| Country | Health care (IV) | | |
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| | *iv. Do they pay co-payments for pharmaceuticals?* | | |
| | *Situation 1/1/2008* | *Situation 1/7/2013* | *Regulatory changes* |
| AT | Coverage of expenses for medically prescribed registered pharmaceutical products included in the List of Pharmaceutical Products (others: approved by medical superintendent or supervisory medical doctor). The charge amounts to € 4.80 per item prescribed.<br><br>Free of charge for notifiable infectious diseases or in case of need. | Coverage of expenses for medically prescribed registered pharmaceutical products included in the List of Pharmaceutical Products (others: approved by medical superintendent or supervisory medical doctor). The charge amounts to € 5.30 per item prescribed.<br><br>Free of charge for notifiable infectious diseases or in case of need. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| BE | Insured person's share:<br><br>• Cat. A (serious illness): No charge.<br>• Cat. B (useful drugs): 25%, ceiling € 10.80 (or € 16.10 for class ATC, 4th level).<br>• Cat. B (large box): 25%, ceiling € 13.50 (or € 24.20 for class ATC, 4th level).<br>• Cat. C (less useful drugs): 50%, ceiling € 13.50 (or € 24.20 for class ATC, 4th level).<br>• Cat. CS (ease drugs): 60%. | Patient charges depend on the category to which the pharmaceutical belongs (A, B, C, Cx, Cs, Fa and Fb):<br>• A (medicines of vital importance): co-payment set at 0% of the reimbursement base (ex-factory level), i.e. free of charge;<br>• B (therapeutically important medicines): co-payment set at € 2.50 increased by 27% of the reimbursement base. If the reimbursement base is less than € 14.38, co-payment is set at 44.20% of the reimbursement base; however, a ceiling of € 11.30 (€ 14.10 for a large box) applies; | Within existing categories, introduction of different levels and ceilings for patients' participation.<br><br>Introduction of 2 new categories of pharmaceuticals one of which (Fa) being free of charge. |

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| | • Cat. Cx (f.e. the pill): 80%.<br><br>Patients in hospital: € 0.62 per day.<br><br>Reduction of 30% in the refund of pharmaceutical products when existing identical generic products.<br><br>Refund of cost of preparations by pharmacist: Maximum share of insured person € 1.10 or € 2.20. Exemption made for long lasting treatments.<br><br>Charge reduced for those benefiting from the preferential scheme. | • C (medicines for symptomatic treatment): co-payment set at € 5 increased by 54% of the reimbursement base. If the reimbursement base is less than € 14.38, co-payment is set at 88.39% of the reimbursement base; a ceiling of € 14.10 applies;<br>• Cs: co-payment set at € 6 increased by 65% of the reimbursement base. If the reimbursement base is less than € 14.38, co-payment is set at 106.07% of the reimbursement base; no co-payment ceiling;<br>• Cx (so-called transition category): co-payment set at € 8 increased by 86% of the reimbursement base. If the reimbursement base is less than € 14.38, co-payment is set at 141.43% of the reimbursement base; no co-payment ceiling;<br>• Fa: co-payment set at 0% of the reimbursement base, i.e. free of charge;<br>• Fb: see medicines of category B.<br><br>Patients in hospital: € 0.62 per day.<br><br>Refund of cost of preparations by pharmacist: Maximum share of insured person € 1.18 or € 2.36. Exemption made for long lasting treatments.<br><br>Charge reduced for those benefiting from the preferential scheme. | |
| BG | The National Health Insurance Fund (Национална здравно осигурителна каса) pays fully or partially for up to 3 listed pharmaceutical products per listed illness. The NHIF together with the associations of the doctors and of the | The Minister of Health determines by an ordinance a list of the diseases for the home treatment of which the National Health Insurance Fund (Национална здравно осигурителна каса) (NHIF) shall pay for medicines, medical products | No regulatory changes over the 5-year period according to the MISSOC Tables. |

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| | dentists determine the prices of the products with the producers and wholesalers. The extent of National Health Insurance Fund payment towards listed products is included in the annual National Framework Agreement.<br><br>Payment by the National Health Insurance Fund for very expensive pharmaceutical products is subject to case-by-case decision. | and dietary foods for special medical purposes in full or partially.<br>The NHIF pays fully or partially for up to 3 listed pharmaceutical products per listed illness. The NHIF together with the associations of the doctors and of the dentists determine the prices of the products with the producers and wholesalers. The extent of NHIF payment towards listed products is included in the annual National Framework Contracts.<br><br>The conditions and the procedure for payment for medicinal products, included in the Positive Medicine List under Art. 262 of the Law on Medicinal Products in Human Medicine (ЗАКОН за лекарствените продукти в хуманната медицина), for medicinal products and the dietary foods for special medical purposes are regulated by an ordinance of the Minister of Health. | |
| CH | Pharmaceutical products prescribed and registered on the list of reimbursed medicines.<br><br>Same participation as for medical care (however share of costs of 20% if the generic is not used). | Pharmaceutical products prescribed and registered on the list of reimbursed drugs.<br><br>Same participation as for medical care (however share of costs of 20% for drugs whose price exceeds by more than 20% the average price of the cheapest third of the drugs with the same active substance). | Reference pricing system. |
| CY | Pharmaceutical products are provided by hospitals/institutions. Drugs prescribed are included in an approved list. | Pharmaceutical products are provided by the pharmacies of hospitals/institutions. Drugs prescribed are included in an | |

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| | Beneficiaries entitled to care at reduced fees pay 50% of the cost. | approved list which is updated regularly. Beneficiaries entitled to care fall in the following two categories:<br>• Free of charge (the groups entitled to treatment free of charge - see "Field of application, 1. Beneficiaries" above) do not pay for their medicines,<br>• Reduced rates (the groups entitled to treatment at reduced rates - see "Field of application, 1. Beneficiaries" above) pay 50% of the cost of the provided medicinal products.<br><br>Additionally, there is a co-payment scheme for approximately 100 medicinal products which are provided by the private pharmacies and patients are obliged to pay the pre-defined cost difference referring to each individual medicinal product. | |
| CZ | Act No. 48/1997 defines a total of 300 groups of medical matters which can be reimbursed by the health insurance funds and establishes specific conditions for reimbursement in each group.<br><br>Pharmaceutical products are classified into three categories. The amount of co-payment varies between 0-100%. The first category is fully reimbursed and includes the cheapest effective preparations of all essential drugs. The second and third categories are partly or fully paid for by patients. But in every of medical groups there is at least one medicament free of charge.<br><br>Regulatory charge: CZK 30 (€ 1.14) for each prescribed medicament which is | Act No. 48/1997 in its Annex 2 defines a total of 300 groups of medical matters that can be reimbursed by the health insurance funds and establishes specific conditions for reimbursement in each group.<br><br>At least one medicament is free of charge and fully reimbursed by the health insurance funds in each group. It means the cheapest effective option of all essential drugs.<br><br>The other medicaments are partly or fully paid by patients. The amount of co-payment varies between 0 and 100%.<br><br>Regulatory charge: CZK 30 (€ 1.15) for each prescription for a medicament | |

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| | fully or partially reimbursed by the public health insurance system.<br>Exemption from regulatory charges: some groups of patients e.g. persons with an infection disease, persons which are in material need. | which is fully or partially reimbursed by the public health insurance system.<br>Exemption from regulatory charges:<br>• persons placed in children's homes,<br>• persons placed in homes for disabled persons or for elderly persons if their minimum income remainder (as specified by another legal provision) is less than CZK 800 (€ 31)<br>• persons ordered a protective treatment by court,<br>• persons proved to be in material need,<br>• persons obliged to be treated for an infectious disease etc. | |
| DE | Insured person's participation: A 10%-participation of the dispensing price, at least € 5 and a maximum of € 10 and not more than the price of the product, except for children and insured persons once a certain amount of expenses has been exceeded. If there are fixed-price pharmaceutical products, the amount of contribution payable depends on this fixed price. If the price of the product exceeds the fixed price, the patient must pay the difference between the fixed price and the prescribed product, in addition to the set prescription charge.<br><br>The sickness insurance funds and the pharmaceutical companies may negotiate rebates on pharmaceuticals of which the price is higher than the fixed price in order to compensate for the additional costs.<br><br>Non-prescribable drugs are not paid for by the insurance. Exceptions: children up | Insured person's participation: A 10%-participation of the dispensing price, at least € 5 and a maximum of € 10 and not more than the price of the product, except for minors and insured persons once a certain amount of expenses has been exceeded. If there are fixed-price pharmaceutical products, the amount of contribution payable depends on this fixed price. If the price of the product exceeds the fixed price, the patient must pay the difference between the fixed price and the prescribed product, in addition to the set prescription charge.<br><br>The National Association of Statutory Health Insurance Funds *(GKV-Spitzenverband)* can set participation exemption limits for pharmaceuticals. Pharmaceuticals priced up to this amount are always free of participation. The statutory requirement for a participation exemption limit is that the manufacturer's delivery price without VAT is at least 30% lower than the fixed price on which it is | Possibility for the National Association of Statutory Health Insurance Funds to set participation exemption limits for pharmaceuticals. |

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| | to the age of 12 showing developmental disability and the exceptions determined by the Joint Federal Committee in its guidelines for such cases, where non-prescribable drugs are part of the standard therapy for the treatment of serious diseases. Insured persons must pay for over-the-counter drugs *(Bagatell-arzneimittel)* and life-style drugs. Certain uneconomical drugs are not paid for by the insurance.<br><br>Members of family: as for insured persons. | based, and that a cost reduction can be achieved with that.<br><br>Furthermore, an individual sickness insurance fund can halve or forego the participation of a pharmaceutical in respect of which they signed a rebate contract.<br><br>The sickness insurance funds and the pharmaceutical companies may negotiate rebates on pharmaceuticals whose price is higher than the fixed price in order to compensate for the additional costs.<br><br>Drugs which are not subject to prescription are not paid for by the insurance. Exceptions: children up to the age of 12 showing developmental disability as well as for pharmaceuticals which, according to the guidelines of the Joint Federal Committee *(Gemeinsamer Bundesausschuss)*, constitute the therapy standard for the treatment of serious diseases. Insured persons must pay themselves for life-style drugs and other specific pharmaceuticals, e.g. for the treatment of common colds or travel-sickness symptoms.<br>Certain uneconomical drugs are not paid for by the insurance.<br><br>Members of family: as for insured persons. | |
| DK | Participation of the insured person dependent on the expenditures for medicines on list during the year: | Participation of the insured person dependent on the expenditure for medicines on list during the year:<br>•Expenditure under DKK 900 (€ 121): | |

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| | • Expenditure under DKK 445 (€ 60): 100% of cost (persons under the age of 18: 50%).<br>• Expenditure between DKK 445 (€ 60) and DKK 1,080 (€ 145): 50%.<br>• Expenditure between DKK 1,080 (€ 145) and DKK 2,535 (€ 340): 25%.<br>• Expenditure over DKK 2,535 (€ 340): 15%.<br><br>The public health service can in special cases:<br><br>• contribute for medicines not on list;<br>• raise the contribution when an expensive medicine is necessary;<br>• contribute fully to medicine for dying persons;<br>• determine that for persons with an extensive, permanent and professionally well-documented need for medicinal products the reimbursement rate shall be 100% of the part of the total co-payment which is in excess of DKK 3,270 (€ 439) per year. | 100% of cost (persons under the age of 18: 40%).<br>• Expenditure between DKK 900 (€ 121) and DKK 1,470 (€ 197): 50% (persons under the age of 18: 40%).<br>• Expenditure between DKK 1,470 (€ 197) and DKK 3,180 (€ 426): 25%.<br>• Expenditure over DKK 3,180 (€ 426): 15%.<br><br>The public health service can in special cases:<br>• contribute for medicines not on the list;<br>• raise the contribution when an expensive medicine is necessary;<br>• contribute fully to medicine for terminally ill persons;<br>• determine that for persons with an extensive, permanent and professionally well-documented need for medicinal products the reimbursement rate shall be 100% of the part of the total co-payment which is in excess of DKK 3,710 (€ 497) per year. | Tightened reimbursement conditions through increased expenditure ceilings. |
| EE | Generally, insured persons pay EEK 50 (€ 3.20) + 50% of the remainder up to the reference price for all prescription pharmaceuticals.<br><br>For listed chronic diseases patients pay EEK 20 (€ 1.28).<br><br>Health Insurance Fund *(Haigekassa)* pays:<br>• 100% of the remainder up to the reference price (for i.a. HIV, tuberculosis, oncology diseases, diabetics, epilepsy, transplantation, leprosy, | Pharmaceuticals for HIV, tuberculosis and opioid dependence treatment and also list of certain vaccines are free for all patients.<br><br>Pharmaceuticals that are used in hospitals are integrated into healthcare services with no additional patient participation.<br><br>Over-the-counter pharmaceuticals are generally not reimbursed.<br><br>Prescription-only medicines are generally | Various changes of the system. |

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| | syphilis, cancerous diseases, psychical derangements, glaucoma).<br>•75% of the remainder up to the reference price (for i.a. hypertonia, stenocardia, bronchial asthma, acute and chronic nephritis).<br>•90% for children up to 10 years of age; persons receiving invalidity pension according to the State Pension Insurance Act *(Riikliku pensionikindlustuse seadus)*; and for insured persons over 63 years of age.<br><br>Difference between the patients' payment and the actual price is compensated to the pharmacies by the Health Insurance Fund *(Haigekassa)*. | reimbursed, based on a reimbursement ("positive") list. Reimbursement levels are 50% (for all listed pharmaceuticals), 75% (based on indication) and 100% (based on indication).<br>The prescription fee is € 3.19 for pharmaceuticals reimbursed at 50% and € 1.27 for pharmaceuticals reimbursed at a higher level.<br>There are additional advantages for certain social groups: 75% reimbursement is increased to 90% for children below 16 years, disabled and retired people, and 50% or 75% are increased to 100% for children below the age of 4 years. | |
| EL | Charge of 25% for medicines prescribed by doctor.<br><br>10% contribution towards cost of medication prescribed for certain illnesses (Parkinson's disease, Paget's disease, Crohn's disease, etc.).<br><br>10% contribution towards cost of medication for retired persons receiving the minimum pension.<br><br>No charges payable in the event of an employment accident, for medication during pregnancy and for chronic illnesses (cancer, diabetes etc.). | As a general rule, a charge of 25% applies for medicines prescribed by a doctor. However, the percentage of cost participation varies depending on the illness for which the medicament is prescribed.<br><br>10% contribution to the cost of medication prescribed for certain illnesses (Parkinson's disease, valvulopathy, myasthenia, tuberculosis etc.).<br><br>10% contribution to the cost of medication for retired persons receiving the Solidarity Benefit for Pensioners (ΕΠΙΔΟΜΑ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ ΣΥΝΤΑΞΙΟΥΧΩΝ - ΕΚΑΣ).<br><br>No charges payable in the event of an accident at work, for medication during | Variation in the % of cost participation depending on illness. |

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| | | pregnancy and for chronic illnesses (cancer, quadriplegia, paraplegia, hemodialysis patients, psychosis, thalassaemia etc.). | |
| ES | Beneficiaries pay 40% of the price of medicaments. There is a 90% reduction of the price for certain special medicaments, with a maximum limit of € 2.64.<br><br>No charge whatsoever for: pensioners, patients undergoing residential hospital care, residents over 65 years of age with insufficient means of existence, and for victims of employment injuries and occupational diseases. | Beneficiaries pay between 40% and 60% of the price of medicaments depending on their income level.<br>Pensioners pay 10% of the price of medicaments, provided their income is below € 100,000.<br>For certain special medicaments (long treatments), there are specific limits.<br>No charge whatsoever for: disabled persons in certain cases; patients undergoing inpatient hospital care; beneficiaries of non-contributory pensions; unemployed persons who have exhausted the unemployment allowance; and victims of accidents at work and occupational diseases. | Introduction of (higher) % range of patients' participation according to their income level.<br>New categories of people totally exempted from participation, such as unemployed persons who have exhausted unemployment benefit.<br>On the other hand, (contributory) pensioners are no longer totally exempted (10%). |
| FI | *Public hospitals:*<br>Costs included in fee.<br><br>*Sickness insurance*<br>Refund is 42% of the costs of the refundable product prescribed by a doctor. In serious and chronic diseases a number of listed pharmaceutical products qualify for refunds of 72% of the costs or for refunds of 100% of the costs exceeding € 3 per pharmaceutical product. If patient's own costs for pharmaceutical products during one calendar year exceed € 643.14, the excess of € 1.50 per pharmaceutical product prescribed by a doctor is | *Public hospitals:*<br>Costs included in fee.<br><br>*Sickness insurance*<br>Refund is 35% of the costs of the refundable product prescribed by a doctor. In case of serious and chronic diseases a number of listed pharmaceutical products qualify for refund of 65% of the costs or for refund of 100% of the costs exceeding € 3 per pharmaceutical product. If patient's own costs for pharmaceutical products during one calendar year exceed € 670.00, the excess of € 1.50 per pharmaceutical product prescribed by a doctor is | Decrease in the level of reimbursement. |

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| | refunded. | refunded. | |
| FR | General scheme for employees *(Régime général d'assurance maladie des travailleurs salariés, RGAMTS)*:<br><br>For certain specialities the reimbursement is made on the basis of a lump-sum calculated from the generic medicine price.<br><br>Co-payment for the insured: between 0% and 85% depending on the recognition of the medical service provided plus flat-rate co-payment of € 0.50 per package of medicine within a limit of € 50 per year and per person. | General scheme for employees *(Régime général d'assurance maladie des travailleurs salariés, RGAMTS)*:<br><br>For certain specialities the reimbursement is made on the basis of a lump-sum calculated from the generic medicine price.<br><br>Co-payment for the insured: between 0% and 85% depending on the recognition of the medical service provided plus flat-rate co-payment of € 0.50 per package of medicine within a limit of € 50 per year and per person. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| HR | | Drugs on the basic list are fully paid for by the Croatian Health Insurance Fund *(Hrvatski zavod za zdravstveno osiguranje)*.<br><br>Participation is required for drugs put on additional lists: HRK 10 (€ 1.34) per prescription.<br><br>All drugs used for hospital treatment are fully covered by compulsory health insurance. | |
| HU | The pharmaceuticals subsidised by the National Health Insurance Fund *(Egészségbiztosítási Pénztár)* are divided as follows: | The pharmaceuticals subsidised by the National Health Insurance Fund *(Egészségbiztosítási Pénztár)* are divided as follows:<br>•Pharmaceuticals provided during | No regulatory changes over the 5-year period according to the MISSOC Tables. |

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| | • Pharmaceuticals provided during in-patient care are free of charge;<br>• Pharmaceuticals, provided by outpatient care, are normatively subsidized by 85%, 55%, 25%;<br>• Other special, increased or indication-related subsidy categories: 100%, 90%, 70% or 50%;<br>• in case of certain chronic diseases, or other heavy diseases the subsidy is 100%. In this case HUF 300 (€ 1.18) packing fee is to be paid.<br>The percentage is fixed to the price of the reference pharmaceutical.<br><br>Low income elderly or disabled persons receive a special card giving entitling them to free medicine. | inpatient care are free of charge;<br>• Pharmaceuticals, provided by outpatient care, are normatively subsidised by 80%, 55%, 25%;<br>• Other special, increased or indication-related subsidy categories: 100%,90%, 70% or 50%;<br>• in case of certain chronic diseases, or other heavy diseases the subsidy is 100%. In this case HUF 300 (€ 1.25) packing fee is to be paid.<br><br>The percentage is fixed to the price of the reference pharmaceutical.<br><br>Elderly or disabled persons with low income receive a special card providing entitlement to free medicine. | |
| IE | No charge for approved medicines prescribed by a GMS GP for persons with full eligibility.<br><br>No charge for persons suffering from mental handicap and mental illness (for persons under 16 years only) and from specified long-term illnesses in respect of drugs prescribed for treatment of the specified illness.<br><br>Drugs Payment Scheme: No individual or family is required to pay more than € 90 per month for approved prescribed medicine. | Persons with full eligibility pay a prescription charge of € 1.50 per prescribed item, up to a maximum of € 19.50 per person or per family per month.<br><br>No charge for persons with a specified long-term illness in respect of drugs prescribed for the treatment of the specified illness.<br><br>Drugs Payment Scheme: No individual or family is required to pay more than € 144 per month for approved prescribed medicine and medical devices. | Introduction of a prescription charge for persons with full eligibility.<br><br>Significant increase of the ceiling for patients' participation. |
| IS | Pharmaceuticals are divided into 4 main categories. Payment of state health insurance depends upon type and | When the insured person buys pharmaceuticals for the first time, a payment period of twelve months starts. | Complete change of the system of patients' participation. |

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| | category of medicine. The patient pays the pharmacy according to the type of medicine, from 0-100% of costs. Remaining cost paid directly by the state health insurance. | The general maximum payment of the insured person in each period of 12 months is ISK 69,415 (€ 430). The maximum payment of elderly persons, invalidity pensioners, children and youth under the age of 22 in each period of 12 months is ISK 46,277 (€ 287). All children under the age of 18 in the same family pay as one. After this ceiling is reached a doctor can apply to the Icelandic Health Insurance (Sjúkratryggingar Íslands) for a full coverage of the costs for the remainder of the period. | Patients' participation is no longer a % of the costs but instead annual participation ceilings apply (lower ceilings in case of certain categories of persons. |
| IT | Classification of permitted and registered medication:<br><br>• *Group A*: Medication termed "essential" for the treatment of more serious complaints. Free for all insured persons, except for the fixed amount for the prescription.<br>• *Group B:* Medication for the treatment of serious complaints but less serious than those referred to in group A. Free of charge for some categories of persons as mentioned under item „Patient's contributions towards medical expenses" and for the disabled. The rest of the population pays half price.<br>• *Group C*: Other medication and medication for which a prescription is not required: The cost is borne fully by the insured person. | Classification of permitted and registered medication:<br>• *Group A*: Medication termed "essential" for the treatment of more serious complaints. Free for all insured persons, except for the fixed amount for the prescription.<br>• *Group B:* Medication for the treatment of serious complaints but less serious than those referred to in group A. Free of charge for some categories of persons as mentioned under item „Patient's contributions towards medical expenses" and for the disabled. The rest of the population pays half price.<br>• *Group C*: Other medication and medication for which a prescription is not required: The cost is borne fully by the insured person.<br><br>Insured persons who suffer from an accident at work or an occupational disease are entitled to reimbursement from the National Insurance Institute for Employment Injuries *(Istituto Nazionale* | |

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| | | *contro gli infortuni sul lavoro, INAIL)* (according to Circular No. 62 of 11 November 2012) in relation to the medical treatments needed for their psychophysical recovery, as prescribed by their doctors. | |
| LI | Medications prescribed by the doctor on a speciality list (including medications therapeutically equivalent to these medications).<br><br>Participation: See Point 1. "Medical treatment":<br>Patients' participation in the costs for services in the form of a franchise and a percentage paid by the individual. Maximum contribution CHF 800 (€ 484) each year. Voluntary franchise of a maximum of CHF 1,500 (€ 907) each year. | Medications prescribed by the doctor according to a speciality list (including medications therapeutically equivalent to these medications).<br><br>Participation: See Point 1. "Medical treatment":<br>Patients' participation in the costs for services in the form of a franchise and a percentage paid by the individual. The deductible (franchise) is CHF 200 (€ 162) each year. Voluntary deductible of a maximum of CHF 1,500 (€ 1,215) each year. Maximum excess is CHF 600 (€ 486) per year. | |
| LT | Full coverage of pharmaceutical products for:<br>•children under 18,<br>•persons with group 1 disability,<br>•hospitalised insured persons.<br>100%, 90%, 80% or 50% reimbursement levels for those suffering from specific illnesses (special list).<br><br>50 % of the price of pharmaceuticals covered for:<br>•old-age pensioners,<br>•persons with group 2 disability,<br>•other persons entitled to a social insurance pension. | Full coverage of pharmaceutical products for:<br>• children under 18,<br>• persons recognised as incapable of work or persons who reached the pensionable age, for whom a level of major special needs is established.<br><br>100%, 90%, 80% or 50% reimbursement levels for those suffering from specific illnesses (special list).<br><br>50% of the price of pharmaceuticals covered for:<br>• old-age pensioners; | Some changes in the categories of patients entitled to full/partial coverage. |

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| | | • those receiving the social assistance pension *(Šalpos pensija)*;<br>• those with a loss of capacity for work of 60% -70%. | |
| LU | Reimbursement according classification of drugs:<br><br>•Normal reimbursement: 80%<br>•Preferential reimbursement: 100%<br>•Reduced reimbursement: 40%<br>•Non-refundable products and drugs. | Reimbursement according classification of drugs:<br><br>•Normal reimbursement: 80%<br>•Preferential reimbursement: 100%<br>•Reduced reimbursement: 40%<br>•Non-reimbursable products and drugs. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| LV | Reimbursement is made according to the disease, its character and severity. There are 4 reimbursement categories: 100%, 90%, 75%, and 50%.<br><br>The pharmaceuticals eligible for re-imbursement are listed in the Positive list. The Positive list consists of 2 parts:<br><br>•List A: pharmaceuticals are grouped in clusters of interchangeable pharmaceutical products. The reference price for each cluster is the price of the cheapest product. Products are clustered according to the presentation form, dosage and package size.<br>•List B: contains pharmaceutical products which are considered not to be interchangeable. | Reimbursement is made according to the disease, its character and severity. There are 3 reimbursement categories: 100%, 75% and 50%.<br><br>The pharmaceuticals eligible for reimbursement are listed in the positive list. The positive list consists of 4 parts:<br>•List A: pharmaceuticals are grouped in clusters of interchangeable pharmaceutical products. The reference price for each cluster is the price of the cheapest product. Products are clustered according to the presentation form, dosage and package size.<br>•List B: contains pharmaceutical products which are considered not to be interchangeable.<br>•List C: contains expensive pharmaceutical products (if treatment is considered to exceed LVL 3,000 (€ 4,273) a year); extra restrictions for prescription are established.<br>•List M: contains prescription drugs for pregnant women, women in the period following childbirth up to 42 days and | The number of reimbursement categories was reduced from 4 to 3.<br><br>Introduction of 2 additional lists of pharmaceuticals eligible for reimbursement. |

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| | | children up to the age of 24 months.<br><br>Exception:<br>Reimbursement of pharmaceuticals for individual persons in the following cases:<br>• if the patient's disease (diagnosis) is not included in the list of diagnoses for which pharmaceuticals are eligible for reimbursement and if the patient's life is endangered without the particular pharmaceutical;<br>• the disease (diagnosis) is included in the list of diagnoses for which pharmaceuticals are eligible for reimbursement but none of the reimbursable drugs is suitable for maintaining the life functions of the patient.<br>The reimbursement of pharmaceuticals for individual persons cannot exceed LVL 10,000 (€ 14,245) per person per 12 months.<br><br>Patients have to pay LVL 0.50 (€ 0.71) for each prescription of pharmaceuticals or medical devices with 100% reimbursement. Exemptions: needy persons, children, or in case the price for the pharmaceutical or medical device prescribed does not exceed LVL 3 (€ 4.27).<br><br>Drugs in the List M have 2 reimbursement categories:<br>• 50% reimbursement for children up to the age of 24 months (except when the diagnosis is eligible for other reimbursement categories (100% or 75%)),<br>• 25% reimbursement for pregnant women, women in the period following childbirth up to 42 days (except when | The introduction of an annual ceiling for reimbursement.<br><br>Introduction of a prescription fee in case of fully reimbursed pharmaceuticals or medical devices. |

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| | | the diagnosis is eligible for other reimbursement categories (100%, 75% or 50%)). | |
| MT | Free of charge during hospitalisation, otherwise on means tested basis.<br><br>All pharmaceuticals within the approved formula are provided free-of-charge to Pink Card holders and persons belonging to special population groups described above.<br><br>Drugs for specific chronic conditions are issued to persons suffering from conditions contained within an official list and include malignant diseases, respiratory diseases, schizophrenia and haemophilia.<br><br>Diabetics are entitled to free diabetic treatment under a separate schedule.<br><br>All persons who have illnesses that do not fall under the above schemes are required to pay the full cost of pharmaceuticals other than inpatient drugs and a three-day supply of drugs following hospital discharge which are provided free-of-charge. | Free of charge during hospitalisation, otherwise on means tested basis.<br><br>All pharmaceuticals within the approved formula are provided free-of-charge to Pink Card holders and persons belonging to special population groups described above.<br><br>Drugs for specific chronic conditions are issued to persons suffering from conditions contained within an official list and include malignant diseases, respiratory diseases, schizophrenia and haemophilia.<br><br>Diabetics are entitled to free diabetic treatment under a separate schedule.<br><br>All persons who have illnesses that do not fall under the above schemes are required to pay the full cost of pharmaceuticals other than inpatient drugs and a three-day supply of drugs following hospital discharge which are provided free-of-charge. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| NL | Registration of insured person with a chemist of choice.<br><br>Benefit in kind. Insured person is entitled to a qualitatively good package of medicines without it being necessary to make additional payment. Besides this | The compulsory deductible of € 350 also applies to pharmaceuticals included in the basic coverage. Besides this, pharmaceuticals can be supplied and charged to the private health insurance companies up to the average price per standard drug dosage that belongs to a | |

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| | medical package medicines can be supplied and charged to the private health insurance companies up to the average price per standard dosage of medicines which belong to a certain classified medical package, with an additional payment to be paid by the insured person. | certain classified medical package, with an additional payment to be paid by the insured person. | |
| NO | • Less important medicines: The patient pays the full cost, even when they are prescribed by a doctor. A 90% refund of annual costs exceeding NOK 1,600 (€ 200) is possible under certain conditions.<br>• Important medicines: For prescribed medicines on the important medicines list, the patient pays 36% of the cost up to a ceiling of NOK 510 (€ 64) for each 3-months period of consumption. National Insurance *(folketrygden)* pays, normally through direct settlement with the pharmacies, up to the full cost. Pensioners in receipt of a minimum old-age or disability pension and children under 12 are exempt from cost-sharing charges on important medicines and nursing articles. | • Less important medicines: The patient pays the full cost, even when they are prescribed by a doctor. A 90% refund of annual costs exceeding NOK 1,667 (€ 210) is possible under certain conditions.<br>• Important medicines: For prescribed medicines on the important medicines list, the patient pays 38% of the cost up to a ceiling of NOK 520 (€ 66) for each 3-months period of consumption. National Insurance *(folketrygden)* pays, normally through direct settlement with the pharmacies, up to the full cost. Pensioners in receipt of a minimum old-age or disability pension and children under 16 are exempt from cost-sharing charges on important medicines and nursing articles. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| PL | Official list of medicines divides pharmaceuticals into 3 categories:<br><br>• Basic medicines: standard price (patients pay a fixed price - maximum of 0.5% of lowest salary - determined by the Minister of Health, *Minister Zdrowia*);<br>• special additional medicines: 30% to | Official list of medicines divides pharmaceuticals into 3 categories:<br><br>• Basic medicines: fixed price of PLN 3.25 (€ 0.75) or PLN 5.00 (€ 1.15) determined by the Minister of Health *(Minister Zdrowia)*;<br>• special additional medicines: 30% to 50% of price paid by the insured | |

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| | 50% of price paid by the insured person;<br>• other medicines: 100% of the price paid by the insured person.<br>Medicines free of charge in hospitals. | person;<br>• other medicines: 100% of the price paid by the insured person.<br>Medicines free of charge in hospitals. | |
| PT | Depending on type of illness, the state contributes 100%, 70%, 40%, or 20% of the cost of medicines on the official list drawn up by the health services.<br><br>The percentages are increased by 10% for generic medicines and by 15% for pensioners whose pensions are not above minimum wage. | Depending on type of illness, the State contributes 90%, 69%, 37%, or 15% of the cost of medicines on the official list drawn up by the health services.<br><br>The State contribution is 95%, 84%, 52% or 30% for pensioners whose total annual income does not exceed the equivalent of 14 times the guaranteed minimum retribution *(Retribuição Mínima Mensal Garantida)* of the previous year or, if this is higher, the equivalent of 14 times the indexing reference of social support IAS (indexante dos apoios sociais) in force. The State contribution is 95% for all medicines whose retail price is equal to or higher than the average retail price of the five cheapest medicines on the market. Generic medicines can be paid in full by the State for beneficiaries whose income does not exceed the abovementioned ceiling and provided certain conditions, e.g. relating to the price of reference medicines, are met. | Reduction of the State participation to the cost of medicines on the official list.<br><br>Changed reimbursement modalities for generic medicines and medicines part of a reference pricing system. |
| RO | There are three lists of pharmaceutical products. The Health Insurance Fund pays:<br><br>List A: 90% of the reference price costs.<br><br>List B: 50% of the reference price costs. | There are three lists of pharmaceutical products. The National Health Insurance House *(Casa Naţională de Asigurări de Sănătate)* pays:<br><br>List A: 90% of the reference price costs. | |

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| | List C:<br>•C1: 100% of the reference price costs;<br>•C2: full price (HIV/AIDS, tuberculosis),<br>•C3: 100% of the reference price costs for children, pregnant women, women who have just given birth and other special categories of citizens such as war survivors, political prisoners or those who are totally or partially in-capable of work. | List B: 50% of the reference price costs.<br><br>List C:<br>•C1: 100% of the reference price costs;<br>•C2: full price (HIV/AIDS, oncology),<br>•C3: 100% of the settlement price costs for children, pregnant women, women who have just given birth and other special categories of citizens such as war survivors, political prisoners or those who are totally or partially incapable of work.<br><br>Decentralisation and autonomy in the administration of the Unique National Health Care Insurance Fund. | |
| SE | •The patient pays the whole cost up to and including SEK 900 (€ 95) during a period of 12 months from the first purchase.<br>•Costs between SEK 901 (€ 96) and SEK 1,700 (€ 180) are subsidised by 50%.<br>•Costs between SEK 1,701 (€ 180) and SEK 3,300 (€ 350) are subsidised by 75%.<br>•Costs between SEK 3,301 (€ 350) and SEK 4,300 (€ 456) are subsidised by 90%.<br>•Costs above SEK 4,300 (€ 456) are subsidised totally. | •The patient pays the whole cost up to and including SEK 1,100 (€ 126) during a period of 12 months from the first purchase.<br>•Costs between SEK 1,100 (€ 126) and SEK 2,100 (€ 241) are subsidised by 50%.<br>•Costs between SEK 2,100 (€ 241) and SEK 3,900 (€ 448) are subsidised by 75%.<br>•Costs between SEK 3,900 (€ 448) and SEK 5,400 (€ 620) are subsidised by 90%.<br>•Costs above SEK 5,400 (€ 620) are subsidised totally.<br><br>The Dental and Pharmaceutical Benefits Agency *(Tandvårds- och läkemedelsförmånsverket)* decides which products will be subsidised within this scheme. | Tightened reimbursement conditions through increased expenditure ceilings. |

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| SI | Pharmaceuticals are listed into three lists contained in a positive, an interim and a negative list:<br>• Positive list: 75% reimbursement and 100% reimbursement for children and some other categories (see "Patient's participation" above);<br>• intermediate list: 25% reimbursement;<br>• negative list: the medicinal products must be entirely paid for by the patient.<br>Voluntary insurance is available for co-payments.<br><br>For pharmaceutical products not contained on the lists: full costs are born by the patient.<br><br>All drugs used during hospital treatment are free. | Pharmaceuticals are listed into three lists contained in a positive, an interim and a negative list:<br>• positive list: 70% reimbursement and 100% reimbursement for children and some other categories (see Table II, "Patient's participation");<br>• intermediate list: 10% reimbursement;<br>• negative list: the medicinal products must be entirely paid for by the patient.<br>Voluntary insurance is available for co-payments.<br><br>For pharmaceutical products not contained on the lists: full costs are born by the patient.<br><br>All drugs used during hospital treatment are free. | Reduction of the % of reimbursement for pharmaceuticals on the positive and intermediate lists. |
| SK | Free of charge or on partial reim-bursement for insured persons (full or partial refund according to the lists of medicaments). The average patient's participation to pharmaceuticals products is about 10%. No advantage for different categories of people. No annual ceilings or limits. | Free of charge or on partial reimbursement for insured persons (full or partial refund according to the lists of medicaments). The average patient's participation to pharmaceutical products is about 10%-14%.<br>Patient charges on pharmaceutical products cannot exceed € 30 or € 45 per quarter for disabled citizens or elderly respectively on low income. Otherwise no exemption or reduction of patient charges. | Introduction of a participation ceiling per quarter for disabled or elderly on low income. |
| UK | Charge of GBP 6.85 (€ 9.24) per pre-scribed item.<br><br>An annual (or 3 months) prescription | Charge of GBP 7.85 (€ 9.16) per prescribed item.<br><br>An annual (or 3 months) prescription | |

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| | prepayment certificate can be bought which offers considerable savings to those who need regular medication. The cost of the certificate is GBP 35.85 (€ 48) for 4 months and GBP 98.70 (€ 133) for one year.<br><br>There is no charge for children under 16, people aged 16-18 and still in full-time education, people aged 60 or over, pregnant women and women who have given birth in the last 12 months, War Pensioners (for their accepted disability), people and their partner receiving Income Support or income-based Jobseekers' Allowance, Pension Credit Guarantee Credit, or Tax Credit (and named on a Tax Credit NHS Exemption Certificate), some other people on low incomes, and people suffering from specified conditions. | prepayment certificate can be bought which offers considerable savings to those who need regular medication. The cost of the certificate is GBP 104.00 (€ 121) (England) for one year and GBP 29.10 (€ 34) (England) for 3 months.<br><br>There is no charge for children under 16, people aged 16-18 and still in full-time education, people aged 60 or over, pregnant women and women who have given birth in the last 12 months, War Pensioners (for their accepted disability), people and their partner receiving Income Support or income-based Jobseekers' Allowance, income-based Employment and Support Allowance, Pension Credit Guarantee Credit, or Tax Credit (and named on a Tax Credit NHS Exemption Certificate), or named on valid HC2 certificate, some other people on low incomes, and people suffering from specified conditions. | |