

Navigating Three Systems: A Comparative Analysis of Pharmaceutical Reimbursement in Germany, Austria, and Switzerland

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Authors: **Stefan Walzer, MA, PhD^{1,2,3}, Jonas Jost¹, Yannick Walzer¹ and Lutz Michael Vollmer^{1,4}**

¹MArS Market Access & Pricing Strategy, Weil am Rhein, Germany ²RWU Ravensburg-Weingarten University of Applied Sciences, Weingarten, Germany ³State University Baden-Wuerttemberg, Lörrach, Germany ⁴University of Tuebingen, Germany

INTRODUCTION

Although Germany, Austria, and Switzerland share language, culture, and similar health outcomes, their pharmaceutical reimbursement systems differ considerably in structure, timing, and stakeholder engagement. For manufacturers, understanding these differences is critical to optimizing market access strategies across the DACH region.

METHODOLOGY

A comparative policy analysis was conducted based on national legislation, HTA guidance, and reimbursement pathways in:

- Germany (AMNOG process)
- Austria (HVB List and BASG coordination)
- Switzerland (Specialties List inclusion via BAG)

Key evaluation dimensions included:

- Dossier requirements
- Decision timelines
- Price negotiation mechanisms
- HTA methodology
- Transparency

Supplementary insights were drawn from interviews with regional access experts and public payer reports.

RESULTS

Germany features a rapid post-launch access model with a 12-month free pricing window and value-based price negotiation anchored in added benefit assessments (AMNOG). The process is transparent but politically charged.

Austria operates a pre-launch inclusion system via the EKO (reimbursement list), coordinated by the Main Association of Social Insurance Institutions (Dachverband/HVB). The process is more administratively driven with limited public documentation and no structured added-benefit negotiation.

Switzerland combines clinical and economic evaluation under the Federal Office of Public Health (BAG). Inclusion into the Specialties List (SL) is required before reimbursement. Pricing often refers to international comparators and therapeutic alternatives and allows for negotiations based on cost-effectiveness or budget impact.

Feature	Germany	Austria	Switzerland
Access Timing	Post-launch with 12-month free pricing	Pre-launch listing required	Pre-launch listing required
Main Authority	G-BA & GKV-SV	Dachverband (HVB)	BAG (Federal Office of Public Health)
HTA Model	Value-based with added-benefit rating (AMNOG)	Administrative inclusion into EKO	Clinical and economic evaluation
Transparency	High – published dossiers and decisions	Low – limited public documentation	Moderate – some public rationale
Price Negotiation	Based on added benefit and comparators	Negotiated, but not based on structured benefit	Based on therapeutic alternatives and international prices
Use of CEA	Rare, not central to pricing	Not formally used	Frequently used with budget impact

CONCLUSIONS

Despite geographic proximity, Germany, Austria, and Switzerland follow fundamentally different reimbursement logics—impacting speed, predictability, and strategic sequencing. Manufacturers must tailor submissions to each market's regulatory rhythm, pricing culture, and evidentiary expectations.

Cross-border learnings remain limited due to institutional design, but opportunities for regional efficiencies may emerge through:

- Shared horizon scanning practices
- Joint acceptance of real-world evidence
- Early scientific advice coordination



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Contact: Dr. Stefan Walzer
s.walzer@marketaccess4-0.com