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PATIENT GUIDE

Semaglutide *for weight and metabolic health*

Semaglutide is an FDA approved medicine for weight management and type 2 diabetes, given as a weekly injection or a daily tablet. Large trials have measured its effects over several years.

COMPOUND	CLASS	FORMS	STATUS	SOURCES
Semaglutide	GLP 1 agonist	Injection or tablet	FDA approved	30 · PMID linked

§ 01

Overview

Semaglutide has changed what medicine can offer people living with excess weight and the health conditions that often come with it. It has been tested in large randomized trials involving tens of thousands of people, and it is approved by the U.S. Food and Drug Administration for weight management, for lowering cardiovascular risk, for type 2 diabetes, and for certain kidney and liver conditions.[20] [21]

This guide explains how it works, what the major trials found, how it is taken, and what to watch for. Every number comes from a published trial or the FDA label, and every study is listed at the end with links so you can read it yourself.

14.9%	**Average weight loss at 68 weeks.** In STEP 1, 1,961 adults without diabetes lost an average of 14.9 percent of their body weight on weekly semaglutide 2.4 mg, compared with 2.4 percent on placebo. Half lost 15 percent or more.[1]
20%	**Lower risk of heart attack, stroke or cardiovascular death.** In SELECT, among 17,604 adults with heart disease and overweight or obesity but no diabetes, semaglutide lowered this combined risk by 20 percent over a mean follow up of 39.8 months.[2]
Two thirds	**Of the weight lost returned after stopping.** One year after stopping, participants in the STEP 1 extension had regained about two thirds of their lost weight, so semaglutide works as a long term medicine.[3]
2	**Ways to take it.** A small injection under the skin once a week, or a tablet once a day. The FDA label sets a dose schedule for each.[20]

§ 02

What semaglutide is

Your gut releases a hormone called GLP 1 (glucagon like peptide 1) whenever you eat. It prompts insulin release when blood sugar rises, signals fullness to the brain, and slows stomach emptying, though its natural signal is brief.[5]

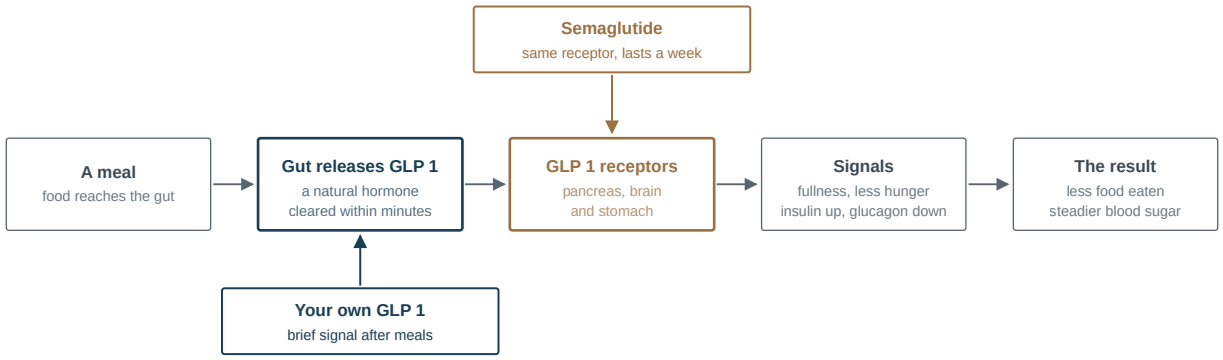
Semaglutide is a close copy of that hormone, engineered to last, sharing 94 percent of its sequence.[20] One change protects it from DPP 4, the enzyme that breaks GLP 1 down, and a fatty side chain lets it ride on albumin in the blood.[6 20] Its half life is about one week, so one injection covers a week.[20]

SEMAGLUTIDE AT A GLANCE	
Name	Semaglutide
Also called	Wegovy (weight, heart risk, liver); Ozempic and Rybelsus (type 2 diabetes)[20 21]
Structure	Human GLP 1 with two amino acid substitutions and a fatty acid chain at lysine 26[6]
Origin	Designed from the human hormone; backbone made by yeast fermentation[20]
Class	GLP 1 receptor agonist
How it is given	Weekly injection under the skin, or a daily tablet[20]

§ 03

How semaglutide works

Semaglutide acts on the same receptor as your own GLP 1, found in the pancreas, the gut and the brain's appetite centers.[5 20] In the pancreas, it increases insulin and lowers glucagon, but only when blood sugar is raised. Because of this glucose dependent action, the risk of low blood sugar rises mainly when semaglutide is combined with insulin or a sulfonylurea.[20] In the brain, it quiets hunger and brings on fullness sooner.



Semaglutide amplifies a signal your body already sends after every meal. Natural GLP 1 acts briefly after eating; semaglutide binds the same receptors and, with a half life of about a week, keeps the signal steady.[5 20] In the pancreas the effect on insulin and glucagon occurs only when blood sugar is raised.

The appetite effect is the main reason people lose weight. In a 20 week trial in 72 adults with obesity, people on semaglutide 2.4 mg ate 35 percent less at a free lunch than those on placebo, with less hunger and fewer cravings.[7] An earlier study found a 24 percent reduction in total food intake across the day, a lower preference for high fat foods, and no fall in resting metabolic rate once lean mass was accounted for.[8]

Semaglutide also slows stomach emptying, which adds to early fullness and to nausea at first,[20] though by week 20 of that trial there was no clear evidence of delayed emptying.[7]

KEY POINT

Semaglutide works by changing how hungry you feel and how much food it takes to feel satisfied, and it does not burn fat directly or speed up metabolism.[7] [8] Because you will be eating less, the quality of what you do eat, especially protein, matters more than before. The same mechanism is why the signal fades and appetite returns when the medicine is stopped.[3]

§ 04

What the research shows

Few medicines have been studied as thoroughly as semaglutide. The evidence comes from large, double blind, placebo controlled trials run over one to four years, several of them measuring hard outcomes such as heart attacks, strokes, kidney failure and death.

What the evidence supports

Weight loss is substantial and sustained while treatment continues. In STEP 1, half of the people on semaglutide lost 15 percent or more of their body weight, and 86 percent lost at least 5 percent.[1] In STEP 5 the average loss was 15.2 percent at two years.[9] The daily tablet and the higher 7.2 mg weekly dose have each been tested in their own trials.[10] [11]

Stopping usually means regaining. In STEP 4, people who had already lost weight on semaglutide and kept taking it lost a further 7.9 percent over 48 weeks, while those switched to placebo regained 6.9 percent.[4] In the STEP 1 extension, two thirds of the lost weight returned within a year of stopping, and most of the improvements in heart and metabolic markers drifted back toward where they started.[3]

The benefits extend beyond weight. SELECT showed a 20 percent lower risk of cardiovascular death, heart attack or stroke in people with established heart disease and overweight or obesity.[2] In people with type 2 diabetes, semaglutide lowered cardiovascular events in SUSTAIN 6 and, as a tablet, in SOUL.[14] [15] In FLOW, among people with type 2 diabetes and chronic kidney disease, it lowered the risk of major kidney events by 24 percent.[13] In people with biopsy confirmed fatty liver inflammation and scarring (MASH), 62.9 percent saw the inflammation resolve, compared with 34.3 percent on placebo.[16]

What is not yet known

Research is now focused on who benefits most, what dose suits whom, and how best to maintain results over many years. A trial in people with obesity and heart failure with preserved ejection fraction found clear improvements in symptoms, walking distance and inflammation markers, though heart failure is not yet an FDA approved use in the United States.[12] [20] Researchers are also studying how best to protect muscle during weight loss.[18] [19]

MAIN HUMAN TRIALS All randomized and placebo controlled unless noted.

STUDY	N	WHO AND HOW	MAIN FINDING
STEP 1 2021[1]	1,961	Adults with obesity or overweight, no diabetes; 2.4 mg weekly for 68 weeks	14.9 percent weight reduction vs 2.4 percent on placebo
STEP 1 extension 2022[3]	327	Followed for one year after stopping	About two thirds of lost weight regained; net loss 5.6 percent
STEP 4 2021[4]	803	Continue vs switch to placebo after 20 weeks of treatment	Further 7.9 percent loss if continued; 6.9 percent regain if switched
STEP 5 2022[9]	304	2.4 mg weekly for 104 weeks	15.2 percent weight reduction vs 2.6 percent at two years

STUDY	N	WHO AND HOW	MAIN FINDING
STEP UP 2025 [10]	1,407	7.2 mg vs 2.4 mg vs placebo for 72 weeks	18.7 percent vs 15.6 percent vs 3.9 percent weight reduction
OASIS 4 2025 [11]	307	25 mg tablet daily for 64 weeks	13.6 percent weight reduction vs 2.2 percent
SELECT 2023 [2]	17,604	Heart disease plus overweight or obesity, no diabetes; about 3 years	20 percent fewer cardiovascular deaths, heart attacks and strokes
STEP HFpEF 2023 [12]	529	Heart failure with preserved ejection fraction and obesity; 52 weeks	Better symptom scores and walking distance; 13.3 percent weight reduction
FLOW 2024 [13]	3,533	Type 2 diabetes and chronic kidney disease; 1.0 mg weekly	24 percent lower risk of major kidney events
SUSTAIN 6 2016 [14]	3,297	Type 2 diabetes at high cardiovascular risk; 104 weeks	Major cardiovascular events 6.6 percent vs 8.9 percent
SOUL 2025 [15]	9,650	Type 2 diabetes with heart or kidney disease; daily tablet	14 percent lower risk of major cardiovascular events
ESSENCE 2025 [16]	800	MASH with moderate or advanced scarring; 72 week interim analysis	Liver inflammation resolved in 62.9 percent vs 34.3 percent

SUMMARY

Semaglutide is one of the best supported medicines available for weight management and for lowering cardiometabolic risk. Its benefits are large, consistent across trials, and extend to hard outcomes like heart attacks and kidney failure. From the start, we plan for the stomach side effects of the early weeks and for the likelihood of regain if it is stopped, and we build both into your plan.

§ 05

How semaglutide is given

Semaglutide is always started at a low dose and increased step by step. The gradual increase lets your stomach adjust, since stomach and bowel side effects are most common while the dose is rising.[20] The doses in the tables come from the FDA approved prescribing information for Wegovy. Your physician may hold you at a dose for longer if you need more time to adjust.

Weekly injection under the skin

The injection is given once a week, on the same day each week, at any time of day, with or without food. It goes just under the skin of the abdomen, thigh or upper arm, and the site is rotated each week.[20] About 89 percent of each injected dose is absorbed, and blood levels peak one to three days after the injection. [20]

WEGOVY INJECTION: STARTING AND INCREASING THE DOSE From the FDA prescribing information.[20]	
WEEKS	ONCE WEEKLY DOSE
1 to 4	0.25 mg (starting dose)
5 to 8	0.5 mg
9 to 12	1 mg
13 to 16	1.7 mg
17 onward	Maintenance: 2.4 mg recommended, or 1.7 mg

If a step is not well tolerated, the next increase can be delayed by four weeks. A missed dose is taken if the next one is more than two days away and skipped if it is closer; after two or more missed doses in a row, the dose is stepped back down.[20]

The higher 7.2 mg dose. For adults who have tolerated 2.4 mg for at least four weeks and need further weight reduction, the label allows an increase to a maximum of 7.2 mg weekly, a strength sold as Wegovy HD.[20] In STEP UP this gave an extra 3.1 percentage points of weight loss over 2.4 mg, with more stomach side effects and more dysesthesia, a tingling or altered skin sensation (22.9 percent of people). [10]

Daily tablet

The Wegovy tablet pairs semaglutide with an absorption enhancer that lets it be taken up in the stomach. Only 1 to 2 percent of the dose is absorbed, so the tablet dose is higher and the instructions need to be followed closely.[20] The tablet is taken each morning on an empty stomach, swallowed whole with no more than 4 ounces of plain water, and you then wait at least 30 minutes before eating, drinking anything else or taking other tablets. [20] In people without diabetes, average blood levels on the 25 mg tablet are similar to those on the 2.4 mg weekly injection. [20]

WEGOVY TABLETS: STARTING AND INCREASING THE DOSE From the FDA prescribing information.[20]	
DAYS	ONCE DAILY DOSE
1 to 30	1.5 mg (starting dose)
31 to 60	4 mg
61 to 90	9 mg
91 onward	25 mg (maintenance)

A missed tablet is skipped. People can switch between tablet and injection following the label, so the choice is not permanent.[20] Rybelsus and Ozempic tablets, used for type 2 diabetes, follow their own separate dosing schedules. [21]

Other routes

Semaglutide is not approved as an injection into muscle, a nasal spray, a drop under the tongue or a cream, and we are not aware of published clinical trials supporting these forms. Only the injection under the skin and the tablet carry trial evidence and FDA approval.[20] [21]

COMPARING THE OPTIONS		
	WEEKLY INJECTION	DAILY TABLET
Food and timing	Any time of day, with or without food [20]	Empty stomach, small sip of water, 30 minute wait [20]
Time to full dose	16 weeks to 2.4 mg [20]	90 days to 25 mg [20]
Weight loss in main trial	14.9 percent at 68 weeks (2.4 mg) [1]	13.6 percent at 64 weeks (25 mg) [11]
FDA approved uses (Wegovy)	WEIGHT · HEART RISK · MASH [20]	WEIGHT · HEART RISK [20]

§ 06

What to expect

The first weeks. The starting dose is chosen for comfort rather than for weight loss, so do not judge the medicine by the first month. Nausea, looser stools or constipation are common as the dose rises and usually settle with time. [1] [20] As the dose builds, many people find that they feel full sooner, feel less hungry and have fewer food cravings. [7]

The following months. Weight comes off gradually. In STEP 1 the average loss had reached 14.9 percent by week 68, [1] and in STEP 5 a similar loss held through two years. [9] Waist size and blood pressure improved along the way. [4] Because the appetite effect lasts only while the medicine is in your system, the benefit depends on continuing it, [3] though semaglutide stays in the body for five to seven weeks after the last dose. [20]

Protecting your muscle while you lose weight

Any substantial weight loss includes some lean tissue as well as fat, whatever its cause. Semaglutide causes more fat loss than lean loss. [20] A 2026 analysis of 20 randomized trials found that lean mass made up about 35 percent of the weight lost on semaglutide, a share broadly similar to that seen with diet and exercise programs. Where resistance training was added to lifestyle programs, that share fell to about 18 percent. [18] A joint advisory from four nutrition and obesity medicine societies recommends resistance training and an adequate, protein focused diet for everyone on these medicines. [19]

HABITS THAT HELP

- Build each meal around a source of protein, since you will be eating less overall. [19]
- Do some form of strength or resistance exercise on most weeks, at a level suited to you. [18] [19]
- Drink enough fluid, especially on days with nausea, vomiting or diarrhea, because most reported kidney problems on this medicine have followed dehydration. [20]
- Tell us if side effects are stopping you from eating or drinking normally. The dose schedule can be slowed. [20]

§ 07

Safety

Semaglutide has a well characterized safety profile. Most side effects involve the stomach and bowel, are mild to moderate, and happen mainly while the dose is being increased. [20] In the weight management trials, 6.8 percent of people on the 2.4 mg injection stopped because of side effects, compared with 3.2 percent on placebo. [20]

MOST COMMON SIDE EFFECTS WITH WEGOVY 2.4 MG INJECTION Percent of adults in the weight management trials, from the FDA prescribing information. The tablet showed a similar pattern.[20]

SIDE EFFECT	SEMAGLUTIDE 2.4 MG (N=2,116)	PLACEBO (N=1,261)
Nausea	44%	16%
Diarrhea	30%	16%
Vomiting	24%	6%
Constipation	24%	11%
Abdominal pain	20%	10%
Headache	14%	10%
Fatigue	11%	5%
Indigestion	9%	3%
Dizziness	8%	4%
Hair loss	3%	1%

Less common but important

- **Thyroid C cell tumors** (**boxed warning**). Semaglutide caused thyroid C cell tumors in mice and rats. Whether this happens in people is unknown. It must not be used with a personal or family history of medullary thyroid carcinoma or with multiple endocrine neoplasia type 2 (MEN 2). Report a neck lump, trouble swallowing or persistent hoarseness.[20]
- **Pancreatitis.** Rare. Severe, persistent abdominal pain, sometimes spreading to the back, needs prompt attention.[20]
- **Gallbladder disease.** Gallstones were reported in 1.6 percent of adults on the injection and 0.7 percent on placebo.[20]
- **Kidney strain from dehydration.** Acute kidney injury has been reported, mostly in people who became dehydrated from vomiting or diarrhea.[20]
- **Low blood sugar.** The risk rises mainly when semaglutide is combined with insulin or a sulfonylurea, whose doses may need lowering.[20]
- **Eyes.** People with type 2 diabetes and diabetic eye disease need monitoring, as rapid improvement in blood sugar can temporarily worsen it.[20] Separately, European regulators concluded in 2025 that NAION, a sudden loss of vision in one eye from reduced blood flow to the optic nerve, is a very rare side effect of semaglutide, affecting up to 1 in 10,000 people.[23] The current U.S. label does not list it, but any sudden change in vision should be reported without delay.
- **Heart rate and procedures.** Resting heart rate rose by an average of 1 to 4 beats per minute. Because the stomach empties more slowly, tell any team giving you anesthesia or sedation that you take semaglutide.[20]
- **Mood.** In January 2026 the FDA asked for the suicidal thoughts warning to be removed from GLP 1 weight management labels after its review found no increased risk. It still advises reporting any new or worsening low mood.[22]
- **Fractures in older adults.** In SELECT, hip and pelvic fractures were more frequent on semaglutide in women and in people aged 75 or older, which is one more reason to protect muscle and bone during weight loss.[20] [19]

TELL YOUR PHYSICIAN BEFORE STARTING IF ANY OF THESE APPLY

- You or a family member has had medullary thyroid carcinoma, or you have MEN 2.
- You have had pancreatitis, gallbladder disease, or a serious allergic reaction to any GLP 1 medicine.
- You have type 2 diabetes, particularly if you use insulin or a sulfonylurea, or have diabetic eye disease.
- You have kidney disease, severe gastroparesis, or a history of an eating disorder.

- You are pregnant, planning a pregnancy or breastfeeding. Semaglutide should be stopped at least two months before a planned pregnancy.[20]
- You have surgery, sedation or an endoscopy coming up.
- You take any prescription medicine, over the counter product or supplement, including thyroid hormone or other medicines that need careful dosing. Please bring the full list.[20]

Semaglutide has been in use in the United States since 2017, and the largest outcome trial followed people for more than three years.[20] [2] Data covering a decade or more of continuous use at the doses used for weight management does not yet exist. So we review how you are doing at regular points instead of simply continuing indefinitely, and this information is scheduled for review as new evidence is published.

§ 08

Is this right for you

Semaglutide is a strong option for many adults whose weight is affecting their health, though not for everyone. Your consultation is where we work that out together.

Before we begin

- [ ] A review of your medical history, family history, current medications and supplements
- [ ] Weight, waist measurement, blood pressure and heart rate, so we have a clear starting point
- [ ] Baseline bloodwork, so that anything we see later can be compared against where you began
- [ ] A written note of your goals, for weight, health and how you want to feel, so we can judge progress together

If your history or bloodwork points to a medical cause for weight gain, or a contributing medicine, we will address that as part of your plan.

Reviewing your progress

We will reassess against your documented starting point at defined intervals, and treatment is not left open ended. You are welcome to stop at any time, and we will plan together how to protect your progress.

> QUESTIONS TO ASK YOUR PHYSICIAN
>
> Which form, injection or tablet, would you choose for someone in my situation? What should I eat, and how much protein do I need? How will we protect my muscle? What happens if I stop?

§ 09

Regulatory status

Wegovy injection is FDA approved, with diet and activity, for long term weight reduction in adults and adolescents aged 12 and older,[17] to lower the risk of major cardiovascular events in adults with heart disease and overweight or obesity, and, under accelerated approval, for MASH with moderate to advanced liver scarring without cirrhosis. Wegovy tablets are approved for weight reduction and cardiovascular risk reduction in adults.[20] Ozempic injection is approved for type 2 diabetes, including lowering cardiovascular risk and kidney decline in those with chronic kidney disease; Rybelsus and Ozempic tablets for type 2 diabetes and cardiovascular risk reduction.[21]

Compounded semaglutide is different, because compounded medicines are not FDA approved and the FDA does not review them for safety, effectiveness or quality before they are sold.[26] Pharmacies were permitted to make copies of semaglutide during the national shortage, which the FDA declared resolved on 21 February 2025; those temporary allowances ended in the spring of 2025.[24] On 1 May 2026 the FDA proposed not to include semaglutide on the list of substances that large outsourcing facilities may compound from bulk ingredients. The comment period closed on 30 July 2026, and the FDA's review is ongoing.[25] Semaglutide is also not among the peptides covered by the federal enforcement discretion policy for compounded peptides published on 30 October 2026, so that policy does not apply to it.[28]

For athletes, semaglutide is not on the World Anti Doping Agency Prohibited List; it is in WADA's monitoring program, which tracks use without penalty.[27]

If you would like details about the preparation used in your treatment, please ask.

§ 10

Common questions

Is semaglutide approved by the FDA?

Semaglutide is FDA approved as Wegovy injection and tablets for weight reduction and for lowering cardiovascular risk, with the injection also approved for adolescents aged 12 and older and for MASH.[17][20] As Ozempic and Rybelsus it is approved for type 2 diabetes.[21]

Is it safe, and what side effects should I expect?

Semaglutide has a well characterized safety profile from large trials. Nausea affected 44 percent of adults on the 2.4 mg injection against 16 percent on placebo, and diarrhea, vomiting and constipation were also common, mostly mild to moderate and mainly while the dose was rising.[20] In those trials 6.8 percent stopped because of side effects, compared with 3.2 percent on placebo.[20]

How soon would I notice anything?

The starting dose is chosen for comfort rather than for weight loss, so the first month is not a fair test. As the dose builds, many people feel full sooner and have fewer food cravings.[7] Weight comes off gradually, and in STEP 1 the average loss had reached 14.9 percent by week 68.[1]

How is it given, and for how long?

It is either a small injection under the skin once a week, reaching the 2.4 mg dose over 16 weeks, or a tablet each morning, reaching 25 mg over 90 days.[20] Semaglutide works as a long term medicine, since its benefit depends on continuing it.[3] We review how you are doing at regular points against your documented starting point rather than continuing indefinitely.

Can I take it with other medicines or peptides?

Your physician needs your full medication list, because the risk of low blood sugar rises mainly when semaglutide is combined with insulin or a sulfonylurea, whose doses may need lowering.[20] The published trials did not test semaglutide alongside other peptides, so there is no evidence on combining them.

Who should not use it?

Semaglutide must not be used by anyone with a personal or family history of medullary thyroid carcinoma or with MEN 2.[20] It should be stopped at least two months before a planned pregnancy.[20] A history of pancreatitis, gallbladder disease, kidney disease, diabetic eye disease or an eating disorder should also be discussed before starting.

What happens if I stop?

Most people regain weight. In the STEP 1 extension, two thirds of the lost weight returned within a year of stopping, and most heart and metabolic improvements drifted back toward where they started.[3] In STEP 4, people switched to placebo regained 6.9 percent over 48 weeks, while those who continued lost a further 7.9 percent.[4] You are welcome to stop at any time, and we will plan together how to protect your progress.

Will it affect drug testing in sport?

Semaglutide is not on the World Anti Doping Agency Prohibited List. It is in WADA's monitoring program, which tracks use without penalty.[27]

Why is a compounded version of semaglutide a different medicine?

A pharmacy prepares a compounded medicine for one patient on that patient's own prescription, which is a different activity from manufacturing an approved product to a label the FDA has examined. A preparation dispensed by a state licensed pharmacy or a registered outsourcing facility carries a named prescriber, oversight from a state board of pharmacy or from the FDA, ingredients that meet federal requirements, and a route for reporting a problem.[29] A vial bought online and labelled for research use only carries none of that, and the FDA treats those products as unapproved new drugs when they are intended for people.[30] Please do not use one.

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NEWPORT BEACH

IMPORTANT NOTICE

This document is patient education prepared by OC Wellness. It is not medical advice, not a prescription, and not a promise of any clinical outcome. **Semaglutide is approved by the U.S. Food and Drug Administration as Wegovy injection and tablets for chronic weight management and cardiovascular risk reduction (with the injection also approved for noncirrhotic MASH with moderate to advanced liver fibrosis), and as Ozempic injection, Ozempic tablets and Rybelsus for type 2 diabetes, including cardiovascular and, for Ozempic injection, kidney risk reduction; compounded semaglutide is not FDA approved.** Individual results vary, and no outcome can be predicted from the studies cited here.

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PATIENT SIGNATURE	DATE	REVIEWING PHYSICIAN

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