Bath and North East Somerset, Swindon and Wiltshire Together

Semaglutide (Wegovy® ▼) for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity (≥27 kg/m).

Introduction and formulary positioning (GREEN/all settings)

Implementation of **NICE TA1152** means semaglutide (wegovy® ▼) 2.4 mg once weekly should now be incorporated into local cardiovascular secondary prevention pathways **as an additional treatment option** for eligible adults with established cardiovascular disease and a BMI of at least 27 kg/m^2, alongside reduced-calorie diet, increased physical activity and optimisation of standard secondary prevention therapy. Local implementation focuses on consistent clinical assessment, patient counselling, and prescribing arrangements that support use across the pathway rather than restricting access to a single service.

The headline evidence underpinning the guidance comes from the **SELECT** trial, which showed that semaglutide (wegovy® ▼) reduced the relative risk of first major adverse cardiovascular events by around 20% compared with placebo in adults with established cardiovascular disease and overweight or obesity. In absolute terms, this equated to a reduction from 8.0% to 6.5% over the trial period, or around 1.5 fewer major cardiovascular events per 100 people treated over approximately 40 months. NICE concluded that, despite higher discontinuation due to gastrointestinal adverse effects, the treatment offers a clinically meaningful benefit and represents a cost-effective use of NHS resources in this population.

The guidance was published by NICE on 7 May 2026 and, under the statutory funding requirement for technology appraisals, integrated care boards and NHS providers are required to make it available within 90 days of publication.

This means local compliance is required by **5 August 2026**. In practical terms, this supports designation of semaglutide for this indication as an **all settings "green" category** medicine (NHS BSW formulary), meaning it should be available for prescribing across all care settings where the NICE eligibility criteria are met, rather than being limited by local formulary restrictions that would delay access beyond the mandated implementation period.

Adapted for use in NHS BSW with approval from NHS Dorset ICB. BSW Meds optimisation Team, BSW ICB. Approved at BSW APC July 2026.

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Shared Decision-Making Resource

A patient-centred discussion should be central to prescribing decisions, considering therapeutic risks and benefits to the individual patient.

- NICE TA1152 has approved use of semaglutide (wegovy® ▼) (up to 2.4 mg once weekly[1]) to be used alongside a reduced-calorie diet, increased physical activity, and optimisation of other prescribed medication, as *an option* for reducing the risk of a major adverse cardiovascular event, or MACE, (cardiovascular death, non-fatal myocardial infarction or non-fatal stroke) in adults with both:
- established cardiovascular disease (CVD), defined as at least 1 of the following:
    - previous myocardial infarction
    - previous ischaemic or haemorrhagic stroke
    - symptomatic peripheral arterial disease (they have intermittent claudication with an ankle-brachial index of less than 0.85 at rest, or have had a peripheral arterial revascularisation procedure or an amputation because of atherosclerotic disease), **and**
- a body mass index (BMI) of at least 27 kg/m.

- This decision was based on evidence presented within the SELECT trial.[2]
- Patients with diabetes and recent cardiovascular events (within 60 days) were excluded from the SELECT trial but not excluded from the marketing authorisation. It was concluded that the clinical effectiveness of semaglutide was likely to be generalisable in these patient cohorts.[3]
- The average age of patients in the SELECT trail was 61 years. Consideration should be given to older patients, particularly considering frailty, where rapid weight loss may be associated with reduction in lean muscle mass and side-effects.
- All patients should be given robust education on dose escalation, side effect management, hydration and when to pause treatment.
- Semaglutide (wegovy® ▼) is **GREEN** on the formulary so can be initiated in all settings.

[1] Wegovy 2.4 mg, FlexTouch solution for injection in pre-filled pen - Summary of Product Characteristics (SmPC) - (emc) | 13803
[2] Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes | New England Journal of Medicine
[3] Overview | Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity | Guidance | NICE

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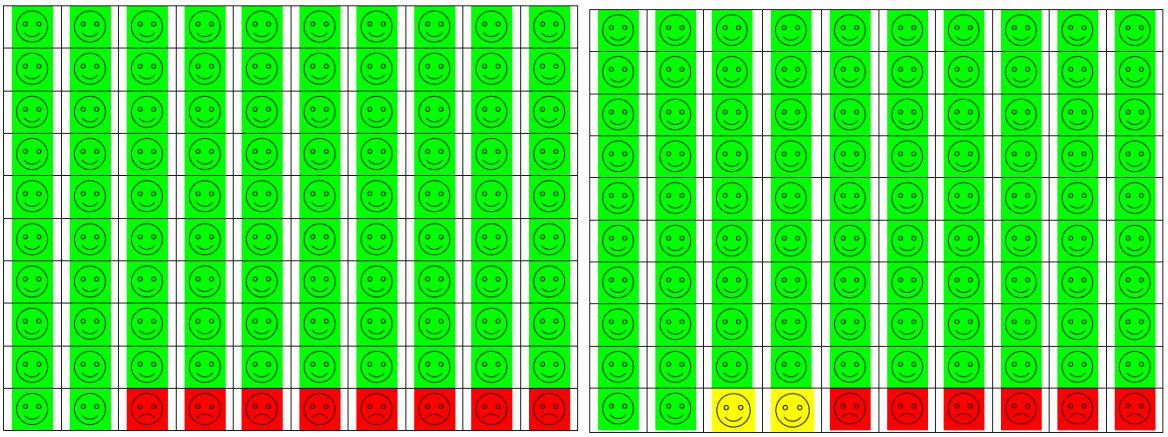
Benefits of semaglutide (Wegovy® ▼) therapy

No treatment: 8 patients have a MACE per 100 patients, per ~40 months

With treatment: 6.5 patients have a MACE per 100 patients, per ~ 40 months

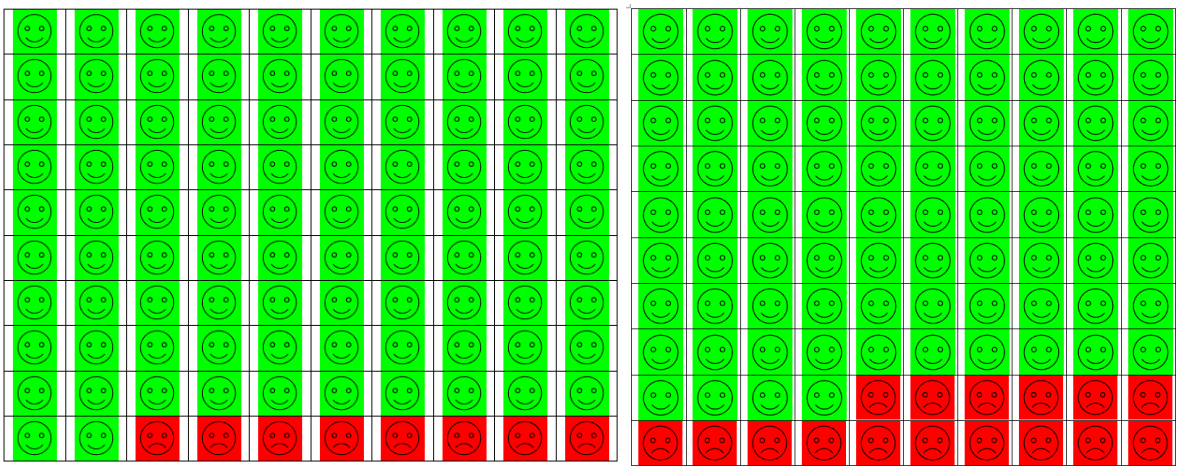


- This corresponds to around 1.5 fewer major cardiovascular events per 100 patients treated over ~40 months.
- NNT (number needed to treat) = 67 i.e. you need to treat 67 patients for ~ 40 months to prevent 1 major cardiovascular event.

Discontinuation due to side-effects of therapy

No treatment: 8 patients on placebo discontinued therapy due to side-effects, per 100 patients, over ~40 months

With treatment: 16 patients on semaglutide discontinued therapy due to side-effects, per 100 patients, over ~40 months



- This corresponds to twice as many people stopping therapy due to side-effects when taking semaglutide, compared to placebo, per 100 patients, over ~40 months.
- NNH (number needed to harm) = 12, i.e. you need to treat 12 patients for ~ 40 months to observe discontinuation due to adverse effect.

Discontinuation in trial was mainly related to gastrointestinal tolerability rather than serious safety concerns. These mainly occurred during the dose escalation phase. Slower escalation may improve this.