

LITHUANIA

<p>High-cost medicines</p> <ul style="list-style-type: none"> Expensive hospital pharmaceuticals are purchased centrally by the National Health Insurance Fund. Every year the list of centrally purchased pharmaceuticals is revised and amended. (for oncology diseases, HIV infection treatment, thrombolytic and etc.) Expensive pharmaceuticals for treatment of rare diseases are reimbursed according to the individual application of Health Care Institution for particular patient. The application is discussed in the Committee of rare diseases in National Health Insurance Fund. The innovative products are priced in the same rules as other pharmaceuticals 	<p>Generic policies</p> <ul style="list-style-type: none"> INN prescribing is mandatory since 2010-05-01. There are 3 exceptions (for biological, for composed pharmaceuticals or after the reasoned decision of the Health Care Institution). Pharmacies are obliged: 1) to offer to the patient the cheapest generic; 2) to order a particular product from a distributor by patient's request; 3) to have cheapest products, which are set in the list of National Health Insurance Fund (59 MP) First generic included into the cluster should reduce price by 30%, second - 10%, third -10%. Other generics must be cheaper than a previous one. There are price volume agreements in out-patient practice. Clustering on the basis of INN. Clustering of interchangeable pharmaceuticals with different INN together is allowed by the law since 2010, but it is not implemented yet. Pharmacies are obliged to install computer monitors for information to patients about options of pharmaceuticals concerning prices since 2010-05-01. Physicians should start the treatment from those INN that have generics, In those cases, where there is no such option, physicians should use INN that does not have generics. Those provisions are mentioned in treatment recommendations. There are plans to make more strict rules of entering new generic products into into the cluster – for 4th, 5th, 6th generic – 5% reduction, for others - 3% cheaper than a previous one. 2011 approximately 53% of all reimbursed pharmaceuticals on prescription basis (in out-patient market) are generics.
<p>Changes in the pharmaceutical system – end 2011/2012</p> <p>All main changes of the pharmaceutical pricing and reimbursement system are made in 2010.</p> <p>Measures under discussion or planned</p> <p>There are plans to revise the criteria of an evaluation of pharmaceuticals: to set same revised criteria for evaluating pharmaceuticals which are included into the reimbursement list and the list of pharmaceuticals purchased centrally by public procurement of National Health Insurance Fund.</p>	<p>Evaluations and studies on pharmaceutical policies</p> <p>Study 1: Garuoliene K., B. Godman et al.- European countries with small populations cannot obtain low prices for drugs - Lithuania as a case history to contradict this</p> <ul style="list-style-type: none"> Published in: <i>Expert Rev. Pharmacoeconomics Outcomes res.</i> 11(3), 343-349 (2011). Rationale and aims: Assess whether European countries with smaller populations can obtain appreciable discounts for generics, similar to some of the larger European countries, to investigate the validity of recently published hypotheses. Key results: European countries with smaller populations can obtain substantial reductions in prices of generics versus originators. This was seen in Lithuania among classes with currently limited utilisation versus Western European countries as well as those with similar utilisation patterns. In addition, matching price reductions for generics seen among Western European countries. Conclusions and implications: Overall our findings demonstrate it is possible for European countries with smaller populations to engineer low prices with manufacturers. <p>Study 2: Garuoliene K., Alonderis T. Marcinkevicius M. – Pharmaceutical policy and effects of the economic crisis: Lithuania.</p> <ul style="list-style-type: none"> Background information: Published in <i>Eurohealth</i> 17(1), 1-4 (2011). Rationale and aims: To evaluate effect of economic crisis on pharmaceutical policy in Lithuania. Key results: The main observation is that the reduction in pharmaceutical expenditure was achieved without decreasing the availability of pharmaceuticals. Conclusions and implications: The decrease in pharmaceutical expenditure without decreasing the availability of pharmaceuticals was achieved by implementing different supply and demand side regulation measures for all players of the pharmaceutical market.