Now covered by **ODB** as a ***general benefit*** *(with a therapeutic note)**

When metformin alone is no longer enough, think

Pr OZEMPIC®
semaglutide injection

Fictitious patient. May not be representative of all patients.

SUPERIOR A1C REDUCTION SHOWN WITH OZEMPIC® VS. TRULICITY® (BOTH AS ADD-ONS TO METFORMIN)[1,2†]

Up to **-1.6%**

baseline A1C: 8.2%

At week 40, Ozempic® 0.5 mg (n=301): -1.4% vs. Trulicity® 0.75 mg (n=299): -1.1% (p<0.0017); Ozempic® 1 mg (n=300): -1.6% vs. Trulicity® 1.5 mg (n=299): -1.3% (p<0.0004).

STATISTICALLY SIGNIFICANT WEIGHT REDUCTION SHOWN WITH OZEMPIC® VS. TRULICITY® (BOTH AS ADD-ONS TO METFORMIN; 2° ENDPOINT)[1,2†]

Up to **-5.8 kg**

baseline weight: 95.5 kg

At week 40, Ozempic® 0.5 mg (n=301): -4.2 kg vs. Trulicity® 0.75 mg (n=299): -2.1 kg (95% CI [-3.0, -1.3]); Ozempic® 1 mg (n=300): -5.8 kg vs. Trulicity® 1.5 mg (n=299): -2.8 kg (95% CI [-3.9, -2.3]). Ozempic® is not indicated for weight reduction.

SAFETY ENDPOINT: MAJOR ADVERSE CV EVENT (OZEMPIC® + STANDARD OF CARE)[1,3‡]

Relative risk of MACE

HR: 0.74

(95% CI [0.58, 0.95]; -26%) vs. placebo

At 2 years, the primary outcome of MACE occurred in 6.6% of the Ozempic® group (n=1,648) vs. 8.9% of the placebo group (n=1,649). Ozempic® is not indicated to reduce the incidence of CV (MACE) outcomes.

NIHB *Ozempic® is now also covered by the NIHB as an **open benefit**.*

*Visit **Ozempic.ca** to learn more!*

Ozempic® (semaglutide injection) is indicated for the once-weekly treatment of adult patients with type 2 diabetes mellitus to improve glycemic control in combination with: metformin, when diet and exercise plus maximal tolerated dose of metformin do not achieve adequate glycemic control; metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

* Therapeutic note: for the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.
† See back for study design.[2] Baseline A1C (%)/weight (kg) values for Ozempic® 0.5 mg, Ozempic® 1 mg, Trulicity® 0.75 mg, Trulicity® 1.5 mg: 8.3/96.4, 8.2/95.5, 8.2/95.6, 8.2/93.4, respectively.
‡ See back cover for study design.[3]
CI, confidence interval; CV, cardiovascular; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HR, hazard ratio; MACE, major adverse cardiovascular event; NIHB, Non-Insured Health Benefits; ODB, Ontario Drug Benefit.

The Ozempic® app is now available for your patients!

An Ozempic® DIN must be entered into the Ozempic® app to create a user profile and access all app features.

Available on the App Store | ANDROID APP ON Google play

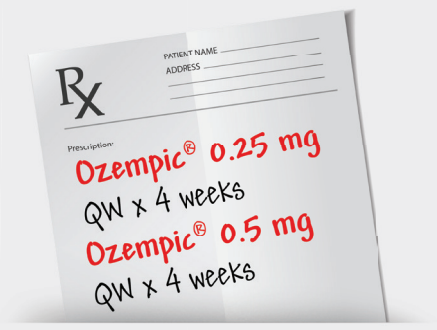
novo nordisk®

Pr OZEMPIC® semaglutide injection

*Now covered by **ODB** as a **general benefit** (with a therapeutic note)**

Getting patients started with Ozempic® in a pre-filled FlexTouch® pen[1]

Convenient once-weekly dosing, with a 0.5 mg maintenance dose or 1 mg maximum maintenance dose[1]



Dose escalation: The starting dose of 0.25 mg is not a therapeutic dose. After 4 weeks, the dose should be increased to 0.5 mg once weekly. If additional glycemic control is needed after 4 weeks, the dose may be increased to 1 mg once weekly to further improve glycemic control (1 mg once weekly is the maximum recommended dose).

NIHB *Ozempic® is now also covered by the NIHB as an **open benefit**.*

*Visit **Ozempic.ca** to learn more!*

Clinical use:
Not a substitute for insulin. Not for use in type 1 diabetes or for the treatment of diabetic ketoacidosis. Ozempic® is not indicated for use in pediatric patients.

Contraindications:
- Personal or family history of medullary thyroid carcinoma (MTC), or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Pregnancy or breastfeeding

Most serious warnings and precautions:
Risk of thyroid C-cell tumours: In both genders of rats and mice, semaglutide causes treatment-dependent thyroid C-cell tumours. Patients should be counselled regarding the risk and symptoms of thyroid tumours.

Other relevant warnings and precautions:
- Should not be administered intramuscularly
- Pancreatitis
- Hypoglycemia with concomitant use of insulin secretagogues or insulin
- Use with other incretin drugs
- Hypersensitivity
- Diabetic retinopathy: in patients with history of disease monitor for progression
- Renal impairment: severe GI adverse reactions warrant monitoring of renal function; use in end-stage disease
- CV effects: increased heart rate; PR interval prolongation
- Hepatic insufficiency

For more information:
Please consult the Product Monograph at OzempicPM-E.ca for more information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this advertisement.

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

* Therapeutic note: for the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.
NIHB, Non-Insured Health Benefits; ODB, Ontario Drug Benefit.

References: 1. Ozempic® (semaglutide injection) Product Monograph. Novo Nordisk Canada Inc., 2018. **2.** Pratley RE, et al. Semaglutide versus dulaglutide once weekly in patients with type 2 diabetes (SUSTAIN 7): a randomised, open-label, phase 3b trial. *The Lancet Diabetes & Endocrinology*. 2018;6(4):275-286. A 40-week, randomized, open-label, four-armed, active-controlled, parallel-group trial to compare the efficacy and safety of Ozempic® vs. Trulicity®. Patients with T2DM inadequately controlled on metformin were randomized to receive Ozempic® 0.5 mg (n=301), Ozempic® 1 mg (n=300), Trulicity® 0.75 mg (n=299), or Trulicity® 1.5 mg (n=299) once weekly. The primary endpoint was change in A1C at week 40. **3.** Marso SP, et al. Semaglutide and Cardiovascular Outcomes in Patients with Type 2 Diabetes. *N Engl J Med.* 2016;375(19):1834-1844. A 2-year, randomized, double-blind, placebo-controlled, parallel-group trial to evaluate CV and other long-term outcomes of Ozempic®. A total of 3,297 patients with T2DM and high risk of CV events were randomized based on evidence of CV disease, insulin treatment and renal impairment to once-weekly Ozempic® 0.5 mg (n=826), Ozempic® 1 mg (n=822) or placebo (n=1,649) in addition to standard of care treatments such as oral antihyperglycemic treatments, insulin, antihypertensives, diuretics and lipid-lowering therapies at investigator discretion. The primary endpoint was time from randomization to first occurrence of a major adverse CV event (MACE) defined as CV death, non-fatal myocardial infarction, or non-fatal stroke.

Pr OZEMPIC® semaglutide injection