**Humber and North Yorkshire Health**

**and Care Partnership**

**Humber and North Yorkshire Area Prescribing Committee (HNY APC)**

## **Appendix 1: Table 1 - Summary of Different Information regarding GLP1 receptor agonists and Humber and North Yorkshire Area Prescribing Committee Summary for Clinicians (23.06.25)**

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|  | **NHS Clinicians working in HNY** **PLEASE FOLLOW THIS ↓** |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Tirzepatide (Mounjaro®)For overweight and obesity | [Tirzepatide for managing overweight and obesity – NICE TA 1026](https://www.nice.org.uk/guidance/ta1026)Tirzepatide (Mounjaro®) is recommended by NICE TA1026 for managing obesity alongside a reduced calorie diet and increased physical activity in adults, only if they have: -an initial body mass index (BMI) of at least 35 kg/m2 \*; and -at least 1 weight-related comorbidity. \*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. Tirzepatide (Mounjaro®) is recommended by NICE for use in primary care settings and specialist weight management services. | Year 1 (June 2025 – June 2026)It can only be prescribed on the NHS as part of a commissioned service AND if the patient meets the funding criteria, for example, in year 1 of the rollout, June 2025 onwards, BMI ≥ 40 and ≥ 4 'qualifying' comorbidities. [NHSE Interim Commissioning Guidance](https://www.england.nhs.uk/wp-content/uploads/2025/03/PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf) | Weight management [in conjunction with dietary measures and increased physical activity in individuals with a BMI of 30 kg/m2 or more, or in individuals with a BMI of 27 kg/m2 or more in the presence of at least one weight-related co-morbidity | Do NOT prescribe on the NHS for overweight and obesity unless advised to do so by the ICB, as part of a commissioned service. * *Tirzepatide (all strengths) pre-filled pen devices for subcutaneous injection for overweight and obesity is approved as 'red-specialist use only', as part of an ICB approved commissioned service. Tirzepatide is only commissioned for patients, as per the* [*NHSE interim commissioning guidance*](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Finterim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-nice-funding-variation-for-tirzepatide-mounjaro-for-the-management-of-obesity%2F&data=05%7C02%7Cl.angus%40nhs.net%7C6428d72741f9450871df08ddaf1a358e%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638859249293685899%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=BTaH%2FsXI1kjwomOwW2qOWwS%2F0igj48HSl3Qn8bzLrPk%3D&reserved=0) *in year 1 (until 23rd June 2026), who have a BMI ≥ 40\*\* and ≥ 4 'qualifying' comorbidities: hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes.*

*Patients must qualify at the point of entry into NHS services.* *Patients should only be prescribed tirzepatide for overweight and obesity if they meet the above criteria, and it should only be prescribed by the approved commissioned service. It should not be prescribed for overweight and obesity outside the approved commissioned service.**\*\* 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\*\** |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Tirzepatide (Mounjaro®)For Type-2 diabetes | [NICE TA 924 – Tirzepatide for treating type 2 diabetes](https://www.nice.org.uk/guidance/ta924) – published in October 2023, recommended tirzepatide as an adjunct to diet and exercise for adults with type 2 diabetes when:Triple therapy with metformin and two other oral antidiabetic drugs is ineffective, not tolerated, or contraindicated, andThey have a body mass index (BMI) of 35 kg/m² or more with specific psychological or other medical problems associated with obesity, orThey have a BMI less than 35 kg/m², and:Insulin therapy would have significant occupational implications, orWeight loss would benefit other significant obesity-related complications.For individuals from South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family backgrounds, lower BMI thresholds (usually reduced by 2.5 kg/m²) should be considered.  | N/A | Mounjaro is indicated:1. For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:• as monotherapy when metformin is considered inappropriate due to intolerance or contraindications• in addition to other medicinal products for the treatment of diabetes. | Can be prescribed - classed as a 'green drug' for doses **≤** 5mg, as part of the HNY local pathway - <https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/02/HNY-Type-2-Diabetes-Algorithm-Final-Approved-by-IPMOC.pdf>Approved as an option for adult patients with type 2 diabetes mellitus who require intensification of treatment if use of a GLP1 agonist is clinically appropriate. In the local pathway this would be at STEP 3.For use in those patients who would prefer a weekly preparation on GLP-1 receptor agonist and-have established cardiovascular disease  or-the current GLP-1 receptor agonist has not achieved sufficient clinical response or- another GLP-1 receptor agonist has caused local skin reactions at the side of the injection.Only use for glycaemic control. Once glycaemic control is at desired target and stable DO NOT titrate to manage overweight/obesity. |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Semaglutide (Wegovy®) | [Semaglutide for managing overweight and obesity - NICE TA 875](https://www.nice.org.uk/guidance/ta875)Semaglutide is recommended as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, only if:* it is used for a maximum of 2 years, and within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4), and
* they have at least 1 weight-related comorbidity and:
	+ a body mass index (BMI) of at least 35.0 kg/m2, or
	+ a BMI of 30.0 kg/m2 to 34.9 kg/m2 and meet the criteria for referral to specialist overweight and obesity management services in [NICE's guideline on overweight and obesity management](https://www.nice.org.uk/guidance/ng246/chapter/Discussing-results-and-referral)
 | N/A | licensed as an adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) of• ≥30 kg/m2 (obesity), or• ≥27 kg/m2 to <30 kg/m2 (overweight) in the presence of at least one weight-related comorbidity. | Do NOT prescribe on the NHS for overweight and obesity unless advised to do so by the ICB, as part of a commissioned service.  |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Semaglutide (Ozempic®) For Type-2 diabetes | N/A | N/A | Type 2 diabetes mellitus as monotherapy (if metformin inappropriate), or in combination with other antidiabetic drugs (including insulin) if existing treatment fails to achieve adequate glycaemic control | Approved as an option for adult patients with type 2 diabetes mellitus who require intensification of treatment if use of a GLP1 agonist is clinically appropriate.In the [local pathway](https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/02/HNY-Type-2-Diabetes-Algorithm-Final-Approved-by-IPMOC.pdf)this would be at STEP 3.For use in those patients who would prefer a weekly preparation on GLP-1 receptor agonist and* have established cardiovascular disease  or
* the current GLP-1 receptor agonist has not achieved sufficient clinical response or
* another GLP-1 receptor agonist has caused local skin reactions at the side of the injection.

Only use for glycaemic control. Once glycaemic control is at desired target and stable DO NOT titrate to manage overweight/obesity. |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Semaglutide (Rybelsus®) for Type-2 diabetes | N/A | N/A | Type 2 diabetes mellitus as monotherapy (if metformin inappropriate), or in combination with other antidiabetic drugs (including insulin) if existing treatment fails to achieve adequate glycaemic control | Oral GLP1 receptor agonistApproved as an option for adult patients with type 2 diabetes mellitus who require intensification of treatment if use of a GLP1 agonist is clinically appropriate  and when an oral option is preferred. In the [local pathway](https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/02/HNY-Type-2-Diabetes-Algorithm-Final-Approved-by-IPMOC.pdf) this would be at STEP 3.Only use for glycaemic control. Once glycaemic control is at desired target and stable DO NOT titrate to manage overweight/obesity. |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Liraglutide (Saxenda®) for overweight and obesity | <https://www.nice.org.uk/guidance/ta664>Liraglutide is recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if:* they have a body mass index (BMI) of at least 35 kg/m2 (or at least 32.5 kg/m2 for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and
* they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre) and
* they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia and
* it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service and
* the company provides it according to the [commercial arrangement](https://www.nice.org.uk/guidance/ta664).
 | N/A | Adjunct in weight management [in conjunction with dietary measures and increased physical activity in individuals with a body mass index (BMI) of 30 kg/m2 or more, or in individuals with a BMI of 27 kg/m2 or more in the presence of at least one weight-related co-morbidity] | Do not prescribe in primary care setting. Only to be used by a specialist multidisciplinary tier 3 weight management service, as per NICE TA 664. |
| **Drug** | **NICE Technology Appraisal and/or NICE Guidelines** | **NHSE Commissioning** | **Licence** | **Humber and North Yorkshire ICB****Summary for NHS Clinicians** |
| Liraglutide (Victoza®)For Type-2 diabetes | <https://www.nice.org.uk/guidance/ta203>Superseded by: <https://www.nice.org.uk/guidance/ng28>And  | N/A | Type 2 diabetes mellitus as monotherapy (if metformin inappropriate), or in combination with other antidiabetic drugs, (including insulin) if existing treatment fails to achieve adequate glycaemic control | 6mg per ml injection prefilled pensApproved as an option for adult patients with type 2 diabetes mellitus who require intensification of treatment if use of a GLP1 agonist is clinically appropriate. In the [local pathway](https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/02/HNY-Type-2-Diabetes-Algorithm-Final-Approved-by-IPMOC.pdf) this would be at STEP 3.Only use for glycaemic control. Once glycaemic control is at desired target and stable DO NOT titrate to manage overweight/obesity. |
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| Other GLP-1s:DulaglutideExenatideLixisenatide | Licensed for type-2 diabetes ONLY.Not licensed for overweight and obesity.Use in line with <https://www.nice.org.uk/guidance/ng28> AND HNY [local pathway](https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/02/HNY-Type-2-Diabetes-Algorithm-Final-Approved-by-IPMOC.pdf) |