

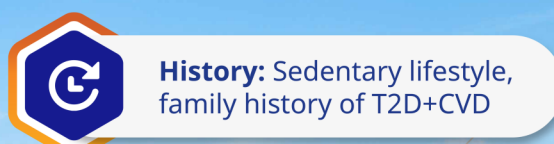
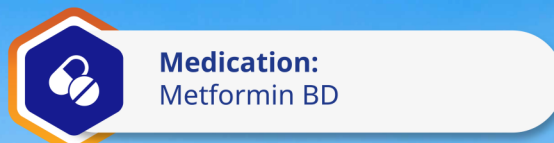
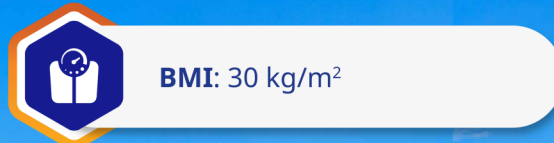
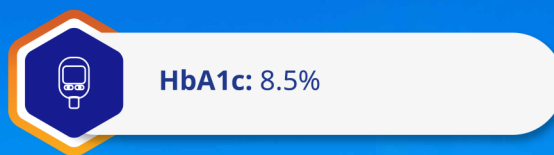
START

EARLY

Customer Cohort : **PCP/Diab**

**9/10 PwDs like Varsha
are overweight¹⁻⁵**

Varsha, 35





EARLY START FOR ENDLESS

POSSIBILITIES

RYBELSUS[®]
semaglutide tablets

A GAME CHANGER. A LIFE CHANGER

Dear Doctor,

Greetings from Novo Nordisk,

Doctor, you are the first person to treat diabetes and the pioneer. As you are aware uncontrolled T2DM and excess weight is a major challenge for people living with diabetes, **3 out of 4 people with diabetes have poor glycaemic control** (HbA1c>7%) despite getting treatment. **90% of the people with diabetes are either overweight or obese** at the time of diagnosis. Moreover, **it takes avg. 3 years to intensify (from 1 OAD to add 2nd OAD)**. This prolonged period of poor glycaemic control & excess weight may result into microvascular & macrovascular complications.

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. She requires an early intensification with an agent offering **dual benefit of lowering A1c and weight** for impactful management of diabetes moreover 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. Hence **early and aggressive control with Rybelsus patients may achieve pharmacological remission and legacy effect for long term future diabetes complication.**

Doctor: PIONEER-1(post-hoc) clinical trial program showed numerous benefits of starting early with Rybelsus[®] in patients within 1 year of diagnosis.

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. 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.

More importantly SELECT clinical trial program showed strong relationship between weight loss induces diabetes regression and diabetes progression

SELECT study with Inj. Semaglutide 2.4 mg showed that early weight loss can –

Induce diabetes regression (pre-diabetes to normoglycemia) & Reduce diabetes progression (pre-diabetes to diabetes)

~80% of the participants who had 5-10% body weight loss with Inj. Sema 2.4 mg OW regressed from a prediabetic range, to normoglycemia (A1C<5.7).

Doctor looking at the multiple benefits such as legacy effect, pharmacological remission, strong A1c lowering and sustained weight loss benefit would you like to consider Rybelsus[®] as an add on to MET, MET+SU.

In summary, Rybelsus[®] can help your patients achieve glycemic control and potentially avoid costly diabetes complications arising from excess weight and uncontrolled T2D.

Looking forward to your continued support with this gamechanger .