

POSITION STATEMENT

Mounjaro® (tirzepatide) for managing overweight and obesity

Recommendation:

Mounjaro® (Tirzepatide) for managing overweight and obesity **in secondary care**
– **current LSCMMG RAG status 'Red'**

Mounjaro® (Tirzepatide) for managing overweight and obesity **in primary care**
– **current LSCMMG RAG status 'Do not prescribe'**

Mounjaro® (Tirzepatide) has been reviewed by NICE for managing overweight and obesity (NICE TA1026) and will be made available to NHS patients according to the following stages:

1. Available by spring 2025 to all patients **accessing specialist weight management services**, and
2. Available by summer 2025 for a **phased introduction** of delivery to eligible cohorts, in line with NHS England's interim commissioning policy, in primary care.

LSCMMG has agreed that the RAG status of tirzepatide for the management of overweight and obesity will reflect the availability of tirzepatide as defined by NICE and NHS England.

It is expected that the RAG position will be updated periodically and in line with the implementation plan.

Background

NICE technology appraisal guidance TA1026 states:

1. 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:
 - a. An initial body mass index (BMI) of at least 35 kg/m² and
 - b. 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.

2. 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 prioritisation of treatment cohorts will be based on a statement led by clinical need and produced by NHS England. This statement considers both referral prioritisation in specialist weight management services and priority cohorts in other settings, including primary care-based services.

ICBs are required to fund tirzepatide:

- within 3 months for all patients accessing specialist weight management services at that time, and subsequently
- from 6 months in **primary care** to support a phased introduction of delivery to other eligible cohorts.

NHS England will make available to ICBs an interim commissioning policy outlining how patient cohorts should be prioritised and the service models that are recommended during this initial implementation within 4 weeks of final guidance publication.

NICE will evaluate data collected during the first phase of guidance implementation within the first three years. It will then consider revising the maximum 12-year implementation period and whether NHS England should produce an updated interim commissioning policy for the remaining implementation period.