When it comes to **losing weight** and **keeping it off**

Actor Portrayals.

WE HAVE THE WILL.

NOW YOU CAN GIVE US THE POWER.

Give them the power to choose
a way forward by adding Saxenda®

To manage the serious disease of obesity, willpower alone isn't enough. Combined with a reduced-calorie meal plan and increased physical activity, **Saxenda® can help patients lose weight and keep it off.**[1]

*More than **1.5 million** patients have used Saxenda® globally*[2,a]

[a]As of March 2020.

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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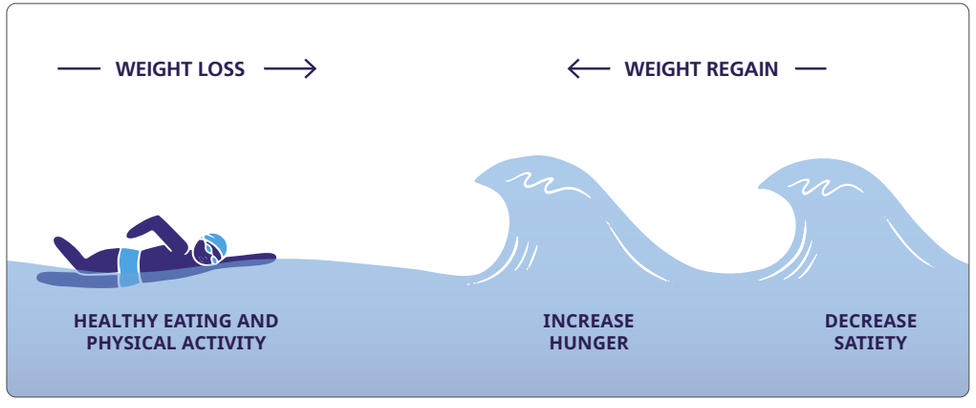
novo nordisk®

Saxenda®
liraglutide injection 3mg

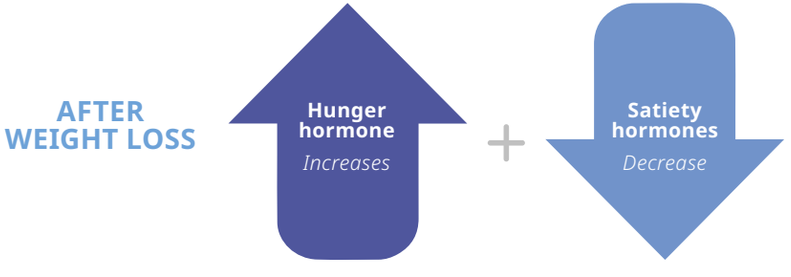
Patients with obesity struggle to lose weight and keep it off[3]

Understanding the physiological processes that promote weight regain is essential for building a comprehensive, long-term treatment plan[3]



Healthy eating and physical activity keep your patients on track to lose weight. But when patients lose weight via reduced caloric intake, the body's natural response is to alter appetite-regulating hormones in an attempt to regain the weight they've lost; this is called metabolic adaptation.[3,4]

Metabolic adaptation may result in increased signals for energy intake, due to changes in appetite-regulating hormones.[4]

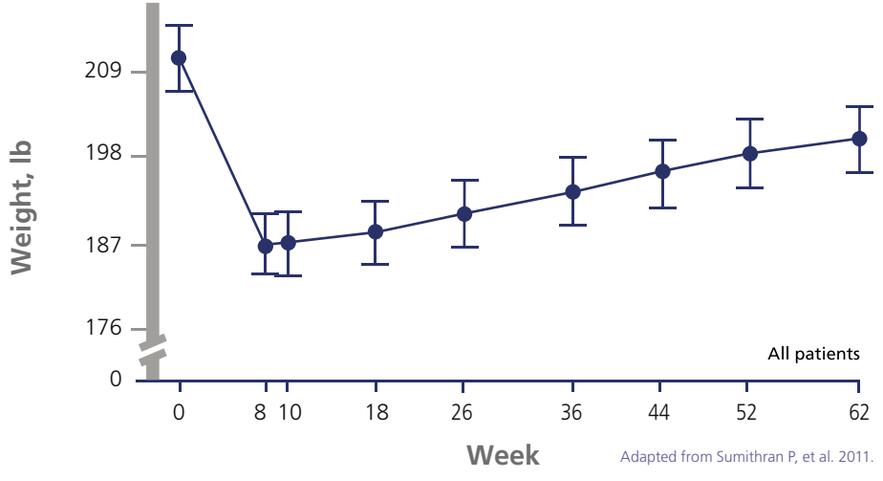


According to AACE/ACE Guidelines, metabolic adaptation must continuously be offset by efforts to maintain weight loss over the long term[3]

Weight regain is common and the mechanisms that contribute to it persist for at least 1 year[4]

Weight loss via reduced caloric intake triggers multiple processes that defend baseline body weight[4]

Mean (±SE) changes in weight from baseline to week 62[4]



Adapted from Sumithran P, et al. 2011.

Results from a clinical trial where overweight or obese patients participated in a low energy diet for 10 weeks. At weeks 9 and 10, routine diet was reestablished. At 62 weeks, biochemical assays such as levels of leptin, GLP-1, and other key markers were examined.

Healthy eating and physical activity alone may not be enough for lasting weight-loss results.[3]

30%-40%

Patients may regain 30%-40% of the weight they've lost[5,a]

90%

90% of patients with obesity are unable to keep weight off long term[6,b,c]

7x

People with obesity typically make 7 serious weight-loss attempts in their adult lifetime[6,c]

[a]From a 2-year study of 307 adults with BMI of 30 to 40 kg/m^2 randomly assigned to a low-carbohydrate diet or a low-fat diet. Both groups participated in a comprehensive lifestyle modification program.
[b]Long-term weight loss defined as losing at least 10% of initial body weight and maintaining the loss for at least 1 year.
[c]Results from quantitative surveys of over 3,000 adult patients with a BMI of 30kg/m^2 or more based on self-reported height and weight.
AACE/ACE, American Association of Clinical Endocrinologists and American College of Endocrinology.

Meet 2 patients who are candidates for Saxenda®

Identify and support patients with obesity who may benefit from long-term weight management with Saxenda®

Kate — BMI: 32

Age:	**44 years old**
Height:	**5'5"**
Weight:	**195 lb**
Comorbidities:	**High blood pressure**
Waist circumference:	**36"**
Weight-loss attempts:	**9 attempts**

- As a nurse, understands the impact that obesity has on her health
- Has taken control of her high blood pressure by adhering to her medication
- Has succeeded at losing weight a few times but continues to struggle with keeping the weight off
- Is frustrated because she feels hungry constantly
- Is motivated and hoping for help with sustained weight-loss results

Personal goal: To set an example of a healthy lifestyle for her 2 kids and patients

Actor Portrayal.

Kate has a BMI over 30[1]

BMI, body mass index.

Monica — BMI: 27

Age:	**50 years old**
Height:	**5'10"**
Weight:	**190 lb**
Comorbidities:	**High blood pressure**
Waist circumference:	**37"**
Weight-loss attempts:	**8 attempts**

- Feels she can manage her weight with the right lifestyle choices, but her weight isn't coming off despite healthier eating and increased physical activity
- Thinks that obesity medications may be helpful but isn't sure which one will be right for her
- Has always wanted to lose some weight but doesn't consider herself as someone struggling with obesity; so she doesn't bring up the topic of weight with her doctor

Personal goal: After watching her father struggle with health issues, she wants to take control of her health and make it more of a priority

Actor Portrayal.

Monica has a BMI of 27 and at least one weight-related comorbid condition[1]

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 prior serious hypersensitivity reaction to liraglutide or to any of the excipients in Saxenda®.
- Pregnancy.

Please see additional Important Safety Information throughout.

Please click here for Prescribing Information, including Boxed Warning.

Important Safety Information (cont'd)

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.

Saxenda® liraglutide injection 3mg

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Warnings and Precautions

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- **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.

Important Safety Information (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.
- **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 liraglutide. 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 see additional Important Safety Information throughout.

Please click here for Prescribing Information, including Boxed Warning.

Saxenda®
liraglutide injection 3mg

Simplifying coverage verification and the PA process

Prescribe Saxenda® in just 3 steps

STEP 1: VERIFY PHARMACY BENEFITS IN MINUTES

- Visit **SaxendaCoverage.com** to find out your patient's coverage and estimated OOP costs
- Benefit verification takes only minutes to complete. Results will provide patient OOP pre- and post-savings programs at their preferred pharmacy
- You can also call the **NovoCare® (1-888-809-3942) 8:00 AM to 8:00 PM ET, M-F**

Coverage requests

If your patient is not covered for Saxenda® DO NOT start the PA process. Instead, talk to your patient about contacting the benefits manager in his or her Human Resources department.

STEP 2: FASTER PAs, OFTEN IN REAL TIME

- Novo Nordisk partners with CoverMyMeds® to help you navigate the PA process

www.covermymeds.com

1-866-452-5017

Benefits of CoverMyMeds®

- Process requests for any medication and all plans
- Receive faster PA determinations, often in real time
- Create PA renewals from previously submitted requests
- Available at no cost to providers and staff
- Integrates with 500+ EHRs

STEP 3: PRESCRIBE SAXENDA® AND ACTIVATE A SAVINGS CARD

- Prescribe Saxenda® (and the NovoFine® 32G Tip needles, if necessary)
- Give your patient a Saxenda® Sample Kit, which includes a Saxenda® Savings Card, and a Saxenda® Patient Brochure
  - Please contact your Novo Nordisk sales representative to receive a Patient Sample Kit
- Direct your patient to visit **Saxenda.com** to obtain and/or activate a Saxenda® Savings Card prior to heading to the pharmacy
  - Patients may pay as little as $25 per 30-day Saxenda® prescription. Maximum benefit of $200 per prescription, with 12 benefits annually. Eligibility and other restrictions apply. Novo Nordisk reserves the right to modify or cancel this program at any time
  - When your patient activates a Saxenda® Savings Card online at Saxenda.com, they will automatically be enrolled in SaxendaCare®

EHR, electronic health record; OOP, out of pocket; PA, prior authorization.

Please click here for Prescribing Information, including Boxed Warning.

References: 1. Saxenda [package insert]. Plainsboro, NJ: Novo Nordisk Inc; 2020. **2.** Data on file. Novo Nordisk Inc; Plainsboro, NJ. **3.** Garvey WT, Mechanick JI, Brett EM, et al. 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. **4.** 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. **5.** Foster GD, Wyatt HR, Hill JO, et al. Weight and metabolic outcomes after 2 years on a low-carbohydrate versus low-fat diet: a randomized trial. *Ann Intern Med*. 2010;153(3):147-157. **6.** Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the National ACTION Study. *Obesity (Silver Spring)*. 2018;26(1):61-69.

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