

# FINLAND

## Recent and planned developments in pharmaceutical policies 2014

### Policies related to high cost medicines

<b>D E V E L O P M E N T S</b>	<b>Changes in pricing</b>	<b>Changes in reimbursement</b>
	<ul style="list-style-type: none"> <li>01/01/2014: Formula to calculate <b>pharmacy margins</b> changed.</li> </ul>	<ul style="list-style-type: none"> <li>01/01/2014, <b>annual co-payment ceiling</b> was lowered to 610 €.</li> </ul>
<b>S P E C I A L T O P I C</b>	<b>Other changes</b>	
	<ul style="list-style-type: none"> <li>01/01/2016: The following measures are planned to achieve additional 26 Million € savings from the health insurance reimbursements for medicines.             <ul style="list-style-type: none"> <li>Implementation of an €45 annual threshold to be paid in full by the patient before receiving reimbursements. To compensate the change for the patients, the Basic Reimbursement rate is to be increased from 35% to 40%. Under 19-year-olds are to be exempt from the annual threshold.</li> <li>Implementation of a statutory generic price link (the first follower is required to be priced at least 50% below the originator).</li> <li>A price reduction of originator products within reference price system. Maximum price of the originator is reduced to the same level with the maximum price of the most expensive generic. Price reductions take effect in Q3 after the product is included in a reference price group.</li> <li>An obligation for the pharmacists to inform the patients of a substitutable product with the lowest price.</li> </ul> </li> </ul>	
<b>High cost medicines</b>		
<ul style="list-style-type: none"> <li><u>Special pricing policies:</u> There are no specific pricing policies for high cost medicines.</li> <li><u>Special reimbursement/funding policies:</u> Restricted reimbursement with prior approval process (named-patient) for most new high cost medicines.</li> <li><u>High cost medicines at the interface of out-patient and in-patient sectors:</u> Dual financing for all medicines in Finland:  In the out-patient sector: medicines approved by the Pharmaceutical Pricing Board are reimbursed by the social health insurance.  In the in-patient sector: In-patient medicines are paid by the hospitals (financed by the municipalities). Hospitals negotiate prices directly with the companies. Price reductions, tendering, bundling and in-kind support are used to contain costs.</li> <li><u>Key challenges and solutions:</u> <ol style="list-style-type: none"> <li>Widening use of new high cost medicines (new indications).</li> <li>Administrative challenges with prior approval process.</li> <li>In-patient/out-patient interface.</li> </ol> </li> </ul>		