





## **Estonia**

## Recent and planned developments in pharmaceutical policies 2014 Policies related to high cost medicines

D E V E L O P M E N T S	Changes in pricing  Changes in pricing policies: from May 2014 the price of reimbursed medicine should not be higher than the highest price in Latvia, Lithuania or Slovakia  In the time period of 01.05.2014 - 01.11.2014 46 Price Agreements have been changed during the renewal of the price agreement. The price decrease within these agreements was 1,556% and the calculated budgetary saving over 1 million euros/year.	Changes in reimbursement  If the price of medicine does not conform with the new rule of the pricing list and the MoH does not decrease the price, the price agreement will be terminated and the retail price with VAT which is calculated from the lowest price in the reference basket of Latvia, Lithuania and Slovakia will be stated as the basis for reimbursement and the procedure for the exclusion of the medicine from the list of reimbursed medicines will start.  For now the lowest prices of the reference basket have been applied for 8 medicines, 2 of these will be excluded from the list of reimbursed medicines 1.01.2015 (Rispolept Consta and Mydriacyl)
	Reimbursement application is submitted in three identical copies electronically in format viewable with Acrobat Reader or Microsoft Office software (paperless)     The annexes of reimbursement application can be written in English if the medicine is meant to treat a rare disease	
S P E C I A L	Special pricing policies: There are no specific pricing policies for high cost medicines.     Special reimbursement/funding policies: There are no specific reimbursement/funding policies for high cost medicines.  High cost medicines at the interface of out-patient and in-patient sectors:  1. OUT-PATIENT CARE – list of reimbursed medicines of Health Insurance Fund 2. IN-PATIENT CARE – list of medicinal services of Health Insurance Fund 3. Reimbursement decided on the basis of same criteria as the other medicines:     * the need of an insured person to obtain a medicine as a result of the provision of a health service;     * the proven medical efficacy of a medicinal product and the need of an insured person to obtain other medicinal products in the course of his or her treatment;     * the economic justification of the use of a medicinal product (cost-efficacy measure should be within the limits of 13 x GDP);     * the existence of alternative medicinal products or means of treatment;     * conformity with the financial resources of health insurance.  The decision is made on the basis of consideration of all criteria.  Key challenges and solutions:  High price/cost – reasonified negotiations, use of price rebates and risk sharing measures	