



LITHUANIA

Ministry of Health of the Republic of Lithuania

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Pharmaceutical pricing and reimbursement policies

PRICING

OUT-PATIENT

Ministry of Health is responsible for policy and legal regulation of pricing and reimbursement.

NHIF is responsible for implementation of pricing and reimbursement.

External price reference – manufacturer price is compared with the average manufacturer prices in 3 EU countries (if only one producer in LT market) or 5 EU countries (if more than one producer in LT market)

Internal reference price system (RPS) in groups of 2 or more producers at ATC 5 & 4 level.

The first generic 30% cheaper the originator

The first biosimilar 15 % cheaper the originator

Linea wholesaler/pharmacy margins

VAT 5 % for prescription medicines, 21 % for non -prescription medicines.

Total population: 2 889 491
GDP per capita: 25,064 USD
Health Care Sector: NHS
Health Care Expenditure per capita: 1,839 USD
Pharmaceutical spending per capita: 236

IN-PATIENT

Ministry of Health is responsible for the List of Centrally Procured Medicines and Medical Devices

NHIF is responsible for procurement procedure.

Expensive hospital only used medicines- The List of Centrally Procured Medicines and Medical devices (centrally purchased by the NHIF).

Other hospital medicines and medical devices – procured via Central Procuring Organization by separate public competition procedure or by hospitals.

REIMBURSEMENT

Reimbursement in the out-patient sector

Positive list (over 600 active substances included on positive list)

100% reimbursement rate for all medicines

Fixed maximum co-payment for medicines (5.87 euros) and medical devices (20.33 euros).

Mechanisms for vulnerable groups since July1, 2020:

- No co-payment for patients elder 75
- No co-payment for low-income patients
- Coverage of so-called co-payment basket for all population not only to vulnerable groups. A person, who spends more than the three average annual co-payments (i.e., 48 (48.33 in 2024) euros) during a calendar year when purchasing reimbursable medicines with the lowest co-payment, would be covered for all other reimbursable medicines with the lowest co-payment later in the same year.

Reimbursement in the in-patient sector

Expensive hospital medicines included in the List of Centrally Procured Medicines and Medical Devices (31 active substances)

Medicines are integrated in the remuneration for the service sum (with some exceptions)

No co-payment in hospitals

HTA

Medicines +
Medical devices

Assessment:
a) Relative Effectiveness (Therapeutic Value)
b) Cost-Effectiveness (Economic Value)
c) Budget impact
c) Affordability

SCMA (HTA unit), NHIF

Negotiation:
a) Price;
b) Risk sharing agreement

Negotiation committee

Decision making:
1) Including or not in the Reimbursement medicine list;
2) reimbursement conditions
3) Managed entry agreements (MEAs)

Reimbursement committee