



Република Србија



WHO Collaborating Centre
for Pharmaceutical Pricing
and Reimbursement Policies

REPUBLIC OF SERBIA

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

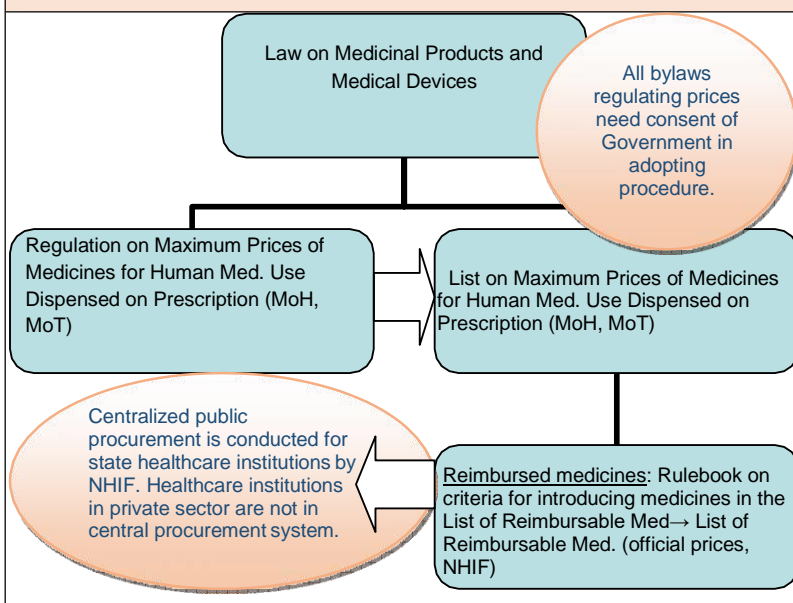
Nikolina Bošković, MPH, Fulbright Scholar to Serbia
nikolina.boskovic@fulbrightmail.org
Jovana Milovanović, National Health Insurance Fund, Serbia
jovana.simanovic@rfzo.rs



Population: 6.9 mil (3.6 mil female, 3.4 mil male)
GDP: 5226 €/cap. (SORS, 2017.)
Total health expenditure of GDP: 8.8% (Institute for Publ. Health of Serbia, 2015.)
Health care insurance: mandatory and voluntary. Mandatory health insurance is provided by National Health Insurance Fund

PRICING

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
1° basket: Slovenia, Croatia, Italy;
2° basket: Estonia, Bulgaria, Romania, Lithuania, Latvia, Hungary...

Methodology of calculation is defined by Regulation on Maximum Prices.

Margins are regulated by Regulation on Maximum Prices:
Wholesale margins: 6%

Retail margins:

Non-reimbursable medicines: regressive, depending on price level.
Reimbursable medicines: up to 12%

Challenges in process of prices policy changing:

1. More efficient procedures of price settings.
2. Insuring the affordability of medicines and continual supply.

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. Ensuring stable supply of essential medicines
2. DRG for acute care- ongoing project (supported by WB)