

Eligibility for a GLP-1 weight-management medicine depends on more than a number on the scales. Your body mass index (BMI), any weight-related conditions, your medical history and the prescribing route all matter. So does the difference between a medicine being approved for use in the UK and being available through the NHS.

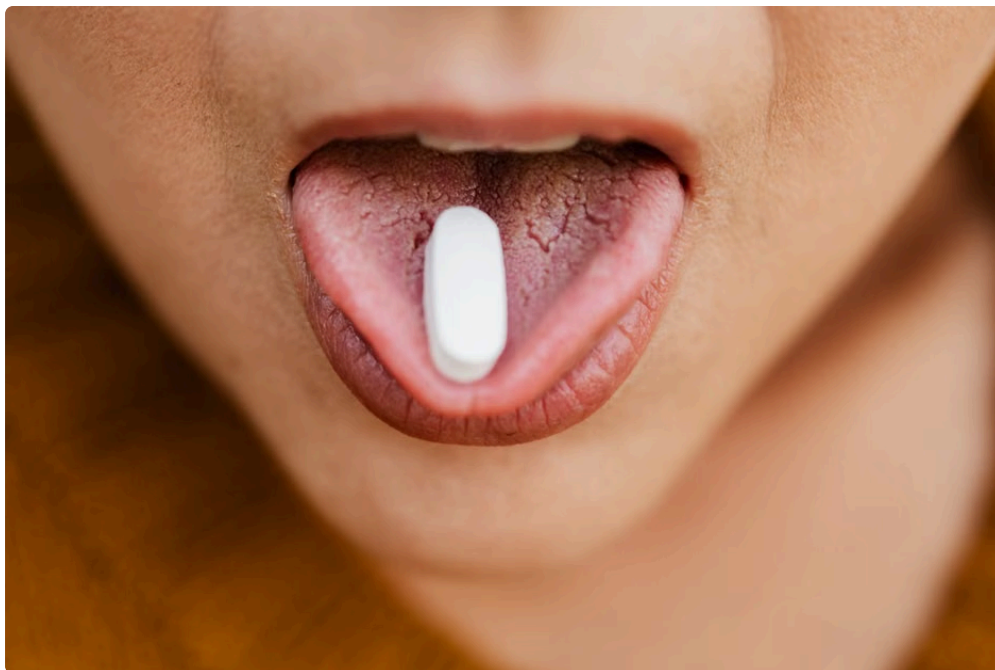


GLP-1 medicines can support weight loss for some people, but they are not suitable for everyone and they do not replace ongoing care. A clinician needs to assess whether treatment is appropriate, discuss possible benefits and risks, and plan follow-up. This guide explains the main BMI thresholds, what a clinical assessment may involve, and what to know about oral options.

First, what are GLP-1 medicines?

GLP-1 stands for glucagon-like peptide-1, a hormone that helps regulate blood sugar and influences appetite. GLP-1 medicines act on receptors for this hormone, helping some people feel full sooner and stay full longer. They can also slow the movement of food out of the stomach.

These effects can make it easier for some people to eat less, but responses vary. Weight is influenced by many factors, including biology, health conditions, medicines, sleep, stress and access to food—not simply willpower.



Semaglutide, sold as Wegovy for weight management, is a GLP-1 medicine. Tirzepatide, sold as Mounjaro, acts on both GLP-1 and GIP receptors; it is related but is not a GLP-1-only medicine. Both are prescription treatments, and both require a clinician to consider suitability and monitoring.

What does UK approval mean?

The Medicines and Healthcare products Regulatory Agency (MHRA) assesses medicines for quality, safety and effectiveness. An MHRA authorization allows a medicine to be prescribed in the UK for particular uses and according to its product information. That is different from a decision about whether the NHS will fund it for a particular group of patients.

For example, a medicine may have a UK-authorized weight-management indication while NHS access is limited to people meeting specific criteria and using particular services. Private prescribing is also subject to the medicine's authorization, prescribing standards and a proper clinical assessment. A private service should not imply that everyone who meets a BMI threshold will automatically receive a prescription.

Common BMI thresholds for weight-management treatment

BMI is a screening measure calculated from weight and height; it does not directly measure body fat or overall health. UK product information and NHS guidance use BMI thresholds, but thresholds differ by medicine, route and individual circumstances.

Route or context Typical criteria to discuss What to keep in mind Private prescribing for an authorized weight-management medicine Often BMI of 30 or higher, or BMI of 27 or higher with at least one weight-related condition The prescriber must confirm that the product's criteria apply and that treatment is suitable for you. NHS semaglutide (Wegovy) NICE guidance generally places treatment within a specialist weight-management service, usually for adults with BMI of at least 35 and at least one weight-related condition; a lower BMI range may be considered in some circumstances. NHS availability is subject to service access and local pathways. Treatment is time-limited under the guidance, usually for up to two years. NHS tirzepatide (Mounjaro) NICE guidance uses BMI and weight-related conditions, with NHS access being introduced in phases. Who can start and when depends on the rollout and local arrangements; ask your GP or local NHS service for current criteria.

These are broad guideposts, not a personal eligibility decision. NICE recommendations can be updated, and NHS implementation may vary by service and rollout stage. Check current advice with your GP, specialist service or prescribing clinician before making plans.

Why do some people have lower BMI cutoffs?

Some ethnic groups can experience weight-related health risks at a lower BMI. Clinical guidance may therefore use lower BMI thresholds for people from certain backgrounds. The precise adjustment depends on the pathway and medicine, so mention your ethnicity during the assessment rather than trying to calculate eligibility from a general online chart.

What counts as a weight-related condition?

A weight-related condition is a health problem that may be linked to excess weight and can affect the balance of benefits and risks when considering treatment. Examples used in clinical guidance can include type 2 diabetes, high blood pressure, abnormal blood fats, obstructive sleep apnea, cardiovascular disease and osteoarthritis. The list is not identical in every pathway, and a clinician will decide which conditions are relevant.

Your health history matters even if you do not have a listed condition. A clinician may ask about medicines, previous weight-management approaches, eating patterns, mental health, pregnancy plans and past or current digestive problems. This information helps determine whether a medicine is appropriate and how treatment could be monitored.

What happens in a private pharmacy clinical assessment?

A clinical assessment is a structured review by a qualified health professional to decide whether a treatment is safe and appropriate for an individual. A reputable private pharmacy service should do more than collect mindsetfit.co.uk your height and weight or ask you to complete a short online form.

The assessment may include:

- Your height, weight and BMI, and sometimes your waist measurement.
- Relevant diagnoses, symptoms, family history and current medicines.
- Questions about past weight-management treatment and what support you have tried or would find useful.
- Checks for reasons the medicine may not be suitable, including pregnancy or plans to become pregnant.
- A discussion of expected effects, side effects, alternatives and follow-up.

Depending on your circumstances, the pharmacist or prescriber may ask for more information, arrange measurements or recommend contacting your GP. They may decide not to prescribe. That is part of safe care, not a judgment about you.

Questions to ask a private provider

- Who will assess me, and are they qualified and registered to prescribe?
- Will the assessment cover my medical history and current medicines?
- How will you check in with me after treatment starts or the dose changes?
- What should I do if I have significant side effects?
- What is included in the cost, and what is separate clinical care versus a commercial service?

Be cautious of providers promising a prescription without a meaningful assessment, presenting treatment as a guaranteed result, or encouraging you to hide relevant health information. A prescription should follow a clinical decision, not a sales target.

Food noise, satiety and the mental load of eating

“Food noise” is an informal term for frequent, intrusive thoughts about food or eating. It is not a formal diagnosis, but people may use it to describe how much attention and effort food can occupy in daily life.

Because GLP-1 medicines can affect appetite and fullness signals, some people report that food feels less prominent or that they feel satisfied with smaller amounts. This response is not guaranteed, and people’s experiences differ. Medicines also do not address every reason someone eats or thinks about food; support for stress, sleep, emotional wellbeing or eating difficulties may still matter.

Weight loss is not a test of discipline. Hunger and fullness are shaped by biology, the environment and health, and people can face different barriers to support. A respectful assessment should focus on your health and goals, without blame or assumptions about motivation.

Can you get an oral GLP-1 for weight loss in the UK?

Some people prefer a tablet to an injection because it may feel more convenient or fit more easily into their routine. However, oral semaglutide sold as Rybelsus is authorized for type 2 diabetes, not as an oral weight-management medicine. It should not be treated as an interchangeable tablet version of Wegovy, and it should not be prescribed solely for weight loss outside an appropriate clinical decision.

In the UK, the commonly prescribed GLP-1 option specifically authorized for weight management is an injection. Oral medicines and their approved uses can change as evidence and regulatory decisions develop, so check the current MHRA product information and ask a prescriber about options that are actually authorized for your situation.

Do not buy tablets or injections from unverified websites or social media sellers. Products may be counterfeit, incorrectly stored or supplied without the checks needed to prescribe safely.

How to find out whether you may qualify

1. **Check the pathway you are asking about.** NHS and private criteria are not the same, and NHS access may depend on local services and rollout stages.
2. **Work out your BMI as a starting point.** Treat it as a screening measure, not a complete picture of your health.
3. **Make a list of health conditions and medicines.** Include previous diagnoses, relevant symptoms and any treatment you are already using.
4. **Speak with your GP or a regulated prescriber.** Ask whether your BMI and health history fit the current criteria and what other support is available.
5. **Discuss follow-up before starting.** Agree how progress, side effects and ongoing suitability will be reviewed.

When is GLP-1 treatment not the right choice?

A clinician may advise against treatment, or pause a decision, if there is a safety concern, if the medicine is not authorized for the intended use, or if another approach is more appropriate. Pregnancy and breastfeeding require

particular care; weight-management medicines are not intended for use during pregnancy. Tell the prescriber if you are pregnant, breastfeeding, trying to conceive or planning a pregnancy, and follow the specific product guidance.

Side effects can include nausea, vomiting, diarrhea or constipation, particularly as the dose changes. Severe or persistent symptoms need medical advice. Your prescriber should explain what to expect, how to get help and whether your other medicines need review.

The bottom line

You may be eligible for a GLP-1 weight-management medicine if your BMI meets the relevant threshold and your health history fits the product's criteria—but only a proper clinical assessment can decide whether it is suitable for you. NHS availability has additional NICE and service criteria; private prescribing still requires a qualified clinician to assess safety and follow-up.

Ask specifically about BMI thresholds, weight-related conditions, the assessment process and the monitoring plan. The aim is not simply to obtain a medicine, but to find a safe, evidence-based approach that fits your health and circumstances.