



Position Statement for Tirzepatide for managing overweight and obesity

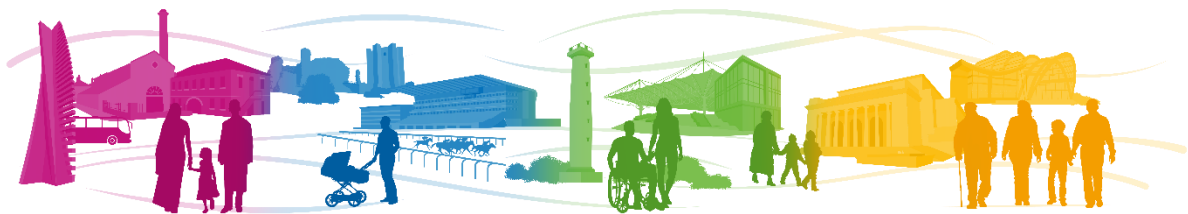
January 2025

Approved by – SY Integrated Medicines Optimisation
Committee, March 2025

V2 - Interim update May 2025

V3 – Interim update Oct 2025 (amended to reflect local commissioning
arrangements in primary care and referral criteria)

V4 – Interim Update June 2026 (amended to; reference the addition of
new obesity indicators in the 26/27 Quality and Outcomes Framework (QOF) and the
removal of the locally commissioned service and to extend prescribing to those in
cohort 2)





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

Key message –

Patients must only be offered tirzepatide for weight management if they are within cohort 1 or 2 at the point of initiation. See [table below](#) for the defined cohorts who are eligible.

If a patient is not within cohort 1 or 2 then prescribing in primary care is not supported. A referral may be appropriate to a Specialist Weight Management Service (SWMS), but patient must fulfil the SY referral criteria (see [appendix](#) for referral criteria)

All patients must undertake the 'wraparound behavioural support programme'.

This does not affect prescribing of tirzepatide for type 2 diabetes, which can be prescribed in line with NICE TA924 ([Overview | Tirzepatide for treating type 2 diabetes | Guidance | NICE](#)) and *SY guidance for use of tirzepatide in Type 2 Diabetes ([SY ICB Medicines Optimisation](#)) – *Note pending review in response to update to NICE NG28

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 (SWMS). 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*.

To receive NHS funded tirzepatide for weight loss, all patients must participate in 'wraparound support' which incorporates nutritional and dietetic advice as a minimum and access to behavioural change components, as a mandatory requirement to access treatment.

Phased roll out.

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 to facilitate a 12-year phased roll out.

The NHSE [interim commissioning guidance](#) provides details of the phased roll out of tirzepatide during the first 3 years of the funding variation period. The guidance details eligible patient cohorts, prioritisation strategy and phased implementation of tirzepatide (Mounjaro®) across specialist weight management services and primary care settings. The guidance aims to support effective delivery and equitable access to treatment across NHS.

The tables below give a summary of the prioritisation of patients who are eligible for treatment in primary care settings.



Table one detailed definitions of the eligible comorbidities		
Qualifying Comorbidities	Definition for Initial Assessment (Interim Commissioning Guidance)	NHSE FAQ clarification
Atherosclerotic cardiovascular disease (ASCVD)	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)	A patient could have all four diagnoses in the ASCVD definition. However, this would only qualify as one comorbidity for the purposes of the Funding Variation.
Hypertension	Established diagnosis of hypertension and requiring blood pressure lowering therapy	Also includes patients diagnosed with hypertension in line with NICE guideline [NG136] who choose not to take BP lowering medication.
Dyslipidaemia	Treated with lipid-lowering therapy, OR with low-density lipoprotein (LDL) ≥ 4.1 mmol/L, OR high-density lipoprotein (HDL) < 1.0 mmol/L for men or HDL < 1.3 mmol/L for women, Or fasting (where possible) triglycerides ≥ 1.7 mmol/L	Includes patients on lipid lowering therapy (statins) due to higher QRISK even if lipid levels not high at the start of treatment.
Obstructive Sleep Apnoea (OSA)	Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for	

Table two NHSE Priority cohorts for years one to three			
Funding Variation Year*/Cohort	Estimated Cohort Duration	Cohort Access Groups	
		Number of qualifying Comorbidities**	BMI*
Cohort 1 Year 1 (2025/26)	12 months	≥ 4	≥ 40
Cohort 2 Year 2 (2026/27)	9 months	≥ 4	$\geq 35 - 39.9$
Cohort 3 Year 2/3 (2026 and 2027/28)	15 months	≥ 3	≥ 40
* Use a lower BMI threshold (reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds or for people of mixed race if their heritage includes any of the above ethnicities. ** Qualifying co-morbidities are type 2 diabetes, Atherosclerotic CVD, Hypertension, Obstructive sleep apnoea severe enough to be eligible for CPAP, Dyslipidaemia.			



	continuous positive airway pressure (CPAP) or equivalent	
Type 2 diabetes mellitus	Established type 2 diabetes mellitus	
*People with type 2 diabetes can be prescribed tirzepatide (Mounjaro®) for obesity or for glycaemic management in type 2 diabetes if they meet the criteria set out in the recommendations in either: a) NICE's technology appraisal guidance on tirzepatide (Mounjaro®) for managing overweight and obesity (NICE TA1026) or b) Tirzepatide (Mounjaro®) for treating type 2 diabetes (NICE TA924).		

In line with [NHSE's Interim Commissioning Guidance](#), to receive NHS funded tirzepatide for weight loss, all patients must participate in the 'wrap around behavioural support' programme which incorporates nutritional and physical activity advice with behavioural change components, as a mandatory requirement to access treatment. Further details are given in the SY Guideline to Support the Use of Tirzepatide in Weight Management

What does that mean for patients within South Yorkshire?

Patients that are in cohort 1 or 2 of the NHSE commissioning criteria are eligible to be offered tirzepatide in primary care in line with local guidance and NHSE Interim Commissioning Guidance. Patients who are not in cohort 1 or 2 are not currently eligible for tirzepatide for weight management in a primary care setting however they may be eligible to be referred to a Specialist Weight Management Service who, if clinically appropriate, may be able to prescribe tirzepatide. To be referred to a *SWMS the patient must fulfil the SY referral criteria (see [appendix](#) for details). Note any referral to a Right To Choose provider must also fulfil the SY agreed referral criteria to a SWMS.

Note - Tirzepatide is also used for type 2 diabetes if used in line with criteria within the [NICE TA924](#) and locally agreed guidelines (see [link](#)). Although there is an overlap in pathways, the diabetic specialist services/primary care specialists will/should only be initiating/prescribing tirzepatide in line with the diabetes pathway/NICE TA924. Referrals should only be made to the specialist diabetes team if the patient is eligible for treatment under the locally agreed diabetes pathway.

*The ICB is undertaking a review of all weight management services in South Yorkshire to 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.

Suggested action for primary care

Primary care clinicians can offer tirzepatide for weight management for any patient in cohort 1 or 2, in line with [local guidance and](#) NHSE Interim Commissioning Guidance. Patients must attend the 'wraparound behavioural support programme'. Please refer



to the [local guidance](#), and the SPC for tirzepatide when considering prescribing this medication

Patients who are not in cohort 1 or 2, may be able to be referred to a SWMS if they fulfil the referral criteria, as defined in the [appendix](#). A referral to a Right to Choose weight management provider may be considered if referral criteria to the local pathway have been met.

All other patients are currently not eligible for tirzepatide for weight management under current commissioning arrangements.

Patients who are not in the eligible cohorts to be prescribed in primary care or be referred to a SWMS may decide to seek private assessments and service provision.

Primary care **should not** be asked to assess 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. 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.

Patient resources

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](#) and [Changes to the Adult Specialist Weight Management Service Referral Criteria :: 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](#)

GPhC – Weight Loss Medication FAQ - [Weight loss medications- FAQ | General Pharmaceutical Council](#)



SY Guideline to Support the Use of Tirzepatide in Weight Management - [SY ICB Medicines Optimisation](#)

[Quality and outcomes Framework update - Quality and Outcomes Framework guidance for 2026/27](#)

Appendix: Eligibility criteria from October 2025

Referral criteria for specialist weight management services in South Yorkshire - SWMS (also known as tier three)

Prerequisite prior to referral

1. Adults **aged 18 years and over** registered with **South Yorkshire ICB general practices**
- AND
2. The person must have demonstrated **significant commitment to lose weight** and have **engaged in a supported attempt to modify diet and exercise levels prior to referral**, as indicated by **undertaking one of more of the following within 24 months of referral to the SWMS**:
 - A locally commissioned **tier two weight management service**
 - An equivalent NHS **nationally commissioned tier two programme** (such as National Diabetes Prevention Programme, Digital Weight Management Programme, Type two diabetes Pathway to Remission)
 - Attended a **commercial weight loss service**
 - Primary care / Local authority **health coaching, dietetic or practice nursing support to enhance diet/nutrition +/- increase physical activity +/- weight management**
 - Completed the 12-week free **NHS Weight Loss Plan app**

AND

Patients must **understand the requirements** and demonstrate a **commitment to actively participating** in the SWMS and to be **able to fully engage** with the program requirements.

Eligibility criteria

Note: There is an increased risk of health conditions at lower BMI thresholds in certain populations. Reduce all BMI thresholds by 2.5 kg/m² in people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds to ensure equitable clinical prioritisation and access to appropriate treatment. This also applies to people of mixed race who have one of these backgrounds.



- People with a **BMI above 50 kg/m²**

OR

People who meet the **current NHSE/NICE Funding Variation cohort eligible** for tirzepatide in primary care as set out in the NHS England Interim Commissioning Guidance ([NHS England » Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide \(Mounjaro®\) for the management of obesity](#))* This applies only to *Cohort 1 and 2* patients.

OR

- **Transition of care for young people** from Complications of Excess Weight (CEW) services – any BMI

Patients requiring urgent weight loss for a time sensitive intervention for a life threatening condition (eg surgery, cancer therapy) who do not meet any of the above criteria who have a BMI ≥ 35 will need to have an Individual Funding Request (IFR) approval.

There may also be some other rare situations where urgent weight loss is needed (eg Idiopathic intracranial hypertension resistant or intolerant of medical intervention with impending visual compromise or on transplant waiting list). An IFR will need to be completed for these.

- Where there is suspicion of, or confirmed, rare monogenic or hypothalamic **cause of obesity, patients should be referred to Consultant Endocrinology services**. If the consultant feels the patient would benefit from the multi-disciplinary team (MDT) support of a specialist weight management service they would then refer the patient to the specialist weight management service, using an IFR if they do not meet any of the above criteria (any BMI).

*As tirzepatide becomes widely available through primary care not all patients meeting the NHS England eligibility cohorts will require specialist referral. Consider referral to specialist services for the **people who meet NHS England cohort criteria and have:**

- **Complex neuropsychological needs** that are interfering with the individual's ability to engage with primary care services, e.g. severe and enduring mental illness, learning disabilities, special educational needs and disabilities
- **Additional complex medical, psychological and social care needs** requiring specialist input and support. Such referral shall be at clinician discretion.
- Patients **on NHS prescribed weight loss medical therapies who despite maximum tolerated doses, have ongoing weight-related complications** and would benefit from evaluation for alternative weight loss intervention.



Exclusion criteria for specialist weight management services

- People who do not satisfy the prerequisite and referral criteria
- People who are pregnant 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 program
- Post-Bariatric Surgery: Patients must be at least two years post-bariatric surgery before referral.
- Conditions for Referral Once Stable:
 - Substance Use: Patients in recovery from alcohol or drug use should have received support and maintained recovery for at least three months.
 - Other Conditions: Conditions such as hypothyroidism and Cushing's syndrome must be stabilized before patients can be considered for referral.

Note: These referral inclusion / exclusion criteria do not apply to the maternity or paediatric weight loss support currently provided by the Barnsley specialist weight management service.

Where a patient does not meet these criteria, but a referrer and / or provider believes that there is clinical exceptionality as to why the patient should receive to Tier 3 Weight Management Services referrers and / or providers may submit an Individual Funding Request in accordance with the relevant SYICB policy, currently available at: <https://southyorkshire.icb.nhs.uk/our-information/policies-and-procedures>