

Wegovy[®] has been issued conditional marketing authorization for the indication in non-cirrhotic MASH pending the results of studies to verify its clinical benefit. Patients should be advised of this conditional marketing authorization.¹

1st & ONLY

medication **with three indications in** chronic weight management, non-fatal MI risk reduction, **and** non-cirrhotic MASH^{*}

GO WITH WEGOVY[®]

FOR ADULTS WITH

Obesity or overweight

Established CVD and BMI ≥ 27 kg/m²

NEW: Non-cirrhotic MASH

Wegovy[®] (semaglutide injection) is indicated:¹

- to reduce the risk of non-fatal myocardial infarction in adults with established CVD and BMI equal to or greater than 27 kg/m².
- as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial BMI of 30 kg/m² or greater (obesity), or 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbidity such as hypertension, type 2 diabetes mellitus, dyslipidemia, or obstructive sleep apnea.
- for the treatment of non-cirrhotic MASH in adults with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis), and has been issued market authorization with conditions, pending the results of trials to verify its clinical benefit. Patients should be advised of the nature of the authorization.



Learn more inside!

The indication for the treatment of MASH in adults with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis), is authorized under the NOC/C Policy based on histopathological improvements. Continued approval for this indication may be contingent upon the verification and description of clinical benefit in a confirmatory trial.

Wegovy[®] should not be used in combination with any other semaglutide-containing drug (e.g., Ozempic[®], Rybelsus[®]) or any other GLP-1 receptor agonist.¹



Patient portrayal.



Visit **wegovy.ca** today![†]

* Comparative clinical significance is unknown.

[†] This landing page is open to the general public.

BMI, body mass index; CVD, cardiovascular disease; GLP-1, glucagon-like peptide-1; MASH, metabolic dysfunction-associated steatohepatitis; MI, myocardial infarction; NOC/C, notice of compliance with conditions.



SELECT Trial

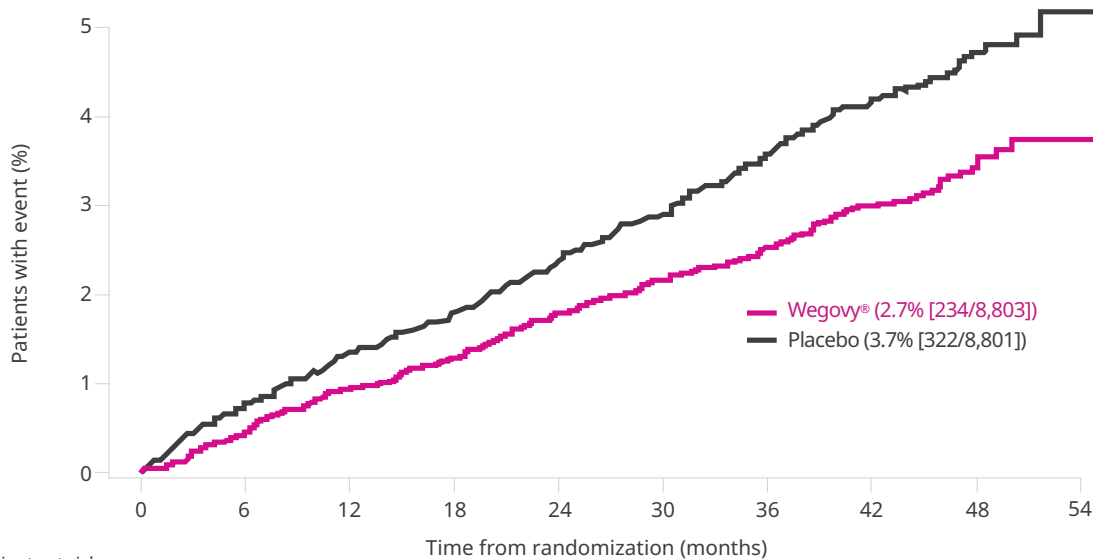
In adults with established CVD and overweight or obesity taking CV SoC

Wegovy® achieved powerful 28% non-fatal MI relative risk reduction in addition to CV SoC^{1*}

Demonstrated vs. placebo (HR = 0.72; 95% CI [0.61, 0.85]; supportive 2° endpoint).
Wegovy®: 2.7% (234 events; n = 8,803) vs. placebo: 3.7% (322 events; n = 8,801).

As a product of the hierarchical testing model, the endpoint of non-fatal MI was not analyzed for statistical significance.

Time to first occurrence of non-fatal MI (cumulative incidence function)^{1,2*}



Patients at risk	Time from randomization (months)									
Wegovy®	8,803	8,713	8,598	8,484	8,332	7,309	5,862	4,200	1,774	73
Placebo	8,801	8,674	8,534	8,398	8,258	7,206	5,742	4,089	1,712	62

Adapted from the Wegovy® Product Monograph.¹

A MACE event (CV death, non-fatal MI, or non-fatal stroke) occurred in 569 patients (6.5%) in the Wegovy® group and in 701 patients (8.0%) in the placebo group (HR = 0.80; 95% CI [0.72, 0.90]; $p < 0.001$). Wegovy® is not indicated to reduce the incidence of MACE outcomes.^{1,2}

* Data from the in-trial period. Cumulative incidence estimates are based on time from randomization to first EAC-confirmed non-fatal MI with all-cause death modelled as competing risk using the Aalen-Johansen estimator. Subjects without events of interest were censored at the end of their in-trial observation period.

† Time from randomization to each endpoint was analyzed using a Cox proportional hazards model with treatment as categorical fixed factor. Subjects without events of interest were censored at the end of their in-trial period. CV death includes both cardiovascular death and undetermined cause of death.

‡ Confirmatory secondary endpoints were analyzed under multiplicity control through a stagewise hierarchical testing scheme in which all p -values after the first nonsignificant p -value are not reported.

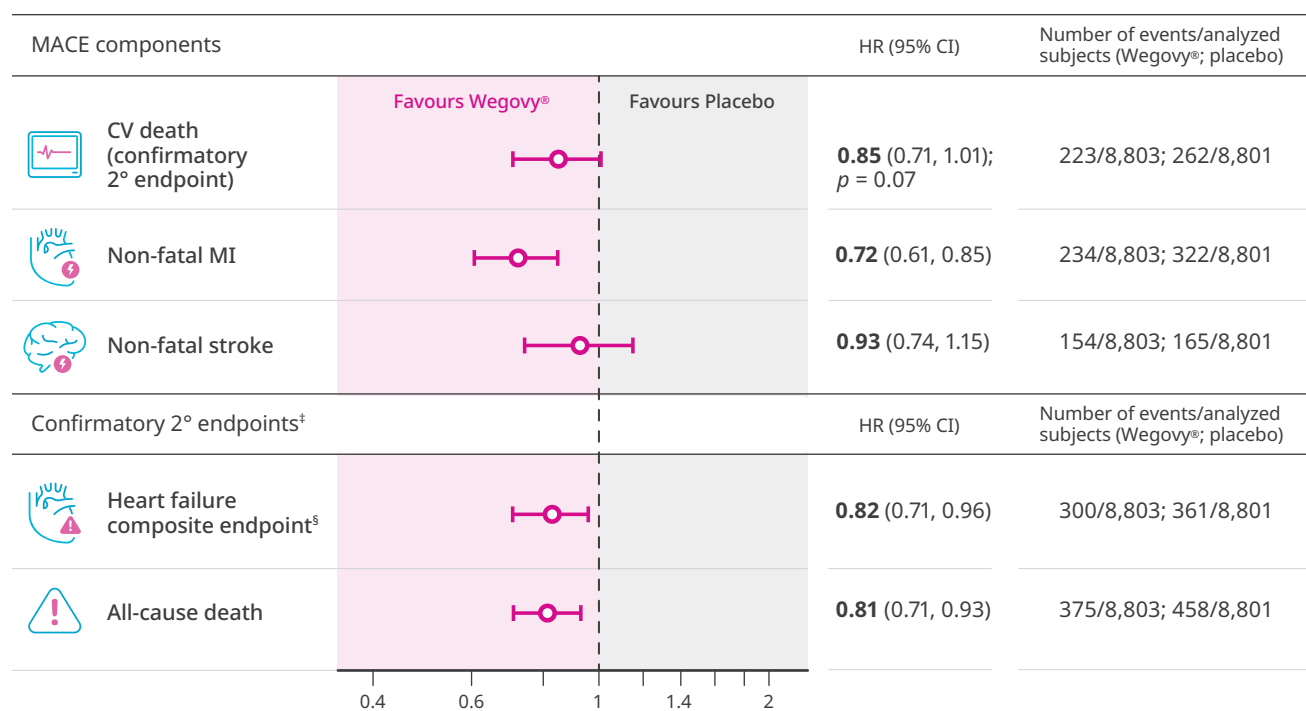
§ The composite heart failure endpoint was defined as time to the first occurrence of either heart failure hospitalization, urgent heart failure visit, or CV death.

¶ This landing page is open to the general public.

Wegovy® was studied across individual MACE components, confirmatory and supportive 2° endpoints

As a product of the hierarchical testing model, the endpoints of non-fatal MI, non-fatal stroke, composite heart failure, and all-cause death were not analyzed for statistical significance.

Time from randomization to first occurrence of MACE components, confirmatory and supportive 2° endpoints[†]



Wegovy® is not indicated to reduce the risk of CV death, non-fatal stroke, heart failure, or all-cause death.



Established CVD at baseline; prior MI only = 67.6%; prior stroke only = 17.8%; PAD only = 4.4%; two or more prior CV events = 8.2%. See study design on next page.

Important safety information

Clinical use:

- Efficacy and safety in combination with other products intended for weight management have not been established.
- Wegovy® is not indicated in type 1 diabetes mellitus or diabetic ketoacidosis.

Contraindications:

- Personal or family history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome type 2 (MEN 2).
- Pregnancy or breast-feeding.

Most serious warnings & 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:

- Cardiovascular effects: heart rate increase, PR interval prolongation, and use in heart failure
- Theoretical risk of dependence, tolerance, and/or abuse

- Risk of hypoglycemia with concomitant use of insulin or an insulin secretagogue (precaution with driving and operating machinery)
- Gastrointestinal events leading to dehydration
- Delayed gastric emptying
- Acute pancreatitis
- Acute gallbladder disease
- Hypersensitivity
- Retinal disorders in patients with type 2 diabetes
- Aspiration in association with general anesthesia or sedation
- Suicidal behaviour and ideation
- Acute kidney injury
- Use with caution in hepatic insufficiency
- Not for use in end-stage renal disease
- Fertility
- Contraception use recommended

For more information:

Please consult the Product Monograph at www.wegovypm-e.ca 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.

SELECT study design: A randomized, double-blind, placebo-controlled, event driven trial in 17,604 patients with BMI ≥ 27 kg/m² and established CVD (prior MI, prior stroke, and/or PAD). Patients with a history of diabetes were excluded. Patients were randomized 1:1 to either semaglutide 2.4 mg or placebo in addition to CV SoC. At baseline, 92.0% of patients were receiving CV medication (70.2% beta blockers, 45.0% ACE inhibitors, 29.5% angiotensin receptor blockers and 26.9% calcium-channel blockers); 90.1% were receiving lipid-lowering agents (primarily statins [87.6%]); and 86.2% were receiving anti-platelet agents. The primary endpoint was the time from randomization to first occurrence of MACE, defined as a composite of: CV death, non-fatal MI, or non-fatal stroke.

Wegovy® established a safety profile in over 8,000 patients in the SELECT CVOT¹

The safety profile for Wegovy® in the SELECT trial was generally similar to that reported in the weight-management Phase 3a trials with some exceptions (n = 8,803 taking Wegovy®). Please refer to the Product Monograph for more information on such AEs, including fractures of the femoral neck, femur, hip, and pelvis occurring in 1.0% (24/2,488) vs. 0.2% (5/2,424) of female patients treated with Wegovy® vs. placebo, respectively.

In three 68-week, placebo-controlled weight-management trials the most frequently reported adverse reactions (occurring in $\geq 10\%$ of Wegovy® treated patients) were (Wegovy® [n = 2,116] vs. placebo [n = 1,261]): nausea (44% vs. 16%), diarrhea (30% vs. 16%), vomiting (24% vs. 6.3%), constipation (24% vs. 11%), abdominal pain (20% vs. 10%), headache (16% vs. 11%), and fatigue (11% vs. 5.1%). Permanent discontinuation of treatment due to GI AEs occurred in 4.3% of people treated with Wegovy® vs. 0.7% placebo.

References:

1. Novo Nordisk Canada Inc. Wegovy® Product Monograph. December 10, 2025.
2. Lincoff AM, et al. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. *The New England Journal of Medicine*. 2023;389(24):2221-2232.
3. IQVIA. Total prescriptions: Canadian obesity medication market. November 2025.
4. IQVIA. Data on File. Wegovy® global experience. 2026.
5. Novo Nordisk Canada Inc. Data on File. 2025.

ACE, angiotensin-converting enzyme; AE, adverse event; BMI, body mass index; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; CVOT, cardiovascular outcomes trial; EAC, Event Adjudication Committee; GI, gastrointestinal; HR, hazard ratio; MACE, major adverse cardiovascular event; MI, myocardial infarction; PAD, peripheral arterial disease; SoC, standard of care.

Help your patients manage GI side effects by visiting wegovy.ca® for lifestyle tips.



ONCE-WEEKLY
Pr **wegovy**®
semaglutide injection

#1 dispensed obesity medication in Canada^{3*}

Wegovy[®] comes in the pre-filled FlexTouch[®] pen designed for ease of use

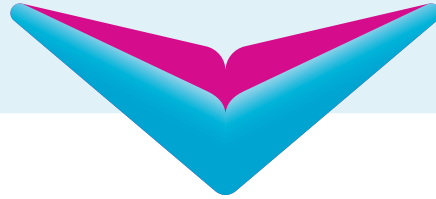
- **Audible click:**
Signals dose delivery is complete
 - **Single dose, multi-use:** Four once-weekly, preset doses in every pen
 - **Colour-coded:**
Helps to identify a pen's dose
- Needles included:** Four disposable needles included with every pen
- Environmentally responsible:**
Produced using 100% renewable electricity[†]



* Comparative clinical significance has not been established.
† Clinical significance has not been established.

Trust in the experience of Wegovy[®]:
Over 4 million patients treated worldwide.^{4†}

1st & ONLY pharmacotherapy indicated in the treatment of non-cirrhotic MASH^{1,5*}



Count on Novo Nordisk Care[®] for Wegovy[®]: A FREE comprehensive patient support program

Savings Card Available[†]

Other services include:

- Drug coverage navigation
- Educator support
- Patient resources

Pr **wegovy**[®]
semaglutide injection

novo
nordisk **care**[®]
PATIENT SUPPORT PROGRAM

* Comparative clinical significance has not been established.

† Exclusions may apply. The user may still be responsible for costs not covered by their Novo Nordisk Care[®] savings card. The manufacturer reserves all rights to change or stop this program at its discretion.

‡ Clinical significance is unknown.

The Novo Nordisk Care[®] program is valid for Canadian residents only. Availability of this program may change or end at any time at the manufacturer's discretion. For more details, see the Program terms and conditions. Coverage eligibility is determined by the patient's insurance provider and/or plan sponsor. Novo Nordisk Canada Inc. cannot guarantee coverage approvals. MASH, metabolic dysfunction-associated steatohepatitis.

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Over 10 million
Canadians have private
coverage for Wegovy[®].^{5‡}



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