






Glucagon-like peptide-1 (GLP-1) receptor agonists and tirzepatide (a dual glucose-dependent insulinotropic polypeptide and GLP-1 receptor agonist) are used in type 2 diabetes, obesity and cardiovascular risk reduction. These uses are covered by various NICE guidelines and technology appraisals, which may make it challenging to find all guidance relevant to a particular person. Work is ongoing to address this through 2 workstreams: [bringing our guidance together by topic](#) and NICE's whole life-cycle approach, as explained in [NHS 10 year plan: empowering NICE to get better care to people, faster](#). A summary of current NICE guidance for these medicines, split by primary use, is given below.

For people where there is more than 1 use for the medicine (for example, treating type 2 diabetes and obesity) or for people with more than 1 comorbidity (for example, type 2 diabetes with atherosclerotic cardiovascular disease and heart failure), compare the tables and rows to reach a decision with and for the person, taking into account their personal preferences.






- See the [summaries of product characteristics](#), the [British National Formulary \(BNF\)](#) and [MHRA drug safety updates](#) (DSUs) for contraindications, warnings, safety recommendations and any monitoring requirements for medicines.
- In the type 2 diabetes guideline (NG28), for GLP-1 receptor agonists, at the time of publication (February 2026) this only includes liraglutide, dulaglutide, and semaglutide. For subcutaneous semaglutide (Ozempic), this only includes doses up to 1 mg once a week.
- In NG28, ASCVD includes coronary artery disease such as myocardial infarction and unstable angina, cerebrovascular disease such as transient ischaemic attack and ischaemic stroke, and peripheral arterial disease.
- See NG28 for prescribing for people with type 2 diabetes and an eGFR below 30 ml/min/1.73 m<sup>2</sup> or with frailty.

## GLP-1 receptor agonist and tirzepatide recommendations for treating type 2 diabetes (for glycaemic, cardiovascular and renal benefits)






	NICE guidance 	BMI criteria 	Recommendation 	Setting 	Stopping criteria 
Adults with type 2 diabetes and atherosclerotic cardiovascular disease (ASCVD)	NG28 Type 2 diabetes	None	Offer <b>subcutaneous semaglutide</b> (Ozempic) up to 1 mg once a week as initial treatment with metformin and an SGLT-2 inhibitor (or with an SGLT-2 inhibitor if metformin is contraindicated or not tolerated)  Alongside diet and other aspects of healthy living	Any	Stop semaglutide if the person becomes <b>underweight</b> (BMI under 18.5 kg/m <sup>2</sup> )
Adults with early onset type 2 diabetes	NG28 Type 2 diabetes	None	Consider <ul style="list-style-type: none"> <li>• a <b>GLP-1 receptor agonist</b> (for its cardiovascular, renal and glycaemic benefits) or</li> <li>• <b>tirzepatide</b> (for its glycaemic benefit)</li> </ul> as initial treatment with metformin and an SGLT-2 inhibitor (or an SGLT-2 inhibitor if metformin is contraindicated or not tolerated)  Alongside diet and other aspects of healthy living	Any	Stop the GLP-1 receptor agonist or tirzepatide if the person becomes <b>underweight</b> (BMI under 18.5 kg/m <sup>2</sup> )  Stop tirzepatide if it does not help the person reach their individualised glycaemic target
Adults with type 2 diabetes and obesity	NG28 Type 2 diabetes	<b>30 kg/m<sup>2</sup> or more (as defined in NG246)</b>  Use lower BMI thresholds (usually reduced by 2.5 kg/m <sup>2</sup> ) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds	Consider adding as further treatment (if not already taking): <ul style="list-style-type: none"> <li>• a <b>GLP-1 receptor agonist</b> or</li> <li>• <b>tirzepatide</b></li> </ul> after at least 3 months of treatment with metformin and an SGLT-2 inhibitor (or an SGLT-2 inhibitor if metformin is contraindicated or not tolerated) to help the person reach their individualised glycaemic target  Alongside diet and other aspects of healthy living	Any	Stop the GLP-1 receptor agonist or tirzepatide if the person becomes <b>underweight</b> (BMI under 18.5 kg/m <sup>2</sup> )  Stop the GLP-1 receptor agonist if it does not help the person reach their individualised glycaemic target and it is not being taken for cardiovascular benefits  Stop tirzepatide if it does not help the person reach their individualised glycaemic target

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GLP-1 receptor agonist and tirzepatide recommendations for treating type 2 diabetes (for glycaemic, cardiovascular and renal benefits) - continued

	NICE guidance 	BMI criteria 	Recommendation 	Setting 	Stopping criteria 
Adults with type 2 diabetes and heart failure	NG28 Type 2 diabetes	Not applicable	No recommendation	Not applicable	Not applicable
Adults with type 2 diabetes and chronic kidney disease (CKD)	NG28 Type 2 diabetes	Not applicable	No recommendation	Not applicable	Not applicable
Adults with type 2 diabetes and no relevant comorbidity	NG28 Type 2 diabetes	Not applicable	No recommendation	Not applicable	Not applicable
Adults with type 2 diabetes	TA924 Tirzepatide  Work is ongoing to address the alignment of recommendations in TA924 and NG28	35 kg/m <sup>2</sup> or more and specific problems associated with obesity, or Less than 35 kg/m <sup>2</sup> and significant occupational implications from insulin or weight loss would benefit significant related complications Use lower BMI thresholds (usually reduced by 2.5 kg/m <sup>2</sup> ) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds	Tirzepatide only if triple therapy with metformin and 2 other oral antidiabetics are ineffective, not tolerated or contraindicated Alongside diet and exercise	Any	None

GLP-1 receptor agonist and tirzepatide recommendations for treating obesity

	NICE guidance 	BMI criteria 	Recommendation 	Setting 	Stopping criteria 
Adults with obesity	<p><b>NG246</b> Overweight and obesity</p> <p><b>TA1026</b> Tirzepatide</p>	<p><b>35 kg/m<sup>2</sup> or more</b> and at least 1 weight-related comorbidity</p> <p>Use lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds</p>	<p><b>Tirzepatide</b> alongside a reduced-calorie diet and increased physical activity</p>	<p>Primary care or a specialist overweight and obesity management service</p> <p>There is a funding variation in place for introducing tirzepatide. Eligibility will increase in stages based on health need and clinical benefit to reach the full recommended population</p>	<p>Decide whether to continue tirzepatide if less than 5% of initial weight has been lost after 6 months</p>
Adults with obesity	<p><b>NG246</b> Overweight and obesity</p> <p><b>TA875</b> Semaglutide</p>	<p><b>35 kg/m<sup>2</sup> or more</b> and at least 1 weight-related comorbidity, or</p> <p><b>30.0 kg/m<sup>2</sup> to 34.9 kg/m<sup>2</sup></b> and at least 1 weight-related comorbidity and meet criteria for referral to specialist overweight and obesity management services</p> <p>Use lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds</p>	<p><b>Semaglutide</b> (Wegovy) up to a maintenance dose of 2.4 mg once a week alongside a reduced-calorie diet and increased physical activity</p>	<p>Specialist overweight and obesity management service, which is usually accessed for up to 2 years</p>	<p>Consider stopping semaglutide if less than 5% of initial weight has been lost after 6 months</p> <p><b>Use for a maximum of 2 years</b></p>
Adults with obesity	<p><b>NG246</b> Overweight and obesity</p> <p><b>TA664</b> Liraglutide</p>	<p><b>35 kg/m<sup>2</sup> or more</b> and non-diabetic hyperglycaemia and high risk of cardiovascular disease</p> <p>Use lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds</p>	<p><b>Liraglutide</b> alongside a reduced-calorie diet and increased physical activity</p>	<p>Secondary care in a specialist overweight and obesity management service, which is usually accessed for up to 2 years</p>	<p>Stop liraglutide after 12 weeks on maintenance dose if at least 5% of initial body weight has not been lost (see the <a href="#">liraglutide SPC</a>)</p>

GLP-1 receptor agonist recommendations for reducing cardiovascular risk in adults with previous myocardial infarction (MI), previous ischaemic or haemorrhagic stroke, or symptomatic peripheral arterial disease (PAD)

	NICE guidance 	BMI criteria 	Recommendation 	Setting 	Stopping criteria 
Adults with previous MI, previous stroke, or symptomatic PAD	<p><b>TA1152</b> Semaglutide</p>	<p><b>27 kg/m<sup>2</sup> or more</b></p>	<p><b>Semaglutide</b> (Wegovy) up to a maintenance dose of 2.4 mg once a week alongside a reduced-calorie diet and increased physical activity</p> <p>This recommendation includes people with or without type 2 diabetes</p>	<p>Any</p>	<p>None</p>