Restrictions Apply
Saxenda® (liraglutide [rDNA origin] injection) Savings Card Program

By participating in this savings program, participants understand and agree that the information provided, as well as the information obtained about them from the pharmacy, will be shared with the manufacturer and any companies working with the manufacturer. Participants also affirm that they will not submit, and have not had submitted on their behalf, a claim for reimbursement or coverage for items purchased with this card under Medicaid, Medicare, TRICARE, or any other federal or state government health care program, or where prohibited by state law.

Terms and conditions:

• Pay as little as $30 or save up to $200 per Saxenda® prescription. Maximum benefit of $200 per prescription and 12 benefits annually. Eligibility and other restrictions apply. Novo Nordisk reserves the right to modify or cancel this program at any time. If your co-pay is already $30 or less, this offer does not apply
• Offer good only in the USA and Puerto Rico at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. Void where taxed, restricted, or prohibited by law
• Offer not extended to clubs, groups, or organizations
• The Saxenda® Savings Card may be used for mail order. This card is not transferable
• Participating patients must re-present their Savings Card if changing pharmacies
• Any step-edits or prior authorizations required by the insurance plan still apply
• This offer is limited to 1 card per patient
• Patient must be 18 years of age or older to redeem the Savings Card
• Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer as set forth herein
• Offer not valid for prescriptions paid in part or full by any federally or state-funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, TRICARE, and where prohibited by law
• Participation in this program must comply with all applicable laws and contractual or other obligations as a pharmacy provider
• This savings program cannot be combined with any other coupon, certificate, voucher, or similar offer
• This is not an insurance program
• Novo Nordisk reserves the right to modify or cancel this program at any time

Please see accompanying Prescribing Information, including Boxed Warning and Medication Guide, on the following pages.
**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use SAXENDA® safely and effectively. See full prescribing information for SAXENDA®. SAXENDA® (liraglutide [rDNA origin]) injection, solution for subcutaneous use Initial U.S. Approval: 2010

**WARNING: RISK OF THYROID C-CELL TUMORS**

See full prescribing information for complete boxed warning.

- Liraglutide causes thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether SAXENDA® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined (5.1).
- SAXENDA® is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the risk of MTC and the symptoms of thyroid tumors (4, 5.1, 13.1).

**INDICATIONS AND USAGE**

Saxenda® is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of
- ≥ 30 kg/m² or greater (obese) (1) or
- ≥ 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g. hypertension, type 2 diabetes mellitus, or dyslipidemia) (1).

Limitations of Use:
- Saxenda® is not indicated for the treatment of type 2 diabetes (1).
- Saxenda® should not be used in combination with any other GLP-1 receptor agonist (1).
- Saxenda® should not be used with insulin (1, 5.4).

The effects of Saxenda® on cardiovascular morbidity and mortality have not been established (1).
- The safety and efficacy of coadministration with other products for weight loss have not been established (1).
- Saxenda® has not been studied in patients with a history of pancreatitis (1, 5.2).

**DOSAGE AND ADMINISTRATION**

- Recommended dose of Saxenda® is 3 mg daily. Administer at any time of day, without regard to the timing of meals (2).
- Initiate at 0.6 mg per day for one week. In weekly intervals, increase the dose until a dose of 3 mg is reached (2).
- Inject subcutaneously in the abdomen, thigh or upper arm (2).
- The injection site and timing can be changed without dose adjustment (2).

**DOSAGE FORMS AND STRENGTHS**

- 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) (3).

**CONTRAINDICATIONS**

- Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2 (4, 5.1).
- Hypersensitivity to liraglutide or any product components (4, 5.7).
- Pregnancy (4, 8.1).

**WARNINGS AND PRECAUTIONS**

- Thyroid C-cell Tumors: Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors (5.1).
- Acute Pancreatitis: Discontinue promptly if pancreatitis is suspected. Do not restart if pancreatitis is confirmed (5.2).
- Acute Gallbladder Disease: If cholelithiasis or cholecystitis are suspected, gallbladder studies are indicated (5.3).
- Serious Hypoglycemia: Can occur when Saxenda® is used in association with nausea, vomiting, diarrhea, or dehydration which may sometimes require hemodialysis. Use caution when initiating or escalating doses of Saxenda® in patients with renal impairment (5.6).
- Hypersensitivity Reactions: Postmarketing reports of serious hypersensitivity reactions (e.g., anaphylactic reactions and angioedema). Discontinue Saxenda® and other suspect medications and promptly seek medical advice (5.7).
- Suicidal Behavior and Ideation: Monitor for depression or suicidal thoughts. Discontinue Saxenda® if symptoms develop (5.8).

**ADVERSE REACTIONS**

- Most common adverse reactions, reported in greater than or equal to 5% are: nausea, hypoglycemia, diarrhea, constipation, vomiting, headache, decreased appetite, dyspepsia, fatigue, dizziness, abdominal pain, and increased (lipase) (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Novo Nordisk Inc. at 1-877-484-2869 or FDA at 1-888-FDA-1088 or www.fda.gov/medwatch.

**DRUG INTERACTIONS**

- SAXENDA® delays gastric emptying. May impact absorption of concomitantly administered oral medications. Use with caution (7).

**USE IN SPECIFIC POPULATIONS**

- Nursing Mothers: Discontinue drug or nursing (8.3).
- Pediatric Use: Safety and effectiveness not established and use not recommended (8.4).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide. Revised: 1/2015

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**FULL PRESCRIBING INFORMATION: CONTENTS**

**BOXED WARNING: RISK OF THYROID C-CELL TUMORS**

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

6 ADVERSE REACTIONS

7 DRUG INTERACTIONS

8 USE IN SPECIFIC POPULATIONS

9 CLINICAL PHARMACOLOGY

10 OVERDOSAGE

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

13 NONCLINICAL TOXICOLOGY

14 CLINICAL STUDIES

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16 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.
**FULL PRESCRIBING INFORMATION**

**WARNING: RISK OF THYROID C-CELL TUMORS**

- Liraglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether Saxenda® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined [see Warnings and Precautions (5.1) and Nonclinical Toxicology (13.1)].

- Saxenda® is contraindicated in patients with a personal or family history of MTC or with patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the risk of MTC with use of Saxenda® and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Saxenda® [see Contraindications (4), Warnings and Precautions (5.1)].

### 1 INDICATIONS AND USAGE

Saxenda® is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of:

- 30 kg/m² or greater (obese), or
- 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia)

**Limitations of Use**

- Saxenda® is not indicated for the treatment of type 2 diabetes mellitus.

### 2 DOSAGE AND ADMINISTRATION

**The recommended dosage of Saxenda® is 3 mg daily.** The dose escalation schedule in Table 1 should be used to reduce the likelihood of gastrointestinal symptoms. If patients do not tolerate an increased dose during dose escalation, consider delaying dose escalation for approximately one additional week. Saxenda® should be discontinued, however, if a patient cannot tolerate the 3 mg dose, as efficacy has not been established at lower doses (0.6, 1.2, 1.8, and 2.4 mg).

**Table 1. Dose Escalation Schedule**

<table>
<thead>
<tr>
<th>Week</th>
<th>Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.6 mg</td>
</tr>
<tr>
<td>2</td>
<td>1.2 mg</td>
</tr>
<tr>
<td>3</td>
<td>1.8 mg</td>
</tr>
<tr>
<td>4</td>
<td>2.4 mg</td>
</tr>
<tr>
<td>5 and onward</td>
<td>3 mg</td>
</tr>
</tbody>
</table>

Saxenda® should be taken once daily at any time of day, without regard to the timing of meals. Saxenda® can be injected subcutaneously in the abdomen, thigh, or upper arm. The injection site and timing can be changed without dose adjustment. Saxenda® must not be administered intravenously or intramuscularly.

When initiating Saxenda® in patients taking insulin secretagogues (such as sulfonylureas), consider reducing the dose of the insulin secretagogue (for example, by one-half) to reduce the risk for hypoglycemia, and monitor blood glucose. Saxenda® and insulin should not be used together [see Warnings and Precautions (5.4) and Adverse Reactions (6.1)]. Conversely, if discontinuing MTC and liraglutide use in humans.

Evaluate the change in body weight 16 weeks after initiating Saxenda® and discontinue Saxenda® if the patient has not lost at least 4% of baseline body weight, since it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

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 reintiate Saxenda® at 0.6 mg daily and follow the dose escalation schedule in Table 1, which may reduce the occurrence of gastrointestinal symptoms associated with reinitiation of treatment.

Prior to initiation of Saxenda®, patients should be trained by their healthcare professional on proper injection technique. Training reduces the risk of administration errors such as needle sticks and incomplete dosing. Refer to the accompanying Instructions for Use for complete administration instructions with illustrations.

Saxenda® solution should be inspected prior to each injection, and the solution should be used only if it is clear, colorless, and contains no particles.

BMI is calculated by dividing weight in (kilograms) by height (in meters) squared. A chart for determining BMI based on height and weight is provided in Table 2.

### Table 2. BMI Conversion Chart

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Height (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.8</td>
<td>125</td>
</tr>
<tr>
<td>59.1</td>
<td>130</td>
</tr>
<tr>
<td>61.4</td>
<td>135</td>
</tr>
<tr>
<td>63.6</td>
<td>140</td>
</tr>
<tr>
<td>65.9</td>
<td>145</td>
</tr>
<tr>
<td>68.2</td>
<td>150</td>
</tr>
<tr>
<td>70.5</td>
<td>155</td>
</tr>
<tr>
<td>72.7</td>
<td>160</td>
</tr>
<tr>
<td>75.0</td>
<td>165</td>
</tr>
<tr>
<td>77.3</td>
<td>170</td>
</tr>
<tr>
<td>79.5</td>
<td>175</td>
</tr>
<tr>
<td>81.8</td>
<td>180</td>
</tr>
<tr>
<td>84.1</td>
<td>185</td>
</tr>
<tr>
<td>86.4</td>
<td>190</td>
</tr>
<tr>
<td>88.6</td>
<td>195</td>
</tr>
<tr>
<td>90.9</td>
<td>200</td>
</tr>
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<td>93.2</td>
<td>205</td>
</tr>
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<td>95.5</td>
<td>210</td>
</tr>
<tr>
<td>97.7</td>
<td>215</td>
</tr>
<tr>
<td>100.0</td>
<td>220</td>
</tr>
<tr>
<td>102.3</td>
<td>225</td>
</tr>
</tbody>
</table>

### 3 DOSAGE FORMS AND STRENGTHS

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, 64 mL; 10.7 mL/mL; 26 mL/mL; 39 mL/mL; 44 mL/mL, respectively).

### 4 CONTRAINDICATIONS

Saxenda® is contraindicated in the following conditions:

- Patients with a personal or family history of medullary thyroid carcinoma (MTC) or patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) [see Warnings and Precautions (5.1)].

- Patients with a prior serious hypersensitivity reaction to liraglutide or to any of the product components [see Warnings and Precautions (5.7)].

- Pregnancy [see Use in Specific Populations (8.1)].

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Risk of Thyroid C-Cell Tumors

Liraglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors (adenomas and/or carcinomas) at clinically relevant exposures in both genders of rats and mice [see Nonclinical Toxicology (13.1)]. Malignant thyroid C-cell carcinomas were detected in rats and mice. It is unknown whether Saxenda® will cause thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined.

Cases of MTC in patients treated with liraglutide have been reported in the postmarketing period; the data in these reports are insufficient to establish or exclude a causal relationship between MTC and liraglutide use in humans.

Saxenda® is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2. Counsel patients regarding the risk for MTC and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness).

Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Saxenda®. Such monitoring may increase the risk of unnecessary procedures, due to low test specificity for serum thyroid C-cell tumors.
calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin may indicate MTC, and patients with MTC usually have calcitonin values greater than 50 ng/mL. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated. Patients with thyroid nodules noted on physical examination or neck imaging should also be further evaluated.

5.2 Acute Pancreatitis

Based on spontaneous postmarketing reports, acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with lixispro. After initiation of Saxenda®, observe patients carefully for signs and symptoms of pancreatitis, including persistent severe abdominal pain, sometimes radiating to the back and which may or may not be accompanied by vomiting. If pancreatitis is suspected, Saxenda® should promptly be discontinued and appropriate management should be initiated. If pancreatitis is confirmed, Saxenda® should not be restarted. In Saxenda® clinical trials, acute pancreatitis was confirmed by adjudication in 9 (0.3%) of 3291 Saxenda®-treated patients and 1 (0.1%) of 1843 placebo-treated patients. In addition, there were 2 cases of acute pancreatitis in Saxenda®-treated patients who prematurely discontinued Saxenda® treatment during an off-treatment follow-up period within 2 weeks of discontinuing Saxenda®. It is unknown whether patients with a history of pancreatitis are at increased risk of pancreatitis while receiving Saxenda®, since these patients were excluded from clinical trials.

5.3 Acute Gallbladder Disease

In Saxenda® clinical trials, 1.5% of Saxenda®-treated patients reported adverse events of cholecystitis versus 0.5% of placebo-treated patients. The incidence of cholecystitis was 0.6% in Saxenda®-treated patients versus 0.2% in placebo-treated patients. The majority of Saxenda®-treated patients with adverse events of cholecystitis and cholecystitis required cholecystectomy. Substantial or rapid weight loss can increase the risk of cholecystolithiasis; if acute cholecystitis or acute gallbladder disease was greater in Saxenda®-treated patients than in placebo-treated patients even after accounting for the degree of weight loss. If cholecystitis is suspected, gallbladder studies and appropriate clinical follow-up are recommended.

5.4 Risk for Hypoglycemia with Concomitant Use of Anti-Diabetic Therapy

The risk for serious hypoglycemia is increased when Saxenda® is used in combination with insulin secretagogues (for example, sulfonylureas) in patients with type 2 diabetes mellitus. Therefore, patients may require a lower dose of sulfonylurea (or other concomitantly administered insulin secretagogues) in this setting (see Dosage and Administration and 2 Adverse Reactions (6.1)). Saxenda® should not be used in patients taking insulin. Saxenda® can lower blood glucose (see Clinical Pharmacology (12.2)). Monitor blood glucose parameters prior to starting Saxenda® and during Saxenda® treatment in patients with type 2 diabetes. If needed, adjust co-administered anti-diabetic drugs based on glucose monitoring results and risk of hypoglycemia.

5.5 Heart Failure

Mean increases in resting heart rate of 2 to 3 beats per minute (bpm) were observed with routine clinical monitoring in Saxenda®-treated patients compared to placebo in clinical trials. More patients treated with Saxenda®, compared with placebo, had changes from baseline at two consecutive visits of more than 10 bpm (24% versus 19%, respectively) and 20 bpm (5% versus 2%, respectively). At least one resting heart rate exceeding 100 bpm was recorded for 6% of Saxenda®-treated patients compared with 4% of placebo-treated patients. In patients receiving Saxenda® for a mean treatment duration of 45.9 weeks (median, 55.9 weeks), 1087 Saxenda®-treated patients and 497 placebo-treated patients have been exposed in their original randomized groups beyond the primary endpoint for an additional mean duration of 53.0 weeks (median, 56.9 weeks). Baseline characteristics included a mean age of 47 years, 71% women, 85% white, 39% with hypertension, and 61% with treated hypercholesterolemia. In clinical trials and postmarketing studies, adverse events, including worsening of chronic renal failure, sometimes requiring hemodialysis [see Adverse Reactions (6.2)]. Some of these events were reported in patients without known underlying renal disease. A majority of the reported events occurred in patients who had edema, nausea, or vomiting, or diarreha leading to volume depletion. Some of the reported events occurred in patients receiving one or more medications known to affect renal function or volume status. Altered renal function has been reversed in many of the reported cases with supportive treatment and discontinuation of potentially causative agents, including lixispro. Use caution when initiating or escalating doses of Saxenda® in patients with renal impairment [see Use in Specific Populations (8.6)].

5.6 Renal Impairment

Saxenda® should be used with GLP-1 receptor agonists, including Saxenda®, with care due to the risk of acute renal failure and worsening of chronic renal failure, sometimes requiring hemodialysis [see Adverse Reactions (6.2)]. Some of these events were reported in patients without known underlying renal disease.

5.7 Hypersensitivity Reactions

There have been reports of serious hypersensitivity reactions (e.g., anaphylactic reactions and angioedema) in patients treated with lixispro [see Adverse Reactions (6.1, 6.2)]. If a hypersensitivity reaction occurs, the patient should discontinue Saxenda® and avoid another GLP-1 receptor agonist. Use caution in a patient with a history of angioedema with another GLP-1 receptor agonist because it is unknown whether such patients will be predisposed to angioedema with Saxenda®.

5.8 Suicidal Behavior and Ideation

In Saxenda® clinical trials, 6 (0.2%) of 3384 Saxenda®-treated patients and none of the 1941 placebo-treated patients reported suicidal ideation; one of these Saxenda®-treated patients attempted suicide. Patients treated with Saxenda® should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue Saxenda® in patients who experience suicidal thoughts or behavior. Avoid Saxenda® in patients with a history of suicidal attempts or active suicidal ideation.

6. ADVERSE REACTIONS

The following serious adverse reactions are described below or elsewhere in the prescribing information:

- Risk of Thyroid C-Cell Tumors [see Warnings and Precautions (5.3)]
- Acute Pancreatitis [see Warnings and Precautions (5.2)]
- Acute Gallbladder Disease [see Warnings and Precautions (5.3)]
- Risk for Hypoglycemia with Concomitant Use of Anti-Diabetic Therapy [see Warnings and Precautions (5.4)]
- Heart Rate Increase [see Warnings and Precautions (5.5)]
- Renal Impairment [see Warnings and Precautions (5.6)]
- Hypersensitivity Reactions [see Warnings and Precautions (5.7)]
- Suicidal Behavior and Ideation [see Warnings and Precautions (5.8)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice.

Saxenda® was evaluated for safety in 5 double-blind, placebo-controlled trials that included 3384 overweight or obese patients treated with Saxenda® for a treatment period up to 56 weeks (3 trials), 52 weeks (1 trial), and 32 weeks (1 trial). All patients received study drug in addition to diet and exercise counseling. Patients received Saxenda® for a mean treatment duration of 45.9 weeks (median, 55.9 weeks). Of these, 1087 Saxenda®-treated patients and 497 placebo-treated patients have been exposed in their original randomized groups beyond the primary endpoint for an additional mean duration of 53.0 weeks (median, 56.9 weeks). Baseline characteristics included a mean age of 47 years, 71% women, 85% white, 39% with hypertension, and 61% with treated hypercholesterolemia. In clinical trials, 9.8% of patients treated with Saxenda® and 4.3% of patients treated with placebo prematurely discontinued treatment as a result of adverse reactions. The most common adverse reactions leading to discontinuation were nausea (2.9% versus 0.2% for Saxenda® and placebo, respectively), vomiting (1.7% versus less than 0.1%), and diarrhea (1.4% versus 0%).

Adverse reactions reported in greater than or equal to 2% of Saxenda®-treated patients and more frequently than in placebo-treated patients are shown in Table 3.

1 Documented symptomatic (defined as documented symptoms of hypoglycemia in combination with a plasma glucose level of less than or equal to 70 mg/dL) severe hypoglycemia (defined as requiring the assistance of another person) occurred in 3 (0.7%) of 422 Saxenda®-treated patients and in none of the 212 placebo-treated patients. Each of these 3 Saxenda®-treated patients was also taking a sulfonylurea. In the same trial, among patients taking a sulfonylurea, documented symptomatic hypoglycemia (defined as documented symptoms of hypoglycemia in combination with a plasma glucose level of less than or equal to 70 mg/dL) occurred in 48 (43.6%) of 110 Saxenda®-treated patients and 15 (27.3%) of 55 placebo-treated patients. The doses of sulfonylureas were reduced by 50% at the beginning of the trial per protocol. The frequency of hypoglycemia may be higher if the dose of sulfonylurea is not reduced. Among patients not taking a sulfonylurea, documented symptomatic hypoglycemia occurred in 49 (15.7%) of 312 Saxenda®-treated patients and 12 (7.6%) of 157 placebo-treated patients.

In Saxenda® clinical trials involving patients without type 2 diabetes mellitus, there was no systematic capturing or reporting of hypoglycemia, as patients were not provided with blood glucose meters. Spontaneously reported symptomatic episodes of unconfirmed hypoglycemia were reported by 46 (1.6%) of 2962 Saxenda®-treated patients and 19 (1.1%) of 1729 placebo-treated patients. Fasting plasma glucose values obtained at routine clinic visits less than or equal to 70 mg/dL, irrespective of hypoglycemic symptoms, were reported as “hypoglycemia” in 92 (3.1%) Saxenda®-treated patients and 13 (0.8%) placebo-treated patients.
Gastrointestinal Adverse Reactions

In the clinical trials, approximately 68% of Saxenda®-treated patients and 39% of placebo-treated patients reported gastrointestinal disorders, the most frequently reported was nausea (39% and 14% of patients treated with Saxenda® and placebo, respectively). The percentage of patients reporting nausea declined as treatment continued. Other common adverse reactions that occurred at a higher incidence among Saxenda®-treated patients included diarrhea, constipation, dyspepsia, upper abdominal pain, mouth, gastritis, gastroesophageal reflux disease, flatulence, eructation and abdominal distension. Most episodes of gastrointestinal events were mild or moderate and did not lead to discontinuation of therapy (0.2% with Saxenda® versus 0.8% with placebo discontinued continued treatment). As a result of gastrointestinal adverse reactions, there have been reports of gastrointestinal adverse reactions, such as nausea, vomiting, and diarrhea, associated with volume depletion and renal impairment [see Warnings and Precautions (5.6)].

Anemia, Fatigue, Malaria, Dyspepsia and Dizziness

Events of anemia, fatigue, malaria, dyspepsia and dizziness were mainly reported within the first 2 weeks of treatment with Saxenda® and were often co-reported with gastrointestinal events such as nausea, vomiting, and diarrhea.

Immunogenicity

Patients treated with Saxenda® may develop anti-liraglutide antibodies. Anti-liraglutide antibodies were detected in 42 (2.4%) of 1505 Saxenda®-treated women with a mean time on treatment of uncertain size, it is not always possible to reliably estimate their clinical significance of elevations in lipase or amylase. Serum lipase and amylase were routinely measured in the clinical trials. Systolic blood pressure decreases to less than 80 mmHg were observed in 4 (0.1%) Saxenda®-treated patients compared with the incidence of antibodies of other products. Patients treated with Saxenda® may develop anti-liraglutide antibodies. Anti-liraglutide antibodies were detected in 42 (2.4%) of 1505 Saxenda®-treated women with a mean time on treatment of uncertain size, it is not always possible to reliably estimate their clinical significance of elevations in lipase or amylase. Serum lipase and amylase were routinely measured in the clinical trials. Systolic blood pressure decreases to less than 80 mmHg were observed in 4 (0.1%) Saxenda®-treated patients compared with the incidence of antibodies of other products. Two positively adjudicated cases of MTC were confirmed by calcitonin values during treatment serum calcitonin less than 20 ng/L, none had calcitonin elevations to 50 ng/L at the end of the trial. Serum Lipase and Amylase

Serum lipase and amylase were routinely measured in the Saxenda® clinical trials. Among Saxenda®-treated patients, 2.1% had a lipase value at anytime during treatment of greater than or equal to 3 times the upper limit of normal compared with placebo. The proportion of patients with calcitonin greater than or equal to 2 times the upper limit of normal at the end of the trial was 1.2% in Saxenda®-treated patients and 0.6% in placebo-treated patients. Calcitonin values greater than 20 ng/L at the end of the trial occurred in 0.5% of Saxenda®-treated patients and 0.2% of placebo-treated patients; among patients with pre-treatment serum calcitonin less than 20 ng/L, none had calcitonin elevations to 50 ng/L at the end of the trial.

Injection site reactions

Injection site reactions were reported in approximately 13.9% of Saxenda®-treated patients and 10.5% of placebo-treated patients. The most common reactions, each reported by 1% to 2.5% of Saxenda®-treated patients and more commonly than by placebo-treated patients, included erythema, pruritus, and rash at the injection site. 0.6% of Saxenda®-treated patients and 0.5% of placebo-treated patients discontinued treatment due to injection site reactions.

Breast Cancer

In Saxenda® clinical trials breast cancer confirmed by adjudication was reported in 14 (0.6%) of 2379 Saxenda®-treated patients compared with 0 (0.0%) of 1384 placebo-treated patients. The majority of cancers were estrogen- and progesterone-receptor positive. There were too few cases to determine whether these cases were related to Saxenda®. In addition, there are insufficient data to determine whether Saxenda® has an effect on pre-existing breast neoplasia.

Papillary Thyroid Cancer

In Saxenda® clinical trials, papillary thyroid carcinoma confirmed by adjudication was reported in 7 (0.2%) of 3291 Saxenda®-treated patients compared with 0 (0.0%) of 1483 placebo-treated patients. Four of these papillary thyroid carcinomas were less than 1 cm in size. The tumor samples were sent for surgical pathology specimens after thyromectomy prompted by findings identified prior to treatment.

Colorectal Neoplasms

In Saxenda® clinical trials, benign colorectal neoplasms (mostly colon adenomas) confirmed by adjudication were reported in 17 (0.5%) of 3291 Saxenda®-treated patients compared with 4 (0.2%) of 1483 placebo-treated patients. Two positively adjudicated cases of malignant colorectal carcinoma were reported in Saxenda®-treated patients (0.1%) and none in placebo-treated patients.

Cardiac Conduction Disorders

In Saxenda® clinical trials, 11 (0.3%) of 3384 Saxenda®-treated patients compared with none of the 1941 placebo-treated patients had a cardiac conduction disorder, reported as first degree atrio-ventricular block, right bundle branch block, or left bundle branch block.

Hypotension

Adverse reactions related to hypotension (that is, reports of hypotension, orthostatic hypotension, circulatory collapse, and decreases or increases in blood pressure) were reported more frequently in Saxenda® (1.1%) compared with placebo (0.5%) in Saxenda® clinical trials. Systolic blood pressure decreases to less than 80 mmHg were observed in 4 (0.1%) Saxenda®-treated patients compared with no placebo-treated patients. One of the Saxenda®-treated patients had hypotension associated with gastrointestinal adverse reactions and renal failure [see Warnings and Precautions (5.6)].

Laboratory Abnormalities

Liver Enzymes

Increases in alanine aminotransferase (ALT) greater than or equal to 10 times the upper limit of normal were observed in 5 (0.15%) Saxenda®-treated patients (two of whom had ALT greater than 25 and 4 times the upper limit of normal) compared to placebo-treated patients during the Saxenda® clinical trials. Because clinical evaluation to exclude alternative causes of ALT and aspartate aminotransferase (AST) increases was not done in most cases, the relationship to Saxenda® is uncertain. Some increases in ALT and AST were associated with other confounding factors (such as gallstones).

Serum Calcitonin

Calcitonin, a biological marker of MTC, was measured throughout the clinical development program [see Warnings and Precautions (5.1)]. More patients treated with Saxenda® in the clinical trials had a pre-treatment calcitonin value greater than 20 ng/L compared with placebo. The proportion of patients with calcitonin greater than or equal to 0.25 mg/kg/day liraglutide beginning 2 weeks before mating through gestation day 17 had estimated systemic exposures 0.8-, 3-, and 11-times the exposure in obese humans at the MRHD based on plasma AUC comparison. The number of early embryonic deaths in the 1 mg/kg/day group increased slightly. Fetal abnormalities and variations in kidneys and blood vessels, irregular ossification of the skull, and a malformation of ossification occurred at doses less than 0.1 mg/kg/day. The incidence of abnormal ossification in offspring at all doses except 0.1 mg/kg/day was 5% in Saxenda®-treated rats. Fetal abnormalities in liraglutide-treated groups exceeding concurrent and historical controls were misshapen orofarynx and/or narrowed opening into larynx at 0.1 mg/kg/day and umbilical defects at 0.1 and 0.2 mg/kg/day. Pregnant rabbits given subcutaneous doses of 0.01, 0.025 and 0.05 mg/kg/day liraglutide from gestation day 6 through day 18 inclusive, had estimated systemic exposures less than the exposure in obese humans at the MRHD of 3 mg/day at all doses, based on plasma AUC comparison. Liraglutide decreased fetal weight and dose-dependently increased the incidence of total major fetal abnormalities at all doses. The incidence of malformations exceeded concurrent and historical controls at 0.01 mg/kg/day (kidneys, scapula), greater than or equal to 0.01 mg/kg/day (eyes, forelimb), 0.025 mg/kg/day (brain, tail and sacral vertebrae, major blood vessels and heart, umbilicus), greater than or equal to 0.025 mg/kg/day (dystrophy) and at 0.05 mg/kg/day (parietal bones, major blood vessels). Irregular ossification and/or skeletal abnormalities occurred in the thoracic and rib sterna, pelvis, tail, and scapula; and dose-dependent minor skeletal variations were observed. Visceral abnormalities occurred in blood vessels, lung, liver, and esophagus. Bilobed or bifurcated gallbladder was seen in all treatment groups, but not in the control group.

In pregnant female rats given subcutaneous doses of 0.1, 0.25 and 1 mg/kg/day liraglutide from gestation day 6 through weaning or termination of nursing on lactation day 24, estimated systemic exposures were 8.0-, 3.0- and 15-times the exposure in obese humans at the MRHD based on plasma AUC comparison. There was a slight delay in parturition was observed in the majority of treated rats. Group mean body weight of neonatal rats from liraglutide-treated dams was lower than neonatal rats from control group dams. Bloody scabs and agitated behavior occurred in male rats descended from dams treated with 1 mg/kg/day liraglutide. Group mean body weight of fetuses at birth to parturition day 14 tended lower in F2 generation rats descended from liraglutide-treated rats.
Saxenda® (liraglutide [rDNA origin] injection)

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
Liraglutide is an acylated human glucagon-like peptide-1 (GLP-1) receptor agonist with 53 amino acid sequence homology to endogenous human GLP-1 (7-37). Like endogenous GLP-1, liraglutide binds to and activates the GLP-1 receptor, a cell surface receptor coupled to adenylyl cyclase activation through the stimulatory G-protein, Gs. Endogenous GLP-1 has a half-life of 1.5-2 minutes due to degradation by the ubiquitous endogenous enzymes, dipeptidyl peptidase 4 (DPP-4) and neutral endopeptidases (NEP). Unlike native GLP-1, liraglutide is stable against metabolic degradation by both peptidases and has a plasma half-life of 13 hours due to subcutaneous administration. The pharmacokinetic profile of liraglutide, which makes it suitable for once-daily administration, is a result of self-association that delays absorption, plasma protein binding, and stability against metabolic degradation by DPP-4 and NEP.

GLP-1 is a physiological regulator of appetite and calorie intake, and the GLP-1 receptor is present in several areas of the brain known to regulate appetite, specific brain regions mediating the effects of liraglutide on appetite were not identified in rats.

12.2 Pharmacodynamics
Liraglutide lowers body weight through decreased calorie intake. Liraglutide does not increase 24-hour energy expenditure. As with other GLP-1 receptor agonists, liraglutide stimulates insulin secretion and reduces glucagon secretion in a glucose-dependent manner. These effects can lead to a reduction of blood glucose. Cardiac Electrophysiology (QTc) in healthy volunteers
The effect of liraglutide on cardiac repolarization was tested in a QTc study. Liraglutide at steady-state concentrations after daily dosing did not produce QTc prolongation. In vitro assessment of drug−drug interactions
Liraglutide did not change the overall exposure (AUC) of acetaminophen (500 mg), digoxin (1 mg), or levonorgestrel (500 mg with liraglutide at steady state). Griseofulvin Cmax increased by 50-80% while median T max did not change. Liraglutide did not change the overall exposure (AUC) of griseofulvin 500 mg with liraglutide at steady state. No pharmacokinetic interaction was observed between liraglutide and insulin detemir when separate injections of liraglutide 3 mg and insulin detemir 0.5 Unit/kg (single-dose) and liraglutide 1.8 mg/day, the effect on rate of gastric emptying was equivalent between liraglutide 1.8 mg and 3 mg (acetaminophen AUC500min). Administration of the interacting drugs was limited so that Cmax of liraglutide (8-12 h) would coincide with the absorption peak of the co-administered drugs.

Dose−Drug Interactions
The drug-drug interaction studies were performed at steady state using liraglutide 3 mg and the interacting drugs administered 8 hours after the dose of liraglutide at steady state. Liraglutide did not change the overall exposure (AUC) of digoxin 1 mg by 12% and 13%, respectively. There was no effect of liraglutide on the overall exposure (AUC) of ethinylestradiol. Liraglutide increased the levonorgestrel AUC∞ by 18%. Liraglutide delayed T max for both ethinylestradiol and levonorgestrel by 1.5 h.

Drug Interactions

in vivo assessment of drug−drug interactions
Liraglutide has low potential for pharmacokinetic drug-drug interactions related to cytochrome P450 (CYP) and plasma protein binding.

12.3 Pharmacokinetics
Absorption - Following subcutaneous administration, maximum concentrations of liraglutide are achieved at 11 hours post dosing. The average liraglutide steady state concentration (AUCτ-∞) reached approximately 116 ng/mL in obese (BMI 30-40 kg/m²) subjects following administration of Saxenda®. Liraglutide exposure increased proportionally in the dose range of 0.6 mg to 3 mg. The intra-subject coefficient of variation for liraglutide T max was 3751.2 Daltons. The structural formula (Figure 1) is:

Figure 1. Structural Formula of Liraglutide
Saxenda® is a clear, colorless solution. Each 1 mL of Saxenda® solution contains 6 mg of liraglutide and the following inactive ingredients: disodium phosphate dihydrate, 142 mg, propylene glycol, 14 mg; phenol, 5.5 mg; and water for injection. Each pre-filled pen contains a 3 mL solution of Saxenda® equivalent to 18 mg liraglutide (free-base, anhydrous).
13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

A 104-week carcinogenicity study was conducted in male and female CD-1 mice at doses of 0.03, 0.2, 1, and 3 mg/kg/day liraglutide administered by bolus subcutaneous injection yielding systemic exposures 0.2-, 2-, 10-, and 43-times the exposure in obese humans (steady state) were administered to patients with type 2 diabetes mellitus. Patients with type 2 diabetes mellitus were excluded. All patients were first evaluated in a 2-week screening period, and those expected in the general population.

Table 4 presents the results for the changes in weight observed in Studies 1, 2, and 3. For Study 2, patients treated with Saxenda® achieved 5% and 10% weight loss compared to placebo with 4% and 6% weight loss in the placebo group, respectively.

Table 4. Changes in Weight at Week 56 for Studies 1, 2, and 3

<table>
<thead>
<tr>
<th>Study 1 (Obesity or overweight with comorbidity)</th>
<th>Study 2 (Type 2 diabetes with obesity or overweight)</th>
<th>Study 3 (Obesity or overweight with comorbidity following at least 5% weight loss with diet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saxenda®</td>
<td>Placebo</td>
<td>Saxenda®</td>
</tr>
<tr>
<td>N=2487</td>
<td>N=1244</td>
<td>N=423</td>
</tr>
<tr>
<td>Baseline mean (SD) (kg)</td>
<td>106.2</td>
<td>106.2</td>
</tr>
<tr>
<td>Percent change from baseline (LSMean)</td>
<td>-7.4</td>
<td>-3.0</td>
</tr>
<tr>
<td>% of Patients losing greater than or equal to 5% body weight</td>
<td>62.3%</td>
<td>34.4%</td>
</tr>
<tr>
<td>Difference from placebo (LSMean) (95% CI)</td>
<td>-4.5 (5.2; -3.8)</td>
<td>-3.7 (4.7; -2.7)</td>
</tr>
<tr>
<td>% of Patients losing greater than or equal to 5% body weight</td>
<td>33.9%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Difference from placebo (LSMean) (95% CI)</td>
<td>18.5% (15.2; 21.7)</td>
<td>16.9% (11.7; 22.1)</td>
</tr>
</tbody>
</table>

SD = Standard Deviation; CI = Confidence Interval

*p < 0.0001 compared to placebo. Type 1 error was controlled across the three endpoints.

Includes all randomized subjects who had a baseline body weight measurement. All available body weight data during the 56 week treatment period are included in the analysis. In Studies 1 and 2 missing values for week 56 were handled using multiple imputations analysis. In Study 3 missing values for week 56 were handled using weighted regression analysis.

The cumulative frequency distributions of change in body weight from baseline to week 56 are shown in Figure 2 for Studies 1 and 2. One way to interpret this figure is to select a change in body weight of interest on the horizontal axis and note the corresponding cumulative frequency. The cumulative frequency distributions of change in body weight from baseline to week 56 are shown in Figure 2 for Studies 1 and 2. One way to interpret this figure is to select a change in body weight of interest on the horizontal axis and note the corresponding cumulative frequency.
The time courses of weight loss with Saxenda® and placebo from baseline through week 56 are depicted in Figures 3 and 4.

**Effect of Saxenda® on Anthropometry and Cardiometabolic Parameters**

Changes in waist circumference and cardiometabolic parameters with Saxenda® are shown in Table 5 for Study 1 (patients without diabetes mellitus) and Table 6 for Study 2 (patients with type 2 diabetes). Results from Study 3, which also enrolled patients without diabetes mellitus, were similar to Study 1.

Table 5. Mean Changes in Anthropometry and Cardiometabolic Parameters in Study 1 (Patients without Diabetes)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Saxenda® (N = 423)</th>
<th>Placebo (N = 1244)</th>
<th>Saxenda® minus Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Change from Baseline</td>
<td>Change from Baseline</td>
<td>Relative Difference</td>
</tr>
<tr>
<td>Waist Circumference (cm)</td>
<td>-8.2</td>
<td>-4.0</td>
<td>-4.2</td>
</tr>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>-4.3</td>
<td>-1.5</td>
<td>-2.8</td>
</tr>
<tr>
<td>Diastolic blood pressure (mmHg)</td>
<td>-2.7</td>
<td>-0.9</td>
<td>-0.9</td>
</tr>
<tr>
<td>Heart Rate (bpm)</td>
<td>2.5</td>
<td>2.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Total Cholesterol (mg/dL)*</td>
<td>-3.2</td>
<td>-0.9</td>
<td>-2.3</td>
</tr>
<tr>
<td>LDL Cholesterol (mg/dL)*</td>
<td>-3.1</td>
<td>-0.7</td>
<td>-2.4</td>
</tr>
<tr>
<td>HDL Cholesterol (mg/dL)*</td>
<td>2.3</td>
<td>0.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Triglycerides (mg/dL)*</td>
<td>-3.0</td>
<td>-4.0</td>
<td>-1.0</td>
</tr>
</tbody>
</table>

Based on last observation carried forward method while on study drug

1. Least squares mean adjusted for treatment, country, sex, pre-diabetes status at screening, baseline BMI stratum and an interaction between pre-diabetes status at screening and BMI stratum as fixed factors, and the baseline value as covariate.

2. Baseline value is the geometric mean

3. Baseline value is median, median % change, and the Hodges-Lehmann estimate of the median treatment difference.

Table 6. Mean Changes in Anthropometry and Cardiometabolic Parameters in Study 2 (Patients with Diabetes Mellitus)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Saxenda® (N = 212)</th>
<th>Placebo (N = 632)</th>
<th>Saxenda® minus Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Change from Baseline</td>
<td>Change from Baseline</td>
<td>Relative Difference</td>
</tr>
<tr>
<td>Waist Circumference (cm)</td>
<td>-6.0</td>
<td>-2.8</td>
<td>-3.2</td>
</tr>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>-3.0</td>
<td>-0.4</td>
<td>-2.6</td>
</tr>
<tr>
<td>Diastolic blood pressure (mmHg)</td>
<td>-1.0</td>
<td>-0.6</td>
<td>-0.4</td>
</tr>
<tr>
<td>Heart Rate (bpm)</td>
<td>2.0</td>
<td>-1.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Total Cholesterol (mg/dL)*</td>
<td>-1.4</td>
<td>-2.4</td>
<td>-1.0</td>
</tr>
<tr>
<td>LDL Cholesterol (mg/dL)*</td>
<td>0.9</td>
<td>3.3</td>
<td>2.3</td>
</tr>
<tr>
<td>HDL Cholesterol (mg/dL)*</td>
<td>4.8</td>
<td>1.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Triglycerides (mg/dL)*</td>
<td>-14.5</td>
<td>-13.5</td>
<td>-1.0</td>
</tr>
</tbody>
</table>

Based on last observation carried forward method while on study drug

1. Least squares mean adjusted for treatment, country, sex, background treatment, baseline HbA1c stratum and an interaction between background treatment and HbA1c stratum as fixed factors, and the baseline value as covariate.

2. Baseline value is the geometric mean

1. Least squares mean adjusted for treatment, country, sex, pre-diabetes status at screening, baseline BMI stratum and an interaction between pre-diabetes status at screening and BMI stratum as fixed factors, and the baseline value as covariate.

2. Baseline value is median, median % change, and the Hodges-Lehmann estimate of the median treatment difference.
**Medication Guide**

**Saxenda® (liraglutide [rDNA origin] injection)**

Read this Medication Guide and Patient Instructions for Use that come with Saxenda® before you start using Saxenda® and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking with your healthcare provider about your medical condition or your treatment. If you have questions about Saxenda® after reading this information, ask your healthcare provider or pharmacist.

**What is the most important information I should know about Saxenda®?**

Serious side effects may happen in people who take Saxenda®, including:

1. **Possible thyroid tumors, including cancer.** During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

   - Before you start taking Saxenda®, tell your healthcare provider if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2. Do not take Saxenda® if you or any of your family members have medullary thyroid cancer, or if you have Multiple Endocrine Neoplasia syndrome type 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®.

   - While taking Saxenda®, tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

2. **Inflammation of the pancreas (pancreatitis),** which may be severe and lead to death.

Before taking Saxenda®, tell your healthcare provider if you have had:

- pancreatitis
- stones in your gallbladder (gallstones)
- a history of alcoholism
- high blood triglyceride levels

These medical conditions can make you more likely to get pancreatitis in general. It is not known if having these conditions will lead to a higher chance of getting pancreatitis while taking Saxenda®.

While taking Saxenda®:

Stop taking Saxenda® and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

**What is Saxenda®?**

**Saxenda®** is an injectable prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off.

- **Saxenda®** should be used with a reduced calorie diet and increased physical activity.
- **Saxenda®** is not for the treatment of type 2 diabetes mellitus.
- Saxenda® and Victozza® have the same active ingredient, liraglutide. Saxenda® and Victozza® should not be used together.
- Saxenda® should not be used with other GLP-1 receptor agonist medicines.
- Saxenda® and insulin should not be used together.
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children.

**Who should not use Saxenda®?**

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda®. See the end of this Medication Guide for a complete list of ingredients in Saxenda®.

Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat
- fainting or feeling dizzy
- very rapid heartbeat
- problems breathing or swallowing
- severe rash or hives

Talk with your healthcare provider if you are not sure if you have any of these conditions.

- are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby.

**What should I tell my healthcare provider before using Saxenda®?**

Before taking Saxenda®, tell your healthcare provider if you:

- have any of the conditions listed in the section “What is the most important information I should know about Saxenda®?”
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda®. See the end of this Medication Guide for a list of ingredients in Saxenda®.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had kidney or liver problems.
- have any other medical conditions.
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®.

- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first.

Tell your healthcare provider about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take other diabetes medicines, especially sulfonylurea medicines or insulin.

Know the medicines you take. Keep a list of them with you to show your healthcare provider and pharmacist each time you get a new medicine.

**How should I use Saxenda®?**

Use Saxenda® exactly as prescribed by your healthcare provider. Your dose should be increased after using Saxenda® for 1 week until you reach the mg dose. After that, do not change your dose unless your healthcare provider tells you.

Saxenda® is injected 1 time each day, at any time during the day. You can take Saxenda® with or without food.

- Your doctor should start you on a diet and exercise program when you start taking Saxenda®. Stay on this program while you are taking Saxenda®. Saxenda® comes in a prefilled pen.

Your healthcare provider must teach you how to inject Saxenda® before you use it for the first time. If you have questions or do not understand the instructions, talk to your healthcare provider or pharmacist. See the Patient Instructions for Use that come with this Medication Guide for detailed information about the right way to use your Saxenda® pen.

Pen needles are not included. Use the Saxenda® pen with Novo Nordisk disposable needles. You may need a prescription to get pen needles from your pharmacist. Ask your healthcare provider which needle size is best for you.

- When starting a new prefilled Saxenda® pen, you must follow the “Check the Saxenda® flow with each new pen” (see the detailed Patient Instructions for Use that comes with this Medication Guide). You only need to do this 1 time with each new pen. You should also do this if you drop your pen. If you do the “Check the Saxenda® flow with each new pen” before each injection, you will run out of medicine too soon.

Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle.

- If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting.

- If you miss your daily dose of Saxenda®, use Saxenda® as soon as you remember. Then take your next daily dose as usual on the following day. Do not take an extra dose of Saxenda® or increase your dose on the following day to make up for your missed dose. If you miss your dose of Saxenda® 3 days or more, call your healthcare provider to talk about how to restart your treatment.

- Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.

**What are the possible side effects of Saxenda®?**

Saxenda® may cause serious side effects, including:

- possible thyroid tumors, including cancer. See “What is the most important information I should know about Saxenda®?”

- inflammation of the pancreas (pancreatitis). See “What is the most important information I should know about Saxenda®?”

- gallbladder problems. Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:

  - pain in your upper stomach (abdomen)
  - fever
  - yellowing of your skin or eyes (jaundice)
  - clay-colored stools

- low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus. Saxenda® can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylurias). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include:

  - shakiness
  - confusion
  - sweating
  - headache
  - drowsiness
  - weakness
  - dizziness
  - fainting or feeling dizzy
  - very rapid heartbeat
  - feeling jittery
  - hunger
  - heartburn
  - nausea
  - breathlessness

Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®.

- increased heart rate. Saxenda® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®.

- kidney problems (kidney failure). Saxenda® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink or keep fluids.

- serious allergic reactions. Serious allergic reactions can happen with Saxenda®. Stop using Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See “Who should not use Saxenda®?”
depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

Common side effects of Saxenda® include:
- nausea
- diarrhea
- constipation
- low blood sugar (hypoglycemia)
- vomiting
- headache
- decreased appetite
- upset stomach
- tiredness
- dizziness
- stomach pain
- changes in enzyme (lipase) levels in your blood

Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the side effects of Saxenda®. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.

General information about the safe and effective use of Saxenda®.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Saxenda® for a condition for which it was not prescribed. Do not give Saxenda® to other people, even if they have the same symptoms you have. It may harm them.

This Medication Guide summarizes the most important information you should know about using Saxenda®. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about Saxenda® that is written for health professionals.

For more information, go to saxenda.com or call 1-844-363-4448.

What are the ingredients in Saxenda®?

Active Ingredient: liraglutide

Inactive Ingredients: disodium phosphate dihydrate, propylene glycol, phenol and water for injection

For more information go to www.saxenda.com
Saxenda® (liraglutide [rDNA origin] injection) Medication Guide

Instructions for Use

• Read these instructions carefully before using your Saxenda® pen.
• Do not use your pen without proper training from your healthcare provider. Make sure that you know how to give yourself an injection with the pen before you start your treatment.

If you are blind or have poor eyesight and cannot read the dose counter on the pen, do not use this pen without help. Get help from a person with good eyesight who is trained to use the Saxenda® pen.

You can refresh your training at any time by watching the online training video at www.saxenda.com.

• Start by checking your pen to make sure that it contains Saxenda®, then look at the pictures below to get to know the different parts of your pen and needle.
• Your pen is a prefilled dial-a-dose pen. It contains 18 mg of liraglutide, and you can select doses of 0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg and 3 mg. Your pen is made to be used with NovoFine® or NovoTwist® disposable needles up to a length of 8 mm.

Saxenda® pen and needle (example)

Pen scale Pen window Dose counter Dose selector

Pen cap

Flow check symbol

NovoFine®

Outer needle cap Inner needle cap Needle Paper tab

NovoTwist®

Outer needle cap Inner needle cap Needle Paper tab

Step 1. Prepare your pen with a new needle
• Wash your hands with soap and water.
• Check the name and colored label of your pen, to make sure that it contains Saxenda®. This is especially important if you take more than 1 type of medicine.
• Pull off the pen cap.

• Check that Saxenda® in your pen is clear and colorless. Look through the pen window. If Saxenda® looks cloudy, do not use the pen.

• Take a new needle, and tear off the paper tab.

• Push the needle straight onto the pen. Turn until it is on tight.

• Pull off the outer needle cap. Do not throw it away.

• Pull off the inner needle cap and throw it away. A drop of Saxenda® may appear at the needle tip. This is normal, but you must still check the Saxenda® flow, if you use a new pen for the first time.

• Always use a new needle for each injection. This will prevent contamination, infection, leakage of Saxenda®, and blocked needles leading to the wrong dose.

• Do not attach a new needle to your pen until you are ready to take your injection.

Step 2. Check the Saxenda® flow with each new pen.

• Check the Saxenda® flow before your first injection with each new pen. If your Saxenda® pen is already in use, go to Step 3 “Select your dose”.

• Turn the dose selector until the dose counter shows 0. The 0 must line up exactly with the dose pointer. A drop of Saxenda® will appear at the needle tip.

• If no drop appears, repeat Step 2 above as shown in Figures G and H up to 6 times. If there is still no drop, change the needle and repeat Step 2 as shown in Figures G and H 1 more time.

• Do not use the pen if a drop of Saxenda® still does not appear. Contact Novo Nordisk at 1-844-363-4448.

• Always make sure that a drop appears at the needle tip before you use a new pen for the first time. This makes sure that Saxenda® flows.

If no drop appears, you will not inject any Saxenda®, even though the dose counter may move. This may mean that there is a blocked or damaged needle.

A small drop may remain at the needle tip, but it will not be injected.

Only check the Saxenda® flow before your first injection with each new pen.

Step 3. Select your dose

• Turn the dose selector until the dose counter shows your dose (0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg or 3 mg). Make sure you know the dose of Saxenda® you should use.

If you select the wrong dose, you can turn the dose selector forward or backwards to the correct dose.

• Always use the dose counter and the dose pointer to see how many mg you select. You will hear a “click” every time you turn the dose selector. Do not set the dose by counting the number of clicks you hear.

Do not use the pen scale to set the dose. It does not show exactly how much Saxenda® is left in your pen. Only doses of 0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg or 3 mg can be selected with the dose selector. The selected dose must line up exactly with the dose pointer to make sure that you get a correct dose.

The dose selector changes the dose. Only the dose counter and dose pointer will show how many mg you select for each dose. You can select up to 3 mg each dose. When your pen contains less than 3 mg the dose counter stops before 3 mg is shown. The dose selector clicks differently when turned forward, backwards or past the number of mg left. Do not count the pen clicks.

• To see how much Saxenda® is left, use the dose counter. Turn the dose selector until the dose counter stops. If it shows 3, at least 3 mg are left in your pen. If the dose counter stops before 3 mg, there is not enough Saxenda® left for a full dose of 3 mg.

If you need more Saxenda® than what is left in your pen
Only if trained or told by your healthcare provider, you may split your dose between your current pen and a new pen. Use a calculator to plan the doses as instructed by your healthcare provider.

Be very careful to calculate correctly. If you are not sure how to split your dose using 2 pens, then select and inject the dose you need with a new pen.

Step 4. Inject your dose

• Insert the needle into your skin as your healthcare provider has shown you.

• Make sure you can see the dose counter. Do not cover it with your fingers. This could stop the injection.
How to identify a blocked or damaged needle?

- Press and hold down the dose button until the dose counter shows 0. The 0 must line up with the dose pointer. You may then hear or feel a click.

- Keep the needle in your skin after the dose counter has returned to 0 and count slowly to 6.

- If the needle is removed earlier, you may see a stream of Saxenda® coming from the needle tip. If this happens, the full dose will not be delivered.

- Remove the needle from your skin. If blood appears at the injection site, press lightly. Do not rub the area.

- Always watch the dose counter to know how many mg you inject. Hold the dose button down until the dose counter shows 0.

How to handle a blocked needle?

- If 0 does not appear in the dose counter after continuously pressing the dose button, you may have used a blocked or damaged needle.

- If this happens you have not received any Saxenda® even though the dose counter has moved from the original dose that you have set.

How to identify a blocked needle?

- If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:
  - made of a heavy-duty plastic
  - can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out upright and stable during use
  - leak-resistant
  - properly labeled to warn of hazardous waste inside the container

- When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about the safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA’s website at: http://www.fda.gov/safesharpsdisposal

- Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

- Safely dispose of Saxenda® that is out of date or no longer needed.

Step 5. After your injection

- Carefully remove the needle from the pen. Do not put the needle caps back on the needle, to avoid needle sticks.

- Place the needle in a sharps container right away to reduce the risk of needle sticks.

- Put the pen cap on your pen after each use to protect Saxenda® from light.

- If you do not have a sharps container, follow a 1-handed needle recapping method. Carefully slip the needle into the outer needle cap. Dispose of the needle in a sharps container as soon as possible.

- Never try to put the inner needle cap back on the needle. You may stick yourself with the needle. Always remove the needle from your pen. This prevents contamination, infection, leakage of Saxenda®, and blocked needles leading to the wrong dose. If the needle is blocked, you will not inject any Saxenda®

- Always dispose of the needle after each injection.

- Do not throw away in the household trash. Put the needle and any empty Saxenda® pen or any pen used for 30 days still containing Saxenda® in a FDA-cleared sharps disposal container right after use.

- If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:
  - made of a heavy-duty plastic
  - can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out upright and stable during use
  - leak-resistant
  - properly labeled to warn of hazardous waste inside the container

- When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about the safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA’s website at: http://www.fda.gov/safesharpsdisposal

- Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

- Safely dispose of Saxenda® that is out of date or no longer needed.

- The Saxenda® pen you are using should be thrown away after 30 days, even if it still has Saxenda® left in it.

- Do not freeze Saxenda®. Do not use Saxenda® if it has been frozen.

- Unused Saxenda® pens may be used until the expiration date printed on the label, if kept in the refrigerator.

- Keep Saxenda® away from heat and out of the light.

Important

- Caregivers must be very careful when handling used needles to prevent needle sticks and cross infection.

- Never use a syringe to withdraw Saxenda® from your pen.

- Always carry an extra pen and new needles with you, in case of loss or damage.

- Always keep your pen and needles out of reach of others, especially children.

- Do not share your Saxenda® pen or needles with anyone else. You may give an infection to them or get an infection from them.

- Always keep your pen with you. Do not leave it in a car or other place where it can get too hot or too cold.

Caring for your pen

- Do not drop your pen or knock it against hard surfaces. If you drop it or suspect a problem, attach a new needle and check the Saxenda® flow before you inject.

- Do not try to repair your pen or pull it apart.

- Do not expose your pen to dust, dirt or liquid.

- Do not wash, soak, or lubricate your pen. If necessary, clean it with mild detergent on a moistened cloth.

How should I store my Saxenda® pen?

- Store your new, unused Saxenda® pens in the refrigerator at 36°F to 46°F (2°C to 8°C).

- Store your pen in use for 30 days at 59°F to 86°F (15°C to 30°C) or in a refrigerator at 36°F to 46°F (2°C to 8°C).

This Medication Guide and Instructions for Use have been approved by the U.S. Food and Drug Administration.

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