



# Obesity And Metabolic Surgery Society of India

President

Dr. Kuldeepak Singh Kular  
drkskular@gmail.com

Secretary

Dr. Vivek Bindal  
bindal.vivek@gmail.com

Treasurer

Dr. Surendra Ugale  
surenugale@gmail.com

**Founder President**

Dr. Shrihari Dhorepati

**President Elect**

Dr. Nandakishore Dukkupati

**Past President**

Dr. Randeep Wadhawan

**Senior Past President**

Dr. Praveen Raj Palanivelu

**Trustee**

- Dr. Pradeep Chowbey
- Dr. Mahendra Narwaria
- Dr. Shashank Shah
- Dr. Rajesh Kullar
- Dr. Arun Prasad
- Dr. Manish Khaitan

**Joint Secretary**

Dr. Aparna Govil

**EC Members**

**North Zone**

- Dr. Sukhvinder Singh Saggu
- Dr. Pawanindra Lal

**South Zone**

- Dr. Balamurugan Senthilnathan
- Dr. Jayanth Leo

**East Zone**

- Dr. Apoorv Srivastava
- Dr. Sarfaraz Baig

**West Zone**

- Dr. Digvijay Singh Bedi
- Dr. Vinay Khatri

**Co-Opted Members**

- Dr. Gurvinder Singh Jammu
- Dr. Arush Sabharwal

**OSSI Manager**

Ms. Pooja Sharma  
Mobile - 96386 66339  
Email id - info@theossi.com

**Obesity and Metabolic Surgery Society of India (OSSI) Position Statement on the Prescription of GLP-1 Receptor Agonists and Other Obesity Management Medications by Metabolic and Bariatric Surgeons in India**

**Executive Summary**

Obesity is a chronic, progressive, relapsing, multifactorial disease that requires lifelong, evidence-based, multidisciplinary care, including diet and lifestyle intervention, pharmacotherapy, endoscopic therapy, and metabolic/bariatric surgery (MBS). The World Health Organization now recognises GLP-1 receptor agonists as a legitimate long-term treatment option for adults living with obesity and emphasises their use within an integrated, person-centred, multimodal care model rather than in isolation [1].

The Central Drugs Standard Control Organization (CDSCO) advisory dated 10 March 2026 confirms that prescription drugs, including GLP-1 receptor agonists, may be prescribed by Registered Medical Practitioners (RMPs) and specialists in accordance with approved indications and conditions of marketing authorisation [2]. There is no statutory provision under the Drugs and Cosmetics Act or NMC regulations that restricts prescribing authority to any single specialty [3,4]. It is noted that certain product labels, as approved by regulatory authorities, include cautionary statements advising use under the prescription of specific specialties (e.g., endocrinologists or internal medicine physicians). These statements are part of the approved labelling and are intended to promote appropriate and safe use of the drug. However, such labelling does not, in itself, constitute a statutory restriction on prescribing authority.

Metabolic and bariatric surgeons, as RMPs with specialist training and expertise in obesity care, gastrointestinal physiology, and long-term management of obesity-related complications, are competent and appropriate prescribers of approved anti-obesity medications, including GLP-1 receptor agonists, within their scope of practice and standard of care.

**OSSI Position**

**“Surgeon members of OSSI (bariatric and metabolic surgeons), as registered specialists with expertise in obesity care, multidisciplinary treatment pathways, gastrointestinal physiology, and management of obesity-related complications, are competent and appropriate prescribers of GLP-1 receptor agonists and other approved anti-obesity medications within approved indications and standard of care. This is consistent with WHO guidance, IFSO consensus, and Indian expert recommendations [1,5,6]. Any restriction of prescribing rights based solely on specialty designation, without statutory backing, would be inconsistent with established principles of medical practice, would fragment care, undermine continuity of care, and could adversely affect patient outcomes.”**

## **1. Background and Rationale**

Obesity is no longer appropriately viewed as merely a lifestyle issue; it is now widely recognised as a chronic disease associated with substantial morbidity, mortality, and impaired quality of life. It has multiple metabolic, mechanical, and psycho-social complications. WHO's 2025/2026 guidance explicitly frames obesity as a chronic, relapsing disease requiring screening, early diagnosis, long-term care, and management of comorbidities, with consideration of behavioural, pharmacological, surgical, and other therapies [1].

The WHO guidance makes two core recommendations relevant to this statement: first, that GLP-1 therapies may be used as long-term treatment for adults living with obesity; and second, that for individuals prescribed GLP-1 therapies, intensive behavioural therapy may be provided as part of a comprehensive multimodal clinical algorithm. Both recommendations were graded as conditional.

The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) consensus similarly recognises obesity management medications as valid adjuncts before and after metabolic bariatric surgery (MBS), particularly in selected patients with suboptimal initial response or recurrent weight gain after surgery. It further emphasises individualised decision-making and multidisciplinary obesity care [5].

Indian expert consensus has also affirmed that obesity management is multidisciplinary and that adjunct anti-obesity medication use can be effective in postoperative inadequate weight loss and weight regain, with GLP-1 receptor agonists emerging as a preferred adjunctive option in appropriate patients [6].

Further, the Indian consensus document on obesity management medications as adjuncts to MBS, authored by national experts from the bariatric surgical community and the IAGES Research Group, provides explicit Indian expert support for the integration of pharmacotherapy into metabolic and bariatric practice.

OSSI additionally notes that OSSI and the Endocrine Society of India (ESI) collaborated in 2025 to formulate obesity management guidelines for India, reinforcing the principle that obesity care in this country should be multidisciplinary, stage-based, scientifically grounded, and centred on patient need (guidelines are under publication).

## **2. Regulatory Interpretation**

The CDSCO advisory dated 10 March 2026 states that GLP-1 receptor agonists and similar prescription drugs are to be prescribed by Registered Medical Practitioners (RMPs)/specialists in accordance with approved indications and conditions of marketing authorisation [2]. It further emphasises responsible prescribing and prohibits misleading promotion.

Product labelling or marketing language suggesting restriction of prescribing to specific specialties does not constitute a legally binding limitation under Indian medical law. Prescribing authority is

governed by RMP status, clinical competence, and standard of care. Therefore, any interpretation restricting GLP-1 prescribing solely to endocrinologists or physicians is not supported by regulatory statute and should not be considered enforceable.

A review of the Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945 (as amended up to 31 December 2016) demonstrates that the statute is intended to regulate the import, manufacture, distribution, sale, labelling, and quality of drugs, and not the scope of clinical practice of medical professionals. The Act does not define or restrict prescribing authority on the basis of medical specialty [4].

Labelling provisions under the Act are designed to ensure accuracy, prevent misbranding, and avoid misleading claims. However, the Act does not confer legal authority upon product labelling to define or restrict which category of medical practitioner may prescribe a drug.

**Accordingly, OSSI interprets the regulatory framework to mean that:**

1. Prescribing authority for anti-obesity pharmacotherapy rests with Registered Medical Practitioners trained in modern medicine, with appropriate knowledge, training, and competence in pharmacological management, but is not restricted to any single specialty.
2. The primary regulatory concern is appropriate indication, ethical prescribing, and responsible communication — not exclusion of specific specialties from pharmacotherapy.
3. The Drugs and Cosmetics Act does not provide any statutory basis to restrict prescribing of GLP-1 receptor agonists exclusively to endocrinologists or internal medicine specialists.
4. Any suggestion within product labelling or promotional material implying specialty-specific prescribing must be understood as informational or marketing language, and does not constitute a statutory restriction under the Drugs and Cosmetics Act.
5. Prescribing authority in India is determined by medical registration, training, competence, and adherence to standards of care, rather than by product labelling.

**3.OSSI Position**

**OSSI hereby states that:**

3.1 Metabolic and bariatric surgeons are specialists with established expertise in the diagnosis, staging, and longitudinal management of obesity and obesity-related complications, including preoperative optimisation, postoperative follow-up, management of weight recurrence, nutritional surveillance, gastrointestinal adverse effects, and escalation or de-escalation of treatment across the medical-surgical spectrum.

3.2 Metabolic and bariatric surgeons are uniquely positioned to individualise obesity management medications based on prior surgical anatomy and physiological changes (e.g., altered gut hormones, absorption, and tolerance). Their direct understanding of procedure-specific outcomes (e.g., sleeve gastrectomy, gastric bypass etc) enables safer drug selection, dosing, and monitoring, thereby reducing adverse events and optimising therapeutic efficacy in pre/ post-surgical and revisional obesity care.

3.3 Accordingly, metabolic and bariatric surgeons who are Registered Medical Practitioners and who possess appropriate knowledge, training, and infrastructure for obesity care are competent to prescribe approved anti-obesity medications, including GLP-1 receptor agonists, within approved indications and standard clinical practice.

3.4 This role is especially relevant because obesity treatment is best understood as a continuum of care in which lifestyle therapy, pharmacotherapy, endoscopic interventions, and metabolic and bariatric surgery are complementary modalities rather than competing silos. WHO explicitly endorses integrated care combining behavioural, medical, surgical, and other interventions [1].

3.5 Excluding metabolic and bariatric surgeons from prescribing obesity management medications would disrupt continuity of care for patients already under long-term bariatric follow-up. This is a reasoned inference from the integrated-care model endorsed by WHO, IFSO, and Indian consensus statements [1,5,6].

3.6 Metabolic and bariatric surgeons in India and globally have actively contributed to clinical research in obesity pharmacotherapy, including participation in trials evaluating GLP-1 receptor agonists and other anti-obesity medications. Their involvement in perioperative, longitudinal, and translational obesity care further supports their competence in initiating, monitoring, and integrating pharmacotherapy within comprehensive obesity treatment pathways.

#### **4. Clinical Indications for GLP-1 Receptor Agonists and Other Approved Anti-Obesity Medications**

OSSI supports the use of GLP-1 receptor agonists and other approved obesity management medications in people living with obesity when prescribed after appropriate clinical evaluation and within approved indications.

##### **4.1 Primary obesity management**

In people with obesity who meet approved criteria for pharmacotherapy, GLP-1 therapies may be used as long-term treatment, consistent with WHO guidance [1].

##### **4.2 As part of multimodal obesity care**

Pharmacotherapy should not be viewed as a standalone substitute for comprehensive obesity care. Behavioural therapy, dietary counselling, physical activity guidance, and management of comorbidities remain integral to treatment. WHO specifically recommends counselling and supports intensive behavioural therapy as part of a multimodal algorithm [1].

##### **4.3 In the preoperative setting**

Preoperative use may be considered selectively and individually for optimisation of selected

patients. However, routine preoperative use for all patients is not supported by high-level evidence, and decisions should be individualised. The IFSO consensus found insufficient high-level evidence to recommend routine use of obesity management medications before surgery while supporting personalised decision-making [5].

#### **4.4 In the postoperative setting**

GLP-1 receptor agonists and other anti-obesity medications may be considered in patients with:

- suboptimal initial clinical response,
- inadequate weight loss,
- weight plateau in selected cases,
- recurrent weight gain after metabolic and bariatric surgery,
- persistence or recurrence of obesity-related complications.

This is supported by international and Indian consensus documents [5,6].

#### **4.5 Before revisional surgery**

Anti-obesity pharmacotherapy may be considered before revisional surgery in appropriate patients, in line with IFSO consensus [5].

### **5. Medico-Legal and Professional Safeguards**

To protect patients and practitioners, OSSI recommends that metabolic and bariatric surgeons prescribing GLP-1 receptor agonists or other anti-obesity medications should adhere to the following safeguards:

1. Prescribe only within approved indications, approved product labelling, and accepted standards of care.
2. Maintain clear documentation of: obesity diagnosis and severity, anthropometry, obesity-related complications/comorbidities, prior lifestyle and medical interventions, rationale for pharmacotherapy, informed consent, follow-up plan, and adverse-effect monitoring.
3. Provide or ensure access to structured behavioural and dietary counselling, consistent with WHO good practice statements [1].
4. Monitor efficacy, tolerability, gastrointestinal adverse events, nutritional status where relevant, and the need for continuation, escalation, de-escalation, or alternative therapy.
5. Exclude anatomic or technical causes when evaluating poor postoperative outcomes before attributing inadequate weight loss or weight regain solely to behavioural or biological factors.
6. Avoid direct or indirect misleading promotion, exaggerated claims, guaranteed weight-loss messaging, or communications that downplay lifestyle measures, in line with the CDSCO advisory [2].

7. Where necessary, collaborate with endocrinologists, physicians, psychiatrists, nutrition specialists, gastroenterologists, and anaesthetists as part of a multidisciplinary model.
8. Surgeons should ensure that prescribing is consistent with their documented training, experience in obesity management, and adherence to established clinical guidelines, thereby aligning with accepted standards of care and strengthening medico-legal defensibility.

## 1. Conclusion

OSSI affirms that metabolic and bariatric surgeons are integral specialists in obesity care and are appropriately positioned to prescribe GLP-1 receptor agonists and other approved obesity management medications in India.

The CDSCO advisory recognises prescribing by Registered Medical Practitioners/specialists and does not impose specialty-specific restrictions. There is no explicit statutory or regulatory basis to limit prescribing of GLP-1 receptor agonists exclusively to endocrinologists or internal medicine specialists. Any such interpretation is not supported by the current regulatory framework or by the multidisciplinary nature of obesity care.

OSSI emphasises that metabolic and bariatric surgeons, by virtue of their training, expertise, and longitudinal involvement in obesity management, are both clinically competent and appropriately qualified to prescribe these therapies within approved indications. Such prescribing must remain evidence-based, indication-specific, ethically communicated, and delivered within an integrated multidisciplinary framework to ensure optimal patient outcomes and continuity of care.

## References

1. Celletti F, Farrar J, De Regil L. World Health Organization Guideline on the Use and Indications of Glucagon-Like Peptide-1 Therapies for the Treatment of Obesity in Adults. *JAMA*. 2026;335(5):434-438. doi:10.1001/jama.2025.24288.
2. Government of India, Directorate General of Health Services, Central Drugs Standard Control Organization. Advisory dated 10 March 2026 regarding promotion and prescription of GLP-1 receptor agonists and similar prescription drugs indicated for obesity and metabolic disorders.
3. National Medical Commission. Code of Medical Ethics Regulations, 2002. New Delhi: National Medical Commission; 2002. Available from: <https://www.nmc.org.in/rules-regulations/code-of-medical-ethics-regulations-2002/>
4. Government of India. Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945 (as amended up to 31 December 2016). New Delhi: Ministry of Health and Family Welfare;




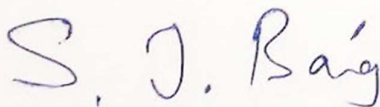



2016.

5. Cohen RV, Busetto L, Levinson R, et al. International consensus position statement on the role of obesity management medications in the context of metabolic bariatric surgery: expert guideline by the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). BJS. 2024;111(12):zxae283.
6. Goel R, Dukkipati N, Wadhawan R, et al. Obesity Management Medications as Adjuncts to Metabolic and Bariatric Surgery: Consensus Recommendations from India. Obesity Surgery. 2025.

**For and on behalf of the Executive Committee, Obesity and Metabolic Surgery Society of India (OSSI)**

1.	<b>Dr. K. S. Kular</b> <b>President OSSI</b>	
2.	<b>Dr. Vivek Bindal</b> <b>Secretary</b>	
3.	<b>Dr. Surendra Ugale</b> <b>Treasurer</b>	
4.	<b>Dr. Aparna Govil</b> <b>Joint Secretary</b>	
5.	<b>Dr. ShriHari Dhorepatil</b> <b>Founder President</b>	
6.	<b>Dr. Nandkishore Dukipatti</b> <b>President Elect</b>	

7.	<b>Dr. Randeep Wadhawan</b> <b>Past President</b>	
8.	<b>Dr. Praveenraj Palanivelu</b> <b>Senior Past President</b>	
9.	<b>Dr. Pradeep Chowbey</b> <b>Trustee</b>	
10.	<b>Dr. Mahendra Narwaria</b> <b>Trustee</b>	
11.	<b>Dr. Shashank Shah</b> <b>Trustee</b>	 DR SHANK SHASHANK Past President & Trustee OSSI
12.	<b>Dr. Rajesh Khullar</b> <b>Trustee</b>	
13.	<b>Dr. Arun Prasad</b> <b>Trustee</b>	
14.	<b>Dr. Manish Khaitan</b> <b>Trustee</b>	
15.	<b>Dr. Sukhwinder Singh Saggu</b> <b>EC Member North Zone</b>	
16.	<b>Dr. Pawanindra Lal</b>	

	<b>EC Member North Zone</b>	
17.	<b>Dr. Balamurugan Senthilnathan</b> <b>EC Member South Zone</b>	
18.	<b>Dr. Jayanth Leo</b> <b>EC Member South Zone</b>	
19.	<b>Dr. Apoorv Shrivastava</b> <b>EC Member East Zone</b>	
20.	<b>Dr. Sarfaraz Baig</b> <b>EC Member East Zone</b>	
21.	<b>Dr. Digvijay Singh Bedi</b> <b>EC Member West Zone</b>	
22.	<b>Dr. Vinay Khatri</b> <b>EC Member West Zone</b>	
23.	<b>Dr. Gurvinder Singh Jammu</b> <b>Co-opted member</b>	
24.	<b>Dr. Aarush Sabharwal</b> <b>Co-opted member</b>	