A BRIEF EXPLANATION ABOUT SAXENDA® MECHANISM OF ACTION , USES AND SIDE EFFECTS

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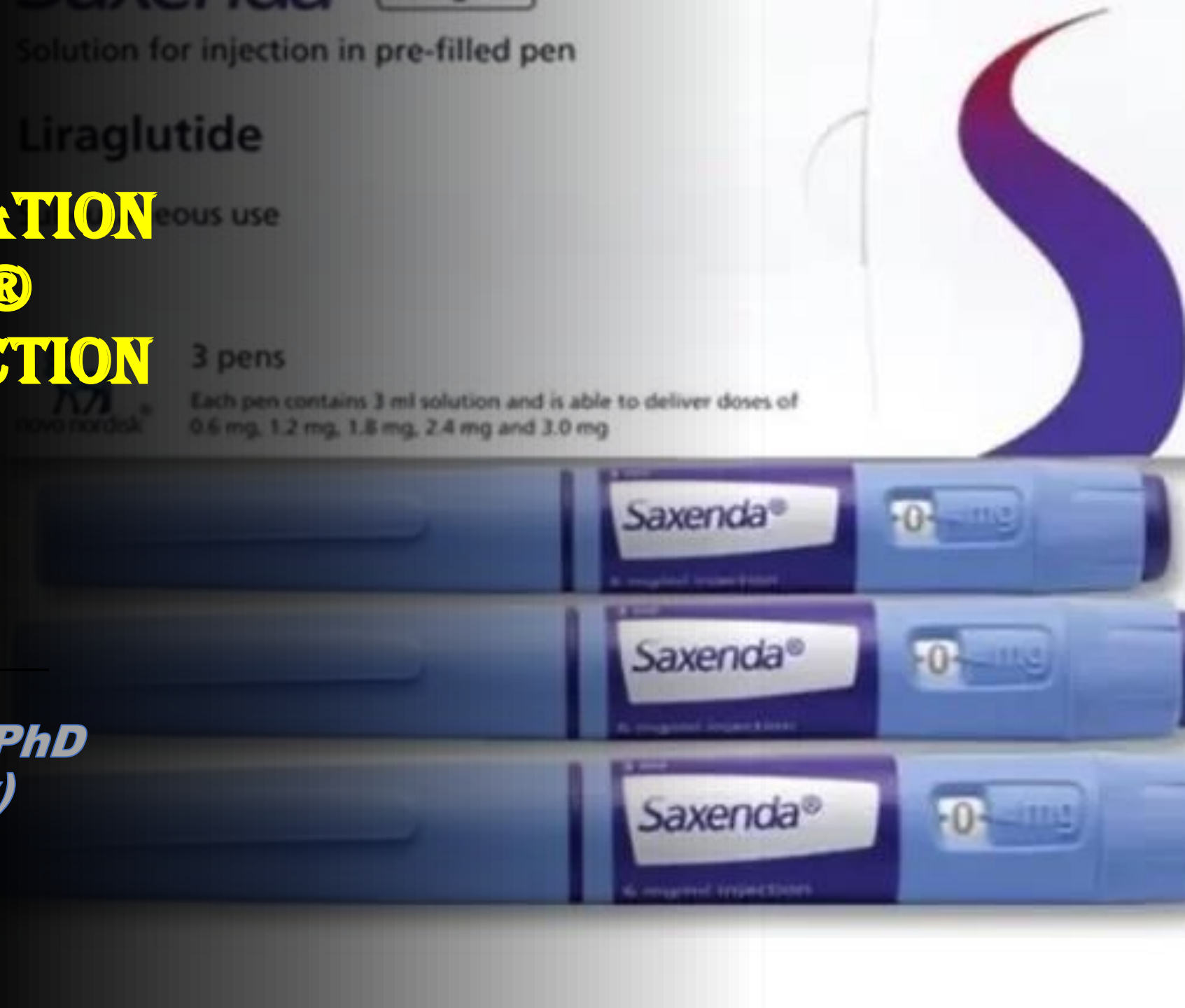
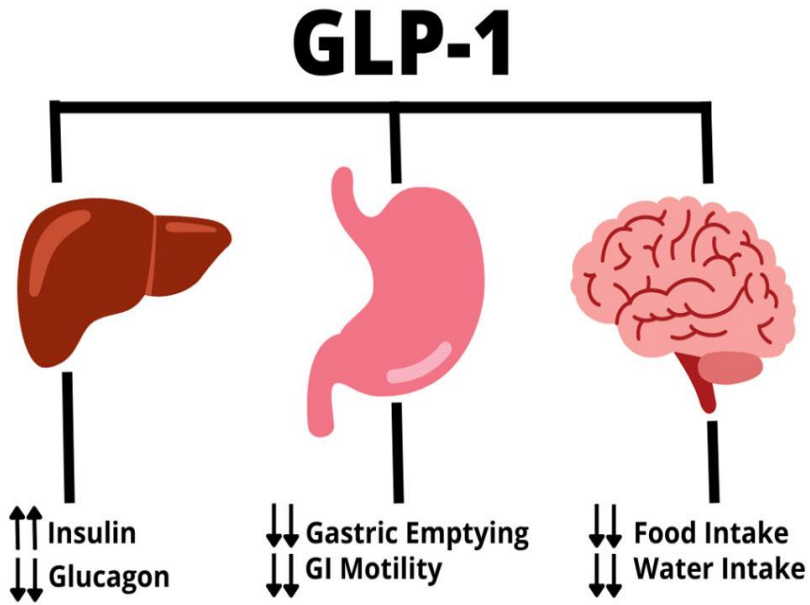


What is the Saxenda® injection?

- Saxenda® is a weight loss medicine that contains the active substance liraglutide.
- It is similar to a natural occurring hormone called glucagon-like peptide-1 (GLP-1) that is released from the intestine after a meal.
- Saxenda® works by acting on receptors in the brain that control your appetite, causing you to feel fuller and less hungry.
- This may help you eat less food and reduce your body weight



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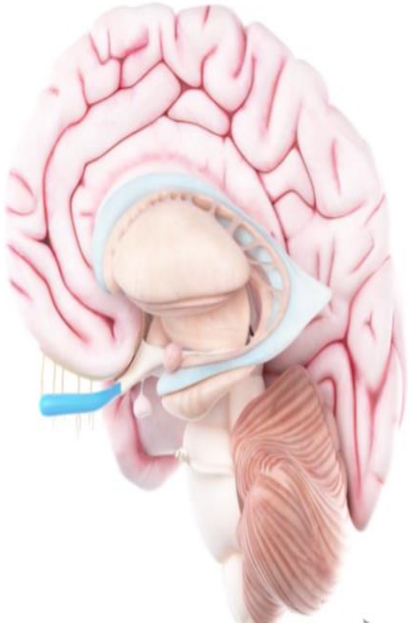
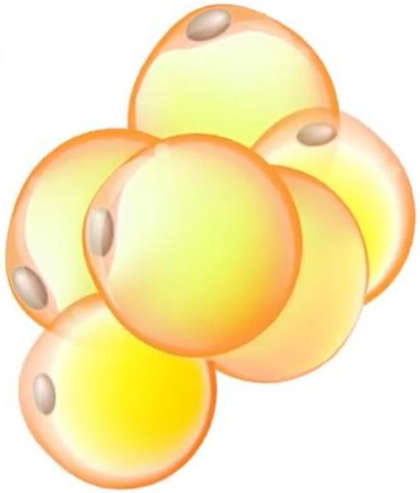
MOA of WEIGHT LOSS EFFECT



Satiety

Appetite

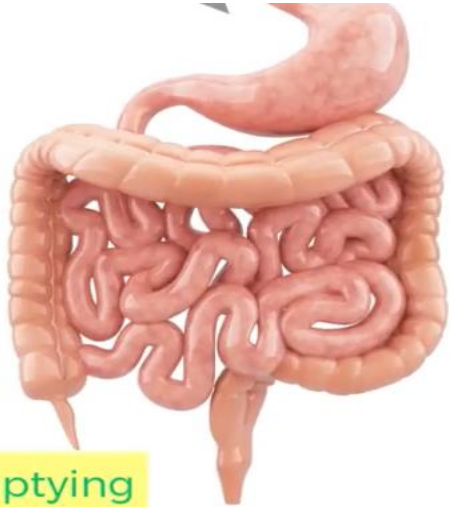
Energy expenditure



Lipolysis

FFA synthesis

Glucose uptake



Gastric emptying

FDA

What Saxenda® is used for

- Saxenda® is used for weight loss in addition to diet and exercise in adults aged 18 and above who have
- a BMI of 30 kg/m² or greater (obesity) or
- a BMI of 27 kg/m² and less than 30 kg/m² (overweight) and weight-related health problems (such as diabetes, high blood pressure, abnormal levels of fats in the blood or breathing problems during sleep called ‘obstructive sleep apnoea’).

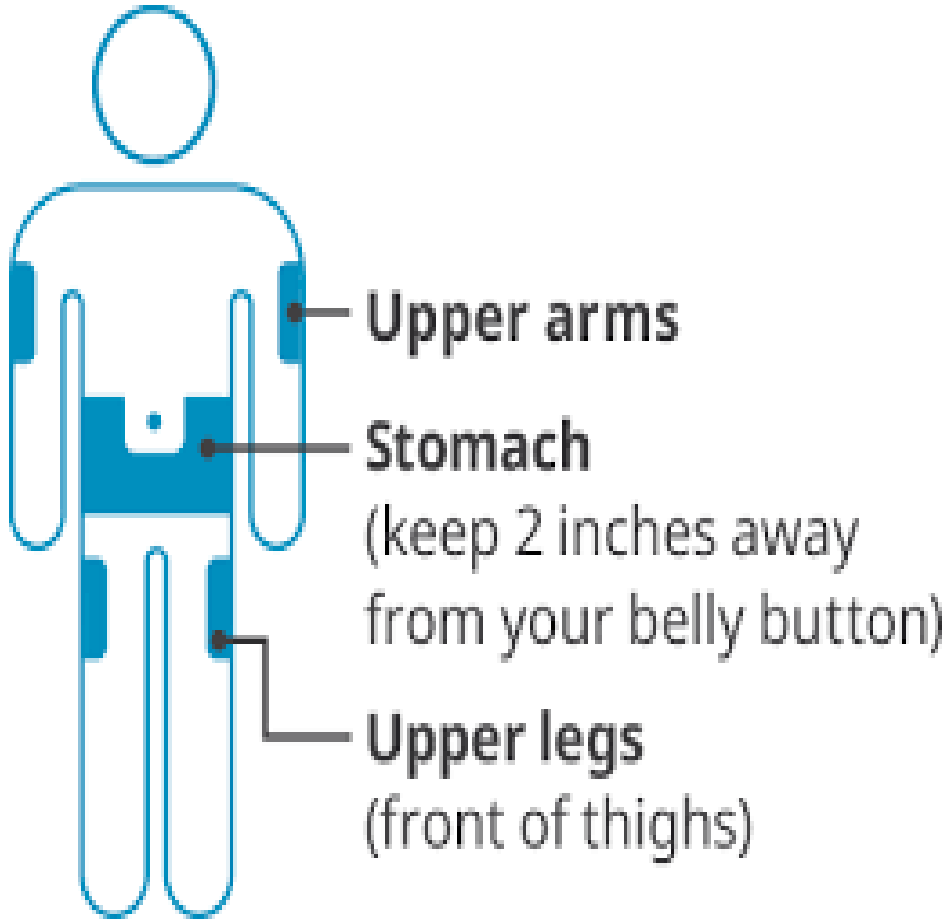
- BMI (Body Mass Index) is a measure of your weight in relation to your height. You should only continue using Saxenda® if you have lost at least 5% of your initial body weight after 12 weeks on the 3.0 mg/day dose .
- Consult your doctor before you continue. Saxenda can be used as an adjunct to a healthy nutrition and increased physical activity for weight management in adolescents from the age of 12 years and above who have:
- obesity (diagnosed by your doctor)
- body weight above 60 kg

What you need to know before you use Saxenda®

- Do not use Saxenda® – if you are allergic to liraglutide or any of the other ingredients of this medicine

DOSAGE AND ADMINISTRATION

- Recommended dose of Saxenda is 3 mg daily.
- Administer at any time of day, without regard to the timing of meals. Initiate at 0.6 mg per day for one week. In weekly intervals, increase the dose until a dose of 3 mg is reached.
- Inject subcutaneously in the abdomen, thigh or upper arm.
- The injection site and timing can be changed without dose adjustment .



SAXENDA DOSING CALENDAR

New pen day

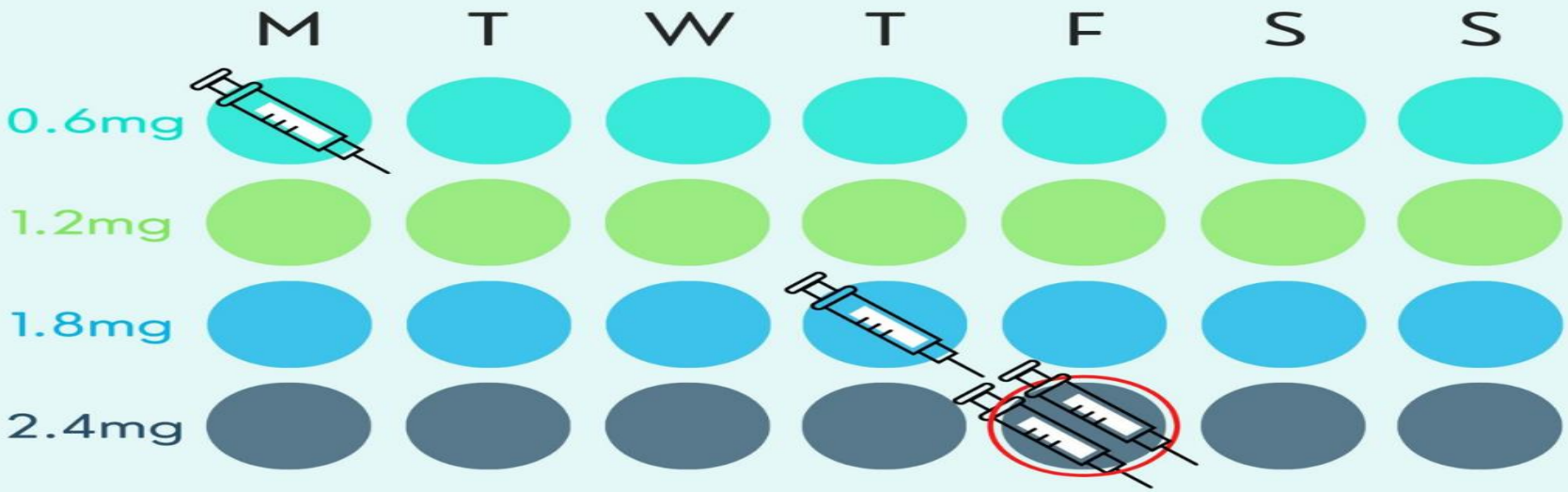
Pen overlap -inject 1.2mg from your current pen, and 1.2mg from the new one

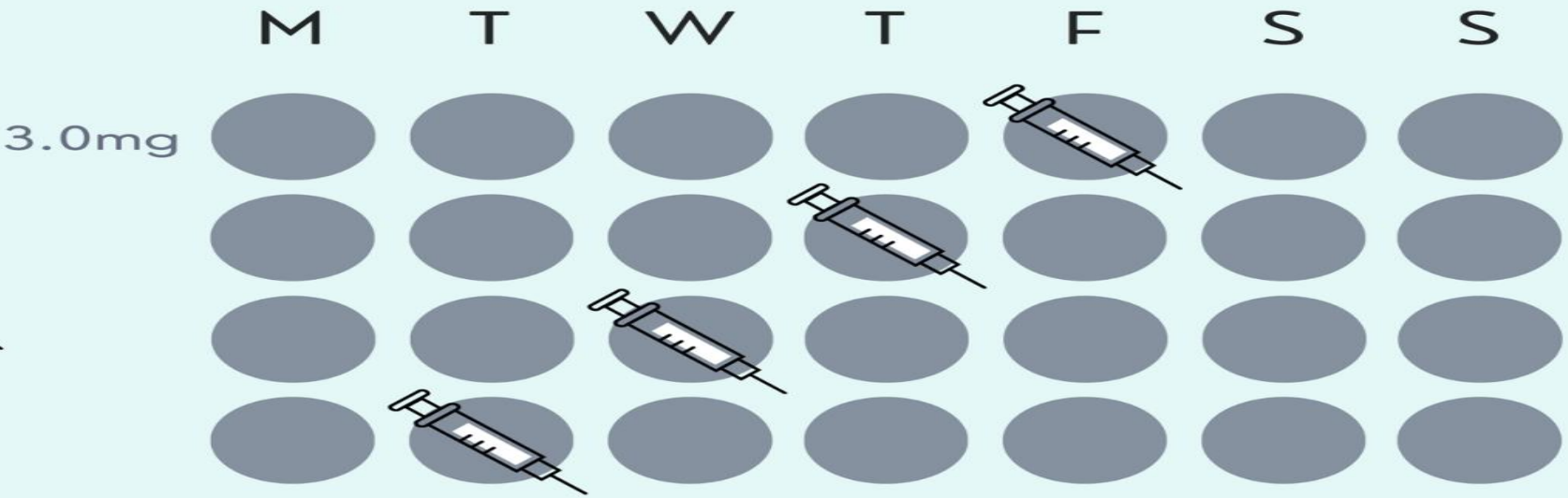
How long does each pen last?

Pen 1 = 17 days
Pen 2 = 8.5 days
Pen 3 = 6.5 days
Pen 4 = 6 days

Each subsequent pen = 6 days

myBMI





- Solution for subcutaneous injection, pre-filled, multi-dose pen that delivers doses of 0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg or 3 mg (6 mg/mL, 3 mL).
- If patients do not tolerate an increased dose during dose escalation, consider delaying dose escalation for ~1 additional week

If a dose is missed

- The once-daily regimen should be resumed as prescribed with the next scheduled dose.
- An extra dose or increase in dose should not be taken to make up for the missed dose.
- If more than 3 days have elapsed since the last Saxenda dose, patients should reinitiate Saxenda at 0.6 mg daily and follow the dose escalation schedule (which may reduce the occurrence of gastrointestinal symptoms associated with reinitiation of treatment).


Pen scale
Pen window
Dose counter
Dose selector
Saxenda®
0 mg
Dose pointer
Dose button

- Discontinue if a patient cannot tolerate the 3-mg dose, as efficacy has not been established at lower doses (eg, 0.6, 1.2, 1.8, 2.4 mg)
- Evaluate change in body weight 16 weeks after initiating Saxenda
- Discontinue Saxenda if the patient has not lost at least 4% of baseline body weight

Dosage Modifications

- Initiating Saxenda in patients taking insulin or insulin secretagogues (eg, sulfonylureas)
  - Consider reducing dose of the insulin secretagogue (eg, by one-half) or insulin to reduce the risk for hypoglycemia, and monitor blood glucose
  - Conversely, if discontinuing Saxenda in patients with type 2 diabetes, monitor for an increase in blood glucose

- Renal impairment
  - Mild-to-severe, including patients with end-stage renal disease (ESRD): Limited experience
  - There have been postmarketing reports of acute renal failure and worsening of chronic renal failure with liraglutide, which may sometimes require hemodialysis; use with caution in these patients
- Hepatic impairment
  - Mild-to-severe: Use caution; limited experience

Limitations of use for Saxenda

- Not indicated for the treatment of type 2 diabetes mellitus
- Saxenda and Victoza both contain liraglutide, and therefore should not be used together or in combination with any other GLP-1 receptor agonist
- Not approved safety if it will be used with other weight loss product

Contraindication

- Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2

Adverse effect

- Most common adverse reactions, reported in greater than or equal to 5% are:
- Nausea, hypoglycemia, diarrhea, constipation
- Vomiting, headache, decreased appetite, dyspepsia, fatigue, dizziness and abdominal pain

Stopping Saxenda

- Unfortunately, there's no official guidance on how you should stop taking Saxenda.
- Because of this, we recommend that you speak to your GP or prescriber if you're considering stopping treatment.
- They should advise you on the best way to stop for your circumstances.
- For example, if you're struggling to tolerate Liraglutide or are having severe side effects, you may be told to stop taking it immediately.

- If you do experience severe or serious side effects, please seek urgent medical help and make sure to mention that you're using Saxenda.
- Many people reach their ideal weight and find that they want to stop taking Saxenda.
- In this case, you may be advised to gradually reduce your dose.
- Some clinicians advise this to minimize the risk of weight gain and to make sure that the lifestyle changes you've made are effective.

References

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3. https://www.saxenda.com/
4. Whitten JS. Liraglutide (Saxenda) for weight loss. American family physician. 2016 Jul 15;94(2):161-6.
5. Onge ES, Miller SA, Motycka C. Liraglutide (Saxenda®) as a treatment for obesity. Food and Nutrition Sciences. 2016;7(04):227.

Thank you for your attention