No. 1-360/18-19/CGHS/MSD (2740767/P)-Part (1611)/EHS(8354138)
Government of India
Ministry of Health & Family Welfare
(EHS Section)
*****

Kartavya Bhawan-1, New Delhi
Dated: 24.07.2026

OFFICE MEMORANDUM

Subject: Guidelines for prescription of Injectable GLP-1 Receptor Agonists under the Central Government Health Scheme (CGHS) and the Central Services (Medical Attendance) Rules, 1944 – reg.

The undersigned is directed to state that the Ministry in consultation with Dte. of CGHS has reviewed the use of Injectable GLP-1 Receptor Agonists for management of obesity and Type-2 Diabetes Mellitus in eligible CGHS/CS(MA) beneficiaries. After due consideration of the recommendations of the concerned experts and with the approval of the Competent Authority, it has been decided to include Injection Tirzepatide (Mounjaro) in the Online List of Restricted Drugs under the Central Government Health Scheme (CGHS).

2. Accordingly, **Injection Tirzepatide (Mounjaro)** and **Injection Semaglutide** shall be prescribed under CGHS and the Central Services (Medical Attendance) Rules, 1944 only in accordance with the **Guidelines** contained in **Annexure-I** to this Office Memorandum.

3. The said medicines shall be prescribed only for eligible beneficiaries fulfilling the prescribed clinical criteria and subject to the conditions, contraindications, monitoring requirements and prescribing authority specified in Annexure-I.

4. The Additional Directors of CGHS shall ensure strict implementation of these guidelines by all CGHS Wellness Centres and CGHS empanelled Health Care Organisations under their respective jurisdictions. Any deviation from these guidelines shall be viewed seriously. These instructions shall come into force with immediate effect.

Digitally signed by
Unni Krishnan T
Date: 24-07-2026
13:10:48

(Unni Krishnan T.)
Under Secretary to the Government of India
Tel. No. 011-24013446

To

1. All Ministries/Departments of the Government of India.
2. Director General, CGHS.
3. Additional Directors, CGHS (HQ) / Additional Directors of CGHS Cities/Zones.
4. Medical Superintendents of all CGHS empanelled Health Care Organisations through the concerned Additional Directors.
5. All CGHS Wellness Centres through the concerned Additional Directors.
6. MCTC, CGHS, with the request to upload this Office Memorandum on the CGHS website.

Copy for information to:

1. PPS to Secretary (Health & Family Welfare).
2. PPS to DGHS.
3. PPS to AS & DG, CGHS.
4. PPS to JS (CGHS).

ANNEXURE-I

Guidelines for Prescription of Injectable GLP-1 Receptor Agonists under CGHS/CS(MA) Rules, 1944

1. Eligibility

GLP-1 Receptor Agonists may be prescribed only to beneficiaries fulfilling either of the following criteria:

1. Body Mass Index (BMI) **≥35 kg/m²**; or
2. Body Mass Index (BMI) **≥32.5 kg/m²** along with one or more of the following conditions:

(a) Uncontrolled Type-2 Diabetes Mellitus despite treatment with Metformin and at least two other oral anti-diabetic drugs;
(b) Severe Obstructive Sleep Apnoea;
(c) Atherosclerotic Cardiovascular Disease;
(d) Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD);
(e) Chronic Kidney Disease (CKD).

2. Contraindications

GLP-1 Receptor Agonists shall not be prescribed in the following situations:
(i) History of pancreatitis;
(ii) Personal or family history of Medullary Thyroid Carcinoma (MTC) or Multiple Endocrine Neoplasia Type-2 (MEN2);
(iii) Pregnancy or lactation;
(iv) Severe Non-Proliferative Diabetic Retinopathy (NPDR) or Proliferative Diabetic Retinopathy (PDR);
(v) Severe gastroesophageal reflux disease (GERD), gastroparesis, inflammatory bowel disease or history of metabolic/bariatric surgery.

3. Prerequisites

Before initiation of therapy, the treating specialist shall certify that:
(i) Lifestyle modification has been undertaken;
(ii) Dietary counselling has been provided;
(iii) A supervised physical activity programme has been followed;
(iv) The beneficiary has complied with the above measures for at least three months.

4. Prescribing Authority

1. Prescription shall be made only by an Endocrinologist or an Internal Medicine Specialist of a Government Hospital.
2. Every prescription shall be endorsed by the concerned Head of Department.
3. Approval shall remain valid for six months.
4. Continuation beyond six months shall require a fresh recommendation by the treating specialist and fresh endorsement by the Head of Department.

5. Monitoring

(i) Monthly follow-up during the first three months.

(ii) Thereafter, follow-up every three months.

(iii) The treating specialist shall document:

- Weight reduction;
- Clinical response;
- Gastrointestinal adverse effects;
- Evidence of pancreatitis;
- Muscle wasting; and
- Other adverse drug reactions.

(iv) Continuation of treatment shall be based upon documented clinical benefit and acceptable safety profile.

Certificate by Prescribing Specialist

(If any of Sl. Nos. 3–7 is marked "Yes", GLP-1 Receptor Agonist therapy shall not be prescribed.)

Sl. No.	Particulars	Yes/No/Details
1	Current Body Weight	
2	Body Mass Index (BMI)	
3	History of pancreatitis	
4	Personal/family history of Medullary Thyroid Carcinoma (MTC) or MEN-2	
5	Pregnancy/Lactation	
6	Severe NPDR/PDR	
7	Severe GERD, gastroparesis, inflammatory bowel disease or history of metabolic/bariatric surgery	
8	Lifestyle modification programme completed for at least three months	

Seal and Signature of the Specialist