

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal

Semaglutide for managing overweight and obesity

Draft scope

**Draft remit/appraisal objective**

To appraise the clinical and cost effectiveness of semaglutide, within its marketing authorisation, in addition to a reduced calorie diet and increased physical activity, for the management of people with obesity or overweight with risk factors.

**Background**

Overweight and obesity is a chronic condition characterised by increased body fat. People who are overweight or obese 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. Overweight is typically defined by a BMI of 25 kg/m<sup>2</sup> to <30 kg/m<sup>2</sup> and obesity by a BMI of 30 kg/m<sup>2</sup> or more. BMI scores of 30 kg/m<sup>2</sup> to <35 kg/m<sup>2</sup> are defined as Obesity class I, scores of 35 kg/m<sup>2</sup> to <40 kg/m<sup>2</sup> as Obesity class II and scores of ≥40 kg/m<sup>2</sup> as Obesity class III. Some ethnic groups may be at increased risk of some ill health conditions at lower BMI than people of European family origin.

Obesity affects approximately one in four adults in the UK, with 67% of men and 60% of women in England being overweight or obese.<sup>1,2</sup> In 2018/19 there were 11,117 hospital admissions directly attributable to obesity, an increase of 4% on 2017/18 (10,660 admissions). There has been an upward trend since 2014/15, with an increase of 22% over that period.<sup>2</sup>

NICE clinical guideline 189 ([CG189](#)) 'Obesity: identification, assessment and management' states multicomponent interventions are the treatment of choice. Weight management programmes include behaviour change strategies to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet, and reduce energy intake. Pharmacological treatments are usually considered only after dietary, exercise and behavioural approaches have been started and evaluated. It recommends orlistat for the management of obesity in people 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 and significant comorbidities. If dietary and lifestyle advice, behaviour modification and drug treatments are unsuccessful, the NICE clinical guideline recommends bariatric surgery for people with: a BMI of ≥40 kg/m<sup>2</sup>; a BMI of between 35 kg/m<sup>2</sup> and <40 kg/m<sup>2</sup> with significant comorbidities, a BMI between 30 kg/m<sup>2</sup> and <35 kg/m<sup>2</sup> and with recent-onset of type 2 diabetes (surgery can be considered for people of Asian family origin who have recent-onset type 2 diabetes at a lower BMI than other populations).

**The technology**

Semaglutide (Rybelsus, Novo Nordisk) binds to and activates the glucagon-like peptide-1 (GLP-1) receptor in order to increase insulin levels and suppress glucagon secretion. This action leads to the slowing of glucose absorption and lower post-meal blood glucose levels. It is administered by subcutaneous injection.

Semaglutide does not currently have a marketing authorisation in the UK for managing overweight and obesity. It has been studied in clinical trials as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adults with an initial BMI of  $\geq 30 \text{ kg/m}^2$  (obese), or  $\geq 27 \text{ kg/m}^2$  to  $< 30 \text{ kg/m}^2$  (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (pre-diabetes or type 2 diabetes mellitus), cardiovascular disease, hypertension, dyslipidaemia or obstructive sleep apnoea.

Semaglutide has a marketing authorisation in the UK as an adjunct to diet and exercise for treatment of adults with insufficiently controlled type 2 diabetes mellitus, either as monotherapy when metformin is considered inappropriate due to intolerance, or in combination with other medicinal products for the treatment of diabetes. Semaglutide is available as once-daily oral tablet and once-weekly injectable preparations.

<b>Intervention(s)</b>	Semaglutide
<b>Population(s)</b>	Adults who have a BMI of; <ul style="list-style-type: none"> <li>• <math>\geq 30 \text{ kg/m}^2</math> (obese) or</li> <li>• <math>\geq 27 \text{ kg/m}^2</math> to <math>&lt; 30 \text{ kg/m}^2</math> (overweight) in the presence of at least one weight-related comorbidity</li> </ul>
<b>Comparators</b>	<ul style="list-style-type: none"> <li>• Standard management without semaglutide (including a reduced calorie diet and increased physical activity)</li> <li>• Liraglutide (subject to NICE appraisal)</li> <li>• Orlistat (prescription dose)</li> <li>• Bariatric surgery</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>• percentage body fat</li> <li>• waist circumference</li> <li>• incidence of type 2 diabetes</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>
<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 and NICE Pathways</b>	<p>Related Technology Appraisals:</p> <p><a href="#">‘Naltrexone–bupropion for managing overweight and obesity’</a> (2017). NICE Technology Appraisal 494. Review date: December 2020.</p> <p>Appraisals in development:</p> <p><a href="#">‘Liraglutide for managing overweight and obesity’</a> [ID740]. Publication expected November 2020</p> <p>Suspended appraisals:</p> <p><a href="#">‘Liraglutide for managing obesity in people aged 12 to 17’</a> [ID1630]. Expected publication date: TBC</p> <p>Related Guidelines:</p> <p><a href="#">‘Preventing excess weight gain’</a> (2015). NICE guideline NG7. Review ongoing; publication date to be confirmed.</p> <p><a href="#">‘Obesity: identification, assessment and management’</a> (2014). NICE guideline CG189. Review ongoing; publication date to</p>

	<p>be confirmed.</p> <p><a href="#">‘Obesity prevention’</a> (2006). NICE guideline CG43. Review ongoing; publication date to be confirmed.</p> <p>Related Interventional Procedures:</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>Related Evidence Summary:</p> <p><a href="#">‘Obese, overweight with risk factors: liraglutide (Saxenda)’</a> (2017).NICE evidence summary ES14.</p> <p>Related Public Health Guidance/Guidelines:</p> <p><a href="#">‘Weight management: lifestyle services for overweight or obese adults’</a> (2014). NICE guideline PH53.</p> <p><a href="#">‘BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups’</a> (2013). NICE guideline PH46.</p> <p><a href="#">‘Weight management before, during and after pregnancy’</a> (2010). NICE guideline PH27.</p> <p>Related Quality Standards:</p> <p><a href="#">‘Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups’</a> (2018). NICE quality standard 167.</p> <p><a href="#">‘Obesity: clinical assessment and management’</a> (2016). NICE quality standard 127.</p> <p><a href="#">‘Obesity in adults: prevention and lifestyle weight management programmes’</a> (2016). NICE quality standard 111.</p> <p>Related NICE Pathways:</p> <p><a href="#">‘Lifestyle weight management services for overweight or obese adults’</a> (2016). NICE Pathway</p> <p><a href="#">‘Obesity’</a> (2019). NICE Pathway.</p> <p><a href="#">Obesity: working with local communities overview</a> (2016). NICE Pathway.</p>
<p><b>Related National Policy</b></p>	<p>The NHS Long Term Plan, 2019. <a href="#">NHS Long Term Plan</a></p> <p>NHS England (2017) <a href="#">Commissioning guidance to support devolution to CCGs of adult obesity surgical services in 2016/17</a></p>

	<p>NHS England (2018/2019) <a href="#">NHS manual for prescribed specialist services (2018/2019)</a> Chapter 139A</p> <p>NHS England (2017) <a href="#">Report of the working group into: Joined up clinical pathways for obesity.</a></p> <p>Department of Health and Social Care, NHS Outcomes Framework 2016-2017 (published 2016): Domains 1-2  <a href="https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017">https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017</a></p>
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**Questions for consultation**

Have all relevant comparators for semaglutide been included in the scope? Which treatments are considered to be established clinical practice in the NHS for overweight and obesity?

How should ‘standard care without semaglutide’ be defined?

Are the outcomes listed appropriate?

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

Where do you consider semaglutide will fit into the existing NICE pathway, [Obesity](#)?

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 semaglutide 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.

Do you consider semaglutide to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a ‘step-change’ in the management of the condition)?

Do you consider that the use of semaglutide can result in any potential significant and 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 Appraisal Committee to take account of these benefits.

To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at <http://www.nice.org.uk/article/pmq19/chapter/1-Introduction>).

### References

1. NHS. Obesity. 2019. Available from: <https://www.nhs.uk/conditions/obesity/> [Accessed October 2020].
2. NHS Digital. Statistics on Obesity, Physical Activity and Diet, England, 2020. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020> [Accessed October 2020].