

ONCE-WEEKLY

wegovy[®]

semaglutide injection **2.4 mg**

Weight loss and *Beyond*

Your guide to Wegovy[®]

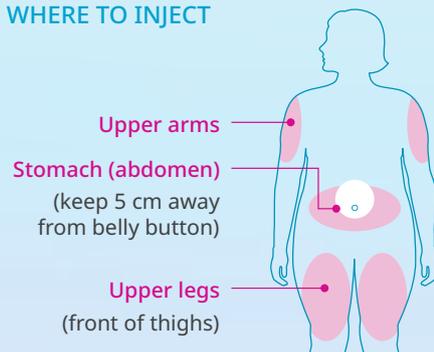
What can you tell me about the pen?

- 4 once-weekly doses in every pen¹
- The dose is already preset and ready to dial up¹
- 5 colour-coded pens for easy dose identification
- Easy-to-press dose button and low injection force for smooth delivery^{2,3}
- A reassuring, audible click with every dose delivered^{2,3}

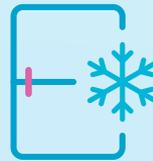


How do you use and store Wegovy[®]?¹

WHERE TO INJECT



HOW TO STORE

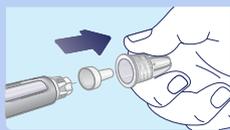


- Keep the pens in the fridge (2 °C to 8 °C) in the original packaging to protect it from light¹
- After first use if you require, you can keep the pens at room temperature (<=30°) for upto 6 weeks¹

How do you inject?¹

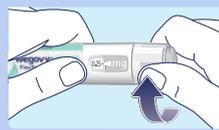
Note: Only prime each pen before the first of the 4 injections. This will remove air from the cartridge and ensure full dose administration. If you prime the pen before each of the 4 injections, they could reduce the number of therapeutic doses.

Step 1: Prepare pen



Push a new needle onto the pen and turn it until it is tight. Remove the outer and inner pen caps. Prime each pen before the first dose. To prime a pen, turn the dose selector to the flow-check symbol. With the needle pointing upwards, press the button until the -0- returns.

Step 2: Dial up dosage



Turn the dose selector until your prescribed, correct dosage is visible in the pen window.

Step 3: Inject Wegovy[®]



Firmly insert the needle and press and hold down the dose button. Dosage counter will return to -0-. When you hear a click, continue holding and slowly count to 6.

Step 4: Remove the needle



Replace the outer cap over the needle and unscrew and dispose of the used needle. Place the pen cap back on.

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When should you take Wegovy®?



- You should inject once a week anytime of the day, independent of meals
- You might find it helpful to get into a routine, like taking Wegovy® on a Sunday just before bed

What if you miss a dose?



- You should never take a double dose to make up for a missed one¹
- If you missed dose was:
 - Fewer than 5 days ago, you should administer the dose as soon as they remember¹
 - More than 5 days ago, you should skip the missed dose and inject as usual on their next normal day¹

How does dose escalation work?

- The dose starts at 0.25 mg once weekly and increases every 4 weeks until the 2.4 mg once weekly maintenance dose is reached¹
The dose increases gradually to reduce the likelihood of GI-related adverse reactions¹



EACH FLEXTOUCH® PEN IS COLOUR-CODED FOR EASY DOSE IDENTIFICATION



4 doses in each pen



How do you deal with side effects?^{1,4}

- The most common side effect was mild-to-moderate nausea, which didn't last long and improved over time

TIPS AND STRATEGIES TO HELP MITIGATE AND MANAGE GI SIDE EFFECTS



Reduce meal size



Stop eating when full or when not hungry



Avoid high-fat, fried, and spicy foods



Drink fewer carbonated and alcoholic beverages



Drink plenty of water and eat high-fibre foods

References:

1. Wegovy® [summary of product characteristics]. Bagsværd, Denmark: Novo Nordisk A/S; April 2024. 2. Bailey T, Thurman J, Niemeier M, Schmeisl G. Usability and preference evaluation of a pre-filled insulin pen with a novel injection mechanism by people with diabetes and healthcare professionals. *Curr Med Res Opin* 2011;27(10):2043-2052. 3. Wielandt JO, Niemeier M, Hansen MR, Bucher D, Thomsen NB. FlexTouch: a pre-filled insulin pen with a novel injection mechanism with consistent high accuracy at low- (1 U), medium- (40 U), and high- (80 U) dose settings. *J Diabetes Sci Technol*. 2011;5(5):1195-1199. 4. Wharton S, Davies M, Dicker D, et al. Managing the gastrointestinal side effects of GLP-1 receptor agonists in obesity: recommendations for clinical practice. *Postgrad Med*. 2022;34(1):14-19.



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wegovy®
semaglutide injection 2.4 mg

About Wegovy®

Semaglutide injection 2.4 mg

Abbreviated prescribing information (and not full package insert)

Generic Name:

Semaglutide Injection (0.25 mg/0.5 mg/1 mg/1.7 mg/2.4 mg), solution for injection (r-DNA Origin) in pre-filled pen

Brand Name:

Wegovy® (FlexTouch®)

Presentation: Wegovy® FlexTouch® is available in 0.25 mg, 0.5 mg, 1.0 mg, 1.7 mg and 2.4 mg.

Indication: Weight Management: Semaglutide Injection (wegovy®) is indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 kg/m² or greater (obesity) or 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia). **Limitations of Use:** Wegovy® should not be co-administered with other semaglutide containing products or with any other GLP-1 receptor agonist. The safety and effectiveness of semaglutide in combination with other products intended for weight loss, including prescription drugs, over-the-counter drugs, and herbal preparations, have not been established. wegovy® has not been studied in patients with a history of pancreatitis. **Established cardiovascular disease:** Semaglutide Injection (Wegovy®) is indicated to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight. **Description:** Wegovy® is a clear and colourless solution for injection in pre-filled disposable pen. **Dosing and administration:** The maintenance dose of semaglutide 2.4 mg once-weekly is reached by starting with a dose of 0.25 mg. To reduce the likelihood of gastrointestinal symptoms, the dose should be escalated over a 16-week period to a maintenance dose of 2.4 mg once weekly. In case of significant gastrointestinal symptoms, consider delaying dose escalation until symptoms have improved.

Method of administration: Subcutaneous use. wegovy® is administered once weekly at any time of the day, with or without meals. It is to be injected subcutaneously in the abdomen, in the thigh or in the upper arm. The injection site can be changed. It should not be administered intravenously or intramuscularly. The day of weekly administration can be changed, if necessary, as long as the time between two doses is at least 3 days (>72 hours). After selecting a new dosing day, once-weekly dosing should be continued. Patients should be advised to read the instruction for use included in the package leaflet carefully before administering wegovy®. **Special Population:** No dose adjustment is required based on age. Therapeutic experience in patients ≥85 years of age is limited. No dose adjustment is required for patients with mild or moderate renal impairment. Experience with the use of semaglutide in patients with severe renal impairment is limited. Semaglutide is not recommended for use in patients with severe renal impairment (eGFR <30 mL/min/1.73m²) including patients with end-stage renal disease. No dose adjustment is required for patients with mild or moderate hepatic impairment. Experience with the use of semaglutide in patients with severe hepatic impairment is limited. Semaglutide is not recommended for use in patients with severe hepatic impairment and should be used cautiously in patients with mild or moderate hepatic impairment. The safety and efficacy of semaglutide in children below 12 years of age have not been established. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions:** In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. Patients should be advised of the potential risk of dehydration in relation to gastrointestinal side effects and take precautions to avoid fluid depletion. Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, semaglutide should be discontinued; if confirmed, semaglutide should not be restarted. Caution should be exercised in patients with a history of pancreatitis. In the absence of other signs and symptoms of acute pancreatitis, elevations in pancreatic enzymes alone are not predictive of acute pancreatitis. Semaglutide should not be used as a substitute for insulin in patients with type 2 diabetes. Semaglutide should not be used in combination with other GLP-1 receptor agonist products. It has not been evaluated and an increased risk of adverse reactions related to overdose is considered likely. Patients treated with semaglutide in combination with a sulfonylurea or insulin may have an increased risk of hypoglycaemia. The risk of hypoglycaemia can be lowered by reducing the dose of sulfonylurea or insulin when initiating treatment with a GLP-1 receptor agonist. The addition of wegovy® in patients treated with insulin has not been evaluated. In patients with diabetic retinopathy treated with semaglutide, an increased risk of developing diabetic retinopathy complications has been observed. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy, but other mechanisms cannot be excluded. Patients with diabetic retinopathy using semaglutide should be monitored closely and treated according to clinical guidelines. There is no experience with wegovy® in patients with type 2 diabetes with uncontrolled or potentially unstable diabetic retinopathy. In these patients, treatment with wegovy® is not recommended. **Use in special populations (Fertility, pregnancy and lactation):** Women of childbearing potential are recommended to use contraception when treated with semaglutide. There are limited data from the use of semaglutide in pregnant women. Therefore, semaglutide should not be used during pregnancy. If a patient wishes to become pregnant, or pregnancy occurs, semaglutide should be discontinued. Semaglutide should be discontinued at least 2 months before a planned pregnancy due to the long half-life. Semaglutide should not be used during breast-feeding. The effect of semaglutide on fertility in humans is unknown. **Drug Interaction:** Semaglutide delays gastric emptying and could potentially influence the absorption of concomitantly administered oral medicinal products. No clinically relevant effect on the rate of gastric emptying was observed with semaglutide 2.4 mg, probably due to a tolerance effect. Semaglutide should be used with caution in patients receiving oral medicinal products that require rapid gastrointestinal absorption. Paracetamol: Semaglutide delays the rate of gastric emptying as assessed by paracetamol pharmacokinetics during a standardised meal test. No clinically relevant effect on paracetamol was observed with semaglutide. No dose adjustment of paracetamol is necessary when administered with semaglutide. Oral contraceptives: Semaglutide is not anticipated to decrease the effectiveness of oral contraceptives as semaglutide did not change the overall exposure of ethinylestradiol and levonorgestrel to a clinically relevant degree, when an oral contraceptive combination medicinal product (0.03 mg ethinylestradiol/0.15 mg levonorgestrel) was co-administered with semaglutide. Atorvastatin: Semaglutide did not change the overall exposure of atorvastatin following a single dose administration of atorvastatin (40 mg). Atorvastatin C_{max} was decreased by 38%. This was assessed not to be clinically relevant. Digoxin: Semaglutide did not change the overall exposure or C_{max} of digoxin following a single dose of digoxin (0.5 mg). Metformin: Semaglutide did not change the overall exposure or C_{max} of metformin following dosing of 500 mg twice daily over 3.5 days. Warfarin and other coumarin derivatives: Semaglutide did not change overall exposure or C_{max} of R- and S-warfarin following a single dose of warfarin (25 mg), and the pharmacodynamic effects of warfarin as measured by the inter-national normalised ratio (INR) were not affected in a clinically relevant manner. However, cases of decreased INR have been reported during concomitant use of acenocoumarol and semaglutide. Upon initiation of semaglutide treatment in patients on warfarin or other coumarin derivatives, frequent monitoring of INR is recommended. **Undesirable Effects:** In 4 phase 3a trials, 2,650 patients were exposed to wegovy®. The duration of the trials were 68 weeks. The most frequently reported adverse reactions were gastrointestinal disorders including nausea, diarrhoea, constipation and vomiting. In general, these reactions were mild or moderate in severity and of short duration. Other undesirable effects being delayed gastric emptying, dysgeusia, dizziness and intestinal obstruction. **Shelf life:** Before use: 36 months; After first use: 6 weeks. Store below 30°C or in a refrigerator (2°C to 8°C). **Storage:** Keep this medicine out of the sight and reach of children. Store in a refrigerator (2°C to 8°C). Do not freeze and do not use wegovy® if it has been frozen. After first use: Store below 30°C or in a refrigerator (2°C to 8°C). Keep the pen cap on when the pen is not in use in order to protect it from light. Always remove the injection needle after each injection and store the pen without a needle attached.

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Note: For detailed information on this product, please refer to full package insert*.

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