Job Order No: 000-BD/08/24 Date: 03-09-2025 Draft: 1st

P.M. Code: F5280B Size: Leafinsert (220mm x 145mm)

(FINAL COLOUR APPROVAL WILL BE GIVEN ON PRINT PROOF PROVIDED BY VENDOR)

Developed by: (AP Dept.) _____ Review by: (BD Dept.) _____ Review by: (Med.Aff. Dept.) _____

Review by: (QC Dept.) _____ Review by: (RA Dept.) _____ Review by: (RND Dept.) _____ Received by: (MM Dept.) _____

220 mm

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initiating semaglutide, consider reducing the dose of concomitantly administered insulin or insulin secretagogue (such as sulfonylureas) to reduce the risk of hypoglycemia.

Acute Kidney Injury

There have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which have in some cases required hemodialysis, in patients treated with Semaglutide. Monitor renal function when initiating or escalating doses of semaglutide in patients reporting severe adverse gastrointestinal reactions. Monitor renal function in patients with renal impairment reporting any adverse reactions that could lead to volume depletion.

Severe Gastrointestinal Adverse Reactions

Use of semaglutide has been associated with gastrointestinal adverse reactions, sometimes severe. Semaglutide is not recommended in patients with severe gastroparesis.

Hypersensitivity Reactions

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

Diabetic Retinopathy Complications in Patients with Type 2 Diabetes

Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy.

Heart Rate Increase

Treatment with Semaglutide was associated with increases in resting heart rate. 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 Semaglutide treatment. If patients experience a sustained increase in resting heart rate, discontinue Semaglutide.

Suicidal Behavior and Ideation

Monitor patients treated with Semaglutide for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue Semaglutide in patients who experience suicidal thoughts or behaviors. Avoid semaglutide in patients with a history of suicidal attempts or active suicidal ideation.

Pulmonary Aspiration during General Anesthesia or Deep Sedation

Semaglutide delays gastric emptying. 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. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking semaglutide.

ADVERSE REACTIONS

Risk of Thyroid C-Cell Tumors
Acute Pancreatitis
Acute Gallbladder Disease
Hypoglycemia
Acute Kidney Injury
Severe Gastrointestinal Adverse Reactions
Hypersensitivity Reactions
Diabetic Retinopathy Complications in Patients with Type 2 Diabetes
Heart Rate Increase
Suicidal Behavior and Ideation
Pulmonary Aspiration during General Anesthesia or Deep Sedation

CONTRAINDICATIONS

Semaglutide is contraindicated in the following conditions:

- A personal or family history of MTC or in patients with MEN 2.
- A prior serious hypersensitivity reaction to Seglu or to any of the excipients in Semaglutide. Serious hypersensitivity reactions, including anaphylaxis & angioedema, have been reported with Semaglutide.

Post marketing Experience

The following adverse reactions have been reported during post-approval use of Semaglutide.
Gastrointestinal Disorders: acute pancreatitis & necrotizing pancreatitis, sometimes resulting in death; ileus.
Hypersensitivity: anaphylaxis, angioedema, rash, urticaria.
Pulmonary: Pulmonary aspiration has occurred in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation.
Renal and Urinary Disorders: acute kidney injury.

OVERDOSAGE

Overdoses have been reported with other GLP-1 receptor agonists. Effects have included severe nausea, severe vomiting, and severe hypoglycemia. In the event of overdose, appropriate supportive treatment should be initiated according to the patient's clinical signs and symptoms. A prolonged period of observation and treatment of these symptoms may be necessary taking into account the long half-life of semaglutide of approximately 1 week.

DRUG INTERACTIONS

Concomitant Use with an Insulin Secretagogue (e.g., Sulfonylurea):

Semaglutide lowers blood glucose and can cause hypoglycemia. The risk of hypoglycemia is increased when semaglutide is used in combination with insulin or insulin secretagogues (e.g., sulfonylureas). When initiating semaglutide, consider reducing the dose of concomitantly administered insulin secretagogue (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia.

Oral Medications

Semaglutide causes a delay of gastric emptying and thereby has the potential to impact the absorption of concomitantly administered oral medications. Monitor the effects of oral medications concomitantly administered with Semaglutide.

DOSAGE

As directed by the physician.

STORAGE AND INSTRUCTIONS

FOR SUBCUTANEOUS USE ONLY.

Store in a refrigerator at 2° C to 8° C and do not freeze.
Protect from sunlight and heat.
Do not use if particulate matter is present.
Do not use if the solution is not clear and colorless.
Keep out of the reach of children.
Prefilled Syringe is for single use and contain one dose only.
Discard the Prefilled Syringe after use.
For use by one person only.
Keep the Prefilled Syringe cap on until you are ready to inject.
Store the Prefilled Syringe in the outer carton until ready to use.
For administration, refer to the instruction card.
Patients and healthcare professionals can also report suspected adverse drug reaction at ade@macter.com.
The expiration date refers to the product correctly stored at the required conditions.

HOW SUPPLIED

Seglu 0.25mg / 0.5ml PFS
1 Luer Lock Seglu Prefilled Syringe
0.25mg / 0.5ml Solution for Injection
along with 1 needle (32G x 4mm)

Seglu 0.5mg / 0.5ml PFS
1 Luer Lock Seglu Prefilled Syringe
0.5mg / 0.5ml Solution for Injection
along with 1 needle (32G x 4mm)

Seglu 1mg / 0.5ml PFS
1 Luer Lock Seglu Prefilled Syringe
1mg / 0.5ml Solution for Injection
along with 1 needle (32G x 4mm)

Seglu 1.7mg / 0.75ml PFS
1 Luer Lock Seglu Prefilled Syringe
1.7mg / 0.75ml Solution for Injection
along with 1 needle (32G x 4mm)

Seglu 2.4mg / 0.75ml PFS
1 Luer Lock Seglu Prefilled Syringe
2.4mg / 0.75ml Solution for Injection
along with 1 needle (32G x 4mm)

To be sold on the prescription of a registered medical practitioner only.

خوراک:
ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔

ہدایات:
صرف زیر جلد استعمال کیلئے۔
دوا کو ۲ سے ۸ ڈگری سینٹی گریڈ درجہ حرارت پر
فریج میں رکھیں اور منجمد نہ کریں۔
دھوپ اور گرمی سے محفوظ رکھیں۔
اگر ذرات موجود ہوں تو استعمال نہ کریں۔
اگر محلول شفاف اور بے رنگ نہ ہو تو استعمال نہ کریں۔
بچوں کی پہنچ سے دور رکھیں۔
پری فلڈ سرنج صرف ایک مرتبہ استعمال کیلئے ہے
اور اس میں صرف ایک خوراک موجود ہے۔
استعمال کے بعد سرنج کو ضائع کر دیں۔
صرف ایک فرد کے استعمال کے لئے۔
پری فلڈ سرنج کا کیپ لگا رہنے دیں جب تک آپ انجکشن لگانے کے لیئے تیار نہ ہوں۔
پری فلڈ سرنج کو استعمال سے پہلے تک بیرونی ڈبے میں محفوظ رکھیں۔
طریقہ استعمال کے لئے ہدایت کارڈ ملاحظہ کریں۔
مریض اور صحت کی دیکھ بھال کرنے والے پیشہ ور افراد ade@macter.com پر دوا کے مشتبہ منفی ردِعمل کی اطلاع بھی دے سکتے ہیں۔
صرف معتمد ڈاکٹر کے نسخے پر فروخت کی جائے۔

Manufactured by:
Macter International Limited
F-216, S.I.T.E., Karachi - Pakistan

F5280B

(r-DNA Origin)

Seglu

(Semaglutide)

(آر۔ڈی این اے اوریجن)

سیگلو

انجکشن پری فلڈ سرنج

(سیماگلوٹائیڈ)

Solution for Injection
(Single Dose Prefilled Syringe)

For Subcutaneous Use Only

WARNING: RISK OF THYROID C–CELL TUMORS
See full prescribing information for complete boxed warning.

- **In rodents, Semaglutide causes 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 the 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 of MTC and symptoms of thyroid tumors.**

COMPOSITION

Seglu 0.25mg / 0.5ml PFS
(Solution for Injection for Subcutaneous Use)
Each 0.5 ml Single Dose Prefilled Syringe Contains:
Semaglutide 0.25mg
(As per Innovator's Specifications)

Seglu 0.5mg / 0.5ml PFS
(Solution for Injection for Subcutaneous Use)
Each 0.5 ml Single Dose Prefilled Syringe Contains:
Semaglutide 0.5mg
(As per Innovator's Specifications)

Seglu 1mg / 0.5ml PFS
(Solution for Injection for Subcutaneous Use)
Each 0.5 ml Single Dose Prefilled Syringe Contains:
Semaglutide 1mg
(As per Innovator's Specifications)

Seglu 1.7mg / 0.75ml PFS
(Solution for Injection for Subcutaneous Use)
Each 0.75 ml Single Dose Prefilled Syringe Contains:
Semaglutide 1.7mg
(As per Innovator's Specifications)

Seglu 2.4mg / 0.75ml PFS
(Solution for Injection for Subcutaneous Use)
Each 0.75 ml Single Dose Prefilled Syringe Contains:
Semaglutide 2.4mg
(As per Innovator's Specifications)

DESCRIPTION

Seglu is a sterile, aqueous, clear, colorless solution for injection, for subcutaneous use, contains Semaglutide, a human GLP-1 receptor agonist (or GLP-1 analog). The molecular formula is $C_{187}H_{291}N_{45}O_{59}$ and the molecular weight is 4113.58 g/mol.

CLINICAL PHARMACOLOGY:

MECHANISM OF ACTION

Semaglutide is a GLP-1 analogue with 94% sequence homology to human GLP-1. Semaglutide acts as a GLP-1 receptor agonist that selectively binds to and activates the GLP-1 receptor, the target for native GLP-1. GLP-1 is a physiological regulator of appetite and caloric intake. GLP-1 receptor is present in several areas of the brain involved in appetite regulation. Animal studies show that Semaglutide distributed to and activated neurons in brain regions involved in regulation of food intake. It also has multiple action on glucose mediated by the GLP-1 receptors. Semaglutide reduces blood glucose through a mechanism where it stimulates insulin secretion and lowers glucagon secretion, both in a glucose-dependent manner. Thus, when blood glucose is high, insulin secretion is stimulated, and glucagon secretion is inhibited. The mechanism of blood glucose lowering also involves a minor delay in gastric emptying in the early postprandial phase.
The exact mechanism of CV risk reduction has not been established.
For treatment of MASH in humans, the precise mechanism of action of semaglutide is not fully understood and may involve multiple pathways mediated by weight loss and other factors.
In a mouse model of diet-induced MASH, treatment with semaglutide resulted in histological improvements in

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steatosis, inflammation, and fibrosis in liver compared to baseline, which was associated with body weight loss, intermittent periods of reduced food intake, and improvements in relevant biomarkers.

PHARMACODYNAMICS

Semaglutide lowers body weight with greater fat mass loss than lean mass loss. Semaglutide decreases calorie intake. The effects are likely mediated by affecting appetite. Semaglutide also stimulates insulin secretion and reduces glucagon secretion in a glucose-dependent manner. These effects can lead to a reduction of fasting and post prandial blood glucose.

Gastric Emptying Semaglutide delays gastric emptying.

Cardiac Electrophysiology (QTc) The effect of Semaglutide on cardiac repolarization was tested in a thorough QTc trial. Semaglutide did not prolong QTc intervals at doses up to 1.5 mg at steady state.

Noninvasive Liver Disease Markers: Semaglutide decreases liver fat content measured by Magnetic Resonance Imaging Proton Density Fat Fraction (MRI-PDFF), liver stiffness assessed by transient elastography (TE), Enhanced Liver Fibrosis (ELF) score, and the levels of the pro-peptide of type III collagen biomarker (Pro-C3). The clinical relevance of these changes is yet to be confirmed.

PHARMACOKINETICS

Absorption

Absolute bioavailability of Semaglutide is 89%. Maximum concentration of Semaglutide is reached 1 to 3 days post dose. Similar exposure was achieved with subcutaneous administration of Semaglutide in the abdomen, thigh, or upper arm. The average Semaglutide steady state concentration following subcutaneous administration of Semaglutide was approximately 75 nmol/L in patients with either obesity (BMI greater than or equal to 30 kg/m^2) or overweight (BMI greater than or equal to 27 kg/m^2). The steady state exposure of Semaglutide increased proportionally with doses up to 2.4 mg once weekly. Whereas, In patients with type 2 diabetes, Semaglutide exposure increases in a dose-proportional manner for once-weekly doses of 0.5 mg, 1 mg and 2 mg. Steady-state exposure is achieved following 4 to 5 weeks of once-weekly administration. In patients with type 2 diabetes, the mean population-PK estimated steady-state concentrations following once weekly subcutaneous administration of 0.5 mg and 1 mg Semaglutide were approximately 65 ng/mL and 123 ng/mL, respectively.

Distribution

The mean volume of distribution of Semaglutide following subcutaneous administration in patients with obesity (overweight) and/ or type 2 diabetes is approximately 12.5 L. Semaglutide is extensively bound to plasma albumin (greater than 99%) which results in decreased renal clearance and protection from degradation.

Elimination

The apparent clearance of semaglutide following subcutaneous administration is approximately 0.05 L/h in both patients with type 2 diabetes and individuals with overweight or obesity. Semaglutide exhibits a mean elimination half-life of approximately 1 week. semaglutide remains in systemic circulation for approximately 5 weeks after the last dose in patients with type 2 diabetes, and for approximately 5 to 7 weeks following the last 2.4 mg dose in individuals with overweight or obesity.

Metabolism

The primary route of elimination for semaglutide is metabolism following proteolytic cleavage of the peptide backbone and sequential beta-oxidation of the fatty acid side chain.

Excretion

The primary excretion routes of semaglutide-related material are via the urine and feces. Approximately 3% of the dose is excreted in the urine as intact semaglutide.

INDICATIONS

Semaglutide is indicated in combination with a reduced calorie diet & increased physical activity:

- To reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus, established cardiovascular disease and either obesity or overweight.
- As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- To reduce the risk of sustained eGFR decline, end-stage kidney disease and cardiovascular death in adults with type 2 diabetes mellitus and chronic kidney disease.
- 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 stages F2 to F3 fibrosis) in adults.

Limitations of Use

- Seglu contains Semaglutide Coadministration with other Semaglutide containing products or with any other GLP-1 receptor agonist is not recommended.

DOSAGE AND ADMINISTRATION

Recommended Dosage in Adults and Pediatric Patients Aged 12 Years and Older

Dosage Initiation and Escalation:

- Initiate Seglu with a dosage of 0.25 mg injected subcutaneously once weekly. Follow the dosage initiation and escalation in Table 1 to reduce the risk of gastrointestinal adverse reactions.
- If patients do not tolerate a dose during dosage escalation, consider delaying dosage escalation for 4 weeks.

Table 1: Recommended Dosage Escalation In Adults And Pediatric Patients Aged 12 Years & Older.

Treatment	Weeks	Once weekly Subcutaneous Dosage	Indication
Initiation	1 through 4	0.25mg	Type 2 Diabetes & Obesity
Escalation	5 through 8	0.5mg	Type 2 Diabetes & Obesity
	9 through 12	1mg	Type 2 Diabetes & Obesity
	13 through 16	1.7mg	Obesity Only
Maintenance	17 and onward	1.7mg or 2.4mg	Obesity Only

Maintenance Dosage

For Obesity:

The maintenance dosage of Seglu is either 2.4 mg (recommended) or 1.7 mg once weekly. Consider treatment response and tolerability when selecting the maintenance dosage.

For Type 2 Diabetes:

The recommended maintenance dosage for glycemic control is 0.5 mg, 1 mg, or 2 mg, injected subcutaneously once weekly, based on glycemic control. If additional glycemic control is needed after at least 4 weeks on the:

- 0.5 mg dosage, the dosage may be increased to 1 mg once weekly.
- The maximum recommended dosage is 2 mg once weekly.

Recommended Maintenance Dosage in Patients with Type 2 Diabetes Mellitus and Chronic Kidney Disease

Increase the dosage to the maintenance dosage, 1 mg once weekly, after at least 4 weeks on the 0.5 mg dosage.

Cardiovascular Risk Reduction and Weight Reduction

- The maintenance dosage of Seglu for CV risk reduction and weight reduction is either 2.4 mg (recommended) or 1.7 mg injected subcutaneously once weekly.
- Consider treatment response and tolerability when selecting the maintenance dosage.

Noncirrhotic MASH with Moderate to Advanced Liver Fibrosis

- The recommended maintenance dosage of Seglu for the treatment of noncirrhotic MASH with moderate to advanced liver fibrosis is 2.4 mg injected subcutaneously once weekly.
- If patients do not tolerate the maintenance dosage of 2.4 mg once weekly, the dosage can be decreased to 1.7 mg once weekly. Consider reescalation to 2.4 mg once weekly.

Recommendations Regarding Missed Dose

- If one dose is missed and the next scheduled dose is more than 2 days away (48 hours), administer Seglu as soon as possible. If one dose is missed and the next scheduled dose is less than 2 days away (48 hours), do not administer the dose. Resume dosing on the regularly scheduled day of the week.
- If 2 or more consecutive doses are missed, resume dosing as scheduled or, if needed, reinitiate Seglu and follow the dose escalation schedule, which may reduce the occurrence of gastrointestinal symptoms associated with reinitiation of treatment.

Important Monitoring and Administration Instructions:

- In patients with type 2 diabetes mellitus, monitor blood glucose prior to starting Seglu and during Seglu treatment.
- Prior to initiation of Seglu, train patients on proper injection technique. Refer to the accompanying Instructions for Use for complete administration instructions with illustrations.
- Inspect Seglu visually prior to each injection. Only use if solution is clear, colorless, and contains no particles.
- Administer Seglu in combination with a reduced-calorie diet and increased physical activity.
- Administer Seglu once weekly, on the same day each week, at any time of day, with or without meals.
- Inject Seglu subcutaneously in the abdomen, thigh, or upper arm. The time of day and the injection site can be changed without dose adjustment.

USE IN SPECIFIC POPULATION

Pregnancy

Appropriate weight gain based on pre-pregnancy weight is currently recommended for all pregnant patients, including those who already have overweight or obesity, because of the obligatory weight gain that occurs in maternal tissues during pregnancy.Whereas, Hypoglycemia and hyperglycemia occur more frequently during pregnancy in patients with pre-gestational diabetes. Poorly controlled diabetes during pregnancy increases the maternal risk for diabetic ketoacidosis, pre-eclampsia, spontaneous abortions, preterm delivery, and delivery complications. Poorly controlled diabetes increases the fetal risk for major birth defects, stillbirth, and macrosomia related morbidity. There are limited data with semaglutide use in pregnant women to inform a drug-associated risk for adverse developmental outcomes. Based on animal reproduction studies, there may be potential risks to the fetus from exposure to semaglutide during pregnancy. Semaglutide should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. There may be risks to the mother and fetus related to underlying MASH with advanced liver fibrosis such as increased risks of gestational diabetes, hypertensive complications, preterm birth, and postpartum hemorrhage. Whether semaglutide treatment during pregnancy reduces these risks is unknown. Semaglutide for the treatment of MASH should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Lactation

There are no data on the presence of semaglutide or its metabolites in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for semaglutide and any potential adverse effects on the breastfed infant from semaglutide or from the underlying maternal condition.

Females and Males of Reproductive Potential

Because of the potential for fetal harm female receiving Semaglutide for CV risk reduction or weight reduction or for MASH, discontinue at least 2 months before they plan to become pregnant to account for the long half-life of semaglutide.

Pediatric Use

The safety and effectiveness of Semaglutide as an adjunct to a reduced calorie diet and increased physical activity for weight reduction and long-term maintenance have been established in pediatric patients aged 12 years and older with obesity.

Adverse reactions with Semaglutide treatment in pediatric patients aged 12 years and older were generally similar to those reported in adults. Pediatric patients aged 12 years and older treated with Semaglutide had greater incidences of cholelithiasis, cholecystitis, hypotension, rash, and urticaria compared to adults treated with Semaglutide.

The safety and effectiveness of Semaglutide have not been established in pediatric patients less than 12 years of age.

For the treatment of type 2 diabetes, safety and efficacy in pediatric patients have not been established.

The safety and effectiveness of semaglutide have not been established in pediatric patients:

- To reduce the risk of major adverse CV events.
- To reduce excess body weight & maintain weight reduction long term in those less than 12 years of age.
- For the treatment of noncirrhotic MASH

Geriatric Use

Patients aged 75 years and older reported more serious adverse reactions overall compared to younger adult patients.

Renal Impairment

The recommended dosage of Semaglutide in patients with renal impairment is the same as those with normal renal function.

Hepatic Impairment

The recommended dosage of Semaglutide in patients with hepatic impairment is the same as those with normal hepatic function.

WARNINGS AND PRECAUTIONS

Risk of Thyroid C-Cell Tumors

Semaglutide 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 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. 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.

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

Acute Gallbladder Disease

Treatment with Semaglutide is associated with an increased occurrence of cholelithiasis and cholecystitis. The incidence of cholelithiasis and cholecystitis was higher in Semaglutide-treated pediatric patients aged 12 years and older than in semaglutide-treated adults.

Hypoglycemia

Semaglutide lowers blood glucose and can cause hypoglycemia. Patients with diabetes mellitus taking Semaglutide in combination with insulin or an insulin secretagogue (e.g., sulfonylurea) may have an increased risk of hypoglycemia, including severe hypoglycemia. Hypoglycemia has been observed in patients treated with Semaglutide at doses of 0.5 and 1 mg in combination with insulin. 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 semaglutide and during semaglutide treatment. When