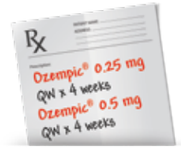
NovoFine® **Plus 4 mm** needles always included!

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).



START	STEP	OPTION TO ESCALATE
0.25 mg *for 4 weeks (not a therapeutic dose)*	**0.5 mg** *for 4 weeks (maintenance dose)*	**1 mg** *if additional glycemic control is needed after 4 weeks (maximum maintenance dose)*

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.

References: 1. Ozempic® (semaglutide) Product Monograph. Novo Nordisk Canada Inc., 2018. **2.** Ahren B, et al. Efficacy and safety of once-weekly semaglutide versus once-daily sitagliptin as an add-on to metformin, thiazolidinediones, or both, in patients with type 2 diabetes (SUSTAIN 2). *Lancet Diabetes Endocrinol.* 2017;5(5):341-354. A 56-week, randomized, double-blind, double-dummy, active-controlled, parallel-group, multicentre trial to compare the efficacy and safety of Ozempic® vs. Januvia®. A total of 1,231 patients with T2DM inadequately controlled on metformin and/or thiazolidinediones were randomized to receive once-weekly Ozempic® 0.5 mg (n=409), once-weekly Ozempic® 1 mg (n=409), or once-daily Januvia® 100 mg (n=407). At week 56, the primary endpoint was change in A1C and the secondary endpoint was change in mean body weight. **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

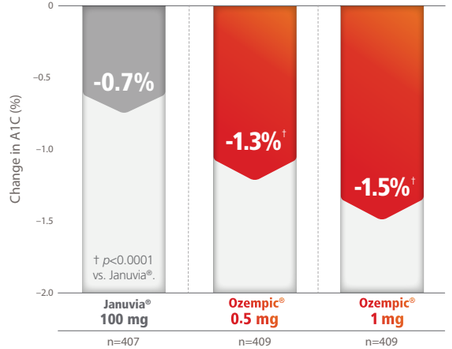
A ONCE-WEEKLY GLP-1 RA OPTION

Fictitious patient. May not be representative of all patients.

At week 56, both as add-ons to metformin and/or TZD,

Ozempic® demonstrated statistically significantly greater A1C reduction vs. Januvia®[1]*

Mean change from baseline in A1C at week 56[1]



Mean baseline A1C: 8.1 %

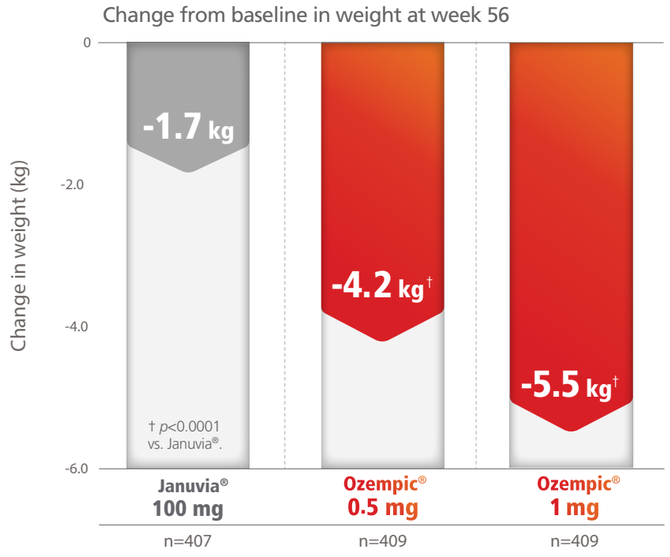
UP TO 2X GREATER A1C REDUCTION SHOWN WITH OZEMPIC® VS. JANUVIA® (BOTH AS ADD-ONS TO METFORMIN AND/OR TZD)[1]

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.

* See back for study design.[2] Baseline A1C (%) values for Ozempic® 0.5 mg, Ozempic® 1 mg, Januvia® 100 mg: 8.0, 8.0, 8.2, respectively. GLP-1 RA, glucagon-like peptide-1 receptor agonist; TZD, thiazolidinedione.

At week 56, both as add-ons to metformin and/or TZD (2° endpoint),

*Ozempic® demonstrated statistically significant weight reduction vs. Januvia®[1]**

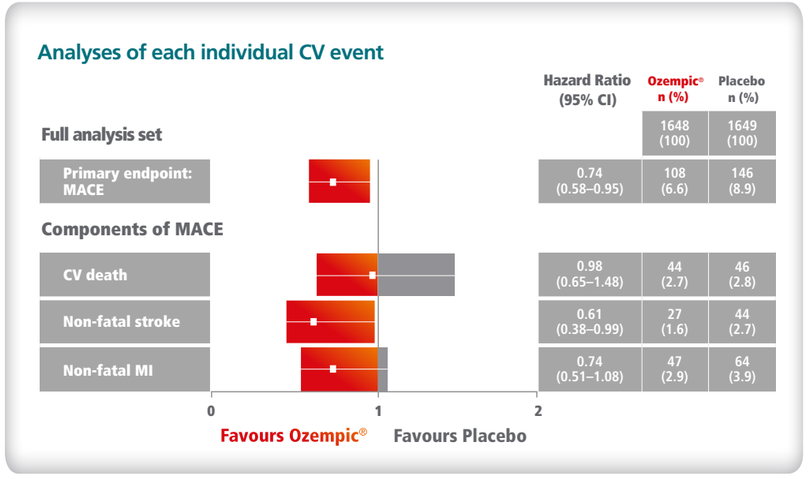


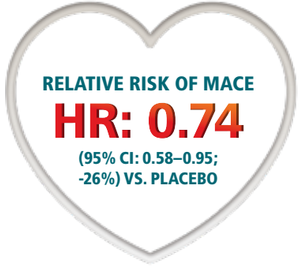
Ozempic® is not indicated for weight reduction.

Mean baseline weight: 89.5 kg
* See back for study design.[2]
TZD, thiazolidinedione.

In addition to standard of care in patients with T2DM and at high risk of CV events,

*Ozempic® demonstrated a CV outcome (MACE) safety endpoint at 2 years[1,3]**





Ozempic® is not indicated to reduce the incidence of CV (MACE) outcomes.

No increased risk for MACE was observed with Ozempic®.

* Adapted from Ozempic® Product Monograph and Marso SP, et al., 2016; see back for study design.[3]
CI, confidence interval; CV, cardiovascular; HR, hazard ratio; MACE, major adverse cardiovascular event; MI, myocardial infarction; T2DM, type 2 diabetes mellitus.