



# LITHUANIA

Ministry of Health of the Republic of Lithuania (+370 5 268 5110, ministerija@sam.lt)

## Pharmaceutical pricing and reimbursement policies in the in- and out-patient sector



### OUT - PATIENT

### IN - PATIENT

Ministry of Health is responsible for policy and legal regulation of pricing and reimbursement  
NHIF is responsible for implementation of pricing and reimbursement

Ministry of Health is responsible for the List of Centrally Procured Medicines and Medical Devices  
NHIF is responsible for procurement procedure

#### Only one producer in LT market

- External price referencing - manufacturer price is compared with the average manufacturer prices in 3 EU countries where the price is lowest
- The first generic 30% cheaper the originator.
- The first biosimilar 15% cheaper the originator

#### Expensive hospital only used medicines

- The List of Centrally Procured Medicines and Medical Devices (centrally purchased by the NHIF)
- Price is set after negotiations

#### Two or more producers

- No ERP, competition
- Copayment cap -20% of reimbursed price or 4,71 Eur
- All strengths in one cluster
- New patient get cheapest product in pharmacy

#### Other hospital medicines and medical devices

- Procured via Central Procuring Organization
- Via separate public competition procedure

Linear wholesaler margins

Linear pharmacy margins

VAT: 5% for prescription medicines

"Wise list" project as a best practice for rational use of pharmaceuticals

Statutory margins are not relevant, unless products are from community pharmacy

VAT: 5% for prescription medicines, 21% for non-prescription medicines

**HTA process:** New HTA system in process of implementation. ICER value under discussions

#### Reimbursement in the out-patient sector

Positive list (550 active substances included on positive list)

Internal reference price system (RPS) in groups of 2 or more producers at ATC 5 & 4 level (Lowest price of medicine in reference group)

100% reimbursement rate for all medicines

Co-payment „cap“ per package

Mechanisms for vulnerable groups since July1, 2020

No co-payment for patients elder 75

No co-payment for low income patients

Cheapest product with the same INN for new patient

#### Reforms:

E-pharmacy

#### Reimbursement in the in-patient sector

Expensive hospital medicines included in the List of Centrally Procured Medicines and Medical Devices (31 active substances)

Medicines are integrated in the remuneration for the service sum (with some exceptions)

Hospital formularies are not centralized

Pharmaceutical formulary per hospital

No co-payment in hospitals

#### Reforms:

Hospital pharmacy has a possibility to sell reimbursed medicines for patients which are in the day care unit (example: chemotherapy)

PRICING

COVERAGE / REIMBURSEMENT