

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Health Technology Evaluation

## Semaglutide 7.2 mg dose for managing obesity [ID6699]

## Draft scope

**Draft remit/evaluation objective**

To appraise the clinical and cost effectiveness of semaglutide 7.2 mg dose, within its marketing authorisation, in addition to a reduced calorie diet and increased physical activity, for weight management in adults.

**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 are 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. Obesity is typically defined by a BMI of 30 kg/m<sup>2</sup> or more. Some ethnic groups may be at increased risk of some ill health conditions at lower BMI than people of European family background. For these groups obesity is usually defined by a BMI of 27.5 kg/m<sup>2</sup> or above.

Obesity affects around 1 in 4 adults living in the UK.<sup>1</sup> In 2021, 26% of adults in England were living with obesity.<sup>2</sup> In 2022/2023 there were 8,716 hospital admissions with a primary diagnosis of obesity. In 2022/2023, 77% of hospital admissions where obesity was a factor were in females.<sup>3</sup>

NICE's guideline on [overweight and obesity management \(NG246\)](#) 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 weight management in adults with a BMI of 30 kg/m<sup>2</sup> or more, and in people with a BMI of 28 kg/m<sup>2</sup> 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<sup>2</sup> or more, people with a BMI between 35 kg/m<sup>2</sup> and 39.9 kg/m<sup>2</sup> who have a significant health condition that could be improved with weight loss, and people with a BMI of 35 kg/m<sup>2</sup> 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 875](#) 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<sup>2</sup> or a BMI of 30 kg/m<sup>2</sup> to 34.9 kg/m<sup>2</sup> where the criteria are met for referral to specialist overweight and obesity management services. It is recommended 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). TA875 evaluated semaglutide at a dose of 2.4mg.

[NICE technology appraisal 1026](#) recommends tirzepatide as an option for managing overweight and obesity in adults with an initial BMI of at least 35 kg/m<sup>2</sup> and at least one weight-related comorbidity, alongside a reduced-calorie diet and increased physical activity.

[NICE technology appraisal 664](#) 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<sup>2</sup>, non-diabetic hyperglycaemia and a high risk of cardiovascular disease. TA664 recommends that it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service.

The recommendations for semaglutide, tirzepatide and liraglutide 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 ethnic backgrounds.

### The technology

Semaglutide (Wegovy, Novo Nordisk) has a marketing authorisation in the UK as an adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) of:

- $\geq 30 \text{ kg/m}^2$  (obesity), or
- $\geq 27 \text{ kg/m}^2$  to  $<30 \text{ kg/m}^2$  (overweight) in the presence of at least one weight-related comorbidity.

Semaglutide has a marketing authorisation for a maintenance dose of 2.4 mg once-weekly for people with obesity or overweight in the presence of at least one weight-related comorbidity. It also has a marketing authorisation for a maintenance dose of 7.2 mg once-weekly, if needed for weight management in people with a BMI of at least 30 kg/m<sup>2</sup> (obesity).

<b>Intervention(s)</b>	Semaglutide (Wegovy) 7.2 mg maintenance dose
<b>Population(s)</b>	Adults with a BMI of $\geq 30 \text{ kg/m}^2$ (obesity)
<b>Comparators</b>	<ul style="list-style-type: none"> <li>• Semaglutide 2.4 mg dose (for the population for whom semaglutide is recommended in TA875)</li> <li>• Tirzepatide (for the population for whom tirzepatide is recommended in TA1026)</li> <li>• Liraglutide (for the population for whom liraglutide is recommended in TA664)</li> <li>• Orforglipron (subject to NICE evaluation)</li> </ul>

<b>Outcomes</b>	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> <li>• BMI</li> <li>• weight loss</li> <li>• waist circumference</li> <li>• glycaemic status</li> <li>• incidence of type 2 diabetes</li> <li>• kidney function</li> <li>• cardiovascular events</li> <li>• mortality</li> <li>• adverse effects of treatment</li> <li>• health-related quality of life</li> </ul>
<b>Economic analysis</b>	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>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.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> <p>The availability and cost of biosimilar and generic products should be taken into account.</p>
<b>Other considerations</b>	<p>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.</p>
<b>Related NICE recommendations</b>	<p><b>Related technology appraisals:</b></p> <p><a href="#">Tirzepatide for managing overweight and obesity</a> (2025) NICE technology appraisal guidance 1026.</p> <p><a href="#">Semaglutide for managing overweight and obesity</a> (2023) NICE technology appraisal guidance 875.</p> <p><a href="#">Liraglutide for managing overweight and obesity</a> (2020) NICE technology appraisal guidance 664</p> <p><a href="#">Naltrexone–bupropion for managing overweight and obesity</a> (2017) NICE technology appraisal guidance 494</p>

	<p><b>Related technology appraisals in development:</b></p> <p><a href="#">Orforglipron for managing overweight and obesity</a>. NICE technology appraisal guidance [ID6516]. Publication date to be confirmed.</p> <p><b>Related NICE guidelines:</b></p> <p><a href="#">Overweight and obesity management</a> (2025) NICE guideline NG246</p> <p><b>Related interventional procedures:</b></p> <p><a href="#">Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity</a> (2016) NICE interventional procedures guidance 569</p> <p><a href="#">Implantation of a duodenal-jejunal bypass sleeve for managing obesity</a> (2013) NICE interventional procedures guidance 471</p> <p><a href="#">Laparoscopic gastric plication for the treatment of severe obesity</a> (2012) NICE interventional procedures guidance 432</p> <p><b>Related quality standards:</b></p> <p><a href="#">Overweight and obesity management</a> (2025) NICE quality standard 212</p>
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### Questions for consultation

Would it be appropriate to consider incorporating the evaluation of semaglutide 7.2 mg maintenance dose in an update to [TA875](#), instead of a Single Technology Appraisal? Please consider whether it is appropriate to reconsider the evidence for semaglutide 2.4 mg as part of any update, including the treatment setting and stopping rule and the anticipated treatment setting for semaglutide 7.2 mg (see next question).

Please select from the following: semaglutide 7.2 mg maintenance dose will be:

- A. Prescribed in primary care with routine follow-up in primary care
- B. Prescribed in specialist weight management services with routine follow-up in primary care
- C. Prescribed in specialist weight management services 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.

If A or B (prescribed in primary care or routine follow-up in primary care), are services already available to manage use of semaglutide 7.2 mg in primary care? If no, what additional resources would be needed to implement semaglutide 7.2 mg?

Where do you consider semaglutide 7.2 mg maintenance dose will fit into the existing care pathway for weight management in adults?

How should the population be defined in line with the marketing authorisation which states that semaglutide 7.2 mg is an option '*if needed*'?

Are there any relevant subgroups that could be considered for semaglutide 7.2 mg maintenance dose?

- For example, if evidence allows, should subgroups based on weight-related comorbidities be considered for?

Is orlistat a relevant comparator for semaglutide 7.2 mg maintenance dose?

Would semaglutide 7.2 mg maintenance dose be a candidate for managed access?

Do you consider that the use of semaglutide 7.2 mg maintenance dose 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.

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 treatment is 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 February 2026.
2. NHS Digital (2021). [Statistics on Obesity, Physical Activity and Diet, England 2021 - NHS England Digital](#). Accessed February 2026.
3. NHS Digital (2024). [Statistics on Public Health, England 2023 - NHS England Digital](#). Accessed February 2026.