Up to now, Saxenda® is the FIRST and ONLY GLP-1 analogue that is EMA and U.S. FDA approved for weight management as an adjunct to diet and exercise[1-3]

NOW,

your patients WITH OBESITY have more to celebrate with LOSING WEIGHT

Introducing Saxenda®:

Significant and sustained weight loss with simultaneous improvements in cardiometabolic risk factors.[4,5] In a 1-year study:

- **9 out of 10 patients achieved weight loss, with 1 in 3 losing >10%[5]**
- **Patients lost weight and kept it off[4]**
- **Patients also experienced significant improvements in multiple cardiometabolic risk factors[4]**

Please scan QR code for more information about obesity & **Saxenda®**

Abbreviated prescribing information

Saxenda® (liraglutide injection) The Summary of Product Characteristics (SPC) is available at novonordisk.com. Presentation: Prefilled, disposable pen containing 18 mg of liraglutide in 3 mL of solution. Indications: Saxenda® is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of ≥ 30 kg/m² (obese), or ≥ 27 kg/m² to < 30 kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (pre-diabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea. Treatment with Saxenda® should be discontinued after 12 weeks on the 3.0 mg/day dose if patients have not lost at least 5% of their initial body weight. The need for continued treatment should be re-evaluated annually. **Dosage and administration:** The starting dose is 0.6 mg once daily. The dose should be increased to 3.0 mg once daily in increments of 0.6 mg with at least one week interval to improve gastro-intestinal tolerability. If escalation to the next dose step is not tolerated for two consecutive weeks, consider discontinuing treatment. Daily doses higher than 3.0 mg are not recommended. Saxenda® is administered once daily at any time, independent of meals, subcutaneously injected in the abdomen, thigh or upper arm, preferably around the same time every day. Saxenda® must not be administered intravenously or intramuscularly. Patients with type 2 diabetes mellitus receiving liraglutide in combination with a sulphonylurea may have an increased risk of hypoglycaemia. The risk of hypoglycaemia may be lowered by a reduction in the dose of sulphonylurea. Saxenda® should not be used in combination with other Glucagon-like Peptide-1 (GLP-1) receptor agonist. The addition of Saxenda® in patients with type 2 diabetes mellitus treated with insulin has not been evaluated. This medicinal product is not recommended for use in paediatric patients. **Contraindications:** Hypersensitivity to liraglutide or to any of the excipients. **Special warnings and precautions:** In patients with diabetes mellitus liraglutide must not be used as a substitute for insulin. There is limited experience in patients with congestive heart failure New York Heart Association (NYHA) class I-II and liraglutide should therefore be used with caution. There is no experience in patients with congestive heart failure NYHA class III-IV and liraglutide is therefore not recommended in these patients. Due to limited experience, Saxenda® is not recommended in patients with inflammatory bowel disease or diabetic gastroparesis. Saxenda® is not recommended in patients: aged 75 years or more, treated with other products for weight management, with obesity secondary to endocrinological or eating disorders or to treatment with medicinal products that may cause weight gain, with severe renal impairment, with severe hepatic impairment. Saxenda® must be used with caution in patients with mild or moderate hepatic impairment. Use of GLP-1 receptor agonists has been associated with the risk of developing acute pancreatitis. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, liraglutide should be discontinued; if acute pancreatitis is confirmed, liraglutide should not be restarted. Caution should be exercised in patients with a history of pancreatitis. In clinical trials for weight management, a higher rate of cholelithiasis and cholecystitis was observed in patients treated with liraglutide than in patients on placebo. Patients should be informed of the characteristic symptoms of cholelithiasis and cholecystitis. In clinical trials in type 2 diabetes, thyroid adverse events, including increased blood calcitonin, goitre and thyroid neoplasm have been reported in particular in patients with pre-existing thyroid disease. Cases of increased blood calcitonin were also observed in the weight management clinical trials. An increase in heart rate was observed with liraglutide in clinical trials. Heart rate should be monitored at regular intervals consistent with usual clinical practice. Patients should be informed of the symptoms of increased heart rate (palpitations or feelings of a racing heartbeat while at rest). For patients who experience a clinically relevant sustained increase in resting heart rate, treatment with liraglutide should be discontinued. Patients treated with liraglutide should be advised of the potential risk of dehydration in relation to gastrointestinal side effects and take precautions to avoid fluid depletion. **Pregnancy and lactation:** Saxenda® should not be used in women who are pregnant, who wish to become pregnant, or who are breastfeeding. **Undesirable effects:** The most frequently reported adverse reactions in patients treated with Saxenda® are nausea, vomiting, diarrhoea and constipation. Less common adverse reactions include dyspepsia, upper abdominal pain, gastritis, flatulence, abdominal distension, gastroesophageal reflux, eructation, dry mouth, dizziness, dysgeusia, insomnia, fatigue, asthenia, injection site reactions, malaise, tachycardia, urticaria, pancreatitis, cholelithiasis, cholecystitis, hypoglycaemia, anaphylactic reaction, dehydration, acute renal failure and renal impairment. **Overdose:** From clinical trials and marketed use overdoses have been reported up to 72 mg (24 times the recommended maintenance dose). Events reported included severe nausea and severe vomiting which are also the expected symptoms of an overdose with liraglutide. None of the reports included severe hypoglycaemia. All patients recovered without complications. In the event of overdose, appropriate supportive treatment should be initiated according to the patient's clinical signs and symptoms. The patient should be observed for clinical signs of dehydration and blood glucose should be monitored.

References: 1. NovoNordisk Company press release. 22 Apr 2015. United States first country to launch Saxenda® **2.** European Medicines Agency Saxenda® Summary of Product Characteristics. Availabvle at: https://www.ema.europa.eu/en/documents/product-information/saxenda-epar-product-information_en.pdf [accessed on 23 Sep 2021] **3.** U.S. Food and Drug Administration Saxenda® prescribing information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/206321s007lbl.pdf [accessed on 23 Sep 2021] **4.** Saxenda® (liraglutide 3 mg) packing insert **5.** Pi-Sunyer et al. A Randomized, Controlled Trial of 3.0 mg of Liraglutide in Weight Management. N Engl J Med. 2015;373(1):11-2

novo nordisk®

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Saxenda® 秀身達®
Liraglutide injection

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