



Patient Care + Research + Clinical Trials

Dr. Tom Elliott MBBS, FRCPC
Medical Director

400 - 210 W Broadway
Vancouver, BC
V5Y 3W2 Canada email:

phone: 604.683.3734
fax: 604.628.3821
moa@bcdiabetes.ca

Semaglutide for weight loss and diabetes control

As of 2023-Aug-08 semaglutide (“Ozempic”) is the most effective GLP-1 agonist on the Canadian market. Three months use on average is associated with 5% weight loss and reduction in A1c of 0.8%. It is also effective for weight loss in the absence of diabetes.

Less effective GLP-1 agonists include the weekly injectable dulaglutide “Trulicity” and daily injectables liraglutide “Victoza” (also available in combination with insulin degludec as “Xultophy”) and lixisenatide (used in a combination pen with insulin glargine “Soliqua”). GLP-1 agonists no longer on the Canadian market include exenatide (as “Byetta and “Bydureon”).

Semaglutide is commonly given by an injection “semaglutide” once a week - [see this how-to youtube video demo](#). Semaglutide is also available as a daily tablet “Rybelsus”.

Semaglutide’s only significant side-effect is nausea which is usually mild and settles with time, particularly if the dose is started low and increased slowly. **The usual starting dose for semaglutide is 0.25 mg weekly (18 clicks on the pen). If after 4 weeks nausea is minimal the dose should be increased to 0.5 mg (38 clicks) and this dose continued for another 4 weeks. If target weight or sugar has not been achieved and nausea is absent or minimal, the dose is increased to 1.0 mg weekly (74 clicks), the usual maintenance dose.** If a dose of 1.0 mg weekly for at least one month or more does not result in the desired sugar value or if further weight loss is desired, higher doses of semaglutide can be considered. Note, doses of semaglutide > 1.0 mg weekly are not approved by Health Canada, and any higher dose is considered “off-label” and requires a physician’s express signature. Typical doses are then 1.7 mg weekly (126 clicks) for a month then 2.4 mg weekly (178 clicks) indefinitely. The same 2.4 mg per week semaglutide dose is approved for weight loss in the United States under the trade name “Wegovy”. Wegovy is available in pens intended for single dose containing 0.25, 0.5, 1.0, 1.7 and 2.4 mg per pen.

If persistent nausea or vomiting occurs with semaglutide, 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 (19 clicks) but not 0.5 mg per week (38 clicks), an in-between dose of 0.375 mg (28 or 29 clicks weekly) could be tried. For

those who do not tolerate 0.25 mg weekly (19 clicks, the usual starting dose) they might try 0.125 mg (5 or 10 clicks) weekly or even smaller doses.

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 on this subject on the CTV morning show by host Kerri Adams](#).

If semaglutide is stopped for more than two weeks and planned for reintroduction it should be restarted at the usual starting dose of 0.25 mg weekly, not the previously tolerated dose.

Ozempic comes in two pen sizes: 2 mg (sample size and usual starting size with prescriptions) and 4 mg pens. Both the 2 mg and 4 mg pens cost the same - \$210 each at Costco. For clients on long-term semaglutide, it is cheaper if their doctor prescribes the 4 mg pen. The doctor should be asked to add to the prescription “dispense 4 mg pens”. At 1 mg weekly the cost is \$7.23 per day.

Short URL = <https://bit.ly/BCDsemaglutide>