Leave the once–daily baggage **behind** with Sogroya®

Discover Sogroya®: The FIRST and ONLY once-weekly growth hormone treatment for AGHD[1]

[a]Represents 52 Sogroya® injections per year.
AGHD=adult growth hormone deficiency.

Patient images for illustrative purposes only.

Indication and Usage

Sogroya® (somapacitan-beco) injection 5 mg, 10 mg, or 15 mg is indicated for the replacement of endogenous growth hormone (GH) in adults with growth hormone deficiency (GHD)

Important Safety Information

Contraindications

Sogroya® is contraindicated in patients with:

- acute critical illness after open-heart surgery, abdominal surgery, multiple accidental trauma, or acute respiratory failure because of the risk of increased mortality with use of Sogroya®
- hypersensitivity to Sogroya® or any of its excipients. Systemic hypersensitivity reactions have been reported postmarketing with Sogroya®
- active malignancy
- active proliferative or severe non-proliferative diabetic retinopathy

novo nordisk®

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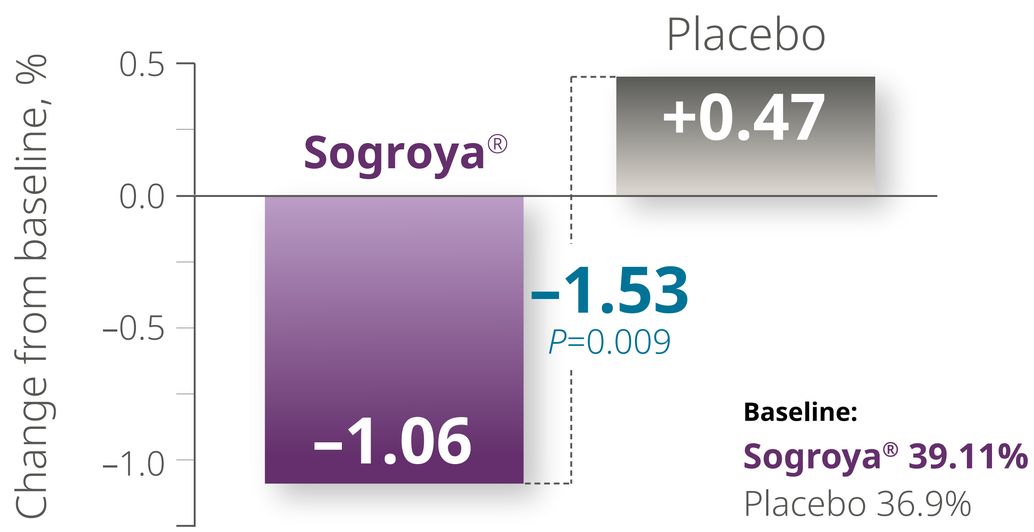
Go beyond the everyday

ONCE-WEEKLY
SOGROYA®
somapacitan-beco
injection 5mg | 10mg | 15mg

Achieved significant improvements in truncal fat at Week 34

PRIMARY ENDPOINT: Change in truncal fat (%)[1,2]



Secondary comparison[1,2]

Reduction of truncal fat was compared with daily somatropin, which achieved a –2.23% reduction, from a baseline of 38.1%.

- No formal statistical comparison between Sogroya® and daily somatropin was performed[1]

Visit Sogroyapro.com for full safety and efficacy results.

In a 35-week, double-blind, placebo-controlled study, 300 treatment-naïve adult patients with GHD (full analysis set) were randomized (2:1:2) to Sogroya® 10 mg/1.5 mL (n=120), once-weekly placebo (n=61), or daily somatropin 10 mg/1.5 mL (n=119) for a 34-week treatment period.[1]

GHD=growth hormone deficiency.

Important Safety Information

Warnings & Precautions

- **Increased Mortality in Patients with Acute Critical Illness:** Increased mortality has been reported after treatment with somatropin in patients with acute critical illness due to complications following open-heart surgery, abdominal surgery, multiple accidental trauma, and in patients with acute respiratory failure
- **Severe Hypersensitivity:** Serious systemic hypersensitivity reactions including anaphylactic reactions and angioedema have been reported postmarketing with use of somatropin. Inform patients and/or caregivers that such reactions are possible, and that prompt medical attention should be sought if an allergic reaction occurs
- **Increased Risk of Neoplasms:** There is an increased risk of malignancy progression with somatropin in patients with active malignancy. Any preexisting malignancy should be inactive, and its treatment complete prior to instituting Sogroya®. In childhood cancer survivors treated with radiation to the brain/head for their first neoplasm who developed subsequent GHD and were treated with somatropin, an increased risk of a second neoplasm has been reported. Monitor patients with a history of GHD secondary to an intracranial neoplasm for progression or recurrence of the tumor. Monitor patients for increased growth or potential malignant changes of preexisting nevi. Advise patients/caregivers to report changes in the appearance of preexisting nevi

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Proven safety profile

Adverse reactions occurring >2% in adults with GHD treated with Sogroya® and more frequently[a] than in placebo-treated patients for 34 weeks[1]

Adverse Reactions	Sogroya® (n=120) %	Placebo (n=61) %
Back pain	**10.0**	3.3
Arthralgia	**6.7**	1.6
Dyspepsia	**5.0**	3.3
Sleep disorder	**4.2**	1.6
Dizziness	**4.2**	1.6
Tonsillitis	**3.3**	1.6
Peripheral edema	**3.3**	1.6

Adverse Reactions	Sogroya® (n=120) %	Placebo (n=61) %
Vomiting	**3.3**	1.6
Adrenal insufficiency	**3.3**	1.6
Hypertension	**3.3**	1.6
Blood creatine phosphokinase increase	**3.3**	0
Weight increased	**3.3**	0
Anemia	**2.5**	0

[a]Included adverse reactions reported with at least 1% greater incidence in Sogroya® group compared with the placebo group.
GHD=growth hormone deficiency.

Important Safety Information

Warnings & Precautions

- **Glucose Intolerance and Diabetes Mellitus:** Treatment with somatropin may decrease insulin sensitivity, particularly at higher doses. New onset type 2 diabetes has been reported. Monitor glucose levels in all patients, especially in those with existing diabetes mellitus or with risk factors for diabetes mellitus, such as obesity, Turner syndrome or a family history of diabetes mellitus. The doses of antidiabetic agents may require adjustment when Sogroya® is initiated
- **Intracranial Hypertension:** Has been reported usually within 8 weeks of treatment initiation. Perform fundoscopic examination prior to initiation of treatment and periodically thereafter. If papilledema is identified, evaluate the etiology, and treat the underlying cause before initiating Sogroya®. If papilledema is observed, stop treatment. If intracranial hypertension is confirmed, Sogroya® can be restarted at a lower dose after intracranial hypertension signs and symptoms have resolved

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The Sogroya® pen—easy to learn to use[a] based on the FlexPro® you know[3]

NO MIXING REQUIRED
Prefilled, premixed, preloaded[1]

PRECISE DOSING
Over 100 dosing increments available across all pens[1]

FAMILIAR
Based on the FlexPro® you know with more than 10 years of patient experience[3]

PORTABLE
Stable at room temperature (up to 77 °F) for up to 3 days (72 hours)[1,b]

[a]Based on a human factors study of the safety and usability of the Norditropin® FlexPro® 30 mg pen in 94 participants (children ages 10-17 with growth-related disorders, adults with GHD, HCPs, and caregivers). Users performed injections using a foam cushion and then completed a device-specific questionnaire. Participants rated the device a 6.7 out of 7 (on a scale of 1 to 7, where 1 means "strongly disagree" and 7 means "strongly agree") for the statement, "FlexPro® was easy to learn to use." The FlexPro® pen used in this human factors study is similar to the Sogroya® pen.[3]

[b]The pen should be refrigerated (36 °F-46 °F). The pen must be discarded 6 weeks after first use, or if it has been frozen, or if kept in temperature warmer than 86 °F. Keep Sogroya® away from direct heat or light.[1]

GHD=growth hormone deficiency; HCP=healthcare provider.

Important Safety Information

Warnings & Precautions

- **Fluid retention:** May occur during Sogroya® therapy. Clinical manifestations of fluid retention (e.g. edema and nerve compression syndromes including carpal tunnel syndrome/paresthesia) are usually transient and dose dependent
- **Hypoadrenalism:** Patients receiving somatropin therapy who have or are at risk for corticotropin deficiency may be at risk for reduced serum cortisol levels and/or unmasking of central (secondary) hypoadrenalism. Patients treated with glucocorticoid replacement for previously diagnosed hypoadrenalism may require an increase in their maintenance or stress doses following initiation of Sogroya®. Monitor patients with known hypoadrenalism for reduced serum cortisol levels and/or need for glucocorticoid dose increases

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Once-weekly dosing that fits with patients' routines

Start or switch with straightforward dosing[1]

SAME STARTING DOSE FOR PATIENTS SWITCHING FROM **DAILY GH,** AS WELL AS **TREATMENT-NAÏVE** PATIENTS

STARTING DOSE **1.5 MG WEEKLY**

Administer 1 time each week

3 DOSING STRENGTHS AVAILABLE

5 mg/1.5 mL

Dials in 0.025 mg increments and delivers doses from 0.025 mg to 2 mg

10 mg/1.5 mL

Dials in 0.05 mg increments and delivers doses from 0.05 mg to 4 mg

15 mg/1.5 mL

Dials in 0.1 mg increments and delivers doses from 0.1 mg to 8 mg

- Perform fundoscopic examination before initiating treatment with Sogroya® to exclude preexisting papilledema. If papilledema is identified, evaluate the etiology and treat the underlying cause before initiating treatment with Sogroya®
- Administer Sogroya® by SQ injection, once weekly, any time of the day, in the upper arms, thighs, abdomen, or buttocks, with weekly rotation of injection site

Titration and Dosing

- Increase the weekly dosage every 2 to 4 weeks by approximately 0.5 mg to 1.5 mg until the desired response is achieved
- Titrate the dosage based on clinical response and serum IGF-1 concentrations. Draw IGF-1 samples 3 to 4 days after the prior dose
- Decrease the dosage as necessary on the basis of adverse reactions and/or serum IGF-1 concentrations above the age- and sex-specific normal range
- The maximum recommended dosage is 8 mg once weekly

GH=growth hormone; IGF-1=insulin-like growth factor-1; SQ=subcutaneous.

Important Safety Information

Warnings & Precautions

- **Hypothyroidism:** Undiagnosed/untreated hypothyroidism may prevent an optimal response to Sogroya®. Monitor thyroid function periodically as hypothyroidism may occur or worsen after initiation of Sogroya®
- **Pancreatitis:** Cases of pancreatitis have been reported in patients receiving somatropin. Consider pancreatitis in patients with persistent severe abdominal pain
- **Lipohypertrophy/Lipoatrophy:** May occur if Sogroya® is administered at the same site over a long period of time. Rotate injection sites to reduce this risk
- **Laboratory Tests:** Serum levels of inorganic phosphorus and alkaline phosphatase may increase after Sogroya® therapy. Serum levels of parathyroid hormone may increase with somatropin treatment

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NovoCare® support—there for your patients along their treatment journey

From benefit verification to insurance appeals, NovoCare® is here

Patient assistance programs to fit your patients' needs

Professional

- **Assistance through the prior authorization, appeals, and reauthorization process**
- **Interim care support**
- **Field reimbursement managers**
- **QuickCheck™ benefit verification**
- **Territory case manager**

Patient

- **Patient Assistance Program (PAP) for eligible patients[a]**
- **Sogroya® savings card offer**
- **JumpStart™ program to avoid delay in therapy initiation**
- **In-person or virtual device training**

[a]Eligible uninsured and underinsured patients may receive therapy at no cost until insurance or financial circumstances improve, including patients whose appeals for therapy approval have been denied. Eligibility and restrictions apply.

Please see additional Important Safety Information throughout.
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Help your patients with AGHD escape from daily injections with Sogroya®

*Choose Sogroya®: Visit **Sogroyapro.com** to learn more and access patient and professional support resources*

AGHD=adult growth hormone deficiency.

Important Safety Information

Adverse Reactions

• Adult patients with GHD: Adverse reactions reported in >2% of patients are back pain, arthralgia, dyspepsia, sleep disorder, dizziness, tonsillitis, peripheral edema, vomiting, adrenal insufficiency, hypertension, blood creatine phosphokinase increase, weight increase, and anemia

Drug Interactions

- **Glucocorticoids:** Patients treated with glucocorticoid for hypoadrenalism may require an increase in their maintenance or stress doses following initiation of Sogroya®
- **Cytochrome P450-Metabolized Drugs:** Sogroya® may alter the clearance. Monitor carefully if used with Sogroya®
- **Oral Estrogen:** Patients receiving oral estrogen replacement may require higher Sogroya® dosages
- **Insulin and/or Other Antihyperglycemic Agents:** Dose adjustment of insulin and/or antihyperglycemic agent may be required for patients with diabetes mellitus

References: 1. Sogroya®. Prescribing information. Novo Nordisk, Inc.; 2023. **2.** Johannsson G, Gordon MB, Rasmussen MH, et al. Once-weekly somapacitan is effective and well tolerated in adults with GH deficiency: a randomized phase 3 trial. *J Clin Endocrinol Metab.* 2020;105(4):e1358-e1376. doi:10.1210/clinem/dgaa049 **3.** Data on file. Novo Nordisk Inc.; Plainsboro, NJ.

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