Only Wegovy® is proven to treat obesity and reduce the risk of major adverse cardiovascular events (MACE)

Significant, sustained weight loss at 2 years[1]

In addition to diet and exercise, for chronic weight management in adults with obesity or overweight with at least one weight-related comorbidity

Proven MACE risk reduction[2,3]*

In addition to diet and exercise, to reduce the risk of MACE in adults with established CVD and either overweight or obesity

TREAT BEYOND THE POUNDS

That's the Power of Wegovy®

Actor portrayals.

STEP 5 Study Design: Mean change in body weight at 2 years, baseline 232.8 lb (Wegovy®), 234.8 lb (placebo), and BMI 38.5 kg/m^2 (N=304, randomized 1:1): -15.2% Wegovy® vs -2.6% placebo (p<0.0001); patients who lost ≥5% at 2 years: 77.1% Wegovy® (n=111 of 144) vs 34.4% placebo (n=44 of 128), (p<0.0001). Discontinuation rate: 13% Wegovy®, 27% placebo.[1]

*Major adverse cardiovascular events (MACE) is defined as cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke. BMI, body mass index; CVD, cardiovascular disease.

See page 4 for STEP 5 study design.

ONCE-WEEKLY
wegovy®
semaglutide injection 2.4 mg

Indications and Usage

Wegovy® (semaglutide) injection 2.4 mg is indicated in combination with a reduced calorie diet and increased physical activity:

- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight
- to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity and adults with overweight in the presence of at least one weight-related comorbidity

Limitations of Use: Wegovy® contains semaglutide. Coadministration with other semaglutide-containing products or with any GLP-1 receptor agonist is not recommended

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 Wegovy® 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**
- **Wegovy® is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Wegovy® and inform them of symptoms of thyroid tumors (e.g. 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 Wegovy®**

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

Obesity is a disease with many serious health risks[4-7]

Obesity is associated with at least

60

weight-related comorbidities[4-7]

Many chronic conditions associated with obesity, including **hypertension, dyslipidemia, and type 2 diabetes,** are managed with medication, in addition to other interventions[6,8-11]

Approach obesity as the chronic, progressive, and prevalent disease it is[6,12,13]

Weight loss of

5% **or more**[5,7,14]

can be clinically meaningful

Obesity prevalence among US adults is **projected to climb to**

~50% **by 2030**[12]*

Wegovy® is not indicated to treat hypertension, dyslipidemia, and type 2 diabetes.

*Based on a study of adult (18 years of age or older) BMI data from >6 million adults from BRFSS (1993-1994 and 1999-2016), corrected for self-reporting bias using NHANES data from >57,000 adults.[12]

Obesity puts patients at risk for serious cardiovascular events[6,15-17]

Obesity is closely linked to cardiovascular morbidity and mortality[6,15-17]

Cardiovascular disease is the

#1

cause of death in adults with obesity[18]

Obesity-related cardiovascular deaths*

increased **3X**

between 1999 and 2020[17]

Men and women with obesity have a[19†]

75% (among women) | **42%** (among men)

greater risk for fatal and non-fatal myocardial infarctions than those with BMI <25 (18.5-24.9) kg/m^2

Approach obesity like the disease it is:

- Chronic, progressive, and prevalent[6,12,13]
- Closely linked to cardiovascular outcomes[6,9,10,15,16]
- Correlated to residual risk of cardiovascular events[15,18,20]

*Based on an analysis of the Multiple Cause of Death database in the United States. Age-adjusted mortality rates were compared across 281,135 cardiovascular disease–related deaths with obesity recorded as a contributing cause of death occurring in adults (>15 years old) in the US between 1999 and 2020. Cardiovascular deaths were categorized by ischemic heart disease, heart failure, hypertensive disease, cerebrovascular disease, and other.[17]

†Data from men and women aged 40-59 years with obesity (BMI 30.0-39.9 kg/m^2). From an analysis of pooled, individual-level data from 10 longitudinal population-based cohort studies conducted in the United States. All cohorts represented community-based or population-based samples with at least one examination that included direct measurement of weight and height, at least 10 years of follow-up, and surveillance and adjudication of cardiovascular events of interest. This included 190,672 person-examinations across the life course with follow-up until 2015.[19]

BMI, body mass index; CVD, cardiovascular disease.

In adults with obesity or overweight with at least one weight-related comorbidity, along with diet and exercise,

Wegovy® delivered significant, sustained weight loss[1,2]

STEP 5: Sustained Weight Loss at 2 Years[1]

Co-primary end point[1]

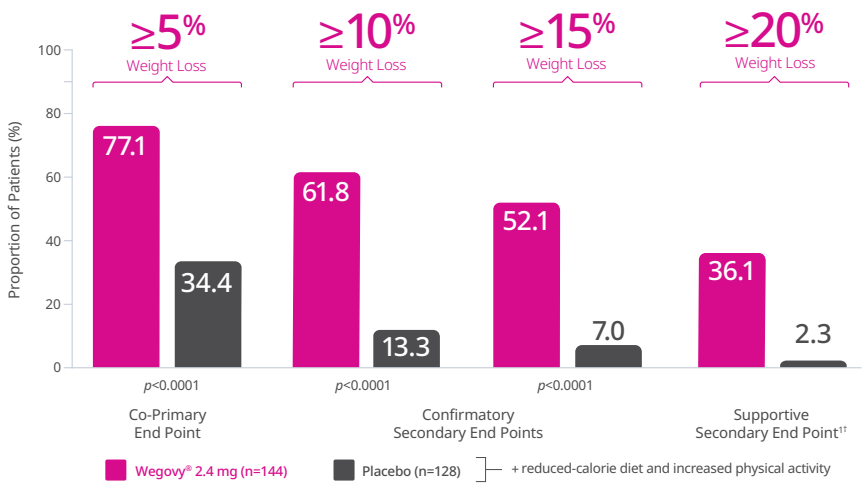
Patients taking Wegovy® achieved

~15% Mean Weight Loss *or* **~35lb** Reduction

at 2 years

15.2% mean weight loss with Wegovy®
*vs 2.6% (~6 lb) with placebo**

Percentage of patients achieving categorical weight loss at 2 years[1†‡]



Wegovy® and placebo were evaluated in conjunction with a reduced-calorie diet and physical activity in adults with obesity or with overweight and at least one weight-related comorbidity.

Baseline weight was 232.8 lb (Wegovy®) and 234.8 lb (placebo), and baseline BMI was 38.5 kg/m².

STEP 5 Study Design: A 104-week trial of 304 adults with obesity (BMI ≥30 kg/m²) or overweight (BMI 27 kg/m²-29.9 kg/m²) and at least one weight-related comorbid condition, such as treated or untreated dyslipidemia or hypertension, cardiovascular disease, or obstructive sleep apnea; Patients with diabetes mellitus were excluded. Patients were randomized in a 1:1 ratio to either once-weekly Wegovy® 2.4 mg or placebo (with a 16-week dose-escalation period), both in conjunction with reduced-calorie diet (~500 kcal/day deficit) and increased physical activity (recommended to a minimum of 150 minutes/week). Trial discontinuation: 13% Wegovy® vs 27% placebo.[1]

**p*<0.0001 (unadjusted 2-sided for superiority).

†Supportive secondary end points were not included in the statistical hierarchy and, as such, not controlled for multiplicity.
‡Observed data include only patients who had a body weight assessment at week 104 (144 of 152 for Wegovy® arm and 128 of 152 for placebo arm) and do not include all randomized patients.
BMI, body mass index.

See page 6 for additional end points for STEP 5.

Important Safety Information

Contraindications

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

Warnings and Precautions

- **Risk of Thyroid C-Cell Tumors:** Patients should be further evaluated if serum calcitonin is measured and found to be elevated or thyroid nodules are noted on physical examination or neck imaging

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

ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

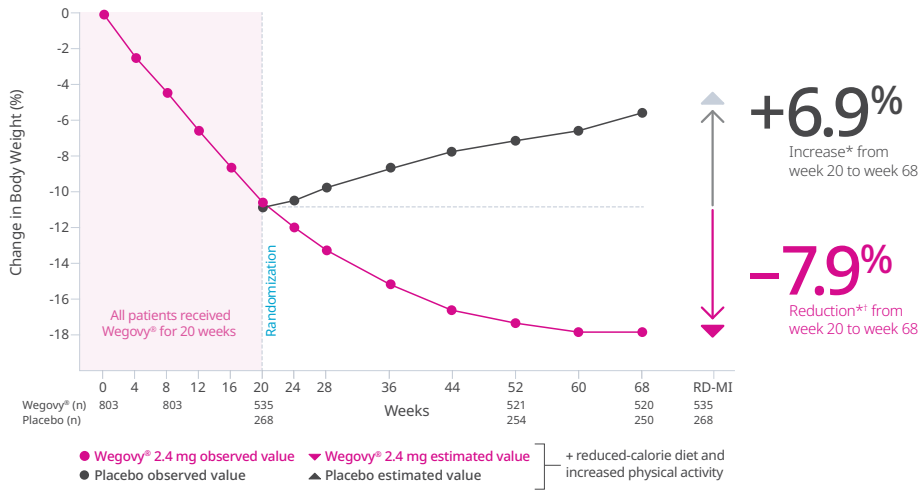
In adults with obesity or overweight with at least one weight-related comorbidity, along with diet and exercise,

Staying on Wegovy® helped patients lose weight and keep it off[2,21]

STEP 4: Weight-Loss Maintenance With Continued Use[2]

Primary end point: Mean change in body weight (%) from randomization (week 20) to week 68[2]

Patients in both arms continued a reduced-calorie diet and increased physical activity after randomization



Supportive secondary end point[2‡]

Patients taking Wegovy® achieved

17.4% Mean Weight Loss *or* **~41 lb** Reduction

from week 0 to week 68

vs 5% (~12 lb) weight loss with placebo

Randomized patients (shown) do not include 99 patients who discontinued during the 20-week run-in period. Missing data were imputed from retrieved subjects of the same randomized treatment arm (RD-MI).
‡Supportive secondary end points were not included in the statistical testing hierarchy and, as such, not controlled for multiplicity.

Wegovy® and placebo were evaluated in conjunction with a reduced-calorie diet and increased physical activity in adults with obesity or with overweight and at least one weight-related comorbidity.

Mean weight and BMI: Baseline (week 0), 236.3 lb, 38.4 kg/m²; Randomization (week 20), 211.9 lb, 34.4 kg/m².[2,21]

STEP 4 Study Design: A 68-week trial that enrolled 902 adults. All patients received once-weekly Wegovy® for 20 weeks, which included 16 weeks of dose escalation. 803 patients achieved Wegovy® 2.4 mg dose and were then randomized in a 2:1 ratio to either continue on Wegovy® or receive placebo. All patients received instruction for reduced-calorie diet (~500 kcal/day deficit) and increased physical activity counseling (recommended to a minimum of 150 min/week) through the trial.

*p<0.001 (unadjusted 2-sided) for superiority, controlled for multiplicity.
†Difference from placebo was -14.8%.
BMI, body mass index.

Important Safety Information

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 GLP-1 receptor agonists, including semaglutide. Acute pancreatitis was observed in patients treated with Wegovy® in clinical trials. Observe patients carefully for signs and symptoms of acute pancreatitis (including persistent severe abdominal pain, sometimes radiating to the back, and which may or may not be accompanied by vomiting). If acute pancreatitis is suspected, discontinue Wegovy® promptly, and if acute pancreatitis is confirmed, do not restart

Please see additional Important Safety Information throughout.
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ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

In adults with obesity or overweight and at least one weight-related comorbidity, along with diet and exercise,

Benefits beyond the scale® with Wegovy® from baseline to 2 years

In STEP 5, Wegovy® 2.4 mg demonstrated improvements in cardiometabolic risk factors at 2 years in a chronic weight-management trial

Confirmatory secondary end points: Change in[1]:

Waist circumference:

5.7-inch reduction
2-inch reduction with placebo

Systolic blood pressure:

5.7 mm Hg reduction
1.6 mm Hg reduction with placebo

Supportive secondary end points: Change in[1]:

Lipid profile:

Total cholesterol

3.3% reduction
1.4% increase with placebo

LDL

6.1% reduction
2.7% reduction with placebo

HDL

9.6% increase
8.1% increase with placebo

Triglycerides

19% reduction
3.7% increase with placebo

Diastolic blood pressure:

4.4 mm Hg reduction
0.8 mm Hg reduction with placebo

A1c:

0.4% reduction
0.1% reduction with placebo

Safety end point: Change in[1]:

Heart rate:

3.3 bpm increase
0.8 bpm reduction with placebo

Wegovy® is not indicated to treat hypertension, type 2 diabetes, or dyslipidemia.

The supportive secondary efficacy end points were not included in the statistical testing hierarchy and, as such, the analyses were not adjusted for multiplicity.

A1c, glycated hemoglobin; bpm, beats per minute; HDL, high-density lipoprotein; LDL, low-density lipoprotein.

Important Safety Information

Warnings and Precautions (cont'd)

- **Acute Gallbladder Disease:** Treatment with Wegovy® is associated with an increased occurrence of cholelithiasis and cholecystitis. The incidence of cholelithiasis and cholecystitis was higher in Wegovy® pediatric patients aged 12 years and older than in Wegovy® adults. In clinical trials in adult patients, cholelithiasis was reported by 1.6% of Wegovy® patients and 0.7% of placebo patients. Cholecystitis was reported by 0.6% of Wegovy® patients and 0.2% of placebo patients. In a clinical trial in pediatric patients aged 12 years and older, cholelithiasis was reported by 3.8% of Wegovy® patients and 0% placebo patients. Cholecystitis was reported by 0.8% of Wegovy® pediatric patients and 0% placebo patients. Substantial or rapid weight loss can increase the risk of cholelithiasis; however, the incidence of acute gallbladder disease was greater in Wegovy® patients than in placebo patients, even after accounting for the degree of weight loss. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated

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ONCE-WEEKLY
wegovy®
semaglutide injection 2.4 mg

In adults with obesity or overweight with at least one weight-related comorbidity, along with diet and exercise,

A well-studied safety profile from three phase 3 weight-management clinical trials

Adverse reactions reported in ≥2% of Wegovy®-treated adults and more frequently than with placebo[2]	Placebo (n=1,261) %	Wegovy® 2.4 mg (n=2,116) %
Nausea	16	44
Diarrhea	16	30
Vomiting	6	24
Constipation	11	24
Abdominal Pain*	10	20
Headache	10	14
Fatigue†	5	11
Dyspepsia	3	9
Dizziness	4	8
Abdominal Distension	5	7
Eructation	<1	7
Hypoglycemia in Type 2 Diabetes Mellitus‡	2	6
Flatulence	4	6
Gastroenteritis	4	6
Gastroesophageal Reflux Disease	3	5
Gastritis§	1	4
Gastroenteritis Viral	3	4
Hair Loss	1	3
Dysesthesia‖	1	2

In clinical trials[2]

- **6.8%** of patients treated with Wegovy® and **3.2%** of patients treated with placebo permanently discontinued treatment as a result of adverse reactions
- Permanent discontinuation of treatment as a result of a gastrointestinal adverse reaction occurred in **4.3%** of patients treated with Wegovy® vs **0.7%** of patients treated with placebo
- The most common adverse reactions leading to discontinuation were: nausea **(1.8% vs 0.2%)**, vomiting **(1.2% vs 0%)**, and diarrhea **(0.7% vs 0.1%)** for Wegovy® and placebo, respectively

*Includes abdominal pain, abdominal pain upper, abdominal pain lower, gastrointestinal pain, abdominal tenderness, abdominal discomfort, and epigastric discomfort.
†Includes fatigue and asthenia.
‡Defined as blood glucose <54 mg/dL with or without symptoms of hypoglycemia or severe hypoglycemia (requiring the assistance of another person) in patients with type 2 diabetes mellitus not on concomitant insulin (STEP 2, Wegovy® n=403, placebo n=402).
§Includes chronic gastritis, gastritis, erosive gastritis, and reflux gastritis.
‖Includes paresthesia, hyperesthesia, burning sensation, allodynia, dysesthesia, skin burning sensation, pain of skin, and sensitive skin.

Important Safety Information

Warnings and Precautions (cont'd)

- **Hypoglycemia:** Wegovy® lowers blood glucose and can cause hypoglycemia. In a trial of adult patients with type 2 diabetes, hypoglycemia was reported in 6.2% of Wegovy® patients versus 2.5% of placebo patients. Patients with diabetes taking Wegovy® with an insulin or insulin secretagogue (e.g. sulfonylurea) may have an increased risk of hypoglycemia, including severe hypoglycemia. The use of Wegovy® in patients with type 1 diabetes or in combination with insulin has not been evaluated. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms. Monitor blood glucose in patients with diabetes

Please see additional Important Safety Information throughout.
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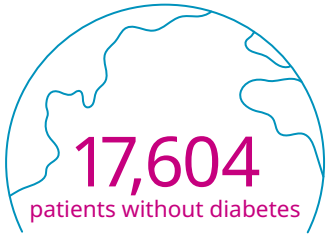
ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

In adults with established CVD and either obesity or overweight, without diabetes, when added to CV standard of care,

SELECT is a landmark study: The largest CVOT ever completed for patients with obesity and established CVD[2,3,22]

Patient population



17,061 (~97%) completed the trial[2,3]*

Patient enrollment: October 2018-March 2021
Trial ended: June 2023[3,23]

Key Inclusion Criteria[2,3]

Adults: ≥45 years
BMI: ≥27 kg/m^2

Established CVD:
- Prior MI
- Prior stroke
- PAD

Treatment arms

Wegovy® 2.4 mg once weekly

1:1 Randomization

Cardiovascular standard of care

Placebo once weekly

Event-driven superiority trial: 1,225 accrued events

Median duration of follow-up: 41.8 months

Primary composite end point

Time from randomization to first occurrence of MACE[2,3]

3-PART MACE


CV Death


Non-Fatal MI


Non-Fatal Stroke

The current standard of care includes management of CV risk factors and individualized healthy lifestyle counseling (including diet and physical activity). Concomitant CV therapies could be adjusted at "the investigator's discretion" to ensure participants were treated according to the current standard of care for patients with established CVD.

*Defined as having died or attended the final trial visit.
BMI, body mass index; CV, cardiovascular; CVD, cardiovascular disease; CVOT, cardiovascular outcomes trial; MACE, major adverse cardiovascular events; MI, myocardial infarction; PAD, peripheral arterial disease.

Important Safety Information

Warnings and Precautions (cont'd)

- **Acute Kidney Injury:** There have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which in some cases required hemodialysis, in patients treated with semaglutide. Patients with renal impairment may be at a greater risk of acute kidney injury, but some events have been reported in patients without known underlying renal disease. A majority of the events occurred in patients who experienced nausea, vomiting, or diarrhea, leading to volume depletion. Monitor renal function when initiating or escalating doses of Wegovy® in patients reporting severe adverse gastrointestinal reactions and in patients with renal impairment reporting any adverse reactions that could lead to volume depletion
- **Hypersensitivity Reactions:** Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported with Wegovy®. If hypersensitivity reactions occur, discontinue use of Wegovy®, treat promptly per standard of care, and monitor until signs and symptoms resolve. Use caution in a patient with a history of anaphylaxis or angioedema with another GLP-1 receptor agonist

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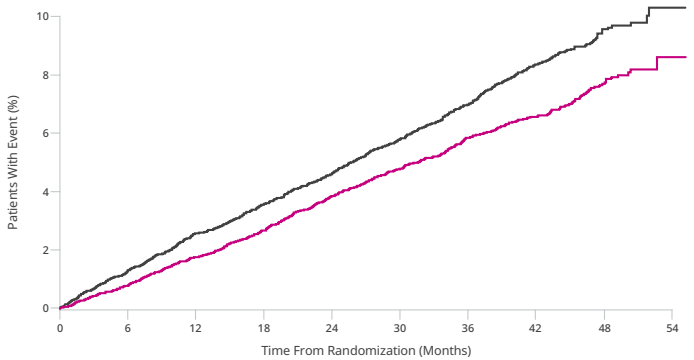
ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

In adults with established CVD and either overweight or obesity, without diabetes, when added to CV standard of care,

Wegovy® is the first obesity treatment approved to help prevent life-threatening cardiovascular events[2,3,24]

Primary composite end point: Time to first occurrence of MACE (CV death, non-fatal MI, or non-fatal stroke)[2,3]



8.0%
Placebo + CV standard of care (n=701 of 8,801)

vs

6.5%
Wegovy® 2.4 mg + CV standard of care (n=569 of 8,803)

Hazard ratio, 0.80 (95% CI, 0.72-0.90)
p<0.001, one-sided *p*-value

— Wegovy® 2.4 mg
— Placebo
} + CV standard of care

20%
RRR of MACE when added to CV SOC[2,3]

1.5% ARR[22]*

With Wegovy®

the reduction of MACE was not impacted by age, sex, race, ethnicity, BMI at baseline, or level of renal function impairment

Cumulative Incidence Function: Time to First Occurrence of 3-part MACE. Data from the in-trial period.

SELECT Study Design: A multi-national, double-blind, placebo-controlled, event-driven CV outcomes trial of 17,604 adults with BMI ≥27 kg/m^2 and established CVD (prior MI, prior stroke, or PAD) designed to assess superiority of once-weekly Wegovy® 2.4 mg vs placebo (1:1 randomization) for time to first MACE. Both groups received current standard of care, including CV risk factor management and individualized healthy lifestyle counseling (including diet and physical activity); concomitant CV therapies could be adjusted at the discretion of the investigator to ensure participants were treated according to the current standard of care for patients with established CVD. Patients with a history of type 1 or type 2 diabetes were excluded. Median duration of follow-up was 41.8 months. During the trial, 31% of patients in the Wegovy® arm discontinued treatment compared with 27% in the placebo arm.[2,3]

*1.5% ARR at 40 months (mean duration of follow-up).
ARR, absolute risk reduction; BMI, body mass index; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; MACE, major adverse cardiovascular events; MI, myocardial infarction; PAD, peripheral arterial disease; RRR, relative risk reduction; SOC, standard of care.

Important Safety Information

Warnings and Precautions (cont'd)

- **Diabetic Retinopathy Complications in Patients with Type 2 Diabetes:** In a trial of adult patients with type 2 diabetes, diabetic retinopathy was reported by 4.0% of Wegovy® patients and 2.7% of placebo patients. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy
- **Heart Rate Increase:** Mean increases in resting heart rate of 1 to 4 beats per minute (bpm) were observed in Wegovy® adult patients compared to placebo in clinical trials. More Wegovy® adult patients compared with placebo had maximum changes from baseline of 10 to 19 bpm (41% versus 34%) and 20 bpm or more (26% versus 16%). In a clinical trial in pediatric patients aged 12 years and older with normal baseline heart rate, more patients treated with Wegovy® compared to placebo had maximum changes in heart rate of 20 bpm or more (54% versus 39%). Monitor heart rate at regular intervals and instruct patients to report palpitations or feelings of a racing heartbeat while at rest. If patients experience a sustained increase in resting heart rate, discontinue Wegovy®

Please see additional Important Safety Information throughout.
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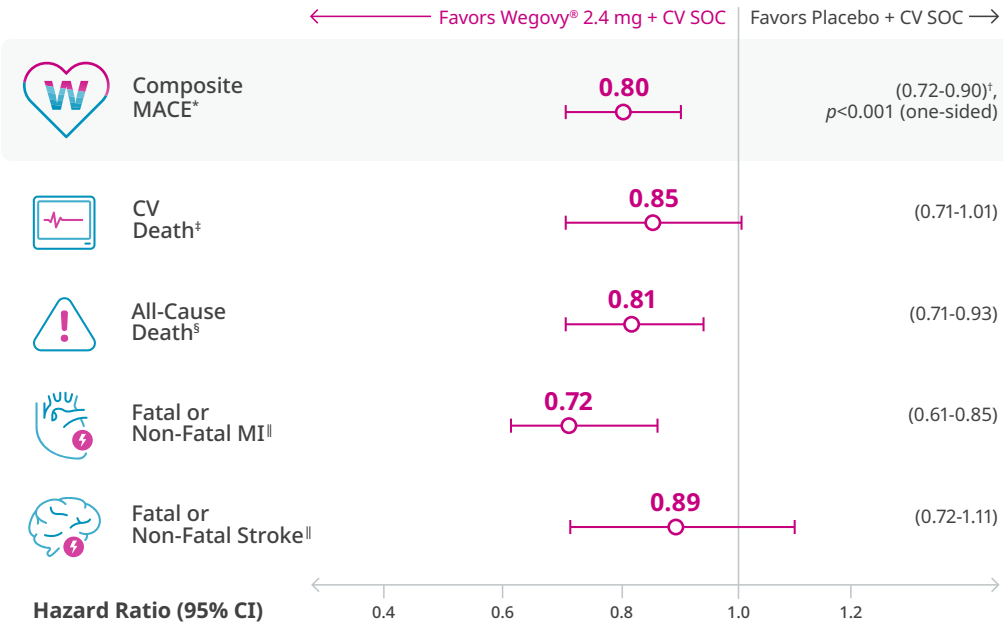
ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

In adults with established CVD and either obesity or overweight, without diabetes, when added to CV standard of care,

Treatment effect for MACE and other events in SELECT[2]



*Primary end point.
†Adjusted for group sequential design using the likelihood ratio ordering.

‡Cardiovascular death was the first confirmatory secondary end point in the testing hierarchy and superiority was not confirmed.

§Confirmatory secondary end point. Not statistically significant based on the prespecified testing hierarchy.

‖Not included in the prespecified testing hierarchy for controlling type-1 error.

- **CV death occurred in 2.5% (223/8,803) of patients on Wegovy® and 3.0% (262/8,801) of patients on placebo**
- **All-cause death occurred in 4.3% (375/8,803) of patients on Wegovy® and 5.2% (458/8,801) of patients on placebo**
- **Fatal or non-fatal MI occurred in 2.8% (243/8,803) of patients on Wegovy® and 3.8% (334/8,801) of patients on placebo**
- **Fatal or non-fatal stroke occurred in 1.8% (160/8,803) of patients on Wegovy® and 2.0% (178/8,801) of patients on placebo**

Composite MACE includes CV death, non-fatal MI, or non-fatal stroke.

CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; MACE, major adverse cardiovascular events; MI, myocardial infarction; SOC, standard of care.

Important Safety Information

Warnings and Precautions (cont'd)

- **Suicidal Behavior and Ideation:** Suicidal behavior and ideation have been reported in clinical trials with other weight management products. Monitor patients for depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue Wegovy® in patients who experience suicidal thoughts or behaviors and avoid in patients with a history of suicidal attempts or active suicidal ideation

Adverse Reactions

- Most common adverse reactions (incidence ≥5%) are: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distention, eructation, hypoglycemia in patients with type 2 diabetes, flatulence, gastroenteritis, gastroesophageal reflux disease, and nasopharyngitis

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ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

In adults with established CVD and either overweight or obesity, without diabetes, when added to CV standard of care,

Safety data from the SELECT trial

Safety was evaluated in a trial of 17,604 patients[3]

	Placebo (n=8,801) %	Wegovy® 2.4 mg (n=8,803) %
Adverse events leading to permanent discontinuation of trial product, irrespective of seriousness*	**8.2**	**16.6**
Gastrointestinal disorders	2.0	10.0
Nervous system disorders	1.0	1.4
Metabolism and nutrition disorders	0.3	1.2
General disorders and administration-site conditions	0.5	1.2
Neoplasms benign, malignant, and unspecified	1.2	0.9
Infection and infestations	1.0	0.9
Serious adverse events*†	**36.4**	**33.4**
Cardiac disorders	13.5	11.5
Infections and infestations	8.4	7.1
Nervous system disorders	5.6	5.0
Surgical and medical procedures	6.2	4.9
Neoplasms benign, malignant, and unspecified	4.6	4.6
Gastrointestinal disorders	3.7	3.9
Prespecified adverse events of special interest, irrespective of seriousness‡	-	-
COVID-19–related	24.4	23.9
Malignant neoplasms	4.7	4.8
Gallbladder-related disorders	2.3	2.8
Acute kidney failure	2.3	1.9
Acute pancreatitis§	0.3	0.2

In the SELECT trial

Safety data collection was limited to serious adverse events (including death), adverse events leading to discontinuation, and adverse events of special interest.[2,3]

*Events are listed according to system organ class.
†A serious adverse event is one that has at least one of the following outcomes: results in death, is life threatening, requires in-patient hospitalization or prolongation of existing hospitalization, results in persistent disability/incapacity, is a congenital anomaly/birth defect, or involves an important medical event.
‡The adverse events of special interest were based on prespecified MedDRA queries.
§Acute pancreatitis events recorded here are those that were confirmed by the events adjudication committee. Investigators reported pancreatitis (acute or other type) events in 29 patients (0.3%) in the Wegovy® group and 30 patients (0.3%) in the placebo group.
CV, cardiovascular; CVD, cardiovascular disease.

Important Safety Information

Drug Interactions

- The addition of Wegovy® in patients treated with insulin has not been evaluated. When initiating Wegovy®, consider reducing the dose of concomitantly administered insulin secretagogues (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia
- Wegovy® causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications. Monitor the effects of oral medications concomitantly administered with Wegovy®

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ONCE-WEEKLY
wegovy®
semaglutide injection 2.4 mg

SELECT

The Power of Wegovy®

The only medication with indications for both:

Chronic Weight Management

In addition to diet and exercise, for chronic weight management in adults with obesity or overweight with at least one weight-related comorbidity

MACE Risk Reduction*

In addition to diet and exercise, to reduce the risk of MACE in adults with established CVD and either overweight or obesity

*MACE is defined as cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke.
CVD, cardiovascular disease; MACE, major adverse cardiovascular events.

Actor portrayals.

Important Safety Information

Use in Specific Populations

- **Pregnancy:** May cause fetal harm. When pregnancy is recognized, discontinue Wegovy®. Discontinue Wegovy® in patients at least 2 months before a planned pregnancy
- **Pediatric:** Adverse reactions with Wegovy® in pediatric patients aged 12 years and older were similar to those reported in adults. Pediatric patients ≥12 years of age treated with Wegovy® had greater incidences of cholelithiasis, cholecystitis, hypotension, rash, and urticaria compared to adults treated with Wegovy®. There are insufficient data in pediatric patients with type 2 diabetes treated with Wegovy® for obesity to determine if there is an increased risk of hypoglycemia with Wegovy® treatment similar to that reported in adults
- **Geriatric:** In the cardiovascular outcomes trial, patients aged 75 years and older reported more hip and pelvis fractures on Wegovy® than placebo. Patients aged 75 years and older (Wegovy® and placebo) reported more serious adverse reactions overall compared to younger adult patients

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