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STAR INVESTIGATION

I got a prescription for Ozempic, even though I shouldn't have qualified. How the rise of for-profit telehealth companies has led to bad medicine

The ease with which I got an Ozempic prescription online is 'egregious,' 'inappropriate' and even 'dangerous,' doctors warn.

By **Morgan Bocknek** Investigative Reporter

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Toronto Star reporter Morgan Bocknek received a two-month prescription from Ozempic from online telehealth website Livewell — even though she should not have qualified for the drug.

Nick Lachance

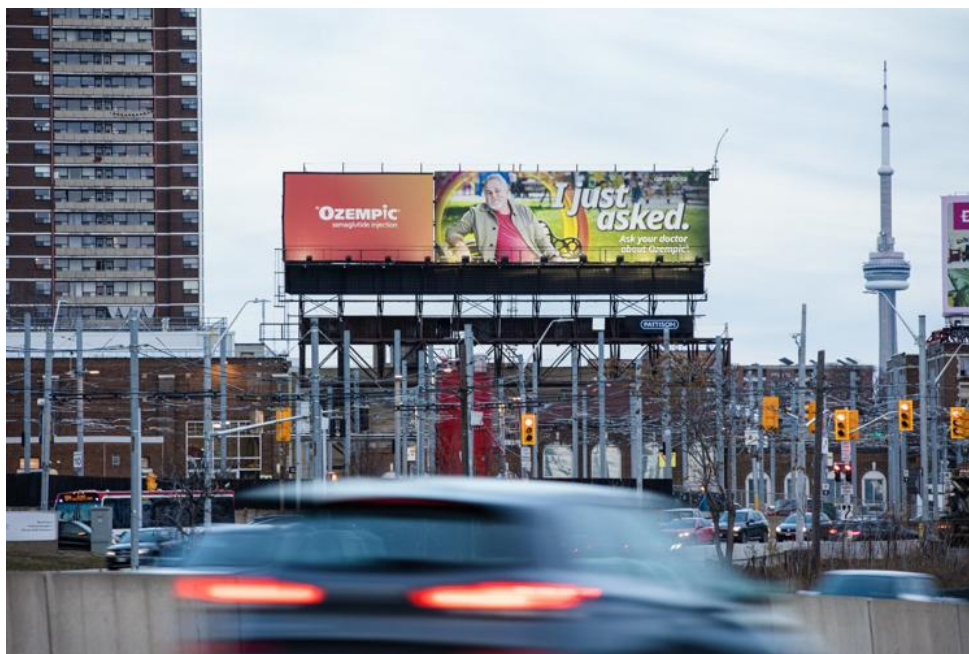
Ads for Ozempic have plastered streetcars and a billboard on the Gardiner Expressway. They show the popular weight-loss drug's simple and tantalizing catchphrase: "I Just Asked."

I did just ask, and I quickly got a prescription online.

But I should not have qualified for the injectable treatment, which is in short supply and needed by diabetics. And the ease with which I got Ozempic is alarming, "inappropriate" and even "dangerous," doctors and drug safety experts say.

I went to Livewell, part of the wave of new, for-profit telehealth platforms. Posing as a patient looking to lose weight, I filled out a questionnaire. After a few online text exchanges with a nurse practitioner, I was charged \$99 for a "virtual consultation" and prescribed the drug.

Not once did I interact with any health-care professional by phone or video.



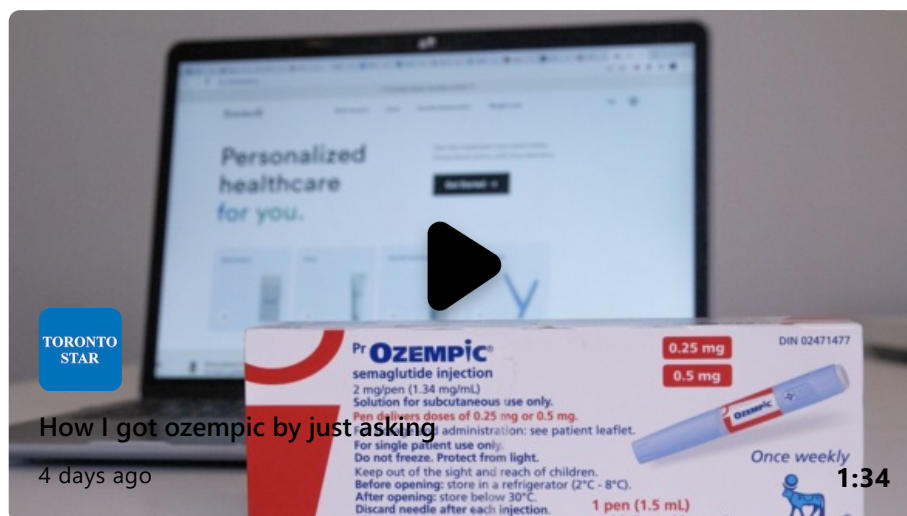
A billboard for Ozempic overlooks the eastbound Gardiner Expressway coming into Toronto.

Nick Lachance

“This was inappropriate treatment and it needs to be called out,” said Dr. Sean Wharton, a McMaster University professor who also co-authored the current guidelines on treating adult obesity.

My experience getting Ozempic, according to physicians interviewed by the Star, made a mockery of virtual care, which can be a vital tool in delivering health care to those in remote areas or with limited mobility.

Whether it’s done in-person or remotely, a doctor or nurse practitioner should only prescribe medication once they’ve established doing so is safe and necessary. That means doing a clinical assessment, considering the risks and benefits, and making a diagnosis.



The proliferation of for-profit telehealth companies

As easy access to primary-care family doctors remains out of reach for millions of Canadians, the proliferation of Livewell and other for-profit telehealth companies has filled a void. These companies' ads blanket social media, where they angle for patients looking for help with weight loss or conditions such as acne or erectile dysfunction.

However, these private companies' growth has outpaced regulators' ability to police the quality of care some Canadians are receiving. The companies have been accused of exploiting a loophole that allows them to charge patients for services they could receive for free under Ontario's public health insurance plan (OHIP).

No one from Livewell answered the Star's questions. Those contacted include the nurse practitioner who prescribed me Ozempic and who declined to comment, and the two entrepreneurs behind Livewell, who did not respond to repeated requests for comment.

Livewell's site assures prospective customers that what it does is safe and legal. The company says it "adheres strictly" to regulations governing the professional conduct of nurses and doctors, and says its "medical providers do not provide prescriptions unless they deem it medically safe and appropriate."

Several Canadian doctors are concerned that Livewell's lax oversight could lead to weight loss drugs being prescribed to patients with eating disorders, or it will exacerbate an ongoing

Ozempic shortage at the expense of patients who rely on it to treat their diabetes.

The Ozempic prescription I received from Livewell was not a medical service — it was a business interaction, said Dr. Noah Ivers, a virtual care expert and doctor at Women's College Hospital. Good medical care means there is a doctor and patient relationship, as well as a duty to do what's right by the patient, he said.

“What you received was not health care.”



Dr. Noah Ivers, a virtual care expert and doctor at Women's College Hospital, said the Star's experience getting a prescription from Livewell was not a medical service — it was a business interaction.

Star Staff

'Inappropriate and potentially dangerous'

Ozempic is approved to treat Type 2 diabetes. It helps increase the body's insulin production, lower blood sugar and slow digestion. People on the drug find it takes less food to feel full, and they feel full longer.

Its use as a weight-loss drug has gripped the cultural zeitgeist faster than fad diets. Sharon Osbourne, Tracy Morgan, Chelsea Handler and Amy Schumer have each publicly discussed their use of the drug for weight loss. “When I look around this room, I can't help but wonder, 'Is Ozempic right for me?' quipped late-night host Jimmy Kimmel in his opening monologue at the 2023 Oscars.

On its own, Ozempic, or semaglutide, is not a panacea to losing weight and keeping it off. Clinical trials sponsored by the drugmaker showed participants dropped an average of 12 per cent of their body weight over 68 weeks, though they gained most of that weight back after they stopped taking the drug. The Canadian guidelines for prescribing semaglutide and other medications to treat obesity advise that a medication can be used in conjunction with medical nutrition therapy, exercise and psychological interventions.

On Livewell's website, I entered my true height and weight — six feet tall and 157 pounds — and was told by the questionnaire that my body mass index, or BMI, was too low to qualify. My BMI was 21.3, considered within the healthy-weight range.

The website gave me the option to review my weight, and auto-filled the box with a weight of 230 pounds.

I submitted my weight as 230 pounds and was able to proceed. Upon request, I also submitted a photo of myself, taken a few years ago when I weighed 188 pounds.

About a day later, a nurse practitioner sent me a message on the Livewell platform, asking when I last had blood work done. I said it was done within the past year, and that it revealed no problems, which was true. I was not asked to provide copies of the lab results. She did not ask me followup questions about the photo, nor questioned any information that I submitted in the brief questionnaire.

Within minutes, I was told that I would receive a two-month prescription for Ozempic.

McMaster's Wharton says my experience was "inappropriate and potentially dangerous."



Dr. Sean Wharton, a professor in McMaster University's department of medicine, co-authored the current guidelines on treating adult obesity with medications

Nick Lachance

“They need to appropriately assess the patient's blood work and the patient's parameters. To see and visualize, you're talking to the actual person who needs the medication,” he said.

Freewheeling prescribing could worsen drug shortage

The College of Nurses of Ontario said nurse practitioners are expected to conduct “a thorough assessment to diagnose and develop a treatment plan for therapeutically managing patients' conditions.” The regulatory body said it investigates concerns of nurses engaging in suspected professional misconduct, but the law prohibits the college from commenting on any investigation.

Aside from me saying in my brief questionnaire that I routinely exercise, the Livewell nurse did not ask me any questions about my nutrition or history of psychological interventions.

“The first tool in the tool box, it's not a prescription medication. A prescription medication can absolutely be part of the treatment plan, but a treatment plan for weight loss involves many other interventions,” said Dr. Danyaal Raza, a doctor at St. Michael's Hospital and also a University of Toronto professor with a research focus on improving public health care.

Also concerning, Raza said, is that the seemingly freewheeling prescribing could intensify the ongoing Ozempic shortage, hurting diabetics who rely on the medication. In early December, Health Canada issued a notice recommending that prescribers not start new patients on Ozempic or other diabetes drugs that are in shortage, “unless there are no suitable alternatives.”

“These drugs should be conserved for people who have no other treatment choices,” Health Canada’s notice reads. I picked up my Ozempic prescription before this notice was issued.



The ease with which Star reporter Morgan Bocknek obtained an Ozempic prescription is alarming and potentially dangerous, doctors warn.

Kelsey Wilson / Toronto Star

The shortage — which started pinching supply in Canada in August, well before I was able to get the drug — also means that patients who obtained Ozempic from Livewell may not be able to get more once their initial supply runs out. Without consistent access to the medication, Raza warned, a patient could quickly regain the weight, without having had enough time to take advantage of any possible cardio benefits stemming from lost weight.

Exploiting a 'loophole'

The Canada Health Act prohibits charging patients for medically necessary services that are covered under OHIP or the other provincial health plans. Put simply, a doctor cannot charge a patient because the government is already footing the bill.

But those rules seem not to apply to nurse practitioners, even if they're performing the exact same service — and the for-profit telehealth industry “exploits this loophole,” said Bob Bell, former Ontario deputy minister of health and orthopedic surgeon.

As salaried employees, nurse practitioners' remuneration does not come from billing OHIP, so they're allowed to charge for services that would otherwise be free if a patient was seeing a doctor.

So, for a virtual assessment that includes “at a minimum history-taking and medically appropriate exam to arrive at a diagnosis,” a doctor can bill OHIP \$15 or \$20, depending on whether it was done by phone or video. Livewell charged me \$99 for my “virtual consultation” to get Ozempic. My colleague was charged \$39 to get a prescription for acne cream, despite the photo he submitted to Livewell not showing any pustules or pimples. Neither of us ever spoke to a health-care professional by phone or video.

“It's a demonstration of why for-profit care is so dangerous to the health of Canadians,” Bell said about my experience getting Ozempic. “You get care that's driven by profit, not what's appropriate for better patient health.”

“It's so egregious that it makes my blood boil.”

Ontario's health minister ignored requests for comment

Though Livewell's website has said its patients will talk to a “licensed Canadian doctor” from the telehealth platform, the Star could find none. After the Star posed as a patient and easily got an Ozempic prescription, the website was changed to no longer include the expectation of a doctor consultation. Now it more generally says that its health-care “providers” and “practitioners” will help new customers build a “personalized treatment plan.”

One way the government could regulate online for-profit health care is by creating a parallel OHIP system for nurse practitioners, like the one coming to Alberta early next year, said Doris Grinspun, CEO of the Registered Nurses' Association of Ontario (RNAO). As early as January 2024, nurse practitioners in Alberta will be allowed to bill the province directly and to open publicly funded, independent practices. The province has also promised grants to help with recruitment, setup and support.

The loophole allowing patients to be charged for otherwise insured services gained attention in October, when an Ottawa clinic drew outrage for its plans to charge patients \$400 a year to access nurse practitioners.

At the time, a spokesperson for Health Minister Sylvia Jones hinted that action was on horizon, and while clinics led by nurse practitioners are not covered by OHIP “at this time,” the province is “taking steps to review this and shut down bad actors taking advantage of patients.”

Neither the Ministry of Health nor Jones’s office responded to multiple requests for comment on my experience getting an Ozempic prescription from Livewell.

'Unanswered questions' remain about Ozempic

Since 2018, the number of Ozempic prescriptions dispensed in Canadian community pharmacies has soared more than 4,000 per cent to more than 3.5 million dispensed last year, according to data provided by IQVIA from its AuditCompuscript database.

The data includes all Ozempic prescriptions’ dispensed — regardless if it was for weight loss or diabetes — and does not reflect the number of individual patients on the drug as one patient could have received multiple prescriptions in a single year.

As use skyrockets, drug safety expert Dr. Joel Lexchin notes that not much is known about the medication’s long-term performance.

“The longest it’s been studied for weight loss is two years,” said Lexchin, who co-authored a 2023 paper reviewing the medication.

The European Medicines Agency is currently investigating reports of long-term users of Ozempic and similar medications who experienced suicidal thoughts or self-injury. The reported cases represent a tiny number of the overall patients using these kinds of drugs, and the agency says, “it is not yet clear whether the reported cases are linked to the medicines themselves or to the patients’ underlying conditions or other factors.”

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But the ongoing review underscores that there remain many “unanswered questions about semaglutide,” Lexchin said.

“Using the drug really does need to be done in ongoing consultation with a medical professional,” Lexchin said. “So this kind of a web-based consultation for new drugs is not appropriate in my view. It’s dangerous.”

Other telehealth firms offered more oversight

I posed as a prospective patient on two other online telehealth firms advertising access to Ozempic. Both appeared to offer more oversight than what I experienced at Livewell.

After I filled out a questionnaire, the nurse for Felix — which advertises “Treatment, On Demand” and “free, fast shipping” of drugs — said I would need to do a video call during which I would be required to step on a scale. Felix also sent me a new blood work requisition. When I followed up and identified myself as a reporter, Felix declined to answer questions, saying its focus “will continue to be on providing high-quality care to our patients informed by clinical best practice and in-line with Canadian laws and regulations.”

At Jill Health, another online telehealth website, a prospective patient cannot re-enter body weight in the questionnaire; if the first weight you enter is too low, you can’t go back and change it. There is nothing preventing a user from refreshing the page and

starting over, but the information is reviewed later in the process, after a patient pays a \$60 fee to continue to an intake questionnaire, said Jill head of product Elissa Riddell. Jill's program is designed for those who want to lose a significant amount of weight and often have other health conditions, like prediabetes, Riddell said. The questionnaire is just the first step in determining a treatment plan, adding that there is also a consultation "which the medical team reviews before providing the patient with blood work requisition."

Prescribing off questionnaires is not 'good medical practice'

The prescribing habits of online telehealth companies have come under scrutiny in Australia, where a health regulator recently denounced the practice of prescribing drugs off a questionnaire without any real-time consultation with a doctor, saying it "does not comply with the principles of good medical practice."

A 2023 study of Australian telehealth providers found none of seven apps studied provided enough oversight of patients' drug requests to meet Australia's threshold of safe prescribing.

In an interview, one of the study's co-author Amy Page said, "We don't want to be stifling innovation, if that innovation is allowing safe and effective access in a timely manner. It's just we need to make sure that it is safe."

Toronto physician Raza is concerned that lax prescribing standards could lead to Ozempic being handed out to Canadians who should not be taking it.

"It can absolutely fall into the wrong hands of folks who are struggling with disordered eating and eating disorders," he said. "It's just really harmful and really alarming."

While a face-to-face consultation cannot definitively stop dishonesty from leading to an unneeded prescription in all cases, it can nevertheless enable a doctor to scrutinize and question the patient's information.

In Canada, Livewell continues to invite prospective patients to "get your prescription."

Among its many ads on social media is one that features an influencer from British Columbia who urges anyone interested in taking Ozempic but who doesn't have a family doctor to go to

Livewell's site.

"No more fighting to get an appointment at a walk-in clinic, waiting for who knows how long ... just to be told, 'Go home, eat less, move more, come back in six months, and we'll reassess,' because I'm pretty sure we have all heard that line before," she says.

"With Livewell you will have a consultation with a licensed physician to discuss your health history, where you are and where you want to be."

With files from Jesse McLean

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