

GLP-1 Initiation & Titration Protocol

Version 0.5 · For licensed prescribers · Educational template

Scope

Adult patients (18+) being considered for semaglutide or tirzepatide for chronic weight management or T2D adjunct, within the Peptiter pilot framework. This template is a clinical reference; final decisions remain the prescriber's.

Eligibility checklist

- BMI \geq 30, or \geq 27 with metabolic comorbidity
- No personal/family history of MTC or MEN2
- Not pregnant, breastfeeding, or planning pregnancy in next 12 months
- No prior pancreatitis
- No active malignancy
- Baseline labs reviewed (see Lab-Ordering Guide)
- Patient consent reviewed (see Consent Template)

Recommended titration — semaglutide

Week	Dose	Notes
1–4	0.25 mg weekly	Tolerability; baseline weekly check-in
5–8	0.5 mg weekly	Reassess GI AEs; hold escalation if persistent nausea
9–12	1.0 mg weekly	First weight-loss inflection expected
13–16	1.7 mg weekly	Optional pause if \geq 8% loss already achieved
17+	2.4 mg weekly	Maintenance dose for chronic weight management

PGx-aware modifiers

- **GLP1R rs6923761 G/G**: standard 0.25 mg start, slower titration; consider switching to dual agonist if $<$ 5% loss at week 16.
- **GLP1R A allele carrier**: may begin 0.5 mg with closer week-2 check.
- **CYP2D6 poor metabolizer**: review concurrent psychotropics before initiation.
- **MC4R loss-of-function**: consider referral to obesity-medicine specialist with setmelanotide access.

Stopping criteria

- Suspected pancreatitis (lipase $>$ 3 \times ULN with abdominal pain): hold and evaluate.
- Severe persistent GI AEs not relieved by dose hold.
- Pregnancy: discontinue immediately.

- < 5% body-weight loss at week 16 on maximum tolerated dose: reassess therapy.

This template is provided as educational material under the Peptiter pilot. It does not constitute medical advice and does not replace the prescribing information of any approved or compounded medication.