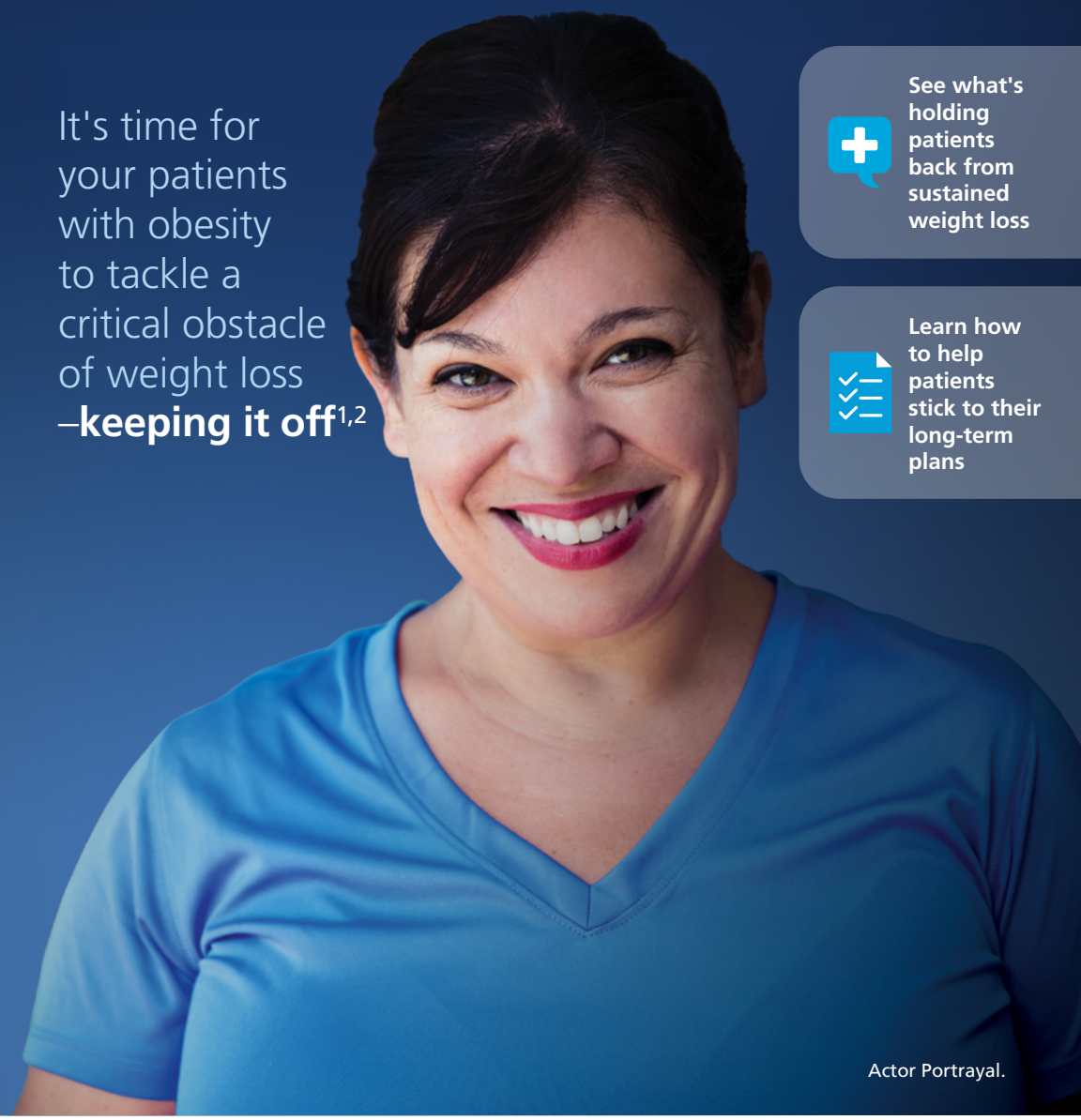
Welcome

TO THE **MAINTENANCE PHASE**



It's time for your patients with obesity to tackle a critical obstacle of weight loss –**keeping it off**[1,2]

See what's holding patients back from sustained weight loss

Learn how to help patients stick to their long-term plans

Actor Portrayal.

With your help, they can take on the challenge of **chronic weight management**

novo nordisk®

FOR YOUR PATIENTS WITH OBESITY

Regaining weight can impact more than the number on the scale

5% **A weight loss of 5%** or more has been shown to have an **impact** on some **weight-related comorbidities**[3]

Weight loss is difficult to sustain; **90%** of people with obesity are **unable to keep weight off long term**[1,a,b]

Weight regain puts patients at risk of developing or worsening some obesity-related complications[4-6]

Feelings of **frustration**, **shame**, and **hopelessness** could prevent patients from seeking help to stop or reverse their weight gain[7]

[a]Results from quantitative surveys in a study of over 3,000 adult patients with a BMI of 30 kg/m^2 or more, based on self-reported height and weight.[1]
[b]Long term defined as losing at least 10% of initial body weight and maintaining the loss for at least 1 year.[1]

Maintaining weight loss is often a challenge, but it is a critical part of successful weight management[8]

Actor Portrayal.

WHAT FACTORS CONTRIBUTE TO weight regain?

TREATMENT DISCONTINUATION

Reaching a plateau is not a reason to discontinue treatment[8]

Obesity may be a contributing factor to many health risks, making maintenance of weight loss an important goal of therapy[8]

Just like other chronic diseases, obesity requires continuous treatment[9]

When patients discontinue any weight-loss treatment, they are likely to **regain weight**[6]

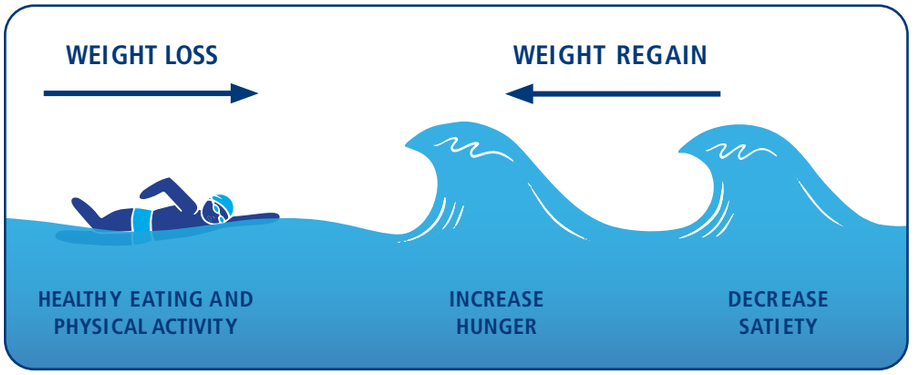
Pharmacotherapy can help patients **maintain weight loss** over time[8]

ACCORDING TO AACE/ACE GUIDELINES
Continued use of pharmacotherapy should transition from the goal of weight loss to weight maintenance[8]

METABOLIC ADAPTATION

Understanding the physiological processes that promote weight regain is essential for building a comprehensive, long-term treatment plan[8]

Healthy eating and physical activity keep your patients on track to lose weight



Following weight loss, **metabolic adaptation** drives the body to defend baseline body weight with the following hormonal changes[10,a]:

Hunger hormone *Increases*

+

Satiety (fullness) hormones *Decrease*

ACCORDING TO AACE/ACE GUIDELINES
Metabolic adaptation must continuously be offset by efforts to maintain weight loss over the long term[8]

AACE/ACE, American Association of Clinical Endocrinologists and American College of Endocrinology.

[a]Patients were randomized to calorie restriction (CR), calorie restriction with exercise (CREX), or low-calorie diet (LCD) groups. Mean percent weight change (SEM) at 6 months by group was -10.4% (0.9%) (CR), -10.0% (0.8%) (CREX), and -13.9% (0.7%) (LCD) of initial body weight.[11]

Your support CAN HELP LEAD TO success

Your guidance can bridge the gap between unrealistic goals and clinically meaningful weight loss

A weight loss of **5% or more** can have an impact on some weight-related comorbidities[3]

Many patients want to lose at least **2x or 3x that amount**[12,13]

Starting with more modest weight-loss goals may help patients stay on a plan for longer[14,a]

Weight-management counseling has been shown to significantly improve weight maintenance[15,16,b]

Results of patients who received 6 months of intensive counseling[15,17,c]

Higher motivation and greater reductions in:

- WEIGHT
- BLOOD PRESSURE
- CHOLESTEROL LEVELS

A COMPREHENSIVE treatment plan CAN HELP SUPPORT WEIGHT-LOSS RESULTS

HCP COUNSELING

Patients lost **5x more weight** with HCP counseling than with a self-directed program[18,d]

PHARMACOTHERAPY

Patients who combined pharmacotherapy with lifestyle modification lost nearly **2x more weight** than those using lifestyle modification alone[19,e]

Coverage is a critical part of effective treatment

Insurance companies are increasingly providing coverage for long-term HCP counseling for weight management[15]

[a]An observational study of 1,785 adult patients with obesity (a BMI of 30 kg/m^2 or more) receiving at least 1 year of continuous treatment throughout 23 Italian medical centers specializing in obesity treatment.[14]

[b]A UK-based randomized, controlled trial of 1,267 adults with a BMI of 28 kg/m^2 or more randomly assigned to receive brief advice and self-help materials, referral to Weight Watchers for 12 weeks, or referral to Weight Watchers for 52 weeks.[16]

[c]A 6-month UK-based study of 334 adult patients randomized to an intervention group receiving standard exercise and nutrition information in addition to up to 5 face-to-face counseling sessions or to a control group receiving only standard weight-loss information. Patients had at least one of the following: excess weight (a BMI of 28 kg/m^2 or more), hypertension (SBP/DBP at least 150/90 mm Hg), or hypercholesterolemia (at least 5.2 mmol/L).[17]

[d]A randomized controlled study of 415 patients with obesity showed that patients lost more weight with HCP counseling, weight-loss coaches, and web-based support (5.2% weight loss) when compared with a self-directed program (1.1% weight loss) at 24 months.[18]

[e]From a 1-year study of 224 patients with a BMI of 30 to 45 kg/m^2 randomly assigned to receive medication (sibutramine) alone, lifestyle modification alone, medication with brief therapy, or medication with lifestyle-modification counseling (combined therapy).[19]

Create a follow-up protocol to help patients stay on track with treatment

A simple guide to long-term treatment with Saxenda®

Saxenda® liraglutide injection 3mg

INITIAL VISIT

2-8 WEEKS

16 WEEKS

20-48 WEEKS

52 WEEKS

Prescribe Saxenda®

At this initial visit with your patient, make sure to:

- ☐ **Demonstrate** proper injection technique in the office
- ☐ **Discuss** potential side effects
- ☐ **Explain** dose escalation
- ☐ **Encourage** enrollment in SaxendaCare®, our free support program that offers weight-management strategies, as well as the guidance from live coaches via Noom® or phone
- ☐ **Schedule** a follow-up at 2-8 weeks before the patient leaves the office

First follow-up

- ☐ **Evaluate** initial progress and monitor for side effects
- ☐ **Discuss** adherence to therapy, including proper titration
- ☐ **Schedule** a follow-up before the patient leaves the office

An important benchmark for measuring weight-loss progress

- ☐ **Evaluate** change in body weight from baseline[a]
- ☐ **Initiate** PA reauthorization if required

Remain an active part of your patient's weight-management journey

- ☐ **Follow up** regularly, and consider calling your patient to check in periodically
- ☐ **Schedule** follow-ups every 4-8 weeks
- ☐ **Encourage** your patient to reach out with questions or concerns

Your patient has completed 1 year of treatment

It's time to celebrate how far they've come and plan for the future.

- ☐ **Evaluate** change in body weight from baseline
- ☐ **Speak** to your patient about the importance of maintaining this weight loss
- ☐ **Emphasize** staying on therapy to help maintain weight loss

Provide support when patients reach the weight maintenance phase[8]

Remember to educate patients on this phase of weight management so that they know they are on the right track

Remind them that success is not only about the weight they lose. It's also about keeping that weight off over time

[a]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.[20]

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

Please see additional Important Safety Information on following pages.
Please click here for Prescribing Information, including Boxed Warning.

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®.

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
- **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
- **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
- **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
- **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
- **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

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

Please click here for Prescribing Information, including Boxed Warning.

References: **1.** Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the National ACTION Study. *Obesity.* 2018;26(1):61-69. **2.** Hall KD, Kahan S. Maintenance of lost weight and long-term management of obesity. *Med Clin North Am.* 2018;102:183-197. **3.** Wing RR, Lang W, Wadden TA, et al; Look AHEAD Research Group. Benefits of modest weight loss in improving cardiovascular risk factors in overweight and obese individuals with type 2 diabetes. *Diabetes Care.* 2011;34(7):1481-1486. **4.** Berger SE, Huggins GS, McCaffery JM, et al. Change in cardiometabolic risk factors associated with magnitude of weight regain 3 years after a 1-year intensive lifestyle intervention in type 2 diabetes mellitus: the Look AHEAD trial. *J Am Heart Assoc.* 2019;8(20):e010951. **5.** Bangalore S, Fayyad R, Laskey R, et al. Body-weight fluctuations and outcomes in coronary disease. *N Engl J Med.* 2017;376(14):1332-1340. **6.** Bray GA, Heisel WE, Afshin A, et al. The science of obesity management: an Endocrine Society scientific statement. *Endocr Rev.* 2018;39(2):1-54. **7.** Fairburn CG, Brownell KD. *Eating Disorders and Obesity.* 2nd ed. New York, NY: The Guilford Press; 2002. **8.** Garvey WT, Mechanick JI, Brett EM, et al; Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203. **9.** Bray GA, Kim KK, Wilding JPH. Obesity: a chronic relapsing progressive disease process. A position statement of the World Obesity Federation. *Obes Rev.* 2017;18(7):715-723. **10.** Sumithran P, Prendergast LA, Delbridge E, et al. Long-term persistence of hormonal adaptations to weight loss. *N Engl J Med.* 2011;365(17):1597-1604. **11.** Heilbronn LK, de Jonge L, Frisard MI, et al. Effect of 6-month calorie restriction on biomarkers of longevity, metabolic adaptation and oxidative stress in overweight individuals: a randomized controlled trial. *JAMA.* 2006;295(13):1539-1548. **12.** Foster GD, Wadden TA, Vogt RA, Brewer G. What is a reasonable weight loss? Patients' expectations and evaluations of obesity treatment outcomes. *J Consult Clin Psychol.* 1997;65(1):79-85. **13.** Wadden TA, Womble LG, Sarwer DB, Berkowitz RI, Clark VL, Foster GD. Great expectations: "I'm losing 25% of my weight no matter what you say." *J Consult Clin Psychol.* 2003;71:108-109. **14.** Dalle Grave R, Calugi S, Molinari E, et al. Weight loss expectations in obese patients and treatment attrition: an observational multicenter study. *Obes Res.* 2005;13(11):1961-1969. **15.** Kahan SI. Practical strategies for engaging individuals with obesity in primary care. *Mayo Clin Proc.* 2018;93(3):351-359. **16.** Ahern AL, Wheeler GM, Aveyard P, et al. Extended and standard duration weight-loss programme referrals for adults in primary care (WRAP): a randomised controlled trial. *Lancet.* 2017;389(10085):2214-2225. **17.** Hardcastle S, Taylor A, Bailey M, Castle R. A randomised controlled trial on the effectiveness of a primary health care based counselling intervention on physical activity, diet and CHD risk factors. *Patient Educ Couns.* 2008;70:31-39. **18.** Appel LJ, Clark JM, Yeh H-C, et al. Comparative effectiveness of weight-loss interventions in clinical practice. *N Engl J Med.* 2011;365(21):1959-1968. **19.** Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005;353(20):2111-2120. **20.** Saxenda® [package insert]. Plainsboro, NJ: Novo Nordisk Inc; 2022. **21.** Lam YY, Ravussin E. Analysis of energy metabolism in humans: a review of methodologies. *Mol Metab.* 2016;5(11):1057-1071.

Saxenda®
liraglutide injection 3mg

KEEPING WEIGHT OFF REQUIRES KEEPING UP WITH A WEIGHT-MANAGEMENT PLAN

Actor Portrayals.

Weight loss is difficult to maintain with lifestyle changes alone[10,21]

A comprehensive treatment plan, consisting of lifestyle modification and pharmacotherapy, can help patients get closer to their goals[8]

Obesity is a chronic disease that requires ongoing treatment and frequent follow-ups[9,10]

Saxenda® can help your patients lose weight and keep it off[20]

Learn more at SaxendaPro.com

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®.

Please see additional Important Safety Information on page 6.
Please click here for Prescribing Information, including Boxed Warning.