



“ Help me holistically manage diabetes, CV risk and CKD factors ”

Compounded Benefits with **RYBELSUS[®]** semaglutide tablets

A GAME CHANGER. A LIFE CHANGER.

PwD with CV risk

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.

PwDs have 2-4 times increased CV risks¹

Mohan, 47

- HbA1c** – 8.7%
- BMI:** 28 kg/m²
- Comorbidities:** Dyslipidemia, Chronic Kidney Disease
- Medication:** Metformin, ARBs, Statins & SGLT2is

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Rybelsus[®] for better outcomes

- Up to **1.5%** reduction in HbA1c*²
- Up to **5%** unsurpassed weight loss³
- 21%** MACE reduction¹⁵⁻⁴
- ~**20%** achieved >**10%** weight loss⁵
- Modifies cardiometabolic risk factors^{4,7}

Experts decode the power of combination therapy in Diabetes

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Intensive multifactorial treatment of T2D could extend survival by ~7.9 years⁸

- Mortality** ↓ **45%⁸**
- Survival** ↑ **7.9 years⁸**
- Time to first CVD event** ↑ **8.1 Years⁸**
- Microvascular complications** ↓ **48-33%⁸**

Rybelsus[®] provides enhanced results⁹

- 1.1%** Additional HbA1c reduction when added to metformin + SGLT2i
- 5.0 kg** Additional weight loss when added to metformin + SGLT2i

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 *Rybelsus[®] Prescribing Information
 Abbreviations: HbA1c, glycated haemoglobin; T2D, type 2 diabetes; GLP-1 RA, glucagon-like peptide-1 receptor agonist; BMI, body mass index; SBP, systolic blood pressure; SGLT2, sodium-glucose co-transporter-2; MACE: Major Adverse Cardiovascular Events.
 *Baseline HbA1c of 8.0%, *Baseline weight - 92.9 kg, †Hazard ratio, 0.79 (95% CI, 0.57-1.11), --non significant, \$Results were not significant for the primary outcome of MACE reduction.)
 ©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.
 References:
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