

Putting NICE guidance into practice

**Resource impact report:
Tirzepatide for treating type 2 diabetes
(TA924)**

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Summary

NICE has recommended tirzepatide as an option 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.

We estimate that from 2027/28, after adjusting for population growth, around:

- 180,000 people with insufficiently controlled type 2 diabetes are eligible for treatment with tirzepatide

This technology is commissioned by integrated care boards. Providers are primary care.

1 Tirzepatide

1.1 NICE has recommended tirzepatide.

1.2 Current practice for this population is treatment with an GLP-1 RA, tirzepatide represents an additional treatment option for this population.

2 Resource impact of the guidance

To assess the resource impact

- Users will need to enter local assumptions for current practice and future practice for treatment options and
- Users will need to enter dose weightings for tirzepatide to derive an average weighted cost for people receiving this treatment.

3 Implications for commissioners

3.1 This technology is commissioned by integrated care boards. Providers are primary care.

3.2 Tirzepatide falls within the programme budgeting category 04A, endocrine, nutritional and metabolic disorders, diabetes.

4 How we estimated the resource impact

The population

4.1 There are around 3.3 million adults in England with diabetes, of these around 3 million (90%) have type 2 diabetes, around 2.2 million (71.5%) of people with type 2 diabetes are receiving pharmacological treatment to manage their disease and around 180,000 (8.35%) of these will be eligible for treatment with tirzepatide.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population as at 2028/29		46,263,200
Prevalence of diabetes ¹	7.23	3,300,000
Prevalence of type 2 diabetes ²	90.0	3,000,000
Proportion of people with type 2 diabetes receiving pharmacological treatment ³	71.5	2,200,000
Proportion of people eligible for treatment with GLP-1 Ras	8.35	180,000
¹ Source: Quality and Outcomes Framework 2020-21 (7.11% in 2020-21, uplifted by applying the last 5 years average annual increase %)		
² Source: Facts & Figures Diabetes UK		

Assumptions

4.2 The resource impact template assumes that:

- No administration costs are included in the template as it assumes that all treatment options will be delivered by primary care and are self-administered.
- Users will need to enter the dose weightings for people receiving tirzepatide.

About this resource impact report

This resource impact report accompanies the NICE guidance on Tirzepatide for treating type 2 diabetes and should be read with it.

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