

INTRODUCING RYBELSUS[®], THE FIRST AND ONLY ORAL GLP-1 RA*

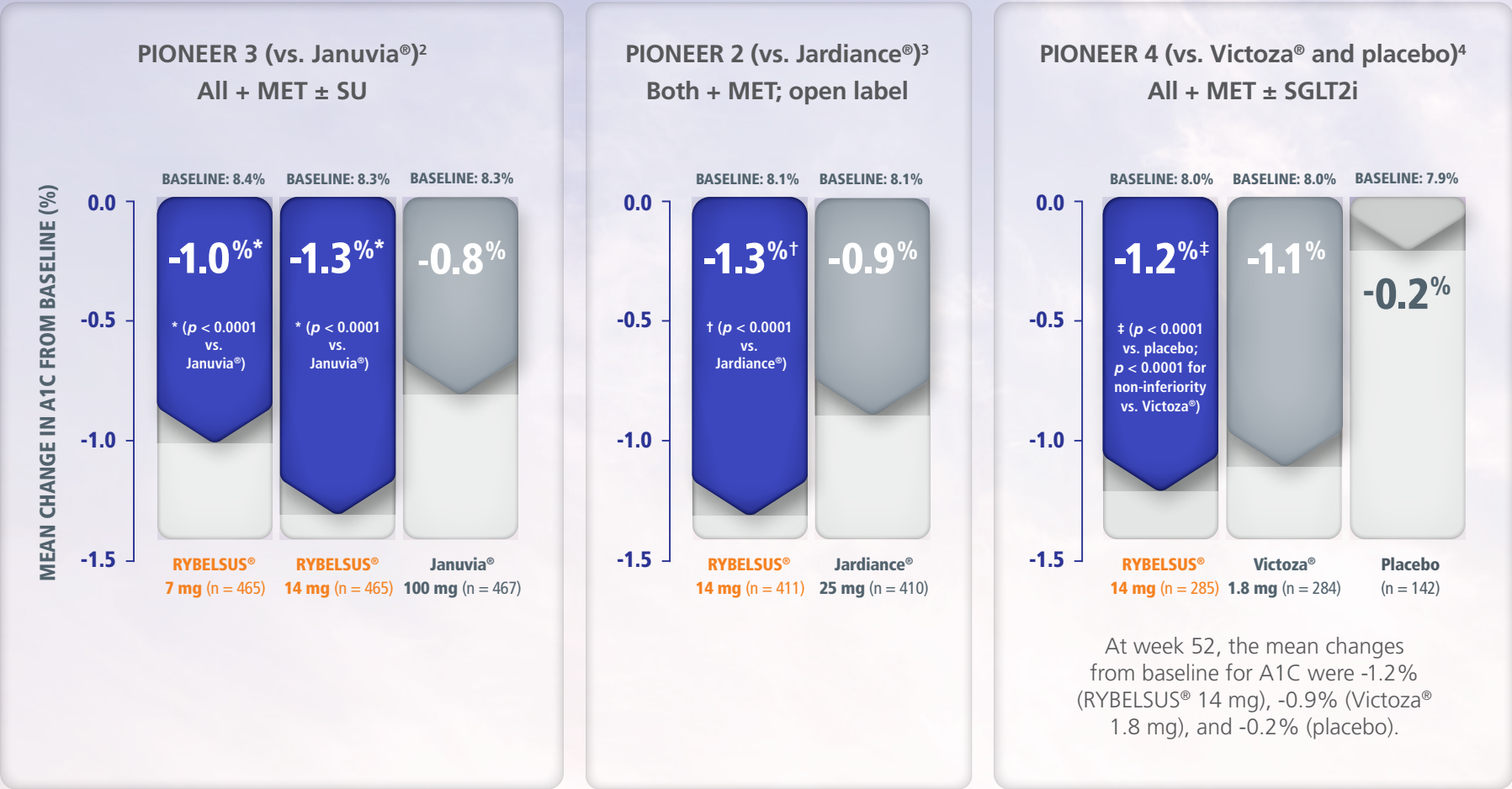
RYBELSUS[®] (semaglutide tablets) is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus:¹

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in combination with other medicinal products for the treatment of diabetes (see clinical trials in the Product Monograph for patient populations and drug combinations tested)



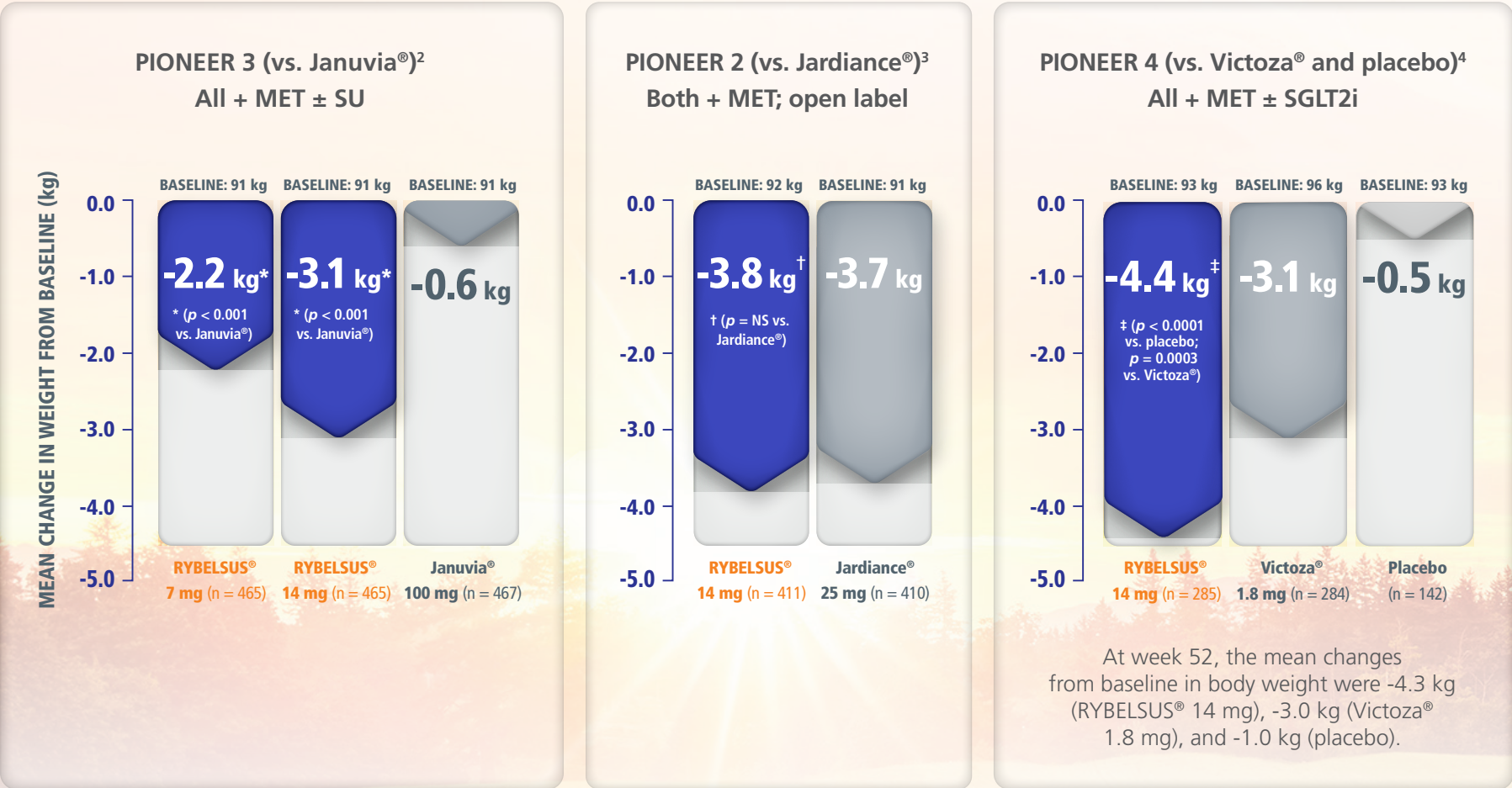
DEMONSTRATED A1C RESULTS ACROSS 3 DIFFERENT STUDIES¹⁻⁴

Mean change in A1C from baseline at week 26



DEMONSTRATED WEIGHT RESULTS ACROSS 3 DIFFERENT STUDIES (2° ENDPOINT)¹⁻⁴

Mean change in weight from baseline at week 26



RYBELSUS® is not indicated for weight reduction.

HELP PATIENTS START ONCE-DAILY RYBELSUS®1

STARTING DOSE

3
mg

Start with 3 mg once daily for 30 days

MAINTENANCE DOSES

7
mg

Increase dose to 7 mg once daily, for at least 30 days, and then maintain dose

14
mg

If additional glycemic control is needed after at least 30 days on the 7 mg dose, you may increase the maintenance dose to 14 mg

This regimen is intended to mitigate gastrointestinal symptoms during dose escalation.

No dose adjustment of RYBELSUS® is recommended based on age, sex, race, ethnicity, upper gastrointestinal disease, or hepatic and renal impairment.

Patients can take RYBELSUS® according to the following instructions:



Take on an empty stomach upon waking



Swallow tablet whole with no more than half a glass of water (up to 120 mL)

Patients can be counselled to swallow the tablet whole with a sip of water

A larger volume of water is likely to decrease the amount of RYBELSUS® absorbed



Wait at least 30 minutes before eating, drinking, or taking any other oral medication

Waiting < 30 minutes is likely to decrease the amount of RYBELSUS® absorbed

- Tablets should not be split, crushed, or chewed
- Tablets must be stored in their original blister packing to protect them from moisture and light

Missed dose: If a dose is missed, the missed dose should be skipped, and the next dose should be taken the following day.

For management of a suspected drug overdose, contact your regional poison control centre.

Please see the Product Monograph for complete dosing, administration, and overdosage information.

Clinical use:

RYBELSUS® is not indicated for use in type 1 diabetes or for the treatment of diabetic ketoacidosis. RYBELSUS® is not indicated for use in pediatric patients. Greater sensitivity of some older individuals cannot be ruled out. Therapeutic experience in patients ≥ 75 years of age is limited.

Contraindications:

- Personal or family history of medullary thyroid carcinoma (MTC), or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Pregnancy or breastfeeding

Most serious warnings and precautions:

Risk of thyroid C-cell tumours: In both genders of rats and mice, semaglutide caused treatment-dependent thyroid C-cell tumours at clinically relevant exposures. It is unknown whether semaglutide causes thyroid C-cell tumours in humans. Patients should be counselled regarding the risk and symptoms of thyroid tumours.

Relevant warnings and precautions:

- Hypoglycemia with concomitant use of insulin secretagogues or insulin

- Driving and operating machinery
- CV effects: increased heart rate; PR interval prolongation
- Pancreatitis
- Hypersensitivity
- Diabetic retinopathy: In patients with history of disease, monitor for worsening
- Renal insufficiency: Severe GI adverse reactions warrant monitoring of renal function; acute renal failure and worsening of chronic renal failure have been reported
- Fertility
- Hepatic impairment

For more information:

Please consult the Product Monograph at RYBELSUSPM-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.

CV, cardiovascular; GI, gastrointestinal.

References: 1. RYBELSUS® (semaglutide tablets) Product Monograph. Novo Nordisk Canada Inc., 2020. 2. Rosenstock J, et al. Effect of additional oral semaglutide versus sitagliptin on glycated hemoglobin in adults with type 2 diabetes uncontrolled with metformin alone or with sulfonylurea: The PIONEER 3 randomized clinical trial. *JAMA*. 2019;321(15):1466-1480. A 78-week, double-blind trial to compare the efficacy and safety of RYBELSUS® vs. Januvia®. A total of 1864 patients with type 2 diabetes were randomized to receive RYBELSUS® 3 mg (n = 466), RYBELSUS® 7 mg (n = 465), RYBELSUS® 14 mg (n = 465), or sitagliptin 100 mg (n = 467) once daily, all in combination with metformin alone or metformin and sulfonylurea. The primary endpoint was change in A1C from baseline to week 26. 3. Rodbard HW, et al. Oral semaglutide versus empagliflozin in patients with type 2 diabetes uncontrolled on metformin: The PIONEER 2 trial. *Diabetes Care*. 2019;42(12):2272-2281. A 52-week, open-label trial (26-week primary endpoint) to compare the efficacy and safety of RYBELSUS® vs. Jardiance®. A total of 821 patients with type 2 diabetes were randomized to receive RYBELSUS® 14 mg (n = 411) once daily or empagliflozin 25 mg (n = 410) once daily, both in combination with metformin. 4. Pratley R, et al. Oral semaglutide versus subcutaneous liraglutide and placebo in type 2 diabetes (PIONEER 4): A randomised, double-blind, phase 3a trial. *Lancet*. 2019;394(10192):39-50. A 52-week, double-blind trial to compare the efficacy and safety of RYBELSUS® vs. Victoza®. A total of 711 patients with type 2 diabetes were randomized to receive RYBELSUS® 14 mg once daily (n = 285), liraglutide 1.8 mg subcutaneous injection (n = 284) once daily, or placebo (n = 142) once daily, all in combination with metformin or metformin and an SGLT2 inhibitor. The primary endpoint was change in A1C from baseline to week 26.



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RYBELSUS®
semaglutide tablets