# FINLAND

## Recent and planned developments in pharmaceutical policies 2017/2018

## Special topic: patient involvement in pricing and reimbursement of medicines

### CHANGES IN PRICING

Changes implemented 01/01/2017:

- Statutory price link to biosimilars: confirmed maximum wholesale price of the first biosimilar at least 30% lower than its' reference biological.
- Price review of originator products with generics/biosimilars unsuitable to substitution by pharmacist.
- Changes in reference price system (RPS): 1) RPS extended to products with parallel import/distribution and 2) "price corridor" narrowed from €2/€1.5 to €0.50, i.e. small price margin allowed exceeding the lowest price product.

No changes in 2018.

### CHANGES IN REIMBURSEMENT

Changes implemented 01/01/2017:

- Expensive products (over €1,000/item) dispensed max 1 months' supply (previously 3 months' supply).
- Monitoring of repeat dispensing intervals extended to basic reimbursement (previously prerequisite of special reimbursement).
- Change in the reimbursement rate of diabetes medicines excluding insulins (A10B), by reducing the rate from 100% to 65%.

No changes in 2018.

### OTHERS CHANGES

Changes implemented 01/01/2017:

- Managed-entry agreements (MEA) allowed in the out-patient sector (first agreements signed in autumn 2017 and in total 7 agreements signed in 2017).
- Prescriber has obligation to prescribe the lowest cost option when biosimilars are available, or justify the selection of more expensive alternative in the medical records.
- 2017 changes estimated to accumulate €134 M savings from public pharmaceutical expenditure for outpatient medicines.

### SPECIAL TOPIC: Patient Involvement in Pricing and Reimbursement of Medicines

Please describe briefly if and how patients/citizens in your country are involved in:

<u>Pricing and reimbursement procedures of medicines</u>

- Patient organisations may express their opinions by formal statement to the Pharmaceutical Pricing Board during pricing and reimbursement application process.
    - A list of ongoing application processes is published by the Pharmaceutical Pricing Board every month.
    - Written statements by patient organisations should focus on therapeutic value from the patient perspective, e.g. necessity, benefits over available treatments, identification of specific groups of patients who would benefit more than others, patient experiences of use, estimates of potential users, dosage and treatment length.

<u>Related to HTA procedures</u>

- In-patient sector: Hospitals make funding decisions independently. Finnish Medicines Agency (Fimea) conducts HTA-evaluations and the Council for Choices in Health Care (COHERE) issues recommendations on services that should be included in the range of public health services. Patients and patient organisations may express their opinion of the published HTA-report by formal statement, and a summary of all statements is published by Fimea with the HTA-report. Patients and patient organisations may also suggest technologies to be evaluated.