

# Implementation of the NICE funding variation for tirzepatide (Mounjaro®) in the management of overweight and obesity – FAQs



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## **NICE's recommendation on tirzepatide (Mounjaro®) for the management of obesity. Frequently asked questions for patients** **15**

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This document contains frequently asked questions (FAQs) following publication of the National Institute for Health and Care Excellence (NICE) technology appraisal (TA) for the medication tirzepatide (Mounjaro®). The purpose of this document is to provide information to support ICBs with the implementation of tirzepatide (Mounjaro®) and the impact on the weight management pathway. It also includes patient facing FAQs to help ICBs and providers respond to questions from patients and the public.

## NICE technology appraisal for tirzepatide (Mounjaro®): Frequently asked questions for Integrated Care Boards (ICBs)

### 1. What is the impact of the NICE recommendation on tirzepatide (Mounjaro®) for the management of obesity?

NICE has recommended tirzepatide (Mounjaro®), a novel dual GIP/GLP-1 receptor agonist, as a cost effective treatment for managing obesity alongside a reduced calorie diet and increased physical activity in adults. Tirzepatide (Mounjaro®) can be used in primary care settings or specialist weight management services (SWMS).

NICE published the technology appraisal ([TA1026](#)) in December 2024 and recommends the eligible population as adults in England with at least one weight related comorbidity and a body mass index (BMI) of more than 35. The BMI threshold is lowered to 32.5 for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds. It is estimated that around 3.4 million people in England are eligible for the therapy, based on the eligibility criteria outlined by NICE.

Accordingly, NHS England submitted a [funding variation request](#), on behalf of NHS providers and ICBs, to extend the time needed to comply with the recommendations. NICE's guidance executive accepted that NHS England's funding variation request was justified and made the following amendments, as outlined in Section 4 "[Implementation](#)" of [NICE TA1026](#).

The NICE Funding Variation outlines a 90 day funding mandate in specialist weight management services for the full eligible population and a 180 day funding mandate in primary care settings in line with the prioritised patient cohorts set out by NHS England.

In specialist weight management services:

- From 24 March 2025, NICE stated integrated care boards are required to fund tirzepatide (Mounjaro®) as an option for the management of obesity in SWMS. NICE stated these services, are already established and additional wraparound care is not required in specialist weight management services. Tirzepatide (Mounjaro®) should be considered as an alternative treatment option to current therapies for managing obesity such as alternative medical therapies, very low calorie diet or bariatric surgery. Patients should be offered the most appropriate treatment option based on individual clinical need.

In primary care settings:

- NICE stated ICBs are required to fund tirzepatide (Mounjaro®) for the treatment of obesity in primary care settings from 23 June 2025. This should be considered as an alternative therapy to current treatment options for managing obesity such as the [NHS Digital Weight Management Programme](#) or local behavioural overweight and obesity management interventions. Tirzepatide (Mounjaro®) will be available to prioritised cohorts in primary care settings during an initial phased implementation period, which will be used to test and

make the necessary arrangements to safely and efficiently scale a variety of implementation service models.

## 2. Who can access the medication in specialist weight management services?

If a patient who is in the care of specialist weight management services falls within the scope of the overarching NICE recommendation – with a BMI of at least 35 and at least one weight related co-morbidity they should be able to access tirzepatide (Mounjaro®) if they and their clinician agree that it is the most appropriate treatment option.

Treatment offers in specialist weight management services may include alternative medical therapies (e.g. semaglutide (Wegovy®)), very low calorie diet or bariatric surgery.

ICBs have the option to align access to specialist weight management services with the proposed NHS England cohorting approach which will apply in primary care in order to ensure appropriate prioritisation of resources in line with population need.

## 3. What are the priority cohorts in primary care?

NHS England was tasked by NICE with developing a prioritisation statement considering both referral prioritisation in specialist weight management services and priority cohorts in other settings (including primary care-based services). NHS England engaged with relevant clinical and professional bodies to establish which weight related comorbidities should be prioritised. To be able to access the medication in the first three years patients must meet criteria which we have outlined below.

The following five health conditions are prioritised to ensure patients with the greatest clinical need can be assessed for suitability of the medication:

- type 2 diabetes mellitus
- high blood pressure (hypertension)
- heart disease (cardiovascular disease)
- obstructive sleep apnoea
- abnormal blood fats (dyslipidaemia)

**Cohort 1** - will start from 23 June 2025. The cohorts are applicable to primary care settings.

- At least **four** of the five health conditions listed above plus a BMI of 40 (BMI to be adjusted for ethnicity\*) or more.

**Cohort 2** – in addition to the patients in Cohort 1 access to the medication will also be offered to patients meeting the following criteria for year two.

- At least **four** of the five health conditions listed above plus a BMI of 35 – 39.9 (BMI to be adjusted for ethnicity\*).

**Cohort 3** – in addition to patients in Cohorts 1 and 2, access to the medication will also be offered to patients meeting the following criteria for year three.

- At least **three** of the five health conditions and a BMI of 40 (BMI to be adjusted for ethnicity\*) or more.

*\*Due to an increased risk of health conditions at lower BMI thresholds in these populations, the BMI applied to assess eligibility for tirzepatide (Mounjaro®) must be adjusted by 2.5 kg/m<sup>2</sup> in people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds to ensure equitable clinical prioritisation and access to appropriate treatment.*

NICE has committed to reviewing access after year three to evaluate the implementation and delivery of tirzepatide (Mounjaro®). Further detail around the priority cohorts can be found in the [published interim commissioning guidance](#).

## 4. How does this influence the weight management pathway?

NICE published guidelines ([NG246](#)) for overweight and obesity management alongside the NICE TA guidance for tirzepatide (Mounjaro®). ICBs are required to introduce tirzepatide (Mounjaro®) as a treatment option in primary care settings from 23 June 2025. This will influence current services and change the future of weight management pathways, as specialist primary care weight management services are not currently widely offered.

ICBs should consider, if they have not already done so, the current weight management service provision and access pathways to ascertain whether any adaptations can be made to align them, where possible, with the NICE updated overweight and obesity guidelines, taking a patient centred approach. NHS England continues to engage with ICBs on the implementation and delivery of models for tirzepatide (Mounjaro®) as part of an integrated system and not a standalone service.

## 5. What wraparound care is offered to patients who are prescribed the medication?

NICE Technology Appraisal [TA1026](#), alongside the Medicines and Healthcare Products Regulatory Agency (MHRA) product licence for tirzepatide (Mounjaro®), defines structured wraparound care as an essential component of treatment. Tirzepatide (Mounjaro®) must be prescribed in conjunction with a reduced calorie diet and increased physical activity to support weight management outcomes.

Wraparound care comprises two distinct elements:

1. **Clinical support:** including safe prescribing, monitoring of comorbidities, and management of potential medication interactions; and
2. **Behavioural support:** to drive sustainable lifestyle change through structured interventions.

NICE states that the appropriate wraparound care is already established in specialist weight management services, so tirzepatide (Mounjaro®) can be prescribed where local systems have existing services in place.

In primary care settings, clinicians are required to ensure patients have appropriate behavioural support wraparound care through either the nationally procured services or local services meeting the required specifications alongside the clinical support service.

NHS England is utilising existing commissioned providers of the 'Healthier You': Diabetes Prevention Programme to deliver this required element of the wraparound care as an interim service to complement the early implementation of tirzepatide (Mounjaro®) in primary care as a new care setting. This interim offer provides structured, non-judgemental support alongside prescribing. It is important to note that arranging appropriate clinical oversight and follow-up remains the responsibility of the prescribing clinician, as part of a complete wraparound care approach.

ICBs can choose to utilise local behavioural support wraparound care services, if they meet the standards of the national offer. The behavioural support wraparound care providers should ensure equitable accessibility of wraparound care for people with a high complexity of needs. For instance, patients with limited mobility should be encouraged to increase activity levels within their capabilities.

Patients are expected to engage in the behavioural support element of the wraparound care, and the national service will be provided for the first 9 months of treatment. Healthcare professionals should be advised of the requirements to offer wraparound care to patients and be aware of local ICB policy.

Patients should be made aware of the importance of engaging with both the clinical treatment and the wider support offer, which is designed to support them make sustainable lifestyle changes, with a particular focus on balanced nutrition for health and increasing physical activity, as part of informed discussions with healthcare professionals about the most appropriate treatment approach.

If patients do not engage with the behavioural support element of the wraparound care, providers are required to inform the relevant healthcare professionals. This should prompt a clinically led discussion with the patient about the benefits of the service and its role in supporting ongoing pharmacotherapy treatment.

## **6. How can ICBs support clinicians in the appropriate prescribing of tirzepatide (Mounjaro®)?**

Local variation in the provision of weight management services may cause difficulty navigating services for both patients and healthcare professionals. NICE guidance ([NG246](#)) recommends maintaining an up-to-date list of local overweight and obesity management interventions for adults, children and young people. ICBs should regularly share the list, or make it accessible, to local organisations in the public, community and voluntary sectors.



Clinicians should apply their clinical judgement and engage the patient in a discussion to determine the most suitable management option, guided by NICE recommendations. NICE has produced a [discussion aid for healthcare professionals and patients](#).

NICE has produced [a practical guide to using medicines to manage overweight and obesity](#), to be used alongside NICE guidance. This provides information for healthcare professionals around monitoring, eligibility and stopping criteria. Additionally, NICE has produced [implementation support checklists](#) which summarise the actions and assessments that may be needed, depending on the person's clinical circumstances, found on the resources page of NICE's technology appraisal guidance on tirzepatide (Mounjaro®).

## 7. How will it be paid for?

Funding has been allocated in 2025/26 by NHSE to ICBs to support the implementation of the NICE Funding Variation for weight loss medications for the management of obesity for the agreed (prioritised) patient cohort. All ICBs have received a funding allocation for 2025/26 to support with additional cost, calculated to take account of two different components:

- Drug Costs: the cost of weight loss medications in both primary and secondary care for the identified priority cohorts.
- Primary care patient management costs: funding to support service delivery within primary care, as a new setting of care.

The costs outlined above are for the use of semaglutide (Wegovy®) and tirzepatide (Mounjaro®) for management of obesity only, and not for use of these medications for other indications, such as for the management of Type 2 Diabetes.

Further information can be found in the [published interim commissioning guidance](#).

## 8. Will further communications guidance be provided for ICBs?

NHS England will continue to share communication materials to support ICBs with the implementation of the NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity. A communications toolkit has been developed and shared with communications single point of contact.

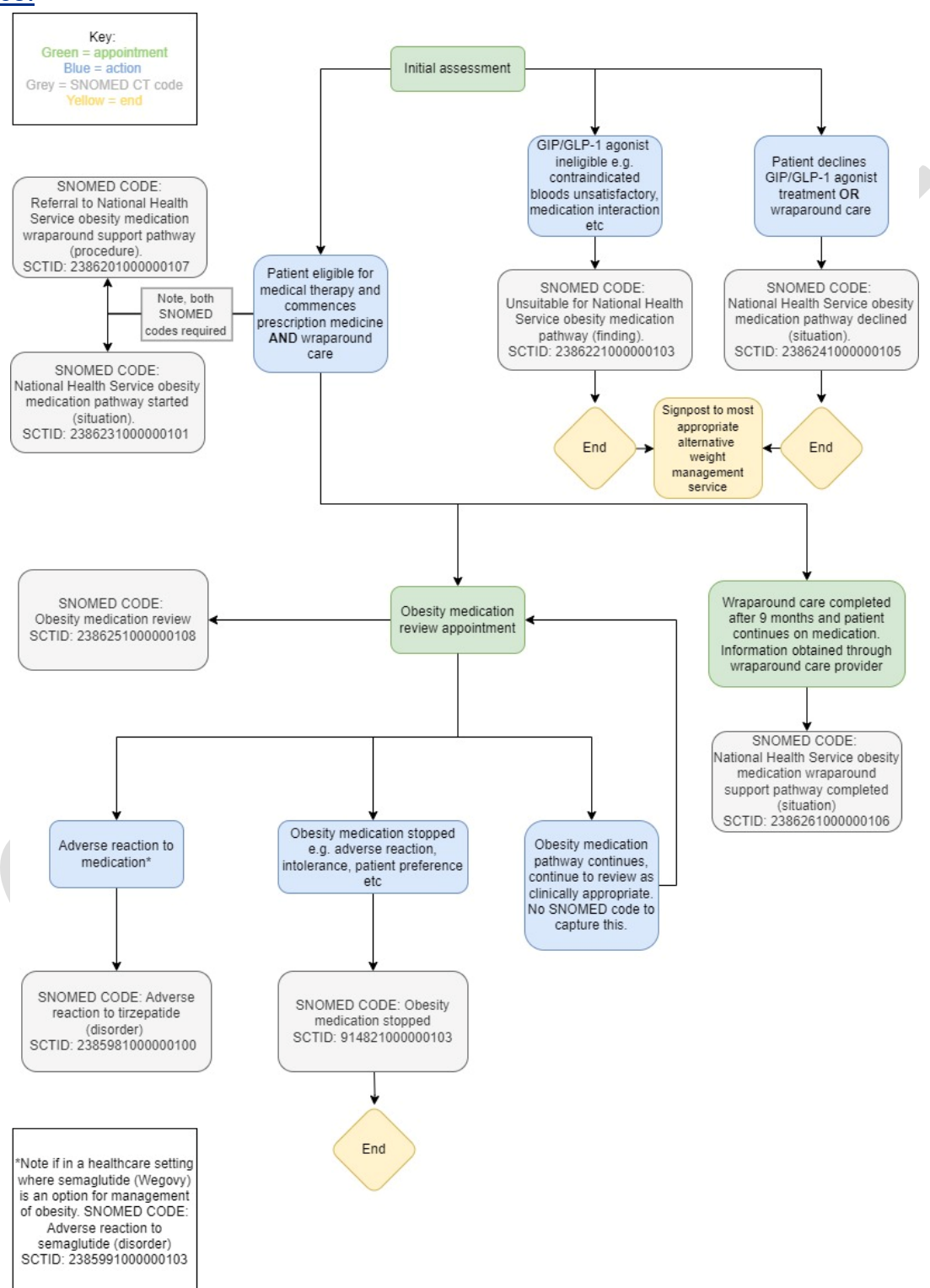
## 9. How will data be submitted to the national team?

A GPIT template will be published in June 2025 to provide a structured approach for capturing essential data within current GP IT systems. This integrated patient review template will ensure consistent capture of both clinical and administrative key data across healthcare providers, improving data quality and reliability. It will include fields for key metrics



such as patient demographics, treatment eligibility, contraindications, medication history, side effects, and treatment outcomes.

The flowchart below outlines how the SNOMED codes align with data collection in the patient pathway. Further information can be found in the [published interim commissioning guidance](#).



## **NICE's recommendation on tirzepatide (Mounjaro®) for the management of obesity. Frequently asked questions for health care professionals**

### **1. What is changing in the management of obesity?**

The National Institute of Health and Care Excellence (NICE) has recommended the use of tirzepatide (Mounjaro®) alongside reduced-calorie diet and increased physical activity for the treatment of obesity in both specialist weight management services and primary care settings. Previously, NICE advised that similar medications, such as semaglutide (Wegovy®) and liraglutide (Saxenda®), should only be used in specialist weight management services, for managing obesity. The inclusion of tirzepatide (Mounjaro®) as a treatment option in primary care marks an opportunity to expand access and offer new treatments for people living with obesity.

Introducing this new treatment to an estimated 3.4 million eligible patients requires the NHS in England to develop completely new services for weight management and train many healthcare professionals to deliver it. A staged approach will help manage the impact on existing healthcare services, ensuring tirzepatide (Mounjaro®) is prescribed safely and that patients receive appropriate support.

Integrated Care Boards (ICBs) have created local pathways to support implementation of the NICE recommendation which is appropriate for the local population. Clinicians should seek guidance from ICB colleagues regarding local pathways of care.

### **2. Who can access the medication in specialist weight management services?**

If a patient who is in the care of specialist weight management services falls within the scope of the overarching NICE recommendation – with a BMI of at least 35 and at least one weight related co-morbidity - they should be able to access tirzepatide (Mounjaro®) if they and their clinician agree that it is the most appropriate treatment option.

### **3. What are the priority cohorts in primary care?**

NHS England was tasked by NICE with developing a prioritisation statement considering both referral prioritisation in specialist weight management services and priority cohorts for accessing treatment in other settings (including primary care-based services). NHS England engaged with relevant clinical and professional bodies to establish which weight related comorbidities should be prioritised. To be able to access the medication in the first three years patients must meet criteria which we have outlined below.

The following five health conditions are prioritised to ensure patients with the greatest clinical need can be assessed for suitability of the medication:

- type 2 diabetes mellitus
- hypertension
- cardiovascular disease
- obstructive sleep apnoea
- dyslipidaemia

*See question 4 for definitions of comorbidities.*

**Cohort 1** - will start from 23 June 2025. The cohorts are applicable to primary care settings.

- At least **four** of the five health conditions listed above plus a BMI of 40 (BMI to be adjusted for ethnicity\*) or more.

**Cohort 2** – in addition to the patients in Cohort 1 access to the medication will also be offered to patients meeting the following criteria for year two.

- At least **four** of the five health conditions listed above plus a BMI of 35 – 39.9 (BMI to be adjusted for ethnicity\*).

**Cohort 3** – in addition to patients in Cohorts 1 and 2, access to the medication will also be offered to patients meeting the following criteria for year three.

- At least **three** of the five health conditions and a BMI of 40 (BMI to be adjusted for ethnicity\*) or more.

*\*Due to an increased risk of health conditions at lower BMI thresholds in these populations, the BMI applied to assess eligibility for tirzepatide (Mounjaro®) must be adjusted by 2.5 kg/m<sup>2</sup> in people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds to ensure equitable clinical prioritisation and access to appropriate treatment.*

NICE has committed to reviewing access after year three to evaluate the implementation and delivery of tirzepatide (Mounjaro®).

## 4. How are the qualifying co-morbidities defined?

The clinical definitions for comorbidities were initially based on randomised clinical trial cohort definitions, ensuring alignment with evidence-based research. NHS England has further refined these in collaboration with clinical experts and by reference to clinical guidelines and real world practice, incorporating existing NICE standards and relevant Quality and Outcomes Framework (QOF) indicators to ensure consistency and applicability in routine care.

Atherosclerotic cardiovascular disease (ASCVD): Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)

**Hypertension:** Established diagnosis of hypertension and requiring blood pressure lowering therapy

**Dyslipidaemia:** Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL)  $\geq 4.1$  mmol/L, or high-density lipoprotein (HDL)  $<1.0$  mmol/L for men or HDL  $<1.3$  mmol/L for women, or fasting (where possible) triglycerides  $\geq 1.7$  mmol/L

**Obstructive Sleep Apnoea (OSA):** Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for continuous positive airway pressure (CPAP) or equivalent

**Type 2 diabetes mellitus:** Established type 2 diabetes mellitus \*

\*People with type 2 diabetes can be prescribed tirzepatide (Mounjaro®) for obesity or for glycaemic management in type 2 diabetes if they meet the criteria set out in the recommendations in either:

- a) NICE's technology appraisal guidance on tirzepatide (Mounjaro®) for managing overweight and obesity (NICE TA1026); or
- b) Tirzepatide (Mounjaro®) for treating type 2 diabetes (NICE TA924).  
Tirzepatide (Mounjaro®) for treating type 2 diabetes (NICE TA924) is subject to different eligibility criteria.

There are clinical complexities for this cohort of patients including medication interactions and NICE recommendations should be reviewed.

Further information can be found in the [published interim commissioning guidance](#).

## 5. How do I decide if this medication is the most appropriate treatment option for the patient?

Clinicians should apply their clinical judgement and engage the patient in a discussion to determine the most suitable management option, guided by local clinical pathways and relevant publications including [NICE recommendations](#), NICE guideline [\[NG246\]](#) on overweight and obesity management and [BNF guidance](#).

NICE have produced resources including:

- [discussion aid for healthcare professionals and patients](#).
- [practical guide to using medicines to manage overweight and obesity](#), to be used alongside NICE guidance. This provides information for healthcare professionals around monitoring requirements, eligibility and stopping criteria.
- [implementation support checklists](#) which summarise the actions and assessments that may be needed, depending on the person's clinical circumstances, found on the resources page of NICE's technology appraisal guidance on tirzepatide.

These resources outline certain complexities in clinical care including contraception and patients with diabetes. However, this medication is still relatively new and there is new evidence emerging about the impact of side effects and interactions with other medications, for example HRT.

## 6. What wraparound care is offered to patients who are prescribed the medication?

NICE Technology Appraisal [TA1026](#), alongside the Medicines and Healthcare Products Regulatory Agency (MHRA) product licence for tirzepatide (Mounjaro®), defines structured wraparound care as an essential component of treatment. Tirzepatide (Mounjaro®) must be prescribed in conjunction with a reduced calorie diet and increased physical activity to support weight management outcomes.

Wraparound care comprises two distinct elements:

2. **Clinical support:** including safe prescribing, monitoring of comorbidities, and management of potential medication interactions; and
3. **Behavioural support:** to drive sustainable lifestyle change through structured interventions.

NICE states that the appropriate wraparound care is already established in specialist weight management services, so tirzepatide (Mounjaro®) can be prescribed where local systems have existing services in place.

In primary care settings, clinicians are required to ensure patients have appropriate behavioural support wraparound care through either the nationally procured services or local services meeting the required specifications alongside the clinical support service.

NHS England is utilising existing commissioned providers of the 'Healthier You': Diabetes Prevention Programme to deliver this required element of the wraparound care as an interim service to complement the early implementation of tirzepatide (Mounjaro®) in primary care as a new care setting. This interim offer provides structured, non-judgemental support alongside prescribing. It is important to note that arranging appropriate clinical oversight and follow-up remains the responsibility of the prescribing clinician, as part of a complete wraparound care approach.

ICBs can choose to utilise local behavioural support wraparound care services, if they meet the standards of the national offer. The behavioural support wraparound care providers should ensure equitable accessibility of wraparound care for people with a high complexity of needs. For instance, patients with limited mobility should be encouraged to increase activity levels within their capabilities.

Patients are expected to engage in the behavioural support element of the wraparound care, and the national service will be provided for the first 9 months of treatment. Healthcare professionals should be advised of the requirements to offer wraparound care to patients and be aware of local ICB policy.

Patients should be made aware of the importance of engaging with both the clinical treatment and the wider support offer, which is designed to support them make sustainable lifestyle changes, with a particular focus on balanced nutrition for health and increasing physical activity, as part of informed discussions with healthcare professionals about the most appropriate treatment approach.

If patients do not engage with the behavioural support element of the wraparound care, providers are required to inform the relevant healthcare professionals. This should prompt a clinically led discussion with the patient about the benefits of the service and its role in supporting ongoing pharmacotherapy treatment.

Clinicians should seek guidance from ICB colleagues regarding local referral pathways of care.

## 7. What other options do patients have for weight loss support via the NHS?

Tirzepatide (Mounjaro®) might not be suitable for everyone and not everyone who meets the eligibility criteria will want to use it to support their weight loss. There are other options available, including weight loss programmes that utilise evidence based methods such as lifestyle changes and nutrition and physical activity advice.

Please refer to your local ICB clinical pathways and guidelines to find the most relevant local offers for your patients.

There are other national services available:

- The [NHS Digital Weight Management Programme](#) is available for those with diabetes, high blood pressure or both with a BMI greater than 30. The BMI threshold is lowered to 27.5 for those from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds. NHS staff do not need high blood pressure or type 2 diabetes to access the programme.
- The [NHS Type 2 Diabetes Path to Remission Programme](#) is available for patients aged 18-65, who have a diagnosis of type 2 diabetes within the last 6 years and have a BMI over 27 kg/m<sup>2</sup> (where individuals are from White ethnic groups) or over 25 kg/m<sup>2</sup> (where individuals are from Black, Asian and other ethnic groups).
- Adults are eligible to access the [NHS Diabetes Prevention Programme](#) if they have had a blood test in the last year that shows they are at risk of diabetes or have previous diagnosis of [gestational diabetes](#).

## 8. Where can I get more training around this topic?

There are many training resources regarding management of overweight and obesity. NHS England have compiled a bank of free resources, however there are other paid resources available. <https://learninghub.nhs.uk/Catalogue/managementofobesityandoverweight>.



## **NICE's recommendation on tirzepatide (Mounjaro®) for the management of obesity. Frequently asked questions for patients**

### **1. What is changing in the treatment of obesity?**

The National Institute of Health and Care Excellence (NICE) has recommended a treatment called tirzepatide (Mounjaro®) to help manage obesity. This treatment is to be used alongside healthy eating and physical activity advice.

This medication can be offered to people who are eligible in both specialist weight management services and primary care settings. Previously, similar medications like semaglutide (Wegovy®) and liraglutide (Saxenda®) were only recommended by NICE for prescription in specialist weight management services (which are usually hospital based services). The inclusion of tirzepatide (Mounjaro®) as a treatment option in primary care marks an opportunity to expand access and offer new treatments for people living with obesity.

Introducing this new treatment to an estimated 3.4 million eligible patients requires the NHS in England to develop a completely new service for weight management and train the varied healthcare professional workforce needed to deliver tirzepatide (Mounjaro®) in primary care. A staged approach will help manage the impact on existing healthcare services, ensuring tirzepatide (Mounjaro®) is prescribed safely and that patients receive appropriate support.

In the staged roll out, tirzepatide (Mounjaro®) will initially be offered to individuals facing the most significant health risks related to their weight, starting in March 2025 through specialist weight management services. People will start to become eligible for tirzepatide (Mounjaro®) through primary care services from June 2025.

### **2. How does tirzepatide (Mounjaro®) work?**

The weight loss medicine tirzepatide also known as Mounjaro ® is a GLP-1/GIP agonist. Other medications such as semaglutide (Wegovy ®), liraglutide (Saxenda ®), are known as GLP-1 agonists. They mimic gut hormones released by the body after eating, telling the brain you are full, they also slow down the time it takes the stomach to empty and help control blood sugar levels.

Until now most of these medicines have been used in the NHS to treat diabetes, to help control blood sugar levels helping improve diabetes and other health conditions.

Tirzepatide (Mounjaro®) can only be prescribed by a healthcare professional alongside programmes that support people to lose weight and live healthier lives, by making changes to their diet and physical activity. Tirzepatide (Mounjaro®) is an injection, that you inject yourself once a week.

More information can be found here: [GLP-1 medicines for weight loss and diabetes: what you need to know - GOV.UK](#)

### 3. Who can access tirzepatide (Mounjaro®) in primary care?

The following groups of patients will be eligible for access to tirzepatide (Mounjaro®) in primary care in the first three years, starting from June 2025. There will be a phased approach to rollout in primary care, and initially tirzepatide (Mounjaro®) will only be available on the NHS to those with the highest clinical need.

This approach will ensure the service is delivered safely and that the NHS in England is able to plan for an increase in numbers of people eligible for assessment for tirzepatide (Mounjaro®), whilst building skills and knowledge within the workforce. National Institute for Health and Care Excellence (NICE) will complete a review at 3 years about who else will be able to access the medication and then more information will be provided about the next groups of people.

Access to the medication will be prioritised to ensure patients with the greatest clinical need can access the medication. The approach was developed based on discussions with clinical experts and engagement with key organisations. The following weight related health conditions are considered, as a way of prioritising groups of people with the greatest clinical need:

- type 2 diabetes mellitus
- high blood pressure
- heart disease
- obstructive sleep apnoea (when your breathing stops and starts while you sleep)
- abnormal blood fats (dyslipidaemia)

#### **Cohort 1** – will start in June 2025

- At least **four** of the five health conditions listed above plus a **BMI of 40** (BMI to be adjusted for ethnicity\*) or more.

**Cohort 2** – in addition to the patients in Cohort 1 access to the medicine will also be offered to patients meeting the following criteria for year two.

- At least **four** of the five health conditions listed above plus a **BMI of 35 – 39.9** (BMI to be adjusted for ethnicity\*).

**Cohort 3** – in addition to patients in Cohorts 1 and 2, access to the medicine will also be offered to patients meeting the following criteria for year three.

- At least **three** of the five health conditions and a **BMI of 40** (BMI to be adjusted for ethnicity\*) or more.

*\*Due to an increased risk of health conditions at lower BMI thresholds in these populations, the BMI applied to assess eligibility for tirzepatide (Mounjaro®) must be adjusted by 2.5 kg/m<sup>2</sup> in people from South Asian, Chinese, other Asian, Middle Eastern, Black African or*

*African-Caribbean ethnic backgrounds to ensure equitable clinical prioritisation and access to appropriate treatment.*

## 4. What other options do I have for weight loss support via the NHS?

Tirzepatide (Mounjaro®) will not be suitable for everyone and not everyone who meets the eligibility criteria will want to use it to support their weight loss. There are other options available including weight loss programmes that use tried and tested methods such as lifestyle changes and nutrition and physical activity advice. Please speak to a healthcare professional about what the best option is that is offered locally to you.

There are other options available, depending on the health related conditions you have and your BMI. The [NHS Digital Weight Management Programme](#) is available for those with diabetes, high blood pressure or both, with a BMI greater than 30. The BMI threshold is lowered to 27.5 for those from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds. NHS staff do not need high blood pressure or type 2 diabetes to access the programme.

The [NHS Type 2 Diabetes Path to Remission Programme](#) is available if you are aged 18-65, have a diagnosis of type 2 diabetes within the last 6 years and have a BMI over 27 kg/m<sup>2</sup> (where individuals are from White ethnic groups) or over 25 kg/m<sup>2</sup> (where individuals are from Black, Asian and other ethnic groups).

Adults are eligible to access the [NHS Diabetes Prevention Programme](#) if they have had a blood test in the last year that shows they are at risk of diabetes or if you were diagnosed with [diabetes in pregnancy \(gestational diabetes\)](#).

## 5. What can I expect to happen if I am eligible for Tirzepatide (Mounjaro®)?

New patient services are being developed to support access to Tirzepatide through primary care and this will include the following steps:

Initial assessment and discussion about the best treatment option

- There will be an assessment which will include discussions around the different options for weight management. The clinician will carry out checks to make sure you are eligible, this includes BMI, medical assessment, medication history and psychological assessment. The risks and benefits of starting the medication will be discussed, so you have the information to make the right choice for you. If you are eligible, you do not need to decide immediately if you want to start tirzepatide (Mounjaro®). More information can be found in this [tirzepatide \(Mounjaro®\) decision aid](#) produced by NICE.

- If you choose to start tirzepatide (Mounjaro®), you will need up to date blood tests, to check kidney, liver and thyroid function. If these are within an acceptable range an appointment will be made with a healthcare professional to train you how to self-inject.

#### Dose adjustment and initial monitoring

- The prescribing healthcare professional is responsible for ensuring that patients are supported with taking the medicine, adjusting the dose and managing side effects. This is a new medicine, so it is important to monitor safety, help patients take the medication and follow dietary and physical activity advice.

#### Maintenance

- Ongoing prescribing of the medicine, review of progress and wraparound care provided for the first 9 months.

## 6. What are side effects of the medication?

Like all medications, tirzepatide (Mounjaro®) can cause side effects and healthcare professionals should discuss the side-effects with you. The medication will come with a Patient Information Leaflet which lists common side effects including:

- feeling sick
- indigestion (heartburn)
- constipation
- diarrhoea.

There can be some more serious side effects, such as low blood sugar, gallstones and inflammation of the pancreas (pancreatitis).

Tirzepatide (Mounjaro®) is a new medication, so any side effects should be reported through the [Yellow Card Scheme](#), which is the government system used for recording side effects with medicines in the UK.

## 7. Will I be supported whilst taking the medication?

Patients taking tirzepatide (Mounjaro®) on the NHS for obesity management will be supported by the healthcare professional who is prescribing the medication, this may be in primary care or specialist weight management services. Healthcare professionals will focus on prescribing the medication, manage side-effects, monitoring the other long-term health problems, and management of potential medicine interactions.

Patients will also be given access to a lifestyle support programme that focuses on diet and nutrition advice when taking the medication and physical activity advice. Through the programme, people will be encouraged to make sustainable habits that encourage long-term improvements in metabolic health, physical wellbeing and lifestyle. This lifestyle support programme will be available for the first 9 months of being prescribed the medication.

Patients cannot be prescribed tirzepatide (Mounjaro®) if they do not wish to undertake the wraparound care support. This is because the NICE recommendations state tirzepatide (Mounjaro®) must be prescribed alongside diet and physical activity advice.

## **8. How long can or should I take it for?**

NICE guidance recommends if you do not lose enough weight (5%) after 6 months of being on the highest dose you can manage, tirzepatide (Mounjaro®) should be stopped. This is because the medication is not working as well as it should be for you.

Currently there is no specified time limit for being prescribed tirzepatide (Mounjaro®). The decision to continue or stop tirzepatide (Mounjaro®) should be discussed with an appropriate healthcare professional.

## **9. Can I take it if I'm pregnant or trying to get pregnant?**

Tirzepatide (Mounjaro®) should not be taken during pregnancy or just before trying to get pregnant. This is because there is not enough safety data to know whether taking the medicine can cause harm to the baby.

There is specific information about how these medications affect contraceptive methods, like the pill. The Faculty for Sexual and Reproductive Health has produced this information leaflet for patients to read: [Patient-information-GLP-1-agonists-and-contraception.pdf](#)

## **10. Is it okay to take tirzepatide (Mounjaro®) with the other medications that I take?**

Tirzepatide (Mounjaro®) can affect the absorption of other medications being taken. In some cases, this may affect how well and/or how fast those medications work; or it may make no difference. For this reason it is particularly important that patients receive follow up care and advice from a healthcare professional. This medication is still relatively new, and the healthcare community are learning about how tirzepatide (Mounjaro®) interacts with other medications, for example HRT.

Before starting the medicine, a healthcare professional will check which other medications you are taking to see if there may be any medicine interactions and to see if they are compatible when taken together. While taking the medicine, some people may find that their long-term health conditions (like high blood pressure) improve, and they might need less medication. Your healthcare professional will talk to you about this, any monitoring that might need to happen and make any necessary changes to your treatment.

It is important to be honest with the healthcare professional if you are eligible for the medication. Let them know about any medical conditions, other medicines you are taking, the dose and if you buy any medication over the counter. This information will need to be considered before you are prescribed tirzepatide (Mounjaro®).

## **11. What if I am already using tirzepatide (Mounjaro®)?**

Patients can continue taking tirzepatide (Mounjaro®) if they are prescribed it by the NHS to manage their diabetes. If you have any questions, contact a suitable healthcare professional.

If patients are using tirzepatide (Mounjaro®) bought privately, they may be able to access the medication through an NHS prescription if they meet the NHS qualifying criteria outlined above.

It is important your GP is aware you are taking tirzepatide (Mounjaro®), if it hasn't been prescribed by the NHS, as it may impact on your health and any other treatments you are having or may need.

## **12. I am currently on a waiting list for NHS specialist weight management services. Can I transfer to another list to access this medicine?**

A healthcare professional will determine if it is appropriate for you to receive tirzepatide (Mounjaro®) as part of your care in a different care setting (for example, through primary care).

## **13. Will there be a cost to the patient for being prescribed tirzepatide (Mounjaro®)?**

Normal prescription charges will apply unless you are entitled to free NHS prescriptions (for example, because you have a medical exemption certificate). Follow the link to find out more about whether you are entitled to [help with health costs](#).