Statens legemiddelverk
Norwegian Medicines Agency

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

NORWAY

4th PPRI Conference, 23-24 October 2019, Vienna

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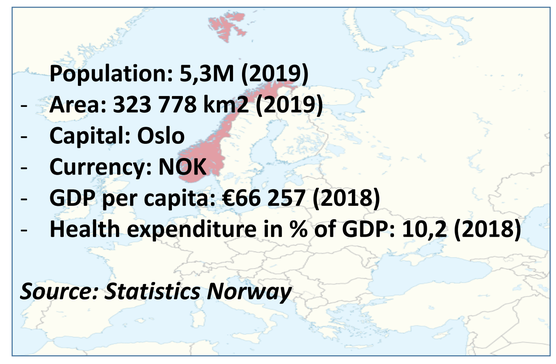
PPRI
Pharmaceutical Pricing and Reimbursement Information



Pharmaceutical pricing and reimbursement policies in the primary care- and specialist care sector

PRICING

PRIMARY CARE SECTOR

Norwegian Medicines Agency (NoMA)
Responsible for pricing and general reimbursement

Norwegian Health Economics Administration (HELFO)
Responsible for individual reimbursement

PRICING POLICIES

Statutory pricing for all registered prescription-only medicines (POMs).
Free pricing for unlicensed medicines, veterinary medicines and OTCs.

Maximum price regulation at pharmacy purchase price (PPP) level. Price is set based on external reference pricing (ERP).
Country basket: **SE, FI, DK, DE, UK, NL, AT, BE, IE**. Price set as mean of the 3 lowest unit prices.
75% of POM-market is price re-evaluated annually, using ERP and IRP.

REMUNERATIONS

NoMA regulates pharmacy mark-up: combination of regressive percentage and mark-up per pack:
- 2% on PPP plus
- €3 per pack
- Additional 0,5% for cooled goods and €2 per pack for narcotics (01.july 2019)

Wholesale remuneration is not regulated.

REFORMS

- Generic substitution
- Stepped price regulations for substances with generic competition (2005)

SPECIALIST CARE SECTOR

Norwegian Drug Procurement Cooperation (LIS)
Performs price negotiations and tenders

Regional Health Authorities (RHAs)
Responsible for financing/reimbursement

PRICING POLICIES

Maximum price regulation (PPP) for all prescription-only medicines as a roof + **tendering/price negotiations** (ex-manufacturer prices).

LIS performs tenders on most pharmaceuticals financed by the hospitals. The tendering is performed mainly on behalf of the hospitals, and in some cases prices are negotiated.

REMUNERATIONS

The Regional Health Authorities or sometimes hospitals can set pharmacy mark-up freely up until maximum pharmacy mark-up.
Wholesale distribution and mark-up is based on two tenders on behalf of the four RHAs.

REFORMS

- Centralizing procurement for the RHAs
- Increased use of price negotiations
- Sustainability demands embedded in tender processes
- Nordic tenders and price negotiations

25% VAT on all pharmaceuticals

HEALTH TECHNOLOGY ASSESSMENT PROCESS

Horizon scanning report
NoMa

Health technology assessment
NoMa
Three criteria for priority setting:
- Utility for patient
- Resource use
- Severity of disease

Price negotations
Norwegian Hospital Procurement Trust

Reimbursement decision National Insurance Scheme
NoMa

Reimbursement decision hospitals
Decision Boards

Decision Board: CEOs of the 4 RHAs + patient representative

REIMBURSEMENT

National Insurance Scheme (NIS)
Provides reimbursement for primary care sector

General reimbursement

Criteria:
- Severe disease
- Need for ≥ 3 months of medication per year
- Three criteria for priority setting are met

Individual reimbursement

Criteria:
- Products available for general reimbursement do not provide sufficient effect/cause unacceptable adverse reactions
- Patient differs from the patient group assessed for general reimbursement

CO-PAYMENT

39% co-payment, maximum €52 per prescription. Co-payments are included in the cost-ceiling scheme (2019: €238). Exceptions for co-payments, e.g.:
- Low-income pensioners
- Children under 16
- Treatment of contagious diseases

REFORMS

- HTA mandatory for general reimbursement medicines since 2002 and for all new medicines since 2018

RHAs
Provides reimbursement in publicly funded hospitals

Reimbursement policies

Pharmaceutical expenditure in publicly funded hospitals is covered by the hospital budgets.

In each of the four RHAs, a hospital medicines committee works out a limited list of medicines; an advisory list to guide the hospitals choice of medicines.

CO-PAYMENT

No co-payments for medicines used in specialist care treatment.

REFORMS

- Financing of several medicines that often are dispensed in public pharmacies but prescribed by hospital specialists (Health enterprise-prescriptions) has been allocated from primary care (NIS) to specialist care (RHAs). Process is still ongoing.
- HTA mandatory for all new medicines since 2013