

ESTONIA

Recent and planned developments in pharmaceutical policies 2025/2026

CHANGES IN PRICING

Extemporaneous Medicines in Estonia

As of June 2026 an amendment to the regulation on "Maximum Wholesale and Retail Mark-Ups for Medicines" to increase the limits for extemporaneous preparations. The new approach considers preparation time, pharmacists' average salary, facility costs, etc to better reflect the underlying costs:

- Max **proportional mark-up**: 50% of ingredient and packaging costs but no more than €6.40 per prescription
- Max **fixed mark-up**: €13.50 - €27.00 per prescription, based on dosage form and quantity (currently €0.96 per sales package)

In the case of batch production of medicines, the corresponding fixed mark-up ceiling is applied with a coefficient of 0.6.

Prescription fee

Increase of prescription fee: 3.50 Euro (01.01.2025, previously 2.50 Euro)

CHANGES IN REIMBURSEMENT

Reimbursement of extemporaneous medicines

As of June 2026 EHIF can reimburse extemporaneous medicines, and we'll start with suspensions for children and patients with swallowing difficulties => based on applications submitted by professional associations.

Reimbursement of ultra-orphan drugs

As of May 2026 EHIF can reimburse ultra-orphan drugs (less than 5/ 1 million patients) name patient basis based on application from patient and 2 doctors. Reimbursement criteria remain unchanged but MAH does not have to submit reimbursement dossier, only required to sign price-volume agreement

Expansion of Supplementary Reimbursement to Include Medical Devices (effective from 1 January 2025)

The existing supplementary reimbursement system was expanded to cover the costs in addition to reimbursed pharmaceuticals also costs of reimbursed medical devices (non-avoidable co-payment above 100 € covered 50%, above 300 € covered 90%).

New Estonian Health Technology Assessment Guideline (01.01.2025)

- Innovative medicines with high added value (new category)
OS hazard ratio at least 0,6 + 6 months additional OS; EQ-5D improvement 30%; QALY gain 3 → If one of these criteria is met → accepting higher ICER

OTHER CHANGES

1. **The Digital Medication Plan will be introduced in 2026**, consolidating the entire management of a patient's medications into the Health Specialist Portal, replacing old digital prescription platform from 2010. This includes the creation, modification, and cancellation of digital prescriptions, which will eventually be issued exclusively through the Medication Plan after a transition period. The system, implemented in two phases, will enhance safety, collaboration, and efficiency in healthcare by integrating both prescription and over-the-counter medications.
2. **Centralized procurement**; We aim to increase the role of centralized procurement in the purchasing of medicines in order to ensure better prices while also introducing greater flexibility. Whereas we have so far mainly used single-winner tenders, we now want to introduce multi-winner tenders as well. In addition, we are exploring ways to create price competition between equivalent originator medicines within tenders (for example PD-L1 inhibitors)
3. In the end of 2025, **Estonia, Latvia, Lithuania and Denmark signed a cooperation agreement** to start jointly purchasing medicines, allowing them to order larger quantities and thus get better prices.

SPECIAL TOPIC:

Regulation, pricing and reimbursement of pharmaceutical combination products

The inclusion of this topic in our upcoming poster session reflects feedback and discussions from recent PPRI meetings, where several members expressed a wish for the network to address this increasingly relevant issue. Combination products, defined as medicines that combine two or more active substances, are becoming increasingly common across therapeutic areas. They present challenges for existing pricing and reimbursement frameworks because their clinical and health economic value must be evaluated across different components. In addition to this, their varying components are often produced by different manufacturers. Addressing this topic in the country poster session will allow PPRI members to get a first overview and sense about the approaches, questions or challenges for other countries in this area of pricing and reimbursement. If your country does not yet have established policies or experiences in this area, we invite you to share the questions or challenges you are encountering in your national context.

Definition

Regulation – no specific regulation

Pricing – all products that affect the costs of new treatment will be taken into account during the cost-effectiveness evaluation and price negotiation process, the drugs in the combination already reimbursed and are represented by alternative MAH, the initial negotiation focuses on the new drug's MAH. However if the new drug's MAH is unable to provide cost-effective price, additional negotiations with alternative MAH can take place.

Reimbursement