Guidance for the phased introduction of new medical therapies for weight management: A joint position statement by the Society for Endocrinology and Obesity Management Collaborative UK*

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**Endorsed by All About Obesity (AAO), the Association for the Study of Obesity (ASO) and British Obesity & Metabolic Surgery Society (BOMSS)*

Background

Over the last few years, the demand for medical therapies for the management of obesity has increased, relying on NHS services to implement these changes. Currently, three medications are licenced in the UK and approved by the National Institute for Health and Care Excellence (NICE) for weight loss: Orlistat, Saxenda® (Liraglutide) and Wegovy® (Semaglutide).

Saxenda® and Wegovy® both belong to a class of drugs called GLP-1 analogues, which are also used in the treatment of type 2 diabetes (T2DM). Currently, both Saxenda® and Wegovy® can only be prescribed within secondary care Tier 3/4 services, which also deliver bariatric surgery.

As of writing, equitable access to these proven treatments for weight loss has been difficult to establish in the NHS for the following reasons:

1. Only 44% of NHS trusts provide obesity services at Tier 3 level.[1]
2. Increased referral rates, driven in part by demand for GLP-1 analogues, to the few Tier 3+ specialist weight management centres which do exist has led to increased waiting times and increased workload for an already overstretched workforce.
3. Increased global demand for GLP-1 analogues outpacing increases in manufacturing capacity, exacerbated by widespread cross-prescribing of GLP-1 analogues indicated for diabetes has led to shortages which threaten the health of people with T2DM.

4. In June 2023, a National Patient Safety Alert was published indicating that no new prescriptions should be initiated for weight loss or for patients with T2DM.
5. Anecdotally, many patients have been unable to obtain the medication and have resorted to purchasing privately, through the black market or from abroad.

At a recent Society for Endocrinology annual conference, delegates expressed the need for guidance during phasing in of Wegovy® and future medical therapies to help clinicians prioritise based on clinical need.

This position statement is aimed at healthcare professionals working within weight management services, organisations delivering medical therapies for patients living with obesity, and commissioners of such services. Its objectives are to:

- Ease the impact of rolling out GLP-1 analogues and future drugs for obesity on NHS resources.
- Offer some suggestions on the prioritisation of patients most in need of weight loss for specific medical reasons.

The table below presents a suggested method of introducing these medications, given the challenges described above. These suggestions are based on similar approaches taken by bariatric surgery providers during the COVID-19 pandemic.[2] It is not to be viewed as prescriptive implementation instructions, and it remains the prerogative of regional health providers to make implementation decisions with consideration of the needs of their population and available resources. It is intended that this guidance will be revised according to emerging evidence and will be deprecated when NHS services are in a position to deliver these treatments to the populations identified in current and any future revisions to applicable NICE guidance.

General considerations

- Wegovy® is only one of several treatments available for weight loss; for many patients bariatric surgery will remain the 'gold standard' weight loss intervention.
- Our suggestions may not be comprehensive, and it is expected that the local bariatric multidisciplinary team (MDT) will use discretion when providing advice to individual patients. Examples of this may include patients who have had their supply of Saxenda® disrupted during a 2-year course of treatment, or those with rare hypothalamic lesions.
- It is anticipated that the involvement of the bariatric MDT will be central to decisions regarding prescription of Wegovy® for patients with mental health disorders or those with a learning disability (or similar), in order that risk/benefit can be considered and further support provided as appropriate.
- People with T2DM may be eligible for alternative GLP-1 and GLP-1/GIP analogue-based therapy, which can be considered prior to Wegovy®.
- People with T2DM within 5 years of diagnosis and on less than two glucose-lowering drugs may be considered for referral to the NHS Diabetes Path to Remission Programme.

- Referrals to specialist weight management services providing Wegovy® can come via multiple sources, including from both primary and secondary care.
- Consideration should be given to discontinuing Wegovy® if <5% of initial weight has been lost despite 6 months of treatment.
- All patients covered by the rollout phases defined below must meet the NICE criteria for use of Wegovy® as an option for weight management in adults, including:
    a) Use alongside a reduced-calorie diet and increased physical activity
    b) At least 1 weight-related co-morbidity
    c) A BMI of >35 kg/m^2, or BMI 30.0 to 34.9 kg/m^2 and meeting the NICE criteria for referral to specialist weight management services (N.B. the BMI thresholds applied may be 2.5 kg/m^2 lower for some patients, depending on ethnicity)

Patient cohort	Eligibility
Phase 1	Precancerous or cancerous conditions in which weight loss would improve outcomes or aid access to therapies Patients requiring urgent weight loss for organ transplant Idiopathic intracranial hypertension (IIH) requiring frequent lumbar punctures and/or with visual compromise Patients undergoing planned time-sensitive surgery (including bariatric surgery) for life-limiting conditions, where high BMI is the primary barrier to surgery and weight loss would be beneficial Weight loss required for assisted conception in women under the care of a fertility service, in cases where weight loss would be beneficial** Severe obstructive sleep apnoea (OSA), obesity hypoventilation syndrome (OHS) and/or severe asthma Proven genetic cause of obesity and not eligible for Setmelanotide (Imcivree®)
Phase 2	Living with obesity and 3 or more weight-related co-morbidities, including: • Chronic kidney disease (stages 3 or 4) • Hypertension • IIH • Metabolic dysfunction-associated steatohepatitis (MASH) • Moderate OSA • PCOS • Pre-diabetes or T2DM • Pre-existing cardiovascular disease[3] • Restricted mobility affecting quality of life

Phase 3	Living with obesity and 2 weight-related co-morbidities, including: • Chronic kidney disease (stages 3 or 4) • Dyslipidaemia • Hidradenitis suppurativa or psoriasis • Hypertension • IIH • Metabolic dysfunction-associated steatotic liver disease (MASLD) • Mild OSA • Osteoarthritis • PCOS • Pre-diabetes or T2DM • Pre-existing cardiovascular disease[3] • Restricted mobility affecting quality of life
Phase 4	All other eligible patients as defined in NICE TA 875

**Contraception is required while taking Wegovy® ahead of planned assisted conception

References

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Acknowledgements

"The British Psychological Society (BPS) members are in support of ensuring easy and equitable access to pharmacotherapy for individuals living with obesity. However, it is noted that this statement does not currently include consideration of the psychological needs of the patient group. The BPS will be publishing an additional statement to highlight and recommend further essential considerations for the introduction and continued use of pharmacotherapy to manage obesity."