Prescribing of GLP1 Receptor Agonists for Weight Loss – Restricted

Summary

Prescribing of the GLP1 receptor agonist (GLP1 RA) tirzepatide (Mounjaro®) for **weight loss** is not supported in Herts and West Essex (HWE) system unless the patient fulfils the criteria set out in NICE TA 1026 and has been accepted onto the HWE Primary Care Tirzepatide Pathway. In addition, all eligible patients must be enrolled in the mandatory Behavioural Support for Obesity Programme (BSOP)

There is no NHS provision for GP practice prescribing of GLP1 RAs for weight loss outside of the commissioned HWE Primary Care Tirzepatide Pathway. Patients who are not enrolled on the HWE Primary Care Tirzepatide Pathway but are currently being prescribed these treatments by their GP practice as part of their NHS care should have treatment discontinued and be advised that NHS weight management provision does not allow prescribing outside of approved pathways. Practices should support such patients with advice on other locally available weight management services.

There is no provision for primary care prescribing of semaglutide (Wegovy®) or liraglutide (Saxenda®) for weight loss, and these medicines may only be used within specialist weight management services.

When patients are prescribed a GLP-1 RA for the management of type 2 diabetes, initiation and titration should be undertaken in line with NICE NG28 and HWE ICB prescribing guidance. Doses should be adjusted according to glycaemic control and not escalated solely to promote additional weight loss where HbA1c targets are already achieved

Where it is identified that patients have been initiated who do not fulfil criteria for treatment the practice is expected to deprescribe, investigate and share actions and learning with practice colleagues and feedback to the HWE pharmacy medicines optimisation team.

Background

Current NHS England commissioning arrangements (PRN01879) restrict prescribing to a limited cohort of patients as part of a phased national implementation.

In Hertfordshire and West Essex, tirzepatide may only be prescribed within the Primary Care Tirzepatide Pathway for patients who meet all commissioning criteria:

- BMI ≥40 kg/m^2 and four or more obesity-related comorbidities from the following list:
  - Atherosclerotic cardiovascular disease (ASCVD)
  - Hypertension AND on treatment
  - Dyslipidaemia
  - Obstructive Sleep Apnoea AND qualifies for CPAP evidenced by the patient being on treatment and OR a letter confirming that they are eligible for CPAP
  - Type 2 Diabetes Mellitus.

Patients from a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds may be eligible if their BMI is 37.5 or more.
Access to tirzepatide is conditional on completion of the 9-month Behavioural Support for Obesity Programme (BSOP). Patients must engage with and complete the BSOP to continue receiving treatment.

There is an annual step wise increase in eligible patients expected as detailed in the implementation recommendations by NICE. Information relating to new cohorts will be shared when available.

HWE ICB has commissioned three providers (Herts ONE in SWH, ENH GP Federation in ENH and Stellar Healthcare in WE) to deliver this service. In SWH all prescribing of tirzepatide will be by the Herts ONE. In ENH and WE prescribing will be strictly limited to patients fulfilling the NICE cohort described and managed by GP practices. The commissioned providers are responsible for overseeing and controlling the number of patients accessing the service at any one time to ensure delivery remains within the commissioned capacity.

There is no NHS provision for GP practice prescribing of GLP1 RAs for weight loss outside of this commissioned service. The NHS does not have the resources to support prescribing in patients who do not fulfil the criteria described in the NHS England commissioning guidance (PRN01879).

Actions for GP practices

- All prescribers and staff must be made aware of and understand the ICB commissioned service and criteria (please confirm by return that this has been actioned)
- Identify and review any NHS patients currently prescribed a GLP-1 RA for weight loss outside of the ICB-commissioned service, and inform them that treatment will be discontinued, including patients prescribed tirzepatide for weight loss not on the mandated Behavioural Support for Obesity Programme.
- For patients prescribed weight-loss medications privately, ensure these are recorded on GP clinical systems correctly to support the identification of potential safety concerns, adverse reactions, and drug interactions.
- For patients prescribed a GLP-1 RA for the management of type 2 diabetes, initiation and titration should be undertaken in line with NICE NG28 and HWE ICB prescribing guidance.
- Doses should be adjusted according to glycaemic control and not escalated solely to promote additional weight loss where HbA1c targets are already achieved.

The ICB will be monitoring prescribing of GLP1s monthly to ensure prescribing is in accordance with NHS criteria.

For advice relating to primary care prescribing of weight loss medications please contact:

HWE Pharmacy medicines optimisation team: hweicbhv.medicinesoptimisationteam@nhs.net

HertsOne (South West Herts GP Practices): hweicbhv.hertsone.weightloss@nhs.net

ENH GP (East and North Herts GP Practices): hweicbenh.enhgp@nhs.net

Stellar Healthcare (West Essex GP Practices): sthe.stellartirzepatidereferrals@nhs.net

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