

REPUBLIC OF MOLDOVA

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PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICIES IN THE IN- AND OUT-PATIENT SECTOR

PRICING
at ex-factory
level (price ATC 5)

All type of medicines (Rx and OTC) authorised and included in the State Medicines Nomenclature

Bureau of Price, from Medicines and Medical Devices Agency

National Manufacturer Price Catalogue

Task: Average price of the lowest three prices of the 9 reference countries: Romania, Greece, Bulgaria, Serbia, Croatia, Czech Republic, Slovakia, Lithuania and Hungary; if there are not at least 3 prices in the reference countries, the price compares to 2 or 1 price existing;
Generic medicine price does not exceed 75% of the original medicine;
Criteria: External reference pricing.

The manufacturer price of medicines is approved for a period of one year, calculated from the date of issuing the Agency order.
The price is declared by the applicant in the national currency (Moldavian lei) and foreign currency.

If there is no price information in the reference countries, the manufacturer price for medicines is compared with:

- the price in the country of origin;
- the average of the lowest three prices on the catalogues in the countries where the medicine is placed on the market;
- the average of the price in the country of origin and the average of the price of the medicines entered on the date of assessment of the dossier in national price catalogues;
- the average import price for the previous years for the given pharmaceutical product, if it has been imported.

OUT- PATIENT

Pricing in the out-patient sector

Medicines distributed via wholesale and pharmacy,
regressive mark-up

Purchase price (MDL)	Final margin	Wholesale ark-up	Pharmacy mark-up	For reimbursed medicines Pharmacy mark-up
0-30,00	≤40%	≤15%	≤25%	≤15%
30,01-60,00	≤32%	≤12%	≤20%	≤15%
60,01-120,00	≤26%	≤10%	≤16%	≤15%
120,01-240,00	≤21%	≤8%	≤13%	≤13%
>240,01	≤16%	≤5%	≤11%	≤11%

Annotation: The average exchange rate for 2018:
1 EUR = 19.8442 MDL

VAT for all types of medicines: 8 %

Reimbursement in the out-patient sector

Council of reimbursed medicines from
mandatory health insurance funds

Task: Decision on reimbursement status and rate of International Non-proprietary Name.

Criteria: eligibility for priority diseases, efficiency, safety, comparative effectiveness, pharmaco-economic criteria.

Section I

• List of medicines for sustained (long-term) treatment in ambulatory care

• Reimbursed rate:

- 100% (full price);
- 50%, 70% and 30% from median retail price (collected from 50 community pharmacies);
- 1 free (100% covered) trade name (with lowest price), for all INN reimbursed.

• 91 INN for:

• Cardiovascular diseases; Digestive diseases; Endocrine diseases (inclusive Diabetes mellitus (100%); Bronchial asthma; Anaemias in pregnant women (100%); Some diseases of children up to 18 years (100%); Epilepsy (100%); Parkinson diseases (100%); Psychological diseases (100%); Some autoimmune diseases (100%); Some rare diseases (100%) etc.

Section II

• List of medicines for episodic treatment in the day hospital/day care room, procedures room and at home treatment, of diseases commonly found in the practice of family physician

• Reimbursed rate:

- 100% (full price) for children up to 18 years;
- 70% from median retail price (from 50 community pharmacies).
- 1 free (100% covered) trade name (with lowest price), for all INN reimbursed.

• 57 INN for (52 INN for adults and children + 5 INN only for children):

• Respiratory system diseases: Pneumonia; Chronic bronchitis; COPD, Bronchial asthma; Digestive system diseases: Chronic hepatitis; Fibrosis and liver cirrhosis; Chronic pancreatitis; Ulcerative disease; Mental diseases: Multiple sclerosis; Myelopathy; Cerebrovascular disease; Encephalopathy; Osteoarticular diseases: Rheumatoid arthritis; Reactive arthritis; Psoriatic arthritis; Gout; Back pain; Endocrine diseases: Diabetes mellitus + diabetic neuropathy; Diabetes + angiopathies; Diabetic Nephropathy; Infection diseases: Acute Respiratory Viral Infection (on children).

IN - PATIENT

Pricing in the in-patient sector

Center for Centralized Public Procurement in Health

Tendering

Price negotiation

Task: Tendering or price negotiation of medicines. Pharmacotherapeutic Committees of public health facilities and medical institutions determine the need for medicines for the planned period (the next year), taking into account the Institutional Pharmacotherapeutics Formulary, dosage, pharmaceutical form of medicines, clinical protocols approved by MoH, the amount needed to treat one patient, stocks of drugs in institutions, and provide this information to Center. In accordance with the lists of medicines, depending on the value of contracts, appointment, features of procurement and use of medicines, the Center's working group applies one of the public procurement procedures. MoH determine the necessary amount of medicines for National vertical and special Programs.

Criteria: Requirements for each batch of medicines are evaluated separately: quality, efficiency, delivery time, payment terms and price. The tender prices are benchmarked against the registered price in the National Catalogue.

VAT for all types of medicines: 8 %

Reimbursement in the in-patient sector

Institutional Pharmacotherapeutic Committees

Task: Decision on introduction of medicines in the needed for procurement list of medicines

Criteria: eligibility for diseases, efficiency, safety, cost criteria. VEN and ABC analysis.

The hospitals purchase the medicines from the winning bidder. The cost of medicines is included in the DRG price. High cost medicines are reimbursed separately by the National Health Insurance Company (surfactant, chemotherapeutics). Insulin analogues are reimbursed by MoH.

Hospital formularies

Pharmacotherapeutic Formulary, List of Essential Medicines, and National Clinical Protocols are the basis for hospitals to develop their institutional needs for central procurement.

No co-payments for patients

Changes in Pricing and Reimbursement

Planned to introduce the final price in Catalog (need to change the incoterms from EX-works to Cip price)

Planned to increase the number of INN of reimbursement list, also to increase the forms and doses of existing INN that are already reimbursed

Planned to elaborate a new EML with fusion of three Commtte: for reimbursement list of medicines, essential medicines, and pharmacotherapeutic formulary list in one, with a common criteria and mechanisms for including, examining and evaluating medicines.

Planned to elaborate new National Price Catalogue with new maximum price at the community pharmacy level.

Planned to elaborate a National practical guidelines on HTA for medicines listing in National Essential list of medicines .

PRICING
at wholesale and
retail (pharmacy) level

REIMBURSEMENT