New Mexico Medical Board

Policy Statement

Date Issued: 11/06/2026 Approved by: New Mexico Medical Board

Safe Prescribing of GLP-1 Receptor Agonists and Related Weight Management Medications

Purpose

The New Mexico Medical Board ("Board") recognizes the rapidly expanding use of glucagon-like peptide-1 (GLP-1) receptor agonists and related medications for the treatment of obesity, diabetes mellitus, and other FDA-approved indications. These medications have demonstrated significant clinical benefit when prescribed appropriately; however, they also carry important risks and require appropriate medical evaluation, monitoring, and follow-up.

This policy is intended to provide guidance to licensees regarding the Board's expectations for the safe prescribing and management of these medications**. Please see the Board of Nursing Policy and Regulations for APRNs.**

Board Expectations

1. Provider-Patient Relationship

A valid provider-patient relationship shall be established before prescribing GLP-1 medications. The evaluation should include:

- Appropriate medical history
- Review of current medications
- Relevant medical conditions and contraindications
- Physical examination when clinically indicated
- Appropriate documentation

When telemedicine is utilized, licensees must comply with all applicable New Mexico statutes and Board rules governing telemedicine.

2. Appropriate Medical Evaluation

Prior to initiating therapy, physicians should evaluate for conditions that may increase the risk of adverse events, including but not limited to:

- Personal or family history of medullary thyroid carcinoma or MEN-2
- History of pancreatitis
- Significant gastrointestinal disease
- Gallbladder disease
- Renal impairment
- Pregnancy or plans for pregnancy
- Eating disorders
- Malnutrition or significant frailty

Appropriate baseline laboratory testing should be obtained when clinically indicated.

3. Informed Consent

Patients should receive informed consent that includes discussion of:

- Expected benefits
- Common adverse effects
- Serious potential complications
- Alternative treatment options
- Expected duration of therapy
- Lifestyle modifications necessary for long-term success
- Potential for weight regain following discontinuation

The discussion should be documented in the medical record.

4. Ongoing Monitoring

Patients receiving GLP-1 medications should receive ongoing clinical monitoring appropriate to their medical condition, including assessment of:

- Weight and body composition when appropriate
- Nutritional status
- Medication tolerance
- Adverse effects
- Treatment response
- Need for dose adjustment or discontinuation

The frequency of follow-up should be determined by clinical judgment and follow accepted best practices.

5. Compounded GLP-1 Medications

The Board recognizes that compounded medications may be appropriate under limited circumstances consistent with federal and state law. Under the federal Food, Drug, and Cosmetic Act (FDCA), a drug that is essentially a copy of a commercially available, FDA-approved drug may be compounded only in the circumstances specified in Sections 503A and 503B (21 U.S.C. §§ 353a, 353b). The exception permitting compounding of a copy of an approved drug that appears on the FDA drug shortage list is set forth in Section 503B and applies to registered outsourcing facilities; Section 503A contains no corresponding shortage exception. Semaglutide and tirzepatide are not currently listed on the FDA Drug Shortages database. Under New Mexico law, a prescription requiring compounding may be compounded or dispensed only by a pharmacist (Section 61-11-7(B) NMSA 1978).

Licensees who prescribe compounded GLP-1 medications should:

- Ensure compounding is legally permissible under current federal and New Mexico law.
- Utilize appropriately licensed pharmacies.
- Inform patients when they are receiving a compounded medication rather than an FDA-approved commercially manufactured product.
- Document the clinical rationale for prescribing a compounded product.
- Exercise caution regarding compounded products, which may not be obtained from unverified or noncompliant sources. Products made with non-approved salt forms of semaglutide (such as semaglutide sodium or acetate) and research-grade or foreign-sourced material may not be used.

The Board reminds licensees that compounded medications are not FDA-approved and may differ in formulation, stability, and manufacturing oversight. A drug for which no FDA-approved application is in effect may be an unapproved new drug or a misbranded drug under the FDCA (21 U.S.C. §§ 355, 352, 331).

6. Delegation and Supervision*

The prescribing of GLP-1 medications constitutes the practice of medicine.

Medical assistants or other unlicensed personnel may not independently diagnose obesity, determine patient eligibility, prescribe medications, or independently manage medication therapy, and may not exercise medical judgment, which constitutes the practice of medicine (Section 61-6-6 NMSA 1978).

Delegation must comply with New Mexico law, Board rules (including 16.10.13 NMAC and Section 61-6-17(I) NMSA 1978), and accepted standards of medical practice.

***Please see Board of Nursing Policy and Regulations for APRN's**

7. Telemedicine and Online Prescribing

Telemedicine may be an appropriate method for evaluation and follow-up when consistent with the applicable standard of care and with the requirements for establishing a physician-patient relationship set forth in Section 1.

Prescribing, dispensing, or administering a drug to a patient with whom there is no established physician-patient relationship - including prescribing over the internet or by other electronic means based solely on an online questionnaire – constitutes unprofessional or dishonorable conduct under Board rule (16.10.8.8(L) NMAC) and is prohibited. New Mexico permits telehealth prescribing through a real-time, face-to-face telehealth encounter using videoconferencing technology, where a medical history and informed consent are obtained and a medical record is generated, and where a physical examination is either performed and communicated by a qualified provider or waived only when it would not normally be part of a comparable in-person visit for the services provided.

Telemedicine prescribing is the practice of medicine (Section 61-6-6 NMSA 1978), and a physician located outside New Mexico who prescribes to a patient in New Mexico by telemedicine must hold a New Mexico telemedicine license or full New Mexico license (Section 61-6-11.1 NMSA 1978).

The Board expects physicians to obtain sufficient clinical information to make an informed prescribing decision and to provide appropriate follow-up care.

Prescribing solely on the basis of questionnaires or asynchronous communications, without adequate clinical evaluation, may not satisfy the applicable standard of care.

8. Advertising

Licensees should ensure that all advertising related to weight-loss treatment is truthful, not misleading, and accurately represents:

- Expected outcomes
- Risks
- Credentials
- Available treatment options

Claims of guaranteed weight loss or exaggerated results are inconsistent with professional standards. Any advertisement of services to the public must also state the licensee's name, address or telephone number, and the designation of the profession in which the licensee is licensed, as required by Section 57-21-3 NMSA 1978. In addition, weight-loss advertising is subject to the Federal Trade Commission Act (15 U.S.C. § 52), under which objective efficacy claims must be substantiated by competent and reliable scientific evidence.

9. Nutritional Management

Successful treatment extends beyond pharmacologic therapy. Physicians should counsel patients regarding:

- Adequate protein intake
- Resistance exercise
- Preservation of lean body mass
- Appropriate vitamin and nutrient intake
- Long-term lifestyle modification

Failure to address nutrition and muscle preservation may contribute to sarcopenia, frailty, and poor long-term outcomes.

10. Standard of Care

GLP-1 medications should be prescribed consistent with current medical evidence, accepted clinical guidelines, FDA-approved labeling when applicable, and sound clinical judgment.

The Board does not endorse or prohibit any specific medication but expects all licensees to exercise independent medical judgment and maintain appropriate documentation supporting clinical decision-making, consistent with the recordkeeping requirements of Part 17 of the Board's rules and Section 61-6-15(D)(33) NMSA 1978.

Conclusion

The Board supports evidence-based treatment of obesity and metabolic disease while emphasizing that these medications require appropriate patient evaluation, informed consent, ongoing monitoring, and professional medical oversight. Physicians remain responsible for ensuring that prescribing practices meet the prevailing standard of care and protect the health and safety of New Mexico patients.

New Mexico Medical Board

Guidance for Licensees*

Frequently Asked Questions Regarding GLP-1 Receptor Agonists, Weight Management Medications, and Compounded Products

***Please see Board of Nursing Policy and Regulations for APRN's**

Disclaimer: This document provides general guidance to New Mexico Medical Board licensees. It does not create new legal requirements or establish a new standard of care. Physicians remain responsible for exercising independent clinical judgment and complying with applicable federal and state law.

Frequently Asked Questions

1. May a physician prescribe GLP-1 medications for weight loss?

Yes. FDA-approved GLP-1 receptor agonists and related medications may be prescribed for approved indications and, when clinically appropriate, for off-label uses consistent with accepted medical practice. Physicians should ensure that prescribing decisions are supported by an appropriate medical evaluation and sound clinical judgment.

2. May these medications be prescribed through telemedicine?

Yes, provided the physician establishes physician-patient relationship (as defined in Section 1) and obtains sufficient clinical information to meet the applicable standard of care. Prescribing based solely on an online questionnaire is prohibited and constitutes unprofessional or dishonorable conduct under Board rule (16.10.8.8(L) NMAC). New Mexico requires a real-time, face-to-face telehealth encounter rather than a questionnaire or asynchronous exchange.

3. Is an in-person examination always required?

Not necessarily.

Whether an in-person examination is required depends upon the patient's clinical condition, the complexity of the medical decision-making, and whether the physician can adequately evaluate the patient through telemedicine while meeting the standard of care.An in-person examination is not always required, but a real-time, face-to-face telehealth encounter is; an online questionnaire alone does not substitute for the required evaluation.

4. What should be included in the initial evaluation?

The Board recommends documentation that includes, as clinically appropriate:

- Height, weight, and BMI
- Medical and surgical history
- Current medications
- Family history when relevant
- Lifestyle assessment, including dietary habits, physical activity,
- Prior weight-loss treatments
- Obesity-related comorbidities
- Contraindications
- Physical examination when clinically indicated
- Baseline laboratory testing as clinically appropriate

5. What should informed consent include?

Patients should understand:

- Expected benefits
- Limitations of treatment
- Common adverse effects
- Serious potential complications
- Alternative therapies
- Expected duration of treatment
- Potential weight regain following discontinuation
- Importance of nutrition and exercise
- Risks from using compounding medications

The informed consent discussion should be documented in the medical record.

6. What follow-up is expected?

Follow-up should be individualized based on the patient's condition.

The physician should assess:

- Weight loss progress
- Medication tolerance
- Nutritional status
- Adverse effects
- Dose adjustments
- Treatment goals
- Continued appropriateness of therapy

7. Should physicians monitor for muscle loss?

Yes.

Rapid weight loss may result in significant loss of lean body mass (sarcopenia). Physicians should counsel patients regarding:

- Adequate dietary protein
- Resistance exercise
- Physical activity
- Nutritional supplementation when appropriate

Patients at increased risk of frailty should receive closer monitoring.

8. May physicians prescribe compounded GLP-1 medications?

Compounded medications may be appropriate under limited circumstances consistent with federal and state law.

Physicians should:

- Verify that compounding is legally permissible.
- Use appropriately licensed pharmacies.
- Inform patients when receiving a compounded medication rather than an FDA-approved product, and the risks and benefits of doing so.
- Document the clinical rationale for selecting a compounded preparation.

9. May physicians prescribe compounded medications when an FDA-approved product is available?

Physicians should be familiar with current federal and state requirements governing compounding. A compounded drug that is essentially a copy of a commercially available, FDA-approved drug is subject to the restrictions in 21 U.S.C. §§ 353a(b) and 353b(a). The Board expects licensees to prescribe compounded medications only when legally permissible and medically appropriate.

10. May medical assistants independently manage GLP-1 therapy?

No.

Medical assistants may perform delegated administrative or clinical tasks within applicable law but may not independently:

- Diagnose obesity
- Determine candidacy for treatment
- Prescribe medications
- Independently adjust medication doses
- Independently manage complications

11. May APRN's and physician assistants prescribe GLP-1 medications?

Yes.

Certified nurse practitioners have independent prescriptive authority in New Mexico and are not required to have physician supervision or a collaborative agreement (Section 61-3-23.2 NMSA 1978); certified nurse practitioner scope of practice is governed by the Board of Nursing.

Physician assistants may prescribe only with the supervision of, or in collaboration with, a licensed physician, and may not practice until a supervising or collaborating relationship is established (Sections 61-6C-3 and 61-6C-8 NMSA 1978).

Advanced practice clinicians may prescribe within their respective scopes of practice and pursuant to applicable New Mexico statutes and regulations.

12. Are "medical spas" and other aesthetic businesses permitted to offer GLP-1 therapy?

If the evaluation, diagnosis, prescribing, or management of medications constitutes the practice of medicine, those services must be provided in compliance with the Medical Practice Act and applicable Board rules.

Ownership or business structure does not alter the physician's professional responsibilities.

A facility where dangerous drugs are stored, dispensed, distributed, or administered may also be subject to licensure by the Board of Pharmacy. Under the New Mexico Pharmacy Act, the Act does not apply to a licensed practitioner supplying drugs to the practitioner's own patients while practicing the practitioner's profession and not keeping a pharmacy for the retailing of dangerous drugs (Section 61-11-22(A) NMSA 1978), and the definition of "clinic" excludes the privately owned practice of a licensed practitioner or group of licensed practitioners exempt under Section 61-11-22 (16.19.10.7(A) NMAC). A facility that is not owned and operated solely by exempt licensed practitioners falls within the definition of "clinic" and may not operate without a Board of Pharmacy limited drug permit (16.19.10.11(A) NMAC; Section 61-11-14 NMSA 1978).

13. May physicians advertise GLP-1 weight-loss services?

Yes.

Advertising should be truthful, not misleading, and should accurately describe:

- Credentials
- Available treatments
- Expected outcomes
- Risks
- Limitations of therapy

Guarantees of weight loss or misleading claims are inconsistent with professional standards.

14. What documentation should be maintained?

Medical records should support:

- Medical necessity
- Clinical assessment
- Informed consent
- Treatment plan
- Follow-up evaluations
- Medication changes
- Clinical response
- Management of adverse effects

In addition, physicians must maintain medical records in accordance with Board rules (Part 17 of Chapter 16.10 NMAC).

15. Does the Board recommend any specific GLP-1 medication?

No.

The Board does not endorse specific medications, manufacturers, pharmacies, or treatment programs. Physicians should prescribe medications based upon accepted medical evidence, patient-specific factors, and sound clinical judgment.

Key Principles

The Board encourages physicians prescribing GLP-1 medications to:

- Practice evidence-based medicine.
- Establish a valid physician-patient relationship as defined by Board rule.
- Conduct an appropriate clinical evaluation.
- Obtain informed consent.
- Monitor patients throughout treatment.
- Counsel patients regarding nutrition, exercise, and muscle preservation.
- Maintain thorough medical documentation.
- Exercise caution when prescribing compounded medications.
- Ensure that all prescribing complies with applicable federal and state law.

The Board's primary objective is to promote patient safety while supporting access to appropriate, evidence-based treatment for obesity and metabolic disease.

Primary Source References

New Mexico statutes (NMSA 1978) and administrative rules (NMAC) are published by the State of New Mexico at New Mexico OneSource (https://nmonesource.com):

Section 61-3-23.2 NMSA 1978 (certified nurse practitioners)

Section 61-6-6 NMSA 1978 (practice of medicine; telemedicine)

Section 61-6-11.1 NMSA 1978 (telemedicine license)

Section 61-6-15 NMSA 1978 (unprofessional or dishonorable conduct; medical records)

Section 61-6-17 NMSA 1978 (delegation to medical assistants)

Sections 61-6C-3 and 61-6C-8 NMSA 1978 (physician assistants)

Section 61-11-7 NMSA 1978 (compounding by a pharmacist)

Section 61-11-14 NMSA 1978 (Board of Pharmacy licensure; classes of licenses)

Section 61-11-22 NMSA 1978 (exemptions from the Pharmacy Act)

Section 57-21-3 NMSA 1978 (health care advertising identification)

16.10.8 NMAC (medical ethics; established physician-patient relationship; online prescribing)

16.10.13 NMAC (delegation to medical assistants)

16.10.15 NMAC (physician assistants)

16.10.17 NMAC (medical records)

16.19.10 NMAC (Board of Pharmacy; clinic licensure and limited drug permits)

Federal statutes (United States Code):

21 U.S.C. § 331 — https://www.law.cornell.edu/uscode/text/21/331

21 U.S.C. § 352 — https://www.law.cornell.edu/uscode/text/21/352

21 U.S.C. § 353a — https://www.law.cornell.edu/uscode/text/21/353a

21 U.S.C. § 353b — https://www.law.cornell.edu/uscode/text/21/353b

21 U.S.C. § 355 — https://www.law.cornell.edu/uscode/text/21/355

15 U.S.C. § 52 — https://www.law.cornell.edu/uscode/text/15/52

Federal regulations (Code of Federal Regulations, eCFR):

45 C.F.R. Part 164 (HIPAA Privacy and Security Rules) — https://www.ecfr.gov/current/title-45/part-164

Federal Food and Drug Administration:

FDA Drug Shortages database — https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm