DERBYSHIRE LINCONSHIRE & NOTTINGHAMSHIRE (DLN)AREA PRESCRIBING COMMITTEE (APC)

Guidance on Prescribing Tirzepatide (Mounjaro™) for the Management of Overweight and Obesity in Primary Care

Key Messages

- Tirzepatide is recommended for adults with obesity and multiple comorbidities under the NICE Technology appraisal TA1026.
- Prescribing requires engagement with wraparound Behavioural Support for Obesity Prescribing (BSOP) service.
- Patients can be referred into the BSOP programme via electronic referral systems under the weight management section.
- Monthly reviews during titration phase; ≥5% weight loss required at 6 months to continue.
- Black Triangle drug – report adverse events via MHRA Yellow Card.
- Practitioners should ensure they are aware of all relevant MHRA alerts which can be accessed via GLP-1 medicines for weight loss and diabetes: what you need to know - GOV.UK
- Training can be accessed via Obesity Medication Pathway

Background

Tirzepatide (Mounjaro®) is a dual GIP/GLP-1 receptor agonist used for weight management in adults with obesity. It is part of a phased rollout under NICE TA1026 and NHS England commissioning guidance.

This guideline supports prescribers in general practice to prescribe tirzepatide for overweight and obesity and to refer patients into the BSOP programme.

Patient Eligibility Criteria

All patients under the service must agree to and engage with Behavioural Support for Obesity Programme (BSOP) wraparound care.

Eligibility Criteria (Cohort 1) – Eligible from 1st June 2025

- Age ≥18 years

- BMI ≥40 kg/m² (≥37.5 for South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean).

- At least four of the following comorbidities:
    - Hypertension (on treatment)
    - Dyslipidaemia (on treatment or abnormal lipid profile)
    - Obstructive Sleep Apnoea (diagnosed and CPAP indicated)
    - Cardiovascular disease (ASCVD)
    - Type 2 Diabetes Mellitus (tirzepatide used for obesity, not glycaemic control alone)

Eligibility Criteria (Cohort 2) – Eligible from 1st June 2026

- Age ≥18 years

- BMI ≥35 kg/m² (≥32.5 for South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean)

- At least four of the following comorbidities:
    - Hypertension (on treatment)
    - Dyslipidaemia (on treatment or abnormal lipid profile)
    - Obstructive Sleep Apnoea (diagnosed and CPAP indicated)
    - Cardiovascular disease (ASCVD)
    - Type 2 Diabetes Mellitus (tirzepatide used for obesity, not glycaemic control alone)

Eligibility Criteria (Cohort 3) – Eligible from 1st April 2027

- Age ≥18 years

- BMI ≥40 kg/m² (≥37.5 for South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean)

- At least three of the following comorbidities:
    - Hypertension (on treatment)
    - Dyslipidaemia (on treatment or abnormal lipid profile)
    - Obstructive Sleep Apnoea (diagnosed and CPAP indicated)
    - Cardiovascular disease (ASCVD)
    - Type 2 Diabetes Mellitus (tirzepatide used for obesity, not glycaemic control alone)

For the full definition of qualifying co-morbidities see Appendix 1

Exclusion Criteria

- People under 18 years

- Those who do not meet NHSE's eligibility criteria at the start of their treatment.

- Those who do not agree to and participate in the BSOP (Behavioural Support for Obesity Prescribing) programme (wraparound care).

- Personal or family history of medullary thyroid carcinoma (MTC)
    - This includes patients with multiple endocrine neoplasia syndrome type 2 (MEN 2).

- History of pancreatitis
    - Acute or chronic pancreatitis is a caution due to potential risk of recurrence.

- Severe gastrointestinal disease.
    - Including gastroparesis or inflammatory bowel disease, which may be worsened by GLP-1 receptor agonists.

- Pregnancy or planning pregnancy
    - Tirzepatide should not be used during pregnancy or within at least 1 month prior to conception

- Breastfeeding
    - Safety during lactation has not been established.

- Known hypersensitivity to Tirzepatide or any of its components

- Active eating disorder
    - Including anorexia nervosa, bulimia nervosa, or binge eating disorder not under specialist care

Tirzepatide Prescribing Information

Initial assessment for tirzepatide prescribing in primary care should be performed by an appropriately trained healthcare professional.

Before starting

- Confirm eligibility criteria as above
- Complete initial medical assessment and medication review (see Appendix 2)
- Complete patient counselling (See appendix 3 for checklist) to include:
    - Agreed personalised treatment goals based on shared decision making
    - Pregnancy planning for all females of childbearing age
    - Recognition and management of adverse effects including safety netting advice e.g. acute pancreatitis, hydration
    - Monitoring and follow-up schedule
    - Use and sharps disposal
- Ensure patient completes agreement form in Appendix 4
- Undertake baseline assessments of weight, BMI, waist circumference (in people with BMI below 35 kg/m^2, so that waist-to-height ratio can be calculated), BP, HbA1c, lipids, blood glucose, renal function tests, liver function tests, full blood count, thyroid function tests. Ensure diabetic retinal screening is up to date, assess the most recent screening results before commencing tirzepatide and coordinate with ophthalmology if retinopathy is present.

Prescribing, Dosing & Monitoring

Start with 2.5 mg subcutaneous injection weekly. Titrate every 4 weeks by 2.5 mg to a maximum of 15 mg weekly, based on tolerance. No dose adjustment required for age, ethnicity, renal or hepatic impairment.

Prescribe 28-day supply (1 pen = 4 doses), plus needles (Insupen Original) and yellow-lidded sharps bin (size 1L). Counsel on injection technique (See appendix 5), sharps disposal, side effects, and hydration.

If a GP practice treats patients who are not their usual patients, they must notify the regular GP so medications can be recorded in the patient's summary care record.

Monthly reviews should take place face to face. At each appointment, discuss with the person and record in their medical notes, if relevant:

- If they are having any difficulties with the injections.
- If they are experiencing any adverse effects – see the managing adverse effects section. As a new medicine, report all suspected reactions to the MHRA Yellow Card reporting site.
- Any concerns about inadequate micronutrient intake – if so, consider advising the person to take a supplement (purchased OTC) that contains the reference nutrient intake for all vitamins and minerals, if not already taking.
- If appropriate, any plans for pregnancy in the near future. Tirzepatide is not recommended in pregnancy and should be stopped if pregnancy occurs.
- If they need additional support with the reduced-calorie diet and increased physical activity or if there are any issues with engaging with the BSOP wraparound support.
- What changes or impact they have noticed since their last visit.
- Measure and record:
    - Height
    - Weight
    - BMI
    - any other assessments indicated to monitor comorbidities (for example, blood pressure)
    - At the 3-month appointment check HbA1c for diabetes patients. Adjust antidiabetic medications as needed (or advise the patients GP practice that their antidiabetic medication may need amending).

After 6-months on the maximum tolerated dose, measure weight, BMI and assess ≥5% weight loss. If ≥5% weight loss has not been achieved, stop treatment.

If the treatment is continued after this period and the beneficial effects are not maintained, consider alternative options to manage the condition and stop the tirzepatide (Mounjaro™).

Patients who have been prescribed tirzepatide for the glycaemic management of type 2 diabetes, once glycaemic targets have been achieved, should have any further dose escalation, if required, for the purpose of achieving further weight loss, done under these current guidelines (rather than type 2 diabetes management guidelines).

Dosing & Monitoring Summary

Phase	Action
Baseline monitoring	Weight, BMI, waist circumference (in people with BMI below 35 kg/m^2, so that waist-to-height ratio can be calculated), BP, HbA1c, lipids, blood glucose, renal function tests, liver function tests, full blood count, thyroid function tests, diabetic retinal screening
Initiation	Start 2.5 mg SC weekly
Titration	Increase by 2.5 mg every 4 weeks to max 15 mg
Monthly Reviews	Face-to-face reviews
After 6-Months on Max. Tolerated Dose Review	Weight, BMI, assess ≥5% weight loss; consider continuation
Annual Review	Weight, BMI, waist circumference, BP, HbA1c, lipids, blood glucose, renal function tests, liver function tests, full blood count, thyroid function tests medication review
T2DM Monitoring	HbA1c at 3 months; adjust meds, diabetic retinal screening (monitoring frequency depends on patient and local protocols)

Stopping Criteria

- <5% weight loss after 6 months at max tolerated dose.
- Disengagement from BSOP wraparound care.
- Development of contraindications or persistent adverse effects.
- Patient choice.

Safety & Governance

- Tirzepatide is a Black Triangle drug. Report all adverse events via MHRA Yellow Card.
- Use SNOMED codes for initiation, monitoring, and adverse events.
- If pregnancy occurs, report to UK Teratology Information Service.

References

National Institute for Health and Care Excellence. Tirzepatide for managing overweight and obesity, Dec 2024. Technology appraisal guidance TA1026. Accessed via Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE on 03/8/26

National Institute for Health and Care Excellence. Overweight and obesity management. NICE guideline NG246, January 2025. Accessed via Overview | Overweight and obesity management | Guidance | NICE on 03/8/26

National Institute for Health and Care Excellence. Tirzepatide for managing overweight and obesity, Dec 2024. Technology appraisal guidance TA1026. A practical guide to using medicines to manage overweight and obesity Accessed via Overview | Tools and resources | Tirzepatide for managing overweight and obesity | Guidance | NICE on 03/8/26

National Health Service England. Interim Commissioning Guidance. Implementation of the National Institute for Health and Care Excellence (NICE) technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity. Updated April 2026. Accessed via NHS England » Interim commissioning guidance on 03/08/26

Document control	**Date**
Adopted Derbyshire JAPC Prescribing Tirzepatide for the management of obesity in Primary Care Guideline for use within DLN cluster. Amendments to the Derbyshire guidance include: • Addition of wording from the NHS England interim commissioning guidance that the initial assessment for tirzepatide prescribing in primary care should be undertaken by an appropriately trained healthcare professional • Removed the exclusion criterion for patients prescribed tirzepatide primarily for the glycaemic management of type 2 diabetes. • Clarified that for patients prescribed tirzepatide for type 2 diabetes, any further dose escalation undertaken primarily to achieve additional weight loss after glycaemic targets have been met should be managed in accordance with this weight management guideline rather than type 2 diabetes management guidance • Additional information regarding retinopathy and diabetic retinal screening, including checking the most recent screening results before initiation and considering liaison with ophthalmology where appropriate. • Clarification of the baseline monitoring requirements • Added clarification that waist circumference should be measured in people with a BMI below 35 kg/m² to enable calculation of the waist-to-height ratio • Removed timeframe on face-to-face appointments • Inclusion of links and references relating to FSRH guidance and BMS guidance on HRT • Addition of counselling information relating to the risk of metabolic acidosis associated with benzyl alcohol accumulation in patients with hepatic or renal impairment • Updated references with NHSE interim commissioning guidance	August 2026

Appendix 1: Definitions of Qualifying Comorbidities for Initial Assessment:

Atherosclerotic cardiovascular disease (ASCVD)	Established atherosclerotic CVD (ischemic 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 low-density lipoprotein (LDL) ≥ 4.1 mmol/L, or high-density lipoprotein (HDL) <1.0 mmol/L for men or HDL<1.3 mmol/L for women, or fasting (where possible) triglycerides ≥1.7 mmoL
Obstructive Sleep Apnoea (OSA)	Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for continuous positive airway pressure (CPAP) or equivalent
Type 2 diabetes mellitus	Established type 2 diabetes mellitus. People with type 2 diabetes can be prescribed Tirzepatide obesity or for glycaemic management in type 2 diabetes if they meet the criteria set out in the relevant recommendations. This service is only for those people with type 2 diabetes where Tirzepatide is being used to manage obesity

Appendix 2: Initial Assessment checklist. **–** (adapted from resources from Tirzepatide for managing overweight and obesity | Guidance | NICE)

This checklist is a summary of the actions and assessments outlined in more detail in the practical guide to using medicines to manage overweight and obesity. Not all actions and assessments will be needed, it will depend on the person's clinical circumstances. Results of previous assessments could be used if they are available and within an appropriate timeframe. See the summary of product characteristics for tirzepatide for full prescribing information.

Action / assessment	**Completed**
Baseline measurements and assessments:	
• Height	☐
• Weight	☐
• Calculate BMI	☐
• Waist circumference (in those with BMI below 35 kg/m^2 calculate waist-to-height ratio)	
Medical history:	
• Weight-related comorbidities	☐
• Other comorbidities	☐
• Concomitant medication (be aware of medicines which may cause weight gain and those that may need adjusting if starting tirzepatide)	☐
Eligibility for tirzepatide:	
• NICE criteria	☐
• Willingness to engage with reduced-calorie diet and increased physical activity	☐
Suitability for tirzepatide:	
• Pregnancy status (do not use in pregnancy)	☐
• Contraindications	☐
• Cautions	☐
Other assessments	
• Blood pressure	☐
• Lipids (calculate QRISK3 score)	☐
• Haemoglobin A1c	☐
• Blood glucose	☐
• Renal function tests	☐
• Liver function tests	☐
• Full blood count	☐
• Thyroid function tests	☐
• Diabetic retinal screening	☐
Referrals:	
• Assess and refer, if required, to other services (for example, social care, physiotherapy, other physical or mental health support)	☐

Appendix 3: Counselling checklist – (adapted from resources from Tirzepatide for managing overweight and obesity | Guidance | NICE)

This checklist is a summary of the counselling points outlined in more detail in the practical guide to using medicines to manage overweight and obesity. Not all points will be relevant to all people at all times. See the summary of product characteristics for tirzepatide for full prescribing information.

Counselling point	Completed
Goal setting:	
• Weight loss	☐
• Personal goals	☐
• Comorbidity goals	☐
Diet and physical activity advice and referral:	
• Reduced-calorie diet	☐
• Increased physical activity	☐
• Referral to local behavioural support services	☐
Medicine administration:	
• How to administer injections	☐
• Dose to administer	☐
• How to handle, store and dispose of sharps waste	☐
Concomitant medication:	
• Additional contraceptive measures. See Faculty of Sexual Reproduction Health (FSRH) for more details	☐
• Adjusting HRT treatment if required. See British Menopause Society (BMS) tool for clinicians	☐
• Adjustment of concomitant antidiabetic medication	☐
• Adjustment of concomitant medication for comorbidities (if control changes with weight loss)	☐
• Advice on vitamin and mineral supplementation	☐
Pregnancy:	
• Pregnancy and planning pregnancy (tirzepatide should not be used in pregnancy and should be stopped at least 1 month before a planned pregnancy)	☐
Adverse effects:	
• Acute pancreatitis symptoms requiring immediate help (sudden, severe stomach pain)	☐
• Gastrointestinal adverse effects and staying hydrated	☐
• Risk of pulmonary aspiration during general anaesthesia or deep sedation.	☐
• Stress the importance of regular retinal screening and to seek medical advice if any changes in vision.	☐
• Excipients include benzyl alcohol which can cause allergic reactions and may accumulate in patients with hepatic or renal impairment, leading to a risk of metabolic acidosis	☐
Follow up and monitoring:	
• Frequency of follow up	☐
• Next appointment date	☐

Appendix 4 - Patient agreement form –Tirzepatide (Mounjaro™) for managing overweight and obesity

At your appointment today we have agreed to start treatment with tirzepatide (Mounjaro™) to help manage your weight.

Tirzepatide (Mounjaro™) is from a group of medicines known as GLP-1 agonists. Further information on how to use tirzepatide (Mounjaro™) and any side-effects you should be aware of is included in the patient information provided with your medicine supply.

Tirzepatide (Mounjaro™) is given as an injection and should help you lose weight, especially if you follow a healthy diet and take regular exercise and engage with the Behavioural Support for Obesity Prescribing (BSOP) programme.

Tirzepatide (Mounjaro™) injections do not work for everyone and if left unchecked may not be the best use of NHS resources. We therefore need to regularly monitor whether it is being effective. To do this, we follow the guidance from the National Institute of Health and Clinical Excellence (NICE). This states that treatment with tirzepatide (Mounjaro™) should only be continued after 6 months at maximum tolerated dose, if a patient sees a reduction in their weight of 5% or more.

If the tirzepatide (Mounjaro™) we have agreed to start today does not provide this outcome after 6 months at the maximum tolerated dose, we will need to consider alternative options to manage your obesity and stop the treatment. If treatment is continued after this period, we will continue to monitor your weight on a regular basis. If the beneficial effects are not maintained, then again, we will need to consider alternative options to manage your condition and then stop the tirzepatide (Mounjaro™).

PATIENT AGREEMENT:
The information above has been explained to me, and I understand that treatment with Tirzepatide will be stopped, and alternative options considered if the beneficial effects on my weight are not achieved after 6 months on maximum tolerated dose or continued long-term.

I agree to engage with and participate in the BSOP (Behavioural Support for Obesity Prescribing) programme (wraparound care) provided through Thrive Tribe and I understand that failure to do so may result in discontinuation of treatment.

	Today	**6 month's target**
Weight (5% loss needed by 6 months)		
Body Mass Index (BMI)		
Participation in BSOP/ wraparound care		

Patient Name: _____ Patient Signature: _____

Clinician Name: _____ Clinician Signature: _____

Date: ___/___/_____ Date of 6-month review: ___/___/_____

If you have any questions or problems with your treatment, please contact:

Name: _____

Contact number: _____

Please give a copy to the patient and keep a copy in the patient's record.

Appendix 5: Tirzepatide user manual

Mounjaro, INN-tirzepatide