#1 dispensed obesity management medication in Canada.[1]*

LAURA, teacher
Age: 45; BMI: 28
Lives with hypertension

SOFIA, consultant
Age: 40; BMI: 31

DAN, marketer
Age: 47; BMI: 33

Fictitious cases. May not be representative of all patients.

Choose Saxenda® for chronic weight management in adult patients living with obesity or overweight[2]

Saxenda® (liraglutide injection) is indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adult patients with an initial BMI of:[2]

- 30 kg/m^2 or greater (obesity), or
- 27 kg/m^2 or greater (overweight) in the presence of at least one weight-related comorbidity (e.g., hypertension, type 2 diabetes, or dyslipidemia) and who have failed a previous weight management intervention

Visit **SaxendaHCP.ca** to find out more about Saxenda®

* Comparative clinical significance is unknown.
BMI, body mass index.

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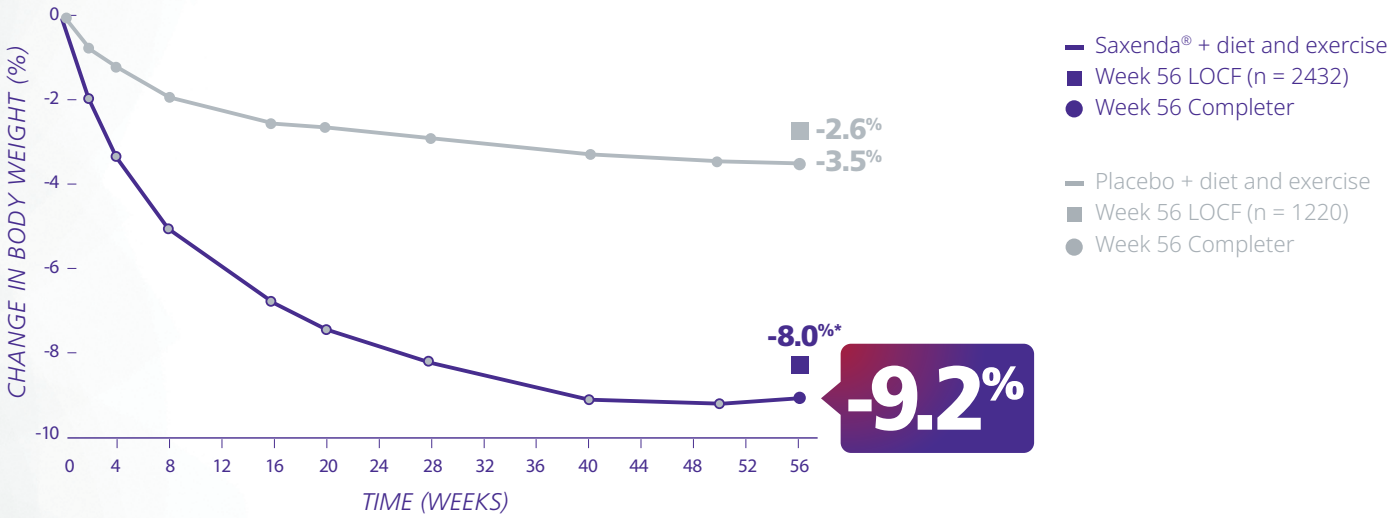
Pr Saxenda®
liraglutide injection

In a 56-week study of patients with obesity or overweight with ≥ 1 weight-related comorbidity (without diabetes):

Superior weight loss achieved with Saxenda® vs. placebo[2]

Change in body weight from baseline



* $p < 0.0001$ vs. placebo.
Adapted from the Saxenda® Product Monograph, 2022[2]. See the back page for study design.
74% of patients randomized to Saxenda® (1,808 of 2,437) completed the trial; 67% treated with placebo (819 of 1,225) completed the trial.

In a 160-week study, a subset of patients who had abnormal glucose measurement at randomization experienced a:

-6.2% change in body weight with Saxenda®
vs. 1.8% with placebo[2†]

† 50% of patients randomized to Saxenda® (747 of 1,472) and 43% treated with placebo (322 of 738) completed their 160-week weight assessment. Baseline values: mean body weight: 107.6 kg (237.2 lb) for Saxenda® vs. 108 kg (238.1 lb) for placebo. Missing data were imputed using the LOCF when calculating percent change from baseline. See the back page for study design.

LOCF, last observation carried forward.

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In a 56-week study, patients with obesity or overweight with ≥ 1 weight-related comorbidity (without diabetes) experienced:

Changes in cardiometabolic parameters (2° endpoints)[2]

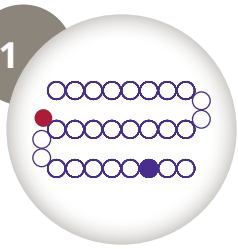
	Changes from baseline in:	Saxenda® (n = 2,437)	Placebo (n = 1,225)
BLOOD GLUCOSE LEVELS	A1C (%)	-0.3	-0.1
	FPG (mmol/L)	-0.4	0.0
BLOOD PRESSURE	SBP (mmHg)	-4.3	-1.5
	DBP (mmHg)	-2.7	-1.8
BLOOD LIPIDS	Total cholesterol (%)	-3.2%	-0.9%
	LDL cholesterol (%)	-3.1%	-0.7%
	HDL cholesterol (%)	2.3%	0.5%
	Triglycerides (%)	-13.6%	-4.8%

Adapted from Saxenda® Product Monograph, 2022.[2] See the back page for study design.
A1C, glycosylated hemoglobin; DBP, diastolic blood pressure; FPG, fasting plasma glucose; HDL, high-density lipoprotein; LDL, low-density lipoprotein; SBP, systolic blood pressure.

A closer look at how Saxenda® works[2]

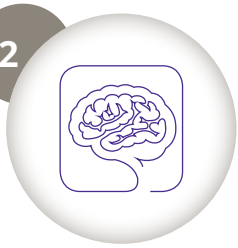
Saxenda® is an analog of human GLP-1 and acts as a GLP-1 receptor agonist

1



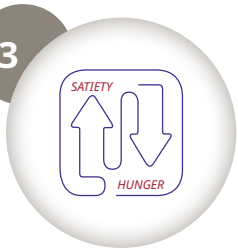
Saxenda® (liraglutide 3.0 mg) is **97%** homologous to native human GLP-1.

2



Saxenda® binds to and activates GLP-1 receptors in the brain involved in appetite regulation.*

3



Saxenda® is considered to increase feelings of satiety and fullness, and decreases hunger.

4

The weight-loss effect of Saxenda® is considered to be mediated by decreased appetite and food intake.†

* Clinical significance has not been established.

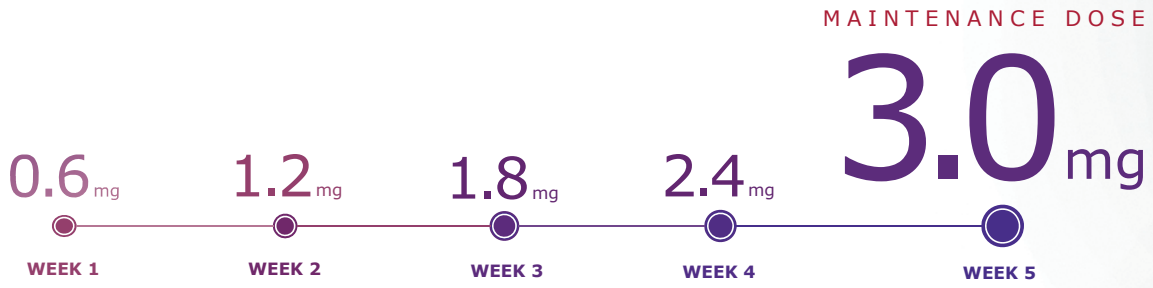
† Data from a 5-week pharmacodynamic trial of 49 non-diabetic patients with obesity (BMI 30–40 kg/m^2). Appetite sensations were assessed before and up to five hours after a standardized breakfast meal, and *ad libitum* food intake during the subsequent lunch meal.

BMI, body mass index; GLP-1, glucagon-like peptide-1.

Pr Saxenda®
liraglutide injection

Saxenda®: Simple, once-daily dosing at any time of day, independent of meals[2]

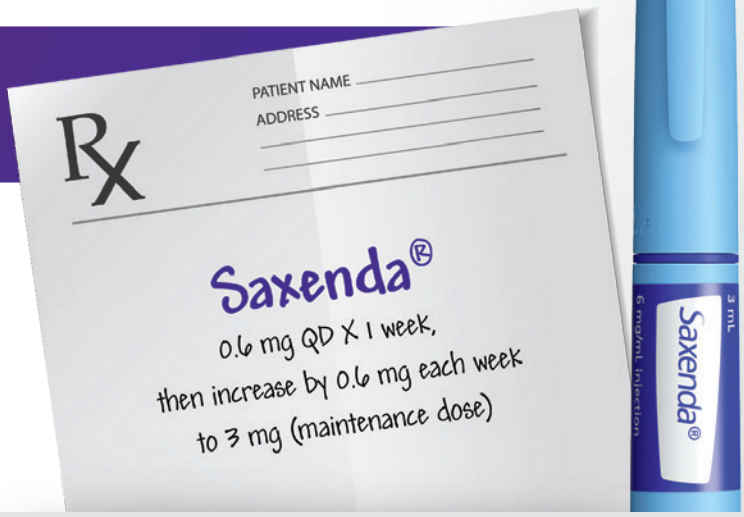
Patients should follow a progressive dose escalation to achieve the maintenance dose of 3.0 mg/day



If patients do not tolerate an increased dose during dose escalation, each step in the dose escalation can be delayed up to 7 days. Treatment with Saxenda® should be discontinued after 12 weeks on the 3.0 mg/day dose if a patient has not lost at least 5% of their initial body weight.

Consider Saxenda® today!

If patients do not tolerate an increased dose during dose escalation, each step in the dose escalation can be delayed up to 7 days. Please see the Product Monograph for the complete dosing and administration information.



Since its introduction in 2015, over 2 million patients have been treated with Saxenda® globally.*†

* Patient data is from the launch of Saxenda® to December 2022.
† Clinical significance is unknown.
QD, once daily.

Encourage your patients to enrol in SaxendaCare®

A **FREE** patient support program to help adult patients on Saxenda® work towards their weight-management goals.

- A one-time discount of up to 50% off (up to $225) on a box of Saxenda®*
- Resources to help get started with the Saxenda® treatment
- A reimbursement navigation program
- Access to live support, including free education and coaching with a program educator via telephone or video call

Patients can enrol by visiting Saxenda.ca†

Clinical use:
Clinical efficacy and safety data from patients with a body mass index of 27 to 29.9 kg/m² in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia) are limited (N = 149). Patients ≥ 65 years may experience more gastrointestinal side effects.

Contraindications:
- Personal or family history of medullary thyroid carcinoma (MTC) or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Pregnant or breastfeeding women

Most serious warnings and precautions:
Risk of Thyroid C-Cell Tumours: Liraglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumours in both genders of rats and mice. It is unknown whether liraglutide causes thyroid C-cell tumours, including MTC, in humans. Patients should be counselled regarding the risk and symptoms of thyroid tumours.

Other relevant warnings and precautions:
- Combination use with other weight-loss products has not been established
- Should not be administered intravenously or intramuscularly
- Risk of increased heart rate and PR interval prolongation; monitor consistently with usual clinical practice
- Risk of hypoglycemia in patients with type 2 diabetes mellitus; should not be used together with insulin
- Observe patients carefully for signs and symptoms of acute pancreatitis
- Acute gallbladder disease
- Risk of hypersensitivity and angioedema
- Breast neoplasms
- Avoid use in patients with a history of suicidal attempts or active suicidal ideation
- Caution in patients with recent myocardial infarction, unstable angina, and congestive heart failure
- Not recommended in patients with hepatic insufficiency
- Caution when initiating or escalating doses in patients with renal insufficiency; not recommended in patients with severe renal insufficiency
- Should not be used by patients with inflammatory bowel disease or diabetic gastroparesis

For more information:
Please consult the Product Monograph at https://www.novonordisk.ca/content/dam/nncorp/ca/en/products/saxenda-product-monograph.pdf for more information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece.

The Product Monograph is also available by calling Novo Nordisk at 1-800-465-4334.

* Discount amount is based upon the starting cost of Saxenda® including any relevant dispensing fees. A physician's sample and/or prescription is required to sign up for SaxendaCare®. A unique discount code will be emailed to the patient upon registration verification. Valid in Canada only and limit one discount code per patient.
† This site is available to the general public. Patients will be asked to validate that they have been prescribed Saxenda® to access patient resources.

A multicentre, randomized, double-blind, placebo-controlled trial evaluating once-daily Saxenda® (n = 2,437) compared to placebo (n = 1,225), in conjunction with reduced calorie intake (approximately 500 kcal/day deficit) and increased physical activity (recommended increase in physical activity of minimum 150 minutes/week), in patients without diabetes and with a BMI ≥ 30 kg/m², or 27–29.9 kg/m² with at least one weight-related comorbid condition. Saxenda® was titrated to 3.0 mg daily during a 4-week period. The primary endpoints were mean percent change in body weight and the proportion of patients achieving ≥ 5% and > 10% weight loss from baseline to week 56. Baseline values for Saxenda®/placebo: A1C (%): 5.6/5.6; FPG (mmol/L): 5.3/5.3; SBP (mmHg): 123.0/123.3; DBP (mmHg): 78.7/78.9; total cholesterol (mmol/L): 5.0/5.0; LDL cholesterol (mmol/L): 2.9/2.9; HDL cholesterol (mmol/L): 1.3/1.3; triglycerides (mmol/L): 1.4/1.5. Patients with abnormal blood glucose measurements at randomization were randomized to either Saxenda® (n = 1,472) or placebo (n = 738) for a 160-week-long trial.

References:
1. Novo Nordisk Canada Inc. Data on file. 2022.
2. Novo Nordisk Canada Inc. Saxenda® Product Monograph. December 9, 2022.

Novo Nordisk Canada Inc., tel: (905) 629-4222 or 1-800-465-4334.
www.novonordisk.ca

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