



Pharmacy Package - Pharmacy Sponsored Weight Loss Program

September 3, 2025

LCDR Taylor Morris, PharmD, BCACP, BC-ADM

Pawnee Indian Health Center

Pawnee, OK



Learning Objectives

By the end of this training, you will be able to:

- Identify required initial baseline labs
- Define the requirements of a “non-responder”



Weight Loss Agreement Form Full View

CLAREMORE INDIAN HOSPITAL

Patient name: _____ DOB: _____ Chart#: _____

Weight Loss Agreement

The purpose of this agreement is to inform the patient regarding the use of weight loss medications for the treatment of Obesity. A trial of weight loss therapy is being undertaken as part of an overall treatment in order to reduce weight and increase the patient's functional capacity and quality of life.

Risk of weight loss therapy includes, but is not limited to, side effects such as sustained increase in resting heart rate, inflammation of the pancreas, gallbladder problems including gallstones, low blood sugar, changes in vision in people with type 2 diabetes, nausea, diarrhea, vomiting, constipation, stomach pain, headache, tiredness, upset stomach, dizziness, bloating, belching, gas, heartburn, runny nose or sore throat. This class of drugs may increase the risk of thyroid nodules. A subset of the population (up to 15%) may not respond to weight loss medication. We will define this as the inability to lose 3% of body fat in 3 months. In this event, the medication will be discontinued or switched.

As a participant in the Weight Loss Clinic, I freely and voluntarily agree to and accept the terms of this treatment agreement as follows:

1. I agree that I will pick up my medications in person.
2. I will **not** receive replacement medications, which have been lost or stolen.
3. I agree that if I am not reducing my weight by 3% every 3 months, the medication will be discontinued.
4. If it appears to the provider that there are no demonstrable benefits to my daily function or quality of life from the weight loss medication, I will gradually taper off my medication as directed by my provider.
5. I agree to submit to laboratory screening and waist circumference measurements as directed by the weight loss provider.
6. I recognize that obesity represents a complex problem, which may benefit from physical therapy, lifestyle changes, and behavioral medicine strategies.
7. I agree to be present at my appointments with Behavioral Health, Dietitian, and Pharmacy.
8. I agree participate in other alternative treatments as part of my weight reduction therapy as recommended by my healthcare team.
9. I agree to keep an activity log updated with my weekly physical activities.
10. I agree to schedule and keep all follow-up appointments regarding weight loss at regular intervals.
11. I agree that if I miss 1 appointment regarding weight loss, **without prior contact with my provider**, I will be discharged from the clinic and the medication will be discontinued.
12. I agree to take part in the whole program. I understand that I will need to incorporate a healthier diet and include physical activity. If I do not fully participate, my weight loss medicine **will** be reduced, changed, or stopped.

BY SIGNING BELOW, I INDICATE THAT I UNDERSTAND AND AGREE TO ALL THE TERMS OF THE ABOVE AGREEMENT.

Patient (or Guardian) Signature

Date

Provider Signature

Date

CLA-192 A



Patient Agreement (1)

- I agree that I will pick up my medications in person.
- I will **not** receive replacement medications, which have been lost or stolen.
- I agree that if I am not reducing my weight by 3% every 3 months, the medication will be discontinued.
- If it appears to the provider that there are no demonstrable benefits to my daily function or quality of life from the weight loss medication, I will gradually taper off my medication as directed by my provider.
- I agree to submit to laboratory screening and waist circumference measurements as directed by the weight loss provider.
- I recognize that obesity represents a complex problem, which may benefit from physical therapy, lifestyle changes, and behavioral medicine strategies.



Patient Agreement (2)

- I agree to be present at my appointments with Behavioral Health,
- I agree participate in other alternative treatments as part of my weight reduction therapy as recommended by my healthcare team.
- I agree to keep an activity log updated with my weekly physical activities.
- I agree to schedule and keep all follow-up appointments regarding weight loss at regular intervals.
- I agree that if I miss 1 appointment regarding weight loss, **without** prior contact with my provider, I will be discharged from the clinic and the medication will be discontinued.
- I agree to take part in the whole program. I understand that I will need to incorporate a healthier diet and include physical activity. If I do not fully participate, my weight loss medicine **will** be reduced, changed, or stopped.



Purpose and Risks

- The purpose of this agreement is to inform the patient regarding the use of weight loss medications for the treatment of Obesity. A trial of weight loss therapy is being undertaken as part of an overall treatment in order to reduce weight and increase the patient's functional capacity and quality of life.
- Risk of weight loss therapy includes, but is not limited to, side effects such as sustained increase in resting heart rate, inflammation of the pancreas, gallbladder problems including gallstones, low blood sugar, changes in vision in people with type 2 diabetes, nausea, diarrhea, vomiting, constipation, stomach pain, headache, tiredness, upset stomach, dizziness, bloating, belching, gas, heartburn, runny nose or sore throat. This class of drugs **may** increase the risk of thyroid tumors. A subset of the population (up to 15%) may not respond to weight loss medication. We will define this as the inability to lose 3% of body fat in 3 months. In this event, the medication will be discontinued.



Patient Responsiveness

- The purpose of this agreement is to inform the patient regarding the use of weight loss medications for the treatment of Obesity. A trial of weight loss therapy is being undertaken as part of an overall treatment in order to reduce weight and increase the patient's functional capacity and quality of life.
- Risk of weight loss therapy includes, but is not limited to, side effects such as sustained increase in resting heart rate, inflammation of the pancreas, gallbladder problems including gallstones, low blood sugar, changes in vision in people with type 2 diabetes, nausea, diarrhea, vomiting, constipation, stomach pain, headache, tiredness, upset stomach, dizziness, bloating, belching, gas, heartburn, runny nose or sore throat. This class of drugs **may** increase the risk of thyroid tumors. **A subset of the population (up to 15%) may not respond to weight loss medication. We will define this as the inability to lose 3% of body fat in 3 months. In this event, the medication will be discontinued.**



Weight Loss Clinic Inclusion Criteria

- Established care with a primary care provider
- Initial BMI > 50 and must be willing to create a plan to improve diet and exercise
- Negative pregnancy test
 - Females of child bearing age
- Eye Exam prior to treatment
 - Within 2 months
- Medication reconciliation to identify medications associated with weight gain
 - Clinical evaluation documented in the chart regarding the ability (or inability) to safely discontinue or change the medication



Weight Loss Clinic Exclusion Criteria

- Pregnancy
 - Current or future planning
- Breastfeeding
- Type 1 diabetes
- Age 17 years and younger
- Contraindication or hypersensitivity to Semaglutide or Tirzepatide
- Severe GI dysmotility
- History of pancreatitis (with unknown etiology)
- Concurrent use of another weight loss medication



Weight Loss Clinic Initial Visit Requirements

- Medication Nutrition Therapy provided to the patient from a Registered Dietitian (RD)
- Customized lifestyle modification handout provided to the patient from a RD or Pharmacy
- Activity log provided to the patient
- Baseline Weight
- Baseline Waist Circumference
- Baseline labs completed
 - CMP, CBC, Lipid profile, A1c, Lipase, TSH, Free T4, Microalbumin/Creatine, UDS



Weight Loss Clinic Monitoring Requirements

- Appointment with a Pharmacist every 2-4 weeks
- Monthly checks:
 - Weight, Waist Circumference, Body Fat %, Skeletal Fat %
- Labs (every 4-12 weeks)
- Eye Exam (yearly)
- Routine nutrition and lifestyle meetings with a Registered Dietitian
 - As determined by RD team



Weight Loss Clinic Discontinuation of Treatment

- After reaching the maximum tolerable dose
 - Patient must have at least 3% weight loss every 3 months
- Inability to tolerate the minimum maintenance dose of the medication
- Non-responders
- Hypersensitivity
- Non-compliance



Weight Loss Clinic Medications

- Semaglutide (Wegovy)
- Tirzepatide (Zepbound)
- Tirzepatide (Mounjaro)





Weight Loss Clinic Template (1)

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MEDICAL RECORD                                     Progress Notes
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NOTE DATED: 06/27/2024 09:33
LOCAL TITLE: PHARMACY WEIGHT LOSS CLINIC
STANDARD TITLE: PHARMACY CLINICAL NOTE
VISIT: 06/27/2024 09:14 CHART REVIEW
CLA-T-466                PHARMACY WEIGHT LOSS CLINIC
-----
                        CLAREMORE INDIAN HEALTH HOSPITAL
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Patient Name: DEMO,PATIENT EIGHT                Visit Date: 06/27/24 09:14
Date of Birth: AUG 8,1988                        Chart Number: 99-99-98
Identity confirmed by: name, date of birth
-----

35 year old MALE patient here for an INITIAL Weight Loss Clinic visit.
BMI 16.98 (Jul 10, 2019)
-----
                        SUBJECTIVE
-----

Primary Provider:
CHIEF COMPLAINT: Weight Loss

Fast Medical History
Chronic Problems:
1)Chronic obstructive lung disease -
2)Hyperlipidemia -
3)Diabetes mellitus type 2 -
4)Adjustment disorder -
5)Atrial fibrillation -
6)Smoker - Cessation in October 2016
7)Anticoagulant drug monitoring -
8)Diabetes mellitus -
9)Adult idiopathic generalized osteoporosis -
  -QUALIFIERS:
    Severity Moderate to severe
10)Essential hypertension -
11)March fracture, Right -
12)Asthma -
13)Tobacco user -
14)Microcytic anemia -
15)Neck pain -
16)Primary fibromyalgia syndrome -
17)Depressive disorder -
18)Asthma-chronic obstructive pulmonary disease overlap syndrome -
19)Mixed hyperlipidemia -
20)Obesity - Goal weight 200 lbs

Diet:
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
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                        ** THIS NOTE CONTINUED ON NEXT PAGE **
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DEMO,PATIENT EIGHT                CLAREMORE IHS                Printed:06/27/2024 09:36
999998 DOB:08/08/1988            Pt Loc: OUTPATIENT                Vice SF 509
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Weight Loss Clinic Template (2)

MEDICAL RECORD		Progress Notes
06/27/2024 09:33 ** CONTINUED FROM PREVIOUS PAGE **		
Physical Activity: **WORDS WORDS WORDS** **WORDS WORDS WORDS** **WORDS WORDS WORDS**		
Tobacco history: **WORDS WORDS WORDS** **WORDS WORDS WORDS** **WORDS WORDS WORDS**		
Alcohol history: **WORDS WORDS WORDS** **WORDS WORDS WORDS** **WORDS WORDS WORDS**		
MEDICATION RECONCILIATION: Current Meds: Active Outpatient Medications (including Supplies):		
Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
1) ADALIMUMAB-BMWD 40MG/0.4ML AUTOINJECTOR Qty: 2 for 30 days Sig: INJECT 40 MG BY MOUTH EVERY 2 WEEKS	ACTIVE* Refills: 0	Issu:03-20-24 Expr:03-20-25
2) ALBUTEROL 3MG/IPRATROPIUM 0.5MG/3ML NEB Qty: 360 for 30 days Sig: INHALE 1 AMPULE BY MOUTH FOUR TIMES A DAY PER NEBULIZER FOR BREATHING	ACTIVE Refills: 0	Issu:03-11-24 Last:03-11-24 Expr:03-11-25
3) AMIODARONE 200MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY WITH FOOD (MAY INCREASE SENSITIVITY TO SUN)	ACTIVE* Refills: 0	Issu:01-12-24 Expr:01-12-25
4) DEKCOM G7 GLUCOSE SRNSOR Qty: 3 for 30 days Sig: USE 1 SENSOR TO AFFECTED AREA AS DIRECTED FOR GLUCOSE MONITORING	ACTIVE* Refills: 11	Issu:04-11-24 Expr:04-11-25
5) FLUTICASONE 50MCG/SPRAY NASAL Qty: 16 for 30 days Sig: PFT 1 SPRAY IN EACH NOSTRIL DAILY FOR ALLERGIES	ACTIVE Refills: 0	Issu:06-13-24 Last:06-13-24 Expr:07-13-24
6) LANSOPRAZOLE 30MG CAP Qty: 180 for 90 days Sig: TAKE TWO (2) CAPSULES BY MOUTH EVERY MORNING FOR STOMACH	ACTIVE Refills: 3	Issu:05-20-24 Last:05-20-24 Expr:05-20-25
7) NEBULIZER Qty: 1 for 30 days Sig: USE 1 UNIT USE AS DIRECTED WITH PRESCRIBED	ACTIVE Refills: 0	Issu:06-12-24 Last:06-12-24
** THIS NOTE CONTINUED ON NEXT PAGE **		
DEMO, PATIENT EIGHT 999998 DOB:08/08/1988	CLAREMORE IMS Pt Loc: OUTPATIENT	Printed:06/27/2024 09:36 Vice SF 509



Weight Loss Clinic Template (3)

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MEDICAL RECORD                                     Progress Notes
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06/27/2024 09:33      ** CONTINUED FROM PREVIOUS PAGE **

      NEBULIZER SOLUTION                               Expr:07-12-24
8)  NEBULIZER (PEDS) Qty: 1 for 30 days      ACTIVE      Issu:06-12-24
    Sig: USE 1 UNIT USE AS DIRECTED WITH      Refills: 0    Last:06-12-24
    PRESCRIBED NEBULIZER SOLUTION           Expr:07-12-24
9)  NITROGLYCERIN 2% OINT Qty: 180 for 30    ACTIVE*     Issu:02-02-24
    days Sig: APPLY TWO INCH TO AFFECTED     Refills: 11
    AREA EVERY 8 HOURS TO PREVENT CHEST     Expr:02-02-25
    PAIN (REMOVE AT BEDTIME)
10) OUTSIDE PRESCRIPTION TAB Qty: 10 for 28  ACTIVE      Issu:10-24-23
    days Sig: TAKE KYMRIAH BY MOUTH AS      Refills: 0    Last:10-24-23
    DIRECTED                                Expr:10-24-24
11) PANCRELIPASE (CREON) DELAYED RELEASE     ACTIVE*     Issu:10-17-23
    (6L) CAP Qty: 90 for 30 days Sig:       Refills: 0
    TAKE 1 CAPSULE BY MOUTH THREE TIMES A   Expr:10-17-24
    DAY WITH MEALS
12) PHYTONADIONE 5MG TAB Qty: 1 for 1 days  ACTIVE*     Issu:03-20-24
    Sig: TAKE ONE (1) TABLET BY MOUTH     Refills: 0
    ONCE                                     Expr:03-20-25
13) TETRACAINE 0.5% OPHTH SOLN UD Qty: 15    ACTIVE*     Issu:01-04-24
    for 1 days Sig: PLACE DROP(S) IN       Refills: 0
    AFFECTED EYE(S) AS DIRECTED            Expr:01-04-25

      Active Medications                               Refills      Start Date
-----
1)  ACARBOSE 50MG TAB Sig: 75MG BY MOUTH     ACTIVE
    THREE TIMES A DAY
2)  ACETAMINOPHEN 325MG TAB Sig: 325MG BY    ACTIVE
    MOUTH AT BEDTIME
3)  SEMAGLUTIDE 1MG/0.75ML INJ,SOLN,PEN,3ML  ACTIVE
    Sig: 1 MG UNDER THE SKIN WEEKLY

(*) behind the status of the medication indicates pharmacy may be contacted
about available fills of this medication

16 Total Medications

Other Prescription/OTC/Herbal medication use:
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
Medications reviewed for potential effect on weight.

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OBJECTIVE
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Vitals:
BP:142/94 (Mar 10, 2023@13:42)
Pulse: 93 (Mar 10, 2023@13:42)
Height: 72.00 in [182.88 cm] (Jun 08, 2020@14:17)
      ** THIS NOTE CONTINUED ON NEXT PAGE **
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DDMM, PATIENT EIGHT      CLAREMOCK INS      Printed:06/27/2024 09:36
999998 DOB:08/08/1988    Ft Loc: OUTPATIENT      Vice SF 509
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Weight Loss Clinic Template (4)

MEDICAL RECORD	Progress Notes	
06/27/2024 09:33 ** CONTINUED FROM PREVIOUS PAGE **		
Previous Weights:		
WT 115	JUL 10, 2019	
WT 115	JUL 10, 2019	
WT 190	JUN 25, 2019	
BMI 16.98 (Jul 10, 2019)		
WC: 56.00 in [142.24 cm] (Mar 27, 2024@13:41)		
54.00 in [137.16 cm] (Apr 14, 2006@15:25:36)		
Body Fat Percentage: 123456t		
Skeletal Muscle Percentage: 123456t		
Allergies: SULFA DRUGS, PREDNISOONE, KEFLEX, ALBUTEROL		
LABORATORY DATA:		
Last COMPREHENSIVE METABOLIC PANEL:		
GLUCOSE	91 JUN 20, 2024@15:18:14	
UREA NITROGEN	20 NOV 28, 2022@16:10:58	
BUN/CREA	24.0 MAR 25, 2021@13:14:29	
SODIUM	152 NOV 28, 2022@16:10:58	
POTASSIUM	4.0 NOV 28, 2022@16:10:58	
CHLORIDE	117 NOV 28, 2022@16:10:58	
CO2	20 NOV 28, 2022@16:10:58	
ANION GAP	8.0 NOV 28, 2022@16:10:58	
CALCIUM	10.0 NOV 28, 2022@16:10:58	
PROTEIN, TOTAL	8.1 MAR 25, 2021@13:14:29	
ALBUMIN	3.2 MAR 25, 2021@13:14:29	
A/G RATIO	1.0 MAR 25, 2021@13:14:29	
ALKALINE PHOSPHATASE	76 MAR 25, 2021@13:14:29	
AST	77 FEB 26, 2022@11:30:01	
ALT	25 FEB 26, 2022@11:30:01	
TOTAL BILIRUBIN	0.2 MAR 25, 2021@13:14:29	
CREATININE (CRE2)	0.25 NOV 28, 2022@16:10:58	
GFR CCKD-EPI	187.99 NOV 28, 2022@16:10:58	
Last HAlC-eAG:		
HEMA1C	5.6 APR 22, 2022@16:27	
ESTIMATED AVERAGE GL	51 APR 08, 2022@12:00:27	
Last MAlB/CREAT RATIO ClH:		
_MICROALBUMIN, RANDO	11.0 OCT 03, 2023@10:38:30	
CREATININE, URINE RA	164.97 OCT 03, 2023@10:38:30	
_MICRO/CREAT RATIO	6.70 OCT 03, 2023@10:38:30	
Last B12/POLATE:		
VITAMIN B12 R4500900 -Not Done-		
** THIS NOTE CONTINUED ON NEXT PAGE **		
DEMO, PATIENT HEIGHT	CLAREMORE IHS	Printed:06/27/2024 09:36
999998 DOB:08/08/1988	Pt Loc: OUTPATIENT	Vice SF 509



Weight Loss Clinic Template (5)

MEDICAL RECORD	Progress Notes	
06/27/2024 09:33 ** CONTINUED FROM PREVIOUS PAGE **		
POLIC ACID R4500950 -Not Done-		
Last TSH	2.406 SEP 01, 2023@15:08:25	
Last 1 LIPID PROFILE:		
CHOLESTEROL	200 FEB 28, 2024	
TRIGLYCERIDE	150 FEB 28, 2024	
DIRECT LDL	100 FEB 28, 2024	
CHOL/MDL	23.0 FEB 28, 2024	
Immunizations Due: HPV,NOS (past due) COV,NOS (due)		
----- ASSESSMENT/PLAN -----		
PURPOSE OF VISIT		
1)Obesity - Goal weight 200 lbs (S)		
*** Weight Loss Goals ***		
Goal Weight:123456		
Current Weight:115 pounds		
At goal: No		
WORDS WORDS WORDS		
WORDS WORDS WORDS		
WORDS WORDS WORDS		
Dietary and Physical activity summary:		
WORDS WORDS WORDS		
WORDS WORDS WORDS		
WORDS WORDS WORDS		
Active Patient Goals, including steps and notes.		
Only showing goals of type: PHYSICAL ACTIVITY.		

Goal 1) test		
Goal Type: PHYSICAL ACTIVITY		
Start: 07/27/2018 Follow Up: 08/03/2018 Status: Active		
Reason: test		
Goal 2) test		
Goal Type: PHYSICAL ACTIVITY		
Start: 07/27/2018 Follow Up: 08/01/2018 Status: Active		
Reason: test		
Goal 3) Weight Training		
** THIS NOTE CONTINUED ON NEXT PAGE **		

DRMO, PATIENT RIGHT	CLAREMORE IHS	Printed:06/27/2024 09:36
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Weight Loss Clinic Template (6)

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----- MEDICAL RECORD Progress Notes -----
06/27/2024 09:33 ** CONTINUED FROM PREVIOUS PAGE **

Goal Type: PHYSICAL ACTIVITY
Start: 06/17/2024 Follow Up: 06/25/2024 Status: Active
Reason: Resistance Band training
Notes: 06/17/2024 Use 3 times per week
Step 1) Start: 06/17/2024 Follow Up: 06/26/2024 Status: Active
      What is step????
      2) Start: 06/17/2024 Follow Up: 06/28/2024 Status: Active
      another one?

*** Blood Glucose Evaluation ***
Goal: Alc < 7%
Controlled: No
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**

*** Blood Pressure Evaluation ***
Goal: SBP < 130, DBP < 80
Controlled: No
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**

*** General Lipid Evaluation ***
Goal:
LDL < 70 mg/dL
Tchol < 200 mg/dL
TGL < 150 mg/dL
Controlled: No
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**
**WORDS WORDS WORDS**

*** Medication Evaluation ***
Medications identified for potential weight gain:
Return to clinic in 4 weeks
Labs for next visit: bsp, tsh
Future Appt: None Found

IMMUNIZATION PLAN: patient referred to Health Promotion Clinic

PATIENT APPEARS TO HAVE A FAIR LEVEL OF UNDERSTANDING
[Time in:1000, Time out:1030]

** THIS NOTE CONTINUED ON NEXT PAGE **
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DEMO, PATIENT EIGHT CLAREMORE IHS Printed: 06/27/2024 09:36
999998 DOB: 08/08/1988 Pt Loc: OUTPATIENT Vice SP 509
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Weight Loss Clinic Template (7)

MEDICAL RECORD	Progress Notes
06/27/2024 09:33 ** CONTINUED FROM PREVIOUS PAGE **	
Signed by: /es/ Taylor Morris, PharmD, BCACP Pharmacy Clinical Coordinator 06/27/2024 09:36	
DEMO, PATIENT EIGHT 999998 DOB:08/08/1988	CLAREMORE IHS Pt Loc: OUTPATIENT
Printed:06/27/2024 09:36 Vice SP 509	



Weight Loss Clinic

- Weight Loss Guidelines (local)
- Weight Loss Clinic Checklist
- Weight Loss Agreement



Weight Loss Clinic Outcomes

- Average Weight Loss
 - 43.6 pounds (high = 99.1 pounds)
- Average Percent Weight Loss
 - 12.01% (high = 23.26%)
- Average Waist Circumference Loss
 - 6.23 inches (high = 20.3 inches)
- Average Percent Waist Circumference Loss
 - 17%



Resources

- RPMS Training Webpage: <https://www.ihs.gov/rpms/training/>
- RPMS Recording and Material Library: <https://www.ihs.gov/rpms/training/recording-and-material-library/>
- Email the RPMS Training Team: RPMSTraining@ihs.gov
- Enter a training request: <https://ihsitsupport.servicenowservices.com/sp>



Questions & Discussion