

## WHO Collaborating Center in Pharmaceutical Policy

### Strengthening Medicines Policies in Health Insurance Programs: Steps to Improve Access to and Use of Medicines in Resource-Poor Settings

#### Survey for Health Insurance Programs: Part 2

#### Instructions

This is **Part 2** of a 4-part survey. The questions are about:

Part 1: Your health insurance program

**Part 2: Medicines benefits**

Part 3: Availability and use of data

Part 4: Health insurance statistics

We will keep all data confidential and only report summaries across insurance programs. We will not identify individual insurance programs.

Please complete the questions in this and the other parts. A glossary of terms is available [here](#).

Please direct questions and comments to:

Anita K. Wagner  
Department of Ambulatory Care and Prevention  
Harvard Medical School and Harvard Pilgrim Health Care  
133 Brookline Avenue, 6th Floor  
Boston, MA 02115, USA

Phone: +1 617 509 9956

Fax: +1 617 859 8112

E-mail: [awagner@hms.harvard.edu](mailto:awagner@hms.harvard.edu)

**Thank you very much for completing this important survey!**

To return to the survey home page please follow this link: [Survey Home Page](#)

## **Part 2: Medicines Benefit**

2.1 Does your health insurance program provide a medicines benefit?

Please check all that apply.

Yes, an INpatient medicines benefit

Yes, an OUTpatient medicines benefit

Yes, an emergency medicines benefit

No, no medicines benefits are provided (please stop here and complete only parts 1, 3 and 4 of the survey.  
Click here to continue to [Part 3: Available Data Sources Survey](#))

## **History of Medicines Benefit**

2.2 Was the INpatient medicines benefit always part of the benefit package or was it added later?

Please check one answer.

Part of the insurance program from the beginning

Added later

2.3 Was the OUTpatient medicines benefit always part of the benefit package or was it added later?

Please check one answer.

Part of the insurance program from the beginning

Added later

2.4 Was the OUTpatient medicines benefit always part of the benefit package or was it added later?

Please check one answer.

Part of the insurance program from the beginning

Added later

[Click here for the Glossary of Terms](#)

2.5 Which were the main criteria used to establish the medicines benefits package as it is?

Please check all that apply.

- Medical need or importance
- Cost-effectiveness
- Equity
- Avoidance of impoverishment
- Financial constraints
- Stakeholder (e.g., medical societies, industry) preferences
- Other, please specify

## **Definition of Medicines Benefit**

2.6 Is there a written description of the medicines benefit package?

- Yes
- No

2.7 To whom is a written description of the medicines benefit package distributed?

Please check all that apply.

- Members
- Suscriber groups
- Pharmacies
- Insurance officials
- Hospitals
- Individual physicians
- Not applicable (no written description)
- Other, please specify

[Click here for the Glossary of Terms.](#)

## Access to Medicines Benefit

2.8 Who has access to medicines benefits?

Please check one per row.

	All members	Some members	None
Inpatient medicines benefit			
Outpatient medicines benefit			
Emergency medicines benefit			

2.9 If only SOME members have access to medicines benefits, which ones have access to each?

Please describe all that apply.

Access to inpatient medicines benefit  
(please describe who has access)

Access to outpatient medicines benefit  
(please describe who has access)

Access to emergency medicines benefit  
(please describe who has access)

[Click here for the Glossary of Terms](#)

## Medicines Covered

2.10 Is there a written list of medicines covered under the medicines benefit (formulary)?

If Yes answer for question 2.10, please specify about how many different medicines (that is, generic entities, not counting different strengths, dosage forms) are on the formulary.

Yes, please specify below

No

2.11 How frequently are lists of covered medicines updated?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More frequently than once a year	Yearly	Every 2-5 years	Less frequently than every 5 years	No covered medicines list

Please check one.

[Click here for the Glossary of Terms.](#)

2.12 Which types of medicines are covered under the medicines benefit?

Please check one answer in each row.

	None	Specific medicines/ devices, many only when used for specific indications	Specific medicines/ devices, many when used for any indication	All medicines/devices
Inpatient medicines				
Outpatient medicines				
Prescription medicines				
Prescription-only medicines				
Non-prescription (over the counter) medicines				
Traditional, complementary, and alternative medicines				
Devices: Needles/ syringes to administer covered medicines				
Other: Please specify below				

[Click here for the Glossary of Terms](#)

2.13 Is there a written list of medicines excluded from coverage under the medicines benefit (negative list)?  
If Yes answer for question 2.13, please specify about how many different medicines (that is, generic entities, not counting different strengths, dosage forms) are on the negative list.

Yes

No

2.14 Which criteria are used to decide which medicines are covered by the benefit?

Please check all that apply.

Medicines must be approved by the country regulatory authority.

Medicines must have been on the market for a certain amount of time

Medicines must be listed on the insurance formulary

Medicines must be listed on an essential medicines list (EML) - how many medicines (that is, generic entities, not counting different strengths, dosage forms) are on the EML?

Medicines must be shown to be cost-effective

Medicines must be available at a certain price negotiated by the insurance program

Other, please specify

[Click here for the Glossary of Terms](#)

2.15 Which of the following restrictions apply to the coverage of INpatient medicines?

Please check all the apply.

Medicines must be prescribed by generic or international nonproprietary name (INN)

Medicines must be dispensed as generics when generics are available

Medicines must be purchased in a specific pharmacy

Some medicines must be approved by the insurance before they are dispensed (prior authorization)

For some medicines, only limited quantities are covered

Medicines are only covered within a maximum reimbursable amount (cap) for medicines

Medicines are only covered within a maximum reimbursable amount (cap) for health care services (e.g., hospitalization, outpatient visit)

Other restrictions, please specify

2.16 Which of the following restrictions apply to the coverage of OUTpatient medicines?

Please check all the apply.

Medicines must be prescribed by generic or international nonproprietary name (INN)

Medicines must be dispensed as generics when generics are available

Medicines must be purchased in a specific pharmacy

Some medicines must be approved by the insurance before they are dispensed (prior authorization)

For some medicines, only limited quantities are covered

Medicines are only covered within a maximum reimbursable amount (cap) for medicines

Medicines are only covered within a maximum reimbursable amount (cap) for health care services (e.g., hospitalization, outpatient visit)

Other restrictions, please specify

[Click here for the Glossary of Terms](#)

2.17 Which of the following types of cost sharing arrangements exist for INpatient medicines?

Please check all that apply. Please enter a description/amount if required.

Not applicable because no INpatient medicines benefit is provided

No cost-sharing for INpatient medicines

Patients pay all costs of INpatient medicines above a reference price

Patients pay the same fixed amount (co-payment) for each INpatient medicine (please indicate amount in local currency)

Patients pay a fixed co-payment but the co-payment amount varies by INpatient medicines category (tiered co-payment; please indicate range of co-payment amounts in local currency)

Patients pay a fixed percentage of the price (co-insurance) for each INpatient medicine (please indicate percentage)

Patients pay a fixed co-insurance but the co-insurance percentage varies by INpatient medicines category (tiered co-insurance, please indicate range of co-insurance percentages)

Patients pay a fixed deductible per year for INpatient medicines before the medicines benefit becomes available (please indicate deductible amount in local currency)

Patients pay all costs fo INpatient medicines above a predetermined cap per admission.

Individual or family co-payments for INpatient medicines are limited to a fixed or scaled amount per year (please indicate co-payment limit in local currency)

Individual or family co-insurance for INpatient medicines is limited to a fixed or scaled amount per year (please indicate co-insurance limit in local currency)

Other, please specify

[Click here for the Glossary of Terms](#)

2.18 Which of the following types of cost sharing arrangements exist for OUTpatient medicines?

Please check all that apply. Please enter a description/amount if required.

Not applicable because no OUTpatient medicines benefit is provided

No cost-sharing for OUTpatient medicines

Patients pay all costs of OUTpatient medicines above a reference price

Patients pay the same fixed amount (co-payment) for each INpatient medicine (please indicate amount in local currency)

Patients pay a fixed co-payment but the co-payment amount varies by INpatient medicines category (tiered co-payment; please indicate range of co-payment amounts in local currency)

Patients pay a fixed percentage of the price (co-insurance) for each INpatient medicine (please indicate percentage)

Patients pay a fixed co-insurance but the co-insurance percentage varies by INpatient medicines category (tiered co-insurance, please indicate range of co-insurance percentages)

Patients pay a fixed deductible per year for OUTpatient medicines before the medicines benefit becomes available (please indicate deductible amount in local currency)

Patients pay all costs fo OUTpatient medicines above a predetermined cap per admission.

Individual or family co-payments for OUTpatient medicines are limited to a fixed or scaled amount per year (please indicate co-payment limit in local currency)

Individual or family co-insurance for OUTpatient medicines is limited to a fixed or scaled amount per year (please indicate co-insurance limit in local currency)

Other, please specify

[Click here for the Glossary of Terms](#)

2.19 Who pays cost sharing for medicines?

Please check one answer in each row.

	Cost sharing for all medicines	Cost sharing for inpatient medicines only	Cost sharing for outpatient medicines only	No cost sharing
Poor				
Dependents				
Children				
Pensioners				
Surviving dependents				
Unemployed				
Chronically ill				
Other, please specify below				

[Click here for the Glossary of Terms](#)

## Reimbursement Mechanisms

2.20 How are costs of medicines reimbursed?

Please check one.

Direct payment to dispenser by insurance program

Patients pay and then bill insurance

Other, please specify

2.21 How much is paid to the dispenser for medicines?

Please check one.

Average wholesale price with fixed margin (minus any cost-sharing)

Average wholesale price without fixed margin (minus any cost-sharing)

Amount requested by dispenser (minus any cost-sharing)

Other, please describe

2.22 How are claims for reimbursement of medicines usually TRANSFERRED to the claims processing unit?

Please check one.

By mail

By fax

Electronically

Other, please describe

[Click here for the Glossary of Terms.](#)

2.23 How frequently are claims for medicines usually transferred by dispensers?

Please check one.

Daily

Weekly

Monthly

Quarterly

Other, please describe

2.24 How are claims for reimbursement of medicines usually processed by the claims processing unit?

Please check all that apply.

Electronically using computers

As paper-based claims

Other, please describe

[Click here for the Glossary of Terms](#)

## Satisfaction with the Medicines Benefit

2.25 How important are each of the following problems with the medicines benefit to the insurance program administration?

Please provide details below if requested. Please check one per row.

	Serious problem	Minor problem	Not a problem
Providers complain about administrative issues			
Providers complain about delay in payment			
Providers complain about too limited medicines benefit			
Members complain about administrative issues			
Members complain about delay in reimbursement			
Members complain about too limited medicines benefit			
Members complain about cost-sharing burden			
Members complain about need to limit access to care due to high cost-sharing burden			
Members complain about eligibility criteria for medicines benefit			
Lack of transparency of medicines benefits			
Only members with high needs enroll in medicines benefit			
Other (please specify below)			

[Click here for the Glossary of Terms.](#)

## Administration

2.26 Who administers the medicines benefit?

Please check one.

Insurance program staff

Third party

Other, please specify

2.27 Who owns the pharmacies where members receive their medicines?

Please check all that apply.

State

Insurance scheme

Non-governmental organizations/churches

Private companies

Other, please specify

[Click here for the Glossary of Terms.](#)

## Survey Completed

Thank you very much for completing this important survey! Please continue to Part 3 of the survey by accessing the Main Survey Page or close your browser to end this session. Your answers to Part 2: Medicines benefits, will be saved automatically and can be altered at any time by logging in and accessing the survey again.