

GLP-1 agonists: Are they right for me?

LEAF Patient Education Day

November 29, 2025

Pol Darras MD MSc FRCPC

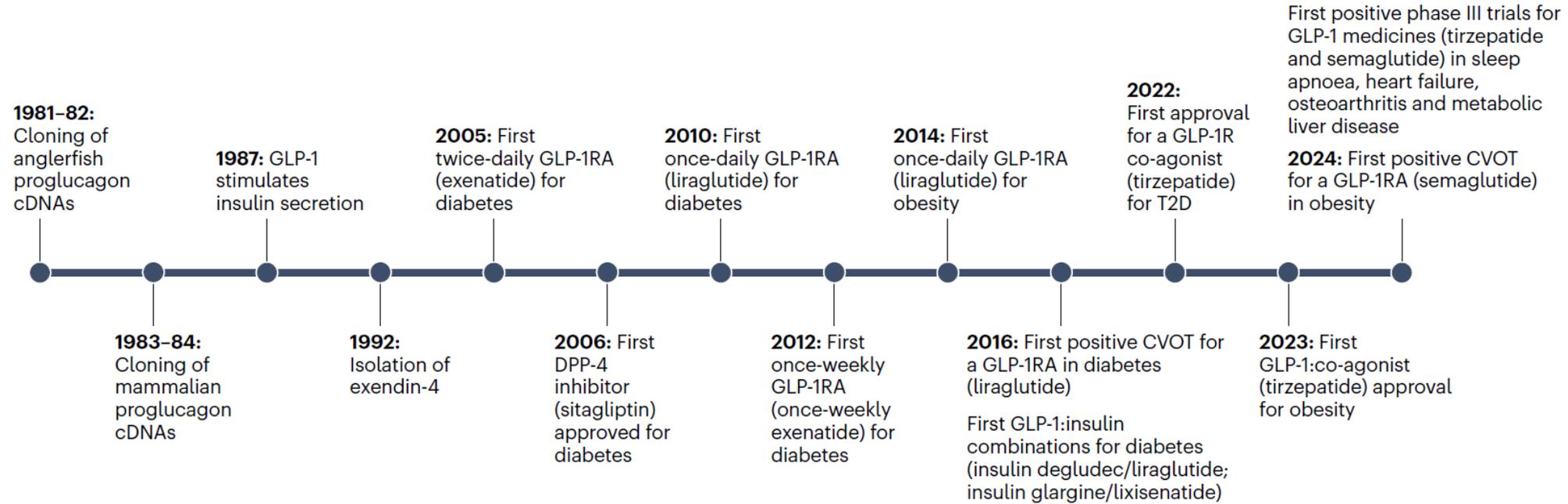


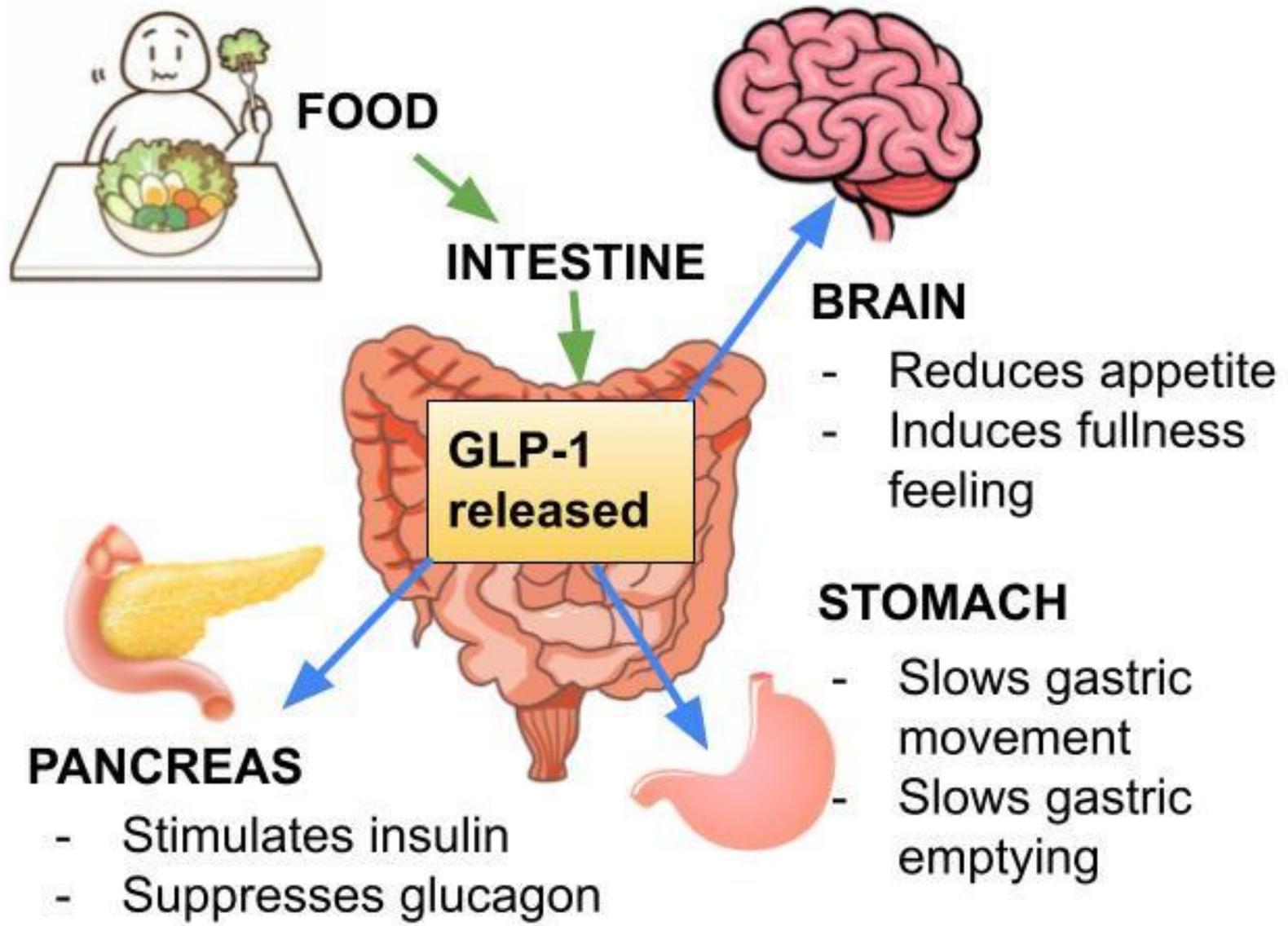
When I look around
this room I can't help
but wonder: Is
Ozempic right for me?

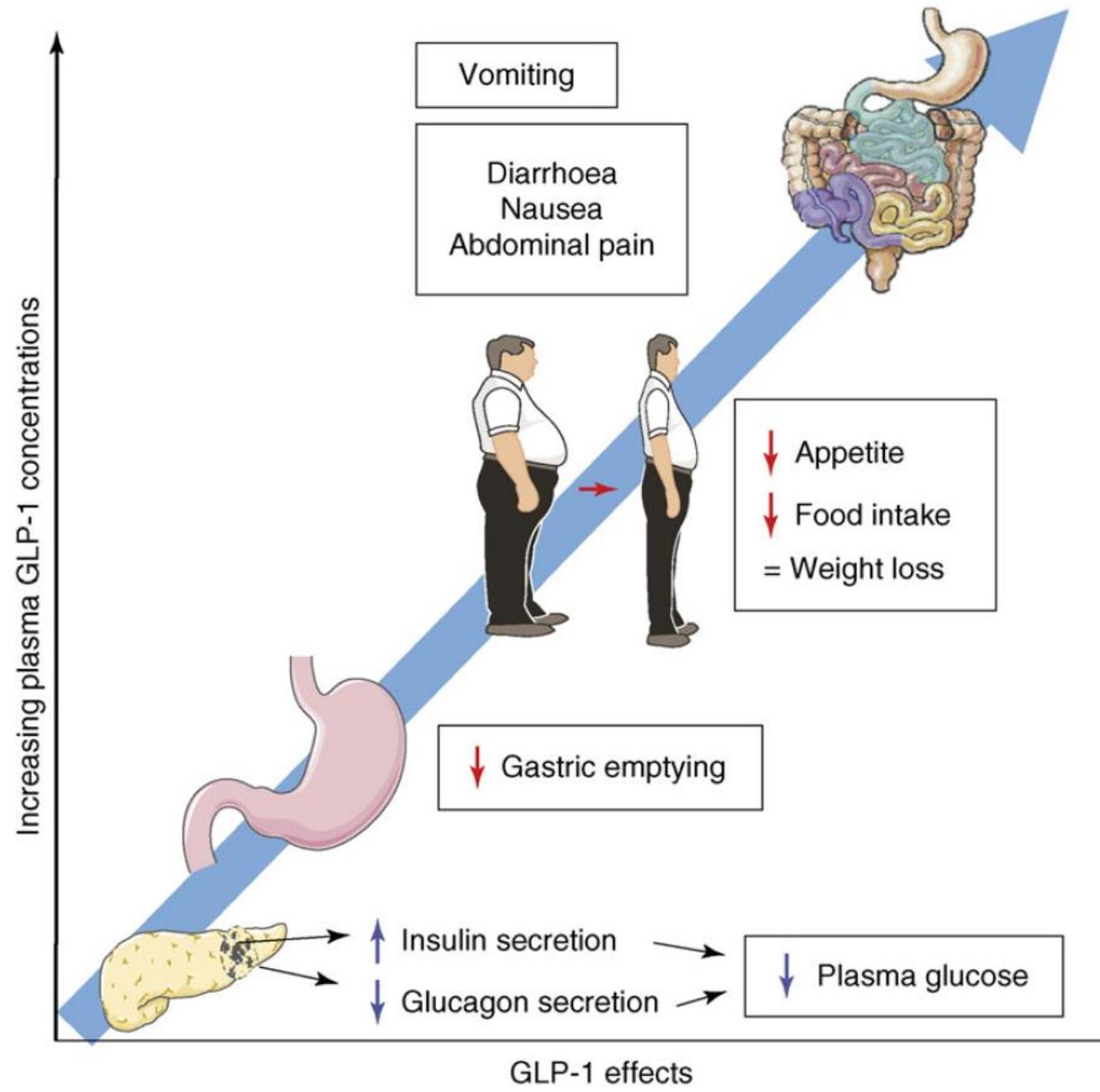
Jimmy Kimmel, 2023 Academy Awards



Timeline of GLP1 medications



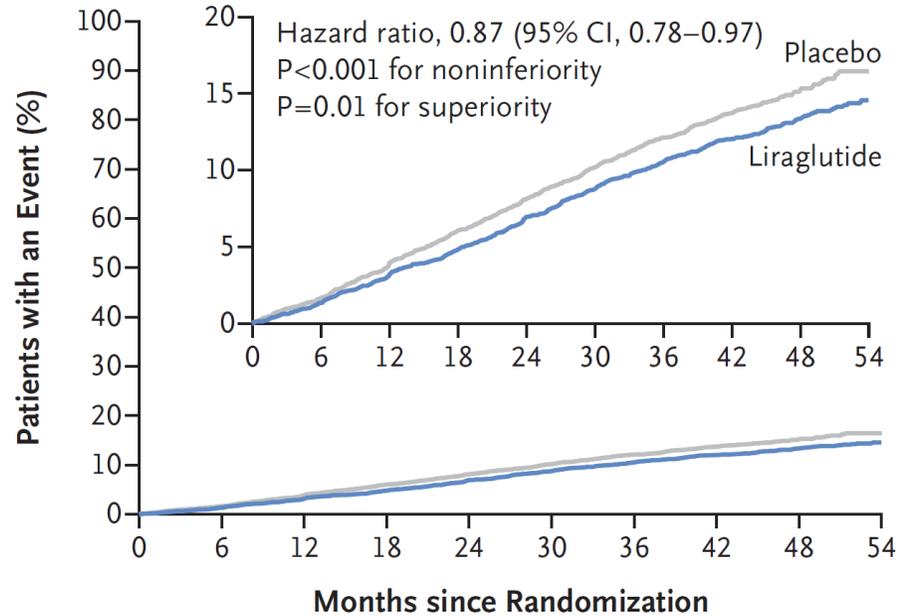




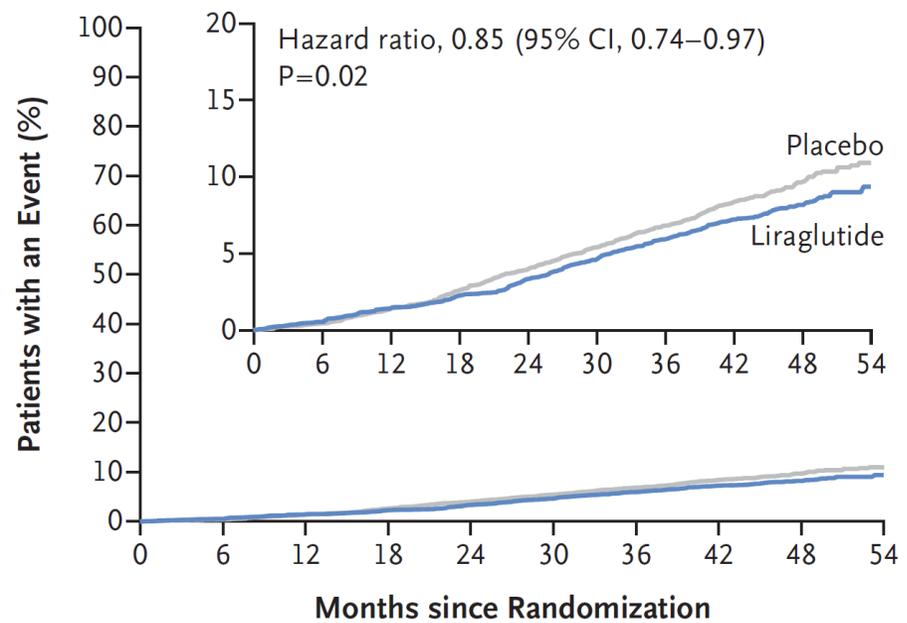
Liraglutide and Cardiovascular Outcomes in Type 2 Diabetes

Steven P. Marso, M.D., Gilbert H. Daniels, M.D., Kirstine Brown-Frandsen, M.D., Peter Kristensen, M.D., E.M.B.A., Johannes F.E. Mann, M.D., Michael A. Nauck, M.D., Steven E. Nissen, M.D., Stuart Pocock, Ph.D., Neil R. Poulter, F.Med.Sci., Lasse S. Ravn, M.D., Ph.D., William M. Steinberg, M.D., Mette Stockner, M.D., Bernard Zinman, M.D., Richard M. Bergenstal, M.D., and John B. Buse, M.D., Ph.D., for the LEADER Steering Committee on behalf of the LEADER Trial Investigators*

A Primary Outcome



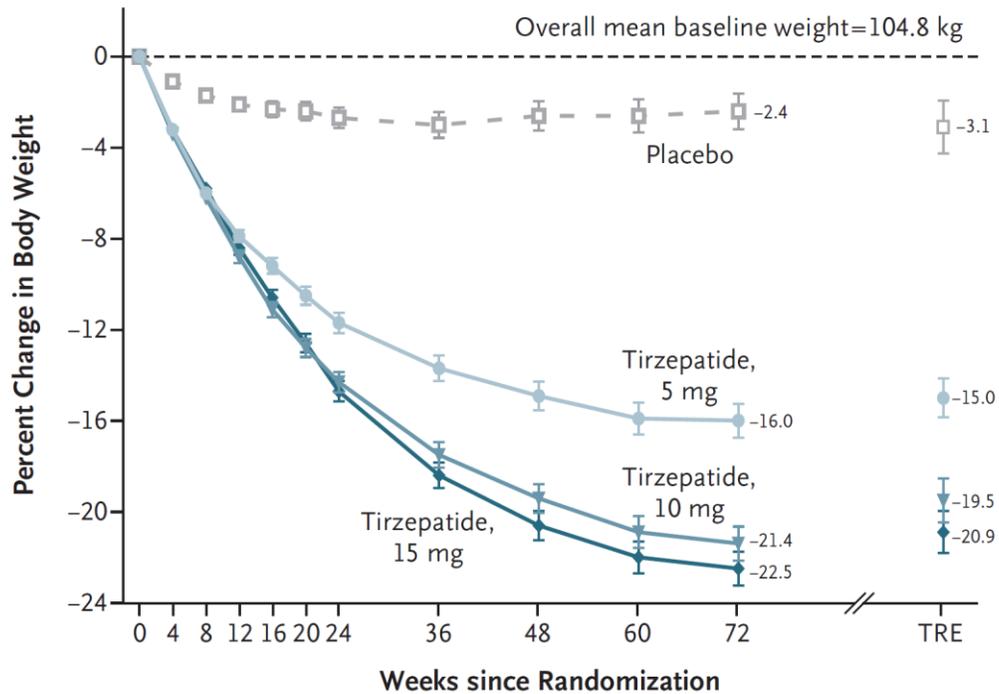
E Death from Any Cause



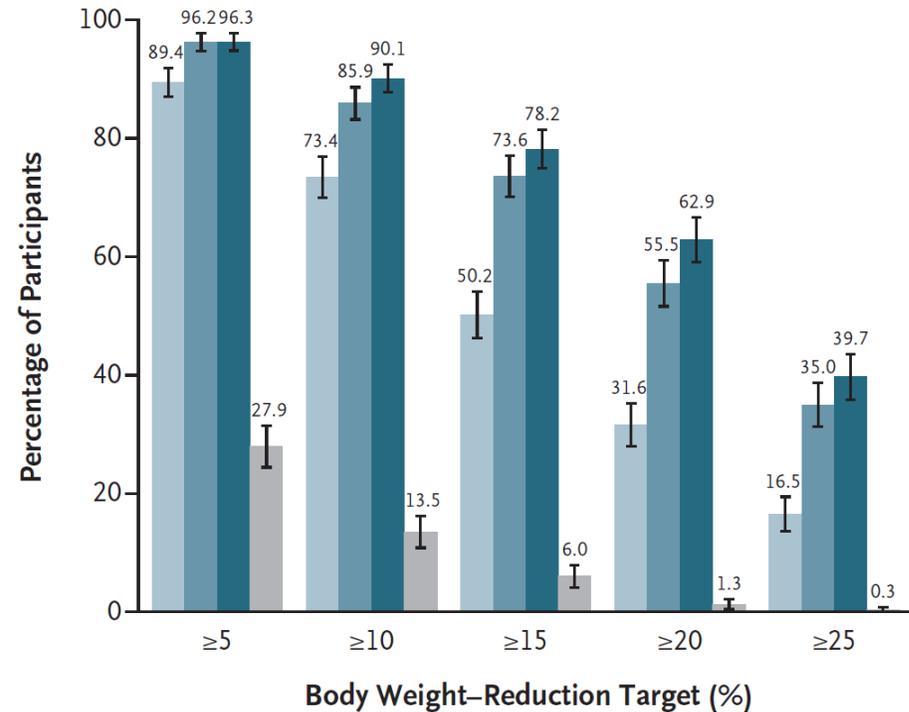
Tirzepatide Once Weekly for the Treatment of Obesity

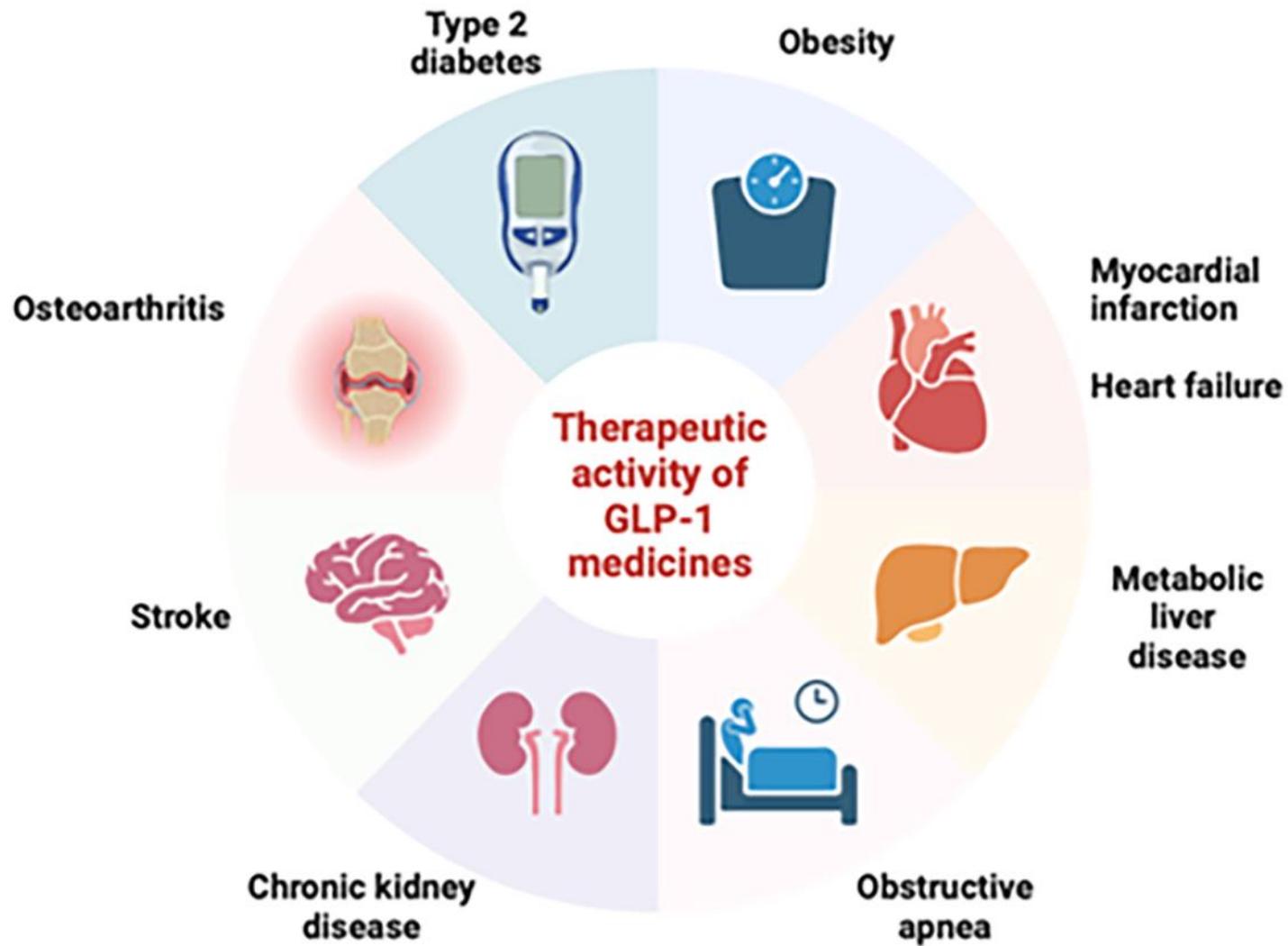
Ania M. Jastreboff, M.D., Ph.D., Louis J. Aronne, M.D., Nadia N. Ahmad, M.D., M.P.H., Sean Wharton, M.D., Pharm.D., Lisa Connerly, M.D., Breno Alves, M.D., Arihiro Kiyosue, M.D., Ph.D., Shuyu Zhang, M.S., Bing Liu, Ph.D., Mathijs C. Bunck, M.D., Ph.D., and Adam Stefanski, M.D., Ph.D., for the SURMOUNT-1 Investigators*

B Percent Change in Body Weight by Week (efficacy estimand)



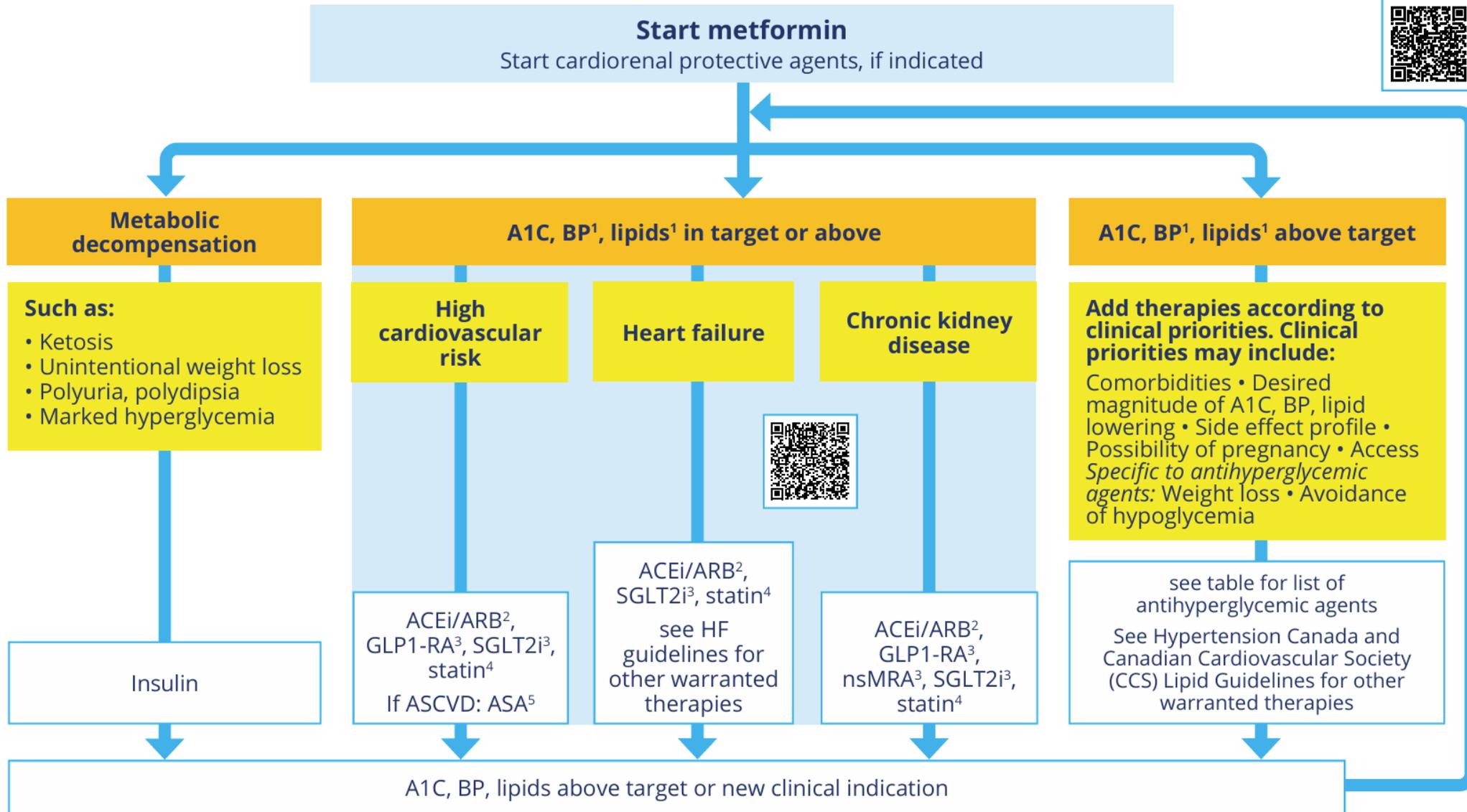
D Participants Who Met Weight-Reduction Targets (efficacy estimand)





Pharmacotherapy management for type 2 diabetes

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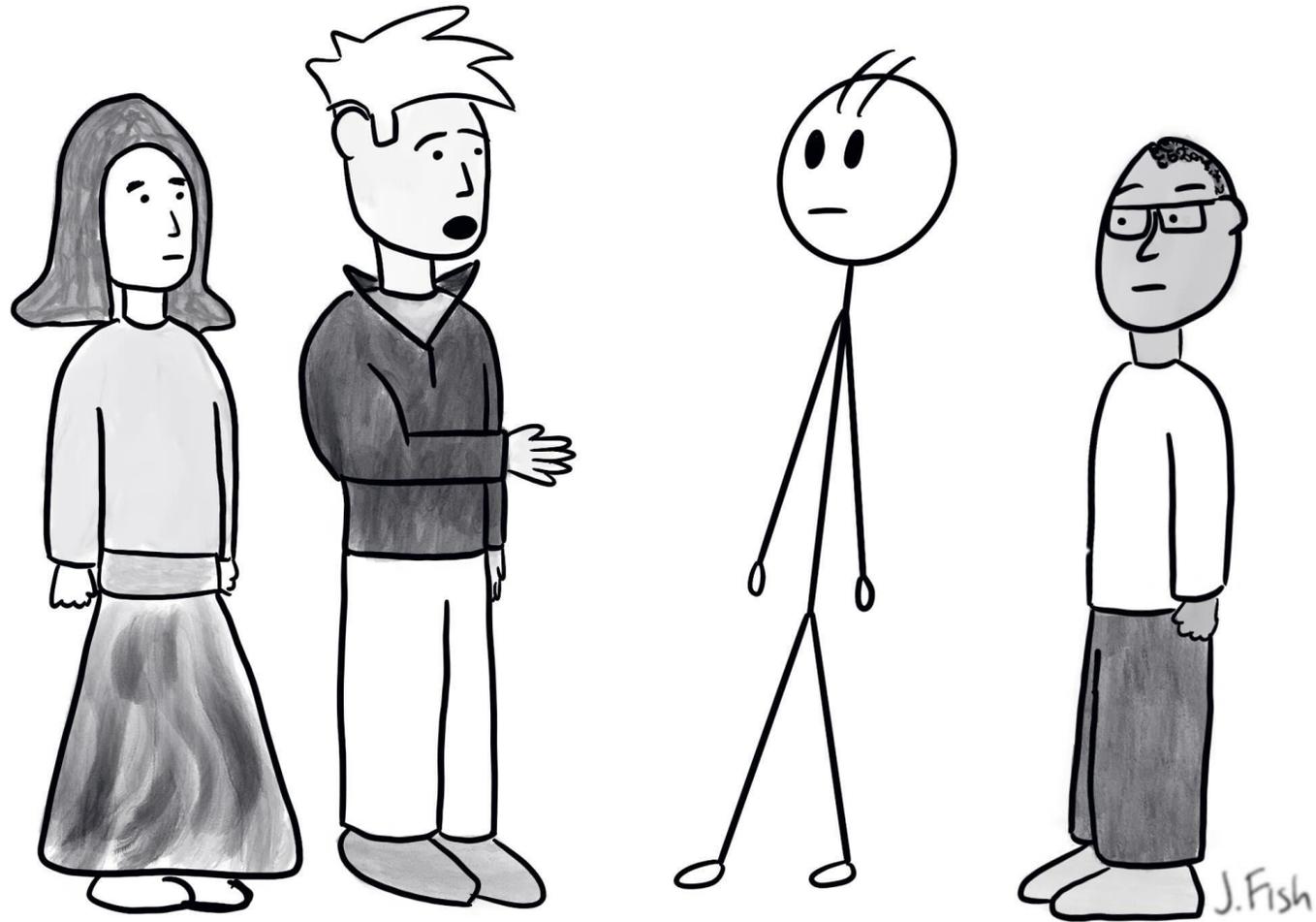


Health Canada indications

	Type 2 diabetes	Weight management
Semaglutide	Ozempic, Rybelsus 	Wegovy 
Tirzepatide	Mounjaro 	Zepbound 

- Weight management:
 - BMI 30 or greater, or
 - BMI 27 or greater with 1 or more weight-associated condition





“Greg, you’re over doing it with the Ozempic.”

Common issues to address

- Gastrointestinal side effects: nausea, vomiting, diarrhea
 - Dose dependent and often transient, mitigated by slow dose titration upon initiation
 - Risk of dehydration related to vomiting and reduced oral intake
 - Advise small portion sizes, avoid finishing plate if feeling full
- Low blood glucose:
 - Low intrinsic risk but may precipitate in combination with other medications
 - Other diabetes medications may need to be adjusted
- Loss of lean mass
 - Regular physical activity including resistance training
 - Ensure adequate protein intake while limiting simple carbohydrates and saturated fats
 - Referral to dietician often helpful

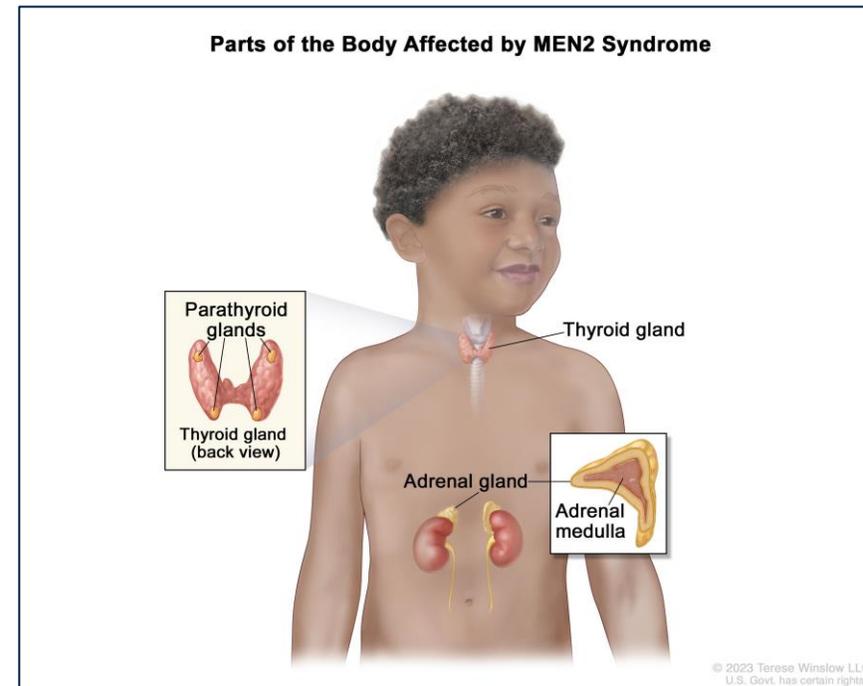


Rare complications

- Increased risk of gallstones and gallbladder problems
- Possible association with pancreatitis (conflicting data)
- Case reports of bowel obstruction and gastroparesis
- Risk of gastroparesis, a.k.a. “stomach paralysis”
- Very rare ischemic optic neuropathy leading to irreversible vision loss

Contraindications

- Pregnancy or breastfeeding
 - Safety has not been established
- Personal or family history of medullary thyroid cancer
- Personal or family history of MEN2



The use of GLP-1 receptor agonists is associated with an increased risk of thyroid cancer

GLP-1 receptor agonists and the risk of thyroid cancer

Bezin J., Gouverneur A., Pénichon M., Mathieu C., Garrel R., Hillaire-Buys D., Pariente A., Faillie J-L.

Nationwide population-based study on French SNDS database

3,746,672 individuals with type 2 diabetes treated with second-line antidiabetes drugs between 2006-2018



2,562 cases of thyroid cancers

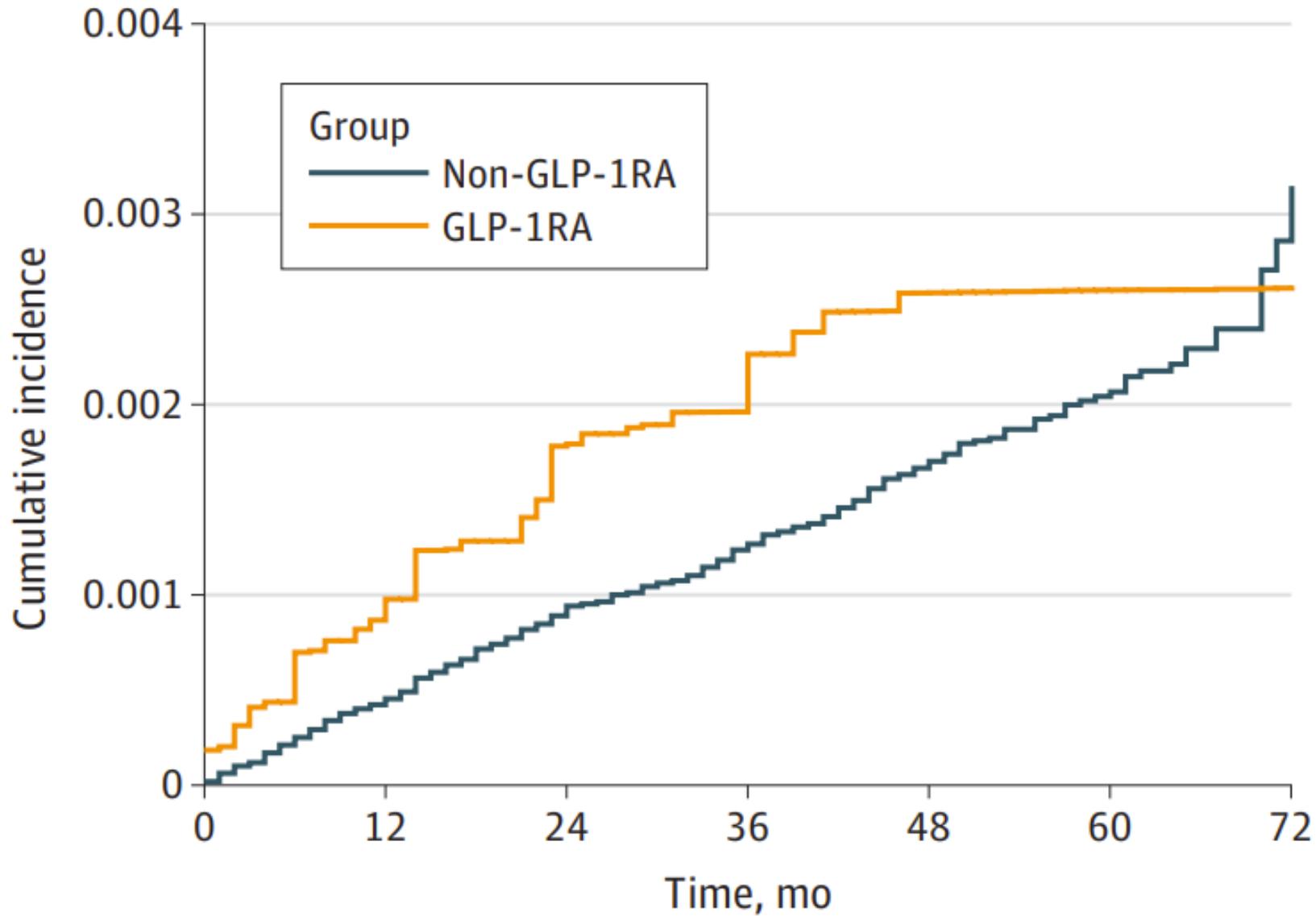


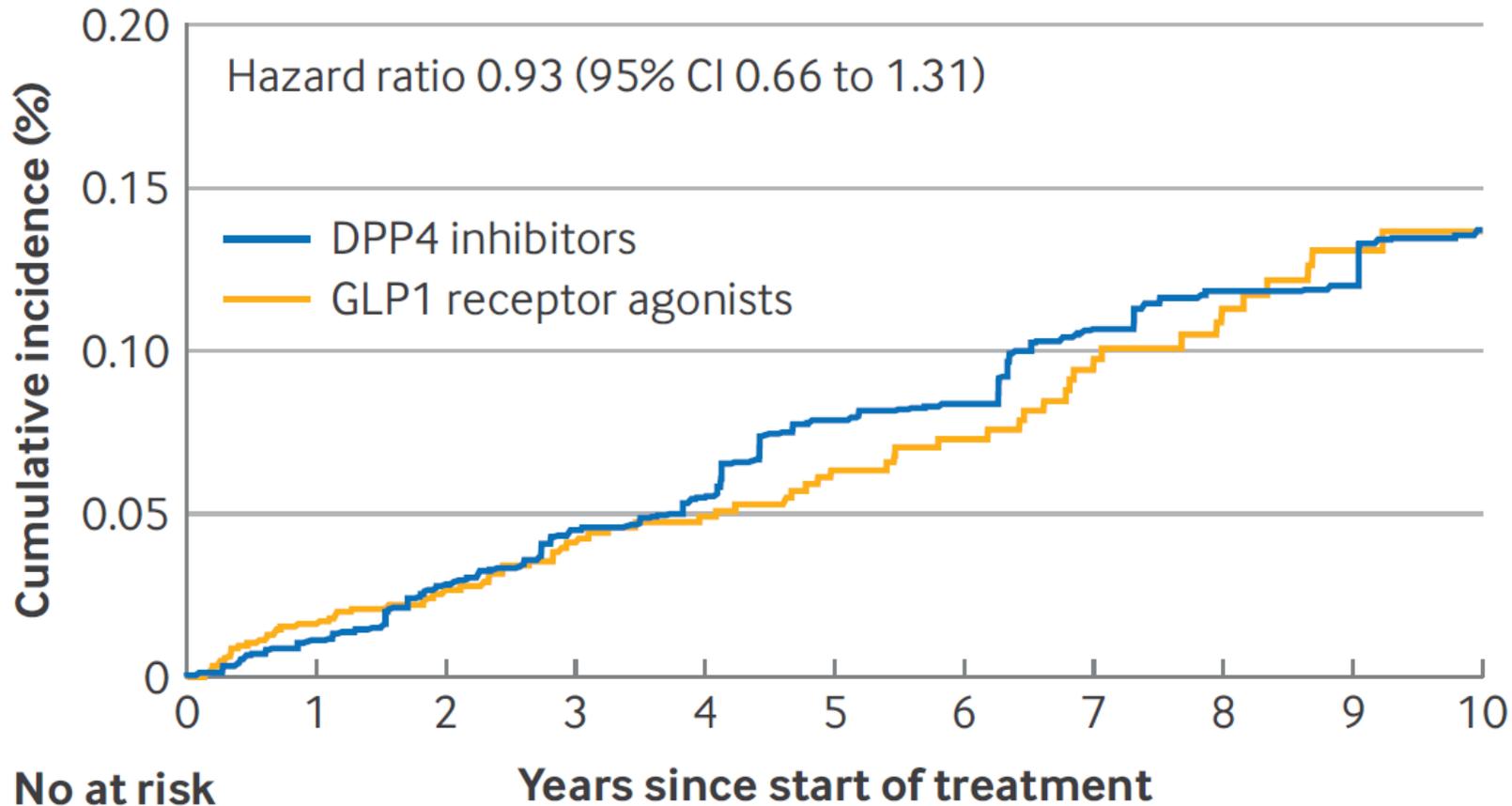
45,184 matched control subjects

	Case subjects <i>n</i> = 2,572	Control subjects <i>n</i> = 45,184	Adjusted hazard ratio (95%CI)*
GLP-1 receptor agonists			
No use	2,255 (88.0)	40,836 (90.4)	Reference
Cumulative use ≤1 year	117 (4.6)	1,767 (3.9)	1.22 (0.99 to 1.50)
Cumulative use 1-3 years	112 (4.4)	1,419 (3.1)	1.58 (1.27 to 1.95)
Cumulative use >3 years	78 (3.0)	1,162 (2.6)	1.36 (1.05 to 1.74)
DPP-4 inhibitors			
No use	1,522 (59.4)	27,406 (60.7)	Reference
Cumulative use ≤1 year	333 (13.0)	5,209 (11.5)	1.12 (0.99 to 1.28)
Cumulative use 1-3 years	310 (12.1)	5,918 (13.1)	0.96 (0.84 to 1.10)
Cumulative use >3 years	397 (15.5)	6,651 (14.7)	1.19 (1.04 to 1.35)

*Adjusted for social deprivation index, goiter, hypo- and hyperthyroidism in the last year, and use of other antidiabetes drugs in the last 6 years considered in therapeutic class.







No at risk

GLP1 receptor agonists

145 410 85 070 55 506 37 277 24 369 13 771

DPP4 inhibitors

291 667 237 308 175 024 115 062 67 927 35 871



Costs

- Semaglutide: \$250 – \$400 monthly depending on dosage
- Tirzepatide: \$400 – \$800 monthly depending on dosage
- Semaglutide covered by PharmaCare in the context of diabetes with suboptimal control on metformin
- Semaglutide and tirzepatide increasingly covered by third party insurers
- Patient support programs are available to provide some cost savings



Sandoz sees unbranded versions of Ozempic launching in Canada by end-June 2026

By Bhanvi Satija and Maggie Fick

November 12, 2025 10:57 AM PST · Updated November 12, 2025



Pens for the diabetes drug Ozempic sit on a production line to be packaged at the Danish drugmaker Novo Nordisk's site in Hillerod, Denmark, September 26, 2023. REUTERS/Tom Little [Purchase Licensing Rights](#)

Summary Companies

- Sandoz eyes early Canada entry after semaglutide patent expiry
- CEO sees supply constraints for unbranded GLP-1 medicines



Health Canada approval backlog expected to push back arrival of generic Ozempic

CHRIS HANNAY >
PUBLISHED NOVEMBER 20, 2025

Questions?



OZEMPIC.





THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine

