Private pharmacies in the UK do not decide eligibility from a photograph, a single number on a scale, or a short online quiz alone. A responsible service combines body mass index (BMI) criteria with a clinical assessment, a health history review, and a plan for follow-up. The prescriber must decide whether a particular medicine is appropriate for the person in front of them—not simply whether they meet a marketing threshold.

GLP-1 medicines can support weight management for some people, but they are not a test of character or willpower. Appetite, fullness, metabolism, health conditions, medicines, sleep, stress, and many other factors can affect weight. Understanding how a pharmacy assesses eligibility helps people ask better questions and avoid services that promise treatment without adequate checks.

What are GLP-1 medicines?

GLP-1 is a gut hormone that helps regulate blood sugar and appetite by signaling to the brain and digestive system after eating. GLP-1 medicines mimic some of this hormone's effects; depending on the medicine, they can increase feelings of fullness, reduce appetite, slow stomach emptying, and help regulate blood glucose.

Some people describe persistent thoughts about food as "food noise." This informal term means repeated or intrusive thoughts about eating, hunger, or food choices; it is not a diagnosis, and experiences vary. For some patients, changes in appetite signaling may reduce the mental effort involved in managing food, but results are not guaranteed and treatment does not replace individualized support.

These medicines are prescription-only. Examples used in UK weight-management care include semaglutide and tirzepatide, but products, approved indications, and eligibility rules can change. A medicine used for diabetes is not automatically approved or suitable for weight management at the same dose or under the same conditions.

Who sets the rules: the MHRA, the prescriber, or the pharmacy?

The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK regulator that assesses medicines for quality, safety, and effectiveness and authorizes their use for specified indications. Its approval sets the medicine's licensed use, including relevant age groups, dosing, and product information. It does not mean every person can receive the medicine, nor does it assess an individual patient.

A prescriber—usually a doctor or appropriately qualified independent prescriber—must assess the individual. In a private pharmacy service, the pharmacy may arrange the consultation, supply the medicine, and provide follow-up, but the clinical decision must be made by a qualified prescriber. The pharmacy's professional and regulatory responsibilities also matter: patients can check whether a pharmacy is registered with the General Pharmaceutical Council (GPhC).

MHRA authorization is different from National Institute for Health and Care Excellence (NICE) guidance. NICE recommendations help guide NHS use and access; they do not, by themselves, define whether a private prescription is lawful or clinically suitable. Private services should explain which product and indication they offer, what eligibility rules they apply, and what monitoring is included.

How BMI criteria are used

BMI is a screening measure calculated from weight and height; it does not directly measure body fat or capture a person's full health picture. It can help a prescriber apply the licensed criteria for a medicine, but it is only one part of a clinical assessment.

For some weight-management medicines, UK product information commonly includes an adult BMI of 30 or above, or a BMI of 27 or above alongside at least one weight-related health condition. Conditions may include high blood pressure, abnormal blood lipids, obstructive sleep apnea, cardiovascular disease, or type 2 diabetes, depending on the product's current license. Exact criteria differ by medicine and may be updated, so the prescriber should check the current product information rather than relying on a generic online chart.

A BMI threshold is not a guarantee of eligibility. A person who meets it may still need a different treatment because of their medical history, current medicines, pregnancy plans, or another safety concern. Conversely, a person below a medicine's licensed threshold may not be eligible for that particular prescription even if they would like support with weight management.

What happens in a private pharmacy clinical assessment?

A proper assessment gathers enough information to decide whether treatment is suitable and how it can be used safely. The exact format varies: a consultation may be in person, by video, or through a structured remote service. A short form can collect information, but it should not replace appropriate clinical review when answers raise questions.

1. Confirming identity, age, height, and weight

The service may ask for recent height and weight measurements and calculate BMI. It may request measurements taken in a pharmacy, by a clinician, or by the patient, with the method depending on the service and its risk controls. If the reported measurements conflict with the clinical picture, the prescriber may ask for confirmation rather than proceeding on an uncertain figure.

2. Taking a health history review

A health history review is a structured check of past and current health conditions, treatments, and risks that could affect whether a medicine is appropriate. The prescriber may ask about diabetes, digestive conditions, pancreatitis, gallbladder problems, kidney or liver concerns, cardiovascular health, mental health, eating difficulties, and previous weight-management treatment. Which conditions matter most depends on the medicine and the individual circumstances.

The prescriber should also ask about pregnancy, breastfeeding, and plans to become pregnant. These medicines are generally not used during pregnancy, and product guidance specifies when treatment should be stopped before a planned pregnancy. Anyone who is pregnant, trying to conceive, or breastfeeding should discuss this with a qualified clinician before starting or continuing treatment.

3. Checking current medicines and allergies

Some medicines can affect blood glucose, appetite, digestion, or the safety of combining treatments. The assessment should include prescription medicines, over-the-counter products, supplements, allergies, and any other weight-loss medicines. People with diabetes may need particular care because changing glucose levels or adjusting other diabetes medicines can require clinical supervision.

4. Discussing goals, suitability, and practical support

The prescriber should ask what the person hopes treatment will help with and explain realistic benefits, limits, and alternatives. Weight management is not just willpower: biology, environment, health, and life circumstances all

influence appetite and weight. A respectful service avoids blame and does not present medication as a shortcut or a cure.

The conversation should cover how the medicine is taken, expected dose increases, common side effects, warning signs that need urgent care, and how to contact the clinical team. The plan may also include nutrition, movement, sleep, and behavioral support suited to the person's needs—not a one-size-fits-all prescription.

What monitoring should follow a prescription?

Prescribing is not the end of the process. A safe service sets out how and when it will review progress, side effects, dose changes, and any new health concerns. It should also explain what to do if a dose is missed, the medicine is not tolerated, or treatment needs to stop. Follow-up arrangements vary, but patients should know mounjaro uk who is responsible for them and how to reach that person.

Common side effects can include nausea, vomiting, diarrhea, constipation, or abdominal discomfort, especially during dose increases. Severe or persistent symptoms need medical advice. The product information also describes less common but serious risks; a prescriber should explain relevant warning signs rather than leaving patients to discover them after treatment starts.

Assessment area What the service may check Why it matters BMI criteria Height, weight, BMI, and any qualifying weight-related condition Helps determine whether the person meets the medicine's licensed criteria Health history review Current and past conditions, pregnancy plans, and relevant symptoms Identifies risks or reasons to consider another approach Medication review Prescriptions, nonprescription medicines, supplements, and allergies Can reveal interactions or a need for coordinated care Follow-up plan Review timing, dose changes, side-effect support, and contact route Supports safer ongoing use rather than a one-off supply

What about oral GLP-1 access and convenience?

"Oral GLP-1" means a GLP-1 medicine taken by mouth rather than by injection. Oral treatment may appeal to people who prefer tablets or want to avoid injections, but availability and approved use depend on the specific product, its current MHRA authorization, and its indication. A tablet used for type 2 diabetes should not be assumed to be licensed or suitable for weight management.

Ask the pharmacy to name the exact product and explain whether it is authorized in the UK for the purpose being discussed. The prescriber should also cover how it must be taken; some oral medicines have specific instructions about timing, food, or drink. Convenience does not remove the need for eligibility checks, safe prescribing, or follow-up. If a service advertises an oral option, verify the product and its regulatory status rather than relying on the phrase "oral GLP-1."

Questions to ask a private pharmacy

- Which exact medicine and indication are you prescribing, and is it currently authorized by the MHRA for that use?
- Who conducts the clinical assessment, and what professional qualifications do they hold?
- How will you confirm my BMI criteria and review my health history and medicines?
- What follow-up is included, and who should I contact about side effects?
- What happens if I am not eligible, do not tolerate treatment, or need to stop?
- Is the pharmacy registered with the GPhC, and how can I verify its registration?

Warning signs of an inadequate service

Be cautious if a service guarantees eligibility, promises rapid or effortless weight loss, or issues a prescription without asking about health conditions and medicines. Other warning signs include unclear prescriber credentials, no explanation of the product's licensed use, no plan for follow-up, or pressure to buy before a clinical decision has been made.

A legitimate assessment can end with a decision not to prescribe. That is not a judgment about someone's effort or worth; it is a clinical decision based on the medicine's criteria and the person's safety. A good service explains the reasoning and discusses other routes to care where appropriate.

The bottom line

Private pharmacy eligibility checks should combine BMI criteria, a thorough health history review, medication checks, and a clear monitoring plan. The MHRA authorizes medicines for defined uses, while an individual prescriber determines whether treatment is appropriate for a particular patient. Ask about the exact product, its UK authorization, the qualifications of the prescriber, and the support available after prescribing. GLP-1 treatment can be one tool in weight management, but access should be based on careful clinical assessment—not a promise, a sales pitch, or assumptions about willpower.

This article is for general information and does not replace advice from a doctor, pharmacist, or other qualified healthcare professional. Eligibility and product information can change; confirm current details with a prescriber and the medicine's official UK product information.