

SLOVENIA 2015

Health Insurance Institute of Slovenia

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

PRICING	<p>Responsible institution: Agency for Medicinal Products and Medical Devices</p> <p>Legal basis:</p> <ul style="list-style-type: none"> • Medicinal Products Act • Rules on price setting for medicinal products for human use
	<p>Maximum allowed prices are set for prescription medicinal products (originators and generics), financed or intending for financing from public funds - List of highest recognised values</p> <p>External reference pricing system</p> <ul style="list-style-type: none"> • Reference countries: Austria, France, Germany, ex-factory prices for calculations • Price setting (comparison originator, generic) • Price structure: ex-factory price + wholesale margin + pharmacy fee + VAT • Setting of higher prices (exceptionally)
REIMBURSEMENT	<p>Responsible institution Health Insurance Institute of Slovenia</p> <p>Legal basis:</p> <ul style="list-style-type: none"> • Health Care and Health Insurance Act • Rules of classification of medicinal products for human use on the list
	<p>Reimbursement criteria: Public health priorities, Clinical criteria, Therapeutic value, Relative effectiveness, Economic criteria, Pharmacoeconomic analysis, Budget impact analysis, Ethical criteria (orphans), Data and evaluations from reference sources</p> <p>Reimbursement committee</p>
FINANCING	<p>Measures for all drugs</p> <p>Internal reference pricing system for interchangeable drugs (ATC 5) since 2003 Reference pricing for therapeutic drug groups (clusters, ATC 4 or 3) since 2013 Pricing and managed entry agreements: discounts (reduction of price), rebates (material discount), price-volume agreements, pay-back agreements, performance-based (outcome-based) agreements Prescribing restrictions</p> <p>Prescription drugs</p> <p>Positive list: 100 % or 70 % covered by compulsory HI, the rest is paid by voluntary co-insurance or by patient, 1.799 medicines (458 INN) Intermediate list: 10 % covered by compulsory HI, the rest is paid by voluntary co-insurance or by patient, 933 medicines (198 INN) Exceptions: vulnerable groups (children, young people in education, and patients with certain diseases): 100 % reimbursement for positive list; for socially vulnerable people the voluntary co-insurance is paid by the government.</p> <p>Amputated drugs</p> <p>List B (91 expensive medicines separately paid to hospitals for treatment for in-patients, most of them ATC B or L) List A (30 medicines separately paid to all providers for out-patients including home treatment)</p>
OTHER ACTIVITIES	<p>Health Technology assessment</p> <ul style="list-style-type: none"> • There is no HTA body • The pharmacoeconomic analysis and budget impact analysis have to be included in the application dossier for reimbursement for the drugs with the planned budget impact of 500.000 EUR in the first 3 years • The explicit Incremental Cost-Effectiveness Ratio (ICER) threshold is set at 25 000 EUR/QALY (1.5 GDP/capita) <p>Approaches for rational prescribing</p> <ul style="list-style-type: none"> • In 2011, a project on the quality of prescribing by general practitioners was initiated - a set of 8 quality indicators has been made available on the ZZS web site • In 2012, a project "Pharmacotherapy groups and clinical pharmacist – consultant" was introduced by ZZS: <ul style="list-style-type: none"> - The clinical pharmacist consultant has a weekly afternoon practice in the Community Health Center for the admission of patients, for the review of therapies, and for patient counseling. - Once a month, the pharmacist's clinic takes place in homes for the elderly. - Regular meetings are held every second month for sharing expertise and experiences. In particular, these meetings focus on specific drug groups and polypharmacy study case reports prepared by the Pharmacotherapy groups, which consist of up to 15 physicians and 1 clinical pharmacist consultant. • For physicians and pharmacists, on-line access to the data about the drugs dispensed to each individual person has been established. An e-prescription system for primary health care providers is planned for the year 2015. • Audits focused mostly on prescribing restrictions • Education (polypharmacy, antibiotics, etc.) <p>Pharmacies:</p> <ul style="list-style-type: none"> • A fee is paid to pharmacies for their services. • Maximum duration of repeat dispensing is 3 months for the maximum quantity of the drug and 1 year in total. However, all drugs with the price of more than 150 Euro per pack have to be issued monthly.