Saxenda® (liraglutide injection) 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:[1]

- 30 kg/m^2 or greater (obesity), or
- 27 kg/m^2 or greater (overweight) in the presence of at least one weight-related comorbidity (e.g., hypertension, type 2 diabetes, or dyslipidemia) and who have failed a previous weight management intervention.

Visit SaxendaHCP.ca to find out more about Saxenda®

novo nordisk®

Pr Saxenda®
liraglutide injection

Consider Saxenda® today!

If patients do not tolerate an increased dose during dose escalation, each step in the dose escalation can be delayed up to 7 days.

QD = once daily.

Encourage your patients to enrol in SaxendaCare®

A **FREE** 40-week patient support program to help patients on Saxenda® work towards their weight-management goals.

Patients can enrol by visiting **SaxendaCare.ca**

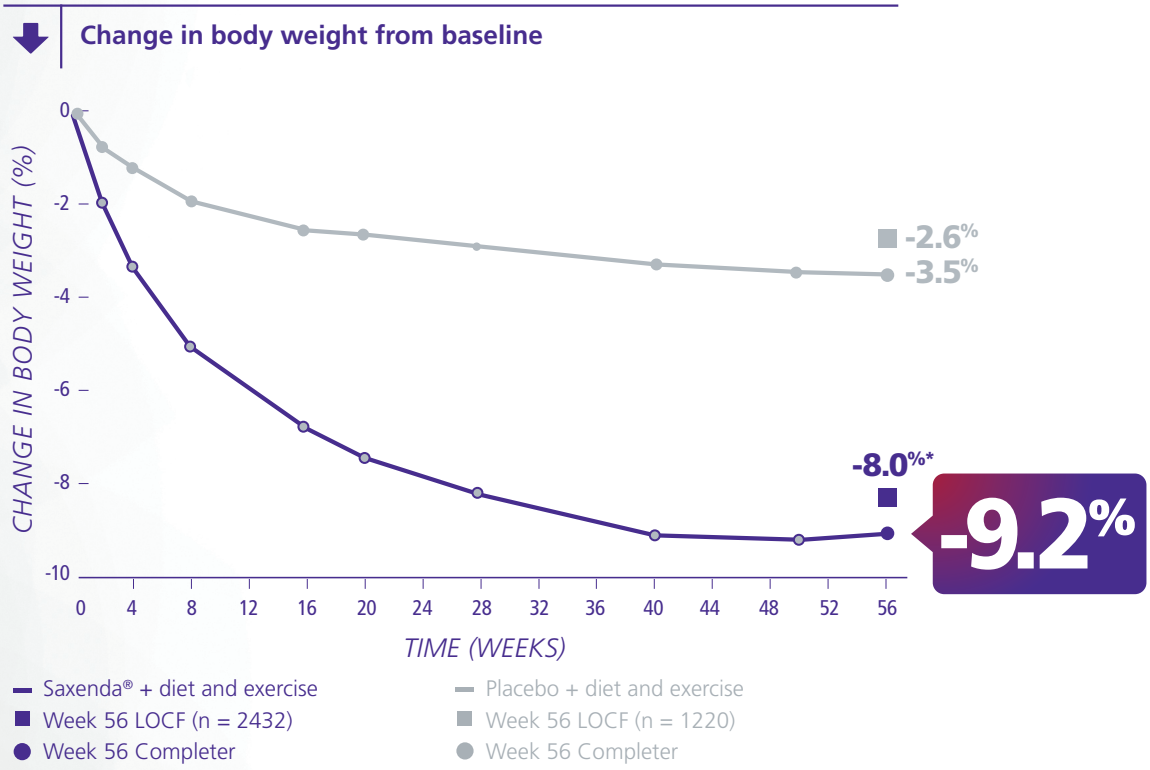
The SaxendaCare® program is a behavioural weight-management program based on scientifically validated frameworks. SaxendaCare® can help your patients make sustainable lifestyle changes, such as regular physical activity and healthy eating, by providing them with support and resources within 6 key areas:

My Medicine	Motivation	Nutrition	Being Active	Coping Strategies	Weight Maintenance
Weeks 1–4	Weeks 7–12	Weeks 14–21	Weeks 22–24	Weeks 26–34	Weeks 36–40

Every week, the program provides practical tips and strategies to help patients make small, robust lifestyle changes to guide them towards their weight-management goals.

In a 56-week study, patients with obesity or overweight with ≥ 1 weight-related comorbidity (without diabetes) achieved:

Superior weight loss with Saxenda® vs. placebo[1]



* $p < 0.0001$ vs. placebo.
Adapted from Saxenda® Product Monograph, 2021.[1]
LOCF = last observation carried forward. 74% of patients randomized to Saxenda® (1808 of 2437) completed the trial; 67% treated with placebo (819 of 1225) completed the trial.[1]

In a 160-week study, a subset of patients who had abnormal glucose measurement at randomization experienced a:

6.2% change in body weight with Saxenda®
(vs. 1.8% with placebo)[1†]

50% of patients randomized to Saxenda® (747 of 1472) and 43% treated with placebo (322 of 738) completed their 160-week weight assessment.

† Baseline values: mean body weight: 107.6 kg (237.2 lb) for Saxenda® vs. 108 kg (238.1 lb) for placebo. Missing data were imputed using the LOCF when calculating percent change from baseline. See the back page for study design.

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In a 56-week study, patients with obesity or overweight with ≥ 1 weight-related comorbidity (without diabetes) experienced:

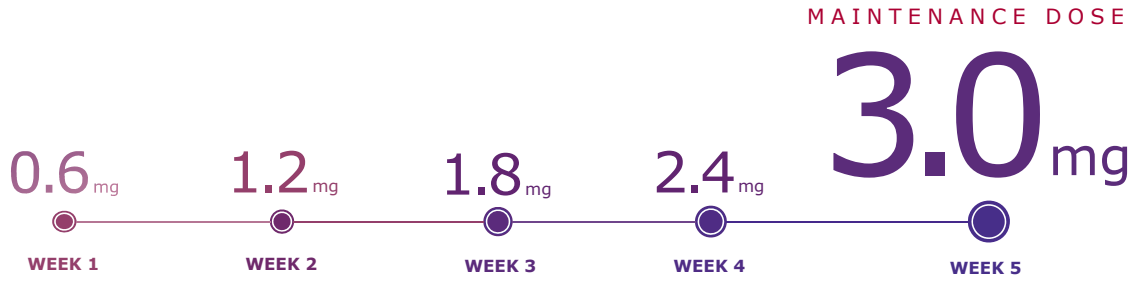
Changes in cardiometabolic parameters (2° endpoints)

	Changes from baseline in:	Saxenda® (n = 2437)	Placebo (n = 1225)
BLOOD GLUCOSE LEVELS	A1C (%)	-0.3	-0.1
	FPG (mmol/L)	-0.4	-0.0
BLOOD PRESSURE	SBP (mmHg)	-4.3	-1.5
	DBP (mmHg)	-2.7	-1.8
BLOOD LIPIDS	Total cholesterol (mmol/L)	-3.2%	-0.9%
	LDL cholesterol (mmol/L)	-3.1%	-0.7%
	HDL cholesterol (mmol/L)	2.3%	0.5%
	Triglycerides (mmol/L)	-13.6%	-4.8%

Adapted from Saxenda® Product Monograph, 2021.[1]
A1C = glycosylated hemoglobin; DBP = diastolic blood pressure; FPG = fasting plasma glucose; HDL = high-density lipoprotein; LDL = low-density lipoprotein; SBP = systolic blood pressure.

Saxenda®: Simple, once-daily dosing at any time of day, independent of meals[1]

Patients should follow a progressive dose escalation to achieve the maintenance dose of 3.0 mg/day



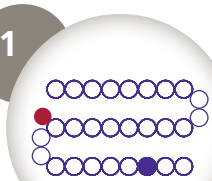
If patients do not tolerate an increased dose during dose escalation, each step in the dose escalation can be delayed up to 7 days.

Treatment with Saxenda® should be discontinued after 12 weeks on the 3.0 mg/day dose if a patient has not lost at least 5% of their initial body weight.

Take a closer look at how Saxenda® works

Saxenda® is an analog of human GLP-1 and acts as a GLP-1 receptor agonist

1



Saxenda® (liraglutide 3 mg) is **97%** similar to natural GLP-1.[1]

2

Saxenda® binds to and activates GLP-1 receptors in the brain involved in appetite regulation.[1]*

3

Saxenda® is considered to increase feelings of satiety and fullness, and decreases hunger.[1]

4

The weight-loss effect of Saxenda® is considered to be mediated by decreased appetite and food intake.[1†]

* Clinical significance has not been established.

† Data from a 5-week pharmacodynamic trial of 49 obese (BMI 30–40 kg/m^2) non-diabetic patients. Appetite sensations were assessed before and up to five hours after a standardized breakfast meal, and *ad libitum* food intake during the subsequent lunch meal.

GLP-1= glucagon-like peptide-1.

Pr Saxenda®
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Consider Saxenda® for chronic weight management in adult patients living with obesity or overweight

Clinical use:
Clinical efficacy and safety data from patients with BMI 27 to 29.9 kg/m2 in the presence of at least one weight-related comorbid condition (e.g. hypertension, type 2 diabetes mellitus, or dyslipidemia) are limited (N=149). Patients ≥ 65 years may experience more gastrointestinal side effects.

Contraindications:
- Personal or family history of medullary thyroid carcinoma (MTC) or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Pregnant or breastfeeding women

Most serious warnings and precautions:
Risk of Thyroid C-Cell Tumours: Liraglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumours in both genders of rats and mice. It is unknown whether liraglutide causes thyroid C-cell tumours, including MTC, in humans. Patients should be counselled regarding the risk and symptoms of thyroid tumours.

Other relevant warnings and precautions:
- Combination use with other weight-loss products has not been established
- Should not be administered intravenously or intramuscularly
- Risk of increased heart rate and PR interval prolongation; monitor consistently with usual clinical practice
- Risk of hypoglycemia in patients with type 2 diabetes mellitus; should not be used together with insulin
- Observe patients carefully for signs and symptoms of acute pancreatitis
- Acute gallbladder disease
- Risk of hypersensitivity and angioedema
- Breast neoplasms
- Avoid use in patients with a history of suicidal attempts or active suicidal ideation
- Caution in patients with recent myocardial infarction, unstable angina, and congestive heart failure
- Not recommended in patients with hepatic insufficiency
- Caution when initiating or escalating doses in patients with renal insufficiency; not recommended in patients with severe renal insufficiency
- Should not be used by patients with inflammatory bowel disease or diabetic gastroparesis

For more information:
Please consult the Product Monograph at https://www.novonordisk.ca/content/dam/nncorp/ca/en/products/saxenda-product-monograph.pdf for more information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece.

The Product Monograph is also available by calling Novo Nordisk at 1-800-465-4334.

A multicentre, randomized, double-blind, placebo-controlled trial evaluating once-daily Saxenda® (n = 2437) compared to placebo (n = 1225), in conjunction with reduced calorie intake (approximately 500 kcal/day deficit) and increased physical activity (recommended increase in physical activity of minimum 150 minutes/week), in patients without diabetes and with a BMI ≥ 30 kg/m², or 27–29.9 kg/m² with at least one weight-related comorbid condition. Saxenda® was titrated to 3 mg daily during a 4-week period. The primary endpoints were mean percent change in body weight and the proportion of patients achieving ≥ 5% and > 10% weight loss from baseline to week 56. Baseline values for Saxenda®/placebo: A1C (%): 5.6/5.6; FPG (mmol/L): 5.3/5.3; SBP (mmHg): 123.0/123.3; DBP (mmHg): 78.7/78.9; total cholesterol (mmol/L): 5.0/5.0; LDL cholesterol (mmol/L): 2.9/2.9; HDL cholesterol (mmol/L): 1.3/1.3; triglycerides (mmol/L): 1.4/1.5. Patients with abnormal blood glucose measurements at randomization were randomized to either Saxenda® (n = 1472) or placebo (n = 738) for a 160-week-long trial.

Reference:
1. Saxenda® Product Monograph. Novo Nordisk Canada Inc. November 3, 2021.

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REVIEWED BY PAAB

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