NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
Health Technology Evaluation

Orforglipron for managing overweight and obesity ID6516

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of orforglipron within its marketing authorisation for managing obesity or overweight with at least one weight-related co-morbidity.

Background

Overweight and obesity is a chronic condition characterised by increased body fat. People living with overweight or obesity are at an increased risk of developing cardiovascular disease, type 2 diabetes, atherosclerosis (the presence of fatty deposits in the arteries), hypertension and dyslipidaemia (abnormal levels of fats in the blood). Other conditions associated with obesity include non-alcoholic fatty liver disease, non-diabetic hyperglycaemia, subfertility, osteoarthritis, dyslipidaemia, obstructive sleep apnoea and idiopathic intracranial hypertension. The most common method for measuring obesity is body mass index (BMI) which is calculated as the ratio of weight to height squared. Overweight is typically defined by a BMI of 25 kg/m^2 to <30 kg/m^2 and obesity by a BMI of 30 kg/m^2 or more. Some ethnic groups, as noted in NICE guideline 246, may be at increased risk of some ill health conditions at lower BMI than people of European family background. For these groups overweight is defined by a BMI of 23 kg/m^2 to 27.4 kg/m^2 and obesity by a BMI of 27.5 kg/m^2 or above.

Obesity affects around 1 in 4 adults living in the UK.[1] In 2021 26% of adults in England were obese.[2] In 2022/2023 there were 8,716 hospital admissions with a primary diagnosis of obesity, a decrease of 22% from a peak of 11,117 admissions in 2018/2019. In 2022/2023, 77% of hospital admissions where obesity was a factor were in females.[3]

NICE guideline 246 'Overweight and obesity management' recommends multicomponent interventions as the treatment of choice including dietary, exercise and behavioural approaches, with medicines for weight management used alongside a reduced calorie intake and increased physical activity. Orlistat is an option for managing obesity in adults with a BMI of 30 kg/m^2 or more, and in people with a BMI of 28 kg/m^2 or more with associated risk factors. If dietary, lifestyle advice, behaviour modification and drug treatments are unsuccessful, assessment for bariatric surgery is an option for people with a BMI of 40kg/m^2 or more, people with a BMI between 35 kg/m^2 and 39.9 kg/m^2 who have a significant health condition that could be improved with weight loss, and people with a BMI of 35 kg/m^2 or more with recent-onset of type 2 diabetes (surgery can be considered for people from some minority ethnic backgrounds who have recent-onset type 2 diabetes at a lower BMI than other populations).

NICE Technology Appraisal (TA) 1026 recommends tirzepatide as an option for managing overweight and obesity in adults with an initial BMI of at least 35 kg/m^2 and at least one weight related comorbidity, alongside a reduced calorie diet and increased physical activity.

NICE TA875 recommends semaglutide as an option for weight management including weight loss and weight maintenance, alongside a reduced-calorie diet and increased activity in adults with at least one weight-related comorbidity and a BMI of at least 35 mg/m^2 or a BMI of 30 kg/m^2 to 34.9 kg/m^2 where the criteria are met for referral to specialist overweight and obesity management services. It is recommended for a maximum of 2 years.

NICE TA664 recommends liraglutide as an option for managing overweight and obesity alongside a reduced-calorie diet and increased activity in adults with a BMI of at least 35 kg/m^2, non-diabetic hyperglycaemia and a high risk of cardiovascular disease. The recommendations for tirzepatide, semaglutide and liraglutide indicate that BMI thresholds are usually reduced by 2.5 kg/m^2 for people from some ethnic minority backgrounds.

The technology

Orforglipron (brand name unknown, Eli Lilly) does not have a marketing authorisation in the UK for managing overweight and obesity. It has been studied in a clinical trial compared with placebo in adults with a BMI of 30 kg/m^2 or above, or a BMI of 27kg/m^2 or above with at least one weight-related comorbidity.

Intervention(s)	Orforglipron
Population(s)	Adults with a BMI of: • ≥30 kg/m^2 (obese) or • ≥27 kg/m^2 to <30 kg/m^2 (overweight) and at least one weight-related comorbidity
Comparators	• Standard management without oroforglipron (including a reduced calorie diet and increased physical activity) • Tirzepatide (for the population for whom tirzepatide is recommended in TA1026) • Semaglutide (for the population for whom semaglutide is recommended in TA875) • Liraglutide (for the population for whom liraglutide is recommended in TA664) • Orlistat (prescription dose)

Outcomes	The outcome measures to be considered include: • BMI • weight loss • waist circumference • glycaemic status • incidence of type 2 diabetes • cardiovascular events • mortality • adverse effects of treatment • health-related quality of life
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related technology appraisals:** Tirzepatide for managing overweight and obesity (2024) NICE technology appraisal guidance 1026 Semaglutide for managing overweight and obesity (2023) NICE technology appraisal guidance 875 Liraglutide for managing overweight and obesity (2020) NICE technology appraisal guidance 664 Naltrexone–bupropion for managing overweight and obesity (2017) NICE technology appraisal guidance 494

	Related NICE guidelines: Overweight and obesity management (2025) NICE guideline NG246 **Related interventional procedures:** Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity (2016) NICE interventional procedures guidance 569 Implantation of a duodenal–jejunal bypass sleeve for managing obesity (2013) NICE interventional procedures guidance 471 Laparoscopic gastric plication for the treatment of severe obesity (2012) NICE interventional procedures guidance 432 **Related quality standards:** Overweight and obesity management (2025) NICE quality standard 212

Questions for consultation

Which treatments are considered to be established clinical practice in the NHS for overweight and obesity?

Is bariatric surgery a relevant comparator for adults with a BMI of ≥30 kg/m² or adults with a BMI ≥27 kg/m² to <30 kg/m^2 and at least one weight-related comorbidity?

Are there any subgroups of people in whom orforglipron is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider orforglipron will fit into the existing care pathway for managing overweight and obesity?

Please select from the following, will orforglipron be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would orforglipron be a candidate for managed access?

Do you consider that the use of orforglipron can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

Please indicate if any of the treatments in the scope are used in NHS practice differently than advised in their Summary of Product Characteristics. For example, if the dose or dosing schedule for a treatment is different in clinical practice. If so, please indicate the reasons for different usage of the treatment(s) in NHS practice. If

stakeholders consider this a relevant issue, please provide references for data on the efficacy of any treatments in the pathway used differently than advised in the Summary of Product Characteristics.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which orforglipron will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. NHS (2023). Obesity. Accessed August 2025.
2. NHS Digital (2021). Statistics on Obesity, Physical Activity and Diet, England 2021 - NHS England Digital. Accessed August 2025.
3. NHS Digital (2024). Statistics on Public Health, England 2023 - NHS England Digital. Accessed August 2025