

What the same weight-management medicine costs at 45 UK pharmacies

A price survey of injectable tirzepatide across every UK pharmacy we could check, at all six strengths, on one day. The gap between the cheapest and dearest is **£229 a month** — and the cheapest place to start is not the cheapest place to finish.

MedsLens Price Report · August 2026 · Data collected 30 August 2026 · Open data under CC BY 4.0 · medslens.co.uk

£229

Largest monthly gap between the cheapest and dearest pharmacy, at 15mg

£300

Extra cost over six months of choosing on the starting price alone

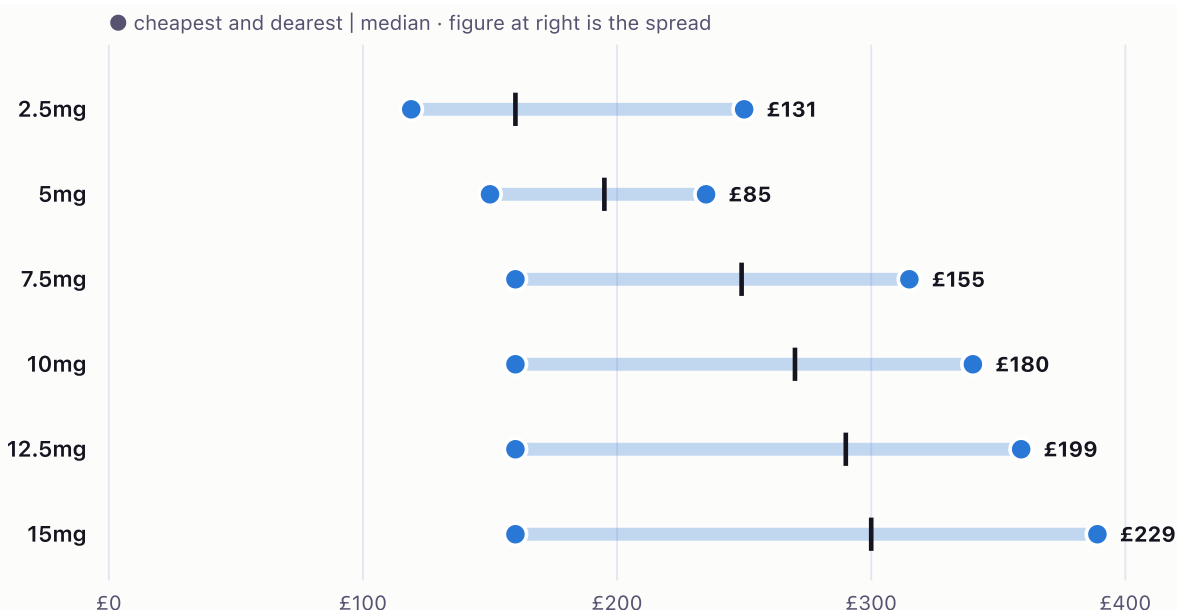
143%

How much more the dearest pharmacy charges than the cheapest, at 15mg

1. The same medicine, 143% apart

On 30 August 2026 we recorded prices for injectable tirzepatide at 45 UK pharmacies. At every strength the price a patient pays depends substantially on which pharmacy they happen to use. At 15mg the range ran from £159.99 to £389.00 across 22 pharmacies — a difference of **£229.01 a month** for the identical product.

The spread widens as the dose rises. At 2.5mg it is £130.99; by 15mg it is £229.01. Patients on higher maintenance doses — the ones who have been treated longest — face the widest variation.



Price range at each strength. Dots mark the cheapest and dearest pharmacy, the vertical rule marks the median, and the figure at right is the spread. Only strengths stocked by at least five pharmacies are shown.

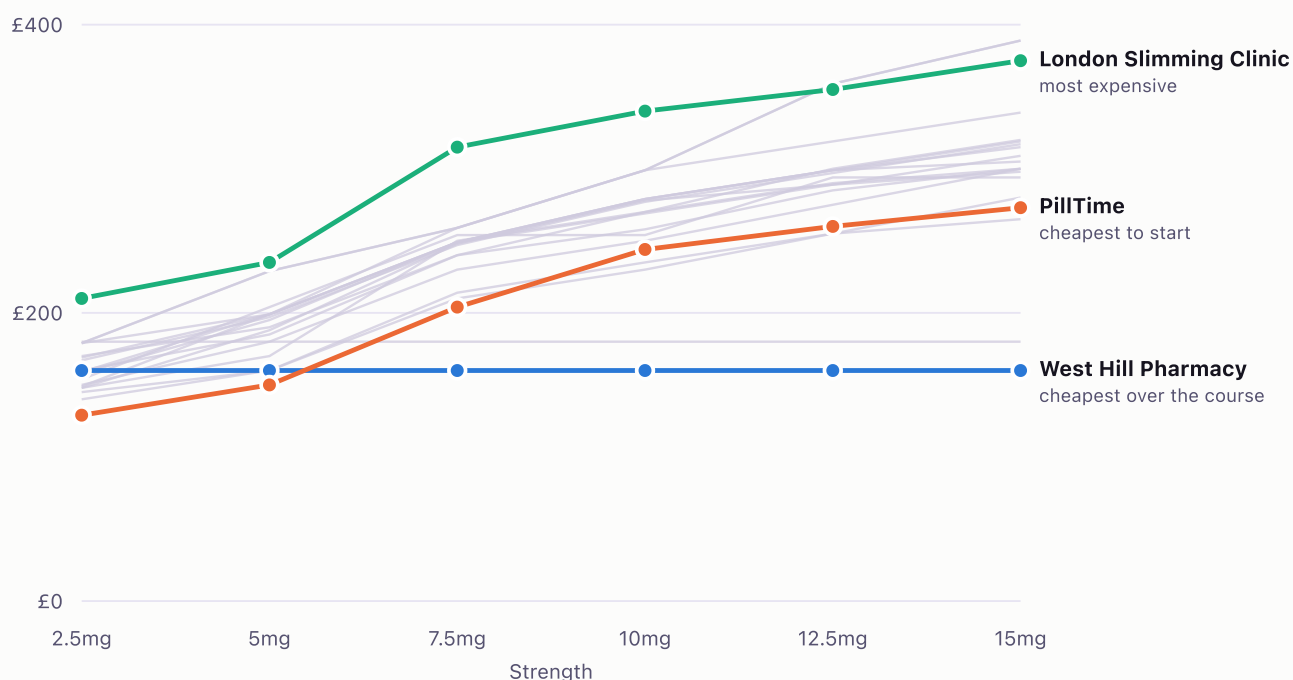
STRENGTH	PHARMACIES	CHEAPEST	MEDIAN	DEAREST	SPREAD	SPREAD %
2.5mg	30	£119.00	£159.99	£249.99	£130.99	110%
5mg	20	£149.99	£194.99	£235.00	£85.01	57%
7.5mg	20	£159.99	£248.99	£315.00	£155.01	97%
10mg	20	£159.99	£269.99	£340.00	£180.01	113%
12.5mg	21	£159.99	£289.99	£359.00	£199.01	124%
15mg	22	£159.99	£299.99	£389.00	£229.01	143%

2. The cheapest place to start is not the cheapest place to finish

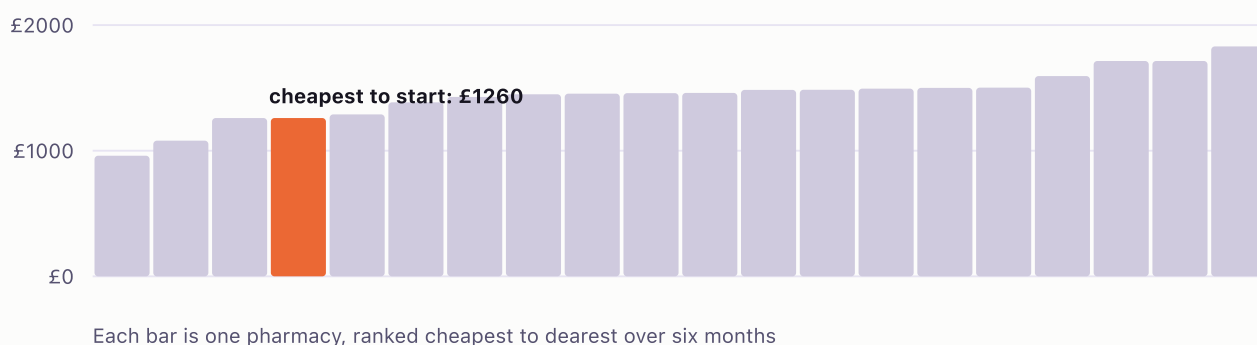
Most pharmacies raise their price as the dose rises, but not all: 2 of the 20 that price the whole ladder charge the *same amount at every strength*. That is enough to make the lines cross. A flat-rate pharmacy looks unremarkable at the starting dose and is then materially cheaper from the middle of the ladder onwards, while a pharmacy offering a low introductory price can be among the dearest by the maintenance dose.

Flat pricing is uncommon rather than a market norm — 2 of 20 here — but its effect on a full course is large, and it is invisible in any comparison that shows only the starting price.

The practical consequence is measurable. PillTime has the lowest starting price at £129.00, but a six-month course there costs £1,260. The cheapest six-month course is £960 at West Hill Pharmacy. **Choosing on the advertised starting price costs £300 over six months.**



Monthly price at each strength, one line per pharmacy. Three are named; the remaining 17 are drawn in grey for context. Flat lines are pharmacies charging one price at every strength.



Total cost of a six-month course at each pharmacy, ranked. The pharmacy with the lowest starting price is marked; it is not the cheapest overall.

3. Why the spread exists

These are list prices published by pharmacies on their own websites. They are not negotiated rates and they are not the NHS price — the NHS pays a confidential discounted rate, and official prescription cost statistics exclude private prescriptions entirely, which is why this part of the market is largely unmeasured.

Three structural features explain most of the variation. Pharmacies buy at different wholesale terms. Some treat the medicine as a loss-leader at the starting dose to win a patient who will then buy at higher doses for months. And the flat-rate model used by 2 of these pharmacies is a bet in the opposite direction — unremarkable at the start, materially cheaper later.

4. Method

Prices are collected automatically from pharmacies' own public product pages. Each page is rendered in a real browser; prices are read from structured data where a pharmacy publishes it, from stored CSS selectors otherwise, and from a language model only where neither works. Every extracted value is validated before storage — a price recorded at a strength the medicine is not sold in is discarded rather than kept.

Only prices confirmed within the last 30 days are included. A price that has not been re-checked within a month no longer describes a market where list prices moved by up to 170% in a single step during 2025. A strength appears only where at least five pharmacies stock it. The median is the middle observation; pharmacies are not weighted by size, because private dispensing volumes are not published.

Two populations appear in this report and they are different sizes. The spread tables count every pharmacy with a fresh price at that strength, which is why 30 appear at 2.5mg. The course figures count only the 20 pharmacies that price every strength on the path, since a course cost cannot be computed from a partial ladder.

Six-month course costs use the MHRA-approved escalation schedule and count only pharmacies that price every strength on the path. 13 pharmacies were excluded for pricing only part of it: a partial total would rank as cheapest simply by omitting the expensive steps.

What this report does not claim

It contains no trend over time. An honest price index requires the same pharmacies observed at both ends of a window, and only three currently qualify against a minimum of ten. A figure built from whichever pharmacies happened to be tracked would measure our own coverage, not the market.

It covers injectable pens only. One pen is one month at one strength, so two pharmacies' figures are comparable. Tablet prices are not: pack size is recorded on fewer than half our rows, so a lower headline price may simply be fewer tablets.

Headline prices exclude needles, sharps bins, delivery, consultation fees and charges for a medical review at a dose change. Pharmacies treat these very differently, and we do not yet capture them consistently enough to publish.

It does not distinguish a first-order price from the repeat price. Introductory discounts are widespread, so some of the lowest figures here will not be what the same patient pays in month three. This is the single largest gap in the dataset and the priority for the next edition.

5. Using this data

The figures in this report and the dataset behind it are published under CC BY 4.0. Reproduce, chart or reanalyse them, including commercially, with attribution to MedsLens and a link.

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The accompanying CSV gives one row per pharmacy, medicine and strength with the date each price was last confirmed, so every figure above can be recomputed independently.

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