

Tirzepatide Commissioning - Medicines Optimisation Advice Bulletin – Updated April 2025

For the attention of primary and secondary care staff involved in patient care

- Tirzepatide is only commissioned in Norfolk and Waveney for treating Type 2 diabetes in accordance with the recommendation set out in the technology Appraisal [TA924](#).
- Tirzepatide is only available via specialist weight management services for managing overweight and obesity.
- Tirzepatide should not be prescribed in primary care for managing overweight and obesity

The ICB Medicines Optimisation team are aware of recent requests to prescribe Tirzepatide outside of these commissioned recommendations.

It is inappropriate to request prescribing of, or to prescribe Tirzepatide in primary care:

- to manage weight where patient's HbA1c is adequately controlled with triple therapy
- to manage weight pre-surgery
- to manage weight outside of Tier 3 weight management services

Diet and exercise support is not available in primary care for patients prescribed GLP1s or GLP-GITs treatment for weight loss. Prescribing outside of these recommendations will not be provided within the NHS. For instances where prescribing is recommended outside agreed commissioning, please contact the N&W ICB Medicines Optimisation Team and refer to the initiating clinician who may wish to review their recommendation.

Patients must be signposted to appropriate NHS service providers for weight management and obesity support and guidance.

Tirzepatide for treating Type 2 diabetes

NICE recently published [TA924 - Tirzepatide for treating type 2 diabetes](#). TAG have commissioned this as **ADVICE** - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation.

Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if:

- triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, **and**
- they have a body mass index (BMI) of 35 kg/m² or more, and specific psychological or other medical problems associated with obesity, or
- they have a BMI of less than 35 kg/m², and:
 - insulin therapy would have significant occupational implications, or
 - weight loss would benefit other significant obesity-related complications.

Tirzepatide for managing overweight and obesity

As per [NICE TA1026](#), TAG has recommended a **Hospital** **Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care** classification. Tirzepatide will only be available via specialist weight management services for this indication.

From 24th March 2025, if a patient is within the scope of the overarching NICE recommendation – with a BMI of at least 35 and at least one weight-related comorbidity – and is eligible for treatment in specialist weight management services as per local ICB guidance, a patient should be able to access Tirzepatide (Mounjaro®) from specialist service if they and their clinician agree that it is the most appropriate treatment option.

Tirzepatide is currently **BLACK** **Not commissioned. No NHS prescribing for managing overweight and obesity in primary care** pending guidance from NHS England. Further updates to follow.

Private Patients

GP practices have reported a rising number of requests from private providers and online pharmacies seeking patient information to inform their prescribing of weight-loss medication such as Tirzepatide. Following publication of updated guidance from the General Pharmaceutical Council - [Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet](#) - prescribing decisions cannot solely be based on information provided through an online questionnaire. When supplying medicines used for weight management, the prescriber must independently verify the information provided by the patient. "This could be through a video consultation, in person, from the person's clinical records or by contacting another healthcare provider such as the person's GP. Verifying information helps to confirm that any continued supply is clinically suitable and helps to safeguard vulnerable people."

Under [GMC regulations](#), it is the responsibility of the prescribing clinician to assure themselves that their prescribing is safe. Private providers should not assume that non-response is an agreement from the GP that there are no contraindications for prescribing weight-loss drugs.

As per the BMA - [General practice responsibility in responding to private healthcare](#) – "If a private provider requests more information from a general practice, this can be provided, following consent, and the cost of preparing the report can be charged to the private provider."

The [Medical Defence Union](#) advises that if a practice receives a request from an online pharmacy for information they should:

- Contact the patient to make them aware of the request and any concerns you have about the medication in relation to their medical history. Make sure they consent to what you are planning to disclose.
- If the patient withholds consent, explain to the pharmacy that you're aware of information that makes the prescription inappropriate, but the patient has not given you consent to share this. It will then be for the pharmacy to follow this up. You should also make the patient aware that you'll be sending this response.

- Clarify the extent of the records checked with the pharmacy - for example, that only the patient's active and past problem list were checked, rather than an in-depth review of their entire record.
- Consider explaining that a general review of the patient's notes might not capture every relevant consideration that the prescriber may need to know when making their decision to continue to prescribe. The prescriber would need to go through the patient's online records with them so they can satisfy themselves they are prescribing in line with the guidance from their regulator.
- Check if your LMC can provide you with further insights into how other practices are responding.
- This work does not fall under the GMS contract, and you can get advice from the BMA about any charges that might apply.

Patients who are already prescribed Tirzepatide for weight management by a private provider may be able to transfer to NHS funded treatment in future if they meet the NICE and NHS qualifying criteria. More information about this will be made available in due course. Until then, patients **should not** be switched from private provider to NHS services.

Please see [Netformulary](#) for formulary information and email the Medicines Optimisation team with 'TAG' in the subject line if you have any further questions or comments - nwicb.medsqueries@nhs.net.

Many thanks for your support.

Sent on behalf of the Norfolk and Waveney Therapeutics Advisory Group