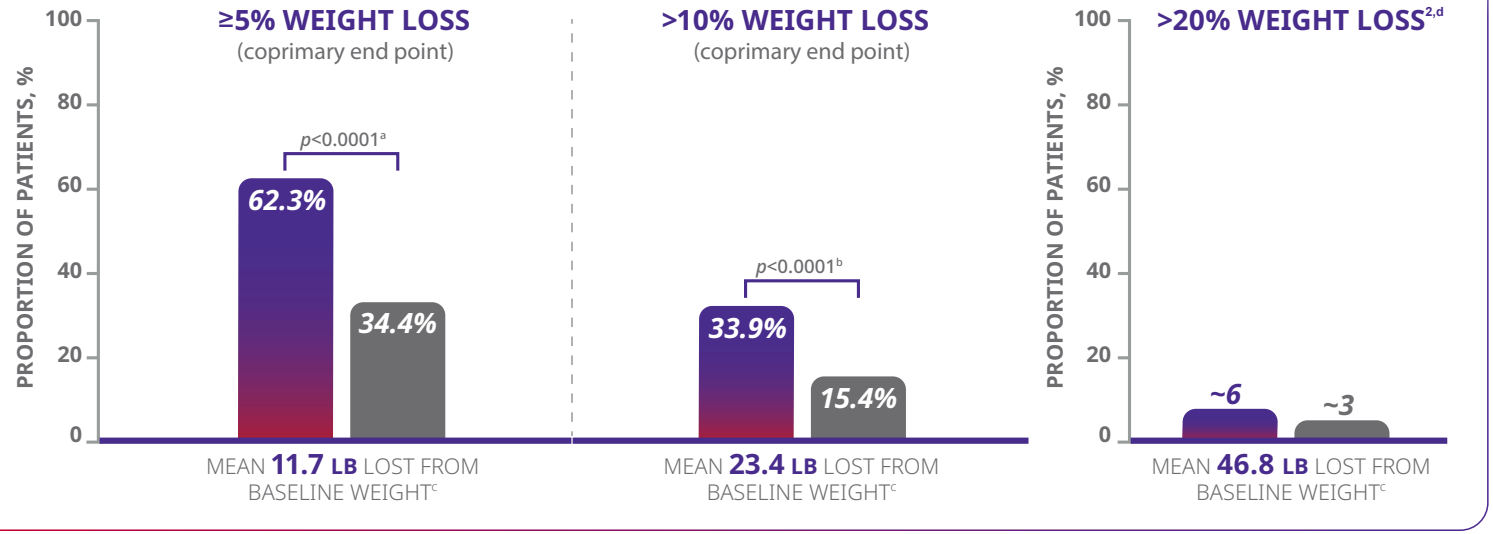
Saxenda®
liraglutide injection 3mg

85% of patients treated with Saxenda® lost some weight[1]

Most patients achieved clinically meaningful weight loss of ≥5% with Saxenda®[1]



Sarah
BMI 35 kg/m²

Primary end points: mean percentage weight change, percentage of patients achieving ≥5% of baseline weight loss, and percentage of patients achieving >10% weight loss.[1]

Mean baseline body weight was 233.9 lb and mean baseline BMI was 38.3 kg/m².[1]

STUDY DESIGN:

In a 56-week study of 3,731 adult patients without type 2 diabetes and with a BMI ≥30 kg/m² or ≥27 kg/m² with at least 1 weight-related comorbidity, patients were randomized to either Saxenda® (n=2,487) or placebo (n=1,244), with all patients receiving a reduced-calorie diet (~500 kcal/day deficit) and physical activity counseling.[1] See full study design on page 9.

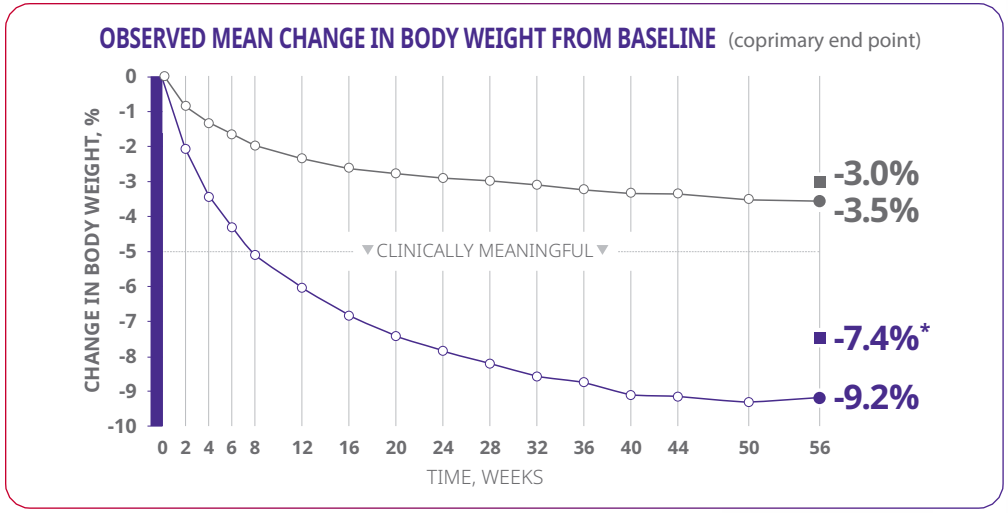
CI, confidence interval.
[a]Difference from placebo (least squares [LS] mean, 27.9% [95% CI, 23.9, 31.9]).
[b]Difference from placebo (LS mean, 18.5% [95% CI, 15.2, 21.7]).
[c]Weight loss in pounds (lb) calculated as 5%, 10%, or 20% of mean baseline body weight.
[d]Based on frequency cumulative distribution of change in body weight curve.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- **Acute Pancreatitis:** Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with liraglutide postmarketing. 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 Saxenda® promptly and if pancreatitis is confirmed, do not restart

Most patients on Saxenda® were able to achieve and maintain clinically meaningful weight loss[1]



For patients who completed the study

mean reduction from baseline of

21 lb

with Saxenda®

vs

8 lb

with placebo[2]

*Difference from placebo was statistically significant.[1]

Primary end points: mean percentage weight change, percentage of patients achieving ≥5% of baseline weight loss, and percentage of patients achieving >10% weight loss.[1]

Mean baseline body weight was 233.9 lb and mean baseline BMI was 38.3 kg/m².[1]

STUDY DESIGN:

In a 56-week study of 3,731 adult patients without type 2 diabetes and with a BMI ≥30 kg/m² or ≥27 kg/m² with at least 1 weight-related comorbidity, patients were randomized to either Saxenda® (n=2,487) or placebo (n=1,244), with all patients receiving a reduced-calorie diet (~500 kcal/day deficit) and physical activity counseling.[1] See full study design on page 9.

ITT-MI, intention to treat with multiple imputations.

Important Safety Information (cont'd)

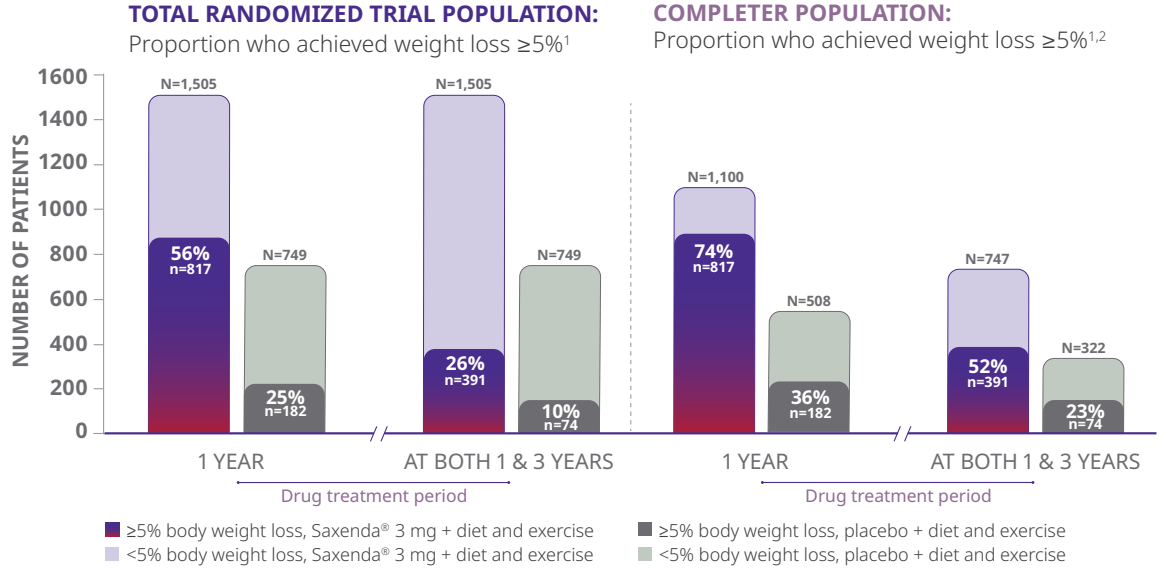
Warnings and Precautions (cont'd)

- **Acute Gallbladder Disease:** Substantial or rapid weight loss can increase the risk of cholelithiasis; however, the incidence of acute gallbladder disease was greater in patients treated with Saxenda® than with placebo even after accounting for the degree of weight loss. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated

- **Hypoglycemia:** Adult patients with type 2 diabetes on an insulin secretagogue (eg, a sulfonylurea) or insulin may have an increased risk of hypoglycemia, including severe hypoglycemia with use of Saxenda®. The risk may be lowered by a reduction in the dose of insulin secretagogues or insulin. In pediatric patients without type 2 diabetes, hypoglycemia occurred. Inform all patients of the risk of hypoglycemia and educate them on the signs and symptoms

More than 50% of patients taking Saxenda® who completed the trial achieved clinically meaningful weight loss at year 1 and maintained it at 3 years[1,2]

Of the total randomized population, 26% of patients taking Saxenda® achieved clinically meaningful weight loss at year 1 and maintained it at year 3[1]



- Upon discontinuation of treatment, patients are likely to regain weight[4-6]
- **53%** of patients taking Saxenda® 3 mg and **45%** of patients taking placebo completed the 3-year trial[4]
- The safety profile over 3 years was consistent with the profile at 1 year[4]

Mean baseline body weight was 236.7 lb and BMI was 38.8 kg/m^2 at mean baseline.[1]

STUDY DESIGN:
In a 3-year study of 2,254 adult patients with prediabetes and with a BMI ≥30 kg/m^2 or ≥27 kg/m^2 with at least 1 additional weight-related comorbidity, all patients received a reduced-calorie diet (~500 kcal/day deficit) and physical activity counseling. The trial did not stipulate assessing weight at 3 years for those patients who did not complete the trial.[1] See full study design on page 9.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- **Heart Rate Increase:** Mean increases in resting heart rate of 2 to 3 beats per minute (bpm) were observed in patients treated with Saxenda®. Monitor heart rate at regular intervals and inform patients to report palpitations or feelings of a racing heartbeat while at rest during treatment with Saxenda®. Discontinue Saxenda® in patients who experience a sustained increase in resting heart rate

Safety and tolerability of Saxenda® were evaluated in 5 clinical studies[1]

Adverse reactions in studies reported in ≥2% of adult patients treated with Saxenda® and more frequently than with placebo[1]

	Placebo (n=1,941)	Saxenda® (n=3,384)
	%	%
Nausea	**13.8**	**39.3**
Diarrhea	**9.9**	**20.9**
Constipation	**8.5**	**19.4**
Vomiting	**3.9**	**15.7**
Injection Site Reaction[a]	**10.5**	**13.9**
Headache	**12.6**	**13.6**
Hypoglycemia in Type 2 Diabetes[b]	**6.6**	**12.6**
Dyspepsia	**2.7**	**9.6**
Fatigue	**4.6**	**7.5**
Dizziness	**5.0**	**6.9**
Abdominal Pain	**3.1**	**5.4**
Increased Lipase	**2.2**	**5.3**

	Placebo (n=1,941)	Saxenda® (n=3,384)
	%	%
Upper Abdominal Pain	**2.7**	**5.1**
Gastroenteritis	**3.2**	**4.7**
Gastroesophageal Reflux Disease	**1.7**	**4.7**
Abdominal Distension	**3.0**	**4.5**
Eructation	**0.2**	**4.5**
Urinary Tract Infection	**3.1**	**4.3**
Flatulence	**2.5**	**4.0**
Viral Gastroenteritis	**1.6**	**2.8**
Insomnia	**1.7**	**2.4**
Dry Mouth	**1.0**	**2.3**
Asthenia	**0.8**	**2.1**
Anxiety	**1.6**	**2.0**

Learn more about managing GI side effects[1] at SaxendaPro.com.

LINK TO: https://www.novomedlink.com obesity/products/treatments/saxenda.html

[a]The most common reactions, each reported by 1% to 2.5% of Saxenda®-treated patients and more commonly than by placebo-treated patients, included erythema, pruritus, and rash at the injection site.

[b]Defined as blood glucose <54 mg/dL with or without symptoms of hypoglycemia in patients with type 2 diabetes not taking concomitant insulin (Study 2, Saxenda® n=423, placebo n=212).

GI, gastrointestinal.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- **Renal Impairment:** Acute renal failure and worsening of chronic renal failure, which may sometimes require hemodialysis, have been reported, usually in association with nausea, vomiting, diarrhea, or dehydration. Use caution when initiating or escalating doses of Saxenda® in patients with renal impairment
- **Hypersensitivity Reactions:** Serious hypersensitivity reactions (eg, anaphylaxis and angioedema) have been reported in patients treated with Saxenda®. If a hypersensitivity reaction occurs, patients should stop taking Saxenda® and promptly seek medical advice

Once-daily Saxenda® adult dosing schedule[1]

Escalation over 4 weeks to the clinically efficacious dose can reduce the likelihood of gastrointestinal symptoms[1]

START the dose at 0.6 mg → **INCREASE** the dose by 0.6 mg each week → **MAINTAIN** the 3.0-mg dose when reached

- **WEEK 1**: 0.6 mg
- **WEEK 2**: 1.2 mg
- **WEEK 3**: 1.8 mg
- **WEEK 4**: 2.4 mg
- **WEEK 5**: 3.0 mg FULL DOSE

Roberto
BMI 33 kg/m²

- If patients cannot tolerate an increased dose during escalation, consider delaying escalation for approximately 1 week. If a patient cannot tolerate the 3-mg dose, discontinue treatment[1]
- Patients who start with a sample pen will need a prescription to complete dose escalation
- After 16 weeks of treatment, evaluate change in body weight, when a prior authorization/reauthorization may be necessary to be initiated in office[1]
  - If a patient has not lost ≥4% of baseline body weight by week 16, discontinue Saxenda®, as it is unlikely the patient will achieve and sustain clinically meaningful weight loss with continued treatment
- In adult patients with type 2 diabetes, monitor blood glucose prior to starting Saxenda® and during Saxenda® treatment

Be sure to:

- ☑ Include a Rx for NovoFine® 32G Tip needles (if needed)
- ☑ Schedule a 16-week assessment, an important benchmark for measuring weight-loss progress

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- **Suicidal Behavior and Ideation:** In adult clinical trials, 9 (0.3%) of 3,384 patients treated with Saxenda® and 2 (0.1%) of the 1,941 treated with placebo reported suicidal ideation; one of the Saxenda® treated patients attempted suicide. In a pediatric trial, 1 (0.8%) of the 125 Saxenda® treated patients died by suicide. There was insufficient information to establish a causal relationship to Saxenda®. Monitor patients for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue treatment if patients experience suicidal thoughts or behaviors. Avoid Saxenda® in patients with a history of suicidal attempts or active suicidal ideation

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Saxenda®
liraglutide injection 3mg

Learn about simple steps for Saxenda® coverage and support

In as little as 90 seconds, you can check cost and coverage for your patients with obesity:

Step 1: Go to SaxendaCoverage.com

Step 2: Fill in required information

Step 3: Review your patient's costs and coverage

LINK TO: https://www.novocare.com/saxenda/cost-navigator.html?utm_source=saxendacoverage&utm_medium=Vanity_URL&utm_campaign=WB&src=000870272

9 out of 10 patients with Saxenda® commercial coverage pay $25 or less per prescription when a savings offer is applied[a,b]

[a]IQVIA LAAD 12 months ending February 2022.
[b]Data represent the final out-of-pocket costs per paid or reversed Saxenda® claim per 30-day prescription.

SaxendaCare®

- This free program uses scientifically proven weight-management strategies to help patients stay on track
- Provides patients access to a personalized web experience and on-demand phone support

Patients can learn more at Saxenda.com.

LINK TO: Saxenda.com

Important Safety Information (cont'd)

Adverse Reactions

- The most common adverse reactions, reported in ≥5% are nausea, diarrhea, constipation, vomiting, injection site reactions, headache, hypoglycemia, dyspepsia, fatigue, dizziness, abdominal pain, increased lipase, upper abdominal pain, pyrexia, and gastroenteritis

Drug Interactions

- Saxenda® causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications. Monitor for potential consequences of delayed absorption of oral medications concomitantly administered with Saxenda®

Use in Specific Populations

- There are no data on the presence of liraglutide in human breast milk; liraglutide was present in the milk of lactating rats
- Saxenda® has not been studied in patients less than 12 years of age
- Saxenda® slows gastric emptying. Saxenda® has not been studied in patients with preexisting gastroparesis

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Saxenda® liraglutide injection 3mg

Study designs

Study 1 (1 year)[1,7]

- Results from a 56-week, randomized, double-blind, placebo-controlled study to evaluate the safety and efficacy of Saxenda®
- Adult patients with a BMI ≥30, or ≥27 with 1 or more weight-related comorbidities (N=3,731), were randomized to receive once-daily Saxenda® (n=2,487) or placebo (n=1,244) in conjunction with a lifestyle modification program that included increased physical activity and a 500-kcal/day-deficit diet
- Patients underwent a 4-week dose-escalation period followed by 52 weeks taking the full dose
- The primary end points were mean percent weight change, percentage of patients achieving ≥5% of baseline weight loss, and percentage of patients achieving >10% of baseline weight loss at 56 weeks
- Secondary end points included changes in waist circumference, blood pressure, and lipids
- Mean baseline body weight was 233.9 lb and mean BMI was 38.3 kg/m^2
- Patients with type 2 diabetes were excluded from participating

Study 1 (3 year)[1,4]

- Results from a 160-week randomized, double-blind, placebo-controlled study to evaluate the long-term safety and efficacy of Saxenda®
- Adult patients with prediabetes and with a BMI of either ≥30, or ≥27 with at least 1 additional comorbidity, were randomized to receive once-daily Saxenda® (n=1,505) or placebo (n=749) in conjunction with a lifestyle modification program that included increased physical activity and a 500-kcal/day-deficit diet
- Patients underwent a 4-week dose-escalation period followed by 156 weeks taking the full dose, with a 12-week off-drug observational follow-up period
- The study evaluated percentage of patients achieving weight loss of at least 5% of body weight at both 1 year and 3 years
- Mean baseline body weight was 236.7 lb and mean BMI was 38.8 kg/m^2

Sarah
BMI 35 kg/m^2

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References: 1. Saxenda® [package insert]. Plainsboro, NJ: Novo Nordisk Inc; 2022. **2.** Data on file. Novo Nordisk Inc.; Plainsboro, NJ. **3.** Orskov C, Wettergren A, Holst JJ. Secretion of the incretin hormones glucagon-like peptide-1 and gastric inhibitory polypeptide correlates with insulin secretion in normal man throughout the day. *Scand J Gastroenterol*. 1996;31(7):665-670. **4.** le Roux CW, Astrup A, Fujioka K, et al; SCALE Obesity Prediabetes NN8022-1839 Study Group. 3 years of liraglutide versus placebo for type 2 diabetes risk reduction and weight management in individuals with prediabetes: a randomised, double-blind trial. *Lancet*. 2017;389(10077):1399-1409. **5.** Wadden TA, Hollander P, Klein S, et al; for NN8022-1923 Investigators. Weight maintenance and additional weight loss with liraglutide after low-calorie-diet-induced weight loss: the SCALE Maintenance randomized study. *Int J Obes (Lond)*. 2013;37(11):1443-1451. **6.** Davies MJ, Bergenstal R, Bode B, et al; for NN8022-1922 Study Group. Efficacy of liraglutide for weight loss among patients with type 2 diabetes: the SCALE diabetes randomized clinical trial. *JAMA*. 2015;314(7);687-699. **7.** Pi-Sunyer X, Astrup A, Fujioka K, et al; SCALE Obesity and Prediabetes NN8022-1839 Study Group. A randomized, controlled trial of 3.0 mg of liraglutide in weight management. *N Engl J Med*. 2015;373(1):11-22.