Quick Reference Guide: Clinical Guidelines for Primary Care to Support the Use of Tirzepatide for Weight Management

This document is an extract from the full SY Clinical Guidelines and includes checklists for things you may wish to use on a day today basis:

A. Eligibility Criteria for Tirzepatide for Weight Loss in Primary Care

B. Primary Care Tirzepatide Pathway Flow Chart

C. Tirzepatide Stopping Criteria

D. Recommended Appointment Schedule

E. Pathway Checklists

1. Initial Assessment Before Prescribing Tirzepatide
2. Commencing Tirzepatide Appointment
3. Follow Up and Monitoring – 4 weekly, six months post-maximum tolerated dose and quarterly reviews.

F. SNOMED Consultation Flow Chart

G. Codes Embedded within Ardens Template

H. Useful Resources

Please ensure that you are familiar with the full guidelines. These can be found at:

SY ICB Medicines Optimisation

Extracts from: Version 1.0 – Dec 2025

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A. Eligibility Criteria for Tirzepatide for Weight Loss in Primary Care

Prior to commencing **weight loss medications in primary care** NHS South Yorkshire requires the **patient to have had a supported attempt to lose weight within the preceding 24 months,** such as completing a locally commissioned tier 2 service, digital weight management programme or alternatives detailed in appendix 5 of the full clinical guidelines.
Applies to patients in **Cohort two onwards**.

NHSE has agreed a 12 year roll out of tirzepatide in primary care. The **first three priority cohorts**, based on BMI and certain qualifying comorbidities, are given below. Note **lower BMI threshold for people of certain ethnic heritages.**

Primary care MUST NOT move beyond NHSE Priority Cohort One, until informed by the ICB that they can do so.

NHSE Priority cohorts for years 1 – 3[3]

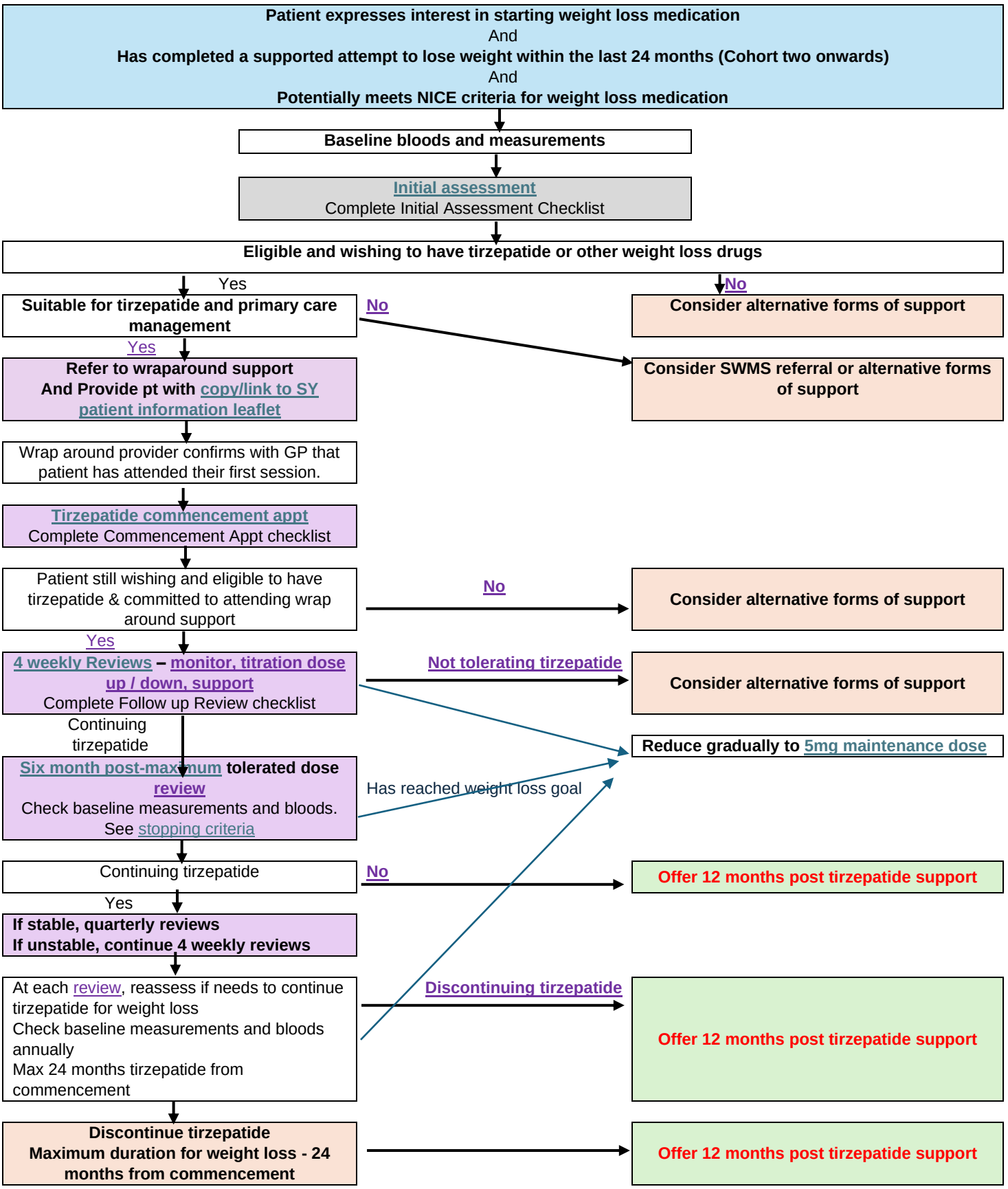
Funding Variation Year*/Cohort	Estimated Cohort Duration	Cohort Access Groups	
		Number of qualifying Comorbidities**	BMI*
Cohort 1 (Year one)	**12 months**	**≥4**	**≥40**
Cohort 2 (Year two)	9 months	≥4	≥35 – 39.9
Cohort 3 (Year 2/3)	15 months	≥3	≥ 40

* Use a lower **BMI threshold** (reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds or for people of mixed race if their heritage includes any of the above ethnicities.

Qualifying Comorbidities	Definition
Atherosclerotic cardiovascular disease (ASCVD)	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure). A patient could have all four diagnoses in the ASCVD definition. However, this would only qualify as one comorbidity
Hypertension	Established diagnosis of hypertension and requiring blood pressure lowering therapy. Also, includes patients diagnosed with hypertension in line with NICE guideline [NG136] who choose not to take BP lowering medication.
Dyslipidaemia	Treated with lipid-lowering therapy, OR with 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/L Includes patients on lipid lowering therapy (statins) due to higher QRISK even if lipid levels not high at the start of treatment.
Obstructive sleep apnoea	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. NB: need to be eligible for CPAP or equivalent but does not have to be using it.
Type 2 diabetes mellitus	Established type 2 diabetes mellitus

*People with type 2 diabetes can be prescribed tirzepatide (Mounjaro®) for obesity or for glycaemic management in type 2 diabetes if they meet the criteria set out in the recommendations in either:
a) NICE's technology appraisal guidance on tirzepatide (Mounjaro®) for managing overweight and obesity (NICE TA1026)
or
b) Tirzepatide (Mounjaro®) for treating type 2 diabetes (NICE TA924).

B. Primary Care Tirzepatide Pathway Flowchart (Purple text links to Ardens templates)



All patients having tirzepatide for weight loss **must concurrently attend the behavioural support 'wrap around service'** or be receiving similar support through a Specialist Weight Management Service.

Do NOT prescribe tirzepatide until the person has **attended their first session of the wrap around support programme.** The wrap around provider will contact GP practices once the patient has attended their first session.

Please ensure that the patient is aware of the following before they start tirzepatide:

- They must attend and engage in the behavioural wraparound support.
    - If a participant misses a session, they will be offered the opportunity to attend a catch-up session.
      If they miss two consecutive sessions and do not complete the corresponding catch-up sessions, they will no longer be able to continue with the course, and a letter will be sent to their GP. Tirzepatide must be stopped.
- The practice will regularly review their dose of tirzepatide and whether it is appropriate for them to continue tirzepatide, considering the risks and the benefits of continuing.
- The maximum duration of having tirzepatide in SY is 24 months from the date of commencement.
- The other stopping criteria.

The ICB will fund a **maximum of 24 months** of tirzepatide for weight loss from the date of commencement.

- Unless the patient is on an active waiting list for bariatric surgery.
- If the patient still has type two diabetes after losing weight, they may continue on a maintenance dose of 2.5-5mg of tirzepatide (depending in HbAc1).

If the **weight loss goal has been achieved before the 24-month treatment period** ends, reduce the dose to a 5mg maintenance dose. A gradual dose reduction is preferable. If weight regain is detected, the patient should be reassessed, and consideration given to up titrating the dose and strengthening diet and physical activity support as needed. Tirzepatide prescribing at this dose may continue until the end of the 24-month treatment period or be stopped in line with stopping criteria.

Patients can only have one cycle of tirzepatide, for up to 24 months from commencement.
Patients who disengage with the programme or put on weight after coming off tirzepatide for weight loss cannot restart it again for weight loss.

C. Tirzepatide Stopping Criteria

Consider stopping tirzepatide:
• Patient has met their weight loss goal - If patient has T2DM, see below. If patient does not have T2DM consider stopping or reducing dose, discontinue within maximum of 24 months.
Tirzepatide must be stopped if:
• Less than 5% of the initial weight has been lost after 6 months on the highest tolerated dose, unless any exceptional circumstances
• Patient has **been on tirzepatide for weight loss for 24 months since date of commencement** (maximum duration) unless the patient is on an active waiting list for bariatric surgery. See below if the patient still has type two diabetes once they have lost weight and reached 24 months.
• Patients do not engage with wraparound care (miss 2 or more sessions in the absence of exceptional circumstances).
• Patients who miss more than one review meeting in the absence of exceptional circumstances or do not attend for face-to-face practice/HCP weight at least 3 monthly
• Patients who were waiting for bariatric surgery, stop once they have the surgery
• The clinician and/or patient does not feel the clinical improvement or benefits of the treatment are satisfactory
• The patient develops intolerance, significant side effects or complications
• Any signs or symptoms of pancreatitis
• Patients become pregnant or are planning pregnancy (discontinue at least 1 month but preferably 3 months before a planned pregnancy).

If a patient **still has type two diabetes** after they have lost weight, they may continue 2.5mg – 5mg (depending on HbA1c control) of tirzepatide or another GLP1-RA in line with local formularies. GLP1-RA/tirzepatide should only be continued for diabetes in line with NICE/local guidance and should be reviewed and de-prescribed if ineffective. In some patients it may be appropriate to consider changing to semaglutide, as semaglutide is the only GLP-1 RA with proven cardioprotective benefits. NICE is currently consulting on new clinical guidelines for type two diabetes and practices are advised to review and consider the new recommendations once the guidelines are published.

NICE Quality Standards for Management of Overweight and Obesity, require patients to be **supported for 12 months after discontinuing weight loss medication**. Practices are asked to ensure that patients continue to monitor their own weight at least monthly and that they are offered / have access to **routine primary care weight loss support** e.g. from Health and Well-being coaches, during this period, with clinicians informed if the patient's weight starts to increase. Patients should be encouraged to keep appropriate weighing scales at home and to report weight increase, which would trigger a follow-up review.

D. Recommended Appointment Schedule

Stage pathway	Mins	First 12 months (4 weekly)													Second 12 months (quarterly)			
		1	2	3	4	5	6	7	8	9	10	11	12	13	3	6	9	12
Initial Assessment	30																	
Baseline measurements	10																	
Commencement app	30																	
Reviews & titration	15																	
6 months max tolerated review	20																	
Maintenance reviews	15																	
Measurements/bloods	10																	
Annual review	20																	

NB: The timing of the six months post maximum tolerated dose review will vary between patients depending on how quickly they have been titrated and the maximum dose achieved.

The appts coloured:

- **Blue** must be **face to face** appts (unless exceptional circumstances).
- **Green** - for the remaining **4 weekly reviews**, it is up to clinical judgement and patient wishes as to whether **some of them could be done remotely**, with the patient recording their weight 4 weekly either at home or in the practice (e.g. if the practice has a weighing scale in the wating room). But as a **minimum, the patient must be reviewed face to face and have a HCP recorded weight documented at least three monthly**.
- **Orange** - If continuing tirzepatide **beyond the six-month maximum tolerated review**, a minimum of quarterly reviews face to face with HCP recorded weights are needed.

Bloods and baseline measurements may be undertaken by a healthcare assistant. All other appointments must be undertaken by **appropriately trained and qualified prescribing health care professionals.**

Mode of delivery

The following appointments must be done **face-to-face** (unless there are exceptional circumstances):

- Initial assessment and commencement appointment
- First 2 four weekly reviews
- Six-month maximum tolerated dose review.

After the first 2 four weekly reviews, it is up to clinical judgement and patient wishes as to whether some of the four weekly reviews could be done remotely, with the patient recording their weight either at home or in the practice 4 weekly (e.g. if the practice has a weighing scale in the wating room). But as a **minimum, the patient must be reviewed face to face and have a HCP recorded weight documented at least three monthly**.

If continuing tirzepatide **beyond the six-month maximum tolerated review**, a minimum of quarterly reviews face to face with HCP recorded weights are needed. Reviews will need to be more frequent if the patient is unstable (see full clinical guidelines).

Bloods and baseline measurements may be undertaken by a healthcare assistant. All other appointments must be undertaken by **appropriately trained and qualified prescribing health care professionals.**

E. Pathway Checklists

Many of the hyperlinks in the checklists have been removed in the quick reference guide as we have not included all of the background information that they link to in the quick reference guide. Please ensure that you have read and are fully familiar with the full clinical guidelines.

Provide the patient with a copy or a link to the **South Yorkshire patient information leaflet.**

1. Initial Assessment Before Prescribing Tirzepatide

Action / assessment	Completed
Baseline measurements and assessments	
• Height	☐
• Weight	☐
• Calculate BMI	☐
• Blood pressure	☐

• Bloods
  ○ Lipids, HbA1c, blood glucose
  ○ Others depending on history/examination (e.g., renal, LFT, FBC, TFT, Folate, B12, ferritin/iron).
	☐

• **If diabetic, confirm if eye screening is in date** and ensure **that all nine key diabetes care processes are up to date,** if not ensure they are completed before commencing tirzepatide. See appendix three of the full clinical guidelines for advice regarding starting tirzepatide in people with retinopathy.	☐
Eligibility for tirzepatide:	
• SY Pre-requisite: Has the person completed a supported weight loss programme (equivalent to a tier two programme) in the preceding 24 months (see appendix 5 of full clinical guidelines). **Not needed for cohort one patients.**	☐
• Meets current or previous NHSE priority cohort being implemented in SY or any other SYICB primary care priority cohorts (information on these will be provided separately if applicable).	☐
• Commitment to engage with reduced-calorie diet, increased physical activity and wraparound care. **Advise that tirzepatide will be stopped if not engaging with wraparound care for the duration of the programme.**	☐
Suitability for tirzepatide:	
• Pregnancy status (do not use in pregnancy or if planning pregnancy), counsel on contraception	☐
• Contraindications, including past history of pancreatitis	☐
• Cautions	☐
• Thyroid function tests if clinically indicated	☐
Medical history:	
• Identify weight-related comorbidities including those currently undiagnosed, especially consider undiagnosed OSA. Manage co-morbidities in line with relevant guidance prior to commencing weight loss intervention[2]. For patients with diabetes see below and appendix 3 of the full clinical guidelines.	☐
• Other comorbidities – consider if causing weight gain.	☐
• Consider whether any evidence of frailty, malnutrition or impaired mobility/muscle weakness.	☐
• Psychological assessment.	☐
• Consider undiagnosed eating disorders. If an eating disorder is suspected, assess the person in line with the section on identification and assessment in the	☐

NICE guideline on eating disorders. Refer to local eating disorder services if suspected. A screening tool for binge eating can be found here. **Patients with suspected/ a recent history of binge eating disorder should be referred to SYEDA for assessment and therapy but may be considered for tirzepatide once therapy is complete. Seek A&G as needed.**	
• Concomitant medication (be aware of medicines which may cause weight gain and those that may need adjusting if starting tirzepatide)	☐
• Discuss previous private treatment for weight loss and any history of weight loss medication or bariatric surgery	☐
Shared decision making	
• Explore with patient how the excess weight is affecting them. • Discuss their expectations and weight loss goals.	☐
• Counsel on risk of pancreatitis (advise tirzepatide will be stopped and cannot be restarted if this develops) and other side effects.	☐
• Advise that tirzepatide should be stopped at least 1 month before (but preferably at least 3 months) pregnancy and not used during pregnancy.	☐
• Counsel about the uncertainty of the absorption of OCP and the need for alternative forms of contraception.	☐
• Advise no long-term follow-up studies have been published on the safety or outcomes of using tirzepatide for weight loss.	☐
• Advise that weight regain is likely after stopping tirzepatide unless they make changes to diet and levels of physical activity. Tirzepatide will be stopped if they do not engage in the wraparound support programme.	☐
• Advise dose of tirzepatide will be regularly reviewed and titrate up/down based on how well tolerating, rate of weight loss and whether reached weight loss goal.	☐
• Advise of the stop criteria and that maximum duration of tirzepatide for weight loss in SY is 24 months from commencement.	☐
• Discuss and consider overall risks and benefits of being on tirzepatide.	☐
Management plan	
Patient eligible and suitable for tirzepatide in primary care	☐
Patient wishing to proceed with tirzepatide in primary care. Do not use 'Commenced NHS weight loss pathway' code until tirzepatide is prescribed and wraparound support has commenced (i.e. following the commencement appointment).	☐
Referral made for wraparound support **This code will be used for the stage one LES payment**	☐
Agree with patient that the **patient will contact the practice to make the commencement appointment once** they have had their first session of the wrap around support programme (the practice will also be contacted direct by the wraparound provider that the patient has attended their first session).	☐
Medication plan made (to be enacted when the person starts tirzepatide), that includes any changes that will be needed to existing medications and their monitoring; any changes to contraception	☐
Dietary and physical activity advice given	☐
Provide patient with copy of / link to the SY weight loss medication patient leaflet	☐
A&G to be obtained (tick if A&G sought):	
a) Advice needed on patient suitability	☐
b) Advice needed on medication changes	☐
Referral made to (tick if referral made):	
a) SWMS - Patient has complex needs that require full MDT support	☐
b) SWMS – Patient specifically requested alternative wt loss medication not able to be prescribed in primary care	☐

c) SWMS – Other	☐
d) Diabetes specialist nurses/consultants	☐
e) Eating disorder service	☐
f) Mental health / psychology	☐
g) Sleep apnoea investigations or services	☐
h) Other medical or surgical specialities	☐
i) Social prescribing	☐
j) Exercise on referral or equivalent	☐
k) Physiotherapy / OT	☐
SNOMED codes	

Please ensure that the following are accurately coded (needed to ensure eligibility of practice payment for the LES and NHSE reporting):
• Height, weight, BMI
• Weight related comorbidities
• If the patient
  ○ was referred to the National Health Service Obesity Wraparound Support Pathway (procedure) 2386201000000107)
  ○ was unsuitable for the NHS obesity medication pathway (2386221000000103)
  ○ declined the obesity pathway (23862410000000105)
• Demographic details including ethnicity
• Whether they are on SMI and / or LD registers	

Patients with Type 2 Diabetes

1. Consider pathway to remission for patients diagnosed within the past 6 years.
2. Advise patients that weight loss on tirzepatide will be less and slower than in non-diabetic patients. See NICE discussion guide for infographics.
3. Ensure all nine care processes are up to date. See appendix three of the full clinical guidelines regarding diabetic retinopathy and the initiation of tirzepatide.
4. If baseline test show previously undiagnosed T2DM, start metformin in line with NG28. Tirzepatide may be initiated concurrently for obesity.
5. Advise patients that if tirzepatide is de-prescribed or not tolerated then other GLP1-RA will only be prescribed for obesity by Specialist Weight Management Services, or for diabetes in line with NG28 and local formularies.
6. Consider interactions, and need to change dose, of insulin or sulfonylureas (see full clinical guidelines).
7. Patients must engage with wraparound care even if they have previously attended NDPP/structured education for diabetes.
8. For advice on how to swap from one GLP-1 TA to tirzepatide and back, seek specialist advice and guidance.

2. Commencing Tirzepatide Appointment (once patient has attended their first wraparound session).

Where there has been a significant delay between initial assessment and commencement of tirzepatide, consider repeating baseline tests and the initial assessment to highlight new contra-indications or interactions.

Commencing tirzepatide checklist	**Completed**
Review history and initial assessment. Confirm not pregnant.	☐
Confirm patient still wishes to start tirzepatide	☐
Check patient has **attended the first wrap around session**. Wraparound care to started (date)___	☐
Dietary and nutritional assessment	
Assess and discuss the patients current:	
• Dietary intake	☐
• Levels/type of physical activity	☐
Provide personalised:	
• Dietary advice for a reduced calorie diet (considering requirements of someone on tirzepatide)	☐
• Advice to increase physical activity (including increasing resistance exercise)	☐
Goal setting:	
• Enquire as to why they want to lose weight and use to inform setting of:	
○ Weight loss goal	☐
○ Advise patient and record their 5% weight loss target	_____
○ Personal goals	☐
○ Comorbidity goals. Ensure appropriate referrals have been made.	☐
Tirzepatide administration	
• **How to administer injections**	☐
• Dose to administer	☐
• How to handle, store and dispose of sharps waste • **Prescribe 5l sharps bin and formulary needles**	☐
Concomitant medication:	
• Additional contraceptive measures	☐
• Adjustment of concomitant medications for comorbidities (if control changes with weight loss)	☐
• Advice on OTC vitamin and mineral supplementation - if any likelihood of reduced intake advise patient to obtain OTC supplements that include 100% of daily requirements	☐
Pregnancy:	
• Pregnancy and planning pregnancy (tirzepatide should not be used in pregnancy and should be stopped at least 1 month but ideally 3 months 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[8] during general anaesthesia or deep sedation	☐
Follow up and monitoring:	
• Frequency of follow up – advise dose may not be increased each time	☐

• Advise people with a BMI below 35 kg/m^2 to measure their waist, calculate their waist-to-height ratio and bring the results to their next appointment (following the advice in box 1 in the NICE guideline on overweight and obesity management)	☐
• Remind possible duration of treatment and why it might be stopped, including the maximum duration prescribing for weight loss of 24 months from commencement Advise that people who stop tirzepatide there is no long-term data for what happens to weight after stopping it however they are **likely to regain the weight they had lost**[4]. With a similar medicine, people usually regain weight lost during treatment within 2 years of stopping it, and weight regain is likely to be greatest in the first year after stopping.	☐
Management plan	
• Patient **commencing NHS weight management pathway** (i.e. commencing tirzepatide for weight loss).	Yes/no
• **Prescription** given for **tirzepatide, needles and sharps bin.**	☐
• Reinforce **need to attend wraparound support**.	☐
• **Medication plan enacted**, including any changes to contraception.	☐
• Ensure that appropriate arrangements are made for **monitoring of any comorbidities** that will be impacted by weight loss and the patient understands the need for increased monitoring of these e.g. BP, diabetes.	☐
• If appropriate, inform **diabetes specialist team** patient is commencing tirzepatide.	☐
• Advise the patient on **how they can seek help/advice between appointments.**	☐
• Provide **patient with copy of/link SY weight loss medication patient leaflet** and go through **the steps they can take to decrease side effects.**	☐
• Next appointment date ……	☐
• Referrals made: As per for initial appointment	

One tirzepatide pen will last for four weeks.
28 day prescribing is recommended.

SNOMED codes for commencement appointment	

Please ensure the following are accurately coded (needed for practice LES payment and NHSE returns):
• Weight, BMI
• Weight loss goal
• Whether:
  ○ National Health Service obesity medication pathway started (situation) 2386231000000101
  ○ was unsuitable for the NHS obesity medication pathway (2386221000000103)
  ○ declined the obesity pathway (23862410000000105)	

3. **Follow Up and Monitoring – 4 weekly, six months post-maximum tolerated dose and quarterly reviews.**

Action/Counselling	Completed
Physical measurements and assessments:	
• Height	☐
• Weight	☐
• Calculate BMI and waist circumference if BMI <35 kg/m$^{2.}$ Advise people with a BMI below 35 kg/m^2 to measure their waist, calculate their waist-to-height ratio and bring the results to their next appointment (following the advice in box 1 in the NICE guideline on overweight and obesity management)	☐
• Blood pressure	☐
• Any other assessments to measure comorbidities	☐
• Calculate percentage weight loss from baseline	☐ .....
Discuss:	
• Impact and progress in terms of **initial goals** set – encourage to discuss positive impacts seen	☐
• If weight loss has been less than expected, explore the possible reasons why. Note: People with type two diabetes tend to lose weight slower than people who do not have type two diabetes. If the **weight loss has been greater than expected**, consider other causes for the weight loss e.g. cancer.	☐
• Any **psychological issues**	☐
• Any difficulties with the injections	☐
• Any adverse effects (report suspected reactions to the MHRA Yellow Card reporting site[9]). Manage if required, for example, no dose titration, dose reduction, dietary/hydration advice, short term pharmacological management). Practical advice for patients e.g. on managing GI side effects can be found in the SY weight loss medication leaflet.	☐
• **Nutritional intake**. If any concerns about inadequate micronutrient intake advise patient to take OTC vitamin and mineral supplement (that provides 100% of daily recommended intake).	☐
• Any additional support required with reduced-calorie diet and increased physical activity.	☐
Check	
• Attendance at wraparound support.	
• Any plans for pregnancy (tirzepatide should not be used in pregnancy and should be stopped at least 1 month before a planned pregnancy). Confirm pregnancy status if appropriate. Review contraception.	☐
• Additional contraceptive measures if required.	☐
Management plan	
• Reinforce reduced-calorie diet and increased physical activity advice.	☐
• Reinforce engagement with wraparound care.	☐
• Consider **impact on weight related comorbidities** (e.g. diabetes, hypertension) and whether any changes are needed to their management.	☐

• Adjust **concomitant medication plan** as needed, considering dose and need for monitoring of those with oral narrow therapeutic window and whether alternative contraception is needed.	☐
• Review any weight loss in the context of the **safe and sustainable weight loss goals** set at the initial assessment.	☐
• Discuss and agree with patient whether **continuing tirzepatide and any change in tirzepatide dose**, considering weight loss, side effects and duration been on tirzepatide.	☐
• Assess and refer, if required, to **other services** (for example, social care, physiotherapy, other physical or mental health support).	☐
At Review after 6 months on highest tolerated dose and annual reviews:	
Repeat baseline measurements and bloods:	
• Height	☐
• Weight	☐
• Calculate BMI	☐
• Waist circumference if BMI < 35	☐
• Blood pressure	☐

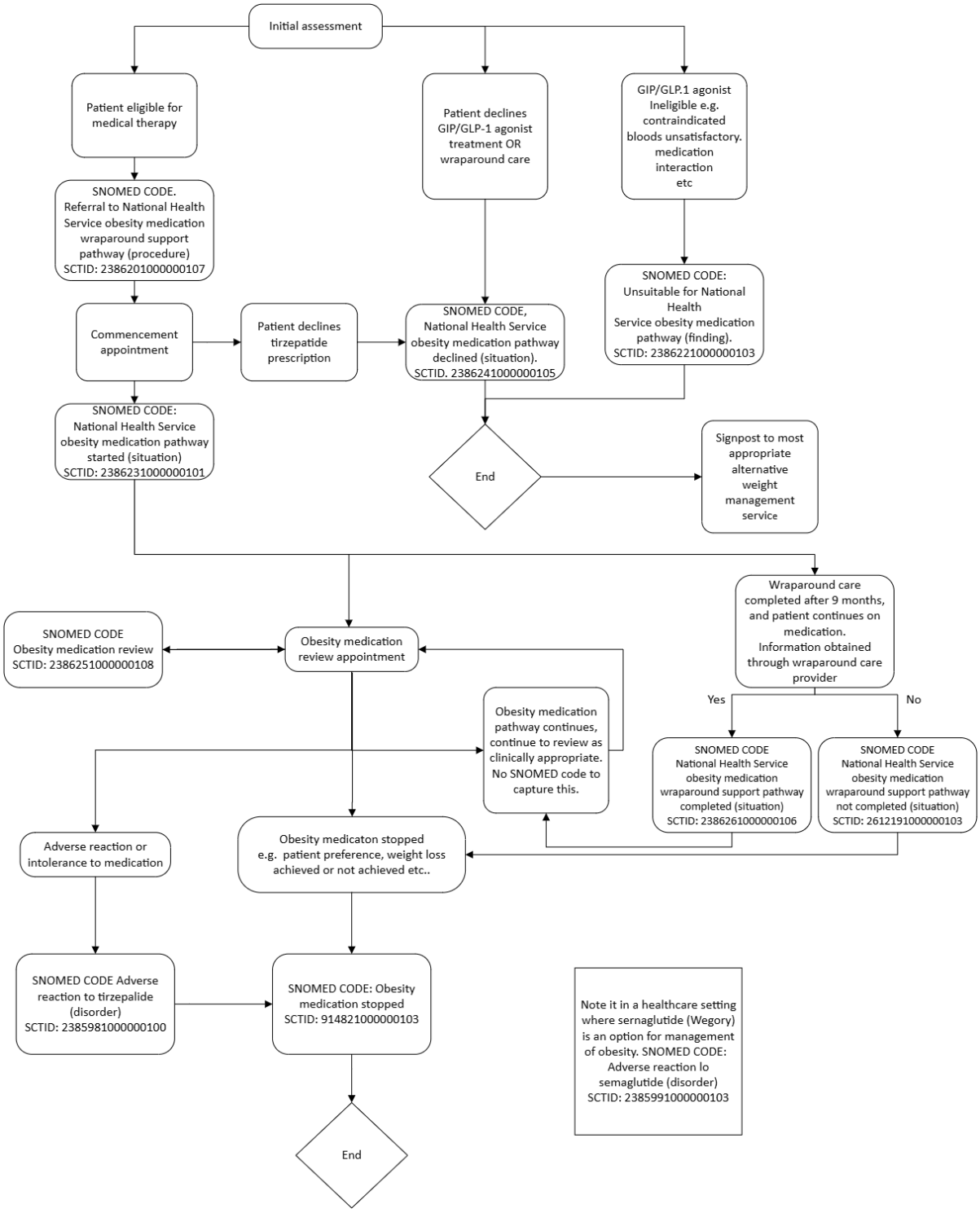
• Bloods
  ○ Lipids, HbA1c, blood glucose
  ○ Others depending on history/examination (eg renal, LFT, FBC, TFT, Folate, B12, ferritin/iron).
	☐

Review as per 4 weekly /quarterly reviews above	
Plus:	
• Has at least a 5**% weight reduction been achieved**	Y/ N
• If < 5%, discuss with the person the reasons **why weight loss may have been less** than desired.	☐
• **If less than 5% of weight loss** compared to baseline, **stop tirzepatide** (unless there are exceptional circumstances). Explain to the person that, at this rate of weight loss, the risk of adverse effects continues while any benefits are minimal.	☐
• **Agree next step** (continue at current dose, continue at a different dose or stop prescription). If stopping, then re**inforce continued adherence to physical and dietary changes** and / or consider alternative options or referral. **Provide primary care based support (e.g. by Health and Wellbeing coaches) for a year after people stop weight loss medications**.	☐

SNOMED Codes for reviews	

Please ensure that the following are accurately coded (needed to trigger practice LES payment and NHSE reporting):
• Weight, waist to height circumference
• % weight loss to baseline
• Review of anti-obesity drug therapy (regime/therapy) 2386251000000108
• If applicable:
  ○ Anti-obesity drug therapy discontinued (situation) 914821000000103
  ○ Adverse reaction to tirzepatide (disorder) 2385981000000100
• NHS obesity medication wraparound support programme completed (situation) 23862610000000106 (If the pt has completed the 9 month programme)
• NHS obesity medication wraparound support programme **NOT** completed (situation) 2612191000000103 (If the pt does **NOT** complete the 9-month wrap around programme)	

F. SNOMED Consultation Flow Chart

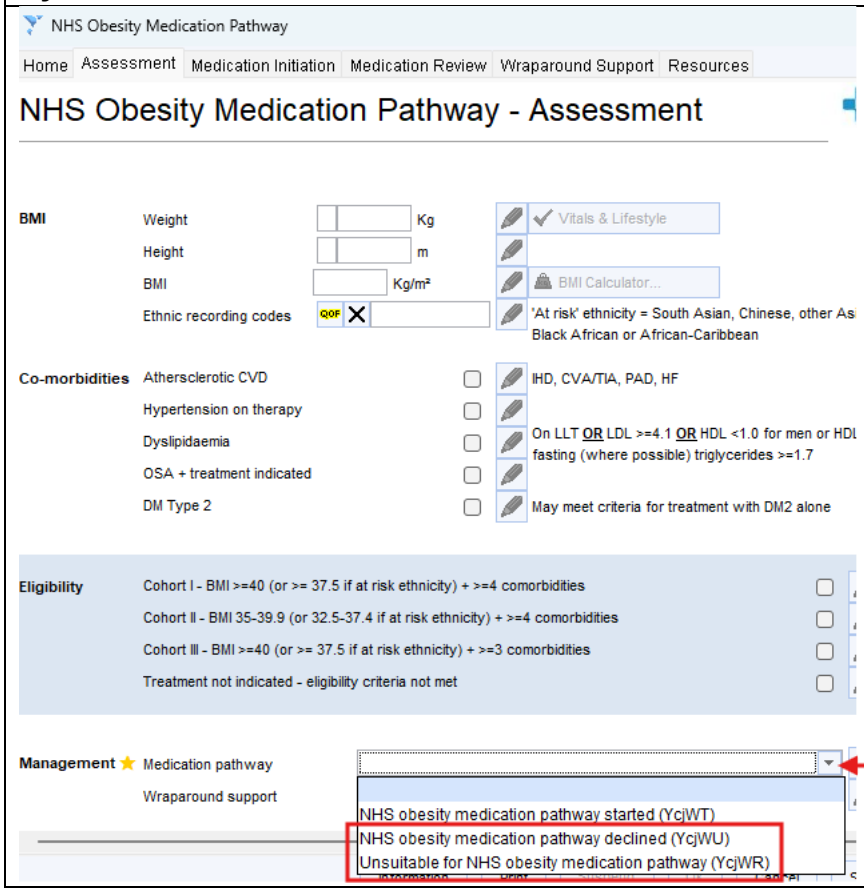


G. Codes Embedded within Ardens Template

Not eligible for or declined tirzepatide

SNOMED CODE: National Health Service obesity medication pathway declined (situation) SCTID. 2386241000000105

SystmOne



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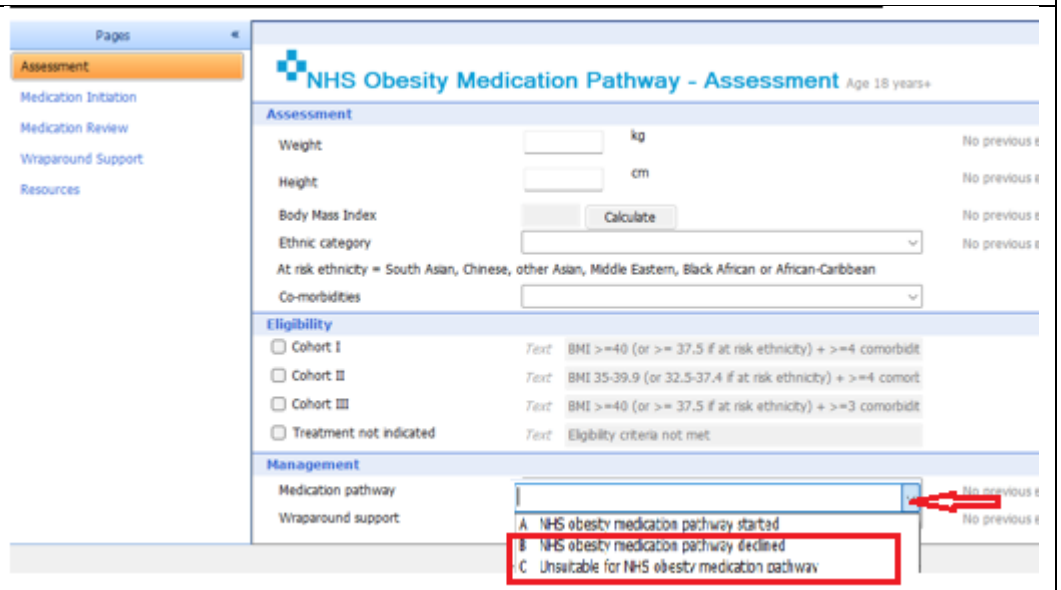
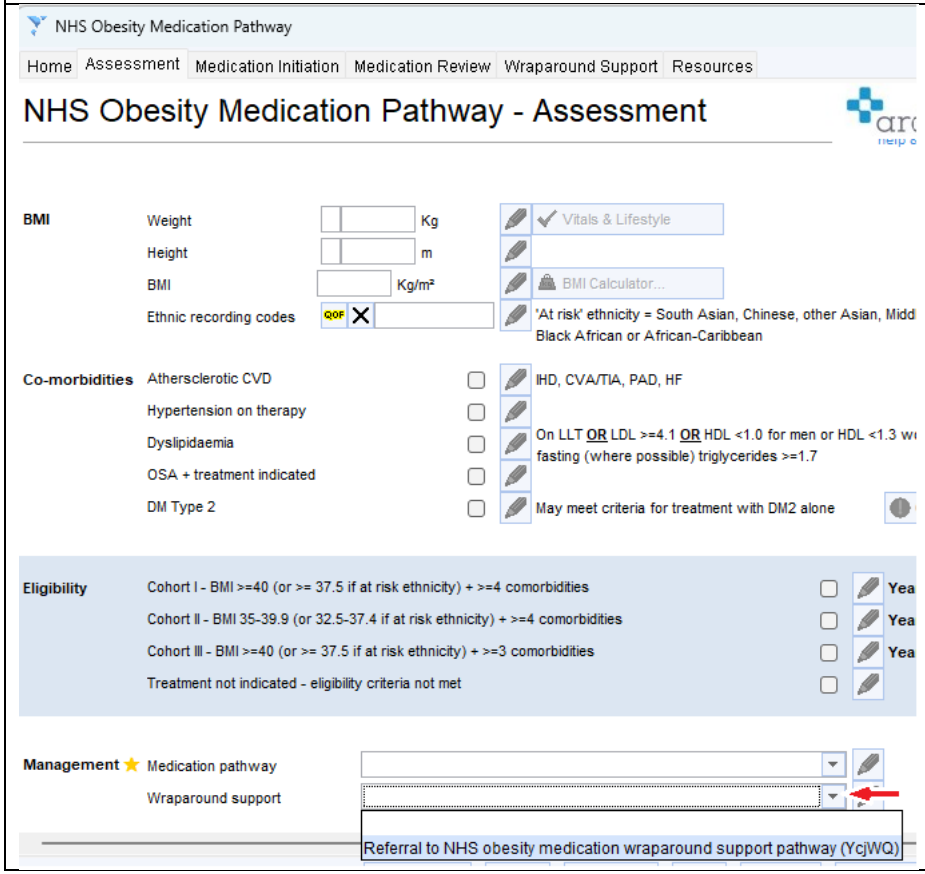


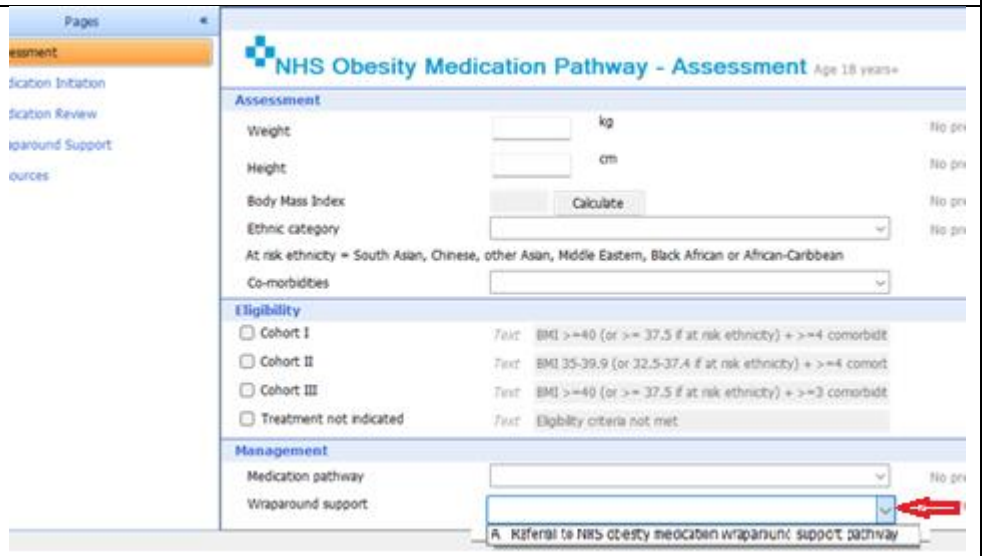
Suitable for tirzepatide and primary care management

SNOMED CODE: Referral to National Health Service obesity medication wraparound support pathway (procedure): SCTID: 2386201000000107

SystmOne

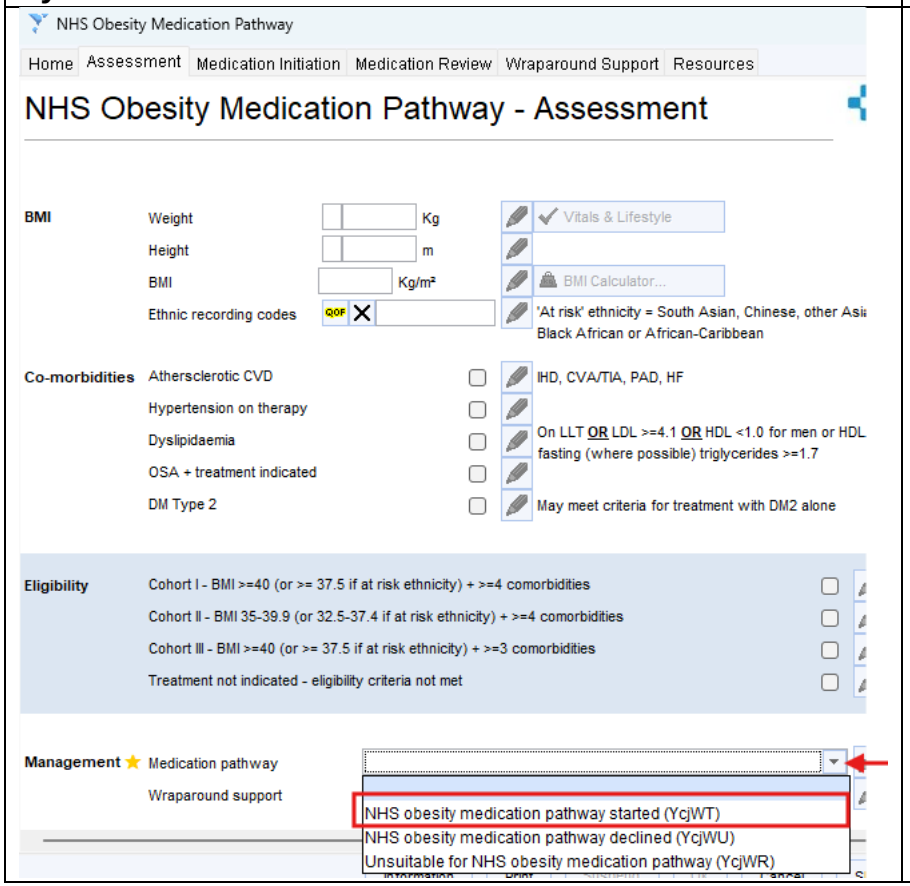


EMIS Web

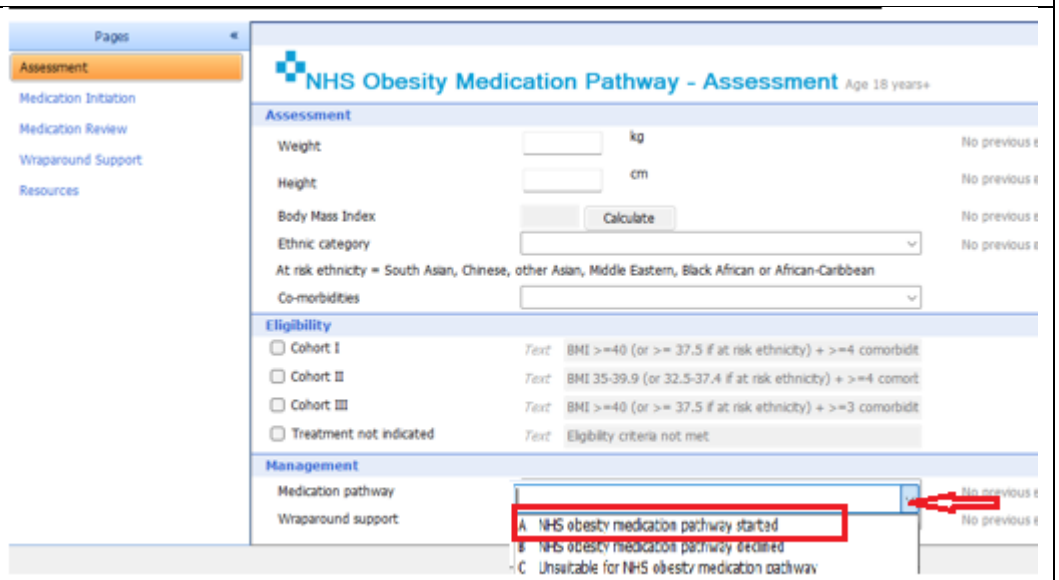


Tirzepatide commencement appointment (Patient still wishing & eligible to have tirzepatide & committed to attending wraparound support)
SNOMED CODE: National Health Service obesity medication pathway started (situation) SCTID: 2386231000000101

SystmOne



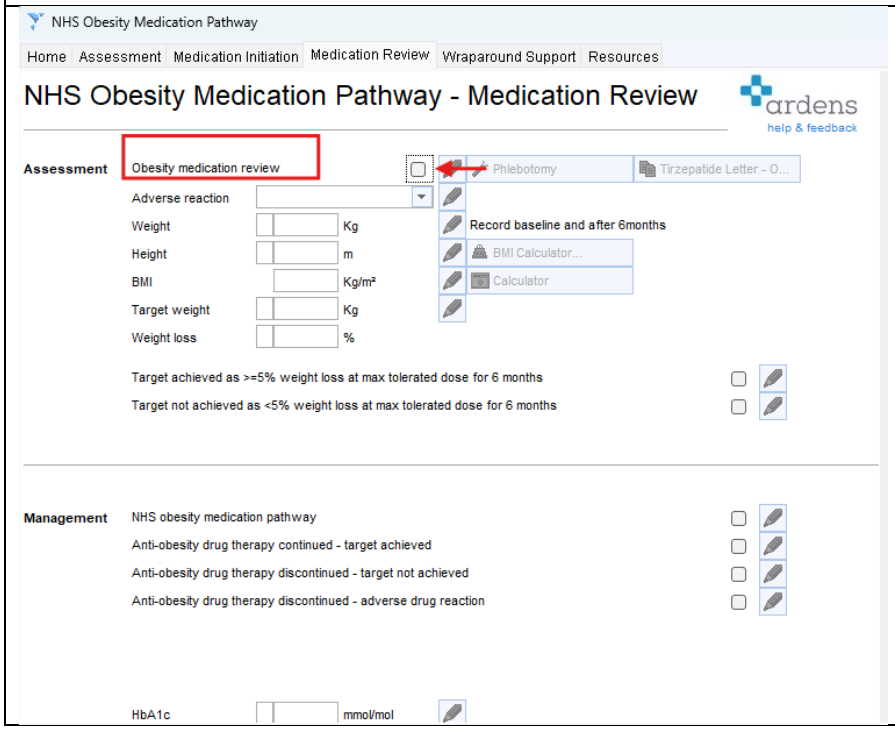
EMIS Web



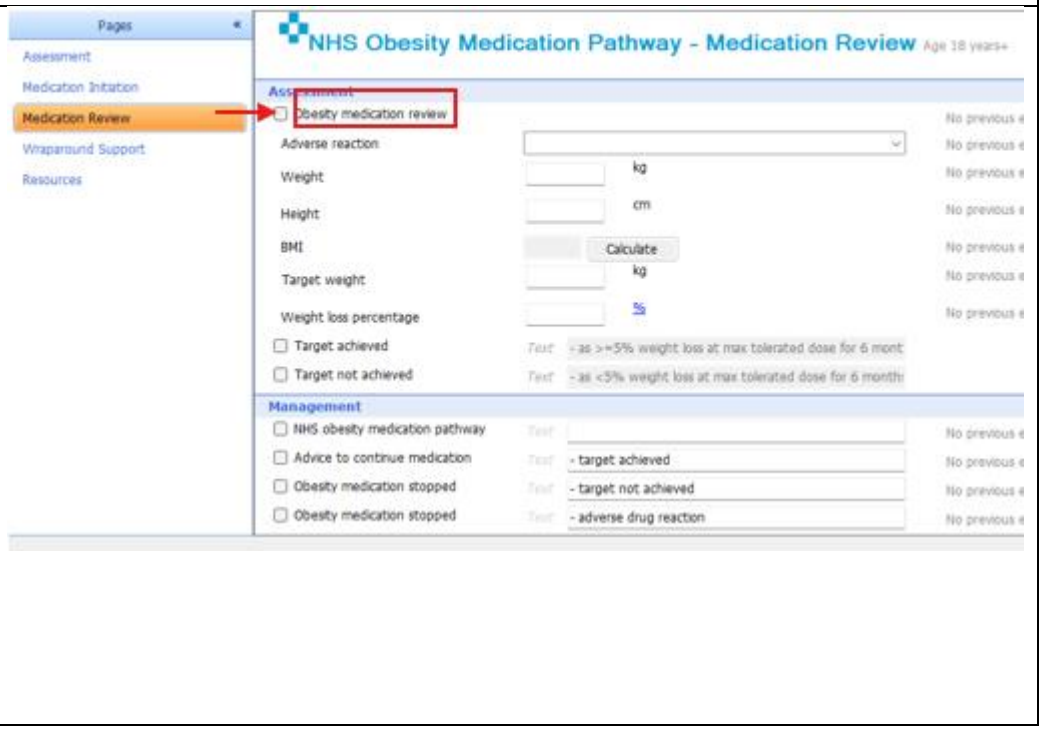
Reviews

SNOMED CODE: Obesity medication review: SCTID: 2386251000000108

SystmOne



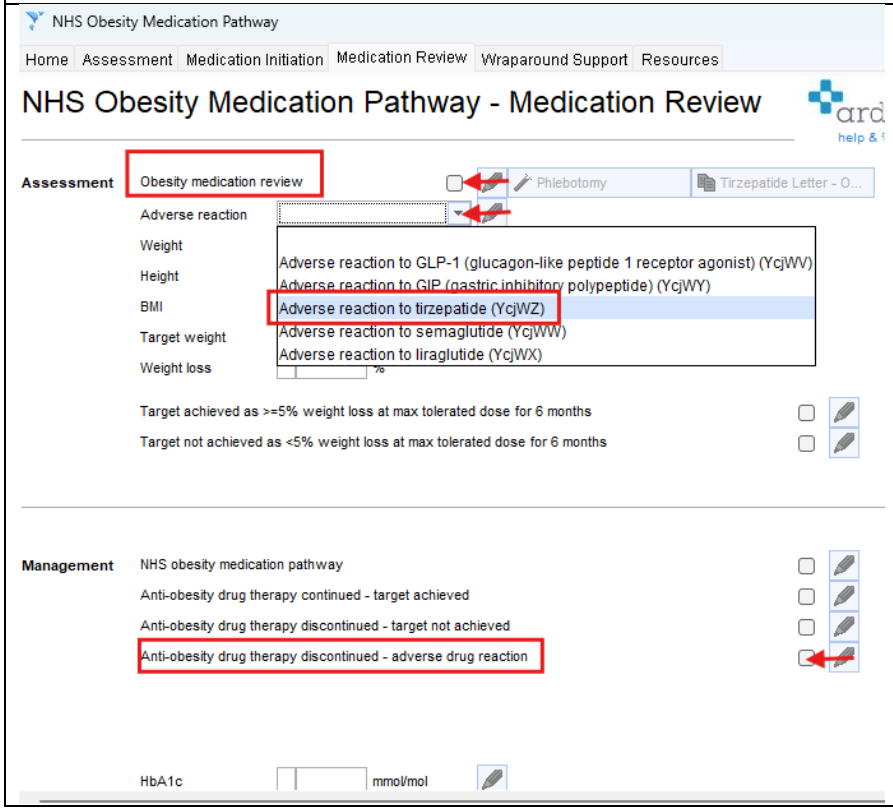
EMIS Web



Reviews and tirzepatide discontinued due to side-effect

SNOMED CODE: Adverse reaction to tirzepatide (disorder) SCTID: 2385981000000100
SNOMED CODE: Obesity medication stopped SCTID: 914821000000103

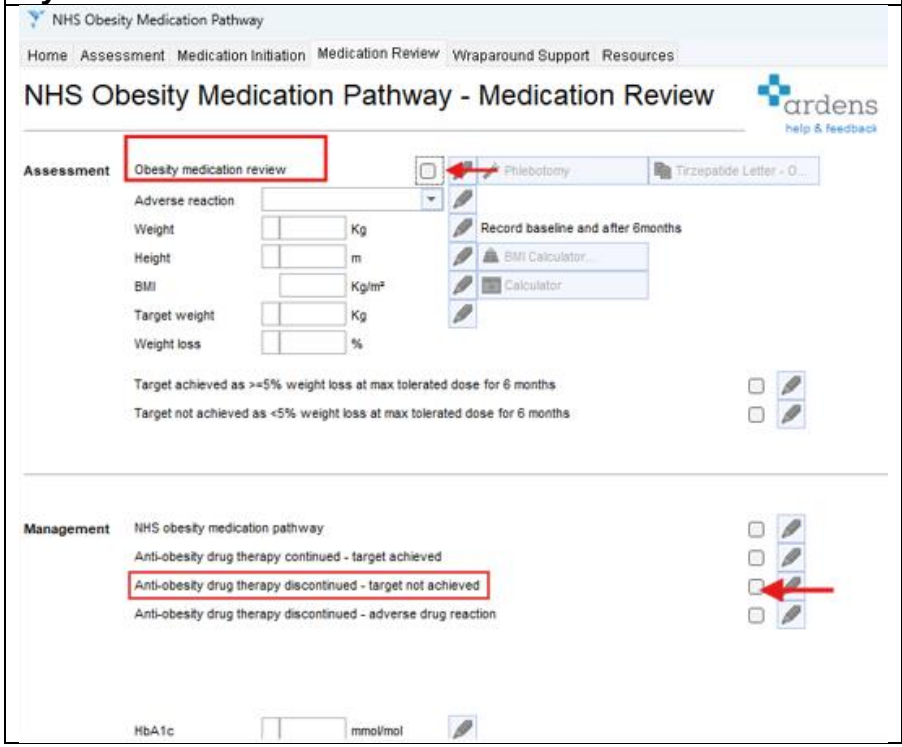
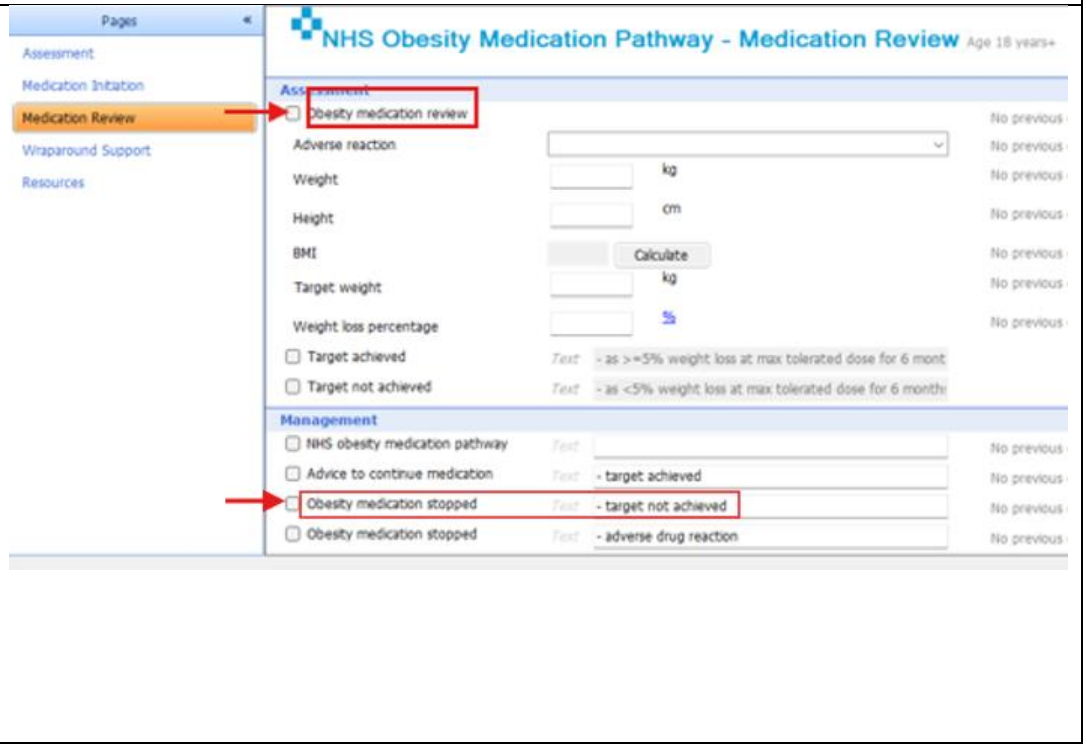
SystmOne



EMIS Web

Reviews and tirzepatide stopped

SNOMED CODE: Obesity medication stopped SCTID: 914821000000103 (Please note this is the code that will be added to the patient record when choosing the option shown below despite the template stating ‘target not achieved’)

SystmOne	EMIS Web
	

H. Useful Resources

SYICB IMOC:

SYICB (2025) Amber G Guidance Tirzepatide (Mounjaro®) Kwikpen in adults 18 years and over with type 2 diabetes mellitus.

https://mot.southyorkshire.icb.nhs.uk/south-yorkshire/files/South%20Yorkshire%20Guideline%20Tirzepatide%20in%20Diabetes.pdf

NICE:

- NG246 Overweight and Obesity Management, https://www.nice.org.uk/guidance/ng246/chapter/Medicines-and-surgery#medicines-for-overweight-and-obesity.
- Technology Appraisal 1026 Tirzepatide for managing overweight and obesity. https://www.nice.org.uk/guidance/ta1026
- NICE tools and resources to support TA 1026:
    - Tirzepatide a discussion aid for healthcare professionals and patients
    - A practical guide to using medicines to manage overweight and obesity
    - Tools and resources | Tirzepatide for managing overweight and obesity | Guidance | NICE
- Technology Appraisal 924. Tirzepatide for treating type 2 diabetes. https://www.nice.org.uk/guidance/ta924/chapter/3-Committeediscussion
- NG28 Type 2 diabetes in adults: management. https://www.nice.org.uk/guidance/ng28/chapter/Recommendations.
- NG202 (2021) Obstructive sleep apnoea/hypopneoa syndrome and obesity hypoventilation syndrome in over 16s, https://www.nice.org.uk/guidance/ng202
- NG68 Eating disorders: recognition and treatment

https://www.nice.org.uk/guidance/ng69/chapter/Recommendations#identification-and-assessment

NHSE:

- NHS England Interim Commissioning Guidance. Implementation of the NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity. t 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.

MHRA:

- Medicines and Healthcare Regulatory Authority. Yellow card reporting site. Available online at Yellow Card | Making medicines and medical devices safer

Summary product characteristics:

- Summary of Product Characteristics: Tirzepatide (Mounjaro®) 2.5mg solution for injection. https://www.medicines.org.uk/emc/product/15481/smpc