



LATVIJAS RETO SLIMĪBU
ALIANSE

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Exchange of experience on the pharmaceutical reimbursement system and the patient's right to choose therapy

The Latvian Rare Disease Alliance¹ kindly requests the opinion of your country's experts and, if possible, data on the functioning of the pharmaceutical reimbursement system in your country.

Situation in Latvia

Since 2020, Latvia has implemented a system under which the state reimburses only the lowest-priced medicine within the framework of the International Nonproprietary Name (INN). If a patient wishes to receive another (more expensive) medicine within the same INN, they must fully opt out of state reimbursement and pay 100% of the medicine's price. The current system does not allow the patient to pay only the difference between the cheapest and the preferred medicine.

Patients and doctors in Latvia have expressed significant dissatisfaction with this system, as frequent switching of medicines (depending on which manufacturer is the cheapest at a given time) causes confusion, reduces adherence, and leads to side effects. The Latvian Ministry of Health justifies its refusal to change the system by assuming that allowing patient co-payments would reduce manufacturer competition and increase medicine prices.

Questions to your ministry's experts

As, to our knowledge, a more flexible system exists in your country, we would appreciate your answers to the following questions:

¹ The Latvian Rare Disease Alliance (the Alliance) is an independent non-governmental organization in Latvia that brings together rare disease patient organizations and represents their interests at both national and international levels. It was founded on 3 October 2014 and currently unites 21 legal entities, making it the largest umbrella organization in the field of rare diseases in Latvia.

The Alliance is also a member of EURORDIS, ensuring cooperation at the European level.

Latvia has a population of approximately 1.86 million people. Based on European data, rare disease patients account for about 6–8% of the population, which means that in Latvia this could be approximately 111,000 to 149,000 people (around 130,000 on average).

Taking into account patients' family members and caregivers, the impact of rare diseases affects at least around 390,000 people in Latvia. This demonstrates that rare diseases affect a significant part of society and should be considered in a broader social context.

1. Is a patient in your country allowed to choose a more expensive medicine (within the same INN) by paying only the price difference between the reference price (covered by the state) and the chosen medicine?
2. In which year was such a system introduced?
3. After the introduction of this system, has there been any observed reduction in manufacturer competition or withdrawal of generic medicine manufacturers from the market?
4. Has the possibility for patients to make co-payments affected the price level of medicines (e.g., caused a significant price increase)?
5. Do you have data on how patient freedom of choice and continuity of therapy affect medication adherence?
6. Does your system include a maximum allowable co-payment limit (e.g., a price corridor)?

Your response will be of great support in strengthening patient rights in Latvia and will help us build a data-driven dialogue with policymakers in Latvia.

We would appreciate receiving your response at jurisb@ml.lv and alianse@retasslimibas.lv as soon as possible, preferably by 20 April 2026, taking into account the planned meeting between the Ministry of Health of the Republic of Latvia, the National Health Service, and patient and physician organizations.

Sincerely,
Juris Beikmanis
Chairman of the Board
Latvian Rare Disease Alliance
www.retasslimibas.lv

