

SWITZERLAND

Recent and planned developments in pharmaceutical policies 2026

CHANGES IN PRICING	CHANGES IN REIMBURSEMENT
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<p>No changes in comparison to 2025.</p> <p>***</p> <p>On March 21, 2025, the legislature passed the amendments on cost-containment measures (cf. poster 2025) of the Federal Health Insurance Act (KVG, SR 832.10). Implementing regulations for pricing criteria, differentiated inspection frequency of Effectiveness/Adequacy/Efficiency (EAE) and other measures are currently under consultation and have not yet been adopted. Proposed effective date: early 2027.</p>	<p>As of January 1, 2026, a new general tariff system for outpatient medical services was introduced. The previous TARMED fee-for-service tariff was replaced by TARDOC fee-for-service tariff and outpatient flat-rates. An overarching tariff structure agreement applies to both tariffs. Certain medicines are now included in the outpatient flat-rate fees.</p> <p>***</p> <p>On March 21, 2025, the legislature passed the amendments on cost-containment measures (cf. poster 2025) of the Federal Health Insurance Act (KVG, SR 832.10). Implementing regulations for pricing models (MEA), cost impact models and reimbursement from day 0 market authorisation and other measures are currently under consultation and have not yet been adopted. Proposed effective date: early 2027.</p>
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OTHER CHANGES

<p>LOA V</p> <ul style="list-style-type: none"> – Performance-based compensation pharmacy tariff in community pharmacies. – A new collective agreement on the remuneration of pharmacists (LOA V) took effect on January 1, 2026. It governs the remuneration for counseling services provided by pharmacists when dispensing prescription medications. <p>Indication Code</p> <ul style="list-style-type: none"> – Identifier to facilitate the handling of reimbursement models /MEA for health insurers. – Starting July 1, 2026, healthcare providers must include the indication code on invoices submitted to health insurance companies for medications subject to pricing models (MEA). <p>Measures resulting from the Roundtable on cost containment (2025)</p> <ul style="list-style-type: none"> – The Medical Association has committed to recommending that its members prescribe active ingredients (IRR-prescription) when dispensing medications for the first time, and the Hospital Association recommends that its members use generic drugs and biosimilars in both inpatient and outpatient settings going forward. – Insurers have announced their intention to better inform insured individuals about the availability of generic drugs and biosimilars.

SPECIAL TOPIC: Regulation, pricing and reimbursement of pharmaceutical combination products

<p>Definition: Currently there is no official, legally binding definition for pharmaceutical combination products. Non-officially used definition: Combination products are two or more drugs that are combined in therapy according to their authorized indication.</p> <p>Regulations and Pricing and Reimbursement policy: Currently there are no official, legally binding regulations or a specific pricing and reimbursement policy for pharmaceutical combination products. It is the practice of the Federal Office of Public Health (FOPH) that pricing is done by internal price referencing (IPR). The amount exceeding the economically determined price is offset by reimbursements from the marketing authorization holders to the health insurance companies, with various managed entry agreements (MEA) being applied. The specific allocation of these reimbursements is negotiated separately between the marketing authorization holders and the FOPH.</p>
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