



Weight Management Medication Pathway:

Addendum for the All Wales Weight Management Pathway

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Purpose and Summary of Document:

This is the Weight Management Medication Pathway addendum for the All Wales Weight Management Pathway. This guidance is to be used in conjunction with the All Wales Weight Management Pathway document and NICE guidance for weight management medications.



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1. Weight Loss Medication

Weight management medication options approved for the management of overweight obesity have expanded over time alongside increased availability and demand.

The All Wales Weight Management Pathway (AWWMP)¹ sets out evidence based service standards for weight management services in Wales. Weight management medication may be indicated, for some patients as an adjunct to evidence based, quality assured, behavioural weight management interventions. This addendum to the pathway has been produced in response to NICE approval of new medications for weight management. This document should be read in conjunction with the All Wales Weight Management Pathway document and relevant NICE guidance for medication^{2,3}.

Only licensed medications should be used as part of the weight management pathway. Semaglutide and liraglutide both have several preparations available, but Wegovy and Saxenda are respectively the only semaglutide and liraglutide preparations licensed in the UK at present as an adjunct to a reduced-calorie diet and increased physical activity for weight management. Other preparations of semaglutide (e.g. Ozempic) and liraglutide (e.g. Victoza) are not currently licensed for weight management and should not routinely be used for this indication.

¹[Adult All Wales Weight Management Pathway 2021](#)

²Liraglutide for managing overweight and obesity.

NICE Guidance Technology appraisal guidance [TA664] Published: 09 December 2020 [NICE Guidance: Liraglutide for managing overweight and obesity](#)

³Semaglutide for managing overweight and obesity.

NICE Guidance Technology appraisal guidance [TA875] Published: 08 March 2023, updated: 04 September 2023 [Nice Guidance: Semaglutide for managing overweight and obesity](#)



2. Referrals for weight management medication

There is recognition that there is public awareness of these drugs, and that media coverage may have created unrealistic expectations of their use and may not accurately portray potential side effects. It is likely that clinicians will see increasing requests for weight loss medication from patients.

Those undertaking assessment and referral to weight management services should follow the All Wales Weight Management Pathway. Referrals should be for weight management services. Access to medication is not, on its own, grounds for referral to weight management services.

Medication should be used as per guidance, in combination with behavioural interventions, and should not be used as a first line intervention.

Indications for considering weight management medication pathways should follow NICE guidance^{2,3}. This includes provision in accordance with commercial arrangements and licensing.

2.1 Self-referrals

Individuals who self-refer to weight management services should be assessed following the initial assessment outlined in the current weight management pathway (Section 6 AWWMP¹).

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2.2 Healthcare professional referrals

Professional referrals should follow the current weight management pathway (Section 6 AWWMP¹). Discussions about weight management medication should manage expectations in terms of the weight management medication pathway, commitments to lifestyle changes, and contraindications and side effects.

It should be made clear to patients requesting weight management medication that any referral is for a weight management pathway assessment and that weight management medication will only be prescribed within a specialist service, where clinically indicated and only in combination with a behavioural (lifestyle) intervention that includes a reduced-calorie diet and increased physical activity.

If prescribed, the medication will be reviewed and can be stopped as appropriate. Referrals should document information communicated to patients.



3. Weight Management Assessment

A specialist multi-disciplinary team (MDT) must be in place for all weight management medication services in line with NICE guidance.

Following initial assessment in line with the All Wales Weight Management Pathway where individuals are assessed as requiring level three services it will be the responsibility of the level 3 MDT to assess the suitability of weight management medication. This includes those medications where NICE guidance requires Tier 3 / Level 3 or higher services (e.g. liraglutide).

Where NICE states that a weight management medication is not limited to Tiers 3 and 4/ Level 3 and 4 of the pathway (e.g. semaglutide), health boards may choose to establish a route for MDT assessment for those accessing level 2 services who have been identified as potential recipients of weight management medication.

Assessments for weight management medication should be conducted by a member of the MDT with a sign off process which encompasses all members of the core MDT for weight management medication and wider members of the MDT as appropriate (Section 6 AWWMP¹).

Core MDT membership for weight management medication must include:

- A dietitian
- A clinical or applied psychologist
- A physician

¹[Adult All Wales Weight Management Pathway 2021](#)



3. Weight Management Assessment

3.1 Health boards

Health boards should ensure that appropriate arrangements are in place to support prescribing of weight management medications in line with NICE guidance and the Weight Management Pathway.

This should include information collection systems to support clinical audit and reporting via the Weight Management Pathway Minimum Data Set.

3.1.1 Weight management medication intervention

It is expected that patients will agree to and engage with a behavioural intervention in advance of, and in parallel with any medication prescription for the full duration of the intervention and maintenance.

The behavioural component of the intervention should be established prior to prescribing. Behavioural measures need to include a reduced-calorie diet and increased physical activity. Individuals being considered for weight management medication need to be motivated and committed to the behavioural intervention component of the pathway and should have undertaken a minimum of 12 weeks in a Level 2 or higher active intervention before prescribing is considered.

Prescribing should follow NICE guidance^{2,3}. When prescribing is commenced it should be clearly outlined that medication can be stopped at any time e.g. if less than 5% of the initial weight has been lost after 6 months of treatment, or if there is poor engagement with either the behavioural component of the medication pathway or failure to attend review.

3.1.2 Review and monitoring

Initial reviews should take place at 3 and 6 months to confirm progress and that continued prescribing is appropriate. Reviews should follow NICE recommendations on when to consider stopping medication e.g. if medication-specific weight loss targets have not been met within a timeframe. A specialist MDT member should undertake the initial review at 3 months, and when prescribing is stopped.

Review and weight measurement should take place at 6, 12, 18 and 24 months in accordance with the MDS with an appropriately trained member of the specialist weight management service MDT. A member of the team should check progress in between reviews at 3 months to confirm that continued prescribing is appropriate.

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3. Weight Management Assessment

3.2 Weight management medication – planning for when prescribing stops

Active planning and maintenance support is required for when medication prescribing is halted, to support individuals and maximise the benefit of medication. Weight management plans should be updated at each quarterly review.

A plan summarising outcomes achieved, next steps and plans for maintenance should be agreed for a period of 24 months post intervention following pathway recommendations (Section 6 AWWMP¹).

Data should be collected in accordance with the MDS.

3.2.1 Post medication maintenance

The weight management medication active intervention (care package of behavioural and medication) should be followed by current pathway recommendations for maintenance (Section 6 AWWMP¹). Follow up support should be provided during an agreed weight loss maintenance phase. Weight measurement should take place at the 6 months post

active intervention review in accordance with the MDS. Follow up support should include progress updates towards stated wellbeing goals. Discharge plans at the end of the weight loss continuation/ maintenance phase should highlight follow up in primary care for two years (Section 6 AWWMP¹).

3.2.2 Further prescribing

Prescribing must follow NICE recommendations for the length of time for medication treatment. Requests for additional assessment for ongoing prescribing after an initial successful period on the medication e.g. up to the maximum prescribing of 24 months or for suitability for Level 4 assessments should be assessed at follow up maintenance appointments.

Requests for assessment after an initial unsuccessful trial of weight management medication must be referred for full Level 3 specialist MDT review which will include a review of previous challenges alongside the current picture for the individual.

¹[Adult All Wales Weight Management Pathway 2021](#)



4. Medication Supply Considerations

Prescribing should follow NICE recommendations which includes limiting use to where the company provides it in accordance with the commercial arrangement between the manufacturer and NHS Wales.

Wales procedures for prescribing within commercial access agreements should be followed where these are specified within NICE recommendations.

Unless arrangements are in place with the manufacturer which maintain the commercial access agreement price for health boards, primary care prescriptions (WP10s) or hospital prescriptions for dispensing in the community (WP10HPs) should not be used for supplies of semaglutide (Wegovy). At the time of writing NHS supplies of semaglutide (Wegovy) are available only through hospital pharmacy departments.

Weight management services should engage with their hospital pharmacy department at an early stage to determine the appropriate arrangements for supply in their health board area.

Where there are limited supplies and / or capacity, prescribing should be prioritised based on clinical risk and benefits.

⁴MRHA Yellow Card reporting site: [Welcome to the Yellow Card reporting site](#)

⁵[Apple App Store: Yellow Card app link](#)

⁶[Google Play Store: Yellow Card app link](#)

4.1 Adverse drug reactions

Adverse reactions to medication must be recorded consistently and anonymised data should be available for national audit.

Semaglutide (Wegovy) is a new medicine and is designated as a black triangle (▼) medicine by the Medicines and Healthcare products Regulatory Agency (MHRA). This means you should report all suspected adverse drug reactions (ADRs) for semaglutide (Wegovy) to the MHRA's yellow card scheme⁴. Liraglutide (Saxenda) is an established medicine and only serious ADRs need to be reported.

The online form on the MHRA's yellow card scheme website can be used for reporting. Alternatively, the Yellow Card App can be downloaded from the Apple App Store⁵ or Google Play Store⁶ and used for reporting.



Resources

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