

M5.1 — Treatment Initiation Protocol

M5.1 Treatment Initiation Protocol — Weight-Loss Peptide Therapy

For: clinicians initiating a patient on weight-loss peptide therapy (semaglutide / tirzepatide / liraglutide / compounded preparations). **What this is:** the workflow that ties the 11 M5.1 supporting docs into a sequence. Not new clinical content — a map of when to use which document, in what order. **Use:** print this once. Then each subsequent patient initiation follows the same numbered steps.

At a glance — the protocol in one screen

Phase	When	Action	Doc to use
0 — Background prep	Before any patient	Watch M5.1 video lesson; skim Docs 9 + 10	Video + 9, 10
1 — Pre-visit screening	At appointment booking	Patient screening form for absolute contraindications	(intake form, separate)
2 — Initial consultation	Visit 1 (60 min)	History, exam, baseline labs ordered, education started	Docs 1, 6
3 — Lab review	Lab results back (~1–2 weeks later)	Review baseline labs; identify rate-limiters; confirm or adjust plan	Docs 1, 2
4 — Treatment decision	Visit 2 (30 min)	Phenotype-guided peptide selection; compounded vs branded decision; informed consent	Docs 2, 3, 6
5 — Prescription + education	At Rx	Education on what to expect, injection	Docs 4, 7, 8

Phase	When	Action	Doc to use
		technique, reconstitution if compounded	
6 — First 4-week titration	Week 0–4	Patient self-titration on lowest dose; clinician available for symptom calls	Doc 7
7 — Week 4 follow-up	Visit 3 (15–30 min)	Tolerance check, dose advancement decision	Doc 7
8 — Month 3 follow-up	Visit 4 (30 min)	Repeat select labs; weight trajectory check; refine plan	Doc 1
9 — Month 6 + Month 12	Visits 5, 6	Full lab recheck; body comp; long-term plan refinement	Doc 1
10 — CME documentation	Anytime after lesson	Knowledge check for personal CME	Doc 11

Step-by-step

Phase 0 — Background preparation (one-time, before first patient)

Goal: clinician is current on the evidence, the safety framework, and the operational requirements.

1. Watch the M5.1 video lesson (33 min).
2. Skim **Doc 9 (Trial Portfolio Cards)** to anchor the headline numbers in long-term memory.
3. Read **Doc 10 (5 Safety Fronts Deep Dive)** in full — this is your reference for every safety conversation.
4. If you'll be prescribing compounded preparations: complete a Doc 3 (Compounding Pharmacy Quality Audit) on at least one pharmacy. Vet before referring any patient.

Refresh: re-skim Docs 9 + 10 quarterly as the evidence evolves.

Phase 1 — Pre-visit screening (at appointment booking)

Goal: identify absolute contraindications before patient takes time off work for the visit.

The screening form / intake questionnaire should ask: - Personal or first-degree-relative history of medullary thyroid cancer (MTC)? - Personal or first-degree-relative history of MEN2 syndrome? - Personal history of acute pancreatitis? - Active pregnancy or pregnancy planned within next [N] months? - Active malignancy? - Severe gastroparesis or active GI disease? - Current use of incretin therapy (already on GLP-1 RA elsewhere)?

If any absolute contraindication is flagged, the visit either moves to a non-incretin discussion or is repurposed. This avoids the visit-then-deny scenario.

Phase 2 — Initial consultation (Visit 1, ~60 min)

Goal: complete history and exam; order baseline labs; begin patient education; consent if ready to proceed.

Clinical work: 1. Comprehensive history — weight trajectory, prior interventions, comorbidities, medications, family history, lifestyle. 2. Physical exam — body composition assessment if available (DEXA, BIA, or proxy measures). 3. Phenotype the patient using **Doc 2 (Phenotype → Peptide Decision Matrix)** — even tentatively. This guides which baseline labs to prioritize. 4. Order baseline labs using **Doc 1 (Baseline Labs Checklist)** as the order set. Cover all four categories: thyroid, sex hormones, metabolic, inflammation. Add phenotype-specific add-ons per Doc 1's optional add-on table. 5. Patient education begins — the M5.1 video can be assigned as homework before Visit 2.

Documentation: - Chart the contraindication screen - Chart the phenotype impression - Set up labs to result before Visit 2

Optional at this visit: if patient is decided and labs are unlikely to change the plan, you can proceed to informed consent now using **Doc 6 (Informed Consent Template)**, contingent on lab results.

Phase 3 — Lab review (when results return)

Goal: identify rate-limiters; confirm phenotype; revise plan if needed.

1. Review labs per Doc 1 thresholds. Flag anything outside reference range.
2. Hormone-axis flags (low free T, low IGF-1, suboptimal thyroid) → review **Doc 5 (Hormone-Optimization Peptide Reference Card)** to consider whether parallel hormone-axis support is indicated. The new B2 framing: peptide therapy can run *alongside* hormone optimization; it doesn't have to wait for hormone optimization to complete.
3. Metabolic flags (HbA1c, fasting insulin, lipid profile) → revisit Doc 2 phenotype matrix. The presence of T2D shifts which compounds are first-line and which carry FDA labeling for diabetes.
4. Inflammation flags (hs-CRP > 3) → consider addressing in parallel; doesn't block initiation.

If any lab finding fundamentally changes the plan, schedule a brief telehealth touchpoint with the patient before Visit 2.

Phase 4 — Treatment decision (Visit 2, ~30 min)

Goal: finalize the prescription decision with the patient. Informed consent signed.

1. Review the labs with the patient using plain language.
 2. Use **Doc 2 (Phenotype → Peptide Decision Matrix)** to walk through the options. The matrix lists first-line / reasonable / caution / avoid for each phenotype × peptide-class intersection.
 3. Compounded vs branded decision: weigh cost, access, insurance, supply, and operational considerations. If compounded, confirm pharmacy on file (Doc 3 already vetted).
 4. **Informed consent** using **Doc 6 (Informed Consent Template)**:
 - Walk through risks (5 fronts from Doc 10, especially pregnancy washout if relevant, MTC/MEN2 contraindication confirmation, pancreatitis history confirmation)
 - Discuss alternatives
 - Discuss monitoring plan and visit cadence
 - Patient signs; clinician signs; witness if state requires
 5. Submit Rx.
-

Phase 5 — Prescription + education (immediately after Visit 2 or at separate education visit)

Goal: patient leaves with the medication AND knows how to use it and what to expect.

Hand the patient these printables: 1. **Doc 7 (What to Expect on Semaglutide)** — sets realistic expectations for first 12 weeks. If on tirzepatide or other compound, adapt the timeline guidance accordingly. 2. **Doc 8 (Self-Injection Technique)** — walks them through pen or vial-and-syringe technique. 3. **Doc 4 (Reconstitution One-Pager)** — only if compounded; walks them through reconstitution.

In-office demonstration: - Demonstrate one injection with the patient observing. Have them describe each step back to you. - If compounded: walk through reconstitution at the desk. Patient observes, then patient does it once with you watching.

Sharps container: confirm patient has one or can pick one up at the pharmacy.

Communication plan: confirm patient knows how to reach you between visits and which symptoms warrant immediate contact (per Doc 7's call-us-if list).

Phase 6 — First 4 weeks (titration cadence)

Goal: patient tolerates the starting dose; first dose step-up is smooth.

Patient-facing (Doc 7 covers this): - Week 1: 0.25 mg (or equivalent starting dose). Mild GI side effects expected. - Weeks 2–4: continue at starting dose. Side effects should attenuate.

Clinician-facing: - Be available for symptom calls. Most common: GI symptoms. Doc 7 walks the patient through self-management. - If symptoms severe enough to prevent eating/drinking, advise dose hold or slow titration.

No clinic visit scheduled unless symptoms warrant. Patients on standard titration who feel fine don't need to come in.

Phase 7 — Week 4 follow-up (Visit 3, 15–30 min)

Goal: tolerance check; advance dose if appropriate.

1. Tolerance review — GI symptoms, fatigue, injection-site reactions, mood, vision, any of the safety-front warning signs from Doc 10.
2. Weight, vital signs.
3. Dose advancement decision per **Doc 7's titration ladder** (most patients advance to 0.5 mg at week 5).
4. Patient questions — reinforce Doc 7's call-us-vs-not-call-us guidance.

If tolerance is marginal, slow the titration. This is normal and not a treatment failure.

Phase 8 — Month 3 follow-up (Visit 4, ~30 min)

Goal: check trajectory; repeat select labs; refine plan.

1. Weight trajectory review — most patients at this point are at 1.0 mg semaglutide weekly, with 3–7% body weight loss.
 2. Lab recheck per **Doc 1's** reorder cadence: HbA1c, CMP, fasting insulin, hs-CRP. Thyroid only if flagged at baseline.
 3. Body composition if available — lean mass preservation check.
 4. Reinforce lifestyle pillars (protein ≥ 1.2 g/kg, resistance training, sleep). Per **Doc 7**.
 5. Plan dose advancement to next step (1.7 mg semaglutide week 13).
-

Phase 9 — Month 6 and Month 12 follow-ups

Goal: full lab recheck; body composition; long-term plan refinement.

At Month 6: - Full lab panel per Doc 1 — all four categories. - Body composition if not done at Month 3. - Patient should be at maintenance dose (2.4 mg semaglutide or maintenance tirzepatide) by now. - Begin the long-term planning conversation: stay on indefinitely, taper to a maintenance dose, or plan eventual discontinuation. Discuss STEP-1 extension data on regain (per Doc 7 patient education + Doc 11 question 11).

At Month 12: - Full lab recheck. - Body composition. - Year-1 review with the patient: what worked, what to adjust, plan for year 2. - Annual review of compounded-pharmacy quality (Doc 3) if compounded.

Phase 10 — CME documentation (anytime)

Goal: clinician earns CME credit for the lesson.

Complete **Doc 11 (M5.1 Knowledge Check)** — 15 questions, ~25–30 min. Passing threshold 12/15.

Edge cases — when to deviate from the protocol

Situation	Deviation
Pregnancy occurs on therapy	Discontinue immediately. Notify patient of washout timing (Doc 6 + Doc 10).
Severe GI symptoms preventing food/fluid intake	Pause titration; symptom management; restart at lower dose.
Sudden vision change	Same-day ophthalmology evaluation (per Doc 10 NAION section). Discontinue pending evaluation.
Severe upper-abdominal pain	Urgent evaluation for pancreatitis (per Doc 10). Discontinue pending evaluation.
Patient hits non-response (< 5% body weight loss at month 6 at maintenance dose)	Revisit Doc 2 phenotype assignment. Consider mechanism-class switch (single GLP-1 → dual incretin → triagonist). Confirm titration completion + adherence + lifestyle pillars first.
Patient on compounded preparation reports inconsistent effect	Re-audit pharmacy (Doc 3). Check storage/handling. Verify reconstitution technique (Doc 4).
New cancer diagnosis on therapy	Case-by-case clinical judgment; Doc 10 cancer section + Cancer Safety Matrix vault reference.

Documentation checklist (per patient, per visit)

Visit 1 (initial consultation): - ☐ Contraindication screen - ☐ Phenotype impression - ☐ Labs ordered per Doc 1 - ☐ M5.1 video assigned for patient homework

Visit 2 (treatment decision): - ☐ Labs reviewed with patient - ☐ Doc 2 phenotype matrix used to select compound - ☐ Doc 6 informed consent signed - ☐ Compounding pharmacy (if applicable) confirmed - ☐ Rx submitted

Visit 3 (week 4): - ☐ Tolerance reviewed - ☐ Dose advancement decision documented - ☐ Patient education reinforced (Doc 7 + Doc 8)

Visit 4 (month 3): - ☐ Lab recheck reviewed - ☐ Body composition (if available) - ☐ Trajectory check vs expected - ☐ Lifestyle reinforcement documented

Visit 5+ (month 6, 12, annual): - ☐ Full lab recheck - ☐ Body composition - ☐ Long-term plan discussion documented - ☐ CME documentation for clinician (Doc 11 once)

Cross-reference matrix

Doc	Used at	Read by
Video lesson M5.1	Phase 0	Clinician + assigned to patient
Doc 1 Baseline Labs	Phase 2, 3, 8, 9	Clinician (chart order set)
Doc 2 Phenotype Matrix	Phase 3, 4	Clinician
Doc 3 Compounding Audit	Phase 0, 9	Clinician (operational)
Doc 4 Reconstitution	Phase 5	Patient + clinician
Doc 5 Hormone-Optim Reference	Phase 3	Clinician
Doc 6 Informed Consent	Phase 4	Patient + clinician (signed)
Doc 7 What to Expect	Phase 5, 6, 7, 8	Patient
Doc 8 Injection Technique	Phase 5	Patient
Doc 9 Trial Portfolio	Phase 0, anytime reference	Clinician
Doc 10 Safety Deep Dive	Phase 0, anytime reference	Clinician
Doc 11 CME Knowledge Check	Phase 10	Clinician (one-time)