

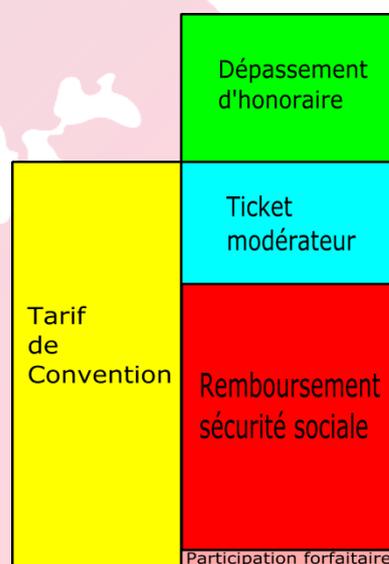
AIM MEMBERS ARE MORE THAN PAYERS; THEY ARE PLAYERS
AIM MEMBERS PLAY SEVERAL ROLES IN ENSURING SUSTAINABLE ACCESS TO PHARMACEUTICALS

Why should AIM members be involved in those discussions about sustainable access to pharmaceuticals? Are payers not just administrative bodies that do exactly what their governments tell them to do? NO! AIM members play different roles in ensuring that their affiliates have, also in the longer term, affordable access to the medicines¹ they need.

AIM members don't exist to provide shareholders with a profit, but their single aim is to provide their affiliates with access to healthcare at an affordable price, not only today, but also in the future. There are differences between the members of AIM. Those presented in this paper play a role in the coverage and/or provision of pharmaceuticals as part of a statutory, by the state defined, benefit package.

Some AIM members provide supplementary coverage, for example covering co-payments for pharmaceuticals. Mutuels in France (within AIM represented by FNMF) are an example of that last modality. The individual mutuels in France decide whether they cover the "statutory" co-payment, the so called "ticket modérateur".

In addition to paying for healthcare, many payers have additional roles in providing access to pharmaceuticals, related to the "pricing and reimbursement decision" but these differ for each organisation. This paper aims to shed light on the roles AIM members play.



1. The decision maker

Whether a pharmaceutical is part of the benefit package or not is decided by "the decision maker". When statutory health coverage is concerned, it is often the National Parliament, the Minister of Health and/or its agencies.

Some AIM members do have a significant influence on these decisions, for example the Hungarian and Lithuanian Health Insurance Funds have a strong advisory role to the Minister. In Estonia, the Health Insurance Fund is member of the Reimbursement Committee that decides which out-patient products will be reimbursed. In Croatia, the Health Insurance Fund, also member of AIM, takes the reimbursement decision itself. In Austria is the Main Association of the Austrian Social Security Institutions (of which AIM member SVB is a member) the decision maker. In the Czech Republic, AIM member VZP actively cooperates with the State Institute for Drug Control.

¹ The focus is in this paper on pharmaceutical provision in outpatient settings. For pharmaceuticals provided within a hospital, the roles of AIM members can be different.

Some AIM members can decide to reimburse more pharmaceuticals, in addition to the benefit package that is defined by the state. Examples are certain contraceptives, homeopathic medicines and vaccinations, which are reimbursed by some Belgian and French healthcare mutuals.

For statutory healthcare the AIM member has (sometimes) the responsibility to choose to reimburse only certain products, or the cheapest product within a cluster of approved similar products, for example if there are more identical or similar products on the market. The health insurers in The Netherlands are an example of that modality.

2. The appraisal committee

Before the decision maker makes its decision about what is reimbursed and what isn't, it often receives an advice from an 'appraisal committee', a group of stakeholders and experts that evaluates whether a specific pharmaceutical should be reimbursed or not. AIM members are often part of such a committee. In Switzerland for example, santésuisse is member of the Federal Commission of Pharmaceuticals. In Austria, Belgium, the Czech republic, The Netherlands, Estonia, Hungary, Greece and Croatia, AIM members play a similar role.

3. The HTA body

The organisation that carries out health technology assessments plays a crucial role in the pricing and reimbursement decision. A decision about reimbursement, actual use or price is often taken on the basis of an HTA-assessment. Some AIM members have a role in carrying out these HTA's. They are (part of) the HTA body (such as the AIM Member in Austria). Or they are involved in decisions about the methodology used, or the priorities, because they are represented in the board of the HTA-body, as for example the case for the AIM members in Switzerland, in Germany, in Belgium and in Estonia.

The Lithuanian Health Insurance Fund is not involved in carrying out the assessments, but it does calculate the potential budgetary impact of a reimbursement decision. Also Dutch insurers have an advisory role to the HTA body, but they do also assess clinical evidence themselves. The Estonian health insurance fund does also perform simplified HTA's complementary to the national HTA agency. In the Czech Republic AIM member VZP has the opportunity to file written statements about HTA decisions by the State Institute for Drug Control and can subsequently appeal to the Ministry of Health regarding health technology assessments made.

4. The body that makes the payment

AIM members are the organisations that collect the healthcare contributions/premiums and/or receives a state contribution. With those collected funds they do the actual payment to the provider of pharmaceuticals (for example the pharmacist or dispensing doctors). The Greek AIM member pays also directly to the industry, in case the drug is dispensed through pharmacies that are owned by the Greek member of AIM.

5. The organisation that ensures that the payment is done according to the rules

As the AIM member is the organisation that takes care of the actual payment, it has to ensure that the transaction is done according to the rules, to prevent misuse and fraud. It checks if there is a medical indication for the use of this product and, for example, whether the product has actually been delivered

to the patient. This responsibility is often carried out in collaboration with the Ministry (like in Hungary) or with a government agency (which is the case in Switzerland, in Germany, in Belgium and in The Netherlands).

6. Negotiator/contractor

After the decision maker has decided that a certain active substance/pharmaceutical should be reimbursed (for specific indications), regularly a negotiation takes place about price and volume. AIM members have often a role in these negotiations.

In Austria, the AIM member is member of the main association of social security institutions that negotiates the price. In France the AIM member has an influence in the negotiations taking place in the Comité Economique des Produits de Santé (CEPS). In Germany, AIM members carry out negotiations with the pharmaceutical industry (the agreements have to be approved by the supervisory authorities). Also in Belgium the healthcare mutuels play a role in these negotiations. It is also in The Netherlands the role of the insurer to negotiate prices of (off-patent) pharmaceuticals. In Croatia the member of AIM is in charge of making financial agreement for expensive medicines. In Lithuania, the NHIF, member of AIM, is member of a negotiation commission. Although it is in the end the Estonian Minister who signs the price agreement, the EHIF is in Estonia involved in the price negotiation process. The board of the Greek AIM member EOPYY decides on the price of a pharmaceutical. It is also the EOPYY that carries out the price negotiations. In the Czech republic the AIM member is the contracting party in market entry agreements and the main negotiator with the marketing authorisation holder.

Some members of AIM play a role in the decision about the margins for pharmacists and wholesalers (for example in Belgium and France).

7. The body that encourages appropriate use and use of generics?

AIM members do have a role in ensuring that patients receive the drugs they are entitled to, that doctors prescribe the correct drug, that the patient doesn't wrongly use different drugs at the same time, that generics/biosimilars are used where possible and that pharmacists provides the necessary information.

In Austria, health professionals need prior authorisation from the AIM member for the prescription of certain drugs. The Belgian mutuels take an active role in informing the general public about the use of generics, through their websites, magazines etc. Similar activities are taking place in Lithuania. In Estonia, but also in Greece, the introduction of e-prescriptions is a useful tool to help increase INN prescription and to assess pharma use through big data analysis.

Santésuisse, Switzerland

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Federal Office of Public Health	no	
Appraisal committee	Federal Commission of Pharmaceuticals	Is part of the commission	
HTA body	Federal Office of Public Health	Contributions in terms of projects to investigate and as stakeholder in the different phases (scoping, assessment, appraisal) HTA use is for re-evaluation	
Payment body	Health insurances	Control of bills and payment by health insurances	
“Compliance body”	Federal Office of Public Health, Health insurances	In case of limited reimbursement control or decision of access (consulting physicians)	
Negotiator	-		
Appropriate use facilitator	Associations of doctors; pharmacists		

Farmers Social Security (SVB), Austria

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Main Association of the Austrian Social Security Institutions		In individual cases the respective insurance organisation decides.
Appraisal committee	The Drug Evaluation Committee recommends whether a product should be reimbursed or not and which price is economically justified.	The health insurance institutions are members of this committee.	
HTA body	Main Association of the Austrian Social Security Institutions.	SVB is member of the association	
Payment body	The Austrian health insurance institutions	SVB is one of the Austrian health insurance institutions	In principle the Austrian health insurance institutions only pay to the pharmacies and the dispensing doctors.
“Compliance body”			
Negotiator			In Austria there is no aut-idem-distribution so the pharmacies are only allowed to dispense what the physicians prescribed. The Austrian health insurance institutions can influence indirectly what the pharmacist delivers by influencing what the physician prescribes.

			<p>The Austrian health insurance institutions are members of the Drug Committees within the hospitals. So they have a little influence on which drugs the hospital use and prescribes.</p> <p>In Austria the Main Association of the Austrian Social Security Institutions negotiates the price according to the recommendations of the Drug Evaluation Committee. The SVB is member of this committee.</p> <p>The Main Association of the Austrian Social Security Institutions can agree additional requirements according to the recommendations of the Drug Evaluation Committee. The SVB is member of this committee.</p>
Appropriate use facilitator			<p>If the drug is not listed in the green box of the code of reimbursement the physician needs in principal a prior approval of the chief medical officer of the health insurance institution. If there are generics/biosimilars available the chief medical officer would tell the physician that he is only allowed to prescribe the cheaper generic or biosimilar.</p>

The Federation of French Mutuels (FNMF), France

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Minister of Health	No, but they can decide to reimburse drugs that aren't reimbursed by Assurance Maladie (such as not-reimbursed vaccines or contraceptive pills).	The Minister of Health decides whether a drug should be reimbursed or not, on the basis of the HAS evaluation.
Appraisal committee HTA body	Haute Autorité de Santé (HAS)	No	HAS assesses the therapeutic value (SMR: Service médical Rendu) and the therapeutic ranking (Amélioration du service médical rendu) of authorised drugs. HAS can also carry out economic assessments. HAS is independent from payers.
Payment body	Assurance Maladie / Supplementary health insurance	No	AIM members pay directly the pharmacist on the basis of the reimbursement rate of the drug. They can't influence what the pharmacist delivers because they don't have any medical or pharmaceutical information.

			Supplementary health insurance doesn't pay for medicines provided within the hospital.
"Compliance body"	Assurance Maladie	No	
Negotiator	CEPS (Comité Economique des Produits de Santé)	Yes	Supplementary health insurance is represented in CEPS. The representative can participate in negotiations with industry but has only a small influence.
Appropriate use facilitator	Assurance Maladie / Supplementary health insurance	No/yes	Mutuals have no information about the prescribed drugs so they cannot ensure that patients receive the drugs they really need. However, mutual promotes generics use with communication campaigns. Mutual pharmacies (managed by mutuals) can participate to promote appropriate use.

Germany

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Parliament, the Minister of Health and/or its agencies (GB-A)		
Appraisal committee	Non-existent in Germany, the role of G-BA and maybe BfArM come closest	G-BA: GKV takes part in the decision making process	
HTA body	IQWiG, a foundation	GKV is a member of the IQWiG foundation board and therefore capable of influencing the process	
Payment body	GKV, that reimburses via principle of benefit in kind		
"Compliance body"	The supervisory/regulatory authorities via GKV		
Negotiator	GKV (e.g. discount agreements, drug agreements) and the GKV-SV (e.g. regulations on reference and reimbursement prices) negotiate contracts, that have to be approved by the supervisory authorities		
Appropriate use facilitator	Accounting audits from GKV to the board of appeals up to social lawsuits, maybe discount agreements		
Other	GKV from its self-understanding via		

	taking responsibility in different committees/boards (see above, e.g. G-BA), the legislation process etc., supported by patient representatives and self-help organisations		
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Belgian Mutuals

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Minister of health and social affairs Mutuals (complementary assurance)	Yes	Fees for services (e.g. pharmacists): The mutuals are member of agreement commissions consisting of mutuals and healthcare providers. Here decisions are made regarding services (e.g. fees for the pharmacists when delivering a medication). A consensus has to be reached. The minister takes the final decision. Complementary insurance: mutuals can decide what they reimburse (e.g. homeopathic medicines, vaccinations ...)
Appraisal committee	Commission for reimbursement of medicines	Yes, member of the commission	Medicines: This commission assesses the applications for reimbursement of medicines and gives an advice to the minister of health. The minister takes the final decision.
HTA body	KCE (Belgian Healthcare Knowledge Centre)	Yes, member of the executive board	The KCE generally doesn't assess a single drug but evaluates a class of medicines. The evaluations are usually done after the decision to reimburse or not is already taken. But the reports can be used to change guidelines or to modify the reimbursement conditions. The mutual can deliver and analyse data (Through IMA-AIM (Agence Intermutualiste). These data are used by the KCE for their studies
Payment body	Mutuals	Yes	The mutuals pay the healthcare providers (e.g. pharmacists) and patients. No influence on which drugs are delivered (not in the hospitals nor in the pharmacies).
"Compliance body"	Mutuals INAMI		- Control of healthcare providers - Detecting fraud - Control of correct application of the conditions for reimbursement. E.g. for some drugs the patients has to fulfil

			certain conditions before taking the medicine. A priori (The advising doctor of the mutual gives his fiat) and a posteriori controls are possible.
Negotiator	Agreements (called 'Article 81', according to the article in the law that describes this procedure).	Yes Who else is involved in these 'Agreements'? And what is the role of mutuals exactly?	Reimbursement for expensive medicine with uncertainties regarding target population, effectiveness, etc. can be negotiated via an agreement. The outcome is not publicly known but agreements are made regarding compensations.
Appropriate use facilitator	FAGG RIZIV	Indirectly	Promotion of generic medicines and rational medicine via website and magazines, member of different committees where decision about promotion of generics are taken
Other: pricing of medicines	Pricing commission	Member of the commission	The commission gives advice on maximum pricing for prescription drugs – the findings of the commission are given to the minister of economy who takes the final decision.
Other : coaching, health literacy, information to patients			e.g. information about use of medicines, cheap medicines,...
Other: collection of data			Via IMA-AIM: collection of data regarding medicines, fees, etc.

The Association of Dutch Health Insurers (ZIN), The Netherlands

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Parliament, the Minister of Health and/or its agencies	no	The Minister of Health decides whether a drug should be reimbursed or not, on the basis of the ZIN evaluation.
Appraisal committee	Dutch National Health Care Institute (ZIN, government agency)	yes	Insurers receive Requests for Comments (RFC's). Due to a lack of capacity, insurers assess clinical evidence themselves.
HTA body	Dutch National Health Care Institute (ZIN, government agency)	yes	Insurers receive RFC's. Due to a lack of capacity, insurers assess clinical evidence themselves.
Payment body	Dutch healthcare insurers	yes	The healthcare insurers pay the healthcare providers (e.g. pharmacists) and patients. Limited influence on which drugs are delivered in the hospitals. Direct influence on which medicines are delivered by pharmacies.
"Compliance body"	Health care insurers and the supervisory/regulatory authority (NZa)	yes	
Negotiator	Healthcare insurers for medicines provided by	yes	

	pharmacies. Medicines provided by hospitals are an integral part of the treatment price. Insurers negotiate about the prices.		
Appropriate use facilitator	Healthcare insurers stimulate use of generics by preference pricing	yes	

National Health Insurance Fund (NEAK) of Hungary

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	NEAK together with the ministry	Yes	
Appraisal committee	NEAK	Yes	
HTA body	OGYÉI-TEI	Yes, NEAK orders the HTA after receiving the application for reimbursement	
Payment body	NEAK	Yes	
"Compliance body"	NEAK together with the ministry	Yes	
Negotiator	NEAK	Yes	
Appropriate use facilitator			Financing published by the ministry after consultation. NEAK has an important role in the consultation process.

HZZO, the Croatian Health Insurance Fund

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Croatian Health Insurance Fund (CHIF/HZZO)	yes	Management Board of CHIF makes a final decision.
Appraisal committee	Committee for Medicinal Products of CHIF	yes	Committee contains of 13 members (1 representative from Ministry of Health, 1 representative from CHIF, 11 health specialists (doctors)).
HTA body	Agency for Quality and Accreditation in Health Care and Social Welfare	no	Committee can send a request for an expert opinion to Agency. The Agency gives an independent assessment. Their opinion is not binding.
Payment body	Croatian Health Insurance Fund (CHIF/HZZO)	yes	
"Compliance body"	Croatian Health Insurance Fund (CHIF/HZZO)	yes	Quality control sector of CHIF is in charge of this section (controlling healthcare providers, correct reimbursement, etc.).
Negotiator	Croatian Health Insurance Fund (CHIF/HZZO)	yes	CHIF is in charge (by Ministry of Health) of making financial

			agreements for expensive medicines.
Appropriate use facilitator	Contract medical doctors in primary and secondary healthcare, pharmacists	Indirectly	

National Health Insurance Fund (NHIF) Lithuania

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Minister of Health	No/Yes	The Minister of Health decides whether a pharmaceutical should be reimbursed or not. The NHIF doesn't take responsibility, but can influence it as in accordance to the Law on Health Insurance the Minister of Health, who is responsible for decision making, shall take into account the NHIF's position concerning the reimbursement
Appraisal committee	Reimbursement Committee	No/Yes	There isn't any NHIF representative in the Committee, but the NHIF estimates the potential financial impact of the new product on the budget of the Compulsory Health Insurance Fund (CHIF) and presents its opinion to the Reimbursement Committee. The Committee evaluates whether specific pharmaceutical should be reimbursed or not and provides its opinion to the Minister of Health. The minister takes the final decision
HTA body	State Medicines Control Agency	No	-
Payment body	NHIF (operates through 5 territorial branches- Territorial Health Insurance Funds)	Yes	Territorial Health Insurance Funds cover cost (the reimbursable amount) to the pharmacy. The lists of subsidised pharmaceuticals for out- patient use as well as reimbursement rates are approved by the order of the Minister of Health.
"Compliance body"	Territorial Health Insurance Funds	Yes	Territorial Health Insurance Funds control healthcare providers and pharmacies if they comply with the requirements for prescribing and dispense of pharmaceuticals.
Negotiator	Negotiation Commission	Yes, member of the commission	Object of negotiation: -Price and co-payments of pharmaceuticals; -Price volume and payback agreement.
Appropriate use facilitator	Professional associations of doctors and pharmacists	Indirectly	The NHIF promotes use of generic medicines and rational use of medicines via website and

			magazines. It also is the member of different committees where decisions about promotion of generics are taken.
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Estonian Health Insurance Fund (EHIF)

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Reimbursement Committee (RC, outpatient medicines) EHIF (inpatient medicines)	EHIF evaluates the economical case and budget impact, is involved in price negotiation process.	RC gives its recommendations to Minister of Health and Labour whether to enter a new pharmaceutical to the positive list or not. For inpatient medicines EHIF Supervisory board gives its proposal via Minister of Health and Labour to the government to endorse a new list of services
Appraisal committee	Reimbursement committee (RC)	EHIF is a member of the RC. RC is an advisory committee for Minister of Health and Labour.	RC has 8 members: Ministry of Social Affairs, State Agency of Medicines, EHIF, Estonian Medical Association, The Estonian Society of Family Doctors, University of Tartu, The Estonian Chamber of Disabled People, Estonian Patients Union
HTA body	Institute of Family Medicine and Public Health, University of Tartu EHIF	EHIF collaborates with University of Tartu. EHIF is also a member of the HTA Board. During the evaluation process of new pharmaceuticals EHIF mainly analyses the economic models submitted by the companies, however in case no model available, EHIF also performs simplified HTA-s.	EHIF can order HTA reports from the university for topics that are relevant for health care sector (e.g. screening programmes, pharmaceutical treatment for specific area – breast cancer, colorectal etc.).
Payment body	EHIF	EHIF covers the costs for prescriptions for pharmacies and pays for services for health care providers. EHIF is also responsible for preparation of the budget for medicines.	
“Compliance body”	EHIF	EHIF performs regular controls of the invoices, prescriptions and their compliance with the medical records and specific reimbursement criteria.	

Negotiator	Ministry of Social Affairs and EHIF	EHIF is involved in price negotiation process.	The price agreement is signed between the Minister and MAH.
Appropriate use facilitator	EHIF	EHIF is responsible of the maintenance of Prescription Center (electronical system for prescribing and dispensing pharmaceuticals and medical devices).	The launch of e-prescription is a useful policy tool: helps to increase INN prescribing, big data enables to discover areas where improvement can be done- e.g. treatment areas where there is adherence problem, information from prescription center is being used as a quality indicator for doctors quality system. From 2016 Prescription Center is linked with Inxbase Riskbase database which contains information about 20 000 interaction between medicines. The linkage helps doctors to enhance safer prescribing.

National Organisation for Health Care Services Provision (EOPYY), Greece

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	Ministry of Health		
Appraisal committee	The Positive List Committee recommends whether a product should be reimbursed or not.	Yes	The health insurance institution is represented in this committee.
HTA body	-		Set to be established in 2018
Payment body	The National Organisation for Healthcare provisions (EOPYY)-public body (99% of the Greek population) (according to the law.	Yes	Pay the pharmacies, the dispensing doctors, the hospitals and the pharmaceutical companies, for medicines that are dispensed from EOPYY's pharmacies.
"Compliance body"		Yes	Through the electronic prescription and electronic execution of prescriptions
Negotiator	Negotiation Committee of EOPYY	Yes	In Greece the negotiation committee (nc) carry the administrative process and delivers an opinion to the BD of EOPYY. The negotiation committee is composed by members of EOPYY (3/9 members). The NC carries out negotiation for medicines (esp. the so called expensive medicines), medical devices and services.
Appropriate use facilitator	EOPYY	Yes	Prescription rules are set by EOPYY, through the Electronic prescription, in accordance with

			<p>the Positive Reimbursement List and the indications of the medicines. Prior approval for specific high cost medicines. Rules are set through the Electronic prescription, concerning the prescription of generics.</p> <p>EOPYY, according to the law (L.4472/2017) is responsible for discounts to private pharmacies – providers of EOPYY which increase the volume per month of generics sold to patients.</p>
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VZP CZ - General health insurance company Czech Republic

Role	Which organisations carry out this role?	Does the AIM member have a responsibility, or can it influence?	Explanation
Decision maker	State Institute for drug control (SUKL)	Yes	<p>VZP is responsible for preparing monthly price lists and medical devices catalogue.</p> <p>VZP, as a state-owned insurance company, actively cooperates with the State Institute for Drug Control in the process of administrative proceedings, in which prices, amounts and conditions of reimbursement of pharmaceuticals and special medical purposes foods are determined.</p> <p>VZP has main responsibility in the area of pharmaceuticals for hospital care and medical devices reimbursement.</p>
Appraisal committee	SUKL's pricing and reimbursement dept - (CAU), each intervention has 1-3 main evaluators	Yes, VZP CZ is participating in the administrative procedures	<p>Main reviewer has to evaluate the application with regards to the effect, safety, therapeutic position in clinical practice and interchangeability among indicated interventions</p> <p>The insurance companies comment on the Institute's assessment.</p>
HTA body	SUKL	Yes VZP CZ is a party in the procedures and has the opportunity to file written statements and subsequently appeals to the Ministry of health	<p>Pricing and reimbursement dept. (CAU) evaluates cost effectivity/ utility and budget impact according to CAU's established methodology for every new pharmaceutical or newly required indication.</p>
Payment body	VZP CZ, and six other state-owned insurance companies united by the "Medical insurance association"	Yes	<p>The insurance companies are parties of the decision making process.</p> <p>VZP CZ can influence which drug is preferred (economic, least costly alternative) and is responsible for patient access schemes, for the</p>

			negotiations and manages different types of risk/cost-sharing agreements. VZP is publishing the price lists for medicines on monthly basis and quarterly medical devices catalogue.
"Compliance body"	VZP CZ – its revision department –OKRZP Revision departments of the other insurance companies	Yes	Control of healthcare providers. Internal revision activities. Medical review inspection visits. Eligibility evaluation of the applications for individual reimbursement.
Negotiator	VZP CZ – "Drug and medical devices dept." is contracting party in market entry agreements and main negotiator with MAH's	Yes	Reimbursement for expensive medicine with uncertainties regarding target population, effectiveness, etc. can be negotiated via an agreement. The outcome is not publicly known but agreements are made regarding compensations or budget cap.
Controlling body	Ministry of health of the Czech republic (MZ ČR). MZ ČR is the appellate body controlling and evaluating appeals against SUKL's decisions.	Yes	VZP CZ as party in the administrative procedures may file written appeals to the Ministry and ask for new discussions.