INTEGRATED MEDICINES OPTIMISATION COMMITTEE

NHS Dorset

COMMISSIONING STATEMENT ON TIRZEPATIDE FOR TREATING TYPE 2 DIABETES

SUMMARY

NHS Dorset supports the use of Tirzepatide for treating Type 2 diabetes in line with NICE TA924 and the local practice guideline.

BACKGROUND	Tirzepatide is a long-acting dual GIP and GLP-1 receptor agonist, highly selective with high affinity to both the GIP and GLP-1 receptors. The activity of tirzepatide on the GIP receptor is similar to native GIP hormone. The activity of tirzepatide on the GLP-1 receptor is lower compared to native GLP-1 hormone.

RELEVANT NICE GUIDANCE	NICE TA924 states:
	Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if:
	• triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and
	• they have a body mass index (BMI) of 35 kg/m2 or more, and specific psychological or other medical problems associated with obesity, or
	• they have a BMI of less than 35 kg/m2, and:
	  ○ insulin therapy would have significant occupational implications, or
	  ○ weight loss would benefit other significant obesity-related complications.
	
	Use lower BMI thresholds (usually reduced by 2.5 kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds

FORMULARY STATUS	Amber Recommended
NHSPS STATUS	Within NHS Payment scheme
COMMISSIONING IMPLICATIONS	Included within the Dorset pathway for the use of "Antihyperglycemic agents for the management of Type 2 diabetes". Use should be within the NICE TA, agreed traffic light status AND locally agreed pathway.
RELEVANT CLINICAL GROUP	Diabetes Programme Board
PATIENT PATHWAY IMPLICATIONS	Use is within the NICE TA, agreed traffic light status AND locally agreed pathway. It represents an additional treatment option. Patients will be expected to sign the patient agreement for the use of GLP-1 agents prior to starting treatment.
PRESCRIBING INFORMATION	The starting dose of tirzepatide is 2.5 mg once weekly. After 4 weeks, the dose should be increased to 5 mg once weekly. If needed, dose increases can be

	made in 2.5 mg increments after a minimum of 4 weeks on the current dose. The recommended maintenance doses are 5, 10 and 15 mg. The maximum dose is 15 mg once weekly. When tirzepatide is added to existing metformin and/or sodium-glucose co-transporter 2 inhibitor (SGLT2i) therapy, the current dose of metformin and/or SGLT2i can be continued. When tirzepatide is added to existing therapy of a sulphonylurea and/or insulin, a reduction in the dose of sulphonylurea or insulin may be considered to reduce the risk of hypoglycaemia. Blood glucose self-monitoring is necessary to adjust the dose of sulphonylurea and insulin. A stepwise approach to insulin reduction is recommended. *Missed doses* If a dose is missed, it should be administered as soon as possible within 4 days after the missed dose. If more than 4 days have passed, skip the missed dose and administer the next dose on the regularly scheduled day. In each case, patients can then resume their regular once weekly dosing schedule. *Changing the dosing schedule* The day of weekly administration can be changed, if necessary, as long as the time between two doses is at least 3 days. Method of administration Tirzepatide is to be injected subcutaneously in the abdomen, thigh or upper arm. The dose can be administered at any time of day, with or without meals. Injection sites should be rotated with each dose. If a patient also injects insulin, they should inject tirzepatide into a different injection site.
SUMMARY OF EVIDENCE TO SUPPORT FORMULARY STATUS	Some people with type 2 diabetes have triple therapy with metformin and 2 other oral antidiabetic drugs. When this is ineffective, not tolerated or contraindicated, they may switch one of the antidiabetic drugs for a glucagon-like peptide-1 (GLP-1) receptor agonist (such as semaglutide) or start insulin therapy. For this evaluation, the company asked for tirzepatide to be considered only as an alternative to GLP-1 receptor agonists. This does not include everyone who it is licensed for. Clinical trial results suggest that tirzepatide reduces blood glucose levels (measured by HbA1c levels) and body weight compared with semaglutide, insulin therapy or placebo. There is only an indirect comparison of tirzepatide with other GLP-1 receptor agonists, which suggests similar benefits, although these results are less certain. The cost-effectiveness estimates are within the range that NICE considers an acceptable use of NHS resources. So, tirzepatide is recommended for routine use in the NHS.

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ASSESSMENT OF COST IMPLICATIONS	The list price of tirzepatide (Mounjaro®) is £23 per weekly dose for the 2.5 mg and 5 mg doses, £26.75 per weekly dose for the 7.5 mg and 10 mg doses, and £30.50 per weekly dose for the 12.5 mg and 15 mg doses (excluding VAT; company communication).
REFERENCES	summary of product characteristics for tirzepatide, accessed October 2023
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REVIEW DATE	October 2025, or earlier in the light of new information
CONTACT FOR THIS POLICY	medicine.question@nhsdorset.nhs.uk