

Lasota K<sup>1</sup>, Holownia-Voloskova M<sup>1</sup>, Casciano R<sup>2</sup>, Walczak J<sup>1</sup>  
<sup>1</sup>Certara, Krakow, MA, Poland, <sup>2</sup>Certara, Mamaroneck, NY, USA



Anti-obesity drugs are generally not reimbursed for obesity in CEE, with some limitations even for diabetes treatments, while in Western Europe this reimbursement landscape is evolving. In both regions policymakers are urged to develop reimbursement strategies that incorporate strict criteria and comprehensive lifestyle programs to address obesity’s health and economic impacts.

Background & Objective

The escalating prevalence of obesity in Central and Eastern Europe (CEE) represents a significant public health challenge, with over 200 associated comorbidities. New weight-loss medications, glucagon-like peptide-1 (GLP-1) analogues like liraglutide and semaglutide, and tirzepatide, are considered breakthrough anti-obesity therapies. However, high prevalence of obesity, extensive patient demand and the cost of these medications pose substantial financial burdens on public healthcare systems. This research investigates the potential for reimbursement of these anti-obesity drugs in selected CEE countries.

Methods

We reviewed health technology assessment (HTA) reports and access conditions for GLP-1 analogues (semaglutide, liraglutide) and tirzepatide in Poland, Czechia, Slovakia, and Estonia. As these drugs were first approved for type 2 diabetes (DM2), respective HTA recommendations were analyzed, too. The comparisons were made with access conditions in Western European (WE) countries (Germany, France, Spain, Italy, UK). Search was conducted in May and June 2024.

Results

- In the selected CEE countries, GLP-1 analogues and tirzepatide are not reimbursed for obesity.
- There are legislations restricting reimbursement of anti-obesity drugs:
  - In Poland, there is a regulation that prohibits reimbursement if it is possible to effectively replace the drug by changing the patient's lifestyle.<sup>1</sup>
  - In Slovakia, reimbursement of antiobesity drugs is excluded.<sup>2</sup>
- Semaglutide is reimbursed for DM2 across CEE countries of scope and liraglutide in Czechia and Estonia, both with conditions (Table 1), e.g.:
  - In Poland semaglutide is reimbursed only in obese patients with DM2.<sup>3</sup>
  - In Estonia and in Czech Republic, obesity increases reimbursement rate in patients with DM2.<sup>4,5</sup>
  - Prescription limitations are implemented in Czechia and Slovakia.<sup>5,6</sup>
- In WE, access to anti-obesity drugs is limited to UK where GLP-1s are reimbursed with conditions (population, prescribing limitations, duration of treatment). In France, semaglutide was available under an early access program which was withdrawn. In Germany, lifestyle drugs (including anti-obesity drugs) are excluded from reimbursement. In Italy, GLP-1 is included in the list of non-reimbursed drugs (Class C) (Table 2).

Conclusions

Increasing awareness of the health and economic consequences of obesity-related comorbidities is pressing policymakers to find viable solutions. Effective implementation of reimbursement policies in CEE will require stringent patient selection criteria, treatment conditions and integration within comprehensive lifestyle modification programs.

Figure 1. Geographical scope of analysis

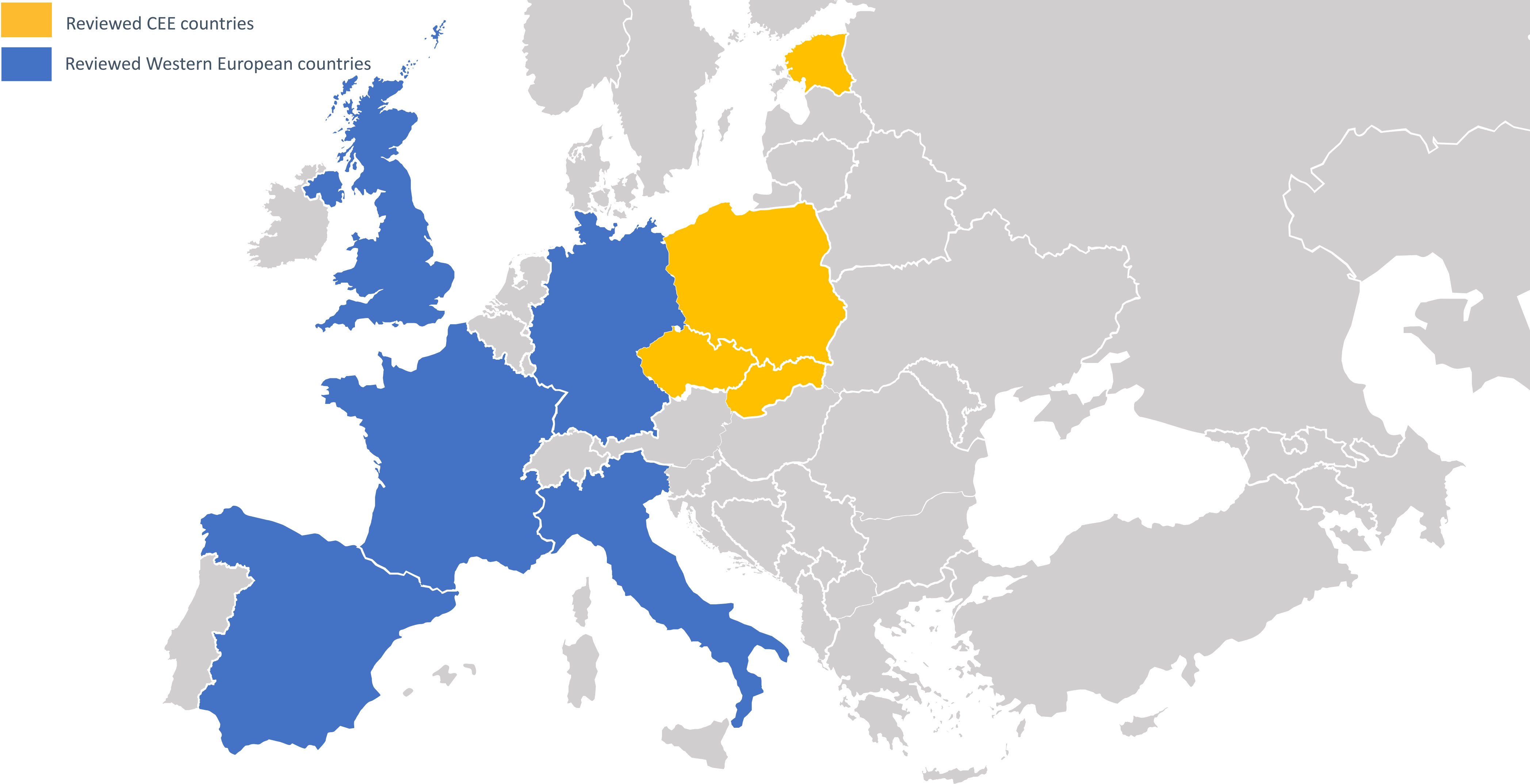


Table 1. Reimbursement status of GLP-1 analogues and tirzepatide in DM2 in CEE countries (June 2024)

	Poland	Czech Republic	Slovakia	Estonia
Semaglutide (oral)	X	<div>✓</div> <ul style="list-style-type: none"><li>Combined with other treatment</li><li>Lack of diabetes control with previous treatments</li><li>Not reimbursed if there is no improvement after 6 months</li><li>Only one tablet per day (3mg, 7 mg or 14 mg) is reimbursed</li><li>Obesity (BMI &gt; 30) as one of conditions for increased reimbursement</li></ul>	X	X
Semaglutide (injection)	<div>✓</div> <ul style="list-style-type: none"><li>Lack of diabetes control with previous treatments</li><li>BMI ≥ 30 kg/m2</li><li>Very high cardiovascular risk or ≥2 risk factors listed</li></ul>	<div>✓</div> <ul style="list-style-type: none"><li>Combined with other treatment</li><li>Lack of diabetes control with previous treatments</li><li>Not reimbursed if there is no improvement after 6 months</li><li>Only dose 0.5mg per week and one pre-filled pen per 28 days reimbursed</li><li>Obesity (BMI &gt; 35) as one of conditions for increased reimbursement</li></ul>	<div>✓</div> <ul style="list-style-type: none"><li>Combined with other treatment</li><li>Lack of diabetes control with previous treatments</li><li>1 pack per month</li></ul>	<div>✓</div> <ul style="list-style-type: none"><li>Reimbursed if treatment with oral diabetes drugs is not effective or is contraindicated</li><li>Obesity (BMI &gt; 30) as one of conditions for increased reimbursement</li></ul>
Liraglutide	X	<div>✓</div> <ul style="list-style-type: none"><li>Combined with other treatment</li><li>Reimbursed if previous treatment is ineffective</li><li>Not reimbursed if there is no improvement after 6 months</li><li>Obesity (BMI &gt; 30) as one of conditions for increased reimbursement</li></ul>	X	<div>✓</div> <ul style="list-style-type: none"><li>Treatment with oral diabetes drugs is not effective or is contraindicated</li><li>Obesity (BMI &gt; 35) as one of conditions for increased reimbursement</li></ul>
Tirzepatide	X	X	X	X

✓ Reimbursed; ✓ Reimbursed with conditions; X Not reimbursed

Table 2. Reimbursement status of GLP-1 analogues and tirzepatide in obesity in WE countries (June 2024)

	Germany	France	Spain	Italy	United Kingdom
Semaglutide (injection)	X	<div>X</div> <ul style="list-style-type: none"><li>Early access granted in June 2022 for patients with BMI ≥ 40 kg/m² and at least one weight-related comorbidity factor listed</li><li>Program withdrawn in at the request of the manufacturer in September 2023</li></ul>	X	<div>X</div> <div>In the list of non-reimbursed drugs</div>	<div>✓</div> <ul style="list-style-type: none"><li>Treatment period: max. 2 years</li><li>Prescribed in a specialist weight management service (including but not limited to tiers 3 and 4)</li><li>at least 1 weight-related comorbidity</li><li>BMI ≥ 35.0 kg/m2, or BMI 30.0-34.9 kg/m2 and meet the criteria for referral to specialist weight management services (lower BMI thresholds for members of ethnic groups)</li><li>Commercial arrangement required</li></ul>
Liraglutide	X	X	X	<div>X</div> <div>In the list of non-reimbursed drugs</div>	<div>✓</div> <ul style="list-style-type: none"><li>BMI ≥ 35 kg/m2 (≥ 32.5 kg/m2 for members of minority ethnic groups)</li><li>Non-diabetic hyperglycemia (HbA1c: 6.0% to 6.4% or a fasting plasma glucose: 5.5- 6.9 mmol/litre)</li><li>High risk of cardiovascular disease (risk factors defined)</li><li>Prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service</li><li>Commercial arrangement required.</li></ul>
Tirzepatide	Not assessed	Not assessed	X	No decision	Assessment in progress



Want to learn more?  
<< Scan Here

References

**Abbreviations:** BMI, body mass index; CEE, Central and Eastern Europe; DM2, type 2 diabetes; GLP-1, glucagon-like peptide-1; HbA1c, glycated haemoglobin; WE, Western European countries; UK, United Kingdom.  
1. Polish Government. Reimbursement Act of May 2021 (with amendments); 2. Zdravotnícky Deník 2022. Na Slovensku chýba komplexná starostlivosť o ľudí s obezitou, tvrdí prezidentka Slovenskej obezitologickej asociácie Ľubomíra Fábryová; 3. Ministerstwo Zdrowia, Polska. List of reimbursed medicines valid as of 1 July 2024; 4. SUKL, Czech Republic. Medicines database; 5. Tervisekassa 2024, Estonia. List of reimbursed medicines valid as of 1.06.2024; 6. Ministerstvo zdravotníctva Slovenskej Republiky. List of categorized medicinal products (06.2024); 7. G-BA, Germany. Drug Directive.; 8. HAS, France. Wegovy (semaglutide); 9. BIFIMED, Spain. Drug Database; 10. Italian Government. Official Gazette. Semaglutide; 11. Italian Government. Official Gazette. Liraglutide; 12. NICE 2014, UK. Obesity: identification, assessment and management (with amendments).