

Medicines to be reimbursed

Published: 24.11.2020.

Reimbursement system for the acquisition of medicines in Latvia ensures the patients with the possibility to acquire medicines, to be reimbursed by the state in the amount of 100%, 75% and 50%, in accordance with the character of disease (diagnosis) and degree of severity, for the purpose of treatment of particular diseases.

The list of medicines to be reimbursed (MTR) consists of:

Schedule A, which includes medicines of equivalent effectiveness. MTR combines medicines in the groups of equivalent effectiveness in two cases: 1) if it contains one and the same active ingredient, which treats the particular disease, and equivalent effectiveness is proved by studies, 2) if medicines contain different active ingredients, but their equivalent effect has been proved by studies;

Schedule B, the medicines included in which have no equivalent effectiveness with the MTR;

Schedule C, which includes medicines, the costs of which for the treatment of one patient exceeds 4268,62 euro and manufacturer undertakes to cover the medicine reimbursement costs for a particular number of patients by its own resources. Once per half a year the MTR (on 1 January and 1 July) is updated and both, the doctors by sending informative material as well as patients - through media and web-page of the National Health Service - are informed on changes.

Reimbursement procedure for patients

Since 1 January 2012 a new procedure for write out of medicines (also medical equipment) to be reimbursed is implemented with a purpose to promote the write out of cheaper medicines to be reimbursed being of equivalent effectiveness:

if a patient receives medicines to be reimbursed provided for a particular diagnosis, a doctor shall write out on a prescription the general name provided for a particular diagnosis;

pharmacist shall issue the cheapest medicines of the respective general name in a pharmacy in accordance with the prescription;

if the cheapest medicine issued to a patient in a pharmacy gives the desired treatment effect, then next time a doctor writes out a name of respective medicines on a prescription for a patient;

if the particular medicines do not give the therapeutic effect, then a doctor, upon indicating substantiation in the medical card of a patient, shall write out other medicines by choosing the next most cheapest medicines of the respective general name.

This is to remind that the state shall reimburse the cheapest medicine with equivalent effectiveness in the amount of 50%, 75% and 100% (depending on a diagnosis). If more expensive medicine is written out for a patient, then the difference between the most cheapest and more expensive medicine shall be covered by the patient. A patient shall be entitled to discuss with a doctor the possibility to write out the cheapest medicines having equivalent effectiveness during consultations.

When the patent protection period of the original medicine expires, other pharmaceutical company may commence to develop medicines with the same active ingredient – these are known as generic medicines. Since the generic medicines and original medicines, which are provided for the treatment of one disease, has equivalent effectiveness and contain the same active ingredient, then the most rational choice is the choice of the cheapest medicine. It allows to save money and get a treatment without overpaying.

Taking into account medical reasons - the human body features (hypersensitivity to any adjuvant included in particular medicines), complexity of the disease -, a doctor may determine the use of a particular medicine for a patient, which shall not be changed for any other. In such a case a doctor shall indicate in the prescription the name of a particular medicine and mark that only specific medicine may be issued in a pharmacy.

Only doctors, having contractual relationship with the National Health Service, shall be entitled to write out medicine from the list of medicines to be reimbursed. Also the issue of medicines by reimbursement may be ensured only by those pharmacies, having contractual relationship with the National Health Service.

Schedule M

Since 1 September 2012 also a Schedule M is created separately, from which medicines for pregnant women, women in post-natal period up to 42 days and children up to the age of 24 months may be chosen. All medicines for children up to the age of 24 months included in the Schedule M shall be compensated in the amount of 50%, but for pregnant women and women up to 42 days of the post-natal period - in the amount of 25%.

<https://www.vmnvd.gov.lv/en/medicines-be-reimbursed>