



NOVOFRONTIER.AI

REIMAGINE SALES-AS-AN-EXPERIENCE

**DIGITAL  
SCIENTIFIC  
PARTNER**



# Agenda

- **Introduction to digital scientific partner**

- Why it is unique platform to connect
- 360° Comprehensive Touchpoints
- Know Your Target Group and Role

- **Onboarding Call**

- **Your Approach to Non-Responders**

- How to Enroll to GLP-1 Masterclass
- GLP-1 Masterclass Journey

- **Your Roadmap to Remote Calls**

- Non User - 6 Visits - Detailed Plan
- User- 6 Visits- Detailed Plan

- **Your Checklist and Progress**





NOVOFRONTIER.AI

REIMAGINE SALES-AS-AN-EXPERIENCE

# Introduction

Why it is unique  
platform to connect



# Novo Frontier. AI:

## A 360° experience and engagement package



### 360° Engagement and Experience Package

CONNECT-  
ON-THE-GO

01

- **Seamless booking of appointments** directly with the sales reps based on your schedules and availability, supported with seamless reschedule and cancellation feature

CONTENT-  
TO-YOUR-  
RELEVANCE

02

- Access to **personalized educational**, relevant, easy-to-consume, and **impactful content** - scientific content, latest medical news, KOL podcasts and videos
- Access to latest research papers, publications and clinical data through **journal subscriptions**

ENROLL-ON-  
YOUR-  
AVAILABILITY

03

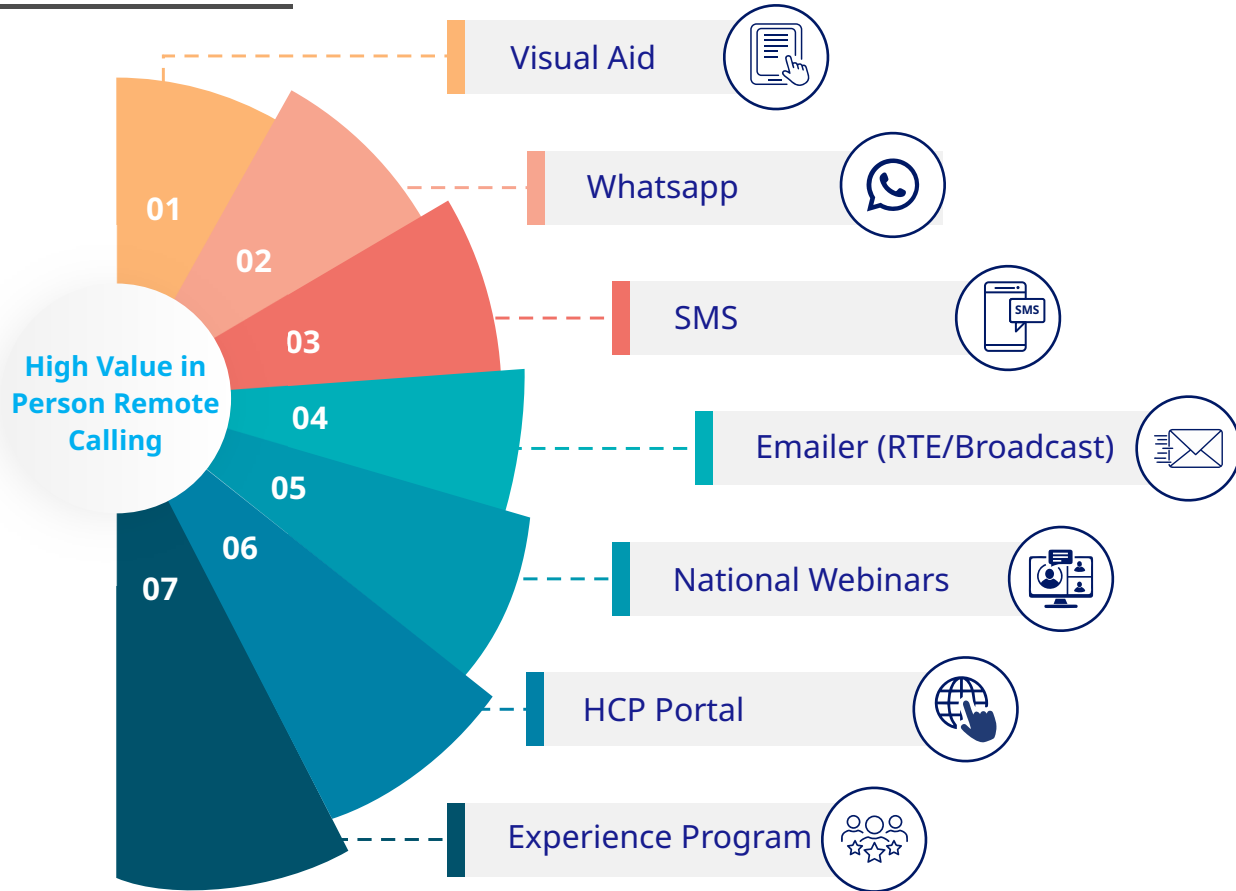
- **Registration access** to all NN events, conferences, webinars, CMEs, training courses

04

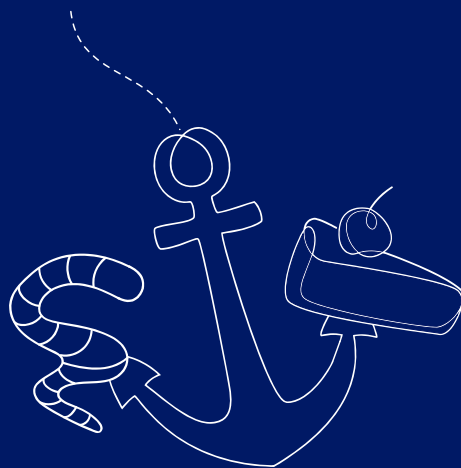
CLARIFY-AT-  
AN-INSTANT

- Access to **whatsapp to answer all FAQs**

# 360° Channel Touchpoints



# Know your **target group**



## **User**

Adopter of  
Rybelsus® and has  
given 1 or more  
Rxes

## **Non-User**

Non-Adopter of  
Rybelsus® and  
Non-Believer of  
GLP-1 class



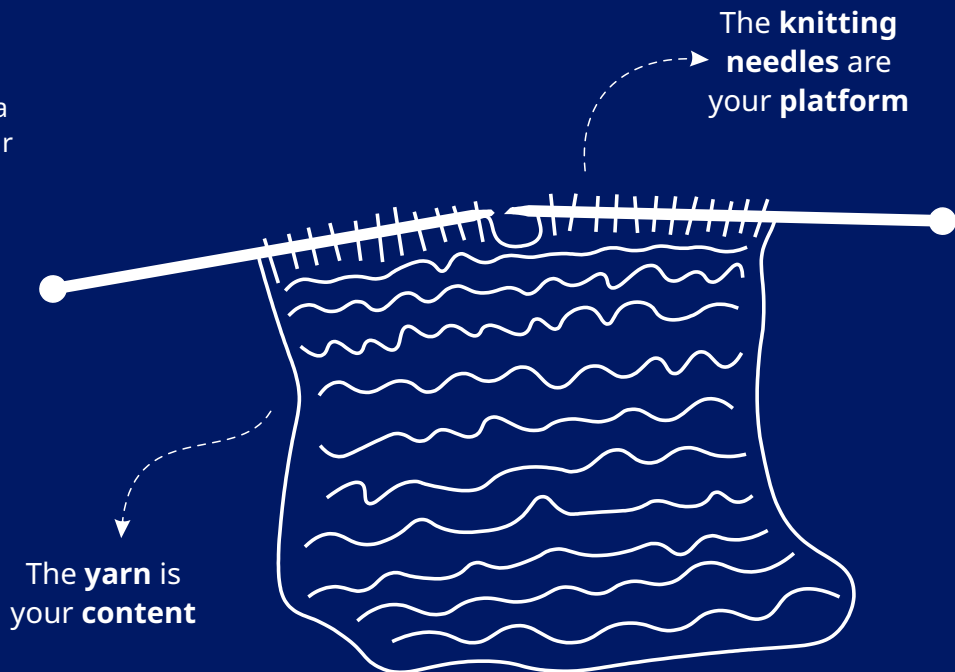
'Then **know your** fish in  
the sea and **use the  
right bait** when you're  
trying to **catch it ...!**

**Ask yourself:** Do you want to catch the fish

# Your Role as a **Digital Scientific Partner**

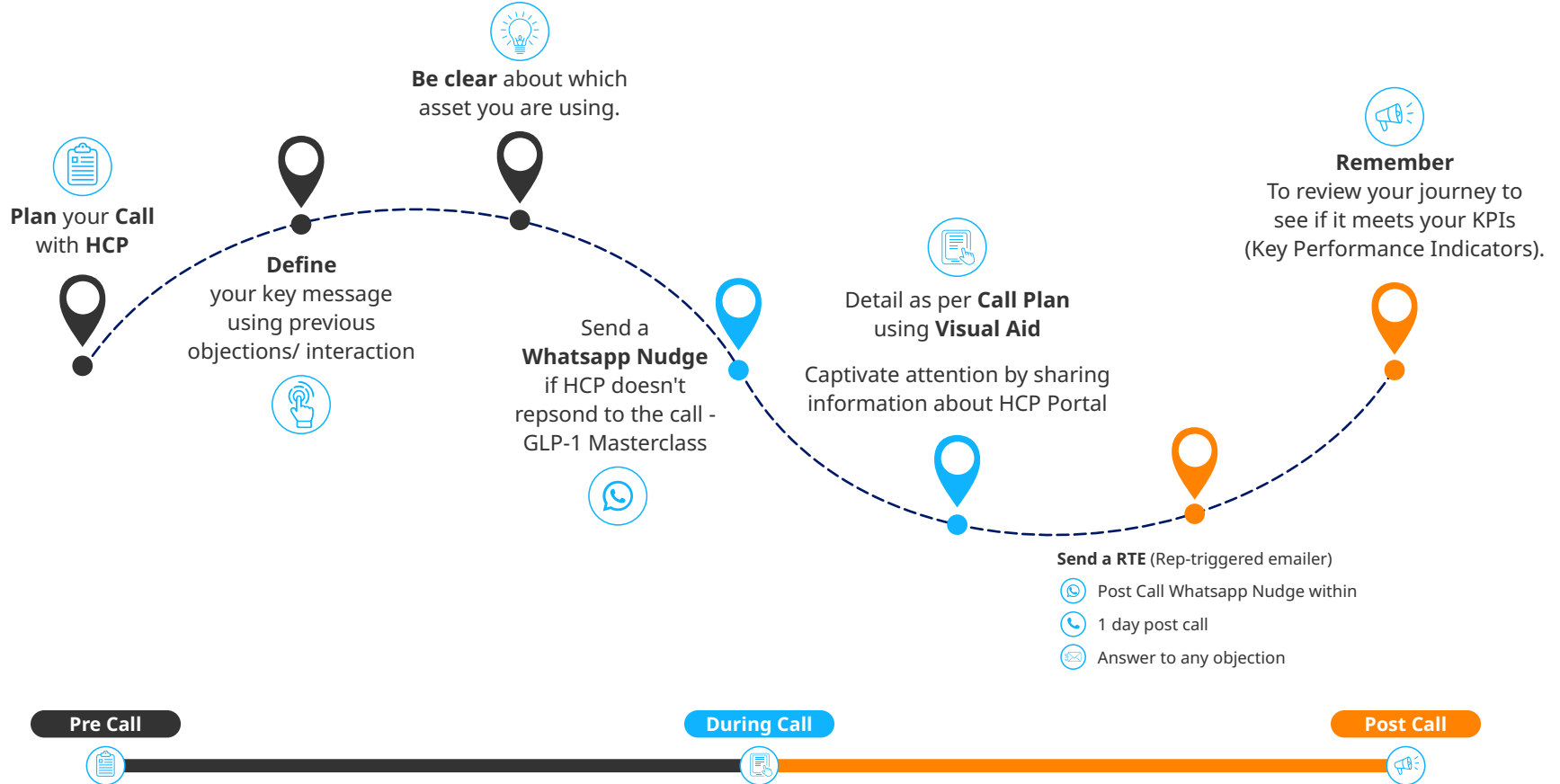
Novo Frontier Platform has been designed to be one-stop shop to provide a 360° experience to HCPs and improve your seamless connection with HCP

It is designed to improve the performance and productivity of reps and adds value to our customer experience.

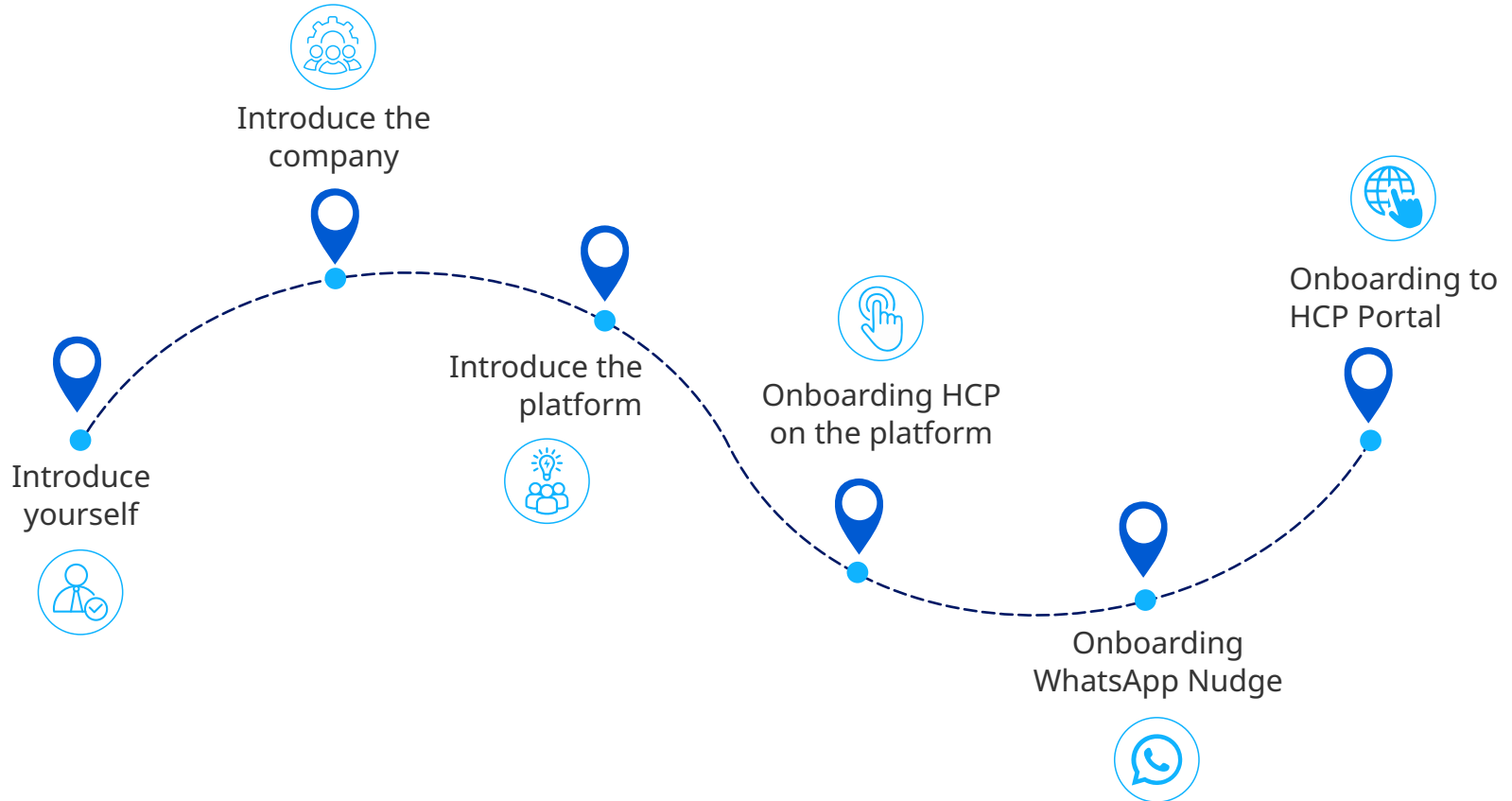


# Mapping an experience

Here are some things to consider when you're building a journey.



# The First Call - Onboarding



# Your Onboarding Kit



1. Scan to **Experience** the Future



2. Talk about **Novo Nordisk**

3. Introduce Yourself with a **Visiting Card**

4. **360°**  
Touchpoints

5. Gamechanger **Rybelsus®**

# Your Onboarding Script

---



## If Doctor Watches Video

Good Morning Dr. [Name]

I extend a warm greeting as XXX from Novo Nordisk, honored to connect with you. Everyone's got ideas for a model of the future. But ideas aren't enough!

### What if I tell you??

Your every single interaction with us is not just relevant, not just personalized, but infact hyper-personalized based on your individual profile and personality.

You can access 100+ years of scientific content and latest research studies tailored to your needs at your fingertips and get your unlimited queries answered at an instant.

### And more ...

Well, the time has come now!

Introducing NovoFrontier.AI, a game-changing revolution at the frontier transforming your experience !

## Scan the QR video to experience it first hand !

Our commitment to innovation shines through year after year, exemplified by Oral Semaglutide transforming a pen into a pill, Introducing Rybelsus®, a game-changer and life-changer.

We are dedicated to keeping you informed about this breakthrough. I, Shruthi Sharma, your digital scientific partner, will be your guide through this journey. Next up, let's get you onboarded to our HCP portal. Expect updates on the GLP-1

Masterclass, snappy one-pagers, and so much more. Keep an eye out for a WhatsApp message with all the details to access the portal. Can you tell me your next slot for your appointment.

# Your Onboarding Script

## If Doctor Does not Watch Video

Good Morning Dr. [Name]

I extend a warm greeting as XXX from Novo Nordisk, honored to connect with you. Everyone's got ideas for a model of the future. But ideas aren't enough!

### What if I tell you??

Your every single interaction with us is not just relevant, not just personalized, but infact hyper-personalized based on your individual profile and personality.

You can access 100+ years of scientific content and latest research studies tailored to your needs at your fingertips and get your unlimited queries answered at an instant.

### And more ...

Well, the time has come now!

Introducing NovoFrontier.AI, a game-changing revolution at the frontier transforming your experience !



**NovoFrontier.AI:** Envision a comprehensive 360° experience that harmonizes with your schedule, ensuring seamless and convenient interactions – a digital ecosystem at your fingertips.

Imagine personalized content meticulously crafted to cater to your professional interests, offering the most pertinent and valuable information at your disposal.



**Seamlessly engage through our HCP Portal** info-center, a hub for on-demand video resources and fluid communication channels via email and WhatsApp, ensuring connectivity and information exchange at your convenience.

**Stay abreast of industry advancements** by effortlessly participating in conferences, enriching your knowledge base and fostering dialogue on the forefront of healthcare innovation.



**Embrace the efficacy of remote calling,** bridging distances for impactful professional engagements akin to face-to-face interactions, optimizing your communication experience.

Our commitment to innovation shines through year after year, exemplified by Oral Semaglutide transforming a pen into a pill, Introducing Rybelsus®, a game-changer and life-changer.

We are dedicated to keeping you informed about this breakthrough. I, Shruthi Sharma, your digital scientific partner, will be your guide through this journey. Next up, let's get you onboarded to our HCP portal. Expect updates on the GLP-1

Masterclass, snappy one-pagers, and so much more. Keep an eye out for a WhatsApp message with all the details to access the portal. Can you tell me your next slot for your appointment.

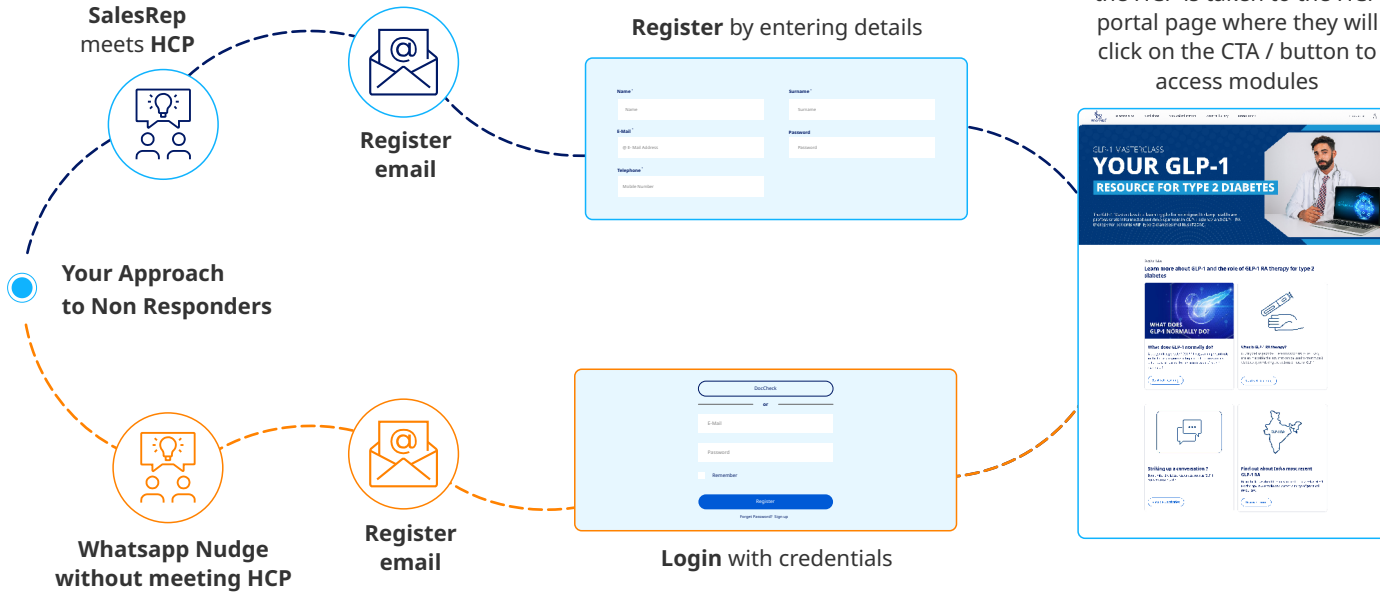
# Close the Call with Call to Action

## HCP Portal - Onboarding and Consent



# Your Approach to Non Responders

## How to Enroll to GLP-1 Masterclass



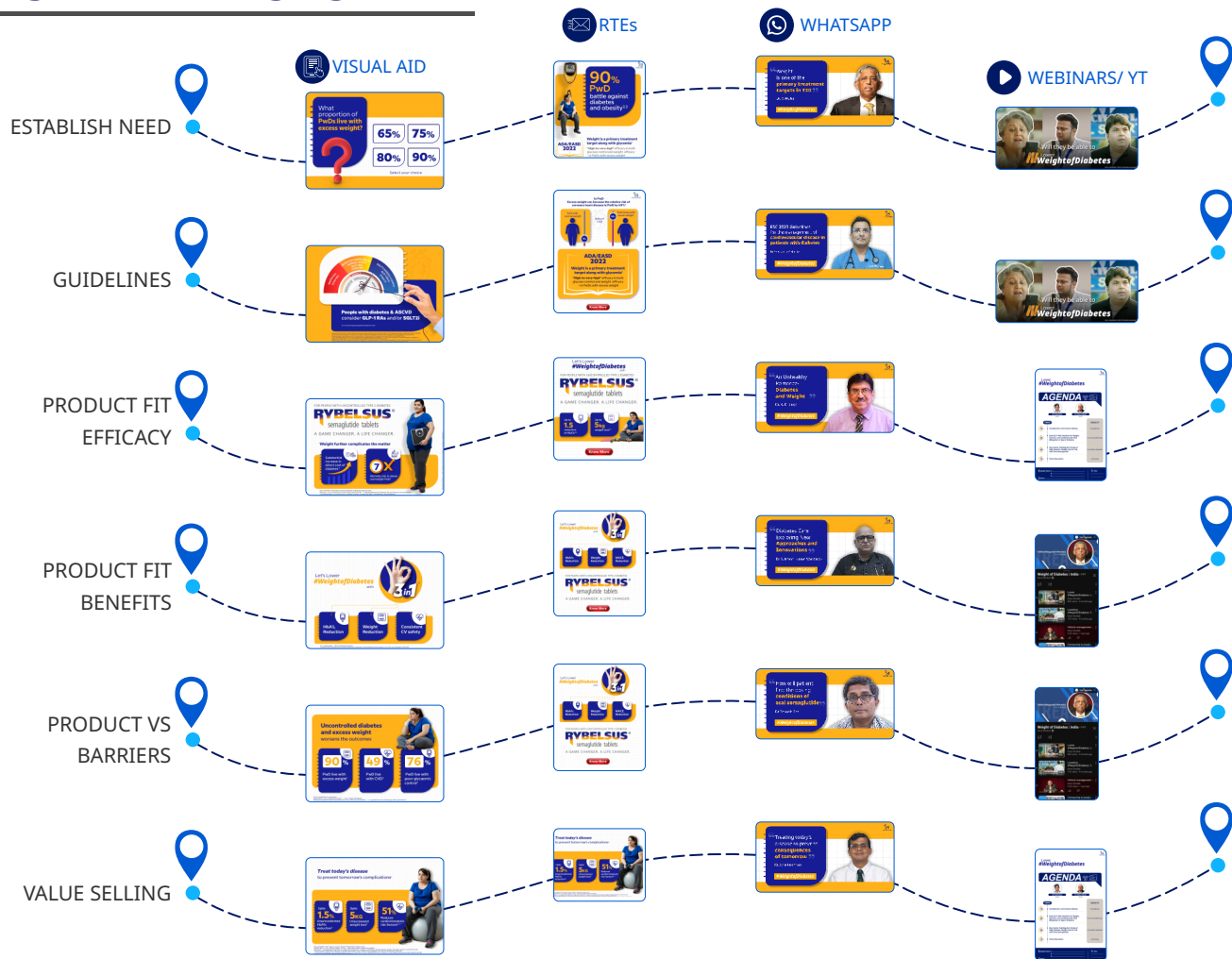


# Stages of Messaging: Non-User

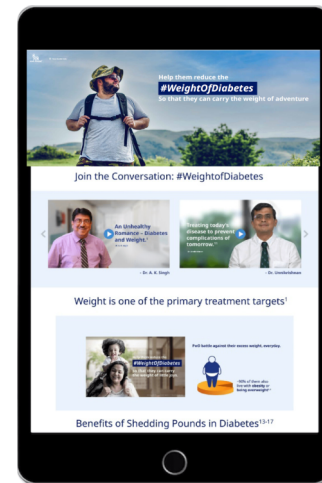
AUG-SEP

OCT-NOV

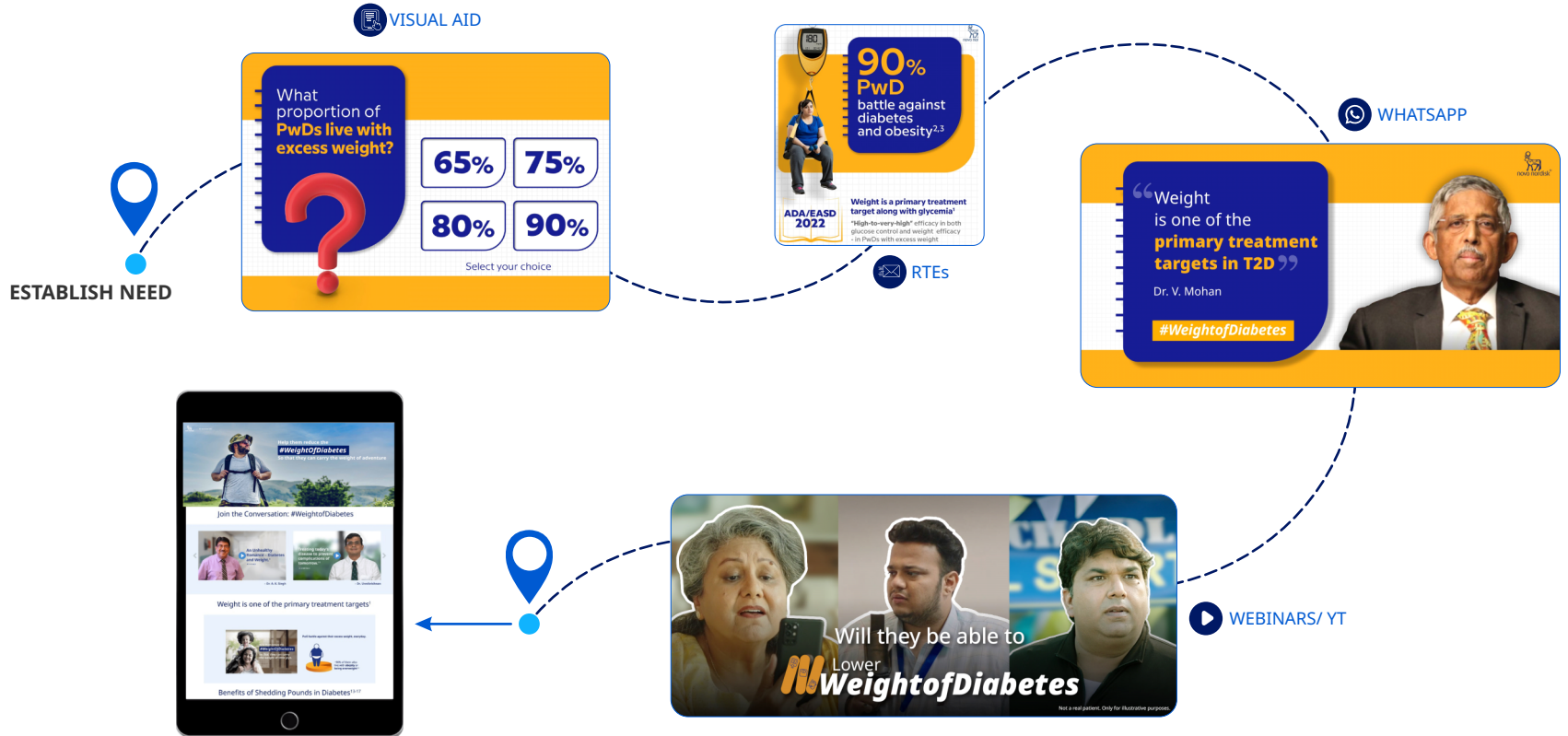
DEC



CTA: HCP Portal



# Call 1 - Non-User



# Your Checklist and Progress

## Call 1 - Non-User

- **“Doctor**, may I ask you to think about your patients with diabetes who also live with excess weight? And with that thought in mind, I would like to engage you in a quick thought exercise. Can you take a moment to estimate the proportion of people living with diabetes who are also obese or overweight? Please consider the following options and click the answer that you seem fit.”

- **Let the doctor** choose and click the answer

- **If Doctor chooses 90%:**

"That's correct! Approximately 90% of people with diabetes also live with excess weight making it significant amount of people and that's call for an action!"

- **If Doctor chooses any other option:**

"Close call! The actual prevalence is striking – around 90% of people with diabetes are also living with excess weight and that's call for an action."

- **"Not only that**, but excess weight can further complicate the matter for people living with diabetes. Did you know that it not only adds the complexity but also elevates the relative risk of Coronary Heart Disease (CHD) by 49%

- **This calls for** a nuanced understanding of the dual impact of excess weight and diabetes on overall health."

- **"That is why**, we need to look at a holistic view in diabetes management and even the ADA guidelines emphasizes on weight being a primary treatment target along with glycemia and it states that while choosing glucose lowering therapies consider regimens with high to very high efficacy in both glucose control and weight efficacy in PwDs with excess weight."

- **While choosing** glucose lowering therapies consider regimens with high to very high efficacy in both glucose control and weight efficacy in PwDs with excess weight."

- **“As I conclude doctor**, this insight from ADA/EASD emphasizing weight being a primary treatment target along with glycemia is important as diabetes management is no longer about glycemic control but also about weight management.

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No

- Did you gently nudge the HCP in case of non-response?  
 Yes |  No

- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No

- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No

- Have you sent out a post-call email?  
 Yes |  No

- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**



# Your Checklist and Progress

## Call 2 - Non-User

- **"Last time we discussed** that excess weight can increase the relative risk of Coronary Heart Disease (CHD) by 49% but before we delve into more details , take a moment to guess the percentage relative risk of CHD in PwDs with normal weight and in PwDs with excess weight.

**Imagine this as a meter**, a gauge of the impact on their CHD risk and guess what would the percentage be."

- **"You are almost there doctor** and it's intriguing to explore these estimations that people with diabetes and normal weight carry a CHD risk of around 10% but this risk surges to 49% for those living with excess weight. It gives a contrasting view that underscores the critical role of weight in cardiovascular risk in PwDs.

- **"As I said doctor**, weight plays a critical role and in such a way that even losing at least 10% of the body weight in the first year reduces the risk of CVD by 21% for 10+ years.

- **"People with diabetes and ASCVD** are at very high risk and should consider a GLP-1 RA's and/or SGLT2i's for treating these complications simultaneously."

- **"The 2023 ESC guidelines** further back this up, recommending GLP-1 RA's in patients with diabetes, regardless of their HbA1c levels, ongoing treatment, or ASCVD condition"

- **"As I conclude doctor**, this insight from ESC recommending glucose-lowering therapy along with SGLT-2 is important because it allows for easier treatment of a wide variety of diabetes patients with different medical conditions."

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?

Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?

Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?

Yes |  No

- Did you gently nudge the HCP in case of non-response?

Yes |  No

- Have you noted down any objections raised by the HCP during the conversation?

Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?

Yes |  No

- Have you followed up with a WhatsApp reminder after the call?

Yes |  No

- Have you sent out a post-call email?

Yes |  No

- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)

Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 3 - Non-User



# Your Checklist and Progress

## Call 3 - Non-User

- **"We will now discuss how excess weight** can lead to further complications. Doctor, why don't you take a moment to guess the percentage of people with T2D and excess weight that suffer from the following complications.

**Imagine this as a meter**, a gauge of the frequency of people suffering from said complications, and guess what would the percentage be."

- **"That was a good guess.** As you can see, the results are alarming. 10% of people suffer from sleep apnea, 21% from Nephropathy, 34% from CVD, and an alarming 98% from neuropathy. It really emphasizes the dual effect of diabetes and excess weight.
- **"You are almost there doctor** and it's intriguing to explore these estimations that people with diabetes and normal weight carry a CHD risk of around 10% but this risk surges to 49% for those living with excess weight. It gives a contrasting view that underscores the critical role of weight in cardiovascular risk in PwDs.
- **"What is further shocking** is that PwDs that have excess weight have a 7x increased risk of mortality compared to those that are of a normal weight."
- **"T2DM when uncontrolled** with excess weight will not only affect one's health, but could also weigh heavily on their savings. These factors together lead to a substantial increase in the direct cost of diabetes."
- **"As I conclude doctor,** weight and diabetes combined complicates the matter, with a 7x increased mortality risk and a substantial increase in the direct cost of diabetes."
- **"So Doctor,** let us lower the #WeightofDiabetes with Rybelsus

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No
- Did you gently nudge the HCP in case of non-response?  
 Yes |  No
- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No
- Have you sent out a post-call email?  
 Yes |  No
- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 4 - Non-User



# Your Checklist and Progress

## Call 4 - Non-User

- **"We will now discuss** how losing excess weight can help alleviate some of the complications that come along with obesity and T2DM. The most direct impact is that reducing BMI below 25 can lead to an increase in life expectancy by ~4 years."

- **"Weight loss** is considered one of the primary treatments in T2D, with a weight loss of 5-15% recommended to help alleviate the symptoms and ease the load of T2D on patients."

- **"Different levels** of weight loss have incremental effects on alleviating T2DM. 0-5% can provide easing of high BP and high blood glucose, 5-10% can lead to easing of elevated cholesterol levels and fatty liver, 10-15% can lead to easing of CVD, sleep apnea, OSA, and NASH. Lastly, and most impactfully, >15% weight loss can lead to pharmacological remission, and reduced mortality due to CV events.

**Weight loss** corresponds to A1c levels - 5-10% weight reduction made PwDs 3.5 times more likely to lower their A1c by 0.5%."

- **"As I conclude doctor,** there are life changing benefits of shredding pounds in diabetes like: Reduction in BMI increases life expectancy by 4 years, weight reduction is a primary treatment target in T2D, and weight loss corresponds to A1c levels - 5-10% weight reduction made PwDs 3.5 times more likely to lower their A1c by 0.5%."

- **"So Doctor,** let us lower the #WeightofDiabetes with Rybelsus

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?

Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?

Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?

Yes |  No

- Did you gently nudge the HCP in case of non-response?

Yes |  No

- Have you noted down any objections raised by the HCP during the conversation?

Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?

Yes |  No

- Have you followed up with a WhatsApp reminder after the call?

Yes |  No

- Have you sent out a post-call email?

Yes |  No

- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)

Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 5 - Non-User



# Your Checklist and Progress

## Call 5 - Non-User

- **"We will now discuss** how uncontrolled diabetes and excess weight worsens patient outcomes. Doctor, why don't you take a moment to guess the percentage of people with T2D and excess weight that suffer from these complications?"
- **"That was a good guess.** As you can see, the results are alarming. 90% of PwDs live with excess weight, 49% of PwDs live with CHD, and 76% of PwDs live with poor glycemic control. It is clear that T2D and excess weight are correlated, not only with each other but also with other health complications."
- **"Let's explore lowering** the weight of diabetes with the 3 in 1 effect of HbA1c reduction, weight reduction, and MACE reduction."
- **"Rybelsus® has shown** to have an unprecedented HbA1c reduction of 2.6% in patients with baseline HbA1c of >9%, and up to a 1.5% HbA1c reduction in all other patients"
- **"Rybelsus® has also proven** to have unsurpassed weight loss, with a 4.7cm reduction in waist circumference, as well as up to a 5kg weight loss."
- **"Rybelsus® also provides** consistent CV safety, with a 49% risk reduction on all cause death, as well as a 21% MACE reduction."
- **"Rybelsus® can reduce** several cardio-metabolic risk factors, improving one's lipid profile, systolic BP, weight, and HbA1c level."
- **"So Doctor,** treat today's disease to prevent tomorrow's complications. Let us lower the #WeightofDiabetes with Rybelsus®

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No
- Did you gently nudge the HCP in case of non-response?  
 Yes |  No
- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No
- Have you sent out a post-call email?  
 Yes |  No
- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 6 - Non-User

VISUAL AID

**Treat today's disease**  
to prevent tomorrow's complications\*

\*See also Novartis. The weight of evidence. 2017. Available at: [www.novartis.com/weightofevidence](http://www.novartis.com/weightofevidence).  
 © Novo Nordisk. All rights reserved. 2017. \*Informational purposes only. Not for sale.   
 \*See also Novo Nordisk. The weight of evidence. 2017. Available at: [www.novartis.com/weightofevidence](http://www.novartis.com/weightofevidence).  
 \*See also Novo Nordisk. The weight of evidence. 2017. Available at: [www.novartis.com/weightofevidence](http://www.novartis.com/weightofevidence).  
 \*See also Novo Nordisk. The weight of evidence. 2017. Available at: [www.novartis.com/weightofevidence](http://www.novartis.com/weightofevidence).  
 \*See also Novo Nordisk. The weight of evidence. 2017. Available at: [www.novartis.com/weightofevidence](http://www.novartis.com/weightofevidence).

**Treat today's disease**  
to prevent tomorrow's complications\*

WHATSAPP

“Treating today's disease to prevent consequences of tomorrow”

Dr. Unnikrishnan

**#WeightofDiabetes**

RTES

VALUE SELLING

Lower **#WeightofDiabetes**

**AGENDA**

TOPIC	FACULTY
15 Introduction and Context Setting	Chairperson
45 Early GLP-1RA Initiation for Weight, Glycaemic, and Cardiovascular Risk Mitigation in Type 2 Diabetes	Dr. AG Unnikrishnan
45 Start Early: Tackling the Triad of High Cholesterol, Weight and CV Risk with Oral Semaglutide	Dr. Anshu Sarbani
15 Panel Discussion	All Faculty

Speaker Name: [ ]  
 [ ] View  
 [ ] Home

WEBINARS/ YT

# Your Checklist and Progress

## Call 6 - Non-User

- **"Doctor**, let us lower the #WeightofDiabetes with Rybelsus"

---

- **"Rybelsus® can be taken** in the same dosage for a large proportion of patients with a variety of ailments such as renal impairment and hepatic impairment, as well as elderly patients."

---

- **"The recommended** dosage is 3mg/day for 1 month, escalated to 7mg/day later on. Continue with the same dose if adequate targets are achieved. If further therapeutic control is needed, escalate to 14mg/day."

---

- **"Rybelsus® should be taken** on an empty stomach upon waking up. The tablet is to be swallowed whole with a sip of water up to 120ml, and the patient should wait at least 30 minutes before eating, drinking, or taking any other medication."

---

- **"Rybelsus® is generally tolerable** – The most common side effects include nausea, vomiting, and diarrhea."

---

- **"To alleviate symptoms of nausea**, we recommend eating crackers, apples, and mints, or drinking ginger based drinks 30 minutes after taking Rybelsus, and avoiding strong smells."

---

- **"To alleviate symptoms of vomiting**, we recommend generous hydration, as well as more frequent meals in smaller amounts."

---

- **"To alleviate symptoms** of diarrhea, we recommend generous hydration with water, lemon, or bicarbonate, and foods such as chicken broth, rice, carrots, peeled fruit, and baked fruit. We also recommend avoiding sports drinks, fluid with high fibre content, dairy products, coffee, alcohol, soft drinks, very cold/hot foods, and products ending with "ol" ended sweeteners"

---

- **"Treat today's disease** to prevent tomorrow's complications – Rybelsus® has shown an unprecedented HbA1c reduction of upto 1.5%, an unsurpassed weight loss of upto 5kg, and a 51% reduction in cardiometabolic risk factors, which is a gamechanger for patients suffering from T2D and excess weight"

---

- **"So Doctor**, let us lower the #WeightofDiabetes with Rybelsus"

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No
- Did you gently nudge the HCP in case of non-response?  
 Yes |  No
- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No
- Have you sent out a post-call email?  
 Yes |  No
- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Plan Synopsis for Non Users

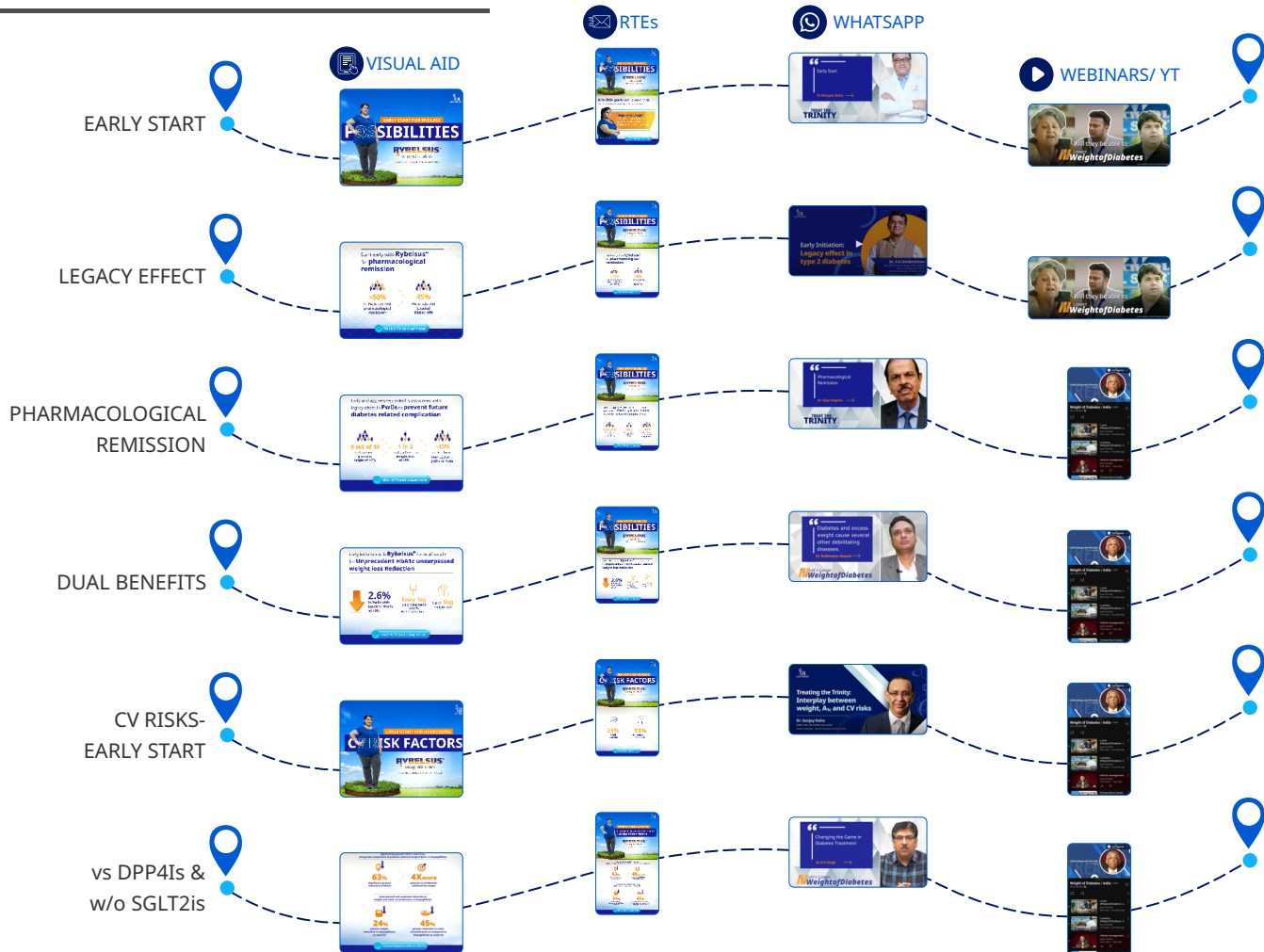
		August 2024			September 2024			October 2024		
Objective		Establishing Weight as primary treatment target in T2D			Product Fit ( Dual Benefit )			Aligning Product Fit to Barriers ( Price )		
		V-1	V-2	V-3	V-1	V-2	V-3	V-1	V-2	V-3
In-Clinic	e-Detailing	Guideline recommendation: Weight a primary treatment goal	Weight of Diabetes VA	Weight of Diabetes: Lose it to Win VA	Weight of Diabetes: Lose it to Win VA + ISP Invite	Weight of Diabetes: Lose it to Win VA- Introduction to Rybelsus - Dosing + Follow up on ISP	Weight of Diabetes: Lose it to Win VA- Introduction to Rybelsus - Dosing + ISP Debrief	Weight of Diabetes: Lose it to Win VA- treat Today's disease + AMS Meeting Invite	Weight of Diabetes: Lose it to Win VA- treat Today's disease + AMS Meeting Reminder	Weight of Diabetes: Lose it to Win VA- Summary + AMS Debrief
Primary Message		Weight is a primary treatment target in T2D	Weight and T2D Complications	Benefits of weight loss	Lose it to Win It	Rybelsus Efficacy and Benefits	Dosing and Administration - Rybelsus	Treat today's disease to prevent tomorrow's complications	Treat today's disease to prevent tomorrow's complications	Treat today's disease to prevent tomorrow's complications
EX-Clinic	e-Brand Re-calls (RTE)	Guideline -ADA/EASD RTE	Weight and T2D Complications RTE	Virtual ISP invite Discussion and Registration Link	Lose it to win it RTE	Virtual ISP invite Discussion and Registration Link RTE	Dosing RTE	Treat today's disease to prevent tomorrow's complications RTE	Treat Today's disease RTE - Value	Treat Today's disease RTE - Value
	e-Brand Re-calls (WhatsApp) material	Guideline -ADA/EASD RTE Rewritten Article	Dr AK Video Weight and Complications	Dr Subhash Wangnoo - Benefits of Weight Loss	Dr Mohan Video LITWI	Rybelsus Efficacy Video	Dr KKG Video on Dosing	Dr. Unnikrsihanan Video > Treat today's disease	Dr. Kovil Video > Treat today's disease	Dr Shashank Joshi Video ? Treat today's disease
	SMS (Reactive)			Virtual ISP invite Discussion and Registration Link	FAQ AV -2:How does Rybelsus® Work to control blood sugar levels & weight?		FAQ AV -3:Rybelsus Dosing			
HO Driven	ISPs and National Webinars					National Webinars Invite	Webinar		National Webinars Invite	Webinar
	Broad Cast Emailer	Monthly News Letter Pioneer Series -1 + Intent Survey			Monthly News Letter Pioneer Series-2 Broad cast emailer for AMS meeting and ISPs			Monthly News Letter Pioneer Series -3 Broad cast emailer for AMS meeting and ISPs		

# Stages of Messaging: User

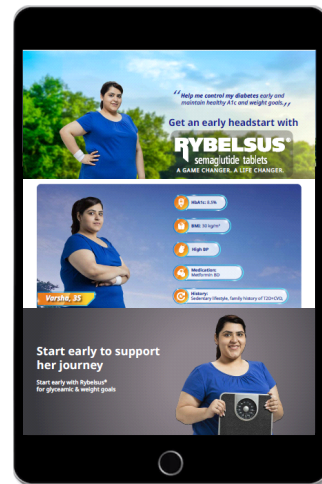
AUG-SEP

OCT-NOV

DEC



CTA: HCP Portal



# Call 1 - User



# Your Checklist and Progress

## Call 1 - User (Early Start Narrative)

- **Doctor**, it is quite common to have delay in initiating early intensification and because of that 3 out of 4 PwD have poor glycemic control, 9 out of 10 PwDs have excess weight at the time of diagnosis and Avg 3-year delay in treatment can lead to prolonged periods of poor glycemic control.
- **Not only that**, even a year delay in treatment can lead to microvascular complications like increase in retinopathy by 7%, nephropathy by 18%, Neuropathy by 8%.
- **And if we talk** about macrovascular complications there is an increase in myocardial infarction by 67%, stroke by 51%, heart failure by 64% and Composite CV events by 62%
- **That is why doctor**, let's start early for endless possibilities with Rybelsus.

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No

- Did you gently nudge the HCP in case of non-response?  
 Yes |  No

- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No

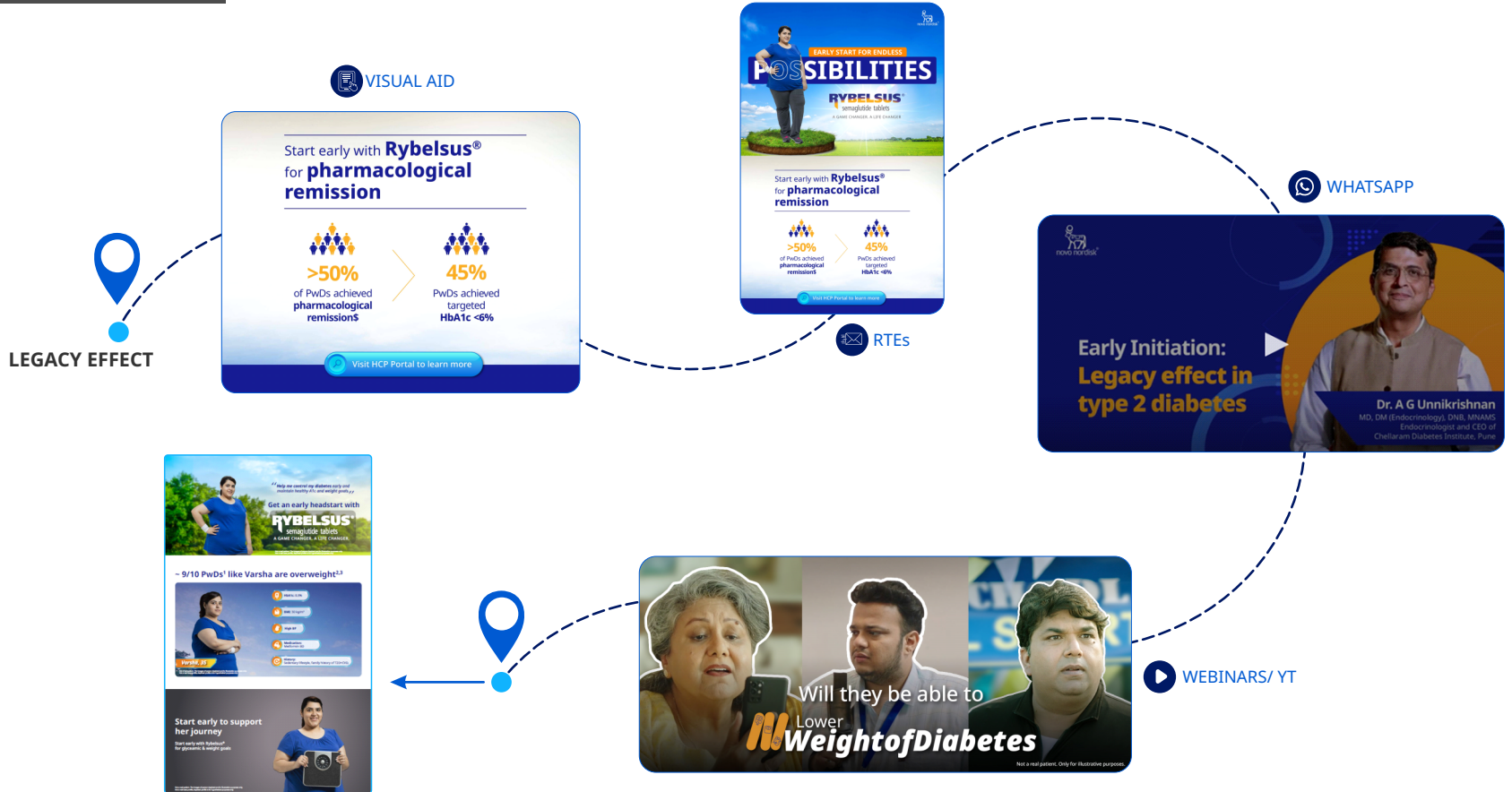
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No

- Have you sent out a post-call email?  
 Yes |  No

- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 2 - User



# Your Checklist and Progress

## Call 1 - User (Legacy effect)

- **Doctor**, last time we discussed how delay in treatments have significant impact weight, A1c, vascular complications, allow me to discuss the recommended guideline to look at this holistically.

---

- **ADA guidelines** emphasize on weight being a primary treatment target along with glycemia and it states that while choosing glucose lowering therapies consider regimens with high to very high efficacy in both glucose control and weight efficacy in PwDs with excess weight.”

---

- **While choosing** glucose lowering therapies consider regimens with high to very high efficacy in both glucose control and weight efficacy in PwDs with excess weight.”

---

- **Doctor as we speak** on this holistic approach and early start is also associated with legacy effect in PwDs to prevent future diabetes related complications

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No
- Did you gently nudge the HCP in case of non-response?  
 Yes |  No
- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No
- Have you sent out a post-call email?  
 Yes |  No
- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 3 - User

PHARMACOLOGICAL  
REMISSION



Get an early headstart with **RYBELSUS**<sup>®</sup> semaglutide tablets. A GAME CHANGER. A LIFE CHANGER.

9/10 PwDs<sup>1</sup> like Varsha are overweight<sup>2,3</sup>

- 1. 9/10 PwDs are overweight
- 2. 8/10 PwDs achieved glycemic target of <7%
- 3. 1/10 PwDs achieved weight loss of <5%
- 4. 1/10 PwDs achieved normoglycemia (<6%) in PwDs

Start early to support her journey

Start early with Rybelsus<sup>®</sup> for glycemic & weight goals.

Early and aggressive control is associated with legacy effect in **PwDs to prevent future diabetes related complication**

**8 out of 10** PwDs achieved glycemic target of <7%

**1 in 3** PwDs achieved a weight loss of <5%

**~45%** PwDs achieved normoglycemia (<6%) in PwDs

Visit HCP Portal to learn more

VISUAL AID

EARLY START FOR ENDLESS POSSIBILITIES

**RYBELSUS**<sup>®</sup> semaglutide tablets. A GAME CHANGER. A LIFE CHANGER.

Early and aggressive control is associated with legacy effect in **PwDs to prevent future diabetes related complication**

**8 out of 10** PwDs achieved glycemic target of <7%

**1 in 3** PwDs achieved a weight loss of <5%

**~45%** PwDs achieved normoglycemia (<6%) in PwDs

Visit HCP Portal to learn more

RTES

WHATSAPP

“ Pharmacological Remission

Dr Vijay Negalur →

TREAT THE TRINITY

WEBINARS/ YT

Holistic Management of Diabetes Dr. V. Mohan

Weight of Diabetes | India - 5/82

Lower #WeightofDiabetes: L...  
Novo Nordisk  
896 views · 4 months ago

Lowering #WeightofDiabetes: F...  
Novo Nordisk  
716 views · 4 months ago

Holistic management...  
Novo Nordisk  
5.6K views · 1 year ago

Partnership to break |

# Your Checklist and Progress

## Call 3 - User (Pharmacological Remission)

• **Doctor**, Varsha who is diagnosed with T2DM a year ago, her A1c is 8.5%, BMI >29 and currently treated with high dose MET+SU, also have a family history of obesity. Let's take an example profile of Varsha.

• **Early and aggressive** control with Rybelsus, patients may achieve pharmacological remission and legacy effect for long term future diabetes complication.

• **And if we talk** about the PIONEER-1(post-hoc) clinical trial program, it showed numerous benefits of starting early with Rybelsus® in patients within 1year of diagnosis such as:

• **8 /10 patients** achieved glycemic target of HbA1c<7% & 1 in 3 patients achieved a weight loss > 5%, ~45% PwD achieved normoglycemia (<6%) in PwDs when oral semaglutide is initiated within 1 year of T2D diagnosis.

• **That is why doctor**, let's start early for endless possibilities with Rybelsus®.

## Checklist

### Pre-Call

• Have you crafted your call script to perfection?

Yes |  No

• Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?

Yes |  No

### During Call

• Have you successfully connected with the HCP as planned?

Yes |  No

• Did you gently nudge the HCP in case of non-response?

Yes |  No

• Have you noted down any objections raised by the HCP during the conversation?

Yes |  No

### Post-Call

• Have you obtained the HCP's consent for accessing the portal?

Yes |  No

• Have you followed up with a WhatsApp reminder after the call?

Yes |  No

• Have you sent out a post-call email?

Yes |  No

• Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)

Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 4 - User



# Your Checklist and Progress

## Call 4 - User (Dual Benefit)

- **Doctor**, again if we talk about Varsha, she requires an early intensification with an agent offering dual benefit of lowering A1c and weight for impactful management of diabetes moreover as we had already discussed the global guideline like ADA/ EASD recommends “weight as primary treatment target along with glycemia” to use high-to-very-high efficacy in both glucose control & weight loss.
- **Dual benefit** may lead to >50% of patients achieved pharmacological remission, early and aggressive control is also associated with legacy effect in PwDs to prevent future diabetes related complications.
- **Doctor**, Rybelsus as an agent does get the dual benefit of lowering A1c and weight loss.
- **Early initiation** with Rybelsus provides unprecedented HbA1c reduction of up to 2.6% in PwDs with baseline HbA1c of >9%
- **And also**, early initiation with Rybelsus provides unsurpassed weight loss of up to 5kgs with every kg reduced lead to 0.1% reduction in A1c
- **That is why doctor**, let's start early for endless possibilities with Rybelsus.

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No
- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No
- Did you gently nudge the HCP in case of non-response?  
 Yes |  No
- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No
- Have you sent out a post-call email?  
 Yes |  No
- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 5 - User



# Your Checklist and Progress

## Call 5 - User (CV Risks)

- **Doctor**, as we had established delay in early intensification leads to micro and macrovascular complications, but did you also know PwDs have 2-4 times increased CV risk and excess weight increases the risk thus making the early treatment as of prominent importance

---

- **Doctor let's talk** on the Early initiation of Rybelsus and how it can have a CV safety.

---

- **The impact** of early initiation on Rybelsus shows CV shows a reduction of MACE by 21%, risk reduction of CV death by 51% and reduction in all cause death by 49%.

---

- **That is why doctor**, let's start early for endless possibilities with Rybelsus.

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No

- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No

- Did you gently nudge the HCP in case of non-response?  
 Yes |  No

- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No

- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No

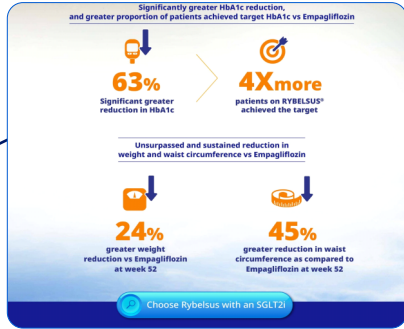
- Have you sent out a post-call email?  
 Yes |  No

- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Call 6 - User

## VISUAL AID

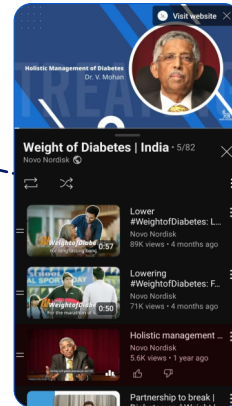
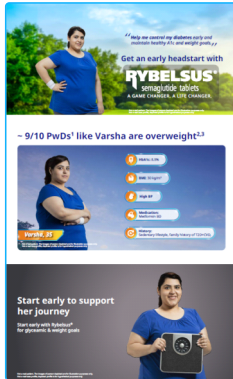


vs DPP4Is & w/o SGLT2is



RTES

WHATSAPP



WEBINARS/ YT

# Your Checklist and Progress

## Call 6 - User (vs DPPi 4 and SGLT-2)

- **Doctor**, as we had established the benefits of Rybelsus when initiated early, you may want to know the efficacy in comparison to other comparators.
- **Doctor when** started early with Rybelsus for unprecedented A1c reduction vs Sitagliptin, it showed 75% greater A1c reduction and 2X more patients achieve A1c target, and you would appreciate that as DPP4i are CV and weight neutral drug.
- **And also**, in a head-to-head randomized clinical trial, Rybelsus offers Significantly greater weight loss vs sitagliptin 4 times greater weight loss with Rybelsus vs Sitagliptin 2-time greater number of patients achieved weight loss of >5% Vs Sitagliptin.
- **Doctor**, in regards with SGLT-2, you may wish to optimize the combination therapy from beginning by adding Rybelsus for additional benefits to target residual CV risk with dual therapy with SGLT2i such as superior and additional A1c control up to 1.1% & weight loss of - 5Kg, strong CV benefit.
- **That is why doctor**, let's start early for endless possibilities with Rybelsus.

## Checklist

### Pre-Call

- Have you crafted your call script to perfection?  
 Yes |  No
- Is your approach aligned with the profile of the Healthcare Professional (HCP) you are about to engage with?  
 Yes |  No

### During Call

- Have you successfully connected with the HCP as planned?  
 Yes |  No
- Did you gently nudge the HCP in case of non-response?  
 Yes |  No
- Have you noted down any objections raised by the HCP during the conversation?  
 Yes |  No

### Post-Call

- Have you obtained the HCP's consent for accessing the portal?  
 Yes |  No
- Have you followed up with a WhatsApp reminder after the call?  
 Yes |  No
- Have you sent out a post-call email?  
 Yes |  No
- Have you strategized the next steps for the HCP following the call? (e.g., GLP Masterclass/CME)  
 Yes |  No

**This checklist ensures a systematic approach to your engagement with Healthcare Professionals, optimizing each stage for effective communication and relationship-building.**

# Plan Synopsis for Users

		August 2024			September 2024			October 2024		
Objective		Early Start for Endless possibilities			Product Fit			CV Risks – Early Start		
		V-1	V-2	V-3	V-1	V-2	V-3	V-1	V-2	V-3
In-Clinic	e-Detailing	Early Start: Guideline recommendation	Early Start VA	Legacy effect VA	Legacy effect VA + ISP Invite	Dual Benefits VA+ Follow up on ISP	Pharmacological Remission VA - Dosing + ISP Debrief	CV Risks- Early Start VA	CV Risks- Early Start VA	Vs DPP14 and with/or SGLT2
Primary Message		Early Start: Weight is a primary treatment target goal	Early Start for endless possibilities	Early initiation with Rybelsus for legacy effect	Early initiation with Rybelsus for legacy effect	Early start with Rybelsus for dual benefits	Dosing and Administration - Rybelsus	Early initiation with Rybelsus for consistent CV safety	Early initiation with Rybelsus for consistent CV safety	Efficacy with comparators
EX-Clinic	e-Brand Re-calls (RTE)	Guideline -ADA RTE	Early Start RTE	Legacy effect RTE	Legacy effect RTE	Dual Benefit RTE	Pharmacological Remission RTE	Consistent CV Safety RTE	Consistent CV Safety RTE	Comparators RTE: DPP14 and SGLT2
	e-Brand Re-calls (WhatsApp) material	Guideline -ADA/EASD RTE Rewritten Article	Dr Binayak Sinha Early Start	Dr AG Unnikrishnan – Legacy effect		Dr Vijay Negalur Pharmacological Remission	Dr Debmalya Sanyal Dual Benefits	Dr. Sanjay Kalra > CV Risks Early start		Dr A K Singh Comparators
	SMS (Reactive)			Virtual ISP invite Discussion and Registration Link	FAQ AV -2:How does Rybelsus® Work to control blood sugar levels & weight?		FAQ AV -3:Rybelsus Dosing			
HO Driven	ISPs and National Webinars					National Webinars Invite	Webinar		National Webinars Invite	Webinar
	Broad Cast Emailer	Monthly News Letter Pioneer Series -1 + Intent Survey			Monthly News Letter Pioneer Series-2 Broad cast emailer for AMS meeting and ISPs			Monthly News Letter Pioneer Series -3 Broad cast emailer for AMS meeting and ISPs		