

Austria

Recent and planned developments in pharmaceutical policies 2019

Special topic: patient-based reimbursement decisions

CHANGES IN PRICING

EPR: New regulations for average wholesale margins and statutory rebates:

1 Nov 2018

The Federal Ministry of Labour, Social Affairs, Health and Consumer Protection published the amended Regulation on Procedural Rules for Calculation of the EU average price of the Pricing Committee following some changes in average wholesale margins and statutory rebates in other countries which need to be considered in the pricing decision (annual revision of average wholesale margins and statutory rebates in July).

CHANGES IN REIMBURSEMENT

Since January 1, 2019 the prescription fee amounts to 6,10 Euro. Changes in exemptions from the prescription: apart from the usual exemptions, singles with a monthly income of not more than 933,06 Euro and married couples with not more than 1.398,97 Euro are now also eligible for exemption from the prescription fee.

OTHERS CHANGES

Start of pilot on health technology / benefit assessment of (selected) medicines in the largely fragmented hospital sector ("Spitals-HEK")

Nov 2018

Implementation of the security system of the European Medicines Verification Organisation (EMVO) according to the EU-FMD (Falsified Medicines Directive). Concerned are Prescription-Only Medicines (POM). Since online sale of POM is forbidden in Austria, the online pharmacies are not affected by this development.

Feb 2019

Law about consolidation of the Austrian Social Security Institutions enters into force. Major social health insurance reform: The Institutions will be downsized from 21 to 5 institutions.

2019

e-Medikation



Final implementation phase of e-prescribing in Austria. It has already been rolled out in the out-patient system for contract physicians and pharmacies in some provinces (Vorarlberg, Styria, Carinthia, Tyrol, and Salzburg). During 2019 the remaining provinces Lower Austria, Upper Austria, Burgenland and Vienna will follow before mid of September.

2019

SPECIAL TOPIC: patient-based reimbursement decisions

OUT-PATIENT

Reimbursement of medicines that are not included in the reimbursement list (non reimbursable medicines and medicines not applied for inclusion in the reimbursement list):

Medicines not included in the reimbursement list are only allowed to be prescribed and covered by the health insurance funds in justified cases: when the treatment with such a medicine is necessary for compelling therapeutic reasons, and no alternative (reimbursed) medicine is available

(Source: Ordinance of the Federal Minister of Health and Women's Affairs on the working principles of chief physicians (for medicines, the subsequent control of prescriptions, as well as the principles of documentation) BGBl. II No. 473/2004)

The individual applications per patient have to be approved by a head physician of the health insurance funds. The prescriber is in charge of getting the approval from the head physicians. The (electronic and paper-based applications) have to include:

- The justification
- The prescribed medicines
- Diagnosis
- Anamnesis, results of medical findings, pre-treatment data

The approval or rejection decision has to be made usually within 30 min (if issued between Mon-Fri 7:00-19:30 and on Sat 08:00-12:30). The head physician may only approve the application in case the justification is available and the principles of appropriateness and economic efficiency of the prescription are considered.

In case the medicine has no marketing authorisation in Austria, the individual application may be approved if an authorised medicines is not available or has been unsuccessful.

IN-PATIENT

For medicines not included in the hospital formularies (each hospital has its own hospital formulary) the prescribing physician has to submit a justification and together with the hospital pharmacy the decision is taken. If the medicine is very expensive an additional approval of the medical director of the hospital is needed.