

Weight loss prescribing: know the risks before you prescribe

Reading time:

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Prescribing weight loss medications has never attracted more attention – or more regulatory scrutiny. With GLP-1 receptor agonists such as semaglutide (Ozempic/Wegovy) and tirzepatide (Mounjaro/Zepbound) now widely sought by patients, MIPS has seen a rise in notifications to medical regulators involving practitioners who have prescribed these medications to patients who are not clinically overweight or obese, including patients with a history of eating disorders. Understanding where the clinical and ethical boundaries lie is essential to protecting both your patients and your registration.

Who should – and should not – receive weight loss pharmacotherapy?

The Therapeutic Goods Administration (TGA) approves weight loss medications for use in adults with a body mass index (BMI) of 30 or above (kg/m^2), or 27 or above in the presence of at least one weight-related comorbidity such as type 2 diabetes, hypertension, or dyslipidaemia¹. Prescribing outside these indications — particularly to patients at a healthy or low BMI — raises serious clinical, ethical, and medico-legal concerns.

Patients with active or historical eating disorders, including anorexia nervosa, bulimia nervosa, or binge eating disorder, represent a population of particular vulnerability. Prescribing appetite-suppressing agents to these patients can reinforce disordered eating behaviours, cause significant psychological harm, and may constitute a departure from accepted professional standards.

What the Medical Board expects

The Medical Board of Australia's [Good medical practice: a code of conduct for doctors in Australia](#) sets out the professional standards expected of all registered practitioners.² This includes conducting a thorough assessment before prescribing, considering the patient's full medical and psychiatric history, and not prescribing solely in response to patient demand.

Where a patient presents seeking weight loss medication but does not meet the approved indications, the appropriate response is to decline to prescribe and, where relevant, facilitate referral to a dietitian, psychologist, or eating disorder specialist. Failing to do so — particularly where harm results — may lead to notifications, investigations, or conditions on registration.

Telehealth and online prescribing: a heightened risk environment

The growth of telehealth and online prescribing platforms has expanded access to weight loss medications, but it has also created conditions where thorough clinical assessment can be compromised. Practitioners prescribing via these channels carry the same professional obligations as those in face-to-face settings. Relying on patient-reported weight or BMI without objective verification, or bypassing a psychiatric and dietary history, does not constitute an adequate assessment.

The TGA and Ahpra have both indicated ongoing vigilance in this space.³ Practitioners who prescribe weight loss medications through telehealth should ensure their assessment processes are robust, documented, and defensible.

Practical steps to protect your patients and your practice

Before prescribing any weight loss pharmacotherapy, consider the following:

- **Confirm the indication.** Verify BMI using objective measurements, not patient self-report, and identify any relevant

comorbidities.

- **Screen for eating disorders.** Take a thorough psychiatric and dietary history, using a validated screening approach, and document your findings. A history of disordered eating is a contraindication.
- **Obtain informed consent.** Discuss benefits, risks, contraindications, and the expected duration of treatment.
- **Document thoroughly.** Clear, contemporaneous records are your best protection if a notification arises.
- **Review regularly.** Weight loss medications are not set-and-forget. Ongoing monitoring is required to assess efficacy, safety, and continued clinical appropriateness.

MIPS is here to support you

Navigating emerging prescribing challenges is exactly the kind of situation where having the right support matters. MIPS members have access to 24/7 medico-legal advice, accredited CPD resources, and up to \$20 million in indemnity coverage. If you have concerns about a prescribing decision or have received a notification, contact the MIPS advice line any time.

References:

1. Therapeutic Goods Administration. Australian product information: semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro). Canberra: TGA. Available from: <https://www.tga.gov.au>
2. Medical Board of Australia. Good medical practice: a code of conduct for doctors in Australia. 2020. Available at <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx> [Accessed 29 March 2026].
3. Ahpra & National Boards. Concerns raised over emerging models of care. 2024. Available at <https://www.ahpra.gov.au/News/2024-06-03-joint-statement-prescribing-and-dispensing.aspx> [Accessed 30 March 2026].

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