NHS
Fylde and Wyre
Clinical Commissioning Group

Semaglutide (Ozempic®) prefilled pens for injection

for the treatment of Adults with insufficiently controlled type 2 diabetes

Commissioning Statement

Fylde and Wyre Clinical Commissioning Group has agreed to fund the prescribing of Semaglutide for the treatment of adults with insufficiently controlled type 2 diabetes when prescribed in the following clinical circumstances:

- after second intensification of therapy fails to achieve targets*****:
  - has a BMI of ≥35 kg/m^2 and specific psychological or other medical problems associated with obesity (adjust accordingly for people from Black, Asian and other minority ethnic groups) or
  - has a BMI < 35 kg/m^2 and
    - if insulin therapy would have significant occupational implications or
    - if weight loss would benefit other significant obesity related comorbidities

Or, with specialist care advice and ongoing support from a consultant-led multidisciplinary team:

- combined with insulin at second intensification of treatment in patients who cannot take metformin

Semaglutide may only be continued if the person has a beneficial metabolic response, defined as follows:

- a reduction of HbA1c by at least 11 mmol/mol [1.0%] and
- a weight loss of at least 3% of initial body weight in 6 months

*** Wording consistent with LMMG antihyperglycaemics guideline (semaglutide to be accommodated within the LMMG antihyperglycaemics guideline if proposed use within this New Medicine Recommendation is agreed)**.

This medicine is classified as GREEN for this indication

Summary of supporting evidence:

- The phase 3 clinical trials programme for semaglutide consistently demonstrated statistically significant reductions in HbA_{1c} and body weight.
- Semaglutide demonstrated statistically significant reductions in HbA_{1c} and body weight in comparison to exenatide and dulaglutide.
- The acquisition cost of semaglutide is equal to that of dulaglutide (and lowest dose of liraglutide), and less than the acquisition cost of daily/weekly exenatide and maximal dose liraglutide.
- Semaglutide is a once-weekly injection which may be simpler and more convenient for patients than once/twice daily GLP-1 receptor agonists.
- The cardiovascular outcome trial (SUSTAIN 6) showed a statistically significant 26% reduction in risk of a composite of non-fatal stroke, non-fatal myocardial infarction

(MI), cardiovascular death and time to first occurrence of major adverse cardiovascular event in patients treated with semaglutide. The study however did not show reductions in cardiovascular death which the EMA consider to be more clinically relevant than non-fatal MI and non-fatal stroke.

- The EMA concluded that a persistent deleterious effect of semaglutide on the retina independent of rapid glucose lowering cannot be excluded.

For details around the colour classification system please refer to the website of the Lancashire Medicines Management Group at: http://www.lancsmmg.nhs.uk/