

### Information for Primary care

You will be aware that tirzepatide (Mounjaro) has been made available in line with National Institute for Care and Excellence (NICE) guidelines (*Technology appraisal 1026: [Overview | tirzepatide for managing overweight and obesity | Guidance | NICE](#)*) for individuals who require specialist weight management support and advice. The NICE Technology Appraisal guidance has a funding variation (phased implementation given the constraints on workforce and finance) agreed over a 12-year period for treatment in the primary care setting, similar to the approach adopted for semaglutide (Wegovy).

NHS England has recently published guidance detailing the cohorts of patients who will benefit most from treatment with tirzepatide and who will be eligible for treatment in the first three years in primary care:

FV year	Estimated cohort duration	Cohorts	Cohort access groups	
			comorbidities	BMI
Year 1	12 months	Cohort I	≥ 4 qualifying comorbidities: hypertension, dyslipidaemia, Obstructive Sleep Apnoea, CVD, T2DM	≥40
Year 2	9 months	Cohort II	≥4 qualifying comorbidities: hypertension, dyslipidaemia, Obstructive Sleep Apnoea, CVD, T2DM	35-39.9
Year 2/3	15 months	Cohort III	3 qualifying comorbidities: hypertension, dyslipidaemia, Obstructive Sleep Apnoea, CVD, T2DM	≥40
3 years	36 months			

The ICB is working with colleagues across the system in developing a sustainable and equitable approach and aim to establish a primary care model from the end of June 2025. The model will ensure that patients identified at highest risk, as detailed above, have access to appropriate treatment, a MDT approach and wraparound services to support them on their weight loss journey.

The expectation is that eligible patients, in line with the criteria above, **should wait to be contacted** for consideration for treatment options for weight management, including tirzepatide when this service is up and running.

In the meantime, if you consider a patient to be eligible for consideration of treatment with tirzepatide they should be referred to the Specialist Weight Management Service in line with the criteria below (the same criteria that is in use for semaglutide (Wegovy):

A Body Mass Index (BMI) of 35 kg/m<sup>2</sup> or above (-2.5 kg/m<sup>2</sup> for ethnic minorities) and **one** of the following:

- Precancerous or cancerous condition in which weight loss would aid access to therapies
- Patients requiring urgent weight loss for organ transplant
- Idiopathic intracranial hypertension (IIH) requiring frequent lumbar punctures under neurology specialist and/or with visual compromise
- Patients awaiting surgery for life limiting conditions, where high BMI is the primary barrier to surgery and weight loss would be beneficial
- Weight loss required for assisted conception in women currently not eligible for fertility treatment and have been advised to lose weight
- Proven genetic cause of obesity and not eligible for setmelanotide (Imcivree®)
- Severe Obstructive Sleep Apnoea

As work progresses around the establishment of our primary care weight management service, criteria will be reviewed and an updated in line with the NHS England guidance. It is hoped that this will be available from the end of June 2025.