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**Medical Directors
Directors of Nursing
Directors of Pharmacy
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10 October 2024

Dear colleagues

NATIONAL CONSENSUS STATEMENT ON THE USE OF GLP-1/GIP RAS FOR THE TREATMENT OF OBESITY IN THE NHS IN SCOTLAND.

We are writing to share with you the [national consensus statement on the use of GLP-1/GIP RAs](#) which sets out the recommended phased introduction of these new obesity medicines to Health Boards in Scotland. The medicines in scope are:

- liraglutide (Saxenda[®]) - [accepted for restricted use in NHS Scotland by the Scottish Medicines Consortium \(SMC\) in May 2022](#)
- semaglutide (Wegovy[®]) [accepted for restricted use in NHS Scotland by the SMC in October 2023](#)
- tirzepatide (Mounjaro[®]) [accepted for restricted use in NHS Scotland by the SMC in June 2024](#)

Following the SMC's advice on the restricted use of these medicines in the NHS in Scotland, a national short life working group was established to support and guide boards on the safe, equitable and effective treatment of adults with obesity who are eligible for these medicines. The national short life working group was made up of pharmacists, academics, dietitians, GPs, consultants and other key stakeholders from Health Boards across Scotland. The group spent six months exploring implementation to date in other nations, understanding the concerns and barriers to adoption, assessing the evidence on who would benefit most and then agreeing on a suggested phased approach to introducing these medicines in the NHS in Scotland

In May 2024, the national short life working group finalised the national consensus statement which was sent to all Health Boards via the Area Drugs and Therapeutic Committee Collaborative (ADTCC). The national consensus statement was intended to inform local formulary related actions by Area Drugs and Therapeutic Committees. The statement is accessible online here: <https://www.publications.scot.nhs.uk/files/dccconsensus-statement.pdf>

The national consensus statement recommends that Health Boards adopt a phased introduction to making these medicines available for weight management, initially for adults living with severe obesity and related cardiometabolic conditions. As part of the phased introduction, the national consensus statement sets an initial eligibility threshold of body mass index (BMI) $\geq 38\text{kg/m}^2$ in the presence of at least one obesity-related health condition. By initially implementing a higher threshold, this will support Health Boards to embed appropriate care pathways and facilitate a gradual and more manageable progression towards the SMC criteria.



Obesity is a public health priority for the Scottish Government. The SMC has appraised the clinical and cost effectiveness of each of these medicines for population use in Scotland and found them to offer value for money to the NHS in Scotland.

We would therefore encourage Health Boards to utilise the national consensus statement when considering the local implementation of the SMC advice for liraglutide (Saxenda[®]), semaglutide (Wegovy[®]), and tirzepatide (Mounjaro[®]).

Yours sincerely,



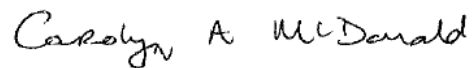
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