



## NORWAY

<p><b>High-cost Medicines</b></p> <p>Out-patient reimbursement:</p> <ul style="list-style-type: none"> <li>- No specific funding / reimbursement schemes for high-cost / innovative medicines. The same requirements as for other medicines: evidence for effect and cost effectiveness compared to standard care, severity of the disease, chronic disease and long-term treatment</li> <li>- Innovative medicines are subject to ordinary price regulations/pricing rules</li> </ul> <p>Hospitals:</p> <ul style="list-style-type: none"> <li>- Hospitals buy most medicines by tendering on national level. The tendering is performed by the Drug Procurement Cooperation (LIS), this includes also high-cost medicines</li> <li>- Establishment of a cooperation between Norwegian hospitals, (health regions), the Norwegian Medicines Agency and the Norwegian Knowledge Centre for the Health Services to improve the evaluation of cost-effectiveness of high-cost medicines in hospitals. The process started in 2012.</li> </ul>	<p><b>Generic policies</b></p> <ul style="list-style-type: none"> <li>- INN prescribing is legal and voluntary, but not common.</li> <li>- New electronic prescription-system facilitates INN prescribing.</li> <li>- Generic substitution in place since 2001. The pharmacies must offer the customer the medicine with the lowest price. If the customer declines generic substitution, he/she must pay the higher price.</li> <li>- Stepped price system lowers the price with a fixed percentage when generic competition arises. To be reimbursed the medicine must be sold at the "stepped price". This applies equally to the generic and the originator. The medicine may be reimbursed at a higher price only when prescriber forbids generic substitution.</li> <li>- The list for generic substitution clusters medicines with the same form and strength on ATC 5 – level.</li> <li>- NOMA informs about generics to patients, prescribers and pharmacists on the website and with brochures.</li> <li>- Generics share on the total Norwegian market in 2010 (<a href="http://www.lmi.no">www.lmi.no</a>):             <ul style="list-style-type: none"> <li>- 38,1 % of total DDDs</li> <li>- on the off-patent segment : 64 % of DDDs, 46 % of value</li> </ul> </li> </ul>
<p><b>Changes in the pharmaceutical system – end 2011/2012</b></p> <ul style="list-style-type: none"> <li>- Price cut for simvastatin in the stepped price system increased to 91 % (from 85 %)</li> </ul> <p><b>Measures under discussion or planned</b></p> <ul style="list-style-type: none"> <li>- Discussions whether biological medicines/biosimilars should be subject to "generic" substitution.</li> <li>- Discussions on how to take into account differences in indications for originals and generics when generic substitution takes place.</li> </ul>	<p><b>Evaluations and studies on pharmaceutical policies</b></p> <p><u>Impact analysis of policies:</u> Various price comparisons 2008 - 2010: <a href="http://www.SNF.no">www.SNF.no</a> Analysis of the pharmacy mark-up, <a href="http://www.noma.no">www.noma.no</a>, 2010</p> <p><u>Interface management:</u> Hero Working Paper 2009/12 Effects of changes in the funding of TNFalfa-blockers. Terje P. Hagen</p>