bcdiabetes.ca
Patient Care + Research + Clinical Trials

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Semaglutide (Wegovy) for weight loss & diabetes

Semaglutide branded as “Wegovy” was approved by Health Canada 2024-May-02 for weight loss in obese individuals (BMI >30) and overweight individuals (BMI >27) who have one or more comorbidities of hypertension, dyslipidemia (abnormal cholesterol and blood fats) and obstructive sleep apnea. On this basis it is estimated that 80% of overweight individuals in Canada will be eligible. Wegovy was also approved for Type 2 diabetes with BMI > 27. The same drug in Wegovy, semaglutide, has been in use in Canada since 2018 branded as “Ozempic”, indicated for Type 2 diabetes only.

> In the United States Wegovy is also available as a once daily tablet in strengths of 1.5 mg, 4 mg, 9 mg and 25 mg. The 25 mg daily dose (US$10/day) gives weight loss results similar to injectable Wegovy at 2.4 mg weekly.

For tips on food choices for best results and to minimize side-effects, click here.

Wegovy is available in 5 different multidose pens containing 1.0 mg, 2.0 mg, 4.0 mg, 6.8 mg and 9.6 mg of semaglutide (in 2 ml, 2 ml, 2 ml, 3 ml and 3 ml cartridges respectively). Each pen is intended to be used for four equal weekly doses then discarded. Thus the 1.0 mg pen is intended to be used for the 0.25 mg starting dose; the 2 mg pen for the 0.5 mg dose, the 4.0 mg pen for the 1.0 mg dose, the 6.8 mg pen for the 1.7 mg weekly dose and the 9.6 mg pen for the 2.4 mg weekly dose. All 5 pens, regardless of whether they contain 1.0, 2.0, 4.0, 6.8 or 9.6 mg, cost the same $285 plus dispensing fee if this coupon is used. If these pens are used for dosing according to the label the cost is $9.50 per day (Costco pricing).

The starting dose for Wegovy is 0.25 mg weekly. If after 4 weeks nausea is absent or minimal, the dose may be increased to 0.5 mg and this dose continued for another 4 weeks. If the target weight (and/or sugar target) has not been achieved and nausea is absent or minimal, the dose may be increased to 1.0 mg weekly for 4 weeks, further increased to 1.7 mg weekly for 4 weeks and then increased to the maximum dose of 2.4 mg weekly thereafter.

Off-label use of the 9.6 mg pen can be considered for cost savings with doses < 2.4 mg/week by “counting the clicks”. Each click = 0.01 ml in volume. With the 9.6 mg pen, the full 2.4 mg dose equals 75 “clicks” on the pen. Thus 1.0 mg could be approximated by 30 clicks (75/2.4=31.25). A 9.6 mg pen contains 4*75 = 300 clicks, thus 10 doses of approximately 1 mg (30 clicks) could be had for $290 at a cost of $290 over 70 days =290/70 = $3.96 per day which compares favorably with the $7.13 per day, the cost of 1 mg weekly dose of semaglutide as Ozempic.

Using a 9.6 mg pen, by “counting the clicks” the following approximate doses pertain:

0.25 mg = 8 clicks ($1.50/day..)
0.5 mg = 15 clicks ($3.00/day..)
1.0 mg = 30 clicks ($4.00/day..)
1.7 mg = 50 clicks ($6.33/day..)
2.4 mg = 75 clicks ($9.50/day..)

If using oral Wegovy purchasable in the US, it should be taken on an empty stomach at least 30 minutes before a meal. The starting dose is a 1.5 mg tablet once daily for 30 days. From there if no or minimal side-effects and weight target not achieved, the dose may be increased to 4 mg once daily for 30 days, then 9 mg once daily for 30 days and finally to 25 mg once daily indefinitely. In the US, the 25 mg daily dose is priced at US$299 for 30 days. This is equivalent to CAD$13.83 per day, compared to CAD$9.50 per day for injectable Wegovy at 2.4 mg weekly discussed above.

The only common side-effect of Wegovy, like Ozempic (because it is the same drug semaglutide), is nausea which is usually mild and settles with time, particularly if the dose is started low and increased slowly. One in twenty (5%) of people are unable to tolerate semaglutide at the usual starting dose of 0.25 mg per week because of nausea and/or vomiting. Despite media claims that semaglutide can cause a form of "stomach paralysis", Dr. Elliott is of the opinion that this is not the case - see his 2023-Aug-08 interview on this subject on the CTV morning show by host Kerri Adams. Semaglutide used in Type 2 diabetes has proven itself not only to be highly effective for weight loss and control of sugar but remarkably safe - three months use on average is associated with 5% weight loss and reduction in A1c of 0.8% and no long-term complications have been seen in BCDiabetes clients despite Ozempic being prescribed in more than 2700 clients.

If persistent nausea or vomiting occurs with Wegovy, the dose should be held until the nausea disappears and then potentially reintroduced at no more than 50% of the previous dose. Some clinics employ in-between or micro doses of semaglutide measured in clicks, not milligrams. For instance, if a client tolerates 0.25 mg per week but not 0.5 mg per week, by counting the number of "clicks" on the pen device, an in-between dose of 0.375 mg could be tried. For those who do not tolerate 0.25 mg weekly, 0.125 mg could be given by using half the clicks of the 0.25 mg dose.

The same drug in Wegovy, semaglutide, has been in use in Canada since 2018 as Ozempic, indicated for Type 2 diabetes only. For BCDiabetes handout on Ozempic for use in Type 2 diabetes follow this link. With respect to Wegovy and individuals living with Type 2 diabetes, the availability of the 2.4 mg dose for Wegovy is a welcome change. The highest dose previously approved for Type 2 diabetes in Canada was 1.0 mg (with Ozempic).

Apart from the potential side effects of nausea and vomiting, the only downside to semaglutide has been cost (Ozempic is $7.23/day on the full 1 mg weekly dose, Wegovy pricing is above). Cost has prevented millions of Canadians benefiting from Ozempic. In British Columbia, Pharmacare covers Ozempic subject to a deductible that BCDiabetes considers to be set impossibly high. The National Pharmacare bill tabled in Ottawa 2024-Feb-29 proposes to exclude Ozempic from coverage despite its extraordinary effectiveness in diabetes; without further lobbying National Pharmacare will likely exclude Wegovy as well. BCDiabetes considers this prejudicial and part of a fat-shaming mentality, effectively stigmatizing obesity, a condition present in more than 60% of individuals with Type 2 diabetes.

There is evidence to suggest that semaglutide may double the risk of a very rare eye condition known as NAION. Estimates suggest that NAION may affect 1 in 10,000 users of semaglutide.

Does semaglutide reduce dementia? This is a question that many researchers are asking. Pre-clinical evidence suggests that drugs in the GLP-1 class, including semaglutide, may do so - for a review article on this subject click here. BCDiabetes is working on a collaboration with the author Simon Cork in the UK.

Short URL = https://bit.ly/BCD_Wegovy