

# Tirzepatide Prescribing in Primary Care Standard Operating Procedure

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## Introduction

Tirzepatide (Mounjaro, Eli Lilly) is indicated for 'weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of:

- $\geq 30 \text{ kg/m}^2$  (obesity) or
- $\geq 27 \text{ kg/m}^2$  to  $< 30 \text{ kg/m}^2$  (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus)'.

The following table can be used as guidance:

Qualifying Comorbidities	Definition for Initial Assessment
Atherosclerotic cardiovascular disease (ASCVD)	Established atherosclerotic CVD (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 continuous positive airway pressure (CPAP) or equivalent
Type 2 diabetes mellitus	Established type 2 diabetes mellitus *

<https://www.england.nhs.uk/wp-content/uploads/2025/03/PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf>

## LES

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## Plan for inviting pts

Rolling programme over next 3 years, criteria expands each year.

The primary care eligibility criteria for the NHSE cohort 1 in Year 1 are as follows\*:

- BMI  $\geq$  40 and;
- 4 or more 'qualifying' comorbidities from the following list – hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus.

Use a lower BMI threshold (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.

1. Run EMIS search provided by ICB
2. Validate search and pts eligible.
3. Send letter and text with letter to eligible pts for blood test appt, add ICE profile: Weight Management referral.
4. Pt attends blood test
5. Pt is booked appt for F2F appt with PN – LTC F2F Weight Management
6. 30 min F2F appt with PN to commence injections, refer to LWTC PSOB Programme using referral form: ICB BNSSG South BSOP Referral Form (embedded in EMIS – Search for BSOP), email form.  
Use Ardens template *NHS Obesity Medication Pathway* to ensure correct coding on EMIS.
7. Book planned phone call to review in 1 month time to follow up, titrate dose if appropriate.

NB if 30 min LTC F2F Weight Management appt not booked 1 week in advance then PN to change appt to appropriate LTC appt for their clinic.

## Recalls

Assess uptake after 3 months uptake, if low uptake recall pts.

## Phase 2 & 3 roll out

Expand searches as per recommendations and ensure increase capacity of F2F nurse appts to match demand.

## Version Control

Date	Version	Author	Change Details
6.8.25	1.1	DKT	Addition of table with qualifying criteria.
13.8.25	1.2	DKT	Addition of slot type and Referral Form.
18.9.25	1.3	DKT	Addition of Ardens Template