ONCE-WEEKLY
wegovy®▼
semaglutide injection

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It contains hyperlinks which are viewable online only.
Prescribing information and adverse event reporting information can be found under the indications below.

novo nordisk®

Help people with obesity

LIVE LIGHTER™

with Wegovy®

Unlock more of your patients' needs with Wegovy®

Key information about Wegovy®

Adults

Weight management

Wegovy® is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) of:
- ≥30 kg/m² (obesity), or
- ≥27 kg/m² to <30 kg/m² (overweight) in the presence of at least one weight-related comorbidity.[1]

Cardiovascular risk reduction

Wegovy® is indicated as an adjunct to a reduced-calorie diet and increased physical activity 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 (BMI ≥27 kg/m²).[1]

Adolescents ≥12 years

Wegovy® is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adolescents ages 12 years and above with:
- obesity* and
- body weight above 60 kg.

Treatment with Wegovy® should be discontinued and re-evaluated if adolescent patients have not reduced their BMI by at least 5% after 12 weeks on the 2.4 mg or maximum tolerated dose.[1]

*Obesity (BMI ≥95th percentile) as defined on sex- and age-specific BMI growth charts (CDC.gov)[1]

Wegovy® is the only once-weekly weight management medication with a cardiovascular risk reduction indication and an adolescent weight management indication.[1]

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0800 023 2573). Calls may be monitored for training purposes.

SmPC, Summary of Product Characteristics.

For Wegovy® UK Prescribing Information, please click HERE
This external link will take you to a third party website.

Wegovy® active ingredient – Semaglutide

Indicated in specific populations for

- Weight management in adults*
- Weight management in adolescents*
- Cardiovascular risk reduction in adults*

In addition to a reduced-calorie diet and increased physical activity.

The information below is relevant to the **adult indications only**. Please refer to the SmPC for information regarding the adolescent indication.

Please refer to the Summary of Product Characteristics (SmPC) before making any prescribing decisions

Weight management efficacy in adults

In STEP UP, over 72 weeks, in addition to a reduced-calorie diet and increased physical activity in adults with obesity (BMI ≥30 kg/m²) without type 2 diabetes, patients on once-weekly Wegovy® 7.2 mg achieved[3]

~19-21% WEIGHT LOSS

~19–21% weight loss
vs ~2.4–4% with placebo*
(co-primary endpoint)

>9 out of 10 patients achieved ≥5% weight loss
vs ~4 out of 10 with placebo[3] *(co-primary endpoint)*

≥25% WEIGHT LOSS

~1 out of 3 patients achieved ≥25% weight loss*[1,3]
vs 0% with placebo
(confirmatory secondary endpoint)

**Based on the STEP UP trial: 18.7% (~19%) weight loss with Wegovy® vs 3.9% (~4%) with placebo for the treatment policy estimand (treatment effect among all participants, regardless of discontinuation); 20.7% (~21%) weight loss with Wegovy® vs 2.4% with placebo for the trial product estimand (effect in all participants treated as intended). Mean baseline body weight Wegovy® 7.2 mg = 112.4 kg, mean baseline body weight placebo = 112.4 kg.[3]*

Wegovy® delivers high magnitude weight loss while improving body composition and preserving muscle function[5]

In a sub-study (N=50) as part of the STEP UP trial[4]

≥84.5% WEIGHT LOSS FROM BODY FAT

84.5% of the weight loss with Wegovy® came from body fat rather than lean body mass (15.5%)[5]

Magnetic resonance imaging (MRI) demonstrated that Wegovy® treatment resulted in greater reductions in fat mass/volume, accompanied by a non–clinically significant reduction in lean mass/volume compared with placebo, leading to improved overall body composition vs placebo, after 72 weeks.[5]

Muscle function is preserved with Wegovy®
There were no differences in functional muscle capacity with Wegovy® as measured by a sit-to-stand test vs placebo[5]

In STEP 1, over 68 weeks, in addition to a reduced-calorie diet and increased physical activity, patients on Wegovy® once-weekly 2.4 mg* achieved:[2]

- **~15–17% weight loss** vs 2.4% with placebo**

**Wegovy® N=1306, placebo N=655, mean baseline body weight Wegovy® =105.4 kg, mean baseline body weight placebo=105.2 kg.[2]*

***Based on the STEP 1 trial; 14.9% weight loss (~15%) with Wegovy® for the treatment policy estimand. Treatment policy estimand evaluates the treatment effect of Wegovy® vs placebo regardless of treatment discontinuation or rescue intervention; 16.9% weight loss (~17%) for the trial product estimand. The trial product estimand evaluates treatment effect if trial product was taken as intended (i.e. if all participants adhered to treatment and did not receive rescue intervention).[2]*

Heart health

Based on the SELECT trial with Wegovy® injection 2.4 mg

Wegovy® is the **only weight management medication also approved for cardiovascular risk reduction** in adults living with obesity or overweight (BMI ≥27 kg/m²) and established CVD* in addition to a reduced-calorie diet and increased physical activity.[1]

20%

20% risk reduction (1.5% ARR) in MACE[6]**
(Hazard ratio: 0.80; 95% CI 0.72-0.90; composite of CV death, non-fatal heart attack, and non-fatal stroke) vs placebo, in addition to standard of care.†‡

Heart protection, independent of weight loss[7]
A prespecified analysis of the SELECT trial suggests that the magnitude of the treatment effect with Wegovy® on the MACE primary endpoint was **independent of the extent of weight loss (<5% and ≥5% at week 20), suggesting potential mechanisms beyond weight loss for CV benefit.**

The exact mechanism of cardiovascular risk reduction has not been established.[1]

**In the SELECT trial, established cardiovascular disease was defined as prior myocardial infarction, prior stroke or symptomatic peripheral arterial disease.[6]*

***Primary composite endpoint (predefined): Time to first occurrence of a three-part composite outcome, MACE, which included CV death, non-fatal MI, or non-fatal stroke.[6]*

†All patients were treated on top of standard of care, which included management of CV risk factors including medical treatment in accordance with treatment guidelines or local clinical practice and healthy lifestyle counselling (including reduced-calorie diet and increased physical activity).[8]

‡Wegovy® N=8803, placebo N=8801; the patients did not have diabetes. p<0.001.[6]

Why CVD matters
- Obesity is a major risk factor for CVD, which affects over 7.6 million people in the UK[9]
- More than 2 out of 3 patients with high BMI die from CVD[10]

Consultation points
- How do you identify patients with existing CVD?
- How do you explain in patient-friendly language that Wegovy® has CVD risk reduction in its label (for example, when asking about their CV medical history, or at the treatment offering)?

Knee Health

Based on the STEP 9 trial with Wegovy® injection 2.4 mg

Wegovy® is the only approved pharmacotherapy to demonstrate clinically meaningful improvement in knee OA-related pain and superior weight loss vs placebo, in adults with obesity and moderate knee OA, over 68 weeks, in addition to a reduced-calorie diet and increased physical activity.[1,11]

In adults, Wegovy® is only indicated for CV risk reduction and weight management.[1]

Consultation points
- Do you proactively identify patients with other conditions such as knee osteoarthritis where Wegovy® could make a difference?

How does it work?

- Wegovy® contains semaglutide, a GLP-1 analogue with 94% sequence homology to human GLP-1. GLP-1 is a physiological regulator of appetite and calorie intake.[1]
- **Wegovy® targets key areas of the brain that regulate appetite and calorie intake[1]**
- The exact mechanism of CV risk reduction has not been established[1]

Oral contraception

Wegovy® is not anticipated to reduce the effectiveness of oral contraceptives
- There are no requirements in the SmPC for women of childbearing age to switch to a non-oral contraceptive method whilst on Wegovy®.[1]

Please see below for full Fertility, Pregnancy and Breastfeeding information.

Consultation points
- How do you identify which patients are taking an oral contraceptive?
- Would you consider explaining to patients taking oral contraceptives why Wegovy® could be an appropriate treatment option?

Most frequently reported adverse reactions

The most frequently reported adverse events in the clinical trials were gastrointestinal disorders, including nausea, diarrhoea, constipation, and vomiting.

Most of these events were mild to moderate in severity and most frequently reported during dose escalation.[1]

Please see below for further important safety information.

Taking Wegovy®

- **Once-weekly subcutaneous self-injection, independent of meals, any time of day[1]**
- The maintenance dose of 2.4 mg once-weekly is reached by starting with a dose of 0.25 mg once-weekly. To reduce the likelihood of GI symptoms, the dose should be escalated over a 16-week period to a maintenance dose of 2.4 mg once-weekly. For weight management, the dose can be increased to 7.2 mg once-weekly after a minimum of 4 weeks on the 2.4 mg dose. In case of significant gastrointestinal symptoms, consider delaying dose escalation or lowering to the previous dose until symptoms have improved.[1]

If patients taking Wegovy® for weight management have been unable to lose at least 5% of their initial body weight after 6 months on treatment, a decision is required on whether to continue treatment, taking into account the benefit/risk profile in the individual patient.[1]

Wegovy® pen devices

Wegovy® up to 2.4 mg FlexTouch® pen

Each carton contains[1,12]
- **1 FlexTouch® pen**
- **4 disposable NovoFine Plus needles**

Each FlexTouch® pen contains 4 pre-filled doses. Priming is only required once before use of the first dose of each pen.

After having injected the 4 doses, there might still be solution left in the pen despite having administered correctly. Any solution left is insufficient for a dose and the pen should be disposed of.

Wegovy® 7.2 mg single dose device

Each carton contains[1,12]
- **4 single dose devices (1 pen for each week)**
- **Needle is integrated with each pen**

Wegovy® 7.2 mg single dose device has an automatic dosing mechanism that starts when the needle is pressed against your skin.

- **The pen is for single dose device and contains one dose only. Discard the single dose device after use.**

Sustainability

FlexTouch® pens can be recycled via the **Novo Nordisk PenCycle scheme.**
For more information please access our PenCycle portal **here**

Shelf life and storage

Wegovy® up to 2.4 mg FlexTouch® pen

Shelf life[1]
- If unused, shelf-life is up to 3 years
- Once in use, the pen can be stored for 6 weeks allowing some flexibility if patients forget or miss a dose

Delivery to patient[1]
- Product data supports the controlled shipment of the product to the patient at a temperature below 30°C for up to 48 hours.
- Do not freeze Wegovy® and do not use it if it has been frozen.

Stoage[1]
- Before use: Store in a refrigerator (2°C to 8°C). Keep away from the cooling element
- After first use: Store below 30°C or, preferably, 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
- Do not freeze Wegovy® and do not use it if it has been frozen.

Wegovy® 7.2 mg single dose device

Shelf life[1]
- If unused, shelf-life is up to 2 years

Storage[1]
- Before use: store in a refrigerator (2°C to 8°C) and keep away from cooling element
- Wegovy® may be stored unrefrigerated for up to 28 days at a temperature not above 30°C. Discard the pen if it has been out of the refrigerator for more than 28 days
- Store the pen in the original carton in order to protect from light.

Real world use

More than 40.8 million people worldwide have been treated with therapies containing semaglutide since 2018
Semaglutide is available in different doses and formulations for different indications. Be sure to select the correct product for your patients' needs.[13]

ARR, absolute risk reduction; BMI, body mass index; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; GLP1-RA, glucagon-like peptide-1 receptor agonist; HF, heart failure; HR, hazard ratio; MACE, major adverse cardiovascular event; MI, myocardial infarction; OA, osteoarthritis; SELECT, Semaglutide Effects on Cardiovascular Outcomes in People with Overweight or Obesity; STEP, Semaglutide Effect in People with Obesity.

For more information on Wegovy® please access our HCP portal **here**

Safety information

Common adverse reactions[1]

- **Very common (≥1/10):** Headache, vomiting, diarrhoea, constipation, nausea, abdominal pain, fatigue
- **Common (≥1/100 to <1/10):** Hypoglycaemia in patients with type 2 diabetes, dizziness, dysaesthesia (an increased frequency has been observed with the 7.2 mg dose), dysgeusia, diabetic retinopathy in patients with type 2 diabetes, gastritis, gastro-oesophageal reflux disease, dyspepsia, eructation, flatulence, abdominal distension, cholelithiasis, hair loss, injection site reactions

Serious adverse reactions[12]

- **Common (≥1/100 to <1/10):** Diabetic retinopathy in patients with type 2 diabetes
- **Uncommon (≥1/1,000 to <1/100):** Acute pancreatitis, kidney or bladder stones
- **Rare (≥1/10000 to <1/1,000):** Anaphylactic reactions, angioedema, hip fractures
- **Very Rare (<1/10,000):** Non-arteritic anterior ischaemic optic neuropathy (NAION)
- **Not known (cannot be estimated from the available data):** Bowel obstruction

Description of selected serious adverse reactions[1]

- **Diabetic retinopathy in patients with type 2 diabetes:** New onset or worsening of diabetic retinopathy (4.0% vs 2.7% of patients treated with semaglutide 2.4 mg vs placebo, respectively) was observed in STEP 2. Rapid improvements in blood sugar control may lead to a temporary worsening of diabetic eye disease, but other mechanisms can not be excluded. Patients with diabetic retinopathy using semaglutide should be monitored closely and treated according to clinical guidelines. There is no experience with semaglutide 2.4 mg in patients with type 2 diabetes with uncontrolled or potentially unstable diabetic retinopathy.
- **Acute pancreatitis:** Semaglutide has not been studied in patients with a history of pancreatitis, and should be used with caution in these patients.

  Acute pancreatitis has been reported in patients treated with GLP-1 receptor agonists. This includes post-marketing reports of necrotising pancreatitis and reports with a fatal outcome. Patients should be informed of the symptoms of acute pancreatitis, including persistent, severe abdominal pain. Patients should be advised to seek immediate medical attention if they occur.

  If pancreatitis is suspected, semaglutide should be discontinued. If the diagnosis of pancreatitis is confirmed, semaglutide should not be restarted. The frequency of adjudication-confirmed acute pancreatitis reported in phase 3a clinical trials was 0.2% for semaglutide 2.4 mg and <0.1% for placebo, respectively.
- **Urolithiasis:** In a cardiovascular outcomes trial (SELECT), 1.2% of Wegovy® treated patients and 0.8% of patients receiving placebo reported urolithiasis, including serious reactions that were reported more frequently among patients receiving Wegovy® (0.6%) than placebo (0.4%).
- **Fractures:** In the cardiovascular outcomes trial (SELECT) in adults, more fractures of the hip and pelvis were reported on Wegovy® than on placebo in female patients: 1.0% (24/2448) vs. 0.2% (5/2424), and in patients aged 75 years and older: 2.4% (17/703) vs. 0.6% (4/663), respectively.
- **Non-arteritic anterior ischaemic optic neuropathy (NAION):** Results from several large epidemiological studies suggest that exposure to semaglutide in adults with type 2 diabetes may be associated with an approximately two-fold increase in the relative risk of developing NAION, corresponding to approximately one additional case per 10,000 person-years of treatment.

Contraindications[1]

Hypersensitivity to the active substance or to any of the excipients listed below:
- Disodium phosphate, dihydrate
- Propylene glycol
- Phenol
- Hydrochloric acid (for pH adjustment)
- Sodium hydroxide (for pH adjustment)
- Water for injection

Special populations[1]

- **Patients with type 2 diabetes:** Semaglutide should not be used in combination with other GLP-1 receptor agonist products. When initiating semaglutide, consider reducing the dose of concomitantly administered insulin or insulin secretagogues (such as sulfonylureas) to reduce the risk of hypoglycaemia.
- **Elderly patients (≥65 years old):** No dose adjustment is required based on age. Therapeutic experience in patients ≥85 years of age is limited.
- **Patients with renal impairment:** No dose adjustment is required for patients with mild, moderate or severe 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 end-stage renal disease.
- **Patients with hepatic impairment:** No dose adjustment is required for patients with hepatic impairment. Experience with the use of semaglutide in patients with severe hepatic impairment is limited. Caution should be exercised when treating these patients with semaglutide.

Warfarin and other coumarin derivatives[1]

- Cases of decreased INR have been reported during concomitant use of acenocoumarol and semaglutide. Upon initiation of Wegovy® in patients on warfarin or other coumarin derivatives, frequent monitoring of INR is recommended.

Fertility, pregnancy and lactation[1]

- **Women of childbearing potential:** Women of childbearing potential are recommended to use contraception when treated with semaglutide.
- **Pregnancy:** Studies in animals have shown reproductive toxicity. 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.
- **Breast-feeding:** In lactating rats, semaglutide was excreted in milk. A risk to a breast-fed child cannot be excluded. Semaglutide should not be used during breast-feeding.
- **Fertility:** The effect of semaglutide on fertility in humans is unknown. Semaglutide did not affect male fertility in rats. In female rats, an increase in oestrous length and a small reduction in number of ovulations were observed at doses associated with maternal body weight loss.

Gastrointestinal effects and dehydration[1]

- Use of GLP-1 RAs may be associated with GI adverse reactions. This should be considered when treating patients with impaired renal function, as nausea, vomiting, and diarrhoea may cause dehydration, which in rare cases can lead to a deterioration of renal function. Patients treated with semaglutide should be advised of the potential risk of dehydration in relation to GI side effects and take precautions to avoid fluid depletion.

Patients with gastroparesis[1]

- Semaglutide treated patients with gastroparesis may experience more serious or severe GI adverse events. Semaglutide should be used with caution in these patients, and semaglutide is not recommended if gastroparesis is severe.

Overdose[1]

- Overdose with semaglutide may be associated with gastrointestinal disorders which could lead to dehydration.
- In the event of overdose, the patient should be observed for clinical signs and appropriate supportive treatment initiated.

For full safety information, please refer to the Summary of Product Characteristics

GI, gastrointestinal; GLP-1, glucagon-like peptide-1; INR, international normalised ratio; SELECT, Semaglutide Effects on Cardiovascular Outcomes in People with Overweight or Obesity.

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References

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- ≥30 kg/m² (obesity), or
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- obesity* and
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*Obesity (BMI ≥95th percentile) as defined on sex- and age-specific BMI growth charts (CDC.gov)[1]

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- Weight management in adolescents*
- Cardiovascular risk reduction in adults*

In addition to a reduced-calorie diet and increased physical activity.

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Weight management efficacy in adults

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WEIGHT LOSS

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>9 out of 10 patients achieved ≥5% weight loss vs ~4 out of 10 with placebo[3] *(co-primary endpoint)*

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WEIGHT LOSS

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‡Wegovy® N=8803, placebo N=8801; the patients did not have diabetes. p<0.001.[6]

Why CVD matters

- Obesity is a major risk factor for CVD, which affects over 7.6 million people in the UK[9]
- More than 2 out of 3 patients with high BMI die from CVD[10]

Consultation points

- How do you identify patients with existing CVD?
- How do you explain in patient-friendly language that Wegovy® has CVD risk reduction in its label (for example, when asking about their CV medical history, or at the treatment offering)?

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- Would you consider explaining to patients taking oral contraceptives why Wegovy® could be an appropriate treatment option?

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If patients taking Wegovy® for weight management have been unable to lose at least 5% of their initial body weight after 6 months on treatment, a decision is required on whether to continue treatment, taking into account the benefit/risk profile in the individual patient.[1]

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For more information please access our PenCycle portal **here**

Shelf life and storage

Wegovy® up to 2.4 mg FlexTouch® pen

Shelf life[1]

- If unused, shelf-life is up to 3 years
- Once in use, the pen can be stored for 6 weeks allowing some flexibility if patients forget or miss a dose

Delivery to patient[1]

- Product data supports the controlled shipment of the product to the patient at a temperature below 30°C for up to 48 hours.
- Do not freeze Wegovy® and do not use it if it has been frozen.

Stoage[1]

- Before use: Store in a refrigerator (2°C to 8°C). Keep away from the cooling element
- After first use: Store below 30°C or, preferably, 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
- Do not freeze Wegovy® and do not use it if it has been frozen.

Wegovy® 7.2 mg single dose device

Shelf life[1]

- If unused, shelf-life is up to 2 years

Storage[1]

- Before use: store in a refrigerator (2°C to 8°C) and keep away from cooling element
- Wegovy® may be stored unrefrigerated for up to 28 days at a temperature not above 30°C. Discard the pen if it has been out of the refrigerator for more than 28 days
- Store the pen in the original carton in order to protect from light.

Real world use

More than 40.8 million people worldwide have been treated with therapies containing semaglutide since 2018
Semaglutide is available in different doses and formulations for different indications. Be sure to select the correct product for your patients' needs.[13]

ARR, absolute risk reduction; BMI, body mass index; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; GLP1-RA, glucagon-like peptide-1 receptor agonist; HF, heart failure; HR, hazard ratio; MACE, major adverse cardiovascular event; MI, myocardial infarction; OA, osteoarthritis; SELECT, Semaglutide Effects on Cardiovascular Outcomes in People with Overweight or Obesity; STEP, Semaglutide Effect in People with Obesity.

For more information on Wegovy® please access our HCP portal **here**

Safety information

Common adverse reactions[1]

- **Very common (≥1/10):** Headache, vomiting, diarrhoea, constipation, nausea, abdominal pain, fatigue
- **Common (≥1/100 to <1/10):** Hypoglycaemia in patients with type 2 diabetes, dizziness, dysaesthesia (an increased frequency has been observed with the 7.2 mg dose), dysgeusia, diabetic retinopathy in patients with type 2 diabetes, gastritis, gastro-oesophageal reflux disease, dyspepsia, eructation, flatulence, abdominal distension, cholelithiasis, hair

be discontinued. If the diagnosis of pancreatitis is confirmed, semaglutide should not be restarted. The frequency of adjudication-confirmed acute pancreatitis reported in phase 3a clinical trials was 0.2% for semaglutide 2.4 mg and <0.1% for placebo, respectively.

- **Urolithiasis:** In a cardiovascular outcomes trial (SELECT), 1.2% of Wegovy® treated patients and 0.8% of patients receiving placebo reported urolithiasis, including serious reactions that were reported more frequently among patients receiving Wegovy® (0.6%) than placebo (0.4%).
- **Fractures:** In the cardiovascular outcomes trial (SELECT) in adults, more fractures of the hip and pelvis were reported on Wegovy® than on placebo in female patients: 1.0% (24/2448) vs. 0.2% (5/2424), and in patients aged 75 years and older: 2.4% (17/703) vs. 0.6% (4/663), respectively.

limited. Caution should be exercised when treating these patients with semaglutide.

Warfarin and other coumarin derivatives[1]

- Cases of decreased INR have been reported during concomitant use of acenocoumarol and semaglutide. Upon initiation of Wegovy® in patients on warfarin or other coumarin derivatives, frequent monitoring of INR is recommended.

Fertility, pregnancy and lactation[1]

- **Women of childbearing potential:** Women of childbearing potential are recommended to use contraception when treated with semaglutide.
- **Pregnancy:** Studies in animals have shown

supportive treatment initiated.

For full safety information, please refer to the Summary of Product Characteristics

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12. Novo Nordisk Limited. Wegovy® UK Patient Information Leaflet.
13. IQVIA (Volume data, Time period: January 2018 to January 2026), Internal calculations by Novo Nordisk.

References

GI, gastrointestinal; GLP-1, glucagon-like peptide-1; INR, international normalised ratio; SELECT, Semaglutide Effects on Cardiovascular Outcomes in People with Overweight or Obesity.

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