

How to apply for reimbursement in Lithuania?

Lithuanian healthcare system is financed by the compulsory health insurance fund. The system covers services provided by public and private entities that have contractual agreements with the National Health Insurance Fund. This also includes medicinal products that are included in the list of reimbursable medicines. The list of reimbursable medicines is updated when a new active substance is added or indications for a prescription are changed. The medicine price list is published twice a year, but further changes may also be made throughout the six months.



- ✓ Lithuania applies external reference pricing. Medicine prices are set according to the average of the three lowest prices in European Union (EU) countries. When a medicine is added to the price list of reimbursable medicines, its compliance with the co-payment requirements is also assessed.
- ✓ For each additional quality-adjusted life year gained through the use of a medicinal product, Lithuania may finance 1, 3 or 5 times the GDP per capita, depending on the severity of the disease.

Which medicinal products are eligible for reimbursement?

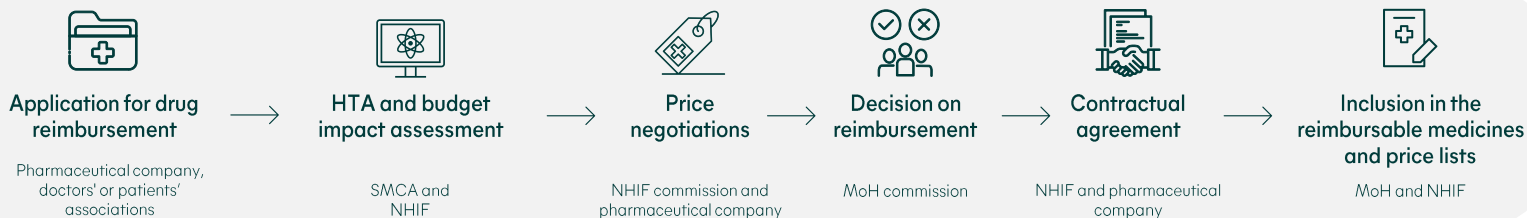
1. **Authorised.** The medicinal product must be approved in Lithuania or the EU.
2. **Prescription-only.**
3. **Those of appropriate price.** The price of a medicine must be the same or lower than in EU countries.

Responsible institutions

Ministry of Health (**MoH**). Shapes the country's pharmaceutical policy, coordinates the activities of the Reimbursement Commission and makes the final decision on the inclusion of a medicine in the reimbursement system.

State Medicines Control Agency under the Ministry of Health (**SMCA**). Performs health technology assessments (HTA) and provides recommendations to the Reimbursement Commission.

National Health Insurance Fund under the Ministry of Health (**NHIF**). Assesses the impact of a medicine on the health insurance fund budget, coordinates negotiations and signs contracts with pharmaceutical companies.



Required documents

1. **Application.** Either a full or simplified application, covering clinical and economic assessment parts.
2. **Estimated impact on the compulsory health insurance fund budget and compliance of the declared prices with those in other EU countries.**
3. **Accessibility improvement scheme, optional.**

Key conditions for inclusion into the reimbursement system

1. Comparative effectiveness is superior to standard of care, and cost effectiveness meets the reference cost-effectiveness threshold, or
2. Comparative effectiveness does not differ from the standard of care, but the compulsory health insurance fund costs are reduced by more than 5%.



A medicine is included in the reimbursement list if no additional compulsory health insurance funds are required. If a medicine is considered eligible for reimbursement but there are insufficient funds, it is included in the reserve list. The reserve list is reviewed twice a year.

Scientific and regulatory advice

- ✓ Consultation is provided by the SMCA.
- ✓ Aims to provide support for medicinal product researchers, developers, marketing authorisation holders or their representatives.
- ✓ Helps to ensure compliance with HTA requirements in the clinical and/or pharmacoeconomic part of the application.
- ✓ Can be used at various stages of medicinal product development, authorisation and post-authorisation activities.



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