

# Advanced Wound Dressings Face Europe's Price Test Despite Demand

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Europe's chronic wound burden is rising, but better dressings still do not move easily into routine use. MedTech Europe estimates chronic wounds affect 7.4 million to 14.9 million people in Europe. They can take up to 4% of healthcare spending, much of it tied to long care episodes. Advanced dressings can help selected wounds, including those needing moisture control or infection management, but payment is a challenge to adoption. Many systems still favor low upfront cost, even when a pricier dressing may lower care costs later.

## Fragmented reimbursement keeps advanced wound dressings hard to scale

The **reimbursement policy** decides how much of the market companies can actually reach. Across Europe, coverage can vary by wound type, prescriber, product list, care setting, and local rules. A dressing may work well clinically and still face different economics in hospitals, home care, and self-care. Clinical need turns into **real demand only when payers reimburse the product**, providers stock it, clinicians can prescribe it easily, and patients can afford it. Without those conditions, **clinicians usually reach for cheaper or already-listed alternatives**.

### *Germany shows how evidence rules can narrow dressing reimbursement*

Germany shows how reimbursement risk can slow adoption, even in a mature market. Since December 2020, Germany has drawn a clearer line between standard dressings and products that actively affect healing. Standard

dressings can still go directly through statutory health insurance. **Products that actively affect healing need G-BA review and Annex V listing.**

Some of these products were already reimbursed before the rule changed. To avoid cutting them off at once, Germany allowed temporary coverage. That transition now runs until December 2026. After that, **manufacturers will face a clearer evidence hurdle.**

In June 2025, G-BA added **Urgo Medical's** UrgoStart Tül to Annex V for adult diabetic foot ulcers under defined conditions. This shows that Germany is not blocking higher-value dressings outright.

However, it is asking manufacturers to **prove value for a specific product and wound type.** Broad advanced-dressing claims will not get far on their own. Established reimbursed products gain time until the transition ends. Newer premium products still need stronger clinical and economic proof before they can grow beyond niche use.

### *Local access rules can shrink the reachable wound dressing market*

Coverage rules also shape where companies can realistically grow. In Finland, wound care supplies are normally tied to county criteria, often for chronic wounds lasting more than three months. In practice, exceptions vary by county, so access is not completely uniform.

Switzerland is different because access depends more on the prescriber. A doctor or eligible wound care specialist must prescribe the product, and reimbursement still depends on listing and coverage level.

These rules limit the number of patients who can get reimbursed products, so companies have to **focus on the clinics, prescribers, and buyers that can actually secure access.** Local lists, chronic-wound status, and prescriber type decide which products clinicians use. Sales teams need to spend more time with clinics, prescribers, home-care pathways, and local buyers who can secure reimbursed use.

### *Price-led tenders keep cheaper wound dressings in front*

Even when advanced dressings offer clinical or workflow benefits, their higher unit price remains a major barrier to routine use.

### *Premium dressings must prove they lower total wound care costs*

NICE's 2025 guidance on antimicrobial dressings for locally infected leg ulcers shows price pressure in practice. When more than one dressing fits, **providers should choose the least expensive option**. They should also look at extra products, change frequency, and professional visits. This makes it harder for premium products to justify a higher price.

An expensive dressing has to improve care in a way buyers can measure. Companies have to prove that their product saves staff time or helps reduce complications. They **need to show savings beyond the price of the dressing** itself.

Country-level rules show how price pressure reaches manufacturers. In Italy, some regional tenders give about 40% of points to quality and 60% to price. So **a better product can still lose** when the price gap is too large.

Hungary puts pressure on premium products in another way. It sets reimbursement at 80% of the cheapest dressing in a product group. Without a clear reason for co-pay or a payer exception, premium pricing becomes harder.

### *Broader wound care portfolios can absorb pricing pressure better*

Company results show how this pressure can appear even in growing wound care businesses. HARTMANN, one of Europe's major wound care suppliers, reported €623.6 million in wound care sales in 2025, with 2.6% organic growth. Advanced wound care still supported (limited) growth, but the company also pointed to reimbursement and regulatory pressure in Germany and France.

Coloplast also points to the **value of a broader wound-care business**. Its wound and tissue repair segment combines **Kerecis**, advanced dressings, and wider wound-care solutions. This gives the company **more than one route to growth** when standalone dressings face reimbursement, pricing, or product-specific pressure.

### *Tender pressure splits wound dressings by price and proof*

The **market is starting to split by price and proof**. Basic and lower-cost advanced dressings can still win volume in tenders. Premium products will likely stay closer to hard-to-heal wounds, specialist clinics, hospitals, and some home-care models. These **higher-need settings make the value case easier to measure**, including avoided visits, lower workload, or better wound progress.

Price pressure is also rising in traditional wound care. HARTMANN has pointed to strong competition from Southeast Asia in this part of the market. That makes it harder for European manufacturers to rely on brand or clinical familiarity alone. For **volume products, they need prices buyers can accept**. For **premium products, they need evidence strong enough** to defend the higher price.

Companies with broad portfolios and funding for evidence have an advantage here. Smaller premium dressing companies can still compete, but they need more than broad claims. They **need proof of savings in a specific wound type or care setting**. Without it, tenders will keep pushing them toward niche use.

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## **EOS Implic–Action: Cost proof will decide which wound dressings scale**

Competition will increasingly turn on where a better dressing changes the cost of care. Conversations with healthcare providers and participants at **EPUAP2025** point to the same tension. Clinicians may value better dressings, but **buyers still need a reason to pay more**. When a dressing helps clinicians work faster or helps prevent deterioration, it has a stronger case for adoption. If it only raises the bill without a clear outcome, buyers will likely reject it.

### *Specific wound uses will beat broad dressing claims*

Broad adoption will probably come through specific uses, **not broad class recognition**. Payers will not fully reimburse every premium dressing across routine wound care. They are more likely to support products that show gains in defined wounds. That includes diabetic foot ulcers, venous leg ulcers, pressure injuries, and infected wounds. Companies need **evidence that fits treatment pathways**, real-world use, and payer budget reviews.

### *Smart dressing features must prove workflow or cost savings*

Smart dressing features will face the same payment test. **Sensors, AI monitoring, and connectivity need clear operational value**. They should cut nursing time, catch deterioration earlier, avoid unnecessary visits, or support reimbursement documentation.

If a sensor just gives more data without fixing a problem, buyers are unlikely to accept it. But if it helps home-care teams act earlier, avoid visits, or document healing progress, it stands a better chance. **Digital wound care becomes more useful when it solves a workflow problem, not when it just adds another feature.**

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### *Wound care portfolio breadth will shape Europe's winners*

The likely winners will be companies that fit their products to how wound care is reimbursed and bought.

**Large firms with broad portfolios have an advantage** here. They can offer lower-cost dressings for volume **tenders** and premium products for complex wounds. They can also add technologies such as negative pressure therapy, biologics, or monitoring tools. This gives buyers more options and gives companies **more ways to show value beyond a single dressing.**

**Small companies** can still find a way to succeed, but they **have less room for error.** They have to target a specific wound type and find the right buyer. They also need a clear way to show savings, lower workload, or avoided care costs.

Investors and acquirers will likely look for the same things. They will **consider wound care companies with strong data, clear reimbursement, and a defined role in patient care.** Products with broad claims and unclear payment will be harder to value and harder to scale. Standalone premium dressings may still attract clinical interest, but scale-up will be slower without payer proof.

