

**Registered mail**

Federal Office of Public  
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**Open letter from the Swiss Multiprofessional Obesity Society (SMOB) to the  
Federal Office of Public Health (FOPH)**

Subject: Limitation of Wegovy® – putting patient safety before economic interests

Dear Sirs

On behalf of the **Swiss Multiprofessional Obesity Society (SMOB)**, we, Prof. Dr. Marco Bütter (President) and Prof. Dr. Bernd Schultes (Vice President), are writing to you with great concern and clarity.

We have learned with growing dismay of the new practice of individual health insurance companies – above all KPT – which arbitrarily and, in our view, deliberately misinterpret the limitation of the Specialty List (SL) for Wegovy®. This practice means that numerous patients with obesity are unable to continue their ongoing, medically indicated treatment from one day to the next – despite clearly defined SL limitations.

In our view, the reasoning behind this decision is not medically motivated, but rather economically motivated—at the expense of the most vulnerable patient groups, at the expense of scientifically proven standards of care, and at the expense of our solidarity-based healthcare system.

**1. Incorrect interpretation of the SL limitation by the KPT**

The current SL limitation allows Wegovy® to be prescribed by both:

- specialists in endocrinology/diabetology FMH,

and

- obesity centers that meet the specified multi-professional quality criteria.

The KPT now interprets this in a way that requires both criteria to be met cumulatively. This contradicts not only the wording of the SL limitation, but also the spirit of

evidence-based and multi-professional obesity treatment that has been established in Switzerland for years.

On May 15, 2025, the FOPH itself clarified in a letter to insurers and professional associations that both qualified specialists and obesity centers are authorized to prescribe – but not that both are required at the same time.

## **2. Economic motives at the expense of vulnerable patients**

The current practice of the KPT – possibly with the approval of the FOPH – gives the impression that the economic interests of individual health insurance companies are being placed above the medical necessity of treating a chronic, life-shortening disease.

The SMOB seriously wonders:

- Does KPT (still) believe that obesity is a self-inflicted lifestyle problem?
- Is KPT deliberately ignoring or overlooking the scientific progress of the last two decades, which has long defined obesity as a complex, multifactorial, and chronic disease?

Both would be a relapse into long-outdated, stigmatizing patterns of thinking that have no place in a modern healthcare system.

## **3. Patients lose access to therapy overnight**

Numerous patients who are currently being treated by experienced, multi-professional teams in specialist practices will lose their treatment coverage overnight – without any transitional arrangements or alternatives.

These patients come predominantly from socioeconomically disadvantaged backgrounds. For them, self-financing a drug such as Wegovy® is simply not possible. Nor do they have the means to take legal action against this decision.

We must assume that this was coldly calculated by the KPT.

## **4. Not treating obesity costs more in the long run**

The assumption that restrictions on Wegovy reimbursement would save money is short-sighted.

Obesity is not a cosmetic problem, but the number one risk factor for:

1. Type 2 diabetes
2. cardiovascular disease
3. certain types of cancer
4. musculoskeletal disorders
5. mental health issues

The treatment of these secondary diseases costs the Swiss healthcare system several billion Swiss francs annually in direct and indirect costs. Studies show that effective obesity treatment, such as bariatric surgery, not only improves quality of life and life expectancy, but also reduces costs in the long term. A recent survey

shows that the direct healthcare costs of obesity in Switzerland alone amount to over CHF 8 billion per year.

### **5. Endocrinologists are not a mainstay of obesity care**

With all due respect, the idea that care could be provided exclusively by endocrinology practices in the future is unrealistic.

Endocrinology practices have never borne the brunt of obesity care in Switzerland – this has always been done by internal medicine practices and multi-professional centers. Even today, the waiting time for an appointment with an endocrinologist in Switzerland is up to nine months. An additional rush would completely overload these practices – to the detriment of all patients who need endocrinological clarification, whether due to thyroid disorders, adrenal gland disorders, or diabetes mellitus.

### **Conclusion and demand**

What is currently emerging is not only medically untenable, but also extremely dangerous in terms of health policy. The SMOB therefore calls on the FOPH to

1. Immediate clarification that both qualified specialists in endocrinology/diabetology and obesity centers are authorized to prescribe – in accordance with the current SL limitation.
2. A clear commitment from the FOPH that obesity is a chronic disease whose treatment falls within the scope of basic insurance.
3. A transparent dialogue with SMOB to prevent the misuse of medical limitation regulations for the purpose of cost avoidance.

On behalf of our more than 400 members—consisting of doctors, psychologists, nutritionists, nurses, and physical therapists—we call on the FOPH to act in the spirit of responsible, solidarity-based, and evidence-based health policy.

With emphasis and in the service of patients,



Prof. Dr. Marco Büter  
President of SMOB –  
SMOB Swiss Multiprofessional Obesity Society



Prof. Dr. Bernd Schultes  
Vice President