

GREECE

Recent and planned developments in pharmaceutical policies 2016

Special topic: Out-of pocket payments

D E V E L O P M E N T S	CHANGES IN PRICING	<p>On April 2016 a <u>new Ministerial Decision for the Pricing has been introduced</u> (MD n G5/oik. 28408, Official Gazette 1102/B'/19.04.2016). The provision referring to the price of generics product being 32.5% of the reference product is not applicable to the following cases: medicinal products with retail price of less than 12€ and cost of daily treatment less than 0.40€. From January 2016 until July 2017 this measure will gradually be abolished. Introduction of bi-annual revision of prices on May and November of each year has been introduced.</p> <p>Last <u>general revision of prices</u> was issued on July 2016. New general revision has started on November 2016.</p> <p>For <u>the claw back mechanism for pharmaceutical expenditure in the hospital sector</u> introduced on 2015 a respective Ministerial Decision has been issued on April 2016 (MD gdoy/ g.p.29183, Official Gazette 1123 B'/20-4-16).</p>	CHANGES IN REIMBURSEMENT	<p>On February 2016 <u>a new positive list has been issued including new active substances</u> (17 new high cost drugs) and revision of prices. On July 2016 (MD n G5/oik.57494, Official Gazette 2358/ B') a new positive list has been issued <u>after general price revision</u>.</p> <p>On April 2016 a <u>new list of High cost drugs</u> was issued (MD n G5/17229, Official Gazette 1119/B'/20-04-2016).According to Law 3816/2010 which has introduced the Positive Reimbursement List medicinal products are segregated in two categories: one category includes medicinal products dispensed by private (community) pharmacies and the other category includes high cost medicinal products dispensed without any co-payment, mainly by public hospitals or EOPYY's pharmacies).</p> <p>On February 2016 a new Ministerial Decision (MD n G5(α)/oik. 12033 Official Gazette 335/ B'), sets a <u>new maximum cap of 20€ per pack</u> of pharmaceutical product covered by the patient.</p>
	OTHER CHANGES		<p>On February 2016 new legislation came into force (Law 4368/21/A'/21.2.2016) referring to the <u>health coverage of uninsured and vulnerable social groups</u>. A subsequent Ministerial Decision (MD n A3(c)/GP/oik.25132, Official Gazette 908/B'/4-4-16) has been issued, concerning instructions and arrangements to ensure the access of the above social groups to the Public Health System.</p>	
S P E C I A L T O P I C	OUT-OF POCKET PAYMENTS			
	<p><u>Out-patient sector</u></p> <p>The percentages of reimbursement rates are the following: 100%(medicines for severe diseases and for vulnerable social groups), 90% (medicines for chronic conditions and for low pensioners and 75% (standard rate of reimbursement).</p> <p>In specific cases when selecting drug which has no generic or whole therapeutic class which contains one or more active substances without generic drugs, <u>the patient pays beyond statutory participation, half the difference between the reference and retail price of the drug, when retail price is higher than the reimbursed price (in all other cases the patient is charged with the total difference between the retail and the reimbursed price)</u>. The remaining amount is charged the pharmaceutical company or the marketing authorization holder in the form of rebate.</p> <p><u>1€ fee per prescription</u> is also applicable.</p> <p><u>In-patient sector</u></p> <p><u>No co-payment is applicable for medicines dispensed in the in-patient sector.</u></p>			