**Primary Care Statement**

**Tirzepatide (Mounjaro®) for managing overweight and obesity (June 2025)**

On 23rd December 2024, the National Institute for Health and Care Excellence (NICE) published a Technology Appraisal for tirzepatide for managing overweight and obesity ([TA1026](https://www.nice.org.uk/guidance/ta1026)).

As well as being prescribable by Specialist Weight Management Services, tirzepatide will also be prescribable in Primary Care and the local implementation of this service is in progress.

We understand practices are receiving a lot of enquiries from patients requesting this medication. We have updated our public statement, available on the ICB’s website, which asks patients not to contact GPs. You are welcome to put this on your websites.

Tirzepatide for weight loss is currently categorised as a red drug on the Northamptonshire Formulary, which is under review as part of local service development.

Initially, tirzepatide will only be available in primary care in line with the interim commissioning guidance issues by NHSE, which details the eligible cohorts. The patients deemed at the highest clinical need (cohort 1) are those with:

BMI ≥ 40 (or ≥ 37.5 for people from South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean ethnic backgrounds)

AND

4 or more of the following qualifying comorbidities

* Hypertension
* Dyslipidaemia
* Obstructive sleep apnoea
* Cardiovascular disease
* Type 2 diabetes mellitus

Tirzepatide is only recommended for use on the NHS in conjunction with a reduced-calorie diet and increased physical activity. Any patient prescribed tirzepatide must participate in the specifically designed wraparound care. This focuses on diet, nutrition and increasing physical activity and we encourage GPs not to prescribe unless the wraparound support offer is in place.

We kindly request that GPs do not prescribe tirzepatide for weight management until we have the pathways in place to enable patients to access the wraparound support required, which will increase their chances of making sustainable change.

**Public Facing Statement**

**Tirzepatide (Mounjaro®) for managing overweight and obesity (June 2025)**

On 23rd December 2024, the National Institute for Health and Care Excellence (NICE) [published a Technology Appraisal for tirzepatide for managing overweight and obesity (TA1026).](https://www.nice.org.uk/guidance/ta1026)

This Technology Appraisal makes tirzepatide available for weight management, under the brand name Mounjaro®. Unlike previous weight management medication, this can be prescribed in Primary Care (for example by a General Practice). However, it still needs the same wraparound services as Wegovy® (semaglutide), so that patients are supported to make the changes needed for the medication to be most effective.

Northamptonshire ICB knows there are patients eligible for this medication who would like to be able to access this as soon as possible. However, this medication will be made available to patients in phases over several years.

We are in the process of developing a service that will make tirzepatide available to the group of patients deemed the highest priority. The priorities have been decided nationally based on both Body Mass Index (BMI) and related health conditions.

We ask that you do not contact your GP surgery to try and obtain Mounjaro® for weight loss just yet. GP practices are incredibly busy, and the additional resource required to manage enquiries will mean they have less time to offer patient appointments and contribute to the set-up of weight management services.

We have also asked our GPs not to prescribe Mounjaro® for weight loss until we have the weight management service, including support for diet and exercise, in place.

We are working with a range of experts from across Northamptonshire to develop a Specialist Weight Management Service for patients with more complex needs, which will prescribe weight management medication in future.

A series of FAQs are published on this page, which may give you more information.

**Frequently Asked Questions**

**What is the impact of the NICE decision on tirzepatide for the management of obesity?**

For the first time in England, people aged 18 and over who are living with obesity and have a body mass index (BMI) of more than 35 and one qualifying weight related comorbidity will have access to the weight loss drug tirzepatide, either through a specialist weight management service or primary care. There is a lower BMI threshold for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds (usually reduced by 2.5 kg/m2).

NHS England has engaged with clinical and professional bodies to establish which patient groups to prioritise for treatment based on clinical benefits. In primary care, the following groups will be prioritised:

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Cohort | Related health conditions | Body Mass Index (BMI)\* |
| 2025/26 | 1 | ≥4 of:* hypertension (high blood pressure)
* dyslipidaemia (unhealthy lipid levels in the bloodstream)
* obstructive sleep apnoea (frequent, temporary pauses in breathing during sleep, caused by a blockage in the airway)
* cardiovascular disease (heart and blood vessel disease)
* type 2 diabetes mellitus (not enough insulin or insulin resistance leading to high blood sugar levels)
 | ≥40 |
| 2026/27 | 2 | As above | 35-39.9 |
| 2027/28 | 3 | 3 of:* hypertension (high blood pressure)
* dyslipidaemia (unhealthy lipid levels in the bloodstream)
* obstructive sleep apnoea (frequent, temporary pauses in breathing during sleep, caused by a blockage in the airway)
* cardiovascular disease (heart and blood vessel disease)
* type 2 diabetes mellitus (not enough insulin or insulin resistance leading to high blood sugar levels)
 | ≥40 |

\*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

**What are the recommendations from the NICE appraisal?**

It is estimated that around 3.4 million people in England are eligible for the drug. The roll out of tirzepatide will have to be carefully managed to ensure healthcare professionals can continue to meet the full range of health needs of all their patients. Initially, only those with the highest clinical need will be prioritised to receive the medication while the NHS tests a variety of new services to care for people living with obesity.

NHS England has engaged with relevant clinical and professional bodies to develop the patient prioritisation approach and issued interim commissioning guidance.

NICE will evaluate the implementation and delivery of tirzepatide over the next 3 years to determine how the scaling and phasing should progress and to inform further NICE guidance around whether access to tirzepatide can be expanded rapidly by the NHS.

**How does this influence the weight management pathway?**

NICE published overweight and obesity management guidelines alongside the NICE TA guidance for tirzepatide. The introduction of tirzepatide into primary care settings will influence current services and change the future of weight management pathways.

ICBs including Northamptonshire ICB, are considering the current weight management service provision and access pathways to ascertain whether adaptations can be made to align them, where possible, with the NICE updated overweight and obesity guidelines, taking a patient centred approach.

NHS England will continue to engage with ICBs on the implementation and delivery models for tirzepatide as part of an integrated service.

**Can I access tirzepatide straight away?**

Introducing this new treatment to NICE’s estimated 3.4 million eligible patients requires the NHS in England to develop a completely new service for primary care and many healthcare professionals will need to be trained to deliver it.  A staged approach will help manage demand on existing healthcare services. This allows the safe prescribing of tirzepatide and the appropriate support for patients.

Tirzepatide will initially be offered to individuals facing the most significant health risks related to their weight.

Tirzepatide will not immediately be available and will not be accessible to everyone who wishes to use it. Initially, tirzepatide will only be available on the NHS to those expected to benefit the most. People who are eligible through primary care services should expect to start to get access during 2025.

**What is a staged approach?**

A staged approach to service rollout within primary care means the NHS in England will manage the flow of patients to the health system so it does not become overwhelmed.

This approach will ensure the service is delivered safely and that the NHS in England is able to plan for an increase in service demand, whilst building specific skills and knowledge within the workforce.

**How does tirzepatide work for weight loss?**

Tirzepatide works by supressing appetite centres in the brain that control gut hormones. It decreases the appetite and slows the movement of food passing through the body, making you feel fuller for longer. Clinical trials have shown tirzepatide can help people living with obesity lose up 20% of their starting body weight, depending on the dose and accompanying diet and lifestyle support.

Tirzepatide can only be prescribed by a healthcare professional alongside programmes which support people to lose weight and live healthier lives by making changes to their diet and physical activity. Tirzepatide comes as an injection, which can be self-administered once a week.

**What if a patient is already receiving tirzepatide treatment?**

Patients can continue taking tirzepatide if they are prescribed it to manage their diabetes. If patients are using tirzepatide they have acquired privately, they may be able to access the medication through an NHS prescription if they meet the NICE and NHS qualifying criteria.

**Will everyone who is eligible have access to the drug?**

Tirzepatide might not be suitable for everyone and not everyone who meets the eligibility criteria will want to use it to support their weight loss. A healthcare professional will discuss the most appropriate care and support, based on individual patient’s need. This could include behavioural support programmes, medical options including prescribing or bariatric surgery.

**I’m currently on a waiting list for NHS specialist weight management services. Can I transfer to another list to access this drug?**

A healthcare professional will determine if it is appropriate for you to receive tirzepatide as part of your care in a different care setting (for example, through primary care).

**The NICE appraisal mentions ‘wraparound’ care. What does this mean?**

Any patient prescribed tirzepatide must participate in the specifically designed wraparound care required by NICE guidance. This focuses on diet, nutrition and increasing physical activity. Patients cannot be prescribed tirzepatide if they do not wish to undertake the wraparound care support.

**Will there be a cost to the patient for being prescribed tirzepatide?**

Normal prescription charges will apply unless you are entitled to free NHS prescriptions (for example, because you have a medical exemption certificate).