SUPERIOR A1C REDUCTION SHOWN VS. JANUVIA® (SITAGLIPTIN) (BOTH AS ADD-ONS TO METFORMIN AND/OR TZDs)[1,4]*

Up to

-1.5%

Baseline: 8.0%

At week 56, Ozempic® 0.5 mg (n = 409): -1.3% and Ozempic® 1 mg (n = 409): -1.5% vs. Januvia® 100 mg (n = 407): -0.7% (both $p < 0.0001$).

SUPERIOR WEIGHT REDUCTION SHOWN VS. JANUVIA® (BOTH AS ADD-ONS TO METFORMIN AND/OR TZDs; 2° ENDPOINT)[1,4]*

Up to

-5.5 kg

Baseline: 89.2 kg

At week 56, Ozempic® 0.5 mg (n = 409): -4.2 kg and Ozempic® 1 mg (n = 409): -5.5 kg vs. Januvia® 100 mg (n = 407): -1.7 kg (both $p < 0.0001$). Ozempic® is not indicated for weight reduction.

MACE SAFETY ENDPOINT (OZEMPIC® + SOC IN T2DM + HIGH CV EVENT RISK POPULATION)[1,2]

Relative risk of MACE

HR: 0.74

(95% CI [0.58, 0.95]; $p < 0.0001$ for non-inferiority) vs. placebo

At 2 years, the primary endpoint occurred in 108 (6.6%) patients taking Ozempic® and 146 (8.9%) patients taking placebo ($p < 0.0001$ for non-inferiority; $p = 0.02$ for superiority [post hoc, unadjusted]). Ozempic® is not indicated to reduce the incidence of CV (MACE) outcomes.

* Baseline A1C (%)/weight (kg) for Ozempic® 0.5 mg: 8.0/89.9; Ozempic® 1 mg: 8.0/89.2; Januvia® 100 mg: 8.2/89.3.[1]
CI, confidence interval; CV, cardiovascular; MACE, major adverse cardiovascular events; SOC, standard of care; T2DM, type 2 diabetes mellitus; TZD, thiazolidinedione.

References:
1. Novo Nordisk Canada Inc. Ozempic® (semaglutide injection) Product Monograph. January 4, 2022. **2.** Marso SP, et al. Semaglutide and cardiovascular outcomes in patients with type 2 diabetes. *N Engl J Med*. 2016;375(19):1834-1844. Study design: 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 degree of 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. **3.** IQVIA. Xponent data (JUN2022–NOV2022). 2023. **4.** 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. Study design: 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.

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[1,2*]

Relative risk of MACE

HR: 0.74

(95% CI [0.58, 0.95]; $p < 0.0001$ for non-inferiority)
Ozempic®: 6.6% (108 events)
vs. placebo: 8.9% (146 events)

Ozempic® is not indicated to reduce the incidence of CV (MACE) outcomes.[1]

See inside for **post-hoc analysis data**

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.[1]

* See back for Marso SP, et al., 2016 study design.[2] Standard of care included oral antihyperglycemic treatments, insulin, antihypertensives, diuretics, antithrombotic and lipid-lowering therapies.
CV, cardiovascular; HR, hazard ratio; MACE, major adverse cardiovascular events; T2DM, type 2 diabetes mellitus.

Pr OZEMPIC® semaglutide injection

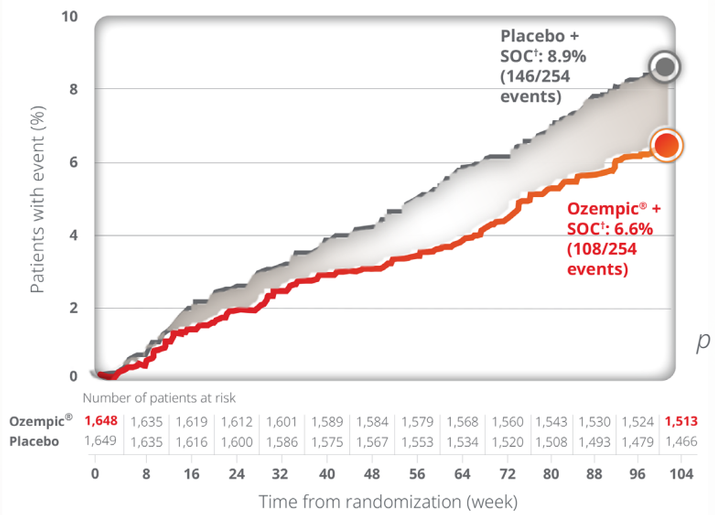
In addition to standard of care in patients with T2DM and at high risk of CV events,

*SUSTAIN-6 was a 2-year, randomized, double-blind, placebo-controlled, parallel-group trial to evaluate CV and other long-term outcomes of Ozempic®[1,2]**

The primary objective of SUSTAIN-6 was to confirm that treatment with Ozempic® does not result in any unacceptable increase in cardiovascular risk as compared to placebo in adults with type 2 diabetes. Ozempic® is not indicated to reduce the incidence of CV (MACE) outcomes.

Study results

Primary endpoint: Time to first confirmed major adverse CV event (MACE)[1,2]*

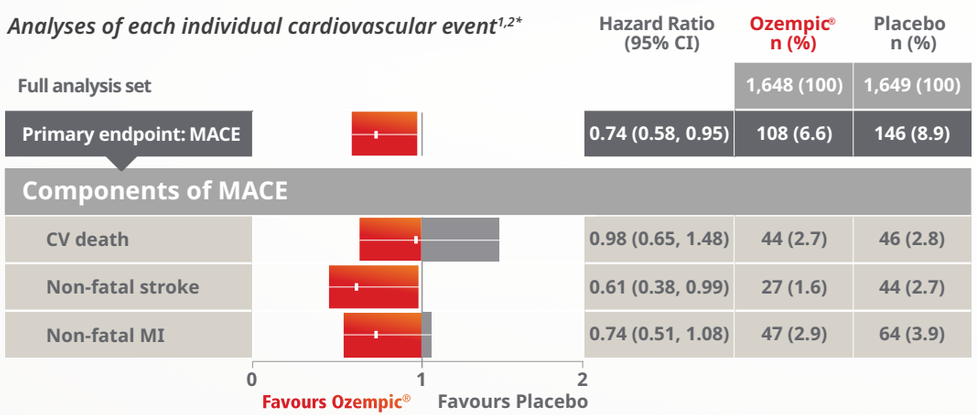


Relative risk of MACE

HR: 0.74

(95% CI [0.58, 0.95])
vs. placebo
$p < 0.0001$ for non-inferiority
$p = 0.02$ for superiority
(post hoc, unadjusted)

Analyses of each individual cardiovascular event[1,2]*



In an unadjusted post-hoc analysis for superiority, Ozempic® statistically significantly reduced the risk of MACE vs. placebo[1]*

- Based on a post-hoc test for superiority once non-inferiority had been demonstrated, treatment with Ozempic® showed a statistically significant reduction in the occurrence of MACE (HR: 0.74; 95% CI [0.58, 0.95]; $p = 0.02$ [post hoc, unadjusted]).
- The total number of primary component MACE endpoints was 254 (108 [6.6%] with Ozempic® and 146 [8.9%] with placebo), both in combination with standard of care.†
- Overall MACE reduction was driven by the non-fatal stroke and non-fatal MI components of MACE.

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
- Hypoglycemia with concomitant use of insulin secretagogues or insulin
- Use with other incretin drugs
- Hepatic insufficiency
- Pancreatitis
- 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

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
- CV effects: Increased heart rate; PR interval prolongation

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.

#1 dispensed GLP-1 RA in Canada![3‡]

Covered by ALL public formularies across Canada

* See back for Marso SP, et al., 2016 study design.[2]
† Standard of care included oral antihyperglycemic treatments, insulin, antihypertensives, diuretics, antithrombotic and lipid-lowering therapies.[2]
‡ Comparative clinical significance unknown.
CI, confidence interval; CV, cardiovascular; HR, hazard ratio; MACE, major adverse cardiovascular event; MI, myocardial infarction; SOC, standard of care.