

# Austria

## Recent and planned developments in pharmaceutical policies 2026

### CHANGES IN PRICING

No changes in comparison to 2025.

### CHANGES IN REIMBURSEMENT

#### Prescription fee

The prescription fee was not increased in 2026, it remains the same as in 2025 (7.55 Euro).

#### Supporting efficiencies in the medicines sector

The federal state financially supports cross-regional projects in Austria that seek to create efficiencies in the medicines sector, especially regarding high-priced medicines, thereby supporting the possibility of increased joint funding between the federal government and the regional states in pharmaceutical reimbursement. Currently, criteria are being developed for how to decide which high-priced medicines can be funded through the special funding stream available under this policy initiative. This will concern mostly inpatient, highly specialised medicines.

#### Federal Appraisal Board

In 2025 the Federal Appraisal Board, which was established in 2024, completed the appraisal of five specialised and high-priced medicines for the inpatient sector.

### OTHER CHANGES / DEVELOPMENTS

A stockpiling regulation came into effect on 21 April 2025. The regulation requires pharmaceutical manufacturers to stockpile a four-month supply of painkillers, antibiotics, cold medicines, and some products indicated for cardiovascular diseases or lung conditions. In 2025, five pharmaceutical wholesalers brought a legal case to Austria's Constitutional Court, arguing that the extent of the stockpiling requirements is unconstitutional. The Constitutional Court rejected the challenge on 18 December 2025, thereby confirming that the regulation is constitutional.

There has been a change in the way social health insurance organisations keep a record of a patient's annual spending on prescription fees, which affects the annual prescription fee price cap. Since January 2026 the prescription fee accounts that are part of patients' insurance records include not only the medicines for which a prescription fee was paid, but also those that were prescribed by a physician but were not considered as part of the prescription fee costs because they cost less than the prescription fee. This means more medicines than previously now count towards the annual prescription fee price cap.

The Austrian Chamber of Pharmacists introduced a digital application, the ApoApp. Its functions include an overview of medicines availability in pharmacies, a pharmacy finder, health-related news as well as an option for planning and setting reminders for taking one's medication. Participation in the ApoApp by pharmacies is voluntary. The application receives no public funding.

### SPECIAL TOPIC:

#### Regulation, pricing and reimbursement of pharmaceutical combination products

##### Outpatient sector:

Two types of combination products:

- "Classic" combination products: mono + mono: general Austrian regulations are followed, pricing depends on the medical-therapeutic value
  - Add-on therapies, often in cancer treatment
    - Challenges: attributing value to such combination therapies | evermore increasing costs | "therapeutic line based on medical guidelines" versus "economic therapeutic line"
    - Strategy: Flexibility in negotiations, often managed entry agreements (re-evaluation after some time) to address the uncertainty
- Case examples from outpatient sector in Austria: pool models
- for new indications with different pharmaceutical companies included in the pool (= expenditure cap)
  - for various products, also future products from the same pharmaceutical company (= portfolio agreement)

##### Questions:

- Do other countries have explicit regulations/guidelines or policy mechanisms for combination therapies? (e.g., automatic price adjustments such as a 20% reimbursement reduction per component when two novel agents are combined, as discussed in Germany), and how consistently are these applied in practice?
- What about the inpatient sector?
- What is the incremental contribution of each component to the overall clinical benefit, and how is this reflected in pricing and reimbursement negotiations?
- What is the appropriate pricing approach for combination therapies—additive pricing (sum of components), discounted bundle pricing, or value-based pricing aligned with incremental benefit?
- How can double payment for overlapping or non-distinct therapeutic benefits of individual components be avoided?