



Interim Position Statement for tirzepatide for managing overweight and obesity

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Approved by – SY Integrated Medicines Optimisation
Committee, March 2025

Review date – On publication on NHSE guidance



South Yorkshire Integrated Care Board (SYICB) Position Statement on Tirzepatide for managing overweight and obesity.

Key message – The ICB are working towards implementation of services to support access to tirzepatide for managing overweight and obesity in line with NICE TA1026 ([Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE](#)) and (*pending) NHSE prioritisation criteria. Until such services are in place primary care should not be asked/accept/initiate prescribing of Tirzepatide for this indication.

This does not affect prescribing of Tirzepatide for type 2 diabetes, which can be prescribing in line with NICE TA924 ([Overview | Tirzepatide for treating type 2 diabetes | Guidance | NICE](#))

**at time of publication the NHSE prioritisation guidance was not published.*

Overview

On the 23rd December 2024 NICE published the NICE technology appraisal [TA1026](#), summary of details below;

Tirzepatide is recommended as an option for managing overweight and obesity, alongside a reduced-calorie diet and increased physical activity in adults, only if they have:

- *an initial body mass index (BMI) of at least *35 kg/m² and*
- *at least 1 weight-related comorbidity.*
**Use 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.*

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.

The NICE TA states, tirzepatide can be used in primary care or specialist weight management services. This is the first weight management medication that works as a GLP1 agonist that has been recommended to be used in primary care.

- The NICE TA for [semaglutide](#) states it should *only be used within a specialist weight management service.*
- The NICE TA for [liraglutide](#) states it should be *prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service.*

Timelines

Due to the variable availability of weight management services across England, the clinical capacity and need to build expertise within primary care and the anticipated financial impact of the NICE TA exceeding the budget impact test (£20 million in each of the first 3 years), NHSE has agreed a 'funding variation' with NICE. The details of which are below;

First phase

- Tirzepatide should be available within 90 days from the date of guidance publication for all patients accessing specialist weight management services, as where these are established the associated wraparound care (programmes to support psychological, diet and exercise) are already in place. *At time of publication we are awaiting guidance from NHSE as to whether this should also be restricted to those in NHSE defined priority groups*
- Tirzepatide should be available from 180 days of final guidance publication from a wider setting (e.g primary care) for *eligible cohorts, in line with NHS England's interim commissioning policy (*Awaiting publication*).

*To note this cohort will be a subset of those eligible in the NICE TA to support a phased roll out, prioritising those likely to benefit most.

Second phase

- **Within 12 years from date of publication tirzepatide should be available to all eligible patients as per the criteria in the NICE TA.

**NICE will undertake further service delivery analysis and clinical outcome evaluation during the first 3 years of rollout. NICE may then set a revised timeline for the second phase of the guidance implementation period.

Prioritisation of eligible patients

NHS England is developing an interim commissioning policy that will apply to phase-in funding and that will manage access to tirzepatide during the extended funding variation period, describing how patient cohorts should be prioritised in line with these recommendations. *Awaiting publication*.

What does that mean for patients within South Yorkshire?

Any patients currently under an NHS commissioned tier 3 weight management service which has prescribing facility will be able to access tirzepatide if they meet the criteria of the NICE TA and are in one of the cohorts within the NHSE prioritisation guidance (*To confirm when NHSE guidance published*). Due to capacity and demand, there are significant delays in current tier 3 weight management service provision across all of South Yorkshire for new patients, with providers either closed to new referrals, significant waiting times or with a limited offer (which does not include prescribing).

As such in some areas the only pathway to access tier 3 weight management and prescribing of weight loss medication (tirzepatide, liraglutide or semaglutide) on the NHS is via a Right To Choose provider, noting however any patient referred must meet referral criteria locally agreed for their place tier 3 weight management service, see [appendix](#) for place referral criteria.

The ICB will be undertaking a review of all tier 3 weight management services in South Yorkshire and consider pathways and service provision needed to support wider implementation in response to the NICE TAs for tirzepatide, semaglutide and liraglutide for overweight and obesity.

Patients will not be able to access tirzepatide from their primary care clinician /GP until a weight management service and pathway to access wraparound care has been developed and commissioned. Primary care should not accept the prescribing of tirzepatide for managing overweight or obesity whilst service development is being scoped out.

Suggested action for primary care

Primary care should continue to refer eligible patients into tier 3 services, as per locally agreed pathways, where referrals are still being accepted, see [appendix](#) for referral criteria.

A referral to a Right to Choose weight management provider may be considered if referral criteria to the local pathway have been met. Patients may also seek private assessments and service provision.

Primary care **should not** be asked to make an assessment of suitability of prescribing if another provider is initiating, prescribing and monitoring treatment. The Right to Choose and private provider should undertake this assessment and retain any prescribing and oversee any monitoring requirements. In order to support the RTC provider to undertake a full assessment and to consider suitability and safety of prescribing weight management medication, clinicians should provide all relevant information to the referring service for them to be able to undertake this assessment. Patient consent must be sought prior to sharing.

To support clinicians in responding to requests from patients around access to tirzepatide, patient information has been produced by NHSE. See link - [NICE's announcement on Tirzepatide \(Mounjaro\). Frequently asked questions for patients :: South Yorkshire I.C.B](#)

Further Information:

[NICE TA 1026](#) – Tirzepatide for managing overweight and obesity

[NICE TA 875](#) - Semaglutide for managing overweight and obesity

[NICE TA 664](#) - Liraglutide for managing overweight and obesity

NHSE patient information - [PRN01728 Expanding Access to the Weight Loss Drug Tirzepatide - FAQs December 2024 Final 5.12.24.docx](#)

Appendix			
Summary of the Capacity and Eligibility Criteria for the SY Commissioned Tier Three Weight Management Services			
	Age	BMI	Exclusion
Barnsley	Over 18 Paediatric Ante-natal	- BMI >30 with Type 2 diabetes - BMI >35 with co-morbidities Hypertension, Sleep apnoea, Type 2 Diabetes, Cardiovascular Disease, Osteoarthritis, Dyslipidaemia - BMI >40 without co-morbidities	- Patients with severe, unstable mental health conditions beyond primary care expertise, active eating disorders (e.g. binge eating disorder), recent suicide attempts (within the past year), or mental health concerns that would prevent engagement in a behavioural change program - Those with less than 2 years post bariatric surgery
Doncaster	Over 18	- BMI >35 with co-morbidities (e.g. Obstructive sleep apnoea, Type 2 Diabetes, high blood pressure); - BMI >40 without comorbidites - Must want bariatric surgery	- Pregnancy or Breastfeeding - Uncontrolled Health Conditions: Including uncontrolled hypertension, heart conditions, or any medical condition preventing increased activity levels. - Patients with severe, unstable mental health conditions beyond primary care expertise, active eating disorders (e.g. binge eating disorder), recent suicide attempts (within the past year), or mental health concerns that would prevent engagement in a behavioural change program.
Rotherham	Over 18	- BMI>35 with co-morbidities (BMI>30 for Type-2 diabetes or newly diagnosed diabetes with Asian ethnicity consider at 2.5kg/m2 lower BMI levels) - Over 18 Patient BMI>40 - Commitment: Patients must understand the requirements and demonstrate a commitment to actively participating in Tier 3. - Participation: Patients should be able to engage fully with the program requirements. - Tier 2 completion: Patients should have completed Tier 2 WM service, currently provided by the Rotherham Healthwave or	- Pregnancy or Breastfeeding - Uncontrolled Health Conditions: Including uncontrolled hypertension, heart conditions, or any medical condition preventing increased activity levels - Severe Mental Health Conditions: Patients with severe, unstable mental health conditions beyond primary care expertise, active eating disorders (e.g., binge eating disorder), recent suicide attempts (within the past year), or mental health concerns that would prevent engagement in a behavioural change programme. - Post-Bariatric Surgery: Patients must be at least two years post-bariatric surgery before referral.

		have sustained 5% weight loss for a period of 6 months.	
Sheffield	Over 18	<ul style="list-style-type: none"> - BMI >35kg/m² with T2DM or obesity related co morbidities, - BMI >40kg/m² without co morbidities - Completed a Tier 2 weight management service within 12 months of their referral 	<ul style="list-style-type: none"> - Pregnant or breastfeeding - Medical condition preventing increased activity level - Participants with unstable and severe mental illness beyond the expertise of primary care that prevents them engaging with this programme - Patients with active or suspected eating disorders, including binge eating disorder. - Patients who have made suicide attempts or patients who have made suicide attempts in the past year, or whose mental health is not stable enough to engage in a behaviour change programme - It has been less than 2 years post bariatric surgery <p>Only refer once stable: - Alcohol or drug use (E.g. patient has received support and has been in recovery for 3 months) - Other conditions such as Hypothyroidism and Cushing's syndrome</p>