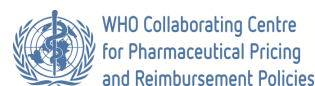




Република Србија
МИНИСТАРСТВО ЗДРАВЉА



REPUBLIC OF SERBIA

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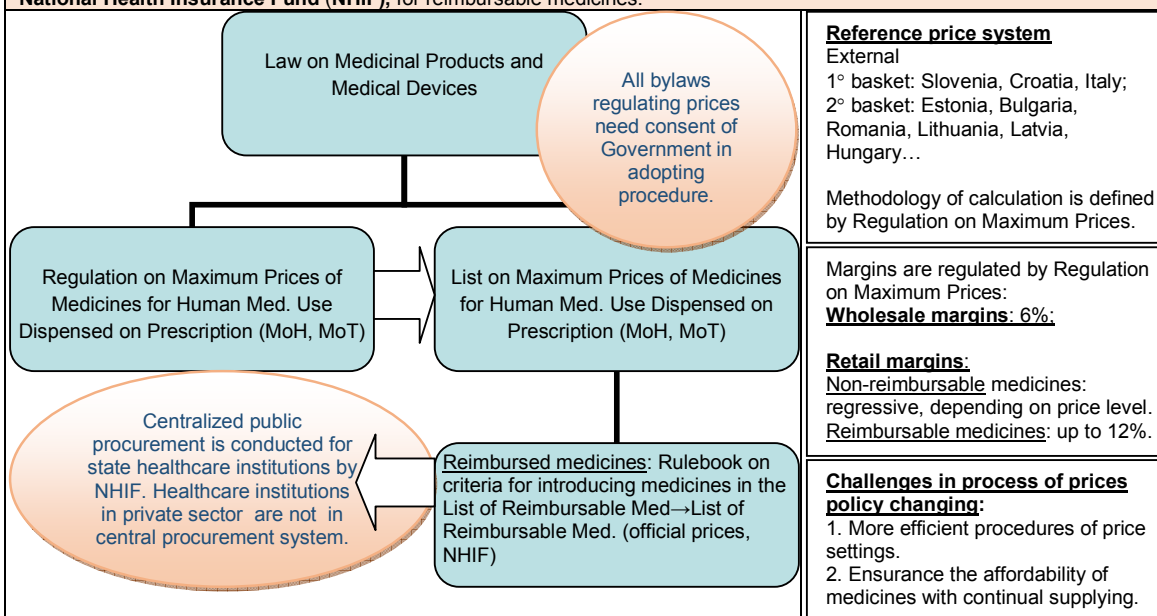
Pharmaceutical pricing and reimbursement policies in the in- and out-patient sector



Number of population: 7,2 million inh. (3,5 mil males, 3,7mil. females)
GDP: 5226 €/cap. (SORS, 2017.)
Total health expenditure of GDP: 9.4% (Institute for Publ. Health of Serbia, 2015.)
Health care insurance: mandatory and voluntary. Mandatory health insurance is provided by National Health Insurance Fund

Authorities competent for price setting: **Ministry of Health (MoH), Ministry of Trade (MoT)**, for all medicines for human medical use with marketing authorization and dispensed on prescription.
National Health Insurance Fund (NHIF), for reimbursable medicines.

PRICING



REIMBURSEMENT

List of reimbursed medicines: yes; List A, List A1, List B, List C and List D.
2542 registered medicines on the list (710 INNs, 2017.)- nearly 55% of all medicines with MA.
List D: non-registered medicines (220 on the list).
Reference price system (RPS): yes; the lowest price in reference countries + additional mechanisms for price decreasing (next added generics decrease price of existing medicines in INN at least by 10%).
Managed Entry Agreements (volume cap and cross-product types for placing new medicines on reimbursement list).
Centralized public procurement (since 2014; project supported by World Bank).

Reimbursement of medicines in the out-patient sector

List A and A1 and List D-partly (medicines dispensed in public pharmacies).
Procurement: centralized, by proprietary name of medicine.

Co-payment: yes.

A List: 50, 00 RSD (0.4 €)/pack.

A1 List: 10%-95% of retail price

Mechanism for vulnerable groups:

Law on Health Insurance and Rulebook on List of Reimbursable Medicines stipulate vulnerable groups free of co-payment for medicines on A List.

Reforms and challenges:

1. Improving mechanisms in order to get better affordability of medicines
2. Improvement in procurement system in order to strengthen the competitiveness among manufacturers.

Reimbursement of medicines in the in-patient sector

According to Financial Plan NHIF – amount of money allocated for hospital medicines.

All medicines for in-patient use (**List B, List C and List D-partly**) are procured by NHIF – **open centralized procedure of procurement, INN procurement.**

Co-payment in hospitals: no.

Reforms and challenges:

1. Ensure the stability of supplying in particular of essential medicines (antibiotics, vaccines, oncology medicines).
2. DRG- ongoing project (supported by WB).