

*Help your patients with  
type 2 diabetes*

# ***REALISE THE POTENTIAL***



IL200ZM00024



**SUPERIOR GLYCAEMIC  
CONTROL<sup>1-9\*</sup>**



**SUPERIOR AND  
SUSTAINED WEIGHT LOSS<sup>1-9\*</sup>**



**PROVEN CARDIOVASCULAR  
BENEFITS<sup>10#</sup>**

\*Results apply to Ozempic across SUSTAIN trials, which includes placebo, Januvia®, Bydureon®, Lantus®, Trulicity®, Invokana® and Victoza®<sup>1-9</sup>

# In SUSTAIN 6, Ozempic reduced CV risk (cv death, non-fatal myocardial infraction or non-fatal stroke) versus placebo in patients with T2D at high CV risk treated with standard of care.<sup>10</sup>

ONCE-WEEKLY  
**OZEMPIC**<sup>®</sup>  
semaglutide injection

*The once-weekly  
treatment  
unifying superior  
efficacy and CV\*  
benefits<sup>1-10</sup>*

\*CV = cardiovascular



**2019 ESC Guidelines  
recommend using  
semaglutide in  
patients with T2DM  
and CVD or very  
high/high CV risk to  
reduce CV events<sup>11\*</sup>**

ESC= European Society of Cardiology;

T2DM= type 2 diabetes mellitus;

CV= cardiovascular;

CVD= cardiovascular disease

## Reference:

1. C Sorli, et al. Lancet Diabetes Endocrinol 5 (4), 251-260 Apr 2017
2. B Ahrén et al. Lancet Diabetes Endocrinol 5 (5), 341-354 May 2017
3. AJ Ahmann et al. Diabetes Care 2018;41:258–266
4. VR Aroda et al. Lancet Diabetes Endocrinol 5 (5), 355-366 May 2017
5. HW Rodbard et al. J Clin Endocrinol Metab, June 2018, 103(6):2291–2301
6. RE Pratley et al. Lancet Diabetes Endocrinol 2018; 6: 275–86
7. I Lingvay et al. Lancet Diabetes Endocrinol 2019; 7: 834–44
8. B Zinman et al. Lancet Diabetes Endocrinol 2019; 7: 356–67
9. MS Capehorn et al. Diabetes Metab 101117 2019 Sep 17
10. SP Marso et al. N Engl J Med. 2016;375(19):1834-1844.
11. F Cosentino et al. European Heart Journal (2019) 00,1-69

## Indication:

Ozempic® is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in addition to other medicinal products for the treatment of diabetes.

**Contraindication:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the full Israeli PI

## Special warnings:

Use of GLP-1 receptor agonists may be associated with gastrointestinal adverse reactions. This should be considered when treating patients, with impaired renal function as nausea, vomiting, and diarrhoea may cause dehydration which could cause a deterioration of renal function (see section 4.8 of the full Israeli PI)

### *Diabetic retinopathy*

In patients with known diabetic retinopathy treated with insulin and Semaglutide (Ozempic®), an increased risk of developing diabetic retinopathy complications has been observed (see section 4.8 of the full Israeli PI)

Diabetic ketoacidosis has been reported in insulin-dependent patients who had rapid discontinuation or dose reduction of insulin when treatment with a GLP-1 receptor agonist is started (see section 4.2 of the full Israeli PI)

### *Acute pancreatitis*

Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis.

**Safety profile:** The most frequently reported adverse reactions during treatment with Ozempic® were: 1.Gastrointestinal disorders, including nausea and diarrhoea 2.Hypoglycaemia (when used with insulin or sulfonylurea). For full list of adverse reactions and further information please refer to the full PI as appears in the MOH website