



ФОНД ЗА ЗДРАВСТВЕНО
ОСИГУРУВАЊЕ НА МАКЕДОНИЈА
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ANNOUNCEMENT

Increased choice of medicines from different manufacturers to pharmacies and public health institutions borne by the HIFM



From June 11th, the list of brand name medicines borne by the Fund will be expanded with 80 new brand name medicines from 23 different manufacturers¹ and companies, within the existing generics which will be 4% more medicines for the insureds. With this, the total count of medicines from different manufacturers available for the insureds and borne by the Fund is 2010 medicines or 52% of the registered medicines in the country.

The benefits provided by the Fund with this change are numerous, increased number of medicines available to the insureds via pharmacies and hospitals, increased number of medicines without surcharge, thus increasing the market competition in medicines in our country, and an opportunity for further reducing medicine prices, as well as savings for the insureds and more efficient use of the healthcare system resources.

The addition of new registered brand name medicines, whose generics are already on the positive list, was developed by the Fund for a long time and implemented as per the appropriate procedure. Namely, the pharmaceutical companies, upon registration of the medicine at the Agency for Medicines, submit an application to the Fund so that said medicine receives a reference price and code in order to be issued in the pharmacies with a prescription and be borne by the Fund. These applications are reviewed by the Commission for setting reference prices of medicines along with other data from the National Electronic Registry of Medicines and drafts a proposals, which is then voted on and adopted by the Fund's Management Board, with a decision where the Minister gives approval, followed by publishing the decision in the Official Gazette .

¹ (Replek farm, Deva Holding, Galenika, Actavis, Labormed Pharma, Jaka 80, Krka, Sanovel Ilac, Lek, Pliva, Galenium Health / Cyndea Pharma, Mustafa Nevzat Ilac, Remedica, Nobel Ilac, Alkaloid, NovoNordisk, Anfarm, Accord, Baxter, Alfa Wassermann, XELLIA Pharmaceutical, Sindan, Cooper Pharmaceuticals)



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The latest decision has already been published in the Official Gazette no. 106 of June 3rd, 2016 and will be valid from June 11th, 2016.

The selection of medicines on **primary positive list** available in over 774 pharmacies throughout the country has just become richer for 57 new brand name medicines, 48 generics intended as follows: stomach (omeprazole, pantoprazole), diabetes, lowering blood sugar (glibenclamide, repaglinide), cardio-vascular system, high blood pressure, reducing the blood fat levels (amiodarone,

verapamil, atenolol, carvedilol, amlodipine, nifedipine, lizinopril, rosuvastatin), epilepsy (levetiracetam), Parkinson's disease (biperiden), inflammatory processes (betamethasone, methylprednisolone), bacterial infections (amoxicillin + clavulanic acid, azithromycin, ciprofloxacin), pain, inflammation, rheumatism (diclofenac, ketoprofen, ibuprofen), prostate (dutasteride), allergies (cetirizine, loratadine) and nervous system (diazepam, sertraline).

The number of generic medicines on the **hospital positive list** procured by the clinics or the Ministry of Health has also be increased by 23 new brand name medicines with a reference price of the 18 existing generics, including: vitamins (ascorbic acid), coagulation factors (eptacog alfa), hormones (testosterone), drugs for anaemia (iron oxide, saccharated), corticosteroids (dexamethasone), antibiotics (meropenem, imipenem + cilastatin, colistin), oncological drugs (gemcitabine, capecitabine, carboplatin, imatinib, triptorelin, letrozole), anaesthetics (sevoflurane).

With the new increased choice of medicines there is room for greater competition among manufacturers and pharmacies, as well as a new opportunity for reducing medicine prices. The number of insureds who will benefit from the increased choice of medicines is huge. For example, in 2015 the primary list of insureds, who have used these generics, was 732 743 persons. These insureds have dispensed 4 799 786 prescriptions, and the amount paid by the Fund for these medicines was 478 647 205 denars. The number of insureds, who have used these groups of medicines in the first 4 months of 2016, was 429 414, who have dispensed 1 655 248 prescriptions, and the amount paid by the Fund in this period was 169 064 107 denars.



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The Fund's budget for primary healthcare medicines in 2016 was 2,5 billion denars, and is the largest ever for that purpose.

The primary list of medicines borne by the Fund includes medicines that are prescribed on prescription by the primary healthcare physicians. They are intended for outpatient treatment and are issued in PHI pharmacies that have entered into an agreement with the Fund. The hospital list includes medicines that due to their manner of administration and for safety reasons are applied only in hospital or specialist-consultative healthcare. The supply of drugs borne by the Fund at secondary and tertiary level of healthcare is performed directly by the public health institutions or the Ministry of Health of R. of Macedonia through public procurement procedures. The Fund is only buyer of health services whose price includes medicines.

The Fund seeks to provide the highest possible availability of quality medicines for the needs of the insureds. The vision of the Fund is to provide quality medicines to insureds, which are currently available in 774 pharmacies throughout the territory of the country.

In addition, the range of medicines for the insureds is continually expanded, and the Fund is making efforts to provide more medicines with no surcharge to the insureds. In this regard, of the 57 new brand name medicines on the primary list, 16 are without surcharge. By adding the new brand name medicines, which are available on our market, the benefit for insureds is the increased market competition in medicines and the Fund's insureds having greater choice of medicines. At the same time, it means an opportunity for further reducing medicine prices, savings for the insureds, and more efficient use of the healthcare system resources.