

# **Tirzepatide for Weight Management:**

## **A guide for Practices signed up to the BNSSG LES**

### **Tirzepatide for weight management**

## **Key points from this guide**

### **Eligibility in primary care (Year 1, cohort 1 - 2025/26) (page 2)**

- Adults with BMI  $\geq 40$  kg/m<sup>2</sup> (reduce by 2.5 kg/m<sup>2</sup> for ethnicity).
- Must have  $\geq 4$  comorbidities: ASCVD, Hypertension, Dyslipidaemia, OSA, or T2D.

### **Initial Assessment (page 3)**

- Confirm eligibility and commitment to wraparound care through the BSOP programme.
- Counsel patient on use and possible side effects/ADRs, consider contraindications.
- Provide injection training.
- Conduct clinical checks and blood tests – use EMIS/Ardens templates.

### **Wraparound Care (page 4)**

- Refer to Behavioural Support for Obesity Management (BSOP) – mandatory 9-month programme delivered via Living Well Taking Control.
- Patient will be offered face-to-face group/remote group/via 1:1 digital (Liva App)

### **Treatment Schedule (page 4/5)**

- Weekly subcutaneous injection titrated over 6 months to max dose 15 mg weekly.
- Prescribe sharps bin and formulary needles separately.

### **Review and monitoring (page 4/5)**

- F2F follow-up required at 6 and 12 months. Consider stopping if  $<5\%$  weight loss.
- Use GPIT templates to capture reporting data via SNOMED codes for LES payment.

### **Safety & Special Considerations (page 5/6)**

- Delays gastric emptying, GI symptoms common, especially during dose escalation.
- Avoid in pregnancy/breastfeeding.
- Contraception and HRT may need adjusting.
- Serious risks: hypoglycaemia, pancreatitis, gallstones, aspiration during surgery.
- **Tirzepatide has black triangle status – report adverse effects via [yellow card](#)**

## Background

Tirzepatide (Mounjaro®) is a long-acting dual glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist. It increases insulin sensitivity and secretion, suppresses glucagon secretion, and slows gastric emptying. GLP-1 RAs are established in the management of type 2 diabetes in all care settings and established for weight loss under specialist weight management services (SWMS). The dual action on the GIP receptor is a new mechanism of action.

NICE are mandating tirzepatide be initiated in primary care as a new setting of care and have agreed a phased rollout to prioritised cohorts, over several years, to reflect the capacity in primary care. Access to 'wraparound care' (nutritional advice, physical activity guidance and behavioural change components) is mandated by NICE alongside tirzepatide prescribing. See page 3.

## Eligibility for phased rollout in primary care from June 2025

In Year 1 (2025/26), tirzepatide will initially be available in primary care as an option for managing overweight and obesity only in adults with:

- **an initial body mass index (BMI) of  $\geq 40 \text{ kg/m}^2$**  (reduce threshold by  $2.5 \text{ kg/m}^2$  for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds) and
- **at least 4 'qualifying' comorbidities:**

Qualifying Comorbidities	Definition for Initial Assessment
Atherosclerotic cardiovascular disease (ASCVD)	Established ASCVD ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure).
Hypertension	Established diagnosis of hypertension and requiring blood pressure lowering therapy.
Dyslipidaemia	Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) $\geq 4.1 \text{ mmol/L}$ , or high-density lipoprotein (HDL) $< 1.0 \text{ mmol/L}$ for men or HDL $< 1.3 \text{ mmol/L}$ for women, or fasting (where possible) triglycerides $\geq 1.7 \text{ mmol/L}$ .
Obstructive Sleep Apnoea (OSA)	Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for CPAP or equivalent.
Type 2 diabetes mellitus (T2D)	People with established T2D can be prescribed tirzepatide for obesity or for glycaemic management in T2D if they meet criteria in either of these: <ul style="list-style-type: none"> <li>- Tirzepatide (Mounjaro®) for managing overweight and obesity (<a href="#">NICE TA1026</a>) or</li> <li>- Tirzepatide (Mounjaro®) for treating type 2 diabetes (<a href="#">NICE TA924</a>). Tirzepatide (Mounjaro®) for treating type 2 diabetes is subject to different eligibility criteria.</li> </ul>
Qualifying comorbidities have been defined by <a href="#">NHSE</a> and must be confirmed by a healthcare professional. The ICB Medicines Optimisation team have sent searches to practices to help identify patients who are potentially eligible in Cohort 1.	

## Initial Assessment

The initial face to face assessment with a suitably trained healthcare professional should:

- Check patient meets eligibility criteria for Cohort 1.
- Consider contraindications – page 5.
- Confirm patient will engage in support from ‘wraparound care’ and aim for a reduced-calorie diet and increased physical activity over a timeframe of  $\geq 9$  months.
- Check clinical suitability – see NICE [initiation checklist](#). Bloods at initiation should be considered on an individual patient basis. Local specialists recommend FBC, U&Es, LFTs, TSH, Bone profile, Lipid profile, Vit B12, Folate, Vit D, HbA1c. This cohort will have  $\geq 4$  weight related co-morbidities, so are likely to have had recent blood tests; there is no need to repeat if within 12 months.
- Provide counselling and training on administration - see NICE [counselling checklist](#)
- Consider referral to SWMS if the patient is clinically more complex needs, requires a more individualised approach or an alternative pharmacological management.

## GP IT Template

We recommend that the Ardens ‘[NHS Obesity Medication Pathway](#)’ template is used as a clinical tool to support assessment of eligibility, medication initiation, medication review and record of wraparound pathway. This template also supports the key metrics that NHSE require to be completed to support funding for the ICB. See Appendix 2 for further information and guide to completion.

NHSE have also provided a GP IT template. This has not been developed as a clinical tool but to capture the key NHSE metrics. The NHSE GP IT Template is available via [Obesity Medication Pathway](#). This website provides access to the GP IT template in support of the NHS England Obesity Medication Pathway relating to the prescription of medicines for obesity in primary care settings. See Appendix 3 for NHSE EMIS Web view of GP IT template for Tirzepatide

Note: Ardens does not capture Severe Mental Health Diagnosis, Learning Disability or Eating Disorder whereas the NHS GP IT template does. We would recommend these are recorded where appropriate and considered in the context of whether the individual needs additional support to understand or meet the demands of tirzepatide and wraparound care and/or monitoring requirements, including the self-administration and the required storage.

## SNOMED coding

A suite of new SNOMED codes, produced by NHSE, are embedded into the Ardens template. For information, an overview of the coding process is provided by NHSE [here](#).

## Wraparound Care & Behaviour Support for Obesity Prescribing

NICE mandates wraparound care (WAC) with tirzepatide prescribing to provide patients with diet, behavioural and physical activity support to improve weight loss. In primary care, this will initially be provided through Behavioural Support for Obesity Prescribing (BSOP), a 9-month programme delivered by Living Well Taking Control. Please use this [referral form](#) that can be found in EMIS. Patients will be offered a choice of three delivery models:

1. F2F group sessions: traditional format with peer interaction in community settings.
2. Remote digital groups sessions: live, interactive support via video conferencing.
3. Fully digital: flexible 1-1 support via the Liva Healthcare App via a smartphone/tablet.

Tirzepatide should not be prescribed for weight management without referral to BSOP. It should also not be offered if the patient does not agree to engage with BSOP. Referral to BSOP requires prescribers to declare that the patient is being prescribed tirzepatide and they meet the year 1 eligible cohort criteria.

## Treatment Schedule

Administered via ONCE WEEKLY subcutaneous injection. Tirzepatide comes in a multidose prefilled pen containing 4 doses. **One prefilled pen is sufficient for four weeks.**

Mounjaro® 2.5 mg KwikPen solution for injection in pre-filled pen  
 Mounjaro® 5 mg KwikPen solution for injection in pre-filled pen  
 Mounjaro® 7.5 mg KwikPen solution for injection in pre-filled pen  
 Mounjaro® 10 mg KwikPen solution for injection in pre-filled pen  
 Mounjaro® 12.5 mg KwikPen solution for injection in pre-filled pen  
 Mounjaro® 15 mg KwikPen solution for injection in pre-filled pen

Starting dose is 2.5 mg once weekly. If tolerating the current dose, titrate by 2.5 mg every 4 weeks. Recommended maintenance doses are 5 mg, 10 mg or **max.15 mg once weekly**.

Prescribe a sharps bin and [appropriate formulary needles](#) separately.

Signpost patients to the [tirzepatide user manual](#) and [KwikPen troubleshooting guide](#).

## Patient review and monitoring

Review and monitoring as per the BNSSG LES is shown below. The initial follow up is more intensive to allow for titration and closer monitoring.

- F2F appointments in green on initiation, at 6 months and at 12 months.
- Patient contact at weeks 4, 8, 12 and 16 shown in blue (do not need to be F2F).
- Wraparound care BSOP touchpoints are shown in brown.

Proposed 52 week programme, if patient assessed as eligible.																																																				
	Primary Care Face to face appointment with suitably trained HCP																			Primary Care appointment (titration phase)														NHSE Wrap around care online appointments																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Primary care patient management:	Monthly appointments with suitably trained HCP during initiation phase with a review for first 6 months. Review at week 26, during which if at least 5% of initial body weight has not been lost after 6 months, at the highest tolerated dose, healthcare professionals should reassess the appropriateness of continuing treatment and consider alternative therapies if clinical benefits, including weight loss, are not seen.																																																			
Primary care patient appointments	1				2					3				4					5					6					7																		8					
NHSE Wrap Around Care (WAC) patient touchpoints	1	2	3	4	5	6				7					8					9					10					11					12					13												
Behavioural Support in Obesity Prescribing (BSOP) delivered by the NHSE Diabetes Prevention Programme (NDPP)	Offer of three distinct delivery models: 1. Face-to-face group sessions 2. Digital remote group sessions 3. Fully digital delivery  After initial assessment the group based options will have fortnightly group sessions 1-6 followed by monthly group sessions 7-13. Digital based coaching is through a smartphone app and telephone calls delivered as a self-guided App or web-based model allowing flexible support.																																																			

Record height, weight, BMI and other assessments indicated to monitor comorbidities (for example, blood pressure) using Ardens template.

## Stopping criteria

If less than 5% of the initial weight has been lost after 6 months on the highest tolerated dose, decide whether to continue treatment, taking into account the benefits and risks of treatment for the person.

**Be aware of the potential for misuse and diversion.** There have been reports of potential misuse of GLP-1RAs for unauthorised indications such as aesthetic weight loss. See [MHRA DSU Oct 24](#)

## Adverse Effects

Inform patients about these common and serious side effects associated with GLP-1 Ras:

- **Gastrointestinal (GI) adverse effects** are common but usually non-serious. Patients should stay hydrated to avoid dehydration, especially after vomiting or diarrhoea. Incidence of GI effects are usually higher during dose escalation and decrease over time.
- **Hypoglycaemia** can occur in non-diabetic patients using some GLP-1RAs for weight management; ensure patients are aware of the symptoms and signs of hypoglycaemia and know to urgently seek medical advice should they occur.
- **Acute pancreatitis** has been reported. Advise on the symptoms of acute pancreatitis (severe pain in the centre of the abdomen, feeling or being sick or a fever of 38 °C or more) and to seek immediate medical help if they develop sudden, severe abdominal pain. The [NHS webpage on acute pancreatitis](#) has useful information. If pancreatitis is confirmed, tirzepatide should not be restarted
- Due to a potential risk of **pulmonary aspiration during general anaesthesia or deep sedation**, people using tirzepatide should inform their healthcare team, including the anaesthetist, before any surgical procedure.
- Other serious but less common adverse effects include **gallstone disease** and rarely **serious allergic reactions**.



For more info on side effects of GLP-1Ras see [MHRA DSU Oct 24](#) & [MHRA DSU Jan 25](#)

If adverse effects occur during dose titration, do not increase the dose until they resolve or become tolerable. If they persist, consider reducing the weekly dose by 2.5 mg. If issues continue despite reduction, consider stopping tirzepatide.

**Tirzepatide has ▼status. Report suspected adverse reactions [Yellow Card scheme](#)**

## **Drug Interactions – including advice on contraception**

Drugs with a narrow therapeutic index (eg. **warfarin, digoxin**) may need close monitoring, especially at initiation and dose escalation. Tirzepatide delays gastric emptying.

People with T2D starting tirzepatide may need their **antidiabetic medicine** adjusting and should monitor their diabetes control more closely. Due to acting on the same pathways, avoid using tirzepatide alongside other GLP-1ras (dulaglutide, exenatide, liraglutide, semaglutide and combination products which contain GLP-1 receptor agonists or alongside DPP-4 inhibitors (alogliptin, linagliptin, sitagliptin, saxagliptin and vildagliptin).

**Switch to a non-oral contraceptive method or add a barrier method upon initiating tirzepatide therapy (for 4 weeks), or after each dose escalation (for 4 weeks).** Due to limited information about the effect of tirzepatide on the pharmacokinetics and efficacy of oral contraceptives in women with obesity or overweight, reduced efficacy of oral contraceptives cannot be excluded. Also see [MHRA Guidance June 2025](#)

## **Cautions and Special Recommendations**

**Pregnancy:** Avoid in pregnancy or in women of childbearing potential not using contraception. Stop tirzepatide at least 1 month before a planned pregnancy because of the long half-life of tirzepatide. If pregnancy occurs, stop tirzepatide. Switch to a non-oral contraceptive method, or add a barrier method of contraception, for 4 weeks on initiation and after each dose escalation. For more information, see [FSRH statement](#)

**Breastfeeding:** Tirzepatide should be avoided in breastfeeding. There is currently insufficient safety data to know whether taking a GLP-1 medicine can cause harm to the baby. [See MHRA guidance June 2025](#)

**Hormone Replacement Therapy:** Delayed gastric emptying may reduce absorption of any oral component of HRT. The BMS recommends the transdermal route for estrogen and considers the 52 mg Levonorgestrel releasing IUD as the most comprehensive option for endometrial protection in women using HRT alongside tirzepatide. See [BMS April 2025](#).

**Diabetic retinopathy:** Tirzepatide has not been studied in patients with non-proliferative diabetic retinopathy requiring acute therapy, proliferative diabetic retinopathy or diabetic macular oedema. Use with caution in these patients with appropriate monitoring. We are seeking further clarification on this.

## Advice and guidance

Local FAQs, provided in collaboration with the SWMS at NBT will be made available on Remedy [Weight Management - Tirzepatide \(Mounjaro\) \(Remedy BNSSG ICB\)](#). These will be updated as colleagues in primary care begin to offer this new service.

## Document Details

Date first prepared	May 2025
Approved at	BNSSG Weight Management Group July 2025
Prepared by	Jill Forrest and Sasha Beresford BNSSG ICB Medicines Optimisation
Collaboration	BNSSG Weight Management Working Group (includes representatives from BNSSG ICB, SWMS, GPCB and Avon LMC)
Date of review	May 2026 or sooner if significant changes

## Appendix 1: further sources of information

### Information on national commissioning and eligibility cohorts

- NHSE Interim commissioning guidance [PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf](#)
- NICE TA 1026 [Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE](#) (also see tools and resources tab)
- NHSE Obesity Medication - Pathway [Obesity Medication Pathway](#)

### Local information

- [New medication for weight loss: Tirzepatide \(Mounjaro\) BNSSG ICB website](#)
- [Weight Management - Tirzepatide \(Mounjaro\) \(Remedy BNSSG ICB\)](#)
- [Tier 3 & 4 Weight Management Service - BNSSG \(Remedy BNSSG ICB\)](#)
- [1.8 Obesity \(Remedy BNSSG ICB\)](#)
- [Why weight? Pledge for creating healthier places together](#)

### Information to support safe prescribing

- [GLP-1 medicines for weight loss and diabetes: what you need to know - GOV.UK](#)
- [GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation - GOV.UK](#)
- [GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse - GOV.UK](#)
- [FSRH statement: Glucagon-like peptide-1 \(GLP-1\) agonists and oral contraception \(Feb 2025\) | FSRH](#)

### Information to support people with overweight and obesity

- NICE NG246 [Identifying and assessing overweight, obesity and central adiposity | Overweight and obesity management | Guidance | NICE](#)
- The [NHS Better Health website](#) and apps
- The [NHS Digital Weight Management Programme](#)
- The [NHS Diabetes Prevention Programme](#)
- The [NHS Type 2 Diabetes Path to Remission Programme](#)

### Training

- NHSE Learning Hub – [Management of Obesity and Overweight](#)



## Appendix 2: Ardens NHS Obesity further sources of information

We recommend that the Ardens template in EMIS is the preferred tool to capture the clinical and pathway information required. Information can be found at [NHS Obesity Medication Pathway - Ardens EMIS : Ardens EMIS Web](#)

Note that this template has been developed to support different models of care. The following is a guide to highlight the fields that should be completed by Practices in BNSSG that support our local tirzepatide model.

The **Assessment** page can be used to record the patient's co-morbidities, eligibility and to indicator the medication pathway has been started, declined or unsuitable.



Assessment		Age 18 years+
Weight	99.8 kg	27-Jun-2024 75 kg
Height	167.6 cm	27-Jun-2024 190 cm
Body Mass Index	35.5 Calculate	27-Jun-2024 20.8 kg/m2
Ethnic category	Black or African or Caribbean or Black British: African - England and Wales	11-Dec-2024 Black or African...
At risk ethnicity	South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean	
Co-morbidities		
Eligibility		
<input checked="" type="checkbox"/> Cohort I	Text	BMI >=40 (or >= 37.5 if at risk ethnicity) + >=4 comorbidities
<input type="checkbox"/> Cohort II	Text	BMI 35-39.9 (or 32.5-37.4 if at risk ethnicity) + >=4 comorbidities
<input type="checkbox"/> Cohort III	Text	BMI >=40 (or >= 37.5 if at risk ethnicity) + >=3 comorbidities
<input type="checkbox"/> Treatment not indicated	Text	Eligibility criteria not met
Management		
Medication pathway	NHS obesity medication pathway started	No previous entry
Wraparound support		No previous entry

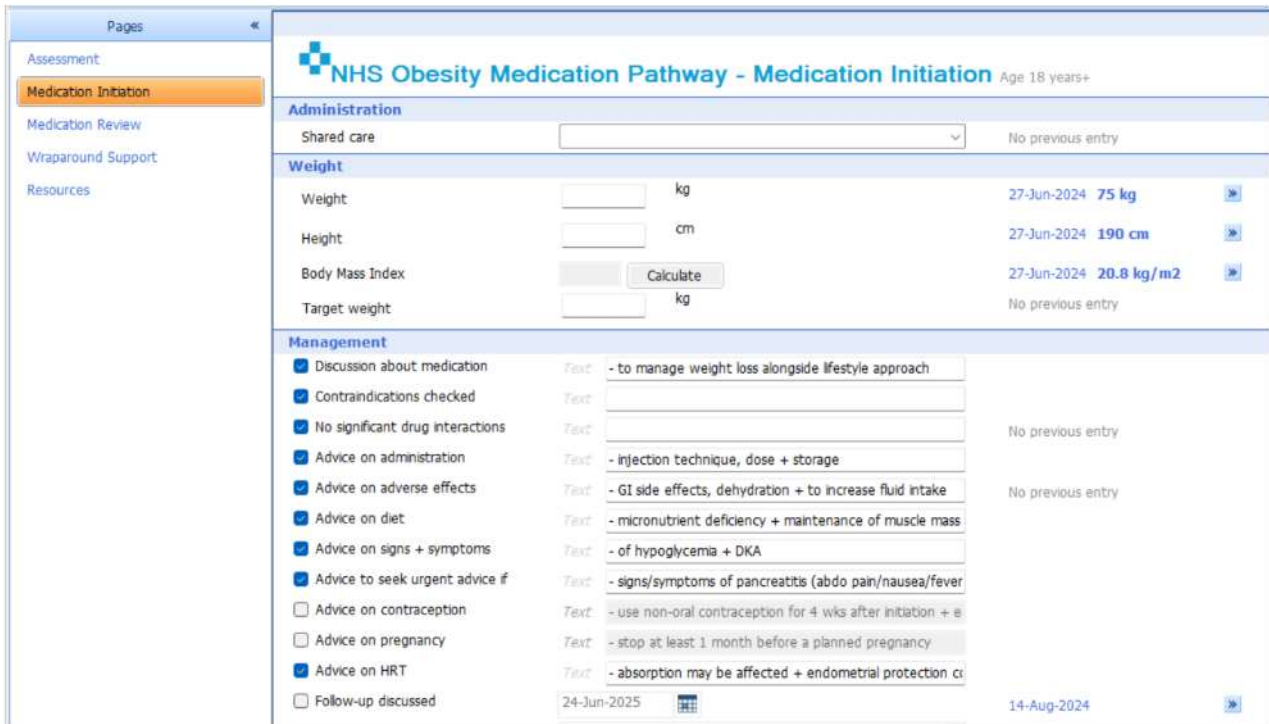
Ensure that all fields are completed in the assessment page.

Assessment section - complete all fields ensuring that the 4 qualifying comorbidities that apply to the patient from the drop-down box are entered (allows for multiply entries).

Eligibility section – complete and note that patients in year 1 must meet cohort 1 eligibility criteria only.

Management section – complete if patient is eligible and decision to prescribe has been made, select 'NHS obesity medication pathway started' if not select an alternative entry. Ensure that referral to wraparound care through the BSOP programme has been completed and that referral to WAC is selected as an entry.

If the medication pathway has been initiated for the patient, the **Medication Initiation** page will guide the clinician through the recommended management discussions, including potential side effects for the patient, dietary advice, and guidance on increasing physical activity.



The screenshot shows the 'Medication Initiation' page for a patient aged 18 years+. The page is divided into three main sections: Administration, Weight, and Management.

**Administration**

- Shared care: [Dropdown menu]
- No previous entry

**Weight**

- Weight: [Input field] kg, 27-Jun-2024 **75 kg**
- Height: [Input field] cm, 27-Jun-2024 **190 cm**
- Body Mass Index: [Input field] Calculate, 27-Jun-2024 **20.8 kg/m2**
- Target weight: [Input field] kg, No previous entry

**Management**

- ☒ Discussion about medication: Text - to manage weight loss alongside lifestyle approach
- ☒ Contraindications checked: Text
- ☒ No significant drug interactions: Text, No previous entry
- ☒ Advice on administration: Text - Injection technique, dose + storage
- ☒ Advice on adverse effects: Text - GI side effects, dehydration + to increase fluid intake, No previous entry
- ☒ Advice on diet: Text - micronutrient deficiency + maintenance of muscle mass
- ☒ Advice on signs + symptoms: Text - of hypoglycemia + DKA
- ☒ Advice to seek urgent advice if: Text - signs/symptoms of pancreatitis (abdo pain/nausea/fever)
- ☐ Advice on contraception: Text - use non-oral contraception for 4 wks after initiation + e
- ☐ Advice on pregnancy: Text - stop at least 1 month before a planned pregnancy
- ☒ Advice on HRT: Text - absorption may be affected + endometrial protection c
- ☐ Follow-up discussed: 24-Jun-2025 [Calendar icon], 14-Aug-2024

Administration section – it is not essential to complete this.

Weight section – please complete.

Management – this is a useful section to support prescribing and counselling – recommend to complete.

The **Medication Review** page can be used to record if the target weight has been achieved and the patient's next steps i.e. to stop or continue with the medication.



The screenshot shows the 'NHS Obesity Medication Pathway - Medication Review' form for patients aged 18 years and over. The left sidebar contains a 'Pages' menu with links to 'Assessment', 'Medication Initiation', 'Medication Review' (highlighted), 'Wraparound Support', and 'Resources'. The main form is divided into two sections: 'Assessment' and 'Management'.

**Assessment Section:**

- ☐ Obesity medication review: No previous entry
- Adverse reaction: [Dropdown menu] No previous entry
- Weight: [Input field] kg 27-Jun-2024 **75 kg** [Export icon]
- Height: [Input field] cm 27-Jun-2024 **190 cm** [Export icon]
- BMI: [Input field] **Calculate** 27-Jun-2024 **20.8 kg/m2** [Export icon]
- Target weight: [Input field] kg No previous entry
- Weight loss percentage: [Input field] % No previous entry
- ☒ Target achieved: Text - as >=5% weight loss at max tolerated dose for 6 months
- ☐ Target not achieved: Text - as <5% weight loss at max tolerated dose for 6 months

**Management Section:**

- ☒ Advice to continue medication: Text - target achieved No previous entry
- ☐ Obesity medication stopped: Text - target not achieved No previous entry
- ☐ Obesity medication stopped: Text - adverse drug reaction No previous entry

Medication review section – this must be completed at 6 month and 12 month review.

Assessment section – complete all fields ensuring that weight loss percentage target achievement is entered.

Management section – select whether medication is continued or not. Where medication is stopped there is an option to add multiple entries if required.

For patients receiving multidisciplinary care, clinicians can indicate that the patient is on the **Wraparound Support** pathway. This page allows for documentation of the key components of the pathway, including the initial assessment and ongoing management.



**NHS Obesity Medication Pathway - Wraparound Support** Age 18 years+

**Assessment**

☐ On wraparound support pathway No previous entry

Target weight  kg No previous entry

Weight  kg 27-Jun-2024 **75 kg** »

Height  cm 27-Jun-2024 **190 cm** »

BMI  Calculate 27-Jun-2024 **20.8 kg/m2** »

Weight loss percentage  % No previous entry

Waist circumference  cm No previous entry

BP  /  27-Jun-2024 **150/95 mmHg** »

HR  beats/min No previous entry

Pulse  27-Jun-2024 **0/E - pulse rh...** »

Exercise  No previous entry

☐ Psychological assessment

☐ Sleep apnoea assessment

☐ Lifestyle assessment

☐ CVD risk assessment done No previous entry

**Impression**

Weight control  No previous entry

**Management**

☐ Lifestyle education Text - on diet, alcohol, physical activity, sleep No previous entry

Wraparound support section – does not need to be completed fully as the WAC assessment is provided by the BSOP programme by Living Well Taking Control.

Assessment section – please check engagement with WAC and select box to confirm that the patients in on the WAC pathway. The rest of the fields do not need to be completed.

## Appendix 3: NHSE EMIS Web view of GP IT template for Tirzepatide

### DIU-280 NHSE NICE funding Variation Templates

Screenshots below of the current draft template to demonstrate how it will appear when opened in EMIS Web.

Initial Assessment Template:

Pages	NICE Practical Guidelines
Assessment	NICE Practical Guidelines
Latest Blood Test Results	Eligibility & Exclusion Criteria
ML DQ template info & support	<p><b>Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>- Aged over 18</li> <li>- BMI of at least 40 (reduced to 37.5 for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds)</li> <li>- 4 or more of the following comorbidities:               <ul style="list-style-type: none"> <li>- Dyslipidaemia</li> <li>- Hypertension</li> <li>- Cardiovascular disease</li> <li>- Obstructive sleep apnoea</li> <li>- Type 2 Diabetes</li> </ul> </li> </ul> <p><b>Exclusion Criteria:</b></p> <ul style="list-style-type: none"> <li>- Aged under 18</li> <li>- Pregnant or planning to become pregnant in the next 1 month</li> <li>- Currently breastfeeding</li> <li>- Hypersensitivity or intolerance to the active substance or to any of the excipients in GLP-1/GIP RA</li> <li>- Active Eating Disorder</li> </ul> <p>Review BNF cautions, medication interactions and local criteria</p>
	Adverse Reaction (Weight Loss Medication)
	<p><b>⚠ Patient has Adverse Reaction to Weight Loss Medication coding (latest entry)</b></p> <p>Adverse Reaction (Weight Loss Medication) <span>No previous entry</span></p> <p>Aged Over 18 years</p> <p>Patient aged over 18 years</p> <p>Comorbidities - Dyslipidaemia/Hyperlipidaemia on a statin or LLT</p> <p><input checked="" type="checkbox"/> Patient has Dyslipidaemia Diagnosis or is taking a Statin (latest entry)</p> <p>Dyslipidaemia <span>No previous entry</span></p> <p>Hyperlipidaemia <span>06-Jun-2025 Familial hyper...</span></p>

Pages	Lipids
Assessment	Lipids
Latest Blood Test Results	Check latest blood test page for lipid results
ML DQ template info & support	<p><b>Eligibility</b></p> <p>low-density lipoprotein (LDL) <math>\geq 4.1</math> mmol/L or high-density lipoprotein (HDL) <math>&lt;1.0</math> 2 mmol/L for men or HDL <math>&lt;1.3</math> women or (where possible) fasting triglycerides <math>\geq 1.7</math></p> <p><b>NO Hypertension</b></p> <p><input checked="" type="checkbox"/> Patient does not have a diagnosis of Hypertension coded</p> <p>Comorbidities - Cardiovascular Disease</p> <p><input checked="" type="checkbox"/> Patient has Cardiovascular Disease (latest entry)</p> <p>Ischaemic Heart Disease <span>30-May-2025 Myocardial in...</span></p> <p>Heart Failure <span>03-Jun-2024 Left heart fail...</span></p> <p>Peripheral Artery Disease <span>30-May-2025 Trash foot</span></p> <p>Transient Ischaemic Attack <span>No previous entry</span></p> <p>Stroke <span>30-May-2025 Stroke</span></p> <p>Comorbidities - Type 2 Diabetes</p> <p><input checked="" type="checkbox"/> Patient has Type 2 Diabetes (latest entry)</p> <p>Type 2 Diabetes <span>28-May-2025 Type 2 diabe...</span></p> <p>Comorbidities - Obstructive Sleep Apnoea</p> <p><input checked="" type="checkbox"/> Patient has Obstructive Sleep Apnoea Diagnosis (latest entry)</p> <p>Obstructive Sleep Apnoea <span>12-May-2025 Obstructive ...</span></p> <p>Obstructive Sleep Apnoea Treatment</p> <p>Obstructive sleep apnoea : established diagnosis of obstructive sleep apnoea (sleep clinic confirmation via study) and treatment indicated i.e. meets criteria continuous positive airway pressure (CPAP) equivalent</p> <p>Sleep studies <span>12-May-2025</span></p>

Pages	Severe Mental Illness Diagnosis
Assessment	Severe Mental Illness Diagnosis
Latest Blood Test Results	NB Patient has a diagnosis of severe mental illness
ML DQ template info & support	<p><b>Mental Health</b></p> <p>Diagnosis of serious mental illness? <span></span></p> <p>If patient has a history of mental illness but is well controlled, consider if additional support as per NICE guideline [NG222] or referral to local mental health services is required.</p> <p>If patient has a history of mental illness and is not well controlled, consider whether the individual needs additional support to understand or meet the demands of Tirzepatide and wraparound care and/or monitoring requirements, including the self-administration of the prescribed pharmacotherapy and its required storage.</p> <p><b>Learning Disability</b></p> <p>NB Patient has a Learning Disability</p> <p><b>Eating Disorder</b></p> <p>NB Patient has Eating Disorder coding (latest entry)</p> <p>Eating Disorder <span>12-May-2025 Anorexia ner...</span></p> <p><b>Other considerations</b></p> <p>Consider whether the individual needs additional support to understand or meet the demands of Tirzepatide and wraparound care and/or monitoring requirements, including the self-administration of the prescribed pharmacotherapy and its required storage.</p> <p><b>History</b></p> <p>Previous referral to NHS Digital Weight Management Programme <span>No previous entry</span></p> <p>Previous referral to Weight Management Service <span>No previous entry</span></p> <p>Previous referral to Tier 3 Specialist Weight Management Service <span>No previous entry</span></p> <p>Previous referral to Tier 4 Specialist Weight Management Service <span>No previous entry</span></p> <p>Referral to Weight Management Service declined <span>No previous entry</span></p> <p>Intensive Weight Management Programme declined <span>No previous entry</span></p> <p>Referral to total diet replacement programme <span>No previous entry</span></p>



Pages	Personal Information
Assessment	<p>Ethnicity 2011 coding Ethnic category - 2011 census England and Wales</p> <p>Height: 11-Jun-2025 182.8 cm</p> <p>Baseline weight measurement will be used to calculate percentage weight loss and must be completed</p> <p>Baseline weight: 06-Jun-2025 100 kg</p> <p>BMI will only be calculated if Weight is recorded</p> <p>Weight: 11-Jun-2025 100 kg</p> <p>Body Mass Index: 13-Aug-2024 28 kg/m2</p> <p>The eligible BMI is reduced from 40 to 37.5 for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds</p>
Latest Blood Test Results	<p>Confirm Eligibility</p> <p>Tirzepatide delays gastric emptying, particularly following the first dose. This has the potential to slow the rate of absorption of concomitant oral medicines. The risk of a delayed effect should be considered for oral medicines where a rapid onset of action is important. Monitor patients on oral medicines with a narrow therapeutic index, especially at the start of tirzepatide treatment and after dose increases.</p> <p><input type="checkbox"/> Patient is not currently pregnant or breastfeeding and has been advised not to conceive in the next month</p> <p><input type="checkbox"/> Contraception education</p> <p><input type="checkbox"/> Contraception and HRT</p> <p><input type="checkbox"/> Confirmation of eligible cohort</p> <p><input type="checkbox"/> Confirmation baseline bloods acceptable</p>
ML DQ template info & support	<p>Wraparound Care</p> <p>NHS obesity medication pathway</p> <p><input type="checkbox"/> Confirmation of consent and requirement of wraparound support</p> <p>Referral to a wraparound care service is a requirement for the prescription of tirzepatide. For the patient, engagement with a wraparound care service is a requirement of continued prescription of tirzepatide.</p>
	<p><input type="checkbox"/> Referral to NHS obesity medication wraparound support pathway</p> <p>Follow up</p> <p><input type="checkbox"/> Obesity medication review</p>

Pages	Please note:
Assessment	<p>Investigations can be viewed in the patients care history. Due to regional variations in coding you may not see the full results below, please check in the patient record if results are missing.</p>
Latest Blood Test Results	<p>Lipids</p> <p>Serum total cholesterol level: 14-May-2025 6.4 mmol/L</p> <p>Serum HDL cholesterol level: 16-May-2025 1.93 mmol/L</p> <p>Serum triglycerides: 16-May-2025 1.2 mmol/L</p> <p>Serum cholesterol/HDL ratio: 16-May-2025 3.3</p> <p>Serum non HDL cholesterol level: 16-May-2025 4.5 mmol/L</p> <p>Serum LDL cholesterol level: 16-May-2025 3.9 mmol/L</p> <p>Full Blood Count</p> <p>Haemoglobin estimation: 01-May-2025 144 g/L</p> <p>Total white cell count: 01-May-2025 4.77 10<sup>9</sup> cel...</p> <p>Platelet count: 01-May-2025 438 10<sup>9</sup> cel...</p> <p>Red blood cell count: 01-May-2025 4.57 10<sup>12</sup> c...</p> <p>Haematocrit: 01-May-2025 0.423 %</p> <p>MCV: 01-May-2025 92.7 fL</p> <p>MCH: 01-May-2025 31.6 pg</p> <p>Neutrophil count: 01-May-2025 2.63 10<sup>9</sup> cel...</p> <p>Lymphocyte count: 01-May-2025 1.19 10<sup>9</sup> cel...</p> <p>Monocyte count: 01-May-2025 0.58 10<sup>9</sup> cel...</p> <p>Eosinophil count: 01-May-2025 0.29 10<sup>9</sup> cel...</p> <p>Basophil count: 01-May-2025 0.07 10<sup>9</sup> cel...</p> <p>Nucleated red blood cell count: 01-May-2025 &lt;0.2 10<sup>12</sup> c...</p>
	<p>Urea &amp; Electrolytes</p> <p>Serum sodium level: 12-May-2025 134 mmol/L</p> <p>Serum potassium level: 12-May-2025 4.3 mmol/L</p> <p>Serum urea level: 12-May-2025 4.5 mmol/L</p> <p>Serum creatinine level: 12-May-2025 50 umol/L</p> <p>eGFRcreat (CKD-EPI): 12-May-2025 90 mL/min</p> <p>Liver Function Tests</p> <p>Serum albumin level: 16-May-2025 39 g/L</p> <p>Serum total bilirubin level: 16-May-2025 7 umol/L</p> <p>Serum alkaline phosphatase level: 16-May-2025 75 IU/L</p> <p>Serum ALT level: 16-May-2025 13 IU/L</p>

## Review template:

Pages	Nice Practical Guidance
Review Appointment	<p>Nice Practical Guidance</p> <p>NB - Guidance states that patient should lose 5% of total body weight in a 6 month period on medication</p> <p>Obesity Medication Pathway - Review Appointment</p> <p><input checked="" type="checkbox"/> Obesity medication review</p> <p><input type="checkbox"/> Confirmation of continued suitability for tirzepatide prescription</p> <p>OR</p> <p><input type="checkbox"/> Unsuitable for NHS obesity medication pathway</p> <p><input type="checkbox"/> Anti-obesity drug therapy discontinued</p> <p><input type="checkbox"/> Patient on maximum tolerated dose</p> <p>Height: 06-May-2025 182.8 cm</p> <p>Baseline weight: 06-Jun-2025 100 kg</p> <p>Current weight: 06-Jun-2025 100 kg</p> <p>Weight loss from baseline weight: 13-Aug-2024 28 kg/m2</p> <p>BMI: 13-Aug-2024 28 kg/m2</p> <p>Follow up</p> <p><input type="checkbox"/> Obesity medication review</p> <p>Only to be used at 12 month review</p> <p><input type="checkbox"/> NHS obesity medication wraparound support pathway completed</p> <p><input type="checkbox"/> Obesity medication stopped</p>