

Tirzepatide interim Position Statement on its use for managing overweight and obesity

Summary

[NICE TA 1026 guidance on use of tirzepatide for managing overweight and obesity](#) was published on 23 December 2024. This guidance outlines there will be approximately 3.4 million patients eligible for treatment in England. Implementation of this Technology Appraisal [TA] will adopt a staggered approach over a 12-year period to meet and manage anticipated demands on existing healthcare services. A phased implementation will also allow the NHS to develop the necessary service models and create the appropriate support for patients to allow the safe prescribing of tirzepatide.

Tirzepatide will not immediately be available to everyone who wishes to use it. Initially, tirzepatide will only be available on the NHS to those expected to benefit the most.

Implementation will be based on NHS England's priority cohorts and in accordance with the timelines set out in the [interim commissioning guidelines](#).

Rationale

SWL ICB is committed to funding positive NICE TA treatments and are awaiting clarification of the priority groups and commissioning arrangements from NHS England.

Within 90 days (3 months) of publication of the NICE TA, tirzepatide will be made available in South West London via Specialist Weight Management Services (SWMS). From six months (180 days), a phased introduction of delivery, through primary care will begin, in line with NHS England's commissioning guidelines.

Recommendations

See [NICE TA 1026](#) for recommendations. At the time of writing, it is anticipated that SWMS will follow the eligibility criteria set out by NHS England in its letter to ICBs dated 19 March 2025 (section 5.3).

In accordance with [NHS England's tirzepatide interim commissioning guidelines](#), tirzepatide will be rolled out to primary care in South West London based on the priority cohorts outlined in the initial 3-year plan.

Year 1: Cohort 1 BMI of 40 or more plus 4 or more qualifying comorbidities.

Year 2: Cohort 2 BMI of 35 to 39.9 plus 4 or more qualifying comorbidities.

Year 2/3: Cohort 3 BMI of 40 or more plus 3 qualifying comorbidities.

The timeline for the duration of each cohort is as follows:

- Cohort 1: 12 months.
- Cohort 2: 9 months
- Cohort 3: 15 months.

A lower BMI threshold (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds will be applied.

Guidance for clinicians

- Clinicians working in secondary, community or primary care services NOT commissioned by SWL ICB to deliver specialist weight management services (SWMS) are currently asked NOT to prescribe tirzepatide for weight loss. We recognise this may be frustrating for patients and clinicians alike; however, this is an interim position whilst the ICB develops a delivery model that considers the demand and capacity requirements needed to deliver these medications consistently and equitably across the system, which will take time to get it right. This may also include building in additional resources and reimbursements.
- If less than 5% of the initial weight has been lost after 6 months on the highest tolerated dose, decide whether to continue treatment, taking into account the benefits and risks of treatment for the person.
- Secondary Care clinicians are requested NOT to refer patients seeking access to this treatment, back to their GP, instead please share this position statement and direct them to the [SWL ICB's dedicated patient and public tirzepatide web-page](#).
- Tirzepatide (Mounjaro®) must only be prescribed for the treatment type 2 diabetes as outlined in the [monograph entry in the SWL Joint Medicines Formulary](#).
- Initiation of tirzepatide in adults with type 2 diabetes should only be undertaken, by diabetes specialists working within a multidisciplinary team (MDT). Where use in people with type 2 diabetes falls outside of the '[SWL Type 2 Diabetes Mellitus Prescribing Guidelines](#)', the initiation, titration and stabilisation **must** be undertaken by the specialist before any transfer of care to the GP is considered.
- The ICB is collaborating with training providers to develop educational resources and materials to support primary care initiation.
- We are aware several patients are self-funding tirzepatide for the management of their weight and obesity. As a result, GP practices may receive notifications from private providers advising that their patient has been started on this treatment, and:-
 - where these notifications are received, we recommend that the medication is recorded on the GP clinical system as a 'medication that is being supplied from an outside source'. This will ensure that it appears in searches and that clinicians are alerted should any clinical implications arise, e.g. drug interactions or potential side effects.
 - Information on how to add medications obtained from an outside source can be found in [Appendix 3 of the prescribing processes for GP practices](#) or contact the SWL medicine optimisation team via your usual routes.

Guidance for patients, carers, and guardians

- Patients who have been self-funding Tirzepatide or other weight loss medications, prior to the publication of NICE guidance, may be able to access the medication through an NHS prescription pathway if they fit into the NHS qualifying cohorts at the appropriate timelines.
- Please do not contact your GP practice with a request to prescribe.
- Further information for patients and the public on use of Tirzepatide for the management of weight in South West London is available on the [prescribing weight loss medications in South West London](#) webpage.
- The NHS belongs to you, use it responsibly.

References

[Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE](#)

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Author: SWL Medicines Optimisation Team

Approved By: Agreed in Principle by IMOC Mar 2025, however, subject to change as the programme evolves on 24/3/2025

Review Date 24/03/2026 or earlier if national or local policy, guidance or pathway changes.