BELGIUM

Recent and planned developments in pharmaceutical policies 2026

CHANGES IN PRICING

- **Since 01.2026**:
  - Indexation of maximum co-payment (+2,72 %)
  - Introduction of a minimum co-payment per packaging in public pharmacies, (not in hospitals): 1.00 € (active insured) - 2.00 € (increased allowance)

Category	A/Fa (vital specialities)	B/Fb (therapeutically important)		C (symptomatic treatment)	Cs (comfort treatment, f.e. allergy)	Cx (comfort treatment, f.e. contraception)
		Preferentially assured (P.A.)	Regularly assured (R.A.)			
Max. (EUR)	1.00 € 2.00 €	**8,50 €** (< 60 units) **10,50 €** (> 60 units)	**12,80 €** (< 60 units) **15,90 €** (> 60 units)	**10,50** € (P.A.) **15,90 €** (R.A.)	No max	No max

- **Since 01.2026**: 2,72% increase of economical margin and dispensing fee for pharmacists: 5,35 € (previously 5,20 €)

CHANGES IN REIMBURSEMENT

- **Since 01.2026:**

-Decreased reimbursement of proton pump inhibitors from category B or C to category Cx (no max price)
-Decreased reimbursement of cholesterol-lowering drugs from category B to category C

Upcoming:

- **From 10.2026:**

Delivery and tarification of antibiotics by units instead of packaging:

- Only oral solid forms
- Mandatory prescription by substance name from 01.2027
- Exception: antibiotics with few rotation
- Fee by treatment (5,35 €) + fee if repackaging (5,35 €)

Ongoing:

- Reform Chapter IV: administrative simplification of reimbursement conditions

OTHER CHANGES

Royal Decree Compensation since 01.2025:

- Essential drugs, when not available in Belgium, can be imported from other countries and will be reimbursed. Patient cost stays the same, additional costs will be funded by companies. For the year 2025 the additional costs for the import of the unavailable drugs was +- 2.246.000 €

Early and Equitable Fast Access (EEFA) since 01.2026:

- Earlier and better access for Belgian patients to innovative medicines, that addresses an unmet medical need or offer significant added value
- Safety has been confirmed by EMA or has already been included in CUP/MNP
- the NIHDI grants companies that make a medicine available to patients free of charge, a temporary reimbursement based on a flat-rate amount per patient

SPECIAL TOPIC:

Regulation, pricing and reimbursement of pharmaceutical combination products

Definition: A combination therapy is a treatment that uses two or more distinct medicinal products, consisting of an add-on product used in combination with one or more backbone products for a given indication. The backbone product is not authorised for that specific indication.

Regulation:

•Currently no specific legal framework for the reimbursement of combination therapies
•A multistakeholder working group has been established (government, administration, industry, Belgian Competition Authority(BCA))
•A proposed regulatory framework includes an extension of the Royal Decree:

- The add-on product informs the backbone products in advance of submission at the Commission of Reimbursement of Medicines (CRM)
- The backbone product is encouraged, but not obliged, to submit
- Aligned procedures
  - Same start date
  - Suspension of one = suspension of all
- A single CRM proposal is submitted for the add-on and backbone product(s)
- If the backbone product does not apply, the CRM may adopt backbone related criteria by Ministerial Decision

Reimbursement Principles:

- CRM determines the overall willingness to pay for the combination therapy
- CRM does not split costs between components
- The backbone product may contribute financially, but is not obliged to do so
- The add-on product is responsible for meeting the willingness to pay

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