BC Diabetes Foundation

#4116 - 2775 Laurel Street
Vancouver, B.C. V5Z 1M9
604-628-2395
info@bcdiabetes.org
bcdiabetes.org

Semaglutide for weight loss and diabetes control

As of 2023-May-9 semaglutide 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”).

Semaglutide is commonly given by an injection “Ozempic” 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. A full 1 mg dose = 74 clicks - by counting clicks you can estimate the dose in multiple increments. **The usual starting dose for Ozempic is 0.25 mg weekly (18 clicks). If after 4 weeks at 0.25 mg weekly, providing there is minimal nausea, the dose may be increased to 0.5 mg (37 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 may be increased to 1.0 mg weekly (74 clicks), the usual maintenance dose.** Ozempic is often prescribed off-label (not Health Canada approved) in doses higher than 1.0 mg per week.

If persistent nausea or vomiting occurs with Ozempic, the dose should be held until the nausea disappears and then 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.

If Ozempic 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 Ozempic, 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.

Oral semaglutide (Rybelsus) comes in 3 mg, 7 mg and 14 mg tablets and all cost the same, $7 per tablet. The usual starting dose of Rybelsus is 3 mg daily for a month, then 7 mg daily for a month and then 14 mg daily indefinitely. Like Ozempic, if the dose is not tolerated it should be held until nausea is gone and then reintroduced at no more than 50% of the previous dose.

If semaglutide is added on top of existing DPP4 inhibitor medication (sitagliptin, linagliptin, saxagliptin) the DPP 4 inhibitor should not be renewed (no additional benefit accrues when a DPP4 is taken in addition to a GLP 1 agent).

On 2020-Dec-14 semaglutide for injection (Ozempic) was covered by BC Pharmacare. To take advantage of Pharmacare coverage two things must happen 1) your doctor needs to complete & submit a Special Authority (processing takes 2-3 weeks) & 2) you need to have hit your Pharmacare threshold (at which point your deductible has been reached). BC Pharmacare does not cover the oral form of semaglutide oral (Rybelsus).