# Commissioning Policy

## *Weight Loss Medication - Tirzepatide*

### *Criteria Based Access Policy*

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**Authorisation and document control**

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| **Job title of author:** | Senior Programme Manager Clinical Programmes Obesity Weight Management – Corinne Robinson |
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| 0.2 | 10/10/2025 | Edited by MO team | Adele Jones and Chris Llewlyn | Corinne Robinson |
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## 1.0 Background

Obesity is a major public health challenge in England, with 29% of adults living with obesity (BMI ≥30 kg/m$^2$) and 64% living with overweight or obesity. The prevalence continues to rise, driven by factors such as diet, sedentary lifestyles, socioeconomic inequalities, and genetics. Obesity increases the risk of chronic conditions including type 2 diabetes, cardiovascular disease, certain cancers, and musculoskeletal disorders, and is associated with reduced quality of life and increased mortality.

The NHS faces significant economic and operational pressures due to obesity, costing approximately £11.4 billion annually, with wider societal costs estimated at £74.3 billion per year. Despite public health initiatives, progress has been slow, and for many, obesity is a chronic, relapsing condition. While lifestyle interventions remain foundational, adjunctive therapies such as pharmacotherapy are increasingly important for achieving and maintaining substantial long-term weight loss.

Tirzepatide (Mounjaro®) is a novel dual GIP/GLP-1 receptor agonist recommended by NICE (TA1026) for managing overweight and obesity in adults, alongside a reduced-calorie diet and increased physical activity. Its introduction marks a significant step in transforming weight management pathways within the NHS.

The integrated care board will provide funding for Tirzepatide for patients who meet the criteria defined within this policy in line with a 12-year implementation plan as set out by NHSE and in line with NICE TA policy 1026.

This commissioning policy has been produced to provide and ensure equity, consistency and clarity relating to the use of Tirzepatide within the Gloucestershire integrated care system.

## 2.0 Policy statement

**Policy details**

**NICE TA1026 Recommendations**

Tirzepatide is recommended as an option for managing overweight and obesity in adults, only if they have:

- An initial BMI of **at least 35 kg/m$^2$**
- **At least one weight-related comorbidity** (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes)
- The medication is provided according to the commercial arrangement set out by NICE

**For people from South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean backgrounds, the qualifying BMI threshold is reduced by 2.5 kg/m$^2$.**

**However, there are additional NHS England requirements that need to be met.**

**Eligibility Criteria/ Commissioning position**

The eligibility for funding of Tirzepatide within Gloucestershire is in line with the recommendations of NICE TA 1026 and NHSE additional eligibility criteria and is as follows;

- **Specialist Weight Management Services**: All adults meeting the above criteria NICE are eligible
- **Primary Care Settings**: Will be based on NHSE eligibility criteria, with access phased over 12 years, prioritising those with the highest clinical need in the first three years and in line with NHSE Interim Commissioning guidance.

- **Year 1 (June 2025- June 2026)**: BMI ≥40 kg/m$^2$ and ≥4 qualifying comorbidities
- **Year 2 (July 2026-March 2027)**: BMI 35–39.9 kg/m$^2$ and ≥4 qualifying comorbidities
- **Year 2/3 (April 2027-March 2028)**: BMI ≥40 kg/m$^2$ and ≥3 qualifying comorbidities

**For people from South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean backgrounds, the qualifying BMI threshold is reduced by 2.5 kg/m$^2$.**

NHSE will specify eligibility criteria for years beyond year 3 and it will be clarified at future updates.

**Qualifying comorbidities** (as defined by NHS England):

- Atherosclerotic cardiovascular disease (ASCVD)
- Hypertension (requiring therapy)
- Dyslipidaemia (as per NICE/clinical guidelines)
- Obstructive sleep apnoea (diagnosed and indicated for treatment)
- Type 2 diabetes mellitus (diagnosed)

**Current Self-Funders**

Patients who have obtained Tirzepatide via private treatment; or who have been self-funding and are now seeking NHS supply, will be required to demonstrate that they:

- Satisfied the agreed eligibility criteria set out in this policy **at the time they seek access to Tirzepatide on the NHS.**

**Other requirements**

Patients living with obesity are central to developing and agreeing their personalised care and support plan including deciding who is involved in the process. They should be supported to have proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing. If a decision is made to proceed with Tirzepatide prescribing, then the patient/family/carer must meet the following requirements to qualify for medication.

- have commenced and continue to attend approved Behavioural Support Obesity Programme.
- demonstrate a commitment to engaging with ongoing clinical reviews.
- can use the injection systems and demonstrate competence in dosing and adjustments

**Prioritisation**

Implementation for adults will be phased over a 12-year period in line with NICE funding variation

**Initiation**

Initiation will be undertaken by suitably trained health care professional in either in a primary care setting or specialist weight management service.

**Prescribing and Assessment**

- Prescribing must align with NICE TA1026a and NHSE guidance, the licensed indication, and dosage schedule (see BNF and summary of product characteristics) and local formulary and prescribing guidelines.
- Initial assessment by a suitably trained healthcare professional must include:
  - BMI and comorbidity assessment
  - Medical history, including concomitant medications
  - Suitability for treatment (contraindications, psychological assessment)
  - Review of polypharmacy
  - Holistic assessment using tools such as the Edmonton Obesity Staging System (EOSS)

- A local prescribing guideline has been developed to support. (*insert link when available*)

**Wraparound Care**

- Tirzepatide must be prescribed **alongside a reduced-calorie diet and increased physical activity**.
- All patients who are prescribed Tirzepatide must receive **wraparound care**:
  - In specialist weight management services: MDT-led nutritional, psychological, and medical interventions.
  - In primary care: Centrally funded wraparound care (minimum 9 months), including nutritional/dietetic advice, physical activity guidance, and behavioural change support. Gloucestershire ICB will use NHS England's Behavioural Support for Obesity Programme provision (BSOP).

**Reviews/Monitoring to be undertaken by primary care**

- Monthly face-to-face appointments during titration phase, to assess impacts and tolerability.
- Weight monitoring every six months once maximum (licensed or tolerated) dose has been reached
- Structured medication reviews for at least the first 12 months
- Holistic monitoring: weight, BMI, comorbidities, adverse effects, psychological impacts
- Use of SNOMED CT codes for adverse event reporting and pathway tracking

**Reviews/ Monitoring to be undertaken by BSOP**

BSOP will triage referrals, conduct initial assessment, enrol the patient on the preferred method of programme delivery, provide tailored ongoing monitoring via smartphone app and telephone calls, provide an end of programme review and discharge the patient back to primary care on completion. Further information can be found on GCare.

**Deprescribing**

- Deprescribe if individual disengages with the BSOP offer.
- Deprescribe if less than 5% of initial body weight is lost after 6 months from reaching the medication's highest tolerated dose. Reassess appropriateness of continuing treatment and consider stopping medication. Consider alternative interventions if clinical benefits are not seen.
- Deprescribe if individuals experience intolerable side effects and report all suspected adverse drug reactions via the Yellow Card Scheme and ensure robust documentation using SNOMED CT codes.

**Note**: No fixed maximum duration for Tirzepatide prescribing; decisions on continuation should be made case-by-case, considering clinical benefits, risks, and patient preference.

## 3.0 Patients who are not eligible for treatment under this policy.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their primary care prescriber or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally. IFR contact glicb.ifr@nhs.net and use the IFR-Application-Form-June-2022.docx

## 4.0 Connected policies

None

## 5.0 References


tirzepatide-for-man aging-overweight-a PRN01879-interim-c ommissioning-guid

**Plain English Summary:**

This document outlines the key principles for prescribing and deprescribing Tirzepatide, a medication used primarily for weight management and related medical conditions. The guidance helps clinicians make informed decisions about starting, continuing, and stopping this medication, ensuring patient safety and maximising clinical benefit. It emphasises the need for regular review of patient outcomes, prompt reporting and documentation of side effects, and a flexible, patient-centred approach to prescribing. The option for individual review ensures that patients with unique needs can still access appropriate treatment, while maintaining the integrity of the policy. Ultimately, the goal is to provide high-quality care that achieves the best possible results for each patient.