



2 July 2025 (#1)

Access for Tirzepatide (Mounjaro®) in Primary Care

Message from NHS Birmingham and Solihull Integrated Care Board

Information for contractors -

The ICB pathway for patients to access Tirzepatide (Mounjaro®) in Primary Care

As you will be aware, **Tirzepatide** - also known as **Mounjaro®** - is a novel dual GIP/GLP-1 receptor agonist recommended by NICE TA1026 for managing obesity alongside a reduced calorie diet and increased physical activity in adults.

National NHS policy has changed, and a very limited number of eligible patients will be able to begin accessing Tirzepatide (Mounjaro®) over the next three years via GPs.

We recognise there has been significant media attention about the national rollout of this drug in primary care and patients may have already begun to ask questions about how it will be accessible to them via their GP in Birmingham and Solihull.

Whilst this new national policy was introduced by NHS England on 23 June 2025, it's important to note that doesn't mean GPs can begin prescribing from that date. NHS England has asked Integrated Care Boards to introduce their own models to deliver prescription of the drug in primary care settings and, in Birmingham and Solihull, we are working towards having a locality model in place to ensure eligible patients have access to Tirzepatide (Mounjaro®) via GPs from autumn 2025.

It is expected that eligible patients will be identified through their health records and will be contacted directly by their GP. Aligned to NICE guidance, eligibility criteria in year one (2025-26) will be: patients aged over 18 with a Body Mass Index (BMI) over 40 and four or more of the following diagnosed health conditions: Type 2 diabetes, high blood pressure, heart disease, obstructive sleep apnoea, and abnormal blood fats (dyslipidaemia). A lower

BMI threshold will be applied (reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.

Access to the drug will be accompanied by wraparound care which will include support for people to make dietary changes and to increase physical activity.

While the NHS in Birmingham and Solihull welcomes this positive move - recognising the significant impact of obesity, not only on individuals, but on the NHS and wider society – we have been given very limited central funding to make Tirzepatide (Mounjaro®) available to patients via GPs.

This means access to it will be extremely limited and only those with the highest health risks will be prioritised.

The Government and NHS England have been clear that Birmingham and Solihull Integrated Care System must breakeven in 2025/26 and the system is facing having to make unprecedented cost savings of over £330m.

This means difficult decisions are having to be made to ensure money is spent in the most effective and efficient way possible and for the greatest patient benefit. It also means that the NHS locally in Birmingham and Solihull does not have the means to plug gaps to fund drugs or treatment where central funding allocations have fallen short.

We recognise that it will be disappointing for patients who will not be eligible for Tirzepatide (Mounjaro®) on the NHS.

More information will be released in due course as the new primary care model evolves and when it is ready for implementation.

I also want to update you regarding changes to specialist weight management services that are provided via University Hospitals Birmingham NHS Foundation Trust and Birmingham Community Healthcare NHS Foundation Trust.

We are seeing unprecedented demand for these services - driven by rising levels of obesity, growing awareness of weight-related health risks, increased interest in bariatric surgery, and the emergence of weight-loss medications.

New eligibility criteria has now been introduced, and these specialist weight services do not provide any access to weight management medications and will only take referrals who meet the following criteria:

- People with a body mass index (BMI) of over 50;
- People with a BMI of more than 35 and type 2 diabetes (for less than 10 years);

- Patients with precancerous or cancerous conditions in which weight management would improve outcomes or aid access to therapies.
- Patients requiring urgent weight loss for organ transplant.
- Patients with Idiopathic intracranial hypertension (IIH) requiring frequent lumbar punctures and/or visual compromise.
- Patients undergoing planned time sensitive surgery (including bariatric surgery) for life-limiting conditions, where high BMI is the primary barrier to surgery and weight loss would be beneficial.
- Where weight loss is required for assisted conception in women under the care of a fertility service, in cases where weight loss would be beneficial.
- Patients with severe obstructive sleep apnoea (OSA), obesity hypoventilation syndrome (OHS) and/or severe asthma.
- Patients with proven genetic cause of obesity and not eligible for setmelanotide.

These criteria prioritise patients with the most urgent and complex health needs - including those requiring weight loss to access life-saving treatments such as surgery, cancer care, or organ transplants.

Should patients wish to raise concern regarding access to tirzepatide through primary care or access to specialist weight management services they can contact:

NHS Birmingham and Solihull Integrated Care Board

Patient Experience and Complaints Team

Alpha Tower

8th Floor

Suffolk Street Queensway

Birmingham

B1 1TT

Or patients can email: bsol.patientexperience@nhs.net

Meanwhile, we encourage GPs to continue to refer patients to appropriate, non-specialist, weight management services with information available [here](#).

Thank you, and I look forward to updating you as the proposed model for prescribing tirzepatide through primary care in Birmingham and Solihull evolves.

Yours Sincerely,

Paul Sherriff

Chief Officer for Primary Care (Development)

NHS Birmingham and Solihull Integrated Care Board

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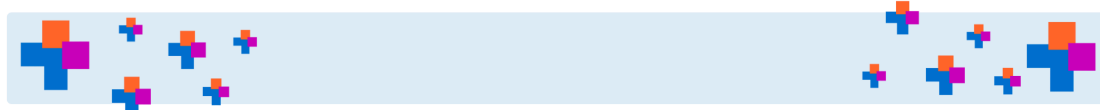
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