

WESTERN ZONE OBESITY NETWORK

NOVA SCOTIA

# Guide to Obesity Medications

*Weight-management medications available in Canada*



Based on the Obesity Canada Clinical Practice Guidelines

Western Zone Obesity Network · Last updated June 2026

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## Why medications work: brain biology, not willpower

If you have struggled with your weight, you know how hard it can be. You may have tried many diets and lost weight, only to gain it back. This is not your fault. Scientists now understand that obesity is a chronic disease: your brain has powerful systems that control hunger, cravings, and how your body stores fat, and these systems are not under your conscious control. That is why willpower alone usually is not enough.

Weight management medications work by targeting the brain systems that control appetite. They do not give you willpower. Instead, they work on the automatic, non-conscious parts of your brain that drive hunger and cravings. Think of it this way: these medications help quiet down the constant “noise” of hunger signals, making it easier to make healthy choices and stick with them.

### KEY POINT: OBESITY CANADA GUIDELINES

*“Pharmacotherapy is an effective and safe approach to treating obesity. As with other chronic diseases such as type 2 diabetes or high blood pressure, medication is an important part of obesity management.”*

## What are realistic expectations?

Different medications lead to different amounts of weight loss. On average, the newest medications (tirzepatide and semaglutide 2.4 mg) can help people lose around 15% of their body weight, while older medications typically help with 5–10%. Some people lose more, some less; everyone responds differently. For someone who weighs 220 pounds (100 kg), a 15% loss is about 33 pounds, and a 10% loss is about 22 pounds.

### ✓ Even mild weight loss matters

Even a 5–10% weight loss can greatly improve your health, helping with blood sugar, blood pressure, cholesterol, joint pain, sleep apnea, and energy levels.

At a Glance

## Medications approved in Canada

Health Canada has approved six medications for long-term weight management. Here is how the five most commonly discussed options compare:

### Tirzepatide

Zepbound / Mounjaro

#### HOW TAKEN

Injection under skin

#### HOW OFTEN

Once weekly

#### HOW IT WORKS

Copies two gut hormones (GLP-1 & GIP)

#### AVG. WEIGHT LOSS

**15–22%**

### Semaglutide

Wegovy

#### HOW TAKEN

Injection under skin

#### HOW OFTEN

Once weekly

**HOW IT WORKS**

Copies the GLP-1 gut hormone

**AVG. WEIGHT LOSS**

**15-17%**

## **Liraglutide**

Saxenda

**HOW TAKEN**

Injection under skin

**HOW OFTEN**

Once daily

**HOW IT WORKS**

Copies the GLP-1 gut hormone

**AVG. WEIGHT LOSS**

**5-7%**

## **Naltrexone / Bupropion**

Contrave

**HOW TAKEN**

Pills by mouth

**HOW OFTEN**

Twice daily

**HOW IT WORKS**

Acts on appetite & reward centres

**AVG. WEIGHT LOSS**

**4-6%**

## **Orlistat**

Xenical

**HOW TAKEN**

Pills by mouth

**HOW OFTEN**

Three times daily

**HOW IT WORKS**

Blocks some fat absorption

*\*Average weight loss beyond what would be expected with lifestyle changes alone. Individual results vary.*

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## Eligibility

### Who can take these medications?

According to Obesity Canada guidelines, weight management medications may be right for you if:

- You have a **BMI of 30 or higher**, *or*
- You have a **BMI of 27 or higher** *and* a weight-related health condition such as type 2 diabetes, high blood pressure, or sleep apnea.

Your doctor will also consider your waist measurement and overall health when deciding if medication is right for you. The detailed profiles below focus on the three options most often prescribed through our network: tirzepatide, semaglutide, and Contrave.

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## GLP-1 Based Medications

### The most effective options

The most effective weight loss medications work by copying a natural hormone in your body called **GLP-1** (glucagon-like peptide-1). Your gut makes this hormone after you eat, and it tells your brain that you are full.

# Tirzepatide

Zepbound (for weight) · Mounjaro (for diabetes)

<b>HOW TAKEN</b> Weekly injection under the skin	<b>AVERAGE WEIGHT LOSS</b> 15–22% of body weight
<b>HOW IT WORKS</b> Imitates two gut hormones (GLP-1 and GIP)	<b>BEST KNOWN FOR</b> Most effective option available today

Tirzepatide is the newest and most effective weight loss medication available. It works by copying two natural gut hormones instead of just one, and this double action leads to greater weight loss than older medications.

## How effective is it?

In clinical studies of people without diabetes, average weight loss was 15–22% of starting body weight.

**~85%**

lost at least 5% of body weight

**~60%**

lost at least 15% of body weight

**~40%**

lost at least 20% of body weight

## Dosing schedule

Tirzepatide is started low and increased slowly every 4 weeks to reduce side effects:

WEEK	DOSE
Weeks 1–4	<b>2.5 mg</b>
Weeks 5–8	<b>5 mg</b>
Weeks 9–12	<b>7.5 mg</b>

WEEK	DOSE
Weeks 13–16	10 mg
Weeks 17–20	12.5 mg
Week 21+	15 mg (maximum)

### Own your dose

Not everyone needs to reach the highest dose. Work with your doctor to find the dose that works best for you. If side effects bother you, it is okay to stay at a lower dose longer, or not increase at all.

## Semaglutide

Wegovy (for weight) · Ozempic is a lower dose for diabetes

<p><b>HOW TAKEN</b></p> <p>Weekly injection under the skin</p>	<p><b>AVERAGE WEIGHT LOSS</b></p> <p>15–17% of body weight</p>
<p><b>HOW IT WORKS</b></p> <p>Copies the GLP-1 gut hormone</p>	<p><b>BEST KNOWN FOR</b></p> <p>First highly effective GLP-1, well studied</p>

Semaglutide was the first of the highly effective GLP-1 medications approved for weight loss. It has been well-studied and shown to provide significant, lasting weight loss.

### How effective is it?

In clinical studies, average weight loss was about 15–17% of starting body weight.

**86%**

lost at least 5% of body weight

**69%**

lost at least 10% of body weight

**51%**

lost at least 15% of body weight

## Dosing schedule

Semaglutide is also started low and increased every 4 weeks:

WEEK	DOSE
Weeks 1–4	0.25 mg
Weeks 5–8	0.5 mg
Weeks 9–12	1.0 mg
Weeks 13–16	1.7 mg
Week 17+	2.4 mg (target dose)

### Health benefits beyond weight loss

Semaglutide has been shown to reduce the risk of heart attack and stroke in people with heart disease, help people with prediabetes return to normal blood sugar, improve symptoms in people with heart failure, and reduce knee pain in people with osteoarthritis.

## Other Options

## Naltrexone / Bupropion

Contrave

<b>HOW TAKEN</b> Pills by mouth, twice daily	<b>AVERAGE WEIGHT LOSS</b> 4–6% of body weight
<b>HOW IT WORKS</b> Affects appetite & reward centres in the brain	<b>BEST KNOWN FOR</b> A pill option that targets cravings

Contrave combines two medications used for other conditions: bupropion (an antidepressant) and naltrexone (used for alcohol and opioid dependence). Together, they work on the brain's reward system to reduce cravings and appetite. It may be a good choice if you prefer pills over injections, struggle with food cravings or emotional eating, or also have depression.

**Common side effects:** nausea, constipation, headache, dizziness, trouble sleeping, dry mouth.

### Who should not take Contrave

People with uncontrolled high blood pressure, a history of seizures, those taking opioid pain medications, those with eating disorders (anorexia or bulimia), or anyone suddenly stopping alcohol or sedatives.

**Liraglutide (Saxenda)** is a daily GLP-1 injection with more modest weight loss (5–7%); it is used less often now that weekly GLP-1 options are available. **Orlistat (Xenical)** is a pill taken three times daily that blocks some fat absorption from food (2–3% weight loss) and is rarely used in modern obesity care. Your care team can tell you whether either fits your situation.

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What to Expect

## Side effects

The most common side effects of GLP-1 medications are digestive: nausea, diarrhea or constipation, and feeling full quickly. They are usually worst when you first start or increase the dose.

### Side effects typically improve over time

For most people, side effects get better over 2–4 weeks as your body adjusts. Starting low and increasing slowly is the best way to reduce them.

## Less common but important

- **Gallstones:** rapid weight loss can increase the risk.
- **Pancreatitis** (inflammation of the pancreas): rare but serious. Seek medical help for severe stomach pain that does not go away.

### Who should not take GLP-1 medications

People with a personal or family history of medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). People with a history of pancreatitis should use them only with caution and after medical evaluation of the risks and benefits.

## Practical Information

### Cost & coverage

One of the biggest barriers to weight management medications is cost. Without insurance, these medications cost approximately **\$300–\$800 per month**. Many private plans now cover them, especially for diabetes, and coverage for weight management is improving but varies by plan. You may need a “prior authorization” form from your doctor.

### Ways to reduce costs

Ask your pharmacist about manufacturer savings programs, and check the official savings cards (often a 25–40% discount):

**[mymounjaro.ca](http://mymounjaro.ca)**

Mounjaro savings card

**[myzepbound.ca](http://myzepbound.ca)**

Zepbound savings card

**[wegovy.ca](http://wegovy.ca)**

Wegovy support & savings

**The Click Method**

Off-label cost-saving option (see appendix)

### Storage & missed doses

Store unopened injection pens in the refrigerator (2–8°C); do not freeze. An in-use pen can be kept at room temperature (below 30°C) for up to 4 weeks. For weekly injections, if it has been less than 4–5

days since a missed dose, take it as soon as you remember; if longer, skip it and take your next dose on the regular day. Never take two doses to make up for a missed one.

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The Long View

## Long-term use

### KEY MESSAGE

*Weight management medications are meant to be taken long-term, just like medications for blood pressure or diabetes. Stopping the medication usually leads to weight regain.*

Obesity is a chronic disease. The brain systems that drive hunger and weight gain do not go away. When you stop the medication, hunger signals return to their previous levels, cravings often come back, and weight regain is common and expected. **This is not a failure. It is biology.** The medication helps manage the disease, but it does not cure it, just as blood pressure medication controls but does not cure high blood pressure.

If you reach a weight that feels right for you, continue the medication to maintain your results, though your doctor may be able to lower the dose. Medication works best combined with healthy eating, adequate protein, regular activity, good sleep, and stress management.

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Appendix

# The Click Method

## An off-label, cost-saving option

Using a higher-dose pen with the “click-counting” method can lower costs if you are paying out of pocket. This is an **off-label** way of delivering the medication, so some physicians and pharmacists may not be comfortable with it. Always discuss it with your care team first.

## 1. Tirzepatide: the 15 mg pen

Each 15 mg pen has **240 clicks**; 60 clicks delivers the full 15 mg dose, which is not something you want to do in week 1. The pen locks out after 240 clicks, so count carefully. Always use a new pen tip, avoid touching the needle, and return the pen to the fridge immediately. Stay a minimum of 4 weeks on each dose, and do not increase if you are having side effects.

DOSE (MG)	CLICKS	DOSES IN A FULL PEN
2.5	10	24
5	20	12
7.5	30	8
10	40	6
12.5	50	5
15	60	4

## 2. Semaglutide (Wegovy): the 2.4 mg pen

74 clicks delivers the full 2.4 mg dose; the typical 0.25 mg starting dose is around 7 clicks. The usual plan steps up every 4 weeks. The same safety rules apply: new pen tip each time, do not touch the

needle, refrigerate after use, and at least 4 weeks per dose.

DOSE (MG)	CLICKS	DOSES IN A FULL PEN
0.25	7	42
0.375	11	26
0.5	15	20
0.75	23	12
1	30	9
1.25	38	7
1.5	46	6
1.75	54	5
2	62	5
2.4	74	4

Before Your Appointment

## Questions & FAQ

Here are some questions you may want to discuss with your healthcare team. Tap any question to read more.

**Which medication is right for me?**



There is no single best medication for everyone. Your doctor will weigh how much weight loss you are aiming for, your other health conditions, whether you prefer pills or injections, your insurance coverage, and how you tolerate side effects. The newer GLP-1 medications are the most effective, but the right choice is the one that fits your situation and that you can stay on.

### **How much weight loss can I realistically expect?**



It depends on the medication. The newest options (tirzepatide, semaglutide) average 15–22% and 15–17% of body weight; older options average 2–10%. Some people lose more and some less. Even a 5–10% loss brings meaningful health benefits.

### **What side effects should I watch for?**



Most side effects are digestive (nausea, constipation or diarrhea, feeling full quickly) and improve over 2–4 weeks. Rare but important ones include gallstones and pancreatitis. Seek medical help for severe stomach pain that does not go away.

### **How long will I need to take it?**



Obesity is a chronic disease, so these medications are meant for long-term use, like blood pressure or diabetes medication. Stopping usually leads to weight regain because the hunger signals return. This is biology, not failure.

## Will my insurance cover it? What if I need to stop? ×

Coverage varies by plan and is improving, especially for diabetes. You may need a prior authorization form. If cost is a barrier, ask about manufacturer savings cards. If you do need to stop, talk with your team about a maintenance plan to limit weight regain.

## Should I also see a dietitian or other specialist? ×

Often, yes. Medication works best alongside healthy eating, adequate protein, activity, good sleep, and stress management. A registered dietitian and other members of the care team can help you get the most from treatment.



### Download the full guide

The complete *Guide to Obesity Medications* (PDF), with full dosing tables, the Click Method appendix, and practical details.

[Download PDF](#)

*This guide is for educational purposes only and does not replace advice from your healthcare provider. Always talk to your doctor or nurse practitioner before starting, stopping, or changing any medication. Based on Obesity Canada Clinical Practice Guidelines (2025 Update).*