Clinical Guidance & Prescribing Algorithm: GLP-1 Receptor Agonists & Tirzepatide in Adults

SEASIDE MEDICAL CENTRE PATHWAY
Last Updated: Jul 2026 | Ref: NICE NG28, TA875, TA924, TA1026, TA1152

PATHWAY 1**: OZEMPIC® (Subcutaneous Semaglutide)

T2 DM + CV/Renal/Glycaemic Benefit

PRIMARY INDICATIONS

- **Type 2 Diabetes Mellitus (NG28)**

PRESCRIBING CRITERIA

- **Adults with T2D and Atherosclerotic Cardiovascular Disease (ASCVD):**
  Offer dose up to 1 mg once a week as initial treatment with metformin and an SGLT-2 inhibitor.
- **Early-Onset Type 2 Diabetes or T2D with Obesity (BMI ≥30 kg/m²):**
  Consider as initial or further triple therapy options combined with diet and healthy living.
- **Ethnic Threshold Modifier:**
  Reduce BMI threshold by 2.5 kg/m² for South Asian, Chinese, Asian, Middle Eastern, Black African, or African-Caribbean backgrounds.
- **Dosing & Setting:** Titrate 4 weekly: 0.25mg, 0.5mg, **1mg**. **Continue:** Maintain glycemic control/CV protection benefit.

STOPPING RULES (🛑 CRITICAL)

- **Underweight Threshold:**
  Stop immediately if BMI falls below 18.5 kg/m².
- **Glycaemic Target Failure:**
  Stop if glycaemic targets not met (**unless** taken for established cardiovascular benefits).

PATHWAY 2: WEGOVY® (Semaglutide Weight/CV)

Weight loss alone

PRIMARY INDICATIONS

- **Chronic Weight Management (TA875/NG246)**
- **Cardiovascular Risk Reduction (TA1152)**

PRESCRIBING CRITERIA

- **Obesity Tier 3 Pathway:**
  BMI with weight-related comorbidity.
- **Cardiovascular Secondary Prevention (TA1152):**
  BMI ≥27 kg/m² AND established previous MI, stroke, or symptomatic PAD (regardless of diabetes status).
- **Dosing & Setting:** Titrate Up to maintenance **2.4mg** once a week. Continue indefinitely if secondary prevention.

STOPPING RULES (🛑 CRITICAL)

- **6-Month Review:**
  Consider stopping if <5% of initial body weight has been lost after 6 months of therapy.
- **Maximum Duration:**
  Strictly capped at a **maximum of 2 years** for standard obesity tier service pathways.

PATHWAY 3: MOUNJARO® (Tirzepatide Dual Agonist)

Weight loss/Glycaemic Benefit

PRIMARY INDICATIONS

- **Type 2 Diabetes Mellitus (TA924)**
- **Obesity & Weight Management (TA1026)**

PRESCRIBING CRITERIA

- **T2D Triple Therapy (TA924):**
  Prescribe if triple therapy with metformin and 2 other oral antidiabetics are ineffective, not tolerated, or contraindicated.
- **Obesity Criteria (TA1026):**
  BMI ≥35 kg/m² and specific weight-related problems, or BMI <35 kg/m² with significant occupational/comorbidity implications.
- Staged implementation is active
- **Dosing & Setting: Titrate 4 weekly, 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg up to 15mg maintenance.**

STOPPING RULES (🛑 CRITICAL)

- **T2D Stop Metric:**
  Stop if tirzepatide does not assist in reaching the individualised glycaemic target.
- **Obesity Stop Metric:**
  Review at 6 months; stop if less than 5% of initial body weight has been lost or BMI <18.5 kg/m².

CLINICAL PRACTICE REMINDERS & CONTRAINDICATIONS

- **** PATHWAY 1 – Patients can be considered for Rybelsus – Oral Semaglutide – Titrate every 4 weeks: OLD - 1.5 mg, 4 mg, 9 mg round - once daily, (taking more than 1 tablet to achieve the effect of a higher dose is not recommended). NEW: 3 mg, 7 mg, 14 mg oval tablet - equivalent to above doses of round.**

- **Comorbid Complexities:** If a patient fits multiple criteria (e.g., Type 2 Diabetes with ASCVD and severe obesity), compare the columns to co-produce a shared management plan based on patient preferences.
- **No Recommendation Areas:** Per NICE NG28 updates, there is currently NO formal standard GLP-1 recommendation for T2D with isolated Heart Failure, isolated Chronic Kidney Disease (CKD), or T2D without specific comorbidities.
- **Safety Reference:** Refer to the full Summary of Product Characteristics (SmPC), British National Formulary (BNF), and MHRA Drug Safety Updates for monitoring, warnings, and acute side-effect guidelines.
- **Prescribing Restrictions:** For patients with frailty or an eGFR below 30 ml/min/1.73 m^2, refer back to full NG28 text guidelines.
- **Above is subject to change as per our local guidance and NICE guidance. As new guidance is rolled out the document will be updated.**

Cohort access groups for implementation in primary care settings [2026]

Funding Variation Years*	Estimated Cohort Duration	Cohorts	Cohort Access Groups	
			Comorbidities	**BMI****
Year 1 (2025/26)	12 months	Cohort I	≥4 'qualifying' comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	≥ 40
Year 2 (2026/27)	months	Cohort II	≥4 'qualifying' comorbidities: hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	35 – 39.9
Year 3 (2027/28 and 2028/29)	15 months	Cohort III	3 'qualifying comorbidities: hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	≥ 40

** Use a lower BMI threshold (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.