

Global Government Coverage of GLP-1 Weight-Loss Medications

Overview

GLP-1 receptor agonists — primarily semaglutide (Wegovy, Ozempic) and tirzepatide (Mounjaro/Zepbound) — have created a fiscal dilemma for health systems worldwide. These drugs produce meaningful weight loss and cardiovascular benefits, but their cost (often \$1,000+/month at U.S. list prices) threatens to overwhelm public pharmaceutical budgets. In December 2025, the WHO issued its first global guideline conditionally recommending GLP-1 therapies for long-term obesity treatment, adding policy momentum. Yet even as clinical endorsement grows, government reimbursement for the *weight-loss* indication (as distinct from type 2 diabetes) remains restricted, conditional, or absent in most countries.^[1]

Country-by-Country Status

United States

The U.S. has undergone a significant policy reversal. Historically, Medicare was barred by statute from covering weight-loss drugs, and Medicaid coverage was left to individual states.^{[2][3]}

The Biden Administration's 2026 proposed Medicare Part D rule would have opened coverage to all obese beneficiaries, but in April 2025 the Trump Administration announced that Medicare and Medicaid would *not* cover anti-obesity drugs. However, in November 2025, President Trump negotiated directly with Eli Lilly and Novo Nordisk under the **GENEROUS model**, securing GLP-1 drugs at ~\$245/month for government programs — under half the original prices.^{[3][4][5]}

The CMS then launched the voluntary **BALANCE** model in December 2025, which negotiates net prices and standardized coverage criteria with manufacturers. Under this framework:^{[6][7]}

- A Medicare GLP-1 payment demonstration is set to begin in July 2026, with beneficiary co-pays of ~\$50/month^{[8][6]}
- Full Medicare coverage under BALANCE is expected to begin in January 2027^[6]
- Medicaid coverage can begin as early as May 2026, contingent on state opt-in^{[9][6]}
- Only 13 U.S. states had Medicaid coverage for obesity-indication GLP-1s as of January 2026, down from 16 in 2025^[2]

Novo Nordisk also announced a list price reduction to \$675/month for Wegovy/Ozempic/Rybelsus effective January 2027, and launched a self-pay subscription program offering Wegovy for \$249/month (12-month plan) as of March 2026.^{[10][11]}

United Kingdom

The NHS has approved GLP-1 drugs for weight management with significant restrictions. NICE recommends tirzepatide (Mounjaro) or semaglutide (Wegovy) for patients with BMI ≥ 35 kg/m² plus at least one weight-related comorbidity. A 12-year "cohort-based" rollout is planned — approximately 580,000 people will be able to access Mounjaro on the NHS over the next five years, with a longer-run goal of treating 3.4 million people.^{[12][13]}

In August 2025, NICE updated its guidance to require a year of structured support for patients transitioning off GLP-1 medications. The UK government also announced an £85 million programme (with Eli Lilly contributing up to £35 million) to run weight management pilots in pharmacies potentially starting in summer 2026. However, NHS access remains tightly restricted in practice, with a 2026 study estimating that only about 220,000 people will be eligible for NHS treatment between 2025 and 2028.^{[14][15][12]}

Australia

Australia is moving toward PBS (Pharmaceutical Benefits Scheme) coverage. The PBAC (Pharmaceutical Benefits Advisory Committee) in November 2025 recommended listing semaglutide (Wegovy) for adults with established cardiovascular disease and obesity (BMI ≥ 35 kg/m², or ≥ 32.5 for Aboriginal, Torres Strait Islander, or Asian patients). Health Minister Mark Butler endorsed the recommendation in January 2026.^{[16][17][18][19]}

As of April 2026, no PBS listing has yet been formalized — the government and Novo Nordisk must first negotiate price and risk-sharing terms, which can take several months. Currently, no GLP-1 drugs are subsidized on the PBS for obesity. More than 400,000 Australians are spending up to \$4,000–\$5,000/year out-of-pocket on these medications.^{[17][20]}

Japan

Japan was an early mover on public coverage. Wegovy was added to Japan's national health insurance price list in 2023 following regulatory approval. Coverage is limited to patients with a BMI ≥ 35 kg/m², or ≥ 27 with at least two obesity-related comorbidities (e.g., high blood pressure, hyperlipidemia, type 2 diabetes) who have not achieved adequate results from diet and exercise alone. Japan pays roughly \$280/month — the lowest price among major wealthy nations compared to \$1,349 in the U.S..^{[21][22]}

Germany

Germany's statutory health insurance (GKV) classifies weight-loss medications as "lifestyle drugs" and does not reimburse them for the obesity indication. However, a significant exception emerged: the G-BA (Germany's top healthcare body) ruled in early 2024 that the existing ban on coverage for weight-loss drugs would **not extend** to other approved uses of Wegovy — specifically, cardiovascular risk reduction (reducing heart attacks and strokes). This opened the door to public coverage for a subset of cardiac patients. Semaglutide and tirzepatide for type 2 diabetes (as Ozempic and Mounjaro) are reimbursed with restrictions.^{[23][24]}

France

France approved Wegovy for sale in 2024 but declined public reimbursement for the weight-loss indication. Patients must pay €270–€330/month out of pocket. Wegovy received an ASMR V rating (the lowest benefit rating) in the HTA process in 2022, making it ineligible for standard reimbursement. An early-access scheme that allowed conditional reimbursement ended in 2023. The French HAS has published an HTA on tirzepatide (Mounjaro) with a reimbursement recommendation, though conditions remain strict.^{[25][26][27][24]}

Netherlands

The Netherlands offers limited reimbursement for liraglutide (Saxenda) under strict conditions: BMI ≥35 with comorbidity or BMI ≥40, after at least one year in a combined lifestyle intervention program and failure to lose sufficient weight. Semaglutide was previously not recommended for reimbursement. In November 2025, the Dutch Healthcare Institute (Zorginstituut Nederland) announced a new phased assessment of Wegovy and Mounjaro, initially targeting two patient groups: BMI ≥30 with related health conditions, and severe obesity (BMI ≥35). A formal coverage decision is still pending — potential costs could reach €1.3 billion/year.^{[28][29][30][31]}

Norway

Norway launched Wegovy in February 2023 without public reimbursement. In November 2025, Norway's Directorate for Medical Products concluded that Wegovy can be cost-effective for certain patients following a new pricing agreement with Novo Nordisk. In 2024, a partial reimbursement arrangement existed where patients paid a 50% co-payment capped at 520 NOK (\$49) per three-month supply. Norway has also restricted reimbursement of Ozempic to diabetic patients only to curb off-label weight-loss use. Full public coverage for the weight-loss indication has not yet been finalized.^{[32][33][34][35]}

Denmark

Denmark — Novo Nordisk's home country — has faced some of the starkest cost pressures. GLP-1 prescriptions consumed 18% of regional drug budgets in 2023, prompting policy restrictions. The Danish Medicines Agency in 2024 restricted and reduced Ozempic subsidies, keeping some reimbursement only for confirmed diabetes patients who cannot use cheaper alternatives. Full public coverage for Wegovy as a weight-loss drug has not been adopted; the Health Ministry estimated full obesity-population coverage would cost \$3.5–4 billion/year. Private insurer Danmark also dropped Wegovy coverage in 2024.^{[36][37][38][35]}

Sweden

Sweden became a high-profile rejection case in early 2026. The Dental and Pharmaceutical Benefits Agency (TLV) denied Novo Nordisk's application to include Wegovy in the national reimbursement system in February 2026. The decision was notably **not** based on cost-effectiveness — TLV assessed that Wegovy could be cost-effective for high-need subgroups — but on concerns about indication creep: an estimated 1.6 million Swedes fall within Wegovy's marketing authorization, and TLV concluded there was no viable mechanism to

enforce prescribing restrictions in practice. Patients without type 2 diabetes pay the full cost, up to 4,000 SEK (~\$370)/month.^[39]^[40]

China

China covers GLP-1 drugs for type 2 diabetes only through its National Reimbursement Drug List (NRDL). Ozempic (semaglutide) was listed in the 2023 NRDL for diabetes. Mounjaro (tirzepatide) was added to the NRDL in the 2025 update (effective January 2026) also for diabetes. Domestic GLP-1 competitors (Innovent Biologics' mazdutide and Eli Lilly's Mounjaro for diabetes) are increasing pricing pressure on foreign brands. No public reimbursement for the weight-loss indication exists.^[41]^[42]

Canada

Public coverage in Canada remains very limited. GLP-1 drugs are generally covered provincially for type 2 diabetes, but not for weight loss under public plans. Only about 20% of Canadians have any insurance coverage (private group plans) for these medications. Canada's Drug Agency has issued recommendations but public uptake is minimal, with access uneven across provinces. In December 2025, the WHO's conditional recommendation for GLP-1 use in obesity was unlikely to drive immediate coverage changes in Canada.^[43]^[44]^[45]

Summary Table

Country/Region	Status (as of April 2026)	Covered Indication	Key Conditions
USA (Medicare)	Pilot starting July 2026; full Jan 2027	Obesity + diabetes	~\$50/mo co-pay; BALANCE model
USA (Medicaid)	Up to 13 states; federal pilot May 2026	Obesity	State-by-state; limited
UK (NHS)	Yes, restricted	Obesity	BMI ≥35 + comorbidity; 12-yr rollout
Japan	Yes	Obesity	BMI ≥35 or BMI ≥27 + 2 comorbidities
Germany	Partial (cardiac only)	Cardiovascular risk reduction	Not for obesity per se
Australia	Pending (approved in principle Jan 2026)	Obesity + CVD	BMI ≥35 + prior CV event
Norway	Partial (cost-effective finding, 2025)	Severe obesity + comorbidities	Pricing negotiation ongoing
Netherlands	Limited (liraglutide only); review pending	Severe obesity (no diabetes)	BMI ≥35 + comorbidity + lifestyle program
France	No (refused reimbursement)	N/A	Out-of-pocket only
Sweden	No (rejected Feb 2026)	N/A	Indication-creep concerns
Denmark	Restricted (diabetes only)	T2DM only	Obesity coverage cut in 2024

Country/Region	Status (as of April 2026)	Covered Indication	Key Conditions
China	Yes (diabetes only)	T2DM only	Not for weight-loss indication
Canada	No (public plans)	T2DM (provincially)	Obesity not covered publicly

Central/Eastern Europe (Czech Republic, Slovakia, Estonia, etc.): GLP-1s generally not reimbursed for obesity; limited coverage for diabetes with strict conditions. [^46]

Why Coverage is So Difficult

Cost is the central obstacle. Even at negotiated prices, covering the full eligible obese population would bankrupt most public health budgets — Denmark estimated \$4 billion/year for its obese population alone, and the Netherlands estimated €1.3 billion/year even with restricted access. Sweden's TLV noted that covering everyone within Wegovy's marketing authorization would exceed the entire national pharmaceutical budget.^[40][38][^30]

Indication creep is a secondary but critical concern. Sweden's rejection was explicitly based on the inability to contain prescriptions to clinically appropriate patients. Similar fears shape restrictive eligibility criteria everywhere.^[40]

The cardiovascular pivot is emerging as a workaround. Germany and the U.S. (Medicare) have both found that covering GLP-1s for *cardiovascular risk reduction* — a separate approved indication — sidesteps legal and political obstacles to covering them purely for weight loss. This framing is likely to drive broader adoption in countries where obesity-specific reimbursement remains blocked.^[23][6]

The WHO's December 2025 guideline conditionally recommending GLP-1s for obesity treatment is expected to increase political pressure on governments to expand coverage, though the WHO also acknowledged that even with rapid production expansion, these therapies are projected to reach fewer than 10% of those who could benefit by 2030.^[^1]

Outlook

The global trajectory is toward broader but still tightly rationed coverage. The U.S. is making the biggest near-term move (Medicare/Medicaid pilots in 2026–2027). Australia is advancing toward a PBS listing. The Netherlands is reassessing. The UK is gradually expanding its NHS rollout. Several countries — France, Sweden, Canada — remain firmly in the "not covered" camp for now. The key dynamic is whether the cardiovascular, renal, and sleep apnea indications for GLP-1s will force a broader reclassification away from "lifestyle drugs" toward essential medicines, unlocking coverage where weight-loss reimbursement has been politically or legally blocked.^[20][30][12][6]

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