

# Early Start in patient with uncontrolled T2DM & CV risk factors

**PwDs with  
evolving CV risk**



**Mohan, 47**

*"I need a diabetes treatment plan to help me holistically manage diabetes, CKD and CV risk factors."*

Not a real patient. The images of person depicted are for illustration purposes only.  
Not a real case profile, depicted profile is for hypothetical purposes only  
Abbreviation: CV: Cardiovascular, CKD: Chronic Kidney Disease, PwD: People with Diabetes

**Customer Cohort : Endocrinologist**

**Optimise combination therapy** from the beginning by adding Rybelsus® for synergistic benefits<sup>1,8</sup>

**PwDs with evolving CV risk**



*"I need a diabetes treatment plan to help me holistically manage diabetes, CKD and CV risk factors"*

**Mohan, 47**



HbA1c – **8.7%**



BMI: **28 kg/m<sup>2</sup>**



**Comorbidities:**  
Dyslipidemia, Chronic Kidney Disease, Hypertension



**Medication:**  
Metformin, ARBs, Statins & SGLT2is

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Abbreviation: BP: Blood Pressure, CV: Cardiovascular, CKD: Chronic Kidney Disease, OD: Once Daily, BD: Twice Daily, SGLT2i: Sodium-glucose cotransporter-2 inhibitor, ARB: Angiotensin receptor blockers

## Objective

Why should we aim for an early effective glycemic control for people with diabetes with high CV risk?

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Why should a clinician consider GLP-1 RA early in this patient?

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How oral Semaglutide may mitigate future CV event in this type of patients?

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Discussion: Dear Doctor, greetings from Novo Nordisk, please allow me to introduce a patient Mr. Mohan who is currently living with uncontrolled diabetes and more than 2 cardio-vascular risk factors like (high BP, Dyslipidemia & excess weight). Doctor, you would agree that **1 in 5 of People with T2D experience their first CV event within first 5 Years Post Diagnosis**, presence of more risk factors may lead to higher incidences of cardiovascular events by **50% within 10 years basis QRISK3 prediction**, in other words, **52% PwDs may experience heart attack or stroke over 10 years earlier in people with T2D than those without and will occur with greater severity while risk significantly reduces in healthy person to 7% at same age and ethnicity.**

Even 1 year of poor glycemic control may lead to significantly higher composite CV events ~62% in patients living with diabetes, hence achieving early glycemic control may generate good legacy effect choosing an agent such as Rybelsus<sup>®</sup> with multi-factorial benefit beyond glucose control may be helpful in primary prevention of MACE reduction such (MI, stroke, CV death, hHF) therefore may **increase the survival rate ~8 years by reducing mortality 45%, time to 1st CVD event by 8 years.**

## *Multifactorial intervention increased the survival rate by 7.9 years<sup>6,7</sup>*



Mortality: **↓45%**



Time to 1st CVD event: **↑8.1** years



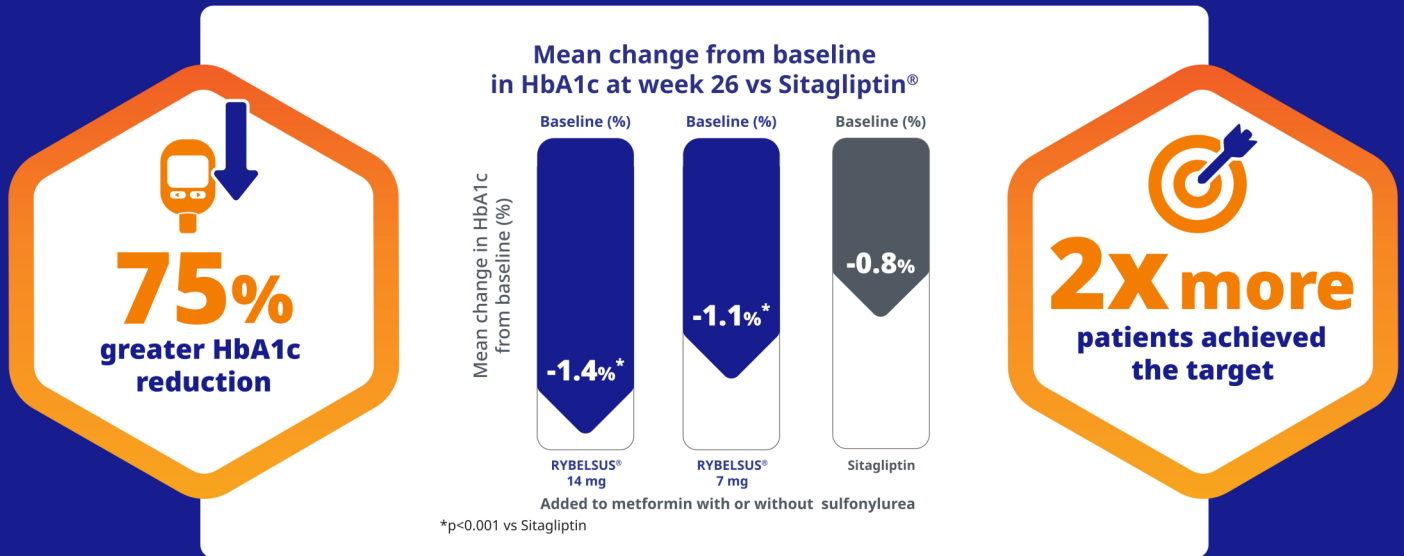
Survival: **↑7.9** years



**↓Microvascular complications**

# START EARLY FOR UNPRECEDENTED A1c REDUCTION

Significantly greater HbA1c reduction of 1.4% vs 0.8% with Sitagliptin<sup>11,21</sup>

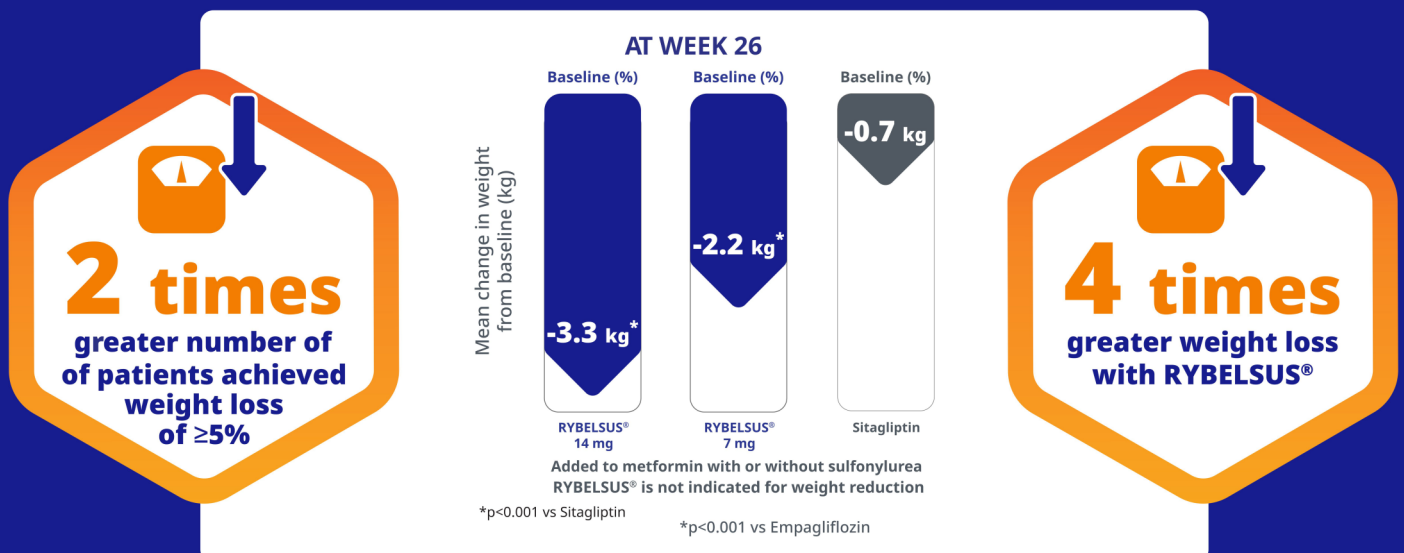


HbA1c- Glycated hemoglobin  
PIONEER 3 | n=1864 | Baseline HbA1c= 8.30%

Doctor, requesting you to start early with Rybelsus for unprecedented A1c reduction vs Sitagliptin 75% greater A1c reduction and 2X more patients achieve A1c target. You would appreciate that DPP4i are CV and weight neutral drug.

# START EARLY FOR UNPRECEDENTED WEIGHT LOSS

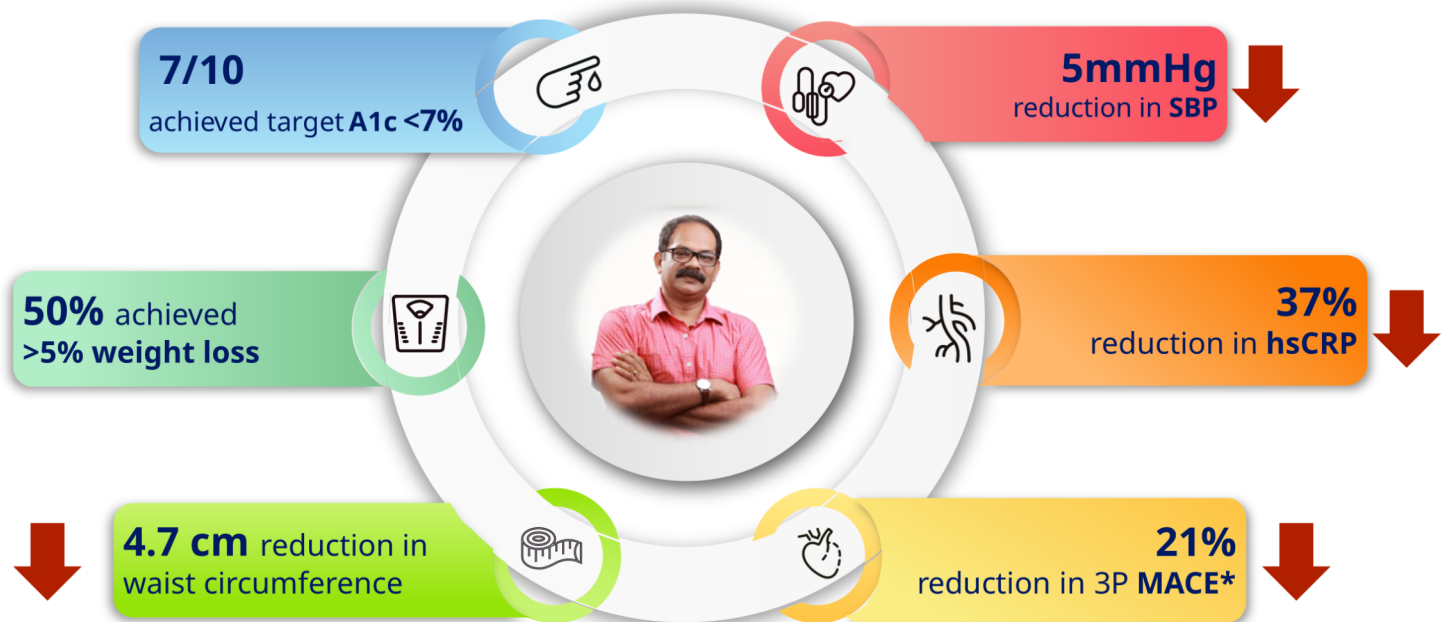
Significantly greater weight loss of 3.3 kg vs 0.7 kg with Sitagliptin<sup>11,21</sup>



HbA1c- Glycated hemoglobin  
PIONEER 3 | n=1864 | Baseline Bodyweight= 91.2 kgs

Doctor in a head-to-head randomized clinical trial Rybelsus<sup>®</sup> offers **Significantly greater weight loss vs sitagliptin 4 times greater weight loss with Rybelsus<sup>®</sup> vs Sitagliptin 2-time greater number of patients achieved weight loss of >5% Vs Sitagliptin.**

## Potential Benefits of Oral Semaglutide in Patients with Very High CV Risk



*Not a real patient. All images are for illustration purpose only*

*\*non-significant*

Doctor Rybelsus<sup>®</sup> provides pleotropic effects beyond glucose control to reduce cardiovascular disease by reducing BP, hsCRP, 21% MACE reduction in patient with T2Dm.

More-over doctor, guideline recommends, treating early with agents like GLP-1RA which has benefits on multiple organ systems is important to prevent chronic complications in T2D. ADA 2024 has recommended GLP-1RAs as first-line therapy in T2D with high CV risk or ASCVD. **ESC 2023 guidelines** recommend GLP-1RA as preferred therapy to reduce CV risk in type 2 diabetes independent of glucose control and background anti-diabetic medications.

Number needed to treat (NNT) to experience one fewer adverse health outcome compared to treatment with sulfonylurea

	MACE	Expnded MACE	All-cause mortality	Acute stroke	Acute MI	IIHF	Revasenlartzation
<b>1- Year</b>							
DPP4i	277	107	585	787	667	690	161
GLP-1RA	166	80	351	496	435	564	195
SGLT2i	155	70	293	494	498	351	165
<b>2- Year</b>							
DPP4i	122	65	220	382	329	310	110
GLP-1RA	73	49	131	241	215	254	123
SGLT2i	68	43	110	240	246	158	112
<b>3- Year</b>							
DPP4i	77	49	128	251	212	194	89
GLP-1RA	46	37	76	158	138	158	108
SGLT2i	43	32	64	157	158	98	91

Doctor published scientific literature indicates that to prevent one event, GLP-1 RA needs half the number of the patients to be treated vs DPP4i.

Doctor 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.

Doctor: **Early combination therapy provides superior and additional A1c control up to 1.1% & weight loss of -5Kg, strong CV benefit.**



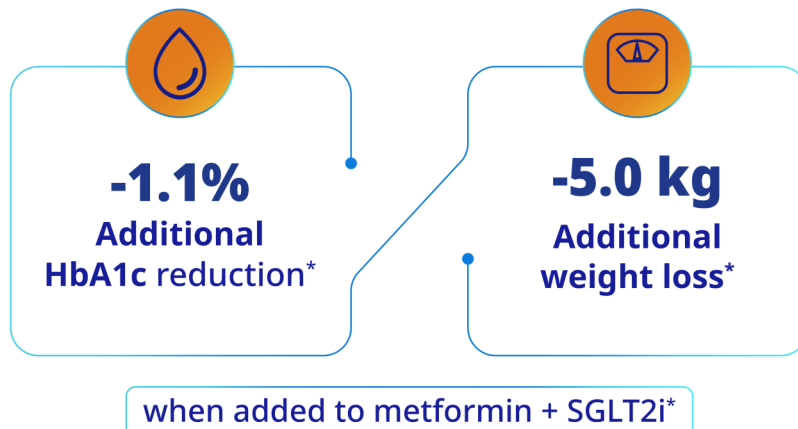
with

FOR PEOPLE WITH UNCONTROLLED TYPE 2 DIABETES

**RYBELSUS**®  
semaglutide tablets

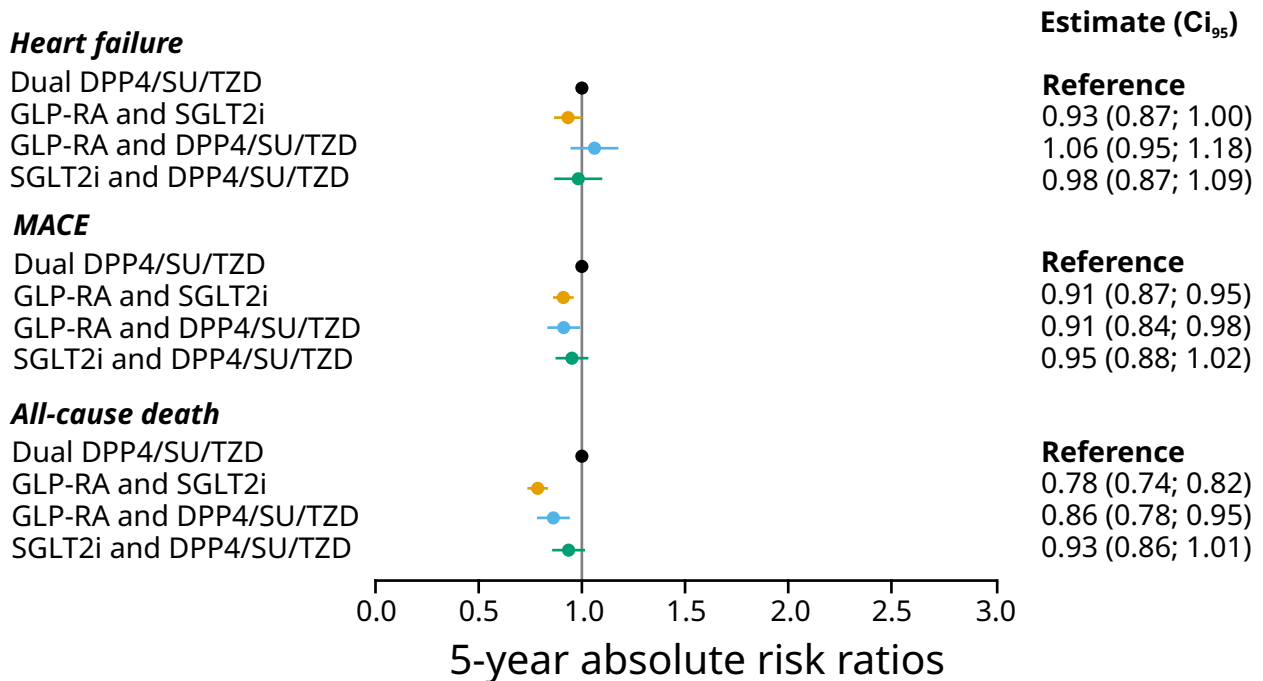
A GAME CHANGER. A LIFE CHANGER.

***Target Residual CVD Risk with Dual Therapy:  
Benefits of adding Oral semaglutide as combination with SGLT2is***



\*Results are from a post-hoc analysis of PIONEER 4, a 52-week, double-blind, double-dummy trial in 711 adult patients with type 2 diabetes. Patients who entered the trial were either on metformin alone or metformin plus an SGLT-2i. All patients were randomised to RYBELSUS 14 mg, liraglutide 1.8 mg, or placebo in PIONEER 4. Over the course of the trial, those patients who continued on a stable regimen with metformin plus an SGLT-2i demonstrated a slight increase (0.4%) in HbA1c, compared to a -1.1% reduction.

When we look at dual therapy with GLP-1 RA and SGLT2i compared to reference therapy we saw, slightly lower risk for heart failure & significantly lower risk of MACE (9%) and All-cause death (22%).



DPP-4i, dipeptidyl peptidase-4 inhibitor; GLP-1 RA, glucagon-like peptide-1 receptor agonist; SGLT2i, sodium-glucose co-transporter-2 inhibitor; SU, sulfonylurea; TZD, thiazolidinedione. MACE: major cardiovascular events.

**Conclusion: Doctor early and aggressive intervention with Rybelsus will help 8/10 Pwd achieved A1c control <7%, 1/3 experinced weight loss >5% and consistent CV safety of 21% MACE reduction and 51% risk reduction in CV death.**

Rybelsus<sup>®</sup> can help your patients achieve glycemic control, weight loss and reduction of cardiometabolic risk factors.

Looking forward to your continued support and treating the Trinity with Rybelsus<sup>®</sup>.