# WEGOVY (SEMAGLUTIDE®) AS AN ADJUNCT TO LIFESTYLE MEASURES IN WEIGHT MANAGEMENT

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| **TARGET AUDIENCE** | Primary and Secondary care |
| **PATIENT GROUP** | Patients engaging with a Lanarkshire Weight Management Service (LWMS) intervention |

## Clinical Protocol

**Indications for use:**

**Semaglutide (Wegovy®)** is licensed as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of ≥30kg/m², or ≥27kg/m$^2$ to <30kg/m$^2$ (overweight) in the presence of at least one weight-related comorbidity.

An NHS Scotland consensus statement was published in September 2024. It stated that the first phase of implementation of the SMC guidance should be for those with a BMI of ≥ 38 kg/m$^2$ in the presence of at least one weight-related co-morbidity.

REFERRAL FOR WEIGHT MANAGEMENT ACCEPTED BY LWMS AND INTERVENTION COMMENCED [2]

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| After engagement with LWMS | • Assessment for suitability by LWMS clinician |
| Decision to treat | • Arrangements for prescription of Semaglutide (Wegovy®) and consumables. Education session arranged. Treatment started. |
| Following dose titration | • Review by LWMS clinician |
| Patient responding to treatment | • Ongoing treatment decision communicated to primary care with request for ongoing supply of prescription for Semaglutide (Wegovy®) |
| At 12, 18 and 24 months depending on need | • LWMS clinician review, consider discontinuation/continuation of treatment |

**Patient Pathway (see summary previously)**

**Referral Accepted by LWMS and Intervention Commenced**

Patients will be referred to the LWMS for support with weight management. They will be accepted if they have complex weight management needs in keeping with the LWMS referral criteria [2] and a decision made as to which intervention is appropriate. Patients with less complex needs will be referred on to community led Weight Management services. *It is important to note that patients should not be referred to the LWMS for pharmacotherapy specifically. The appropriateness of this treatment will be decided by the LWMS clinical team as below, and in line with SMC/national guidance*.

**After engagement with LWMS Intervention - Clinician review of patients**

Each intervention has an active phase of around 12-16 weeks followed by a maintenance phase with monthly LWMS input for the following 9 months. Once the patient has engaged with their intervention, they will be reviewed by the LWMS clinicians either in clinic, or following discussion at the LWMS MDT.

**Decision to Treat**

- Baseline screening will be performed – height, weight, U&E, LFTs, HbA1c, lipids.
- A decision will be made regarding eligibility based on the inclusion and exclusion criteria (see Appendix A – Eligibility Criteria).
- The LWMS clinician will counsel the patient regarding Semaglutide (Wegovy®) and its use.

**Decision to Treat - Arrangements for prescription of Semaglutide (Wegovy®),consumables and education session made.**

Following a decision to commence treatment with Semaglutide (Wegovy®)

- The LWMS clinician will correspond with the patient and their primary care provider with details of: dosing schedule and where to pick up prescription, advice regarding needle disposal, points of contact (the LWMS clinician team).
- The LWMS prescriber will send a prescription for Semaglutide (Wegovy®) to the hospital pharmacy. This will be for the 6-month titration phase.
- As Semaglutide (Wegovy®) is administered by weekly subcutaneous injection. The LWMS team will arrange an education appointment with the patient.

**Following the 6 Month Titration Phase (with ongoing maintenance phase of LWMS intervention running concurrently) – Review by LWMS specialist nurse/team**

- Following dose titration, a review appointment will be conducted by the LWMS team. They will record the patient's weight, and a decision will be made about ongoing treatment.

**Response to treatment - Ongoing treatment decision communicated to primary care with request for ongoing supply prescription of Semaglutide (Wegovy®) (with ongoing maintenance phase of LWMS intervention running concurrently)**

- If the patient is not responding to treatment an assessment will be made as to the appropriateness of a further prescription. If the patient is responding the LWMS clinician will send a recommendation to the primary care prescriber asking for their prescription for Semaglutide (Wegovy®) to be continued in primary care for a further 6 months.

**One Year - LWMS team, consider discontinuation/further year of treatment**

- A review appointment with the LWMS team will be arranged a year after commencement of treatment and a decision made about continuation. This will be communicated to the primary care prescriber. Options will be:
    - If treatment has either not been effective or not tolerated it will be discontinued
    - If weight-loss has plateaued, dose reduction will be advised to the lowest effective dose and ongoing follow up will remain with the LWMS. Prescribing of Semaglutide (Wegovy®) will be taken over by the LWMS for the duration of titration and the primary care prescriber kept informed. Further review will be arranged at 2 years.
    - If weight-loss is ongoing and the prescription is stable, prescribing will remain with primary care, and follow up will continue under the LWMS.
- This part of the protocol will remain under review as evidence emerges.

## Eligibility Criteria

**Inclusion criteria:**

- Age 18-75
- Meet criteria for the Tier 3 LWMS service and are/have engaged with a behaviour change intervention
- No contraindications to Semaglutide (Wegovy®)

**Exclusion criteria:**

- Contraindications to Semaglutide (Wegovy®) – see below
- Previous treatment with intolerable side effects.

**Withdrawal criteria:**

- Intolerable side effects
- Development of contra-indications
- Non-response
- Disengagement with LWMS behaviour change intervention

## Pre-Treatment Evaluation/Investigations

Weight, height, BMI, Hba1c, lipids, U&E

## Treatment Requirements

- Dose titration: Initially 0.25mg once weekly for 4 weeks, then increased to 0.5 mg weekly for 4 weeks, then increased to 1 mg weekly for 4 weeks, then increased to 1.7 mg for four weeks, then increased to maintenance dose of 2.4 mg. Assess benefit of continuing treatment if at least 5% of initial body weight has not been lost after 6 months at highest tolerated dose.
- Patients will be taught to self-administer drug at home. Semaglutide (Wegovy®) is injected subcutaneously into the skin of the abdomen, thigh or upper arm. Dosing is weekly. Site should be rotated with each dose.

## Precautions, contraindications and adverse effects:

- Avoid in pregnancy
- Use with caution in women who are breast-feeding
- Severe hepatic impairment
- End stage renal impairment (eGFR <15mL/min)
- Semaglutide (Wegovy®) delays gastric emptying which potentially can slow down absorption of other medication
- Pancreatitis
- Unstable diabetic retinopathy
- The most common side effects include nausea, diarrhoea, decreased appetite, vomiting, constipation, indigestion, burping, dizziness, gastrointestinal discomfort, hypersensitivity, hypotension, lethargy
- Rarer side effects include gall bladder disorders, pancreatitis – patients should be advised of symptoms

**Dose modifications:**

- There are no specific dose modifications in renal or hepatic disease, but it should be avoided in those with an eGFR of <15mL/min and those with severe hepatic impairment.

**Audit/Evaluation of Response to Treatment:**

- All patients will be reviewed during and following the titration period by the LWMS team to ensure they are responding to treatment. Treatment should be withdrawn if this is not the case.

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| **Endorsing Body:** | ADTC |
| **Version Number:** | 1 |
| **Approval date** | 22.1.2025 |
| **Review Date:** | 22.1.2027 |
| **Responsible Person (if different from lead author)** | |

| **CONSULTATION AND DISTRIBUTION RECORD** | |
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| **Contributing Author / Authors** | |
| **Consultation Process / Stakeholders:** | LWMS clinicians and management team<br>Acute and primary care medical directors<br>Acute clinical DMT and EDG<br>GP subcommittee |

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| **Distribution** | As above:<br>LWMS clinicians and management team<br>Acute and primary care medical directors<br>Acute clinical DMT and EDG<br>GP subcommittee |

**CHANGE RECORD**

| Date | Lead Author | Change | Version |
|---|---|---|---|
| 30.1.2024 | I Howat | | 1 |
| 4.3.2025 | I Howat | Brought in line with more recent accepted Tirzepatide guideline/SOP | 2 |
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