



### NICE TA875; Semaglutide for managing obesity: A briefing for Integrated Care Systems

#### ***Aim of this prescribing bulletin***

- Highlight the publication of the NICE Technology Appraisal guidance regarding semaglutide (Wegovy®) for weight management.
- To provide information on the product and the NICE recommendations to enable primary care prescribers to respond to queries.

#### ***Background***

Published on 8<sup>th</sup> March 2023, as part of [TA875](#), NICE are recommending semaglutide (Wegovy®) as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, only if:

- it is used for a maximum of 2 years, and within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4), and
- they have at least 1 weight-related comorbidity and:
  - a body mass index (BMI) of at least 35.0 kg/m<sup>2</sup>, or
  - a BMI of 30.0 kg/m<sup>2</sup> to 34.9 kg/m<sup>2</sup> and meet the criteria for referral to specialist weight management services in [NICE's guideline on obesity: identification, assessment and management](#).

Use lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.

Clinicians should consider stopping semaglutide if less than 5% of the initial weight has been lost after 6 months of treatment.

#### ***Wegovy® will be included in the ICS formulary once the product is launched***

The product is not currently available in the UK and is expected to launch in spring 2023. The similar products Ozempic® and Rybelsus® are only licensed for the treatment of type 2 diabetes, use different doses and cannot be used for weight management. Shortages of Wegovy® in the USA, due to high rates of prescribing, may have delayed the product launch in the UK until production can be increased to meet demand. The list price has not yet been made publicly available at the time of writing as it is considered confidential by the manufacturer.

Once the necessary information is available (including price and launch date) the ICS will seek to implement the recommendations within 90 days in line with their statutory obligations. A resource impact template has been produced by NICE to facilitate ICS decision making processes, this can be found [here](#).

#### ***Wegovy® will only be prescribed by specialist weight management services***

Wegovy® will only be available to patients seen in specialist weight management services and will not be prescribed in primary care. This is because the only evidence for its effectiveness in weight reduction is when used as an adjunct to a reduced calorie diet and increased physical activity, this then forms the basis of the product license. Using Wegovy® without the associated lifestyle support would be considered off-label prescribing.

#### ***The average weight loss with Wegovy® is nearly 15% of body weight***

Semaglutide 2.4mg (as Wegovy®) was shown to reduce body weight by 14.9% (15.3kg average) in the population treated in STEP 1 trial over 68 weeks. These were non-diabetic patients with a BMI of greater than or equal to 30kg/m<sup>2</sup>, or, with a BMI of greater than or equal to 27kg/m<sup>2</sup> with existing weight-related co-morbidity (hypertension, dyslipidaemia, obstructive sleep apnoea, or CVD). 30% of patients in the trial also lost over 20% of their baseline body weight during the study period

#### ***Treatment with Wegovy® will be for a maximum of 2 years***

Patients will only be able to access the treatment for a maximum of 2 years. This recommendation has been included by NICE due to a lack of data for longer treatment durations, and because the average time spent under the care of specialist weight management services in England is 2 years. The cost-effectiveness modelling considered by NICE used this 2-year time frame for these reasons and extending the treatment duration was thought to be less cost-effective. NICE have stated that retreatment may be appropriate if eligibility criteria for referral to specialist weight management services are met.

### **Weight lost during treatment can be expected to be regained within 3 years of stopping**

Clinical trials show that most patients treated with Wegovy® will gain much of the weight that was lost during treatment, once Wegovy® is stopped. NICE have acknowledged that there is uncertainty in how long patients will on average take to regain the weight but believe that 3 years after cessation is a reasonable estimate.

### **Cardiovascular benefits are based on surrogate outcomes**

NICE have acknowledged a lack of evidence for cardiovascular benefits for Wegovy® for patients who do not have diabetes. The cost-effectiveness modelling considered by NICE used risk equations taking into account, BMI, blood pressure, total cholesterol, high density lipoprotein and HbA1c measurements from the clinical trials, these which have not been validated and were not designed to estimate long term risk from a time-limited intervention.

Therefore, the long-term cardiovascular benefits of Wegovy® are uncertain

### **More weight is lost when using Wegovy® than liraglutide**

An indirect comparison with the existing GLP-1 treatment for weight management, liraglutide, has shown that significantly more weight is lost when using semaglutide.

### **Wegovy® may be prescribed privately**

Some providers such as community pharmacies and other private prescribers will be offering Wegovy®, once it becomes available in the UK, alongside other treatments, as part of a weight loss service alongside the lifestyle advice in line with the product license. Therefore, they will be able to offer Wegovy® to patients with a BMI of  $\geq 30\text{kg/m}^2$ , or  $\geq 27\text{kg/m}^2$  with weight-related co-morbidities. This is a lower threshold than NICE recommends, and in addition, services may be able to offer prescribing for longer than 2 years.

Prescribing of Wegovy® that is started privately cannot be continued by an NHS GP. Patients would have to meet the criteria set out by NICE for the treatment and be referred to an NHS specialist weight management service to receive ongoing NHS treatment.

### **References**

- NICE TA875: Semaglutide for managing overweight and obesity, published 8<sup>th</sup> March 2023. Accessed via; [Overview | Semaglutide for managing overweight and obesity | Guidance | NICE](#)
- Wegovy 0.25mg, 0.5mg, 1mg, 1.7mg and 2.4mg FlexTouch solution for injection in pre-filled pen summary of product characteristics (SPC). Last updated 24<sup>th</sup> June 2022. Accessed via; [Search Results - \(emc\) \(medicines.org.uk\)](#)

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