TIRZEPATIDE (MOUNJARO) UPDATE

Sheffield LMC

GUIDANCE FOR SHEFFIELD GPS

JUNE 2025

Please read this in conjunction with the British Medical Association (BMA) guidance Focus on: Tirzepatide (Mounjaro) for weight management in General Practice.

SOUTH YORKSHIRE INTEGRATED CARE BOARD (ICB) INTERIM POSITION

The ICB states that they are working towards implementation of services to support access to Tirzepatide for managing overweight and obesity in line with NICE TA1026 and NHS England (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 prescribed in line with NICE TA924.

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 interim commissioning guidance to support the roll out of Tirzepatide during the first 3 years of the funding variation period details eligible patient cohorts, prioritisation strategy and phased implementation of Tirzepatide across specialist weight management services and primary care settings. The guidance aims to support effective delivery and equitable access to treatment across the NHS.

The table below is a summary of the prioritisation.

Table 1. Cohort Access Groups for Implementation in Primary Care Settings

Cohorts	Estimated Cohort Duration	Cohort Access Groups	
		Comorbidities	BMI*
Year 1: (2025/26)/cohort 1	12 months	≥4 'qualifying' comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, **cardiovascular disease, type 2 diabetes mellitus	≥ 40
Year 2: (2026/27)/cohort 2	9 months	Cohort II ≥4 'qualifying' comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, **cardiovascular disease, type 2 diabetes mellitus	35 – 39
Year 2/3: (2026 and 2027/28) / cohort 3	15 months	Cohort 3 'qualifying comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, **cardiovascular disease, type 2 diabetes mellitus	≥ 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 background*
*** A patient could have all multiple diagnoses in the CVD definition (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure). However, this would only qualify as one comorbidity for the purposes of prioritisation.*

PRIVATE PROVIDER REQUESTS FOR INFORMATION/CLARIFICATION

The BMA's guidance states that responding to private provider information requests is not part of the primary medical services, unless in clinically essential situations. In line with that, practices should encourage private providers to access patient-held records via NHS App or shared care.

The BMA also suggests adding private medications as "external prescriptions" for interaction / safety purposes. It is, however, not clear if this flags up the alerts on the GP operating systems. The initial impressions of Sheffield LMC is that this does not flag the appropriate interactions to a satisfactory level. Whilst this whole process can be time consuming, practices are advised to consider sending targeted text alerts to women of childbearing age regarding GLP-1s and contraception. Practices should also review HRT and contraceptive safety annually if GLP-1 use is disclosed.

SUMMARY

Tirzepatide prescription and monitoring for raised BMI is not a commissioned service. As well as the prescription of the actual medication, although Tirzepatide is self-administered it requires a call-recall system for GP monitoring, that needs to be funded. For the successful implementation it also requires appropriate wrap-around services which have yet to be commissioned. For these reasons the LMC is supportive of the current ICB statement. At present, it is not clear what the commissioning arrangements will be locally. Practices are encouraged to contact the LMC if they have strong views either in support of taking this service on or pushing back.

REFERENCES

NICE TA1026: www.nice.org.uk/guidance/ta1026
GMC guidance on prescribing: www.gmc-uk.org
BMA template letter: https://thebma.sharepoint.com/_forms/default.aspx