



# Resource impact summary report

Resource impact

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# Resource impact summary report

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

## Guidance recommendations

See [NICE's recommendations on semaglutide for reducing the risk of major cardiovascular events in people with cardiovascular disease and overweight or obesity](#).

## Financial and capacity resource impact

The key drivers of resource impact and things to note are that:

- Semaglutide is used alongside existing drugs for secondary cardiovascular event prevention.
- The resource impact template allows any increase in behavioural support appointments to be costed. These appointments were not included in the company's cost-effectiveness modelling. The company thought that the level of healthy lifestyle counselling provided in both arms of the SELECT clinical trial was representative of NHS clinical practice for secondary cardiovascular event prevention.

The evaluation committee concluded that the additional cost of introducing healthy lifestyle counselling for people having semaglutide compared with standard care was uncertain. But it also concluded that, because the incremental cost-effectiveness ratios were low, the additional cost would need to be substantial for semaglutide not to be cost effective. Users can amend the cost to suit local practice in the resource impact template.

Use of GLP-1 receptor agonists in other indications (diabetes, obesity and overweight management) is expected to increase each year. People who are already having a GLP-1 receptor agonist for another indication will not be eligible for semaglutide for secondary cardiac event prevention.

The company has a [commercial arrangement](#). This makes semaglutide available to the NHS at a discount.

Users can input the confidential price of semaglutide and amend other variables in the [resource impact template](#).

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

For further analysis or to calculate the financial and capacity impact, see the [resource impact template](#).

## Eligible population for semaglutide

There are around 2.5 million people in England with established cardiovascular disease. About half of these people have a body mass index (BMI) of 27.0 kg/m<sup>2</sup> or more. There are around 83,000 new diagnoses of cardiovascular disease in people with a BMI of 27.0 kg/m<sup>2</sup> or more. After adjusting for the estimated number of people already having a GLP-1 This gives a total eligible population of around 1.21 million people in England. But this population will reduce further over time as GLP-1 use in other indications increases to around 1.14 million people by year 3.

Table 1 shows the population who are eligible for semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity. It also shows the number of people who are expected to have semaglutide in each of the next 3 years, including forecast eligibility reduction.

**Table 1 Population expected to be eligible for and to have semaglutide in England**

| Eligible population and uptake       | Number of people eligible for semaglutide | Number of people starting treatment each year | Number of people continuing treatment from previous years | Number of people having semaglutide each year |
|--------------------------------------|---|---|---|---|
| Current practice without semaglutide | 1,210,100                                 | 0   | 0   | 0   |
| Year 1                               | 1,210,100                                 | 31,000  | 0   | 31,000  |
| Year 2                               | 1,178,200                                 | 37,700  | 28,000  | 65,700  |
| Year 3                               | 1,146,400                                 | 43,900  | 59,200  | 103,100                                       |

The uptake for semaglutide is based on information received from the company and NHS England.

## Treatment options for the eligible population

The comparator treatment for the eligible population is standard care. Semaglutide is given in addition to standard care. So, the costs of standard care are excluded from the [resource impact template](#).

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

## Key information

Table 2 Key information

|  |                                      |
|--|--------------------------------------|
| Time from publication to routine commissioning funding | 90 days                              |
| Programme budgeting category                           | 10A coronary heart disease           |
| Commissioners  | Integrated Care Boards               |
| Providers  | NHS hospital trusts and primary care |
| Pathway position                                       | Secondary event prevention           |

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on Semaglutide for preventing major cardiovascular events in people with cardiovascular disease and overweight or obesity](#) and should be read with it.

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