

**South East London Integrated Medicines Optimisation Committee
Formulary recommendation**

Reference	124
Intervention:	Oral semaglutide tablets (Rybelsus™) for type 2 diabetes mellitus (Semaglutide is a glucagon-like peptide-1 [GLP-1] receptor agonist.)
Date of Decision	December 2020. Updated December 2021. Updated January 2023 following re-categorisation from Amber 3 to Amber 2
Date of Issue:	February 2021 – originally time limited approval to November 2021 to support COVID-19 response. Re-issued in December 2021 – extended to July 2022. Re-issued in June 2023
Recommendation:	Amber 2 – initiation and minimum one month supply by a diabetes specialist (Consultant or GPwER or appropriately trained diabetes specialist practitioner)
Further Information:	<ul style="list-style-type: none"> • The oral tablet formulation of semaglutide (all strengths) is accepted for use in South East London in line with the local GLP-1 agonist pathway, • Within the local pathway, use of oral semaglutide is supported in line with the NICE recommendations for the use of injectable GLP-1 agonists (NICE clinical guideline 28 – last updated June 2022). • NICE recommends a GLP-1 agonist can be considered in a triple therapy regimen in combination with metformin and a sulfonylurea for patients with type 2 diabetes if certain caveats are met (refer to the NICE guideline/ SEL GLP-1 agonist pathway for details). • In line with NICE, treatment with oral semaglutide will only be continued if the person with type 2 diabetes has had a beneficial metabolic response (a reduction of at least 11 mmol/mol [1.0%] in HbA1c and a weight loss of at least 3% of initial body weight in 6 months). • Oral semaglutide should only be offered in combination with insulin with specialist care advice and ongoing support from a consultant-led multidisciplinary team*. • Oral semaglutide will be an option alongside the injectable GLP-1 agonists on the SEL formulary. The decision on choice of GLP-1 agent and the most clinically appropriate route of administration (sub-cutaneous vs. oral) will be made by the initiating clinician in discussion with the patient, including individual patient factors, such as cardiovascular risk. • The GLP-1 information sheet should be shared alongside the clinic letter when the transfer of prescribing request is made to primary care under the Amber 2 arrangement. • Patients who are already stabilised on injectable GLP-1 agonist therapy should not be switched over to oral semaglutide unless there is a robust clinical rationale to do so. • June 2023: This recommendation has been updated following SEL IMOC approval to re-categorise GLP1 agonists for use in Type 2 diabetes from Amber 3 to Amber 2. <p>* The NICE guideline notes that a consultant-led multidisciplinary team may include a wide range of staff based in primary, secondary and community care.</p>
Shared Care/ Transfer of care required:	N/A
Cost Impact for agreed patient group	<ul style="list-style-type: none"> • The cost of oral semaglutide is comparable to the injectable GLP-1 agonists already in use within SE London, with the advantage of not requiring needles or sharps disposal. Therefore, when used as an alternative to injectable therapy, the budget impact is cost neutral. • Availability of an oral GLP-1 agonist could increase overall GLP-1 agonist use by 10% (to include patients who may not have received a drug in this class e.g. due to needle phobia). Based on current levels of spend in SEL primary care on GLP-1 agonists, a cost impact of around £310K (or ~£16,000 per 100,000 population) is estimated for SEL longer term.

Usage Monitoring & Impact Assessment	Acute Trust/Specialist community diabetes service providers: <ul style="list-style-type: none"> Monitor use and audit usage and outcomes against this recommendation and the SEL GLP1 pathway and report back to the Committee upon request to the SEL IMOC
	SEL Borough Medicines Optimisation Teams: <ul style="list-style-type: none"> Monitor ePACT2 data. Exception reports from GPs if inappropriate prescribing requests are made to primary care.
Evidence reviewed	References (from evidence evaluation) <ol style="list-style-type: none"> Scottish Medicines Consortium. Semaglutide 0.25mg, 0.5mg and 1mg solution for injection in pre-filled pen (Ozempic®). SMC2092. Published 14 January 2019. NICE. Type 2 diabetes in adults: management. NICE guideline [NG28]. Last updated August 2019. Accessed online via: https://www.nice.org.uk/guidance/ng28. Last accessed 03/09/19. South East London Joint Medicines Formulary. Last accessed online here on 25/11/20. South East London. glucagon-like peptide (GLP-1) analogue pathway for adults aged 18 years and over with Type 2 Diabetes Mellitus (T2DM), available here. SPC. Rybelsus. Last updated May 2020. Last accessed online here on 25/11/20. Rodbard HW et al (2019) Oral Semaglutide Versus Empagliflozin in Patients With Type 2 Diabetes Uncontrolled on Metformin: The PIONEER 2 Trial. Diabetes Care; 42(12):2272-2281 Effect of Additional Oral Semaglutide vs Sitagliptin on Glycated Hemoglobin in Adults With Type 2 Diabetes Uncontrolled With Metformin Alone or With Sulfonylurea. The PIONEER 3 Randomized Clinical Trial. JAMA; 321(15):1466-1480 Pieber TR et al (2019) Efficacy and safety of oral semaglutide with flexible dose adjustment versus sitagliptin in type 2 diabetes (PIONEER 7): a multicentre, open-label, randomised, phase 3a trial. The Lancet Diabetes & Endocrinology; 7(7):528-539 Pratley R et al (2019) Oral semaglutide versus subcutaneous liraglutide and placebo in type 2 diabetes (PIONEER 4): a randomised, double-blind, phase 3a trial. The Lancet; 394(10192):39-50 Yabe D et al (2020) Safety and efficacy of oral semaglutide versus dulaglutide in Japanese patients with type 2 diabetes (PIONEER 10): an open-label, randomised, active-controlled, phase 3a trial. The Lancet Diabetes & Endocrinology; 8(5):392-406 Zinman B et al (2019) Efficacy, Safety, and Tolerability of Oral Semaglutide Versus Placebo Added to Insulin With or Without Metformin in Patients With Type 2 Diabetes: The PIONEER 8 Trial. Diabetes Care; 42(12):2262-2271 Mosenzon O et al (2019) Efficacy and safety of oral semaglutide in patients with type 2 diabetes and moderate renal impairment (PIONEER 5): a placebo-controlled, randomised, phase 3a trial. The Lancet Diabetes & Endocrinology; 7(7):515-527 Husain M et al (2019) Oral Semaglutide and Cardiovascular Outcomes in Patients with Type 2 Diabetes. NEJM; 381:841-851 Yamada Y et al (2020) Dose-response, efficacy, and safety of oral semaglutide monotherapy in Japanese patients with type 2 diabetes (PIONEER 9): a 52-week, phase 2/3a, randomised, controlled trial. The Lancet Diabetes & Endocrinology; 8(5):377-391 Aroda VR et al (2019) PIONEER 1: Randomized Clinical Trial of the Efficacy and Safety of Oral Semaglutide Monotherapy in Comparison With Placebo in Patients With Type 2 Diabetes. Diabetes Care; 42(9):1724-1732 Marso S et al. Semaglutide and Cardiovascular Outcomes in Patients with Type 2 Diabetes (2016). The New England Journal of Medicine; 375: pages 1834-1844. European Medicines Agency. Rybelsus Assessment Report. 30 January 2020. Last accessed online here on 25/11/20 British National Formulary. Accessed online via https://bnf.nice.org.uk/. Last accessed on 25/11/20.

NOTES:

- SEL IMOC recommendations and minutes are available publicly via the [website](#).
- This SEL IMOC recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**