PATIENT EDUCATION

UNDERSTANDING YOUR TREATMENT

Semaglutide

A GLP-1 receptor agonist studied for weight management and metabolic health.

Semaglutide is a synthetic GLP-1 receptor agonist with 94% homology to human GLP-1, developed by Novo Nordisk. Three structural modifications — Ala8→Aib (DPP-4 resistance), C18 fatty diacid at Lys26 (albumin binding), and Lys34→Arg — extend its half-life to ~7 days, enabling once-weekly SubQ dosing.

HOW IT WORKS

1

Mechanism

GLP-1 receptor agonist with dual action on glucose homeostasis and appetite regulation

2

Administration

Subcutaneous injection; dosing and frequency determined by prescribing physician based on clinical indication

3

Common Adverse Effects

Gastrointestinal effects (nausea 20-44%, vomiting, diarrhea, constipation) typically diminish within weeks; dose-dependent heart rate increase of 2-4 bpm

Talk to your prescriber about whether Semaglutide may be right for you

This compound is available by prescription only

WHAT RESEARCHERS HAVE FOUND

STEP Program Weight Loss

The STEP clinical trial program demonstrated 14-17% mean body weight reduction with semaglutide 2.4mg over 68 weeks in adults with obesity.

New England Journal of Medicine, 2021

Cardiovascular Outcomes

The SELECT trial showed semaglutide reduced major adverse cardiovascular events by 20% in adults with overweight/obesity and established cardiovascular disease.

New England Journal of Medicine, 2023

QUESTIONS TO ASK YOUR PROVIDER

- ? Is semaglutide the right first-line GLP-1 RA for this patient, or would dual agonism with tirzepatide offer a better risk-benefit ratio?
- ? How should I counsel patients about realistic weight loss trajectory, GI side effects during titration, and documented weight regain upon discontinuation?
- ? Does the SELECT trial's 20% MACE reduction change the therapeutic calculus versus SGLT2 inhibitors for patients with established CVD?
- ? What is the current regulatory status for compounded semaglutide given the February 2025 shortage resolution?
- ? For patients with concurrent T2DM and CKD, should I prescribe under the Ozempic or Wegovy indication?

IMPORTANT SAFETY INFO

- Contraindicated in patients with personal or family history of medullary thyroid carcinoma (MTC) or MEN2 syndrome due to rodent C-cell tumor findings; baseline risk assessment required
- Pancreatitis risk: Assess for history of pancreatitis; counsel patients on persistent abdominal pain symptoms requiring immediate medical evaluation
- GI side effects, particularly severe vomiting or diarrhea, may lead to dehydration and acute kidney injury; ensure adequate hydration counseling and renal monitoring
- Hypoglycemia risk increases when combined with insulin or sulfonylureas; dose adjustment of concurrent antidiabetic agents may be necessary
- Avoid use during pregnancy and breastfeeding; counsel on contraception if applicable given reproductive risks

Have Questions?

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