Semaglutide 25 mg and 50 mg have not been approved by the FDA for the treatment of type 2 diabetes, and their safety and efficacy for the treatment of type 2 diabetes have not been established. There is no guarantee that semaglutide 25 mg or 50 mg will become commercially available for the treatment of type 2 diabetes.
Semaglutide 14 mg and 50 mg have not been approved by the FDA for the reduction of excess body weight in adults with type 2 diabetes, and their safety and efficacy for the reduction of excess body weight in adults with type 2 diabetes have not been established. There is no guarantee that semaglutide 14 mg and 50 mg will become commercially available for the reduction of excess body weight in adults with type 2 diabetes.

PIONEER PLUS:

Efficacy and safety of once-daily oral semaglutide 25 mg and 50 mg compared with 14 mg in adults with type 2 diabetes

A Novo Nordisk-developed overview of Aroda VR et al. Lancet 2023;402(10403):693–704.

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Semaglutide 25 mg: approved indications

PI, prescribing information; OW, once-weekly; QR, quick response; URL, uniform resource locator.

Semaglutide 25 mg and 50 mg have not been approved by the FDA for treatment of type 2 diabetes and the safety and efficacy of semaglutide 25 mg and 50 mg for the treatment of type 2 diabetes have not been established

FDA, Food and Drug Administration.

Box Warning

WARNING: RISK OF THYROID C-CELL TUMORS

- **In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether WEGOVY 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 *[see Warnings and Precautions (5.1), Nonclinical Toxicology (13.1)]*.**
- **WEGOVY is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) *[see Contraindications (4)]*. Counsel patients regarding the potential risk for MTC with the use of WEGOVY 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 WEGOVY *[see Contraindications (4), Warnings and Precautions (5.1)]*.**

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Indications and Usage

Section 1

Indication

WEGOVY injection is indicated in combination with a reduced calorie diet and increased physical activity:

- To reduce the risk of major adverse cardiovascular (CV) events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight.
- To reduce excess body weight and maintain weight reduction long term in:
  - Adults and pediatric patients aged 12 years and older with obesity.
  - Adults with overweight in the presence of at least one weight-related comorbid condition.
- For the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stage F2-F3 fibrosis). This indication is approved under accelerated approval based on improvement of MASH and fibrosis [see Clinical Studies (14.4)]. Continued approval for this indication may be contingent upon the verification and description of clinical benefit in confirmatory trials.

WEGOVY tablets are indicated in combination with a reduced calorie diet and increased physical activity:

- To reduce the risk of major adverse CV events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight.
- To reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults with overweight in the presence of at least one weight-related comorbid condition.

Abbreviations: F, fibrosis; MASH, metabolic dysfunction-associated steatohepatitis.

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Indications and Usage

Section 1

Limitations of use

Concomitant use of WEGOVY (semaglutide) tablets or WEGOVY (semaglutide) injection with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

Abbreviations: GLP-1, glucagon-like peptide-1.

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Contraindications

Section 4

Contraindications

WEGOVY is contraindicated in the following conditions:

- A personal or family history of MTC or in patients with MEN 2 [see Warnings and Precautions (5.1)].
- Known hypersensitivity to semaglutide or any of the excipients in WEGOVY® tablets or WEGOVY® injection [see Warnings and Precautions (5.7)].

MEN 2, multiple endocrine neoplasia syndrome type 2; MTC, medullary thyroid carcinoma.
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Warnings and Precautions

Section 5.1

Risk of Thyroid C-Cell Tumors

In mice and rats, semaglutide caused a dose-dependent and treatment-duration-dependent increase in the incidence of thyroid C-cell tumors (adenomas and carcinomas) after lifetime exposure at clinically relevant plasma exposures [see Nonclinical Toxicology (13.1)]. It is unknown whether WEGOVY causes thyroid C-cell tumors, including MTC, in humans, as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined.

Cases of MTC in patients treated with liraglutide, another GLP-1 receptor agonist, have been reported in the postmarketing period; the data in these reports are insufficient to establish or exclude a causal relationship between MTC and GLP-1 receptor agonist use in humans.

GLP-1, glucagon-like peptide-1; MTC, medullary thyroid carcinoma.
Wegovy® [package insert]. Novo Nordisk Inc.

Warnings and Precautions

Section 5.1

Risk of Thyroid C-Cell Tumors

WEGOVY is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2. Counsel patients regarding the potential risk for MTC with the use of WEGOVY 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 WEGOVY. Such monitoring may increase the risk of unnecessary procedures, due to the low-test specificity for serum calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin value may indicate MTC and patients with MTC usually have calcitonin values greater than 50 ng/L. 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.

Abbreviations: MEN 2, Multiple Endocrine Neoplasia syndrome type 2; MTC , medullary thyroid carcinoma..
Wegovy® [package insert]. Novo Nordisk Inc.

Warnings and Precautions

Section 5.2

Acute Pancreatitis

Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists, including WEGOVY [see Adverse Reactions (6)]. After initiation of WEGOVY, observe patients carefully for signs and symptoms of acute pancreatitis, which may include persistent or severe abdominal pain, (sometimes radiating to the back), and which may or may not be accompanied by nausea or vomiting. If acute pancreatitis is suspected, discontinue WEGOVY and initiate appropriate management.

Abbreviations: GLP-1, glucagon-like peptide-1.
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Warnings and Precautions

Section 5.3

Acute Gallbladder Disease

Treatment with WEGOVY is associated with an increased occurrence of cholelithiasis and cholecystitis. The incidence of cholelithiasis and cholecystitis was higher in WEGOVY injection-treated pediatric patients aged 12 years and older than in WEGOVY injection-treated adults. In randomized clinical trials in adults for weight reduction, cholelithiasis was reported by 1.6% of WEGOVY injection-treated patients and 0.7% of placebo injection-treated patients. Cholecystitis was reported by 0.6% of WEGOVY injection-treated adult patients and 0.2% of placebo injection-treated patients. In a clinical trial in pediatric patients aged 12 years and older for weight reduction, cholelithiasis was reported by 3.8% of WEGOVY injection-treated patients and 0% placebo injection-treated patients. Cholecystitis was reported by 0.8% of WEGOVY injection-treated pediatric patients and 0% placebo injection-treated patients [see Adverse Reactions (6.1)].

Substantial or rapid weight loss can increase the risk of cholelithiasis; however, the incidence of acute gallbladder disease was greater in WEGOVY-treated patients than in placebo-treated patients, even after accounting for the degree of weight loss. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated.

Warnings and Precautions

Section 5.4

Hypoglycemia

WEGOVY lowers blood glucose and can cause hypoglycemia.

In a trial of WEGOVY injection in adult patients with type 2 diabetes and body mass index (BMI) greater than or equal to 27 kg/m^2 for weight reduction (Study 3), hypoglycemia (defined as a plasma glucose less than 54 mg/dL) was reported in more patients treated with WEGOVY versus placebo. One episode of severe hypoglycemia (requiring the assistance of another person) was reported in one WEGOVY-treated patient versus no placebo-treated patients [see Clinical Studies (14.2)].

In glycemic control clinical trials, the risk of hypoglycemia was increased when semaglutide injection or tablet was used concomitantly with insulin or an insulin secretagogue (e.g., sulfonylurea). Patients with diabetes mellitus taking WEGOVY in combination with insulin or an insulin secretagogue may have an increased risk of hypoglycemia, including severe hypoglycemia. The use of WEGOVY in patients with type 1 diabetes mellitus or in combination with insulin has not been evaluated.

Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia. In patients with diabetes, monitor blood glucose prior to starting WEGOVY and during WEGOVY treatment. When initiating WEGOVY, consider reducing the dose of concomitantly administered insulin or insulin secretagogue (such as sulfonylureas) to reduce the risk of hypoglycemia [see Drug Interactions (7.1)].

Abbreviations: BMI, body mass index.

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Warnings and Precautions

Section 5.5 and 5.6

Acute Kidney Injury Due to Volume Depletion

There have been postmarketing reports of acute kidney injury, in some cases required hemodialysis, in patients treated with semaglutide [see Adverse Reactions (6)]. The majority of the reported events occurred in patients who experienced gastrointestinal reactions leading to dehydration such as nausea, vomiting, or diarrhea [see Adverse Reactions (6)].

Monitor renal function in patients reporting adverse reactions to WEGOVY that could lead to volume depletion, especially during dosage initiation and escalation of WEGOVY.

Severe Gastrointestinal Adverse Reactions

Use of WEGOVY has been associated with gastrointestinal adverse reactions, sometimes severe [see Adverse Reactions (6.1)]. In clinical trials for adults for weight reduction, severe gastrointestinal adverse reactions were reported more frequently among patients receiving WEGOVY than placebo. Severe gastrointestinal adverse reactions were reported in 4.1% and 0.9% of WEGOVY-injection and placebo-treated patients, respectively, and in 2% of WEGOVY tablet-treated and 0% of placebo-treated patients, respectively. Severe gastrointestinal adverse reactions have also been reported postmarketing with GLP-1 receptor agonists.
WEGOVY is not recommended in patients with severe gastroparesis.

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Warnings and Precautions

Section 5.7

Hypersensitivity Reactions

Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported with WEGOVY. If hypersensitivity reactions occur, discontinue use of WEGOVY, treat promptly per standard of care, and monitor until signs and symptoms resolve. WEGOVY is contraindicated in patients with a prior serious hypersensitivity reaction to semaglutide or to any of the excipients in WEGOVY [see Adverse Reactions (6.2)].

Anaphylaxis and angioedema have been reported with other GLP-1 receptor agonists. Use caution in a patient with a history of anaphylaxis or angioedema with another GLP-1 receptor agonist because it is unknown whether such patients will be predisposed to these reactions with WEGOVY.

Abbreviations: BMI, body mass index; GLP-1, glucagon-like peptide-1.
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Warnings and Precautions

Section 5.8

Diabetic Retinopathy Complications in Patients with Type 2 Diabetes

In a 2-year trial with semaglutide 0.5 mg and 1 mg once-weekly injection in adult patients with type 2 diabetes and high CV risk, diabetic retinopathy complications (which was a 4-component adjudicated endpoint) occurred in patients treated with semaglutide injection (3%) compared to placebo (1.8%). The absolute risk increase for diabetic retinopathy complications was larger among patients with a history of diabetic retinopathy at baseline (semaglutide injection 8.2%, placebo 5.2%) than among patients without a known history of diabetic retinopathy (semaglutide injection 0.7%, placebo 0.4%).

In a trial of adult patients with type 2 diabetes and BMI greater than or equal to 27 kg/m^2 for weight reduction (Study 3), diabetic retinopathy was reported by 4% of WEGOVY injection-treated patients and 2.7% placebo-treated patients [see Clinical Studies (14.2)].

In a glycemic control trial evaluating a dose comparable to the 9 mg dose and the 25 mg semaglutide tablet dose in patients with type 2 diabetes, a similar proportion of patients in each dose group reported diabetic retinopathy related adverse reactions during the trial; 1.3% and 1.9% of patients in the 9 mg and 25 mg semaglutide group, respectively, reported moderate-severe non-proliferative diabetic retinopathy events, and 0% and 0.4% reported proliferative retinopathy events, respectively.

Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. The effect of long-term glycemic control with semaglutide on diabetic retinopathy complications has not been studied. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy.

Abbreviations: BMI, body mass index; CV, cardiovascular.
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Warnings and Precautions

Section 5.9

Heart Rate Increase

Treatment with WEGOVY was associated with increases in resting heart rate. Mean increases in resting heart rate of 1 to 4 beats per minute (bpm) were observed in WEGOVY injection-treated adult patients compared to placebo in clinical trials for weight reduction. More adult patients treated with WEGOVY injection compared with placebo had maximum changes from baseline at any visit of 10 to 19 bpm (41% versus 34%, respectively) and 20 bpm or more (26% versus 16%, respectively). In a clinical trial in pediatric patients aged 12 years and older with normal baseline heart rate, more patients treated with WEGOVY injection compared to placebo had maximum changes in heart rate of 20 bpm or more (54% versus 39%) [see Adverse Reactions (6.1)]. Findings were similar in a trial with the WEGOVY tablets.

Monitor heart rate at regular intervals consistent with usual clinical practice. Instruct patients to inform their healthcare providers of palpitations or feelings of a racing heartbeat while at rest during WEGOVY treatment. If patients experience a sustained increase in resting heart rate, discontinue WEGOVY.

Bpm, beats per minute; Wegovy® [package insert]. Novo Nordisk Inc.

Warnings and Precautions

Section 5.10

Pulmonary Aspiration During General Anesthesia or Deep Sedation

WEGOVY delays gastric emptying [see Clinical Pharmacology (12.2)]. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations.

Available data are insufficient to inform recommendations to mitigate the risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking WEGOVY, including whether modifying preoperative fasting recommendations or temporarily discontinuing WEGOVY could reduce the incidence of retained gastric contents. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking WEGOVY.

Abbreviations: BMI, body mass index; GLP-1, glucagon-like peptide-1.
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Semaglutide 14 mg: approved indications

PI, prescribing information; OW, once-weekly; QR, quick response; URL, uniform resource locator.

Semaglutide 14mg and 50mg have not been approved by the FDA for the reduction of excess body weight in adults with type 2 diabetes, and the safety and efficacy of semaglutide 14mg and 50mg for the reduction of excess body weight in adults with type 2 diabetes has not been established

FDA, Food and Drug Administration.

Box Warnings

WARNING: RISK OF THYROID C-CELL TUMORS

- **In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether RYBELSUS and OZEMPIC tablets 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 *[see Warnings and Precautions (5.1), Nonclinical Toxicology (13.1)]*.**
- **RYBELSUS and OZEMPIC tablets are contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) *[see Contraindications (4)]*. Counsel patients regarding the potential risk for MTC with the use of RYBELSUS or OZEMPIC tablets 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 RYBELSUS or OZEMPIC tablets *[see Contraindications (4), Warnings and Precautions (5.1)]*.**

Indications and Usage

Section 4

Indication

RYBELSUS and OZEMPIC tablets are indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular (CV) events (CV death, non-fatal myocardial infarction or non-fatal stroke) in adults with type 2 diabetes mellitus who are at high risk for these events.

Contraindications

Section 4

Contraindications

RYBELSUS and OZEMPIC tablets are contraindicated in patients with:

- A personal or family history of medullary thyroid carcinoma (MTC) or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) *[see Warnings and Precautions (5.1)].*
- A prior serious hypersensitivity reaction to semaglutide or to any of the excipients in RYBELSUS or OZEMPIC tablets. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported with semaglutide tablets *[see Warnings and Precautions (5.7)].*

Warnings and Precautions

Section 5.1

Risk of Thyroid C-Cell Tumors

In mice and rats, semaglutide caused a dose-dependent and treatment-duration-dependent increase in the incidence of thyroid C-cell tumors (adenomas and carcinomas) after lifetime exposure at clinically relevant plasma exposures *[see Nonclinical Toxicology (13.1)].* It is unknown whether RYBELSUS and OZEMPIC tablets cause 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.

Cases of MTC in patients treated with liraglutide, another GLP-1 receptor agonist, have been reported in the postmarketing period; the data in these reports are insufficient to establish or exclude a causal relationship between MTC and GLP-1 receptor agonist use in humans.

RYBELSUS and OZEMPIC tablets are contraindicated in patients with a personal or family history of MTC or in patients with MEN 2. Counsel patients regarding the potential risk for MTC with the use of RYBELSUS or OZEMPIC tablets 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 RYBELSUS or OZEMPIC tablets. Such monitoring may increase the risk of unnecessary procedures, due to the low-test specificity for serum calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin value may indicate MTC and patients with MTC usually have calcitonin values >50 ng/L. 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.

Abbreviations: GLP-1, glucagon-like peptide-1; MEN 2, Multiple Endocrine Neoplasia syndrome type 2; MTC , medullary thyroid carcinoma..

Rybelsus® and Ozempic® tablets, for oral use [package insert]. Novo Nordisk Inc.

Warnings and Precautions

Section 5.2

Acute Pancreatitis

Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists, including semaglutide tablets *[see Adverse Reactions (6)].*

After initiation of RYBELSUS or OZEMPIC tablets, observe patients carefully for signs and symptoms of acute pancreatitis, which may include persistent or severe abdominal pain (sometimes radiating to the back), and which may or may not be accompanied by nausea or vomiting. If pancreatitis is suspected, discontinue RYBELSUS or OZEMPIC tablets and initiate appropriate management.

Abbreviations: GLP-1, glucagon-like peptide-1.
Rybelsus® and Ozempic® tablets, for oral use [package insert]. Novo Nordisk Inc.

Warnings and Precautions

Section 5.3

Diabetic Retinopathy Complications

In a pooled analysis of glycemic control trials, patients reported diabetic retinopathy related adverse reactions during the trial (4.2% with semaglutide tablets and 3.8% with comparator) *[see Adverse Reactions (6.1)]*.

In a 2-year CV outcomes trial with semaglutide injection involving patients with type 2 diabetes mellitus and high CV risk, diabetic retinopathy complications (which was a 4-component adjudicated endpoint) occurred in patients treated with semaglutide injection (3%) compared to placebo (1.8%). The absolute risk increase for diabetic retinopathy complications was larger among patients with a history of diabetic retinopathy at baseline (semaglutide injection 8.2%, placebo 5.2%) than among patients without a known history of diabetic retinopathy (semaglutide injection 0.7%, placebo 0.4%).

Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. The effect of long-term glycemic control with RYBELSUS and OZEMPIC tablets on diabetic retinopathy complications has not been studied. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy.

Abbreviations: CV, cardiovascular.

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Warnings and Precautions

Section 5.4

Hypoglycemia with Concomitant Use of Insulin Secretagogues or Insulin

Patients receiving RYBELSUS or OZEMPIC tablets in combination with an insulin secretagogue (e.g., sulfonylurea) or insulin may have an increased risk of hypoglycemia, including severe hypoglycemia *[see Adverse Reactions (6.1), Drug Interactions (7)].*

The risk of hypoglycemia may be lowered by a reduction in the dosage of sulfonylurea (or other concomitantly administered insulin secretagogue) or insulin. Inform patients using these concomitant medications of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia.

Warnings and Precautions

Section 5.5 and 5.6

Acute Kidney Injury Due to Volume Depletion

There have been postmarketing reports of acute kidney injury, in some cases requiring hemodialysis, in patients treated with semaglutide. The majority of the reported events occurred in patients who experienced gastrointestinal reactions leading to dehydration such as nausea, vomiting, or diarrhea *[see Adverse Reactions (6)].*

Monitor renal function in patients reporting adverse reactions to RYBELSUS or OZEMPIC tablets that could lead to volume depletion, especially during dosage initiation and escalation of RYBELSUS or OZEMPIC tablets.

Severe Gastrointestinal Adverse Reactions

Use of semaglutide tablets has been associated with gastrointestinal adverse reactions, sometimes severe *[see Adverse Reactions (6.1)].* In clinical trials, severe gastrointestinal adverse reactions were reported more frequently among patients who received semaglutide tablets (7 mg 0.6%, 14 mg 2%) than placebo (0.3%). Severe gastrointestinal adverse reactions have also been reported postmarketing with GLP-1 receptor agonists.

RYBELSUS and OZEMPIC tablets are not recommended in patients with severe gastroparesis.

Abbreviations: GLP-1, glucagon-like peptide-1.
Rybelsus® and Ozempic® tablets, for oral use [package insert]. Novo Nordisk Inc.

Warnings and Precautions

Section 5.7

Hypersensitivity Reactions

Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported in patients treated with semaglutide tablets. If hypersensitivity reactions occur, discontinue use of RYBELSUS or OZEMPIC tablets; treat promptly per standard of care and monitor until signs and symptoms resolve. RYBELSUS and OZEMPIC tablets are contraindicated in patients with a prior serious hypersensitivity reaction to semaglutide or to any of the excipients in RYBELSUS or OZEMPIC tablets *[see Adverse Reactions (6.2)]*.

Anaphylaxis and angioedema have been reported with GLP-1 receptor agonists. Use caution in a patient with a history of angioedema or anaphylaxis with another GLP-1 receptor agonist because it is unknown whether such patients will be predisposed to anaphylaxis with RYBELSUS or OZEMPIC tablets.

Abbreviations: GLP-1, glucagon-like peptide-1.
Rybelsus® and Ozempic® tablets, for oral use [package insert]. Novo Nordisk Inc..

Warnings and Precautions

Section 5.8

Acute Gallbladder Disease

Acute events of gallbladder disease such as cholelithiasis or cholecystitis have been reported in GLP-1 receptor agonist trials and postmarketing. In placebo-controlled trials to improve glycemic control, cholelithiasis was reported in 1% of patients treated with semaglutide tablets (7 mg once daily). In a 4-year CV outcomes trial (Trial 7), cholelithiasis was reported in 1.1% of patients treated with semaglutide tablets (14 mg once daily) and in 0.9% of placebo-treated patients *[see Adverse Reactions (6.1)]*. In Trial 7, cholecystitis was reported in 1.1% of patients treated with semaglutide tablets (14 mg once daily) and in 0.7% of placebo-treated patients. *[see Adverse Reactions (6.1)]*. If cholelithiasis or cholecystitis is suspected, gallbladder studies and appropriate clinical follow-up are indicated *[see Adverse Reactions (6.2)]*.

Abbreviations: CV, cardiovascular; GLP-1, glucagon-like peptide-1.

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Warnings and Precautions

Section 5.9

Pulmonary Aspiration During General Anesthesia or Deep Sedation

RYBELSUS and OZEMPIC tablets delay gastric emptying *[see Clinical Pharmacology (12.2)].* There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations.

Available data are insufficient to inform recommendations to mitigate the risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking RYBELSUS or OZEMPIC tablets, including whether modifying preoperative fasting recommendations or temporarily discontinuing RYBELSUS or OZEMPIC tablets could reduce the incidence of retained gastric contents. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking RYBELSUS or OZEMPIC tablets.

Abbreviations: GLP-1, glucagon-like peptide-1.
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