SEMAGLUTIDE INFORMATION SHEET

This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

Please read the detailed patient information leaflet included with your medication.

Common Questions About the Medication

How much weight can I expect to lose during the first month?
Some patients report a loss of ~5-8 pounds during the first month. Weight loss will increase as you continue the medication. Individual results will vary by person, their diet, and their lifestyle.

When does Semaglutide start to work?
After the initial injection, the effect of appetite suppression often peaks 2-3 days later. A steady low-level appetite suppression follows from there. It will begin to balance out as the dose increases each month.

How does the Semaglutide work?
The medication assists with weight loss by providing an appetite suppressant effect, making you less hungry. Therefore, consuming less calories equals weight loss.

Does this medication have to be refrigerated?
Yes. This medication is cold packaged with dry ice and will keep cold for up to 24 hours.
The medication must be immediately stored in the refrigerator after opening the package.

How do I draw up this medication up?
The medication is shipped with a comprehensive guide for how to draw up a subcutaneous medication.
Rx Harmony's patient success team is available to walk patients through the process.

Possible Side Effects

The most common side effect is Nausea. Other possible side effects include:

- Abdominal pain and distension
- Cholelithiasis
- Constipation
- Decreased appetite
- Diabetic retinopathy complications
- Diarrhea
- Dizziness
- Dyspepsia
- Eructation
- Fatigue
- Flatulence
- Gastritis
- Gastro-oesophageal reflux disease (GORD)
- Hypoglycemia when used with insulin or sulfonylurea
- Hypoglycemia when used with other OADs
- Increased lipase and/or amylase
- Vomiting

Drug Interactions

Semaglutide delays gastric emptying and has the potential to impact the rate of absorption of concomitantly administered oral medicinal products. Semaglutide should be used with caution in patients receiving oral medicinal products that require rapid gastrointestinal absorption.

Pregnancy Risks

Women of childbearing potential are recommended to use contraception when treated with semaglutide. Studies in animals have shown reproductive toxicity.

Physician Administration Guidelines

- Semaglutide is to be injected subcutaneously in the abdomen, thigh, or upper arm.
- It should not be administered intravenously or intramuscularly.
- The dose can be administered (once weekly) at any time of day, with or without meals. If a dose is missed, it should be administered as soon as possible and within 5 days after the missed dose.
- If more than 5 days have passed, the missed dose should be skipped, and the next dose should be administered on the regularly scheduled day.
- In each case, patients can then resume their regular once weekly dosing schedule.
- The day of weekly administration can be changed, if necessary, as long as the time between two doses is at least 3 days (>72 hours). After selecting a new dosing day, once-weekly dosing should be continued.

Duration of Action
Semaglutide has a prolonged half-life of around a week making it suitable for once weekly subcutaneous administration.

Contraindication
Semaglutide is contraindicated in patients who have experienced hypersensitivity to the active substance or to any of the excipients; diabetic ketoacidosis; severe congestive heart failure.

Cautions

- Semaglutide should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.
- Semaglutide is not a substitute for insulin.
- Diabetic ketoacidosis has been reported in insulin-dependent patients who had rapid discontinuation or dose reduction of insulin when treatment with a GLP-1 receptor agonist is started
- Use of GLP-1 receptor agonists may be associated with gastrointestinal adverse reactions. This should be considered when treating patients, with impaired renal function as nausea, vomiting, and diarrhea may cause dehydration which could cause a deterioration of renal function
- Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, semaglutide should be discontinued; if confirmed, semaglutide should not be restarted. Caution should be exercised in patients with a history of pancreatitis.
- In patients with diabetic retinopathy treated with insulin and semaglutide, an increased risk of developing diabetic retinopathy complications has been observed. Caution should be exercised when using semaglutide in patients with diabetic retinopathy treated with insulin. These patients should be monitored closely and treated according to clinical guidelines.
- In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Semaglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined
- Semaglutide 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 potential risk for MTC with the use of Semaglutide 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 Semaglutide