



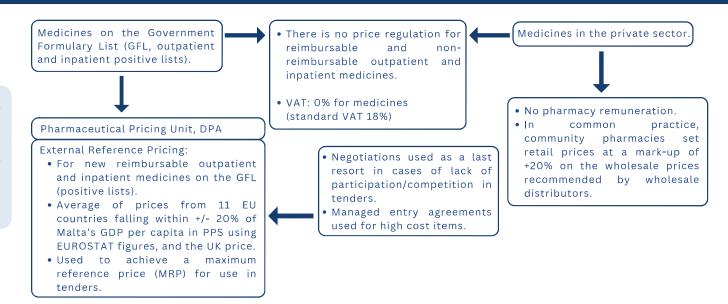
# Pharmaceutical pricing and reimbursement policies in the in- and out-patient sector

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## **FACTS & FIGURES**

- Population (2022) 542, 051
- Country size (2024): 316 km²
- Healthcare sector: NHS, tax-funded
- GDP per capita (2022): € PPP 35,992
- Health expenditure (2022) per capita: €3,055
- Health expenditure in % of GDP: 10.7% (in 2020)
- Public health expenditure as % of total (in 2020): 67%
- Pharmaceutical expenditure & medical device expenditure per capita (2020): €825
- Pharmaceutical expenditure & medical device expenditure in % of HE: 27%
- Public pharmaceutical expenditure as % of total health expenditure: 14%





GFLAC makes recommendations on inclusion onto GFL to Advisory Committee on Healthcare Benefits (ACHCB) based on technical data presented in HTAs and based on criteria described in Legal Notice 58 of 2009 and Health Act (Cap. 528) of 2013.

Validation at DPA:

• All required data.

forms.

• All required application

• Schedule V condition for

outpatient medicines.

ACHCB GELAC evaluates recommendations based financial issues and makes

recommendation to Minister for

Health and Active Ageing.

HTAs & economic evaluations

performed by the HTA Unit at

DPA. MRP calculated by the

Pharmaceutical Pricing Unit at

DPA.

DPA

· Registration status in Malta.

Outpatient medicines

- · Schedule V condition.
- · Diagnostic and other requirements or costs for use of medicinal product.
- Value/extent/relevance of information & evidence available, particularly in terms of innovation, therapeutic effectiveness improvement, safety, efficacy, impact on availability & versatility, cost-effectiveness comparison to other available medicines and other treatment modalities.
- Cost and economic evaluation.

#### Health Act (Cap. 528) of 2013 criteria:

- International evidence
- HTAs
- Consultation with relevant stakeholders
- Capacity within the public health systemSocial and epidemiological
- considerations
- · Affordability and sustainability

Minister for Health and Active Ageing endorses inclusion of medicine onto GFL.



procedures

specification updates.

starts

• GFL, protocol &/or

implement inclusion decision:

- Liaison with Central Procurement and Supplies Unit (CPSU) for procurement according to approved technical specifications.
- Issuing of circulars.

# Patients get access to newly introduced medicine within Government Health

Applications for inclusion

of new medicines into GFL sent to DPA by MAHs or

clinical consultants.

- Pharmacy of Your Choice (POYC) Scheme for outpatient medicines.
- · Government Pharmaceutical Services (hospitals and health centres) for inpatient medicines.

### 100% reimbursement

All GFL and approved EMT medicines (both outpatient and inpatient) are 100% free of charge to entitled patients in line with policies.

#### **Exceptional Medicinal Treatment (EMT)**

EMT Unit at DPA processes requests for medicines which are not covered by an existing policy on the GFL by producing individual case reports and presenting them to the EMT Committee in line with the L.N. 58 of 2018: Health Act (Cap. 528): Exceptional Medicinal Treatment Committee Regulations for their approval or rejection.