Therapeutics Advisory Group

Improving lives together
Norfolk and Waveney Integrated Care System

Prescribing Guidance Update
Tirzepatide for managing overweight and obesity
Sept 2025 v3.0

Current commissioning position in Norfolk and Waveney for all indications

Implementation of Tirzepatide (Mounjaro®) in Norfolk and Waveney will be based on NHS England's priority cohorts and in accordance with the timelines set out in the interim commissioning guidelines.

Type 2 Diabetes

ADVICE	Tirzepatide is commissioned in Norfolk and Waveney for treating Type 2 diabetes in accordance with the recommendation set out in the technology Appraisal TA924.
BLACK	Tirzepatide should not be prescribed in primary care for Type 2 diabetes for any patients other than those who meet the NICE criteria above.

Managing overweight and obesity

RED	Tirzepatide is available via specialist weight management services for managing overweight and obesity as per TA1026.
GREEN	Tirzepatide is only available in primary care for managing overweight and obesity for patients who have at least 4 of the 5 qualifying health conditions (type 2 DM, high blood pressure, heart disease, obstructive sleep apnoea and abnormal blood fats) plus a BMI of at least 40 (BMI to be adjusted for ethnicity) as per TA1026 and the interim commissioning guidelines
BLACK	Tirzepatide should not be prescribed in primary care for managing overweight and obesity for any patients other than those listed above.

Please see Netformulary for more information on the latest local formulary recommendations.

Please note:

The ICB Medicines Optimisation team are aware of recent requests to prescribe Tirzepatide outside of the above commissioned recommendations. It is inappropriate to request or to prescribe Tirzepatide in primary care to manage weight:

- where patient's HbA1c is adequately controlled with triple therapy
- pre-surgery
- outside of the Tier 3 weight management services or the defined primary care cohort above

Tirzepatide (Mounjaro®) is a long-acting dual GIP and GLP-1 receptor agonist, highly selective with high affinity to both the GIP and GLP-1 receptors. The activity of Tirzepatide on the GIP receptor is similar to native GIP hormone. The activity of Tirzepatide on the GLP-1 receptor is lower compared to native GLP-1 hormone.

It is a weight loss medicine that makes a patient feel fuller for longer and therefore less hungry. It comes in the form of an injection which is used once a week.

If Tirzepatide (Mounjaro®) is recommended, the patient will need to eat a balanced, reduced calorie diet and take part in physical activity regularly whilst taking the medicine. NHS England are currently working on a package of wraparound care to support patients. This will be available in due course.

Before prescribing Tirzepatide (Mounjaro®), the patient should receive counselling from a healthcare professional on the benefits and limitations. This treatment is not recommended if patient is pregnant or planning to get pregnant, breastfeeding, or if they have certain health conditions. If a patient is taking the contraceptive pill, they should be advised to use an additional method of contraception while they are on Tirzepatide.

Side effects, interactions and contraindications

Side Effects	Drug Interactions	Contraindications
BNF	BNF	BNF
SPC	SPC	SPC

Dose and supply

Tirzepatide (Mounjaro®) comes as a pre-filled pen (multiple-dose KwikPen) in various strengths up to the maximum recommeded dose.

As per SPC, the starting dose of Tirzepatide is 2.5 mg once weekly. After 4 weeks, the dose should be increased to 5 mg once weekly. If needed, dose increases can be made in 2.5 mg increments after a minimum of 4 weeks on the current dose.

The recommended maintenance doses are 5, 10 and 15mg, and maximum dose is 15mg once weekly.

If patients have been unable to lose at least 5% of their initial body weight 6 months after titrating to the highest tolerated dose, a decision is required on whether to continue treatment, taking into account the benefit / risk profile in the individual patient.

If a dose is missed, it should be administered as soon as possible within 4 days after the missed dose. If more than 4 days have passed, skip the missed dose and administer the next dose on the regularly scheduled day. In each case, patients can then resume their regular once weekly dosing schedule.

Administration

Tirzepatide is to be injected subcutaneously in the abdomen, thigh or upper arm.

The dose can be administered at any time of day, with or without meals.

Injection sites should be rotated with each dose. If a patient also injects insulin, they should inject Mounjaro into a different injection site.

Patients should be advised to carefully read the instructions for use and the package leaflet for the pre-filled KwikPen before administering the medicinal product.

When to review and stop Tirzepatide

NICE guidance recommends that if the patient does not lose enough weight (5%) after six months of being on the highest dose they can manage, Tirzepatide (Mounjaro®) should be stopped. This is because the medication is not working as well as it should. Currently there is no specified time limit for being prescribed Tirzepatide (Mounjaro®). The patient should discuss whether to continue or stop with an appropriate healthcare professional.

Patients seeking to purchase Tirzepatide privately

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 jabs.

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, but only if they meet the NICE and NHS qualifying criteria.

Additional information and resources

- NICE TA1026 accessed 29/5/2025
  - Initial assessment before prescribing tirzepatide
  - Counselling before prescribing tirzepatide
  - Follow up and monitoring when prescribing tirzepatide
- TIrzepatide BNF accessed 29/5/2025
- Tirzepatide SPC accessed 29/5/2025
- NHS England Implementation Guidance accessed 29/5/2025
- Netformulary accessed 29/5/2025
- Knowledge NoW accessed 29/5/2025
- Ardens Clinical Templates in development and will follow
- Patient Information Leaflet in development and will follow

Title	Prescribing Guidance - Tirzepatide for managing overweight and obesity
Description of policy	*To inform healthcare professionals*
Scope	*Norfolk and Waveney Integrated Care System*
Prepared by	Norfolk and Waveney ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
Approved by	*TAG – October 2025*
Authorised by	*MOPB – October 2025*
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Version Number	Author	Purpose / Change	Date
0.1	Senior I+F Tech, MO Team, NWICB	Draft - new guidance doc adapted from local advice bulletin	June 2025
1.0	As above	Final document supported by TAG and ratified by MOPB	June 2025
2.0	As above	Table added to page 1. Diabetes commissioning arrangements confirmed. Only for patients who meet criteria in NICE TA. Black for all other diabetes patients.	August 2025
3,0	As above	Stopping criteria added	September 2025