WELCOME TO THE Movement

For the **100 million** adults living with obesity, the time has come for **change**[1,2,a]

See how your guidance can make an impact

How much weight loss can make a clinically meaningful difference?

[a]Adults aged ≥20 years in the United States.

Actor Portrayal.

novo nordisk®

See how you can help your patients get closer to their weight-management goals

IT'S A critical time IN THE FIGHT AGAINST OBESITY[3]

Your guidance can make a difference

Patients lost

5X more weight

with HCP counseling than with a self-directed program[4,a]

Why is weight regain so common? The body fights back

AFTER WEIGHT LOSS → **SATIETY** + **HUNGER**

Appetite hormones increase hunger and decrease satiety as early as 10 weeks after weight loss[5]

THE RESULT **Efforts that had been working may not continue to produce weight loss**

Diet and exercise alone may not be enough for lasting results

Patients may regain

30%-40%

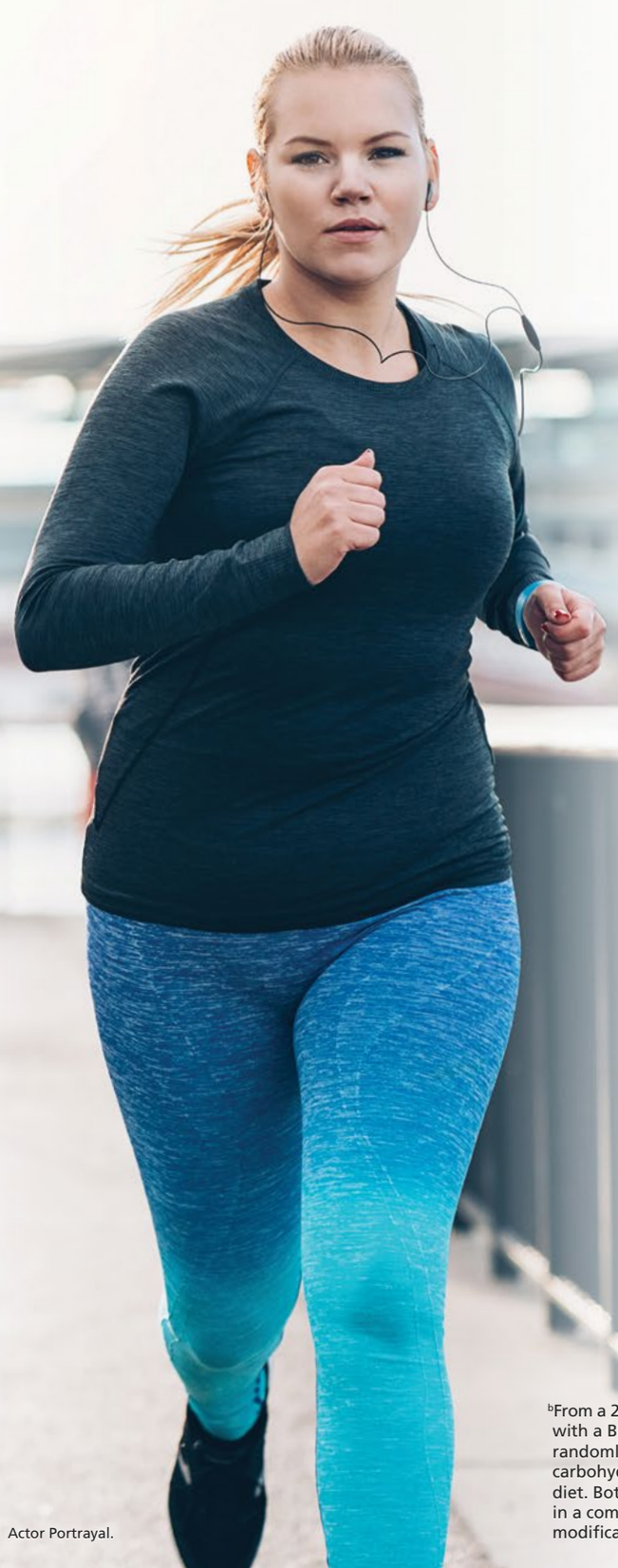
of the weight they've lost[6,b]

How can pharmacotherapy help?

Patients have been shown to

lose more weight

when adding pharmacotherapy to lifestyle modification[7]



Actor Portrayal.

A weight loss of

5% or more

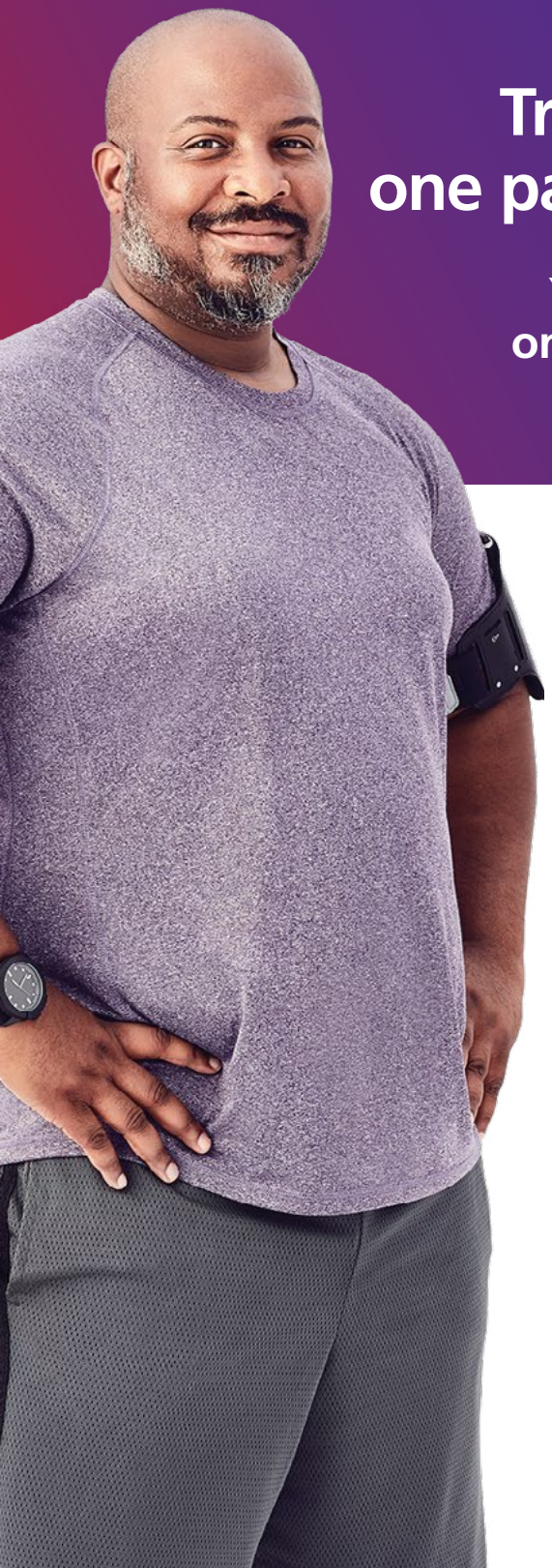
has been shown to have a clinically meaningful impact on[8]

- BLOOD PRESSURE
- CHOLESTEROL LEVELS
- TRIGLYCERIDE LEVELS

[a]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.[4]

[b]From a 2-year study of 307 adults with a 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.[6]

novo nordisk®



Treating obesity, one patient at a time

Your patient is joining over **one million others**[a] who have used Saxenda®[9]

Indications and Usage

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- 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

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- **Get familiar with the coverage process** so that you can ensure treatment access
- **Correctly prescribe** Saxenda® (including the 4-week dose escalation) and the 32G NovoFine® needles using your EHR system
- **Learn about our patient support program, SaxendaCare®**, and its variety of offerings
- **Establish a 1-year plan** for follow-up visits to keep patients on track with treatment

Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS
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Understanding the weight-management cycle to help patients[9]

1 Defining moment:
The patient has made up their mind. It's time to do this.

2 Consideration:
The patient is feeling determined, and is ready to consider options available and choose one to help them reach their goal.

3 Momentum:
The patient sees a difference in their weight and so do others, which makes them feel motivated.

4 Plateau:
It's getting harder, and the patient is frustrated because they are not losing weight anymore. This is often where patients find it hard to follow their plans and may revert back to their old ways.

NOTE: Hitting a plateau should not be seen as a failure because the patient is still maintaining weight loss. This is an opportunity for you to help them make adjustments in medication, meal planning, and exercise plans.

5 Collapse:
The patient is tired of this. They can't keep it up, so they stop and it's a relief to not try so hard.

6 Fatigue:
The patient feels exhausted and sad. They don't even want to think about their weight right now.

Source: Ethnographic Weight-Loss Patient Journey Study. Novo Nordisk Inc. Custom Research January 2015.

MAKE A PLAN

Working with your patients to create, monitor, and adjust their plan over time is an important part of weight management. Discuss with your patients where they are in the weight-management cycle.

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How much weight can patients expect to lose with Saxenda®?

Patients on Saxenda® who completed the 1-year study achieved and maintained[9,10]:

21-lb mean weight loss

achieved by patients on Saxenda® who completed the study from baseline

- Results with placebo: 3.5% mean reduction from baseline body weight and a mean weight loss of 8 lb
- Mean baseline body weight was 233.9 lb and mean baseline BMI was 38.3 kg/m²

In a 56-week study of 3,731 patients without type 2 diabetes and with a BMI ≥30, or ≥27 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.

Please click here for full study design.

Important Safety Information (cont'd)

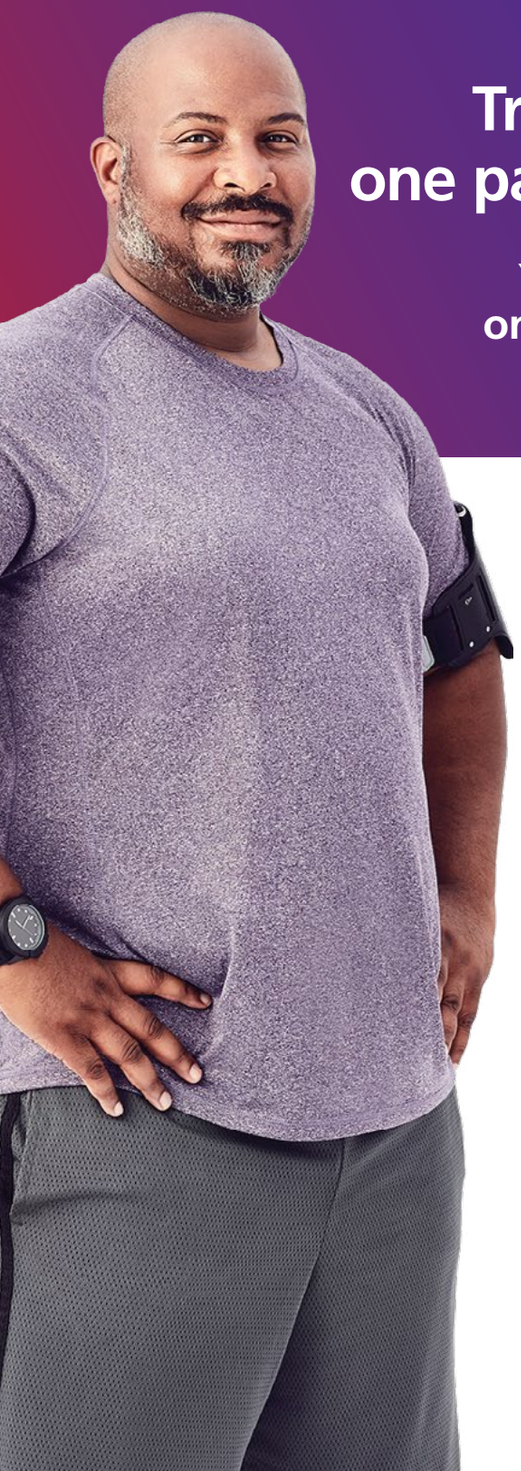
Contraindications

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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Study 1 (1-year)[10,11]
Results from a 56-week, randomized, double-blind, placebo-controlled study to evaluate the safety and efficacy of Saxenda®. Patients with a BMI of ≥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 on 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/m². Patients with type 2 diabetes were excluded from participating.

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Saxenda® liraglutide injection 3mg

The Saxenda® dosing schedule

Patients should follow a 4-week dose escalation to reach the clinically efficacious 3-mg dose[10]

START the dose at 0.6 mg
- WEEK 1: 0.6 mg

INCREASE the dose by 0.6 mg each week
- WEEK 2: 1.2 mg
- WEEK 3: 1.8 mg
- WEEK 4: 2.4 mg

MAINTAIN the 3.0-mg dose when reached
- WEEK 5: 3.0 mg FULL DOSE

If adult patients cannot tolerate an increased dose during dose escalation, consider delaying escalation for approximately 1 week. If an adult patient cannot tolerate the 3-mg dose, discontinue treatment.[10]

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
- **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

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Safety and tolerability of Saxenda®

The most common adverse events reported in ≥5% of adult patients[10,a]

N=3,384

Nausea	39.3%	**Dyspepsia**	9.6%
Diarrhea	20.9%	**Fatigue**	7.5%
Constipation	19.4%	**Dizziness**	6.9%
Vomiting	15.7%	**Abdominal pain**	5.4%
Injection site reaction[b]	13.9%	**Increased lipase**	5.3%
		Upper abdominal pain	5.1%
Headache	13.6%		
Hypoglycemia[c]	12.6%	**Gastroenteritis**	4.7%

[a]Adverse reactions for trials with treatment period up to 56 weeks.
[b]The most common reactions included erythema, pruritus, and rash at the injection site.
[c]Defined as blood glucose <54 mg/dL with or without symptoms of hypoglycemia in patients with type 2 diabetes not on concomitant insulin.

Encourage patients to contact you if they have any side effects that bother them or don't go away.

Click here for tips on managing nausea in patients

Please see full Prescribing Information for the complete list of adverse events and clinical trial study designs.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- **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

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Tips for managing nausea in patients

The most common side effect a patient may experience when they first start Saxenda® is nausea. This usually improves as their body adjusts to treatment.[10]

If patients do experience nausea, there are some general recommendations that they can follow. You can advise them to[12]:

- Eat bland, low-fat foods, like crackers, toast, and rice
- Eat foods that contain water, like soups and gelatin
- Avoid lying down after they eat
- Go outside to get some fresh air

Treating obesity, one patient at a time

Your patient is joining over **one million others**[a] who have used Saxenda®[9]

Indications and Usage

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- 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

Actor Portrayal.

[a]Data on file: Global sales data.[9]

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- **Identify** where your patient is in the weight-management cycle
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- **Properly escalate to the maintenance dose** of Saxenda® and learn about common side effects
- **Get familiar with the coverage process** so that you can ensure treatment access
- **Correctly prescribe** Saxenda® (including the 4-week dose escalation) and the 32G NovoFine® needles using your EHR system
- **Learn about our patient support program, SaxendaCare®**, and its variety of offerings
- **Establish a 1-year plan** for follow-up visits to keep patients on track with treatment

Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS
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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 click here for References.

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

Saxenda® liraglutide injection 3mg

Get patients started in 3 steps

1 Verify → 2 Initiate → 3 Start

Step 1 Verify pharmacy benefits

- With your patient's **pharmacy prescription card info** on hand, visit SaxendaCoverage.com to find out your patient's coverage and estimated out-of-pocket costs
- If your patient is not covered for Saxenda®, **DO NOT** start the PA process and ask your patient to contact their human resources department to request coverage

Step 2 Initiate the PA process

- Visit CoverMyMeds.com to start the PA process
- A follow-up PA may be required at **16 weeks** to verify that the patient has achieved **at least 4% loss** of baseline body weight

Step 3 Start your patient on Saxenda®

- Once the PA is initiated, give your patient the Saxenda® prescription (don't forget one for the needles, if required) and a Saxenda® Sample Kit (available through a Novo Nordisk representative)
- Prior to the pharmacy visit, direct your patient to Saxenda.com to activate a Saxenda® Savings Card. Patients may be able to save on their Saxenda® prescription[a]

[a]Eligibility and other restrictions apply. See SaxendaPro.com for full details.

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

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Saxenda® liraglutide injection 3mg

Writing a Saxenda® prescription

Using your EHR system, prescribe Saxenda® and NovoFine® 32G Tip needles, including the 4-week dose escalation

ePrescribing Information

Saxenda®

Form/strength: **18 mg/3 mL**
Quantity: **15 mL**
Dosage form: **Solution, NDC 0169-2800-15**

NovoFine® 32G Tip needle

Quantity: **1 box (#100)**
Dosage form: **Disposable needles, NDC 0169-1851-89**

Starting on Saxenda® (4-week dose escalation)

sig: Week 1 – 0.6 mg SC once daily x 7 days
Week 2 – 1.2 mg SC once daily x 7 days
Week 3 – 1.8 mg SC once daily x 7 days
Week 4 – 2.4 mg SC once daily x 7 days
Week 5 – 3.0 mg SC once daily x 7 days

Staying on Saxenda® (disp: 5 pens)

sig: 3.0 mg SC once daily

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

Saxenda® Hotline

Call the Saxenda® Hotline to:

- Get answers to your questions about taking Saxenda®
- Learn about your Saxenda® pen

Discover support today by calling the Saxenda® Hotline at 1(844) 845-6913

Visit Saxenda.com to find more information.

Remember to talk with your health care provider about making lifestyle changes, like increasing physical activity and eating fewer calories.

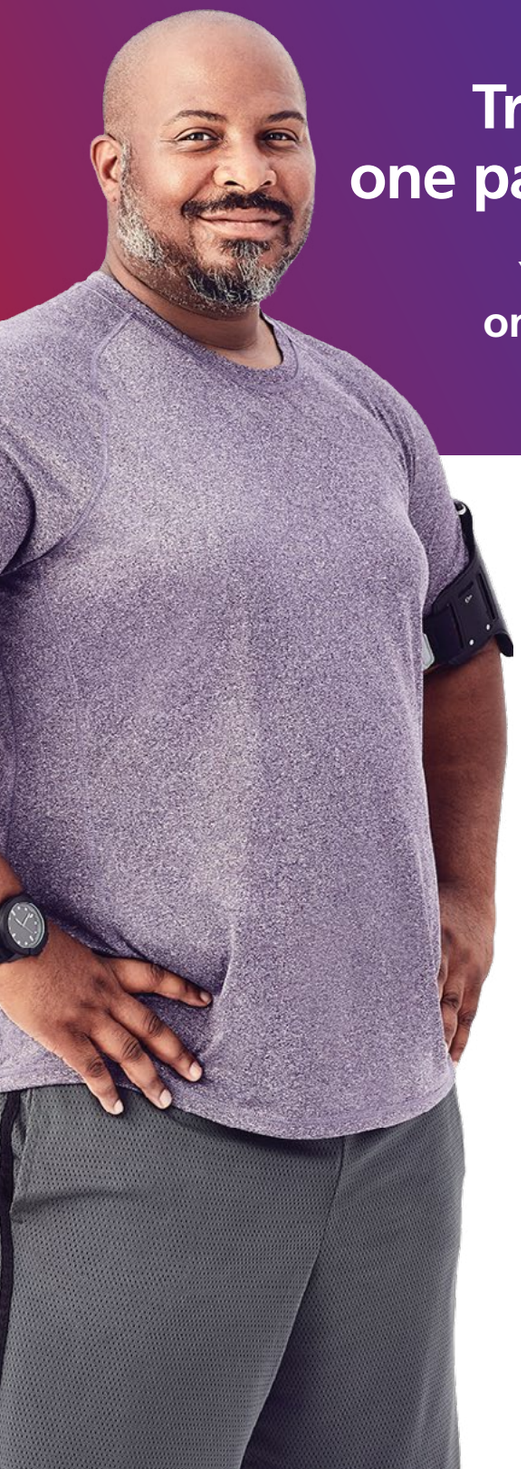
Important Safety Information (cont'd)

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®



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References: 1. US Census Bureau. QuickFacts: United States. Accessed June 21, 2022. https://www.census.gov/quickfacts/fact/table/US#viewtop. **2.** Centers for Disease Control and Prevention. Obesity and overweight. Last updated April 20, 2022. Accessed June 21, 2022. http://www.cdc.gov/nchs/fastats/obesity-overweight.htm. **3.** Finkelstein EA, Khavjou OA, Thompson H, et al. Obesity and severe obesity forecasts through 2030. *Am J Prev Med*. 2012;42(6):563-567. **4.** 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. **5.** 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. **6.** 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. **7.** 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. **8.** Wing RR, Lang W, Wadden TA, et al. 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. **9.** Data on file. Novo Nordisk Inc; Plainsboro, NJ. **10.** Saxenda® [package insert]. Plainsboro, NJ: Novo Nordisk Inc; 2022. **11.** Pi-Sunyer X, Astrup A, Fujioka K, et al. A randomized, controlled trial of 3.0 mg of liraglutide in weight management. *N Engl J Med*. 2015;373(1):11-22. **12.** When you have nausea and vomiting. Medline Plus website. Updated July 13, 2020. Accessed June 21, 2022. https://medlineplus.gov/ency/patientinstructions/000122.htm.

HELP KEEP YOUR PATIENTS ON TRACK TO SUCCESS

Follow-ups are key for achieving long-term results

Use this timeline as a guide to develop a 1-year Saxenda® treatment plan for your patient

TODAY

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 of live coaches or Noom®
- ☐ **Schedule** a follow-up at 2-8 weeks before the patient leaves the office

2-8 WEEKS

Use this first follow-up to check in with your patient and:

- ☐ **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

16 WEEKS

An important benchmark for measuring weight-loss progress

During this visit with your patient, make sure to:

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

Note: 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

20-48 WEEKS

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

Make sure to:

- ☐ **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

52 WEEKS

Your patient has completed 1 year of treatment

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

- ☐ **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

Please visit SaxendaPro.com for more resources and information to help you guide your patients with their weight management

Important Safety Information (cont'd)

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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novo nordisk®

Saxenda® liraglutide injection 3mg