Tirzepatide Letter Template to Secondary Care

Sheffield LMC

Dear *insert recipient*

Thank you for your recent letter concerning *insert patient details* I note from your letter you have directed *insert patient details* to approach the practice for consideration of Tirzepatide as a potential treatment option for weight loss.

Currently this service has not been commissioned in South Yorkshire ICB. Consequently, GPs are unable to initiate this medication within our practice. Once this service is in place patients will need to meet the strict criteria set out in the national guidelines. For ease of reference I have included these below.

The first group of people eligible under the national criteria are:

- People who have a Body Mass Index (BMI) of 40 or more
- People from minority ethnic family backgrounds with a BMI of 37.5 or more

Also, eligible patients will need have at least four of the following long-term conditions:

1. Type 2 diabetes
2. High blood pressure (Hypertension)
3. Abnormal blood fats (Dyslipidaemia)
4. Heart disease
5. Obstructive sleep apnoea (when your breathing stops and starts while you sleep)

Please find the current position statement and frequently asked questions regarding Tirzepatide at the following link: https://southyorkshire.icb.nhs.uk/your-health/nices-announcement-tirzepatide-frequently-asked-questions-patients.

We appreciate your understanding and collaboration in ensuring that patient care remains safe and within the guidelines set by our commissioning body.