European Commission

Capacity building to support the uptake of biosimilars in a multistakeholder approach

AUGMENT Biosimilars
Country fiche LIECHTENSTEIN

Excerpt from:

European Commission: European Health and Digital Executive Agency, Vogler, S., Habimana, K., Helter, T., Knoll, V. et al., Capacity building to support the uptake of biosimilars in a multistakeholder approach – Final study report. Annex 7, AUGMENT, Country fiches, Publications Office of the European Union, 2025

Vogler S, Walter M, Knoll V, Habimana K, Helter T

augment biosimilars

EUROPEAN COMMISSION

Directorate-General for Health & Food Safety
Unit: SANTE-D2 (Medical products: quality, safety, innovation)

Contact: François Janssens

E-mail: sant-atf@ec.europa.eu

European Commission
B-1049 Brussels

Disclaimer

This Country fiche was produced under the EU4H 2023 Programme under a service contract with the European Health and Digital Executive Agency acting under the mandate from t he European Commission. The information and views set out in this study are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency. The Commission/ Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein.

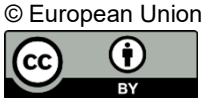
Manuscript completed in November 2025

First edition

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication.

Luxembourg: Publications Office of the European Union, 2025

© European Union, 2025



The reuse policy of European Commission documents is implemented by Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Unless otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC BY 4.0) licence (https://creativecommons.org/licenses/by/4.0/). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

PDF ISBN 978-92-95239-98-2 doi: 10.2925/9409811 HW-01-25-049-EN-N

Annex 7.18

AUGMENT Biosimilars country fiche: Liechtenstein 2025

Capacity building to support the uptake of biosimilars in a multistakeholder approach

The AUGMENT Consortium produced this country fiche as part of the project "Capacity building to support the uptake of biosimilars in a multistakeholder approach (HADEA/2023/OP/0040)" commissioned by the European Health and Digital Executive Agency (HaDEA). The AUGMENT Consortium consists of the Austrian National Public Health Institute (Gesundheit Österreich Forschungs- und Planungs GmbH / GÖ FP), as consortium lead; the Polish Agency for Health Technology Assessment and Tariff System (Agencja Oceny Technologii Medycznych i Taryfikacji / AOTMiT), the Medical University Sofia (MUS), and the NOVA National School of Public Health in Lisbon.

In this project (abbreviated AUGMENT Biosimilars project), the AUGMENT Consortium performed a **comprehensive study** which aimed to offer a **mapping and** an **analysis of existing policies and practices** to encourage biosimilar uptake and competition in 32 European countries (all European Union (EU) and European Free Trade Association (EFTA) Member States, and the United Kingdom). In the analysis, the impact of biosimilar policies on improving patient access to medicines as well as barriers and facilitators in the policy implementation will be studied. For further information see biosimilars.goeg.at.

Key terms related to biosimilar policies can be found in the project's Glossary.

Contributors

This country fiche was produced by GÖ FP based on findings from systematic and narrative literature reviews.

We gratefully acknowledge the validation of this country fiche by:
Vlasta Zavadova, Amt für Gesundheit, Landesverwaltung Fürstentum Liechtenstein / Office of Public Health, State Administration Principality of Liechtenstein
Walter Sinn, Amt für Gesundheit, Landesverwaltung Fürstentum Liechtenstein / Office of Public Health, State Administration Principality of Liechtenstein

How to quote: Knoll V: AUGMENT Biosimilars country fiche: Liechtenstein 2025. Annex to the study on "Capacity building to support the uptake of biosimilars in a multistakeholder approach", AUGMENT, 2025. Commissioned by the European Health and Digital Executive Agency (HaDEA)

1 Summary of biosimilar policies and practice in Liechtenstein 2025

Major biosimilar policies and practices and developments

There are no biosimilar specific policies or practices. Reimbursement is oriented by the Swiss "List of pharmaceutical specialities with prices" (Spezialitätenliste, SL, hereafter "specialties list") with some exceptions.

Key stakeholders

The Office of Public Health acts both as legislator and national regulatory authority for medicines including biosimilars in Liechtenstein. Medicinal products may only be marketed in Liechtenstein if their efficacy and safety have been proven and verified. Due to customs union with Switzerland Liechtenstein automatically allows medicines approved by Swissmedic (Swiss Agency for Therapeutic Products) on the market. Since 2005, medicinal products with new chemical entities (NCEs), even if approved by Swissmedic, are subject to a 12-month market entry delay in Liechtenstein and are added to a negative list (NCE negative list), unless they have already been approved in the EU.

Liechtenstein also adopts the medicines reviewed and approved by the EU in the centralised procedure.

Based on the bilateral agreement between Austria and Liechtenstein, which entered into force on 1 December 2010, marketing authorisations granted by the Austrian national competent authority under the mutual recognition or decentralised procedure (MRP/DCP) are automatically valid in Liechtenstein, provided the applicant explicitly requests recognition.

However, most of the medicines on the Liechtenstein market are medicinal products approved by Swissmedic.

Regarding reimbursement of medicines in Liechtenstein, the Swiss Federal Office of Public Health (FOPH) draws up various lists setting the prices and tariffs for medicines, which are refunded to the stipulated maximum under the compulsory health insurance. That includes the list of drugs and special therapies with prices (specialities list - SL), which – based on Liechtenstein law – also applies in Liechtenstein for services, tariffs and prices under the compulsory health insurance scheme. Deviations from the Swiss list are specified in Annex 2a of the relevant Liechtenstein ordinance.

Impact assessment

Not available – new legislation enters into force on 1 May 2025.

Barriers, facilitators and good practice examples

Not applicable – implementation has not yet started.

Recent developments

Switzerland (e.g. FOPH) actively promotes the use of biosimilars; outcomes are reflected in the Swiss Spezialitätenliste (SL). In Liechtenstein, reimbursement follows directly based on this list.

Highlights and learnings

Too early to assess.

2 Key data regarding biosimilars in Liechtenstein

First biosimilar medicine launched (i.e. brought on the market):
Filgrastim-Mepha – the same medicine as in Switzerland.

Number of the **biosimilars marketed**:
No information available. Reference is made to Switzerland.

Biosimilar market shares in 2023 (or latest available data):
No information available.

Key national publicly accessible sources reporting data on biosimilars *(e.g., on numbers of biosimilars marketed, reimbursed, dispensed, on (public) spending on biosimilars)*:
No public data available.

3 Stakeholders involved in and targeted by biosimilar policies in Liechtenstein

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by stakeholder
Legislator	Office of Public Health, State Administration Principality of Liechtenstein – Amt für Gesundheit, Landesverwaltung Fürstentum Liechtenstein	Prepares legislation. In Liechtenstein the Swiss law as well as the EU-law are applicable. Aditionally, Liechtenstein has also the national law.	Medicinces marketing authorisations with delayed recognition
National regulatory authority		Implements regulatory provision regarding biosimilars, quality assurance and pharmacovigilance. The Office of Public Health acts both as legislator and national regulatory authority for medicines including biosimilars in Liechtenstein. Medicinal products may only be marketed in Liechtenstein if their efficacy and safety have been proven and verified. Due to customs union with Switzerland Liechtenstein automatically allows medicines approved by Swissmedic (Swiss Agency for Therapeutic Products) on the market. Since 2005 medicinal products with new chemical entities even if approved by Swissmedic however are delayed before entering the Liechtenstein market for 12 months and added to a negative list (NCE negative list), in case they are not yet approved in the EU. Liechtenstein also adopts the medicines reviewed and approved by the EU in the centralised procedure. Based on an agreement between Liechtenstein and Austria a some of medicines approved by the Austrian national competent authority are recognised for market by Liechtenstein as well.	
Pharmaceutical pricing authority	Government of the Principality of Liechtenstein (Liechtensteinische Regierung)	In practice Liechtenstein does not have a direct role in setting biosimilar prices. Biosimilars are assessed and priced in Switzerland. The Liechtenstein system thus ensures alignment with Swiss pricing and reimbursement policies, facilitating access to biosimilars under the same conditions as Switzerland.	FOPH Schweiz
Pharmaceutical reimbursement authority	Office of Public Health (Amt für Gesundheit)	Liechtenstein uses the Swiss 'List of pharmaceutical specialities with prices' (Spezialitätenliste, SL) as the basis for reimbursement. The government holds the authority to deviate from this list, as specified in Annex 2a of the Health Insurance Ordinance. Additionally, medicines dispensed abroad are covered under certain circumstances outlined in Article 52 of the Health Insurance Ordinance. Medicines are eligible for reimbursement under compulsory health insurance if they appear on the specialties list, issued by the Swiss Federal Office of Public Health (FOPH), as stipulated in Article 52 of the Health Insurance Ordinance.	Health Insurance Ordinance
Procurement agency	Not applicable		

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by stakeholder
HTA agency / body	Not applicable		
National competition authority	*Represented by:* Bureau of Competition Policy, Office of Economic Affairs (Amt für Volkswirtschaft)	Enforces the European competition regulation.	
National patent office	No own patent office; conducted by: Eidgenössisches Institut für Geistiges Eigentum / Swiss Federal Institute of Intellectual Property	Granting and managing patents on biologic medicines	
Doctors	*Represented by:* Liechtensteinische Ärztekammer	Prescribe, procure and sell medicines, inform patients.	
Midwives	*Represented by:* Liechtenstein Midwives Association (Verein Liechtensteiner Hebammen)	Midwives may only administer medicinal products in accordance with the annex of the Liechtenstein Medicinal Products Ordinance (Heilmittelverordnung; HMV).	
Community pharmacists	*Represented by:* Apothekerverein des Fürstenstein Liechtenstein	Dispense medicines, inform patients. Procure medicines.	
Hospital pharmacists			
Patient organisations	*Represented by:* Liechtensteiner Patientenorganisation (LIPO)	Advocate for patients.	
Consumer organisations			
Biosimilar industry	Not applicable.		
Generic industry			
Pharmaceutical industry in general			
Pharmaceutical industry for new biological medicines			

Source: Stakeholder mapping done by GÖ FP (AUGMENT Consortium), Vogler et al. 2022, and further publications as indicated in the colum "Publications by stakeholder"

4 Biosimilar policies and practices in Liechtenstein 2025

Below, information on different biosimilar policies and practices is provided (and in some cases, also on further medicines, e.g., on generics or other biosimilars – presented in the grey shaded lines in the tables). Note that the information relates to the year 2024, to the national level and to outpatient and inpatient sectors, unless specified differently.

4.1 Pricing and procurement policies

Biosimilar price link

A **biosimilar price link** is in place.	No biosimilar price link is applied in Liechtenstein. Prices are determined in Switzerland and adopted via the Swiss Specialties List (Spezialitätenliste), which is legally binding in Liechtenstein.
It applies for the following situations:	
Price reduction of the first biosimilar compared to the reference product	
Price reduction of the second, third and further biosimilars	
Price reduction for the reference product	
Any further specificities	
A **generic price link** is in place.	Generic price links are not set nationally. Liechtenstein follows the Swiss Specialties List, which includes price link mechanisms defined by the Federal Office of Public Health (FOPH).

External price referencing

External price referencing is applied for biosimilars.	In practice Liechtenstein does not have a direct role in setting biosimilar prices. Biosimilars are generally assessed and priced in Switzerland.
It applies for the following situations:	
Any specificities	
External price pricing is in place for other medicines than biosimilars.	See above

Tendering

Some (or all) **biosimilars are procured through tendering** (or tendering-like) processes.	No own tendering procedure.
If yes, the scope with regard to the care sector:	
Tendering biosimilars in the inpatient sector	
Scope of biological medicines tendered	
Institutional framework	
Information available on procurement procedures and practices	
Tendering biosimilars in the outpatient sector (or tendering-like policies)	
Scope of biological medicines tendered	
Institutional framework	
Information available on procurement procedures and practices	
Generics are tendered (or procured through competitive tendering-like policies).	

4.2 Reimbursement policies

Reference price system

Biosimilars are included into the reference price system (RPS) applied in the outpatient sector.	Biosimilars are included in the Swiss SL. Reimbursement is based on the listed price per product.
If yes, how many and under which specifications	
If publicly accessible, indicate URL of RPS list	
When were first biosimilars included in the reference price system?	
Any further specificities	
In general, a reference price system is in place (for other medicines than biosimilars), and how those medicines are clustered?	No formal reference price system is applied. Each reimbursable medicine is individually priced on the Swiss SL. Reimbursement is based on the listed price per product.

Inclusion into reimbursement and co-payments

Reimbursement in the outpatient sector	
Apart from their potential inclusion into the reference price system (see above), biosimilars are included in outpatient reimbursement (specialties list)	The Swiss specialties list is used in Liechtenstein. The SL includes biosimilars.
If yes, how many and date of inclusion into reimbursement, if known	
Extent of reimbursement rates applicable for biosimilars included in the outpatient specialties list	
Any specificities regarding the process of inclusion into outpatient reimbursement compared to other medicines for outpatient use	
Indicate URL of outpatient specialties list	https://www.xn--spezialittenliste-yqb.ch/
Co-payments for biosimilars for outpatient use	see below
For medicines for outpatient use in general (other medicines than biosimilars) Specialties list for medicines in general Percentage reimbursement rates are in place Co-payments for reimbursable outpatient medicines	All medicines are eligible for reimbursement under compulsory health insurance if they appear on this Swiss specialties list issued by the Federal Office of Public Health as stipulated in Article 52 of the Health Insurance Ordinance. According to Art. 23 of the Health Insurance Act (KVG), each insured person under the mandatory health insurance pays a fixed annual amount of CHF 500 (fester Betrag). In addition, a 20 % co-payment (Selbstbehalt) applies to costs exceeding this threshold, up to a maximum of CHF 5,000. This means that the insured individual is responsible for CHF 500 plus CHF 900 (20% of CHF 4,500) in annual co-payments. These rules apply to services covered by the mandatory health insurance, including reimbursable medicines listed on the Swiss Specialties List (Spezialitätenliste, SL). In addition to the mandatory fixed annual amount of CHF 500, insured persons can choose from voluntary higher contribution levels, which are CHF 1,500, CHF 2,500, and CHF 4,000. These additional options allow insured individuals to adjust their annual cost-sharing according to their preferences. The co-paymets do not apply to certain services (e.g. check-ups, maternity benefits and certain chronic illnesses). Furthermore, for children (0-16), young adults (17-20), and individuals of ordinary retirement age, special co-payment rules apply.

Reimbursement in the inpatient sector	
Biosimilars are included in hospital pharmaceutical formularies (at national, regional and/or facility level	There is only one public hospital in Liechtenstein with 35 beds. It is assumed to use its own formulary.
Any specificities regarding the process of inclusion into hospital pharmaceutical formularies compared to other medicines for inpatient use	
Indicate URLs of hospital pharmaceutical formularies, if publicly accessible	
Co-payments for biosimilars for inpatient use	Co-payment as stipulated by the law according to Art. 23 of the Health Insurance Act (KVG)
<u>For medicines for inpatient use in general (other medicines than biosimilars):</u> Hospital pharmaceutical formularies Co-payments for medicines for inpatient use	Hospital pharmaceutical formulary for only public hospital. Co-payment as stipulated by the law according to Art. 23 of the Health Insurance Act (KVG)

Source: National Administration 2024a

4.3 Specific pricing, procurement and funding policies

For defined medicines, public payers and payers have been piloting and implementing specific funding models (such conditional reimbursement, managed-entry agreements, and subscription models such as the Netflix models). Typically, these funding models apply for high-priced medicines with high uncertainties (e.g., originator biologicals) or for medicines with small populations whose uptake is aimed to be encouraged. The section provides information whether biosimilar medicines are also subject to specific funding models. Furthermore, it also looks into possible anti-trust cases.

Application of **special pricing, procurement and reimbursement models for biosimilars** (e.g., delinkage / subscription-model, management-entry agreements (MEAs)	No information available.
Enforcement of anti-trust policies	Anti-trust policies related to pharmaceutical pricing, procurement, and reimbursement are based on the principles set by the Swiss competition authorities and the European Union. The Office of Economic Affairs is responsible for the implementation of the EEA competition rules in Liechtenstein.
Specific pricing and funding (e.g., subscription models, MEAs, …) for other medicines	No information available.

Source: National Administration 2024d

4.4 Supportive tools and practices for policy-makers

Horizon scanning

Public authorities or public payers use a horizon scanning system to identify loss of exclusivity (patent expiry) of biologics	No information available.
If yes, describe the process and the tools (e.g. regular consultation of a database, horizon scanning scoping meeting with stakeholders), including who use horizon scanning	

Health technology assessment

Definition: HTA is a multidisciplinary process that uses explicit methods to determine the value of a health technology at different points in its lifecycle. The purpose is to inform decision-making in order to promote an equitable, efficient, and high-quality health system.

HTA is applied for biosimilar medicines	No information available.
If yes, in which situations and settings (outpatient and inpatient)	
Differences in criteria and processes of HTA for biosimilars compared to other medicines	
Any specificities	

4.5 Demand-side measures

Doctors (and further prescribers)

Country context: Only doctors may prescribe.

Prescribing and switching recommendations	
Prescribing recommendations for doctors with regard to prescription of biosimilars exist	No.
If yes, what is recommended for naïve patients?	
If yes, what is recommended for patients already on biologic treatment	
Prescription guidelines (including switching guidelines) were issued by	
URL of prescription & switching guidelines	
Prescribing quota	
Prescribing quota for doctors with regard to prescription of biosimilars exist	No.
If yes, which quota are defined for biosimilars	
Any exemptions	
Any sanctions in case of non-achievement	
Any (financial) incentives for achieving the quota	
Prescribing quota were issued by	
URL of prescribing quota	
Prescribing quota for other non-biosimilar medicines exists	No.
Further gain-sharing models	
Further gain-sharing models exist (beyond those mentioned above)	No.
If yes, pls. describe (care setting: outpatient / inpatient, contract parties, content and incentives of gain-sharing, when was it introduced)	
Publicly accessible information	
INN prescribing	
In general, prescribing by INN is place (information not focused on biologics)	No.
If INN prescribing is allowed, there are some exemptions, and biologics are among the exemptions	
Further measures targeted at doctors	
Information materials for doctors	No.
Information events for doctors (e.g., seminars, trainings)	No.
Involvement of doctors in switching studies that evaluate clinical outcomes of a switch	No.

Pharmacists (and further dispensers)

Country context: Pharmacists and "other consultants" may dispense medicines.

Substitution policies	
(Automatic) substitution for biosimilars	Generic medicines and biosimilars will be treated equally under the amended Health Insurance Ordinance entering into force on 01.05.2025. Substitution will be allowed where permitted by law.
If yes, for which biologic substances and under which prerequisites?	
If yes, since when, and when was it extended? (process of implementation)	
Any specificities	
URL of underlying law	
Generic substitution in place	Yes, *"pharmacists can replace original preparations on the specialities list with the cheaper generics on this list unless the doctor expressly requests that the original preparation be dispensed. In the event of a substitution, they will inform the prescriber of the preparation dispensed."*
Gain-sharing models	
Gain-sharing models for pharmacists	No.
If yes, pls. describe (care setting: outpatient / inpatient, contract parties, content and incentives of gain-sharing, when was it introduced)	
Publicly accessible information	
Further measures targeted at pharmacists	
Information materials for pharmacists	No. General information provided by National Administration on its website. However no specific information regarding biosimilars available.
Information events for pharmacists (e.g., seminars, trainings)	No.

Source: PPRI 2025, Liechtensteinisches Landesgesetzblatt 74/2000

Patients

Information and educational measures	
Information materials for patients	No.
If yes, provide URL of most common materials	
If yes, key producers of education measures	
Information events for patients (e.g., seminars, trainings)	No.
If yes, key providers of educational events	
Gain-sharing models	
Gain-sharing models for patients	No.
If yes, pls. describe	
Publicly accessible information	

5 Impact of biosimilar policies and practices in Liechtenstein

No literature was found on the impact of biosimilar policies and practices.

6 Barriers for biosimilar uptake and policy implementation in Liechtenstein

Evidence, stakeholder- and communication-related barriers

Skepticism of doctors and patients regarding the efficacy of biosimilars.

7 Facilators and good practice examples in Liechtenstein

The new legislation mentioned above is going to facilitate and strengthen the role of pharmacists by interchange of biosimilars for biological originator medicines. This might with time dissolve the anti-trust.

8 Developments in Liechtenstein

In general Liechtenstein applies the Swiss specialties list (Spezialitätenliste, SL) for the reimbursement of biosimilars. Any adjustments made in Switzerland will be determined in Liechtenstein according to the processes foreseen in the law.

Recent changes

New law entere into force on 1st May 2025.

Plans or under discussion

Amendments to the Health Insurance Ordinance will enter into force on 01.05.2025. In general, more cost-effective alternatives (generics or biosimilars) are to be promoted and used to reduce expenditure.

Specific clarifications are currently under discussion regarding how to proceed in exceptional cases (e.g. reimbursement in individual cases) not covered by the Swiss specialties list (Spezialitätenliste, SL).

9 Biblography

BASG. Arzneispezialitätenregister – Online Suche Arzneispezialitäten. Online Register for Austria. Accessed on 3 December 2024. Arzneispezialitätenregister

Liechtensteinisches Landesgesetzblatt. Jahrgang 2000 Nr. 74 ausgegeben am 24. März 2000. Verordnung vom 14. März 2000 zum Gesetz über die Krankenversicherung (KVV). Accessed 3 December 2024. KVV | Lilex - Gesetzesdatenbank des Fürstentums Liechtenstein

National Administration. Principality of Liechtenstein. Medication. Online information. Accessed 3 December 2024. 2024a. Medication - Health insurance - Insurance - Health, Prevention & Care - Private individuals - Company Name

National Administration. Principality of Liechtenstein. Approved drugs. Online information. Accessed 3 December 2024. 2024b. Approved drugs - Drugs - Health professions / remedies - Industries, Professions & Associations - Business - Company Name

National Administration. Principality of Liechtenstein. Mitteilung zur verzögerten Anerkennung Schweizer Zulassungen von Arzneimitteln mit neuen Wirkstoffen in Liechtenstein. Accessed 3 December 2024. 2024c. Umsetzung der Anpassung des bilateralen Vertragsverhältnisses zwischen Liechtenstein und der Schweiz in Bezug auf die Heilmitt

National Administration. Principality of Liechtenstein. Competition law. Online information. Accessed 3 December 2024. 2024d. Competition Law - Office of Economic Affairs - National Administration - Company Name

Vogler S, Salcher-Konrad M, Habimana K: Study on best practices in the public procurement of medicines: final report. European Commission, European Health and Digital Executive Agency: Publications Office of the European Union, 2022. https://data.europa.eu/doi/10.2925/044781



Publications Office
of the European Union