SLOVENIA

Recent and planned developments in pharmaceutical policies 2026

CHANGES IN PRICING

- no changes to the price determination system, still implementing regular semi-annual price reviews (ERP for all medicines that are financed from public funds – cca. 4.800) – ongoing,
- increasing number of applications for exceptional higher allowed price (EHAP) with the aim to have maximum allowed price not published (allowed according to legislation, but decreasing transparency)

Date	Number of MP
On 1st April 2024	**244**
On 1st April 2025	**320**
On 1st April 2026	**394**

CHANGES IN REIMBURSEMENT

Positive list: 100 % covered by compulsory health insurance (3.400 MPs)

Hospital/Ampullated drugs

List B (376 expensive MPs separately paid to hospitals for treatment for in-patients)

List A (220 MPs separately paid to all providers for out-patients including home treatment)

OTHER CHANGES

Legislation regarding the national strategy for managing medicine shortages in the Republic of Slovenia was adopted in April 2025. This legislation regulates and unifies protocols and measures concerning shortages. As a result, the communication with stakeholders intensified with different approaches used:

- regular Medicine Shortage Communication for Healthcare Professionals published on website,
- suggestions for medicine replacements in case of shortage in Central Medicines Database,
- calls for wholesalers to ensure supply of MP in shortage (temporary marketing authorization).

SPECIAL TOPIC:
Regulation, pricing and reimbursement of pharmaceutical combination products

In pricing, the combined MP is compared with the MP with the same combination (including strength) in the reference countries. If the same strength is not available, the price is determined by considering the strength of the reference MPs. When combined product is not available in reference countries, 2 or more monocomponent products are used for price calculation.

In reimbursement, the basis for the clinical and economic evaluation is the "main" active substance according to the ATC code. In most cases, the reimbursed price is lower than the price of 2 monocomponent products. If combined MP falls into a "therapeutic group", an added value of combined MP is determined following the provisions of the Rules for Reimbursement of Medicinal Products. To determine the added value, the "highest allowed values" (NPV) of monocomponent MPs are compared with the NPV of a combined MP.