NHS North East London

North East London Clinical Policy

Obesity Management for Adults ≥ 18 years

Criteria Based Access

This clinical policy outlines North East London's (NEL) criteria for access to National Institute of Health and Care Excellence (NICE) approved obesity management medications semaglutide (Wegovy®) and tirzepatide (Mounjaro®) on the NHS. It has been produced in line with NHS England interim commissioning guidance (April 2026) working alongside our clinical experts and obesity management services in North East London.

Out of scope: This policy does not apply to those eligible for semaglutide and tirzepatide under the relevant NICE technological appraisals for type 2 diabetes.

Document control

This is a live document and will be reviewed and updated in response to new or updated national guidance, including (as applicable) NHS England interim commissioning guidance and associated NICE funding variation for tirzepatide (TA1026), relevant NICE technology appraisals and NICE guideline NG246, and Quality and Outcomes Framework (QOF) guidance.

This policy will impact on	NHS North East London
Version no	2.0
Document reference	NEL/MO/DOC/2025-13
Ratified by	Via Chair's Action on behalf of North East London System Prescribing and Medicines Optimisation (SyPMO) Board
Date ratified	May 2026
Effective date	May 2026
Review due date	February 2027
Previous version history	Version 1.0 ratified September 2025

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NHS
North East London

THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW

THIS POLICY RELATES TO ALL ADULT PATIENTS

General principles

Treatment should only be given in line with these general principles

1. All obesity management including pharmacotherapy for patients registered with a GP in North East London, will need to comply with the eligibility and referral criteria for medicines as set out in this policy.

2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment.

3. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to advance equity of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Primary Care – Access to Tirzepatide (Mounjaro®)

NHS England has published an Interim Commissioning Guidance (April 2026), which details eligible patient cohorts, prioritisation strategy, and phased implementation of tirzepatide across primary care. This policy underpins the guidance from NHS England and has been developed with input from clinical experts and obesity management services in North East London. This policy will be updated in response to any new recommendations and commissioning guidance from NHS England.

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

From 1 April 2026, primary care access to Tirzepatide for obesity management is via GPs with the implementation of two QOF obesity indicators. The aim will be to enable consistent identification of adults living with obesity, using ethnicity-adjusted BMI thresholds, and referral to behavioural obesity management support. This will also enable GPs to be able to prescribe NICE-approved pharmacotherapy to eligible patients as well as offer wraparound behavioural support. Additional details are available in the table below, as well as in the Quality and Outcomes Framework guidance for 2026/27.

The table below sets out the two QOF 2026/27 obesity management indicators.

Obesity (OB)	Points	Thresholds
OB004. The percentage of patients aged 18 or over living with obesity, appropriately adjusted for ethnicity in line with NICE guidelines (either with a BMI greater than or equal to 30 kg/m2 recorded in the preceding 12 months, or a BMI greater than or equal to 27.5 kg/m2 recorded in the preceding 12 months for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background) who have	5	10-30%

been referred to a weight management programme within 90 days of the BMI being recorded.		
OB005. Percentage of eligible patients (per NICE TA1026 Funding Variation cohorts, accounting for ethnicity and comorbidity status) who have a recorded shared decision-making discussion about the management of obesity and are offered NICE approved medicines management (pharmacotherapy) for use in a primary care setting with accompanying referral to suitable behavioural support programme, in the preceding 12 months.	13	50-80%

To support GPs with QOF obesity indicator OB004

GPs may wish to refer patients to a local Tier 2 provider for obesity management support. Tier 2 services are offered by each local authority in NEL and can be accessed here:

- Barking and Dagenham – support offered via the NHS Digital Obesity Management Programme NHS England » Information for healthcare professionals
- City and Hackney Healthier Together Hackney – GP Website
- Havering Live Healthier Havering – Everyone Active
- Newham Weight management – Newham Council
- Redbridge Health & Wellbeing • Vision RCL
- Tower Hamlets Weight Loss Programmes | Tower Hamlets Connect
- Waltham Forest Home Page – Free Healthy Lifestyle Services | Waltham Forest

There are other NHS-supported weight management programmes in NEL which GPs may want to consider referring patients to:

- NHS Diabetes Prevention Programme (NDPP)
- NHS Type 2 Diabetes Path to Remission
- Digital Weight Management Programme

NEL Specialist weight management services

Following publication of the 2026/27 QOF obesity indicators, the NEL specialist weight management services are no longer accepting new referrals for access to obesity management with tirzepatide prescribing.
The NEL specialist weight management service will continue to provide access to semaglutide (Wegovy®) for obesity management as part of its tier 3 pilot service. Specific eligibility criteria to this pilot can be found below on page 6 of this policy.

The NEL specialist weight management service now offers an advisory resource to support primary care with tirzepatide prescribing for obesity management.
This advisory service will not accept patient referrals from primary care.

Principles for prescribing semaglutide and tirzepatide for obesity management in North East London

- **Equity of access**: People who are living with obesity who are eligible for weight loss medications in line with this North East London clinical policy should have equitable access to these medicines.
- **Proactive care**: GPs can identify people living with obesity who are eligible for medication in line with this policy.
- **Financial stewardship**: We have a duty to live within our financial means, so prescribing and service costs must be managed within allocated budgets.

Eligibility criteria

Tirzepatide (Mounjaro®)

Patients should only be considered for treatment with tirzepatide if they meet **all** the below eligibility criteria for the drug

1. Body Mass Index (BMI) NHSE April 2026	≥35 kg/m^2 **A lower BMI threshold should be used (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background*
2. Co-morbidities NHSE April 2026	At least FOUR qualifying co-morbidities

Co-morbidities	Definition
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) equal-to-or-greater than 4.1 mmol/L, **or** high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3mmol/L for women **or** fasting (where possible) triglycerides equal-to-or-greater-than 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

3. Face-to-face access	Patient must be able to attend a face-to-face assessment appointment prior to initiating tirzepatide
4. Supportive management	Patient must agree to engage with wraparound care (nutritional and dietetic advice, physical activity guidance and behavioural change) for at least 9 months from tirzepatide prescribing

Additional information:

From March 2027 there will be additional eligibility criteria: BMI ≥40 kg/m^{2*} and at least three out of the five above qualifying co-morbidities.

Semaglutide (Wegovy®)

Patients should only be referred for treatment with semaglutide if they meet **all** the below eligibility criteria for the specific drug

1. Body Mass Index (BMI) NICE TA875	• ≥ 35 kg/m^2 **or** • 30.0 - 34.9 kg/m^2 and meet the criteria for referral to specialist overweight and obesity management services, where: ○ the underlying causes of overweight or obesity need to be assessed ○ person has complex disease states or needs that cannot be managed adequately in behavioural overweight & obesity management services (e.g. the extra support needs of people with learning disabilities ○ less intensive management has been unsuccessful ○ specialist interventions (such as a very-low-calorie diet ○ surgery or certain medicines being considered [section 1.11.13 of NICE guideline NG246: Overweight and obesity management]

	A lower BMI threshold should be used (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background
2. Co-morbidities NICE TA875	At least ONE weight-related co-morbidity* • Hypertension • Dyslipidaemia • Obstructive sleep apnoea • Cardiovascular disease
3. Clinical setting	Semaglutide must be prescribed within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4)
4. Supportive management	Patient must agree to a sustained programme of lifestyle interventions, including reduced-calorie diet and increased physical activity advice and management

**For patients with type 2 diabetes refer to NICE guideline 28: Type 2 diabetes in adults: management. This policy does not cover patients with type 2 diabetes as a co-morbidity as separate diabetes services are available. NEL guidance for the management of Type 2 diabetes can be found here*

Additional NEL locally agreed criteria for phase 1 weight management pilot only
At least ONE of the below:

- Active malignancy and need for urgent weight loss for planned therapy e.g. radiotherapy or surgery
- Urgent weight loss needed for organ transplant
- Idiopathic intracranial hypertension (IIH), needing frequent lumbar punctures and/or visual compromise
- Undergoing planned time-sensitive surgery for life-limiting conditions, where a high BMI is the main barrier to surgery.
- Obesity hypoventilation syndrome (OHS)

Currently, NEL specialist weight management services are only able to accept referrals for semaglutide via a Consultant-to-Consultant referral.

Note: this list of criteria does not apply to other patients outside of the NEL weight management phase 1 pilot

Contraindications

- Known hypersensitivity to semaglutide or tirzepatide or their excipients.
- Known severe hypersensitivity reactions such as anaphylaxis and angioedema, to another GLP-1 receptor agonist (e.g., liraglutide, dulaglutide, exenatide, lixisenatide)
- Pregnant or breastfeeding*:
  For tirzepatide, discontinue treatment at least one month before planned pregnancy
  For semaglutide, discontinue treatment at least two months before planned pregnancy
- Personal or family history of medullary thyroid carcinoma (MTC)
- History of multiple endocrine neoplasia syndrome type 2 (MEN2)
- History of current, recent (within 6 months), chronic or recurrent pancreatitis
- Decompensated liver cirrhosis

*In the SPC for tirzepatide, the manufacturers suggest that tirzepatide could be considered for use during breast feeding

Cautions

Note that the following conditions are not absolute contraindications to semaglutide or tirzepatide and the benefits and risks of treatment should be assessed on a case-by-case basis:

Condition	Explanation
Severe gastrointestinal disease (including severe gastroparesis).	The Summary of Product Characteristics (SPC) for Mounjaro® (tirzepatide) advises caution as tirzepatide has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis.

	Wegovy® (semaglutide) SPC advises that semaglutide should be used in caution in patients with gastroparesis and is not recommended where gastroparesis is severe.
End-stage renal disease (eGFR < 15 mL/min/1.73 m²) or receiving dialysis	Mounjaro® (tirzepatide) SPC states that no dose adjustment is required in renal impairment (including end stage renal disease) but advises caution due to limited clinical experience in this population. Wegovy® (semaglutide) SPC states that there is limited experience with the use of semaglutide in severe renal impairment and does not recommend its use in end stage renal disease. However no clinically relevant changes in semaglutide pharmacokinetics have been observed. There is risk of dehydration and accumulation of benzyl alcohol. If used, recommend specialist supervision and close monitoring.
Proliferative diabetic retinopathy or diabetic macular oedema	There is limited evidence regarding the impact of semaglutide and tirzepatide on these conditions in patients treated for obesity. Rapid HbA1c reductions in patients with diabetes has been associated with early worsening of diabetic retinopathy, particularly among those with a history of poor glycaemic control undergoing intensive antidiabetic therapy. Diabetic retinopathy (DR) was reported with tirzepatide in the SURPASS-2 trial, which compared its safety and efficacy with semaglutide in patients with type 2 diabetes; however, individuals with pre-existing DR were excluded, limiting interpretation of risk in this population. Overall, emerging evidence suggests that GLP-1s may have complex, context-dependent ocular effects, including potential long-term neurovascular benefits alongside a risk of transient early worsening in DR
Untreated or unstable major mental illness	Trial participants with mental health conditions such as severe psychiatric disorders and a history of suicidal behaviour or ideation were excluded from the STEP 1 and SURMOUNT 1 clinical trials resulting in limited direct safety evidence in this group. Although MHRA and EMA reviews have not identified a causal link with adverse mental health outcomes and the SPC for Wegovy® (semaglutide) and Mounjaro® (tirzepatide) does not list mental health disorders as a contraindication, a cautious, individualised approach is required given the limited evidence. Use may be inappropriate in active, severe, or unstable psychiatric illness, particularly where there is a history of suicidal behaviour or significant risk of harm.
Substance misuse (including alcohol and drug dependence)	Substance misuse is not a formal contraindication in the SPCs for semaglutide or tirzepatide. However, there is limited clinical trial evidence in patients with active substance misuse. Substance misuse may increase indirect risks, including poor adherence, nutritional compromise, dehydration (particularly with alcohol), and overlapping gastrointestinal or mental health symptoms. Prescribing should be based on an individualised risk–benefit assessment and may be inappropriate in cases of active or uncontrolled dependence; additional monitoring and support may be required.

Tirzepatide: Patient factors for GPs to consider:

- Patients are required to have at least one face to face appointment prior to initiating treatment with tirzepatide.
- Patients are to be made aware that tirzepatide is administered as a subcutaneous injection and therefore patients who decline injectable medicines may not be suitable.
- All patients (or their carer) should receive training for ongoing self-administration, with the expectation that they will be self-administering a weekly injection. Referral for district nursing should only be considered in exceptional circumstances (e.g. learning disability and unable to self-administer or without a suitable carer).

GPs should make patients aware of the importance of engaging with both the clinical treatment and the wider support offer (behavioural support for obesity prevention, also known as wraparound care) prior to starting pharmacotherapy. The actual referral to the behavioural support service will be made by the GP for eligible patients.

Patients who do not meet the eligibility criteria for tirzepatide may be considered for referral to a Right to Choose provider with a qualifying NHS contract for alternative support which may include other obesity management medication.
Currently Right to Choose providers are not able to prescribe tirzepatide for obesity management.

Referral route for semaglutide in obesity management: Right to Choose provider

GPs can refer patients who meet the above criteria for treatment with semaglutide for obesity management services under a Right to Choose provider.

Referral forms for Oviva Ltd can be found here: How to refer | Oviva UK | Refer to Oviva
Note: A referral will be rejected if any required information is missing.

Patient factors to consider:

- Patients are to be made aware that semaglutide is administered as a subcutaneous injection and therefore patients who decline injectable medicines are not suitable for this treatment.
- All patients (or their carer) will receive training for ongoing self-administration, with the expectation that they will be self-administering a weekly injection. Referral for district nursing should only be considered in exceptional circumstances (e.g. learning disability and unable to self-administer or without a suitable carer).

Approval process via Blueteq

The Right to Choose provider is required to use Blueteq® to ensure prescribing is in accordance with the above eligibility criteria and to support with clinical governance. An initiating Blueteq® form must be submitted to NEL ICB by the Right to Choose provider prior to the initiation of semaglutide. For patients receiving ongoing treatment, a continuation Blueteq® form must be completed and submitted at the agreed review period.

Blueteq® continuation forms will be submitted for those patients currently under the NEL specialist weight management service, as applicable.

Medicines management

Prescribing must be in line with the eligibility criteria as set out by this policy and in accordance with all relevant regulations. The prescriber should inform patients of local arrangements for collection/disposal of clinical waste (i.e. sharps). This will include how to use sharps boxes, the availability of collection and disposal services and where to go for further assistance, as part of providing person centred care.

All costs of medicines should be in line with those expected of NHS Trusts or in line with nationally agreed pricing such as the current Drug Tariff.

Reviewing and stopping prescribing

Tirzepatide

- If less than 5% of the initial weight has been lost after 6 months on the highest tolerated dose, decide whether to continue treatment, taking into account the benefits and risks of treatment for the person.
- The decision to continue short or long term prescribing should be made on a case-by-case basis by an appropriately trained healthcare professional, in consultation with the patient.
- Tirzepatide does not have a set “stopping rule” or maximum treatment period.

Semaglutide

- Consider stopping semaglutide if less than 5% of the initial weight has been lost after 6 months of treatment.
- Semaglutide should be prescribed for a maximum of 2 years.

Behavioural support (wraparound care)

Behavioural support aims to drive sustainable lifestyle changes through structured interventions (e.g. diet and exercise). The prescriber must ensure patients eligible for tirzepatide or semaglutide are enrolled onto a behavioural support programme, either a nationally commissioned service, or equivalent. See appendix 1 for referral to the current national NHS behavioural support for tirzepatide.

Patients established on obesity management treatment via a private provider prior to publication of this clinical policy

Patients who were initiated on treatment by a private provider prior to the implementation of this clinical policy:

- Those who **do** meet the current eligibility criteria for medication, can be considered for treatment continuation.
- Those who **do not** meet the current eligibility criteria for medication should remain with their current private provider under their existing arrangements for treatment.

Patients established on obesity management treatment under the NHS prior to publication of this clinical policy

All patients who were initiated on treatment under the NHS (e.g. via their GP or NHS specialist team), prior to the implementation of this clinical policy, should be reviewed by their current prescriber to check if they meet the current eligibility criteria for medication.

- Those who **do** meet the current eligibility criteria for medication can continue treatment by their current prescriber.
- Those who **do not** meet the current eligibility criteria for medication, should be clinically reviewed, taking into account the benefits and risks of continuing or stopping treatment.
- **All patients continuing on tirzepatide treatment for obesity management:**
    - Should have a review after 6 months on the highest tolerated dose to ensure treatment efficacy.

    - Treatment should be stopped if only **less than 5%** of the initial weight has been lost after 6 months on the highest tolerated dose. See section on reviewing and stopping prescribing.
- It is a condition of their treatment that patients should receive behavioural support. It is the responsibility of the current prescriber to ensure that this is in place and that patients are engaging with this support. See appendix 1.

APPENDIX 1

Healthier You: National NHS behavioural support – tirzepatide (Mounjaro®) for weight management

Please e-mail completed form to: healthier.you@nhs.net

Patient Referral Criteria

The patient has been referred for behavioural support in line with the NHS England Funding Variation for Cohort II, as outlined in the NHS England Interim Commissioning Guidance.

Tirzepatide (Mounjaro®) is licenced for use in weight management in conjunction with wrap around support, which incorporates nutritional and dietetic advice as a minimum and access to behavioural change components, as a mandatory requirement to access treatment.

Declaration of Patient Eligibility

Confirmation that the patient has been referred for Behavioural Support in line with the NHS England Funding Variation via a Primary Care Pathway following prescribing of Tirzepatide (Mounjaro®) for weight management purposes:

- 4 weight related comorbidities (Atherosclerotic cardiovascular disease, hypertension, dyslipidaemia, obstructive sleep apnoea, type 2 diabetes) and;
- An initial body mass index (BMI) of at least 35 kg/m^2*

** Use a lower BMI threshold (reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds*

Confirm ☐

Patient Details

Title		**Telephone Number**	
First Name		**Mobile Number**	
Surname		**Patient's Preferred Language**	
Address		**Does the patient speak English?**	
		Date of Birth	
		Ethnicity	
		Gender	
Postcode		**Is the patient on the Serious Mental Illness Register?**	
NHS Number		**Is the patient on the Learning Disabilities Register?**	
E-mail Address			
Does the patient have a visual impairment?			
Does the patient have a hearing impairment?			
What is the patient's preferred method of contact?			

Referral Details

Planned start date for prescribing of Tirzepatide (Mounjaro®)	
Referral date for Behavioural Support	

Point of Access Details

Referrer's Name	
Referrer's Organisation	

Referrer's Address	

Patient's GP Details			
GP Surgery Name		**GP Surgery ODS Code**	
GP Surgery Address			

By completing this form, the referrer confirms that the patient understands that:

1. Their information is being shared with Thrive Tribe Ltd.
2. Information from Thrive Tribe Ltd will be shared back to their registered General Practice and Prescribing Organisation in a secure manner.
3. Their data will be treated as confidential and held, shared, and disposed of in line with all legal requirements (including the Data Protection Act 2018) and NHS Guidance (including Caldicott Guidelines)
4. They are committing to 9 months of Behavioural Support with Thrive Tribe Ltd. from the point of prescribing:
    a. This referral will cover the Behavioural Support of the NHS Primary Care Obesity Medication Pathway.
    b. The Clinical Support of the NHS Primary Care Obesity Medication Pathway will be provided by their prescribing provider. Monthly appointments with a suitably trained healthcare professional should be conducted during the titration phase of Tirzepatide (Mounjaro®), with structured medication reviews incorporated in the management pathway for at least the first 12 months of prescribing.
5. If the patient does not engage with the behavioural support, providers are required to inform the relevant healthcare professionals. This should prompt a clinically led discussion with the patient about the appropriateness of continuing treatment by the prescriber.
6. If a patient has lost less than 5% of their initial weight after 6 months on the highest tolerated dose, the risks of treatment are likely to outweigh any benefits. Take into account how well the patient engaged with the lifestyle measures previously and their willingness to engage on this occasion.

By completing this form the referrer acknowledges:

7. Where a patient is identified as being likely to benefit from specialist or intensive psychological or psychiatric support, a referral to the appropriate service should be made. Referral to the NHS Behavioural Support in line with the prescribing of Tirzepatide (Mounjaro®) does not replace that need.
8. Where a patient is identified as being likely to benefit from specialist or nuance dietetics support, a referral to the appropriate service should be made. Referral to the NHS Behavioural Support in line with the prescribing of Tirzepatide (Mounjaro®) does not replace that need.

Referral to the NHS Behavioural Support for Obesity Prescribing does not replace the use of other clinical pathways were considered appropriate by the referring health care professional.