TERDAFTAR DALAM FORMULARIUM OBAT INHEALTH TAHUN 2025[1]

Pada pasien dewasa dengan diabetes Tipe 2, Ketika metformin tidak cukup lagi, gunakan

Ozempic® Seminggu Sekali[2#]

Solusi untuk Efikasi, Proteksi[&] & Simplifikasi Terapi

Kontrol Glikemik yang Efektif [2, 3, 4, 6*]
Hingga 79% pasien mencapai target ADA HbA_{1c} <7% vs. pengobatan diabetes lainnya [2, 3, 4]

Terbukti Menurunkan Risiko Kardiovaskular[2, 4-]
26% penurunan risiko MACE vs. plasebo pada pasien dengan T2D dan risiko kardiovaskular yang tinggi

Penurunan Berat Badan yang Signifikan[2, 3¶+]
Ozempic® 1 mg menunjukkan penurunan berat badan >2x dibandingkan GLP-1 RA lain

* Sebagai tambahan terhadap metformin, metformin dan sulfonilurea, metformin dan insulin basal, atau SGLT-2i
[&] Proteksi dalam bentuk penurunan risiko kardiovaskular sebesar 26% dan stroke non-fatal sebesar 39%. Data dikutip dari SUSTAIN-6 Marso SP et al. N Engl J Med 2016;375:1834–44
\- Hasil berlaku untuk Ozempic® 0,5 mg dan 1 mg ditambah perawatan standar vs plasebo ditambah perawatan standar pada orang dewasa dengan T2D dan sudah memiliki ASCVD
¶ Ozempic® tidak diindikasikan untuk menurunkan berat badan.
\+ Dengan Ozempic 1 mg dibandingkan Dulaglutide 1,5 mg
pada pasien DM tipe 2; DM, diabetes melitus; HbA , glycated haemoglobin; SGLT-2i, sodium-glucose co-transporter-2 inhibitor.
\# Hasil berlaku untuk Ozempic® di seluruh SUSTAIN trials, yang mencakup plasebo, sitagliptin, dulaglutide, exenatide ER, insulin glargine, dan liraglutide.

Gambar yang ditampilkan adalah model, bukan pasien sebenarnya

Ozempic® tersedia dalam 2 macam pena yang mudah digunakan[2]

Label merah

TERMASUK **x6**

Pena *dual-dose* dapat digunakan untuk dosis 0,25 mg dan 0,5 mg

Mengandung 2 mg semaglutide

Label hijau

TERMASUK **x4**

Pena *single-dose* dapat digunakan untuk dosis 1 mg saja

Mengandung 4 mg semaglutide

Peningkatan dosis secara bertahap untuk membantu pasien beradaptasi[2]

START
0,25 mg
untuk 4 minggu pertama

STEP
0,5 mg
untuk minimal 4 minggu

STAY
1 mg
untuk kontrol glikemik tambahan

PEMBERIAN SEMINGGU SEKALI
dengan atau tanpa makan[2]

Untuk pasien berpuasa pada bulan Ramadan, tidak ada penyesuaian dosis yang diperlukan. Waktu penyuntikan disarankan pada saat berbuka[5]

Abbreviated Prescribing Information
Ozempic®: Semaglutide; Solution for injection in pre-filled pen 1.34 mg/ml (1 mg/dose; 0.25 mg, 0.5 mg/dose) Please see local prescribing information for full details prior to prescribing – Prescribing information may vary from country to country. **Presentation:** Clear and colourless or almost colourless, isotonic solution. **Indication:** Ozempic® is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise in addition to metformin, metformin and sulphonylurea, metformin and basal insulin, or sodium-glucose cotransporter 2 (SGLT2) inhibitor. For trial results with respect to combinations, effects on glycaemic control and cardiovascular events, and the populations studied, see special warnings and precautions for use, interaction with other medicinal products and other forms of interaction and pharmacodynamic properties (in the full prescribing information). **Dosage and administration:** The starting dose is 0.25 mg semaglutide once weekly. After 4 weeks the dose should be increased to 0.5 mg once weekly. After at least 4 weeks with a dose of 0.5 mg once weekly, the dose can be increased to 1 mg once weekly to further improve glycaemic control. Semaglutide 0.25 mg is not a maintenance dose. Weekly doses higher than 1 mg are not recommended. When Ozempic® is added to existing metformin therapy or to a SGLT2 inhibitor, the current dose of metformin or SGLT2 inhibitor can be continued unchanged. When Ozempic® is added to existing therapy of sulfonylurea or insulin, a reduction in the dose of sulfonylurea or insulin should be considered to reduce the risk of hypoglycaemia. Self-monitoring of blood glucose is not needed in order to adjust the dose of Ozempic®. Blood glucose self-monitoring is necessary to adjust the dose of sulfonylurea and insulin, particularly when Ozempic® is started and insulin is reduced. A stepwise approach to insulin reduction is recommended. *Missed dose:* 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. *Changing the dosing day:* 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. *Elderly:* NNo dose adjustment is required based on age. Therapeutic experience in patients ≥75 years of age is limited. *Renal impairment:* No dose adjustment is required for patients with mild, moderate or severe renal impairment. Experience with the use of semaglutide in patients with severe renal impairment is limited. Semaglutide is not recommended for use in patients with end-stage renal disease. *Hepatic impairment:* No dose adjustment is required for patients with hepatic impairment. Experience with the use of semaglutide in patients with severe hepatic impairment is limited. Caution should be exercised when treating these patients with semaglutide. *Paediatric population:* The safety and efficacy of semaglutide in children and adolescents below 18 years have not yet been established. No data are available. *Method of administration:* Subcutaneous use. Ozempic® is to be injected subcutaneously in the abdomen, in the thigh or in the upper arm. The injection site can be changed without dose adjustment. Ozempic® should not be administered intravenously or intramuscularly. Ozempic® is to be administered once weekly at any time of the day, with or without meals. **Contraindication:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** • 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 whom had rapid discontinuation or dose reduction of insulin when treatment with a GLP-1 receptor agonist is started. • There is no experience in patients with congestive heart failure NYHA class IV and semaglutide is therefore not recommended in these patients. • 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 diarrhoea 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. • Patients treated with semaglutide in combination with a sulfonylurea or insulin may have an increased risk of hypoglycaemia. The risk of hypoglycaemia can be lowered by reducing the dose of sulfonylurea or insulin when initiating treatment with semaglutide. • 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. • This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'. **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. No dose adjustment for concomitant use with paracetamol, oral contraceptives, atorvastatin, digoxin, metformin, warfarin. However, cases of decreased INR have been reported during concomitant use of acenocoumarol and semaglutide. Upon initiation of semaglutide treatment in patients on warfarin or other coumarin derivatives, frequent monitoring of INR is recommended. **Pregnancy and lactation:** Women of childbearing potential are recommended to use contraception when treated with semaglutide. Semaglutide should not be used during pregnancy and breast-feeding. If a patient wishes to become pregnant, or pregnancy occurs, semaglutide should be discontinued. Semaglutide should be discontinued at least 2 months before a planned pregnancy due to the long half-life. **Undesirable effects:** • *Very common (≥1/10):* Hypoglycaemia when used with insulin or sulfonylurea, nausea, diarrhoea. • *Common (≥1/100 to <1/10):* Hypoglycaemia when used with other oral antidiabetics (OAD), decreased appetite, dizziness, diabetic retinopathy complications, vomiting, abdominal pain, abdominal distension, constipation, dyspepsia, gastritis, gastrooesophageal reflux disease, eructation, flatulence, cholelithiasis, fatigue, increased lipase, increased amylase, weight decreased. • *Uncommon (≥1/1,000 to <1/100):* Hypersensitivity, dysgeusia, increased heart rate, acute pancreatitis, delayed gastric emptying, injection site reactions • *Rare (≥1/10,000 to <1/1,000):* Anaphylactic reaction. • *Not known (cannot be estimated from available data):* Angioedema, Intestinal obstruction. **Pack size:** Box of 1 cartridge @ 3 ml in pre-filled pen (1 mg/dose) + 4 NovoFine® Plus needles (Reg. No. DK/216460504 3A1) Box of 1 cartridge @ 1.5 ml in pre-filled pen (0,25 mg; 0,5 mg/dose) + 6 NovoFine® Plus needles (Reg. No.: DK/216460504 3A1) **HARUS DENGAN RESEP DOKTER Further information is available upon request from:** Pondok Indah Office Tower 5, 20th Floor Suite 2004-09 Jl. Sultan Iskandar Muda Kav. V-TA Kebayoran Lama Jakarta Selatan 12310 - Indonesia Telp. +62 21 2958 1000 Fax. +62 21 2932 8040/44 www.novonordisk.com Ozempic® and NovoFine® are trademarks owned by Novo Nordisk A/S, Denmark. **Based on approval date:** 23rd December 2024.

References: 1. PT Asuransi Jiwa Inhealth. Formularium Obat Inhealth 2025 dengan Harga. **2.** Ozempic® Indonesia Prescribing Information 2024 . **3.** Ahren B et al. Lancet Diabetes Endocrinol 2017;5:341-54. **4.** Ahmann AJ et al. Diabetes Care 2018;41:258-66. **5.** Aroda VR et al. Lancet Diabetes Endocrinol 2017;5:355-66. **6.** Pratley RE et al. Lancet Diabetes Endocrinol 2018;6:275-86. **7.** Lingvay I et al. Lancet Diabetes Endocrinol 2019;7:834-44. **8.** Capehorn MS et al. Diabetes Metab 2020;46:100-9. **9.** Marso SP et al. N Engl J Med 2016;375:1834-44. **10.** PP PERKENI. Edukasi Dasar Untuk Pasien Diabetes Mellitus Tipe 2 yang Menjalani Puasa Ramadan. Last accessed 5 October 2022. Available at: https://pbperkeni.or.id/wp-content /uploads/2022/03/ Sinopsis-Tatalaksana-DM-Tipe-2-selama-puasa-Ramadan- PERKENI-2022.pdf. **11.** American Diabetes Association. Diabetes Care. 2022;45(suppl 1):S144-S174

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For Healthcare Professionals Only

ONCE-WEEKLY OZEMPIC semaglutide injection