Rolling out tirzepatide for weight management: NHS England recommendations

There is a wealth of evidence from clinical trials of the benefits of using newer medications, such as the GLP-1 receptor agonist semaglutide and the GIP/GLP-1 receptor agonist tirzepatide, for weight loss, and this evidence forms the basis for current NICE recommendations to use these agents in obesity management.

In England, specialist weight management clinics are under significant pressure to provide services to people living with obesity. To ease this pressure, a key consideration of the NICE (2024) TA1026 technology appraisal on tirzepatide for managing overweight and obesity is providing access to and delivery of this agent in the primary care setting. However, primary care, as we all know, is also under huge strain, hence implementation of this novel pharmacotherapy must be carefully aligned with system capacity, workforce readiness and resource availability to ensure equitable and sustainable access for eligible patients.

Furthermore, given the impact on NHS resources, tirzepatide will need to be phased in across the entire eligible patient population. This means that a protocol for prioritising who gets initial access to treatment is needed.

On 27 March, NHS England published interim guidance to support commissioners to implement the recommendations in TA1026 during the first 3 years of delivery within the NHS (NHS England, 2025). This document details eligible patient cohorts, prioritisation strategies and potential models of implementation. Additionally, the document outlines the funding allocations to Integrated Care Boards (ICBs) to ensure effective delivery and equitable access to treatment across NHS systems, in line with the NICE funding variation implementation approach.

This short report summarises the recommendations of the interim commissioning guidance.

Driving sustainable and cost-effective weight management in the NHS

Successful implementation of tirzepatide will require robust clinical pathways, including ongoing monitoring to maximise benefits and address potential risks. In addition, comprehensive patient and healthcare professional education plays a key role.

The NHS in England intends to embed weight management pharmacotherapy as one element of a broader, holistic strategy to address obesity, through complementary expansion in access to lifestyle and behavioural support alongside other interventions, such as very-low-calorie diets and bariatric surgery. This will ensure resources are used effectively, empowering individuals to achieve meaningful, lasting health improvements while maintaining cost-effective, equitable access to care across the system.

Overview of NICE TA1026

Tirzepatide is recommended by NICE (2024) for managing obesity alongside a reduced-calorie diet and increased physical activity in adults, only if they have:

- An initial BMI of at least 35 kg/m^2, and
- At least one weight-related comorbidity.

Lower BMI thresholds (usually reduced by 2.5 kg/m^2) are recommended for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.

Tirzepatide is recommended for use both in primary care settings and in specialist management services.

Overview of the NICE funding variation for tirzepatide

Based on the TA1026 guidance, an estimated 3.4 million people in England are eligible to receive tirzepatide. Given this huge number,

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Citation: Durgam S (2025) Rolling out tirzepatide for weight management: NHS England recommendations. *Diabetes & Primary Care* **27**: [early view publication]

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NHS England requested a funding variation to extend the time needed to comply with the recommendations, which NICE accepted. The total eligible population will now have access to tirzepatide within the maximum period of 12 years, based on cohort prioritisation led by clinical need. The phased approach considers BMI in association with obesity-related comorbidities as the main qualifier in clinical prioritisation.

NHS England has identified around 220 000 individuals eligible for the initial phased introduction of tirzepatide over the first 3 years in primary care (*Table 1* and *Box 1*). ICBs are required to meet the costs of funding access in primary care settings from 23 June 2025. NHS England, based on obesity prevalence rates at ICB levels, has allocated funding for 2025/26 to cover the costs of the drug and its management in primary care.

Box 1. Qualifying comorbidities.

Established atherosclerotic cardiovascular disease – any of:

- Ischaemic heart disease
- Cerebrovascular disease
- Peripheral vascular disease
- Heart failure

Hypertension:

- Established diagnosis of hypertension and requiring blood pressure-lowering therapy

Dyslipidaemia – any of:

- Treated with lipid-lowering therapy
- LDL cholesterol ≥ 4.1 mmol/L
- HDL cholesterol <1.0 mmol/L in men or <1.3 mmol/L in women
- Fasting (where possible) triglycerides ≥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 or equivalent)

Established type 2 diabetes

(note that people with type 2 diabetes can qualify to receive tirzepatide if they meet the criteria set out in the recommendations in either the TA1026 or TA924 Technology Appraisals. Different eligibility criteria apply in TA924. There are clinical complexities for this cohort of patients, including medication interactions, and NICE recommendations should be reviewed when providing local guidelines)

Table 1. Eligible cohorts for implementation of tirzepatide in primary care settings.

Funding variation year	Cohort criteria	Estimated cohort duration
Year 1 (2025/26)	BMI ≥40 kg/m² ≥4 qualifying comorbidities (see *Box 1* for list)	12 months
Year 2 (2026/27)	BMI 35.0–39.9 kg/m² ≥4 qualifying comorbidities	9 months
Year 3 (2026 and 2027/28)	BMI ≥40 kg/m² 3 qualifying comorbidities	15 months

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 backgrounds.

Models of care for primary care access

NICE TA1026 recommends primary care as a new care setting and point of access for tirzepatide. To implement this, NHS England has collaborated with ICBs to conceptualise four implementation models for safe and effective delivery:

- Community/local-based delivery model.
- General practice delivery model.
- Specialist weight management services provision of community outreach delivery model.
- Specialist weight management services community and general practice shared-care model.

These models are indicative and intended to inform local planning. ICBs have flexibility to select the model(s) which best meets their populations' needs, with the aim of growing and scaling these models over an initial 3-year period in the primary care setting.

A defined approach to access pharmacotherapy for the management of obesity is required in all ICBs, ensuring that the necessary clinical criteria are met before consideration of pharmacological treatment, in consultation with the patient, accessed via the most appropriate care setting.

Local delivery models for access to licensed weight-loss drugs need to complement integration strategies and emerging weight management pathways to ensure seamless, equitable and effective patient care, whilst also addressing the multifaceted nature of obesity management.

The removal of tiered systems in the NICE NG246 guideline on overweight and

obesity management (NICE, 2025) signals a shift towards reconsidering access routes and care models for obesity management beyond the previous stepwise tiered system.

Wraparound care provision and access

Per its licence, tirzepatide must only be prescribed alongside a reduced-calorie diet and increased physical activity. NICE TA1026 effectively mandates wraparound care as an essential adjunct to pharmacotherapy for the management of obesity, regardless of their setting of care.

Wraparound support incorporates nutritional and dietetic advice and access to behavioural change components as a minimum, mandatory requirement. ICB commissioners are required to ensure wraparound care is made available to this cohort of patients over a minimum period of 9 months from the point of prescribing. NHS England intends to make centrally funded wraparound care services available to all ICBs from 23 June 2025, which will be accessible from primary care. This will be exclusively for use by the identified priority cohort, for each ICB.

Local population needs

Local systems should continue to consider weight management services for specific populations disproportionately affected by excess weight, as well as groups that experience significant barriers to equitable access of services. Commissioners should review current models of care and develop multidisciplinary team approaches to support vulnerable people to access treatment and care.

- **Ethnicity:** There is an increased risk of health conditions at lower BMIs in certain populations. BMI eligibility criteria should be adjusted down in the high-risk ethnicities outlined earlier.
- **Severe mental health, learning disabilities and autism:** People with severe mental health conditions, a learning disability or autism are at higher risk of cardiometabolic disease and will potentially benefit from weight management support and/or treatment through weight-loss therapies. These patients should be actively supported to access treatment unless there is a clinical reason not to do so.
- **Children and young people:** The development or continuation of clear transition pathways for prescribing and monitoring of all weight management pharmacotherapies for young people moving into adult services from Complications from Excess Weight (CEW) clinics and paediatric services is recommended.
- **Detained persons:** Local arrangements aligned with the NHS (2022) Health and Justice Framework for Integration are recommended to embed consistent, equitable pathways through a whole-systems approach to care.
- **Housebound:** ICBs and Local Authorities should ensure appropriate delivery and support of equitable access for people who are housebound due to illness, frailty, surgery, and/or mental health.

Equitable access may include considering the use of a community-based multidisciplinary team approach, to include social prescribing, community dietetics and other appropriate services, where available.

Rollout in other UK Nations

There are significant differences in the rollout of tirzepatide for weight management across the UK nations. In Scotland, tirzepatide, semaglutide and liraglutide for weight management are already approved by the SMC for use in primary and secondary care, with clinicians awaiting guidance from their individual Health Boards on how this guidance should be implemented.

In Wales, the current All-Wales Weight Management Pathway recommends that injectable weight management medications only be prescribed within a specialist service (Level 3 or 4), in combination with a behavioural lifestyle intervention including a reduced-calorie diet and increased physical activity. Tirzepatide will be available for use within these specialist services immediately, should Local Health Boards wish to use it. ■

NHS (2022) *Health and justice framework for integration 2022-2025: Improving lives – reducing inequality*. Available at: https://bit.ly/44pWiYh

NHS England (2025) *Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity*. Available at: https://bit.ly/4jgRh8y

NICE (2024) *Tirzepatide for managing overweight and obesity* [TA1026]. Available at: https://www.nice.org.uk/guidance/ta1026

NICE (2025) *Overweight and obesity management* [NG246]. Available at: https://www.nice.org.uk/guidance/ng246

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Scottish Government and NHS Scotland consensus statement on GLP-1-based therapies for obesity

Scotland-wide advice to inform the process of making injectable weight management drugs available and to prevent variation between Health Boards.

Diabetes & Primary Care **26**: 201–2

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Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity

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