CLOSER LOOK

MEMORANDUM

Novo Nordisk launches Wegovy pill (oral semaglutide) in over 70,000 pharmacies and with select telehealth providers in the US – January 5, 2026

Follows FDA approval for weight loss in December 2025; Wegovy pill to be priced at a lower self-pay rate than the Wegovy injection pens

Novo Nordisk announced today that its Wegovy pill (once-daily oral semaglutide) is now available in the US in over 70,000 pharmacies, including CVS and Costco, and select telehealth providers, such as NovoCare Pharmacy, Ro, LifeMD, Weight Watchers, and GoodRx.

The news follows FDA approval in December 2025 for weight management based on the phase 3 OASIS-4 (n=307), which demonstrated a mean weight reduction of 14% from a baseline of 106 kg (23 lbs) at Week 64. The Wegovy pill is indicated for weight loss, long-term weight maintenance, and cardiovascular (CV) risk reduction.

Table of Contents

Pill formulation priced competitively in comparison to injection

The Wegovy pill will be priced at a lower self-pay rate compared to the drug's injectable formulation, as shown in the table below.

Table 1. Pricing per month of various semaglutide formulations

Dose (oral vs. injectable)	Pill (oral)	Pen (injectable)
1.5 mg vs. 0.25 mg	$149/month	$199/month 2-month introductory offer ($349/month thereafter)
4 mg vs. 0.5 mg	$149/month until April 15, 2026 ($199/month thereafter)	$199/month 2-month introductory offer ($349/month thereafter)
9 mg vs. 1 mg	$299/month	$349/month
25 mg vs. 1.7 and 2.4 mg	$299/month	$349/month

Source: Novo Nordisk

List prices for patients with insurance coverage for the Wegovy pill will match the Wegovy injectable formulation at $1,349/month, with patient copays as low as $25/month.

Manufacturing oral medication is generally cheaper and more scalable than injectable therapies

Injectable therapies require sterile biologics manufacturing, which means that production must occur in high-grade sterile facilities. Each step, including filling, sealing, and injection, must meet high injectable drug standards, with even minor contamination forcing batch destruction. Such manufacturing infrastructure is expensive to build, run, and scale. Furthermore, injectable manufacturing is constrained by the fill-finish step (the sterile filling of the drug into pens or vials) and the assembly of injection pens. These later steps can further increase the material and labor costs and failure rates of assembly.

Oral tablets, on the other hand, are non-sterile products that can be manufactured with high-throughput tablet presses – each of which can manufacture anywhere from hundreds of thousands to over a million doses per hour. Tablets can also be packaged on standard pharmaceutical lines, which removes one of the largest cost and capacity constraints for injectable GLP-1 RA therapy manufacturing.

Injectable GLP-1 RAs require costly refrigeration during transport, pharmaceutical storage, and patient use. Oral semaglutide tablets, on the other hand, are stable at room temperature. These differences in manufacturing can culminate in a lower-cost, scalable therapy.

Novo Nordisk will reportedly produce its US supply of Wegovy pills at the company's manufacturing site in North Carolina.

Patients will have the ability to swap between injectable and oral therapies, according to FDA labeling

According to the FDA's approved label for Wegovy, patients who are prescribed Wegovy for chronic weight management are able to transition between the once-weekly injectable form and the once-daily oral form as a part of their long-term treatment plans. Specifically, the prescribing information details that patients can switch from the 2.4 mg weekly injectable to the 25 mg daily oral pill, or vice versa, and includes detailed timing instructions for clinicians to ensure steady semaglutide exposure through the transition (Section 2.5). Formulation flexibility is likely intended to support both patient preference and adherence.

Wegovy pill was FDA-approved for weight loss and CV risk reduction last month

The commercial launch follows FDA approval of semaglutide's oral formulation for weight loss last month, which established the Wegovy pill as the first oral incretin-based therapy for weight management. The decision was on the phase 3 OASIS-4 and SELECT trials (n=17,604).

- In OASIS 4, which was presented at ObesityWeek 2024, oral semaglutide 25 mg demonstrated 14% weight loss from a baseline of 106 kg (233 lbs), compared to 2.2% in placebo at 64 weeks. Categorically, half of the participants in the semaglutide group achieved ≥15% weight loss vs. 6% in the placebo group, while 30% achieved ≥20% weight loss vs. 3% in the placebo group.
- In the SELECT trial, injectable semaglutide 2.4 mg reduced major adverse CV events (MACE) risk by 20% at Week 104 in people with obesity or who were overweight and without diabetes.

Outside the US, the company also submitted oral semaglutide in the EU in 3Q24 for weight management based on the phase 3b OASIS-1 and PIONEER PLUS trials.

Oral GLP-1 RA candidates continue to progress in the pipeline

Numerous companies are advancing their oral incretin-based candidates for weight management for patients who prefer oral formulations. Beyond Wegovy, Lilly's oral GLP-1 RA orforglipron 36 mg is the most advanced candidate in the pipeline and was granted a priority voucher by the FDA in November 2025. In the phase 3 ATTAIN-1 trial (n=3,127), orforglipron conferred a 12% weight loss average in people with obesity at Week 72 with a safety profile consistent with other incretin-based therapies. At baseline, participants in the ATTAIN-1 trial had a mean body weight of 103 kg (227 lb) – nearly identical to the mean baseline weight of oral semaglutide's OASIS 4 trial.

In earlier stages of the pipeline, Viking's oral VK2735 (dual GLP-1/GIP RA) demonstrated 8.3% weight loss across

treatment groups at 13 weeks in a phase 2 VENTURE-Oral dosing trial (n=280). AstraZeneca is also advancing oral GLP-1 RA AZD 5004, which is currently evaluated in phase 2b VISTA and SOLSTICE trials for obesity and T2D, respectively.

Close Concerns' Questions

1. How does Novo Nordisk expect the flexibility to switch formulations between oral and injectable options to increase patient adherence and tolerability?
2. How does Novo Nordisk anticipate the demand for the oral formulation to compare to that of injectable Wegovy over time?
3. How might oral Wegovy serve different or overlapping patient populations compared to injectables?
4. Will Novo Nordisk explore combination therapies with oral semaglutide and other oral agents?

--by Elizabeth Rose, Kat Moon, Monica Oxenreiter and Kelly Close