

# WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

#### 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. Heath 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 Reference price system External Law on Medicinal Products and All bylaws 1° basket: Slovenia, Croatia, Italy; **Medical Devices** regulating prices 2° basket: Estonia, Bulgaria, need consent of Romania, Lithuania, Latvia, Government in Hungary... adopting procedure. Methodology of calculation is defined by Regulation on Maximum Prices. PRICING Margins are regulated by Regulation List on Maximum Prices of Medicines Regulation on Maximum Prices of on Maximum Prices: Medicines for Human Med. Use for Human Med. Use Dispensed on Wholesale margins: 6%; Dispensed on Prescription (MoH, MoT) Prescription (MoH, MoT) Retail margins: Non-reimbursable medicines: regressive, depending on price level. Centralized public Reimbursable medicines: up to 12%. procurement is conducted for Reimbursed medicines: Rulebook on state healthcare institutions by Challenges in process of prices criteria for introducing medicines in the NHIF. Healthcare institutions policy changing: List of Reimbursable Med→List of in private sector are not in 1. More efficient procedures of price Reimbursable Med. (official prices, central procurement system. settings NHIF) 2. Ensurance the affordability of medicines with continual supplying.

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 inpatient 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:

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

REIMBURSEMENT