FINLAND

Recent and planned developments in pharmaceutical policies 2019

Special topic: patient-based reimbursement decisions

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 2018–2019.

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%.
- Annual co-payment ceiling lowered from 610 euros to 605 euros

No changes in 2018.

Changes implemented 01/01/2019:

- Annual co-payment ceiling lowered from 608 euros to 572 euros

OTHERS CHANGES

Changes implemented 01/01/2017:

- Managed-entry agreements (MEA) allowed in the out-patient sector (a total of 23 agreements signed (28/2/2019)).
- Prescriber has an 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.
- Validity of prescriptions extended from 1 year to 2 years.
- E-prescribing was adopted by all doctors.

SPECIAL TOPIC: patient-based reimbursement decisions

Outpatient care

Costs of a **non-registered medicinal product** subject to special license of Fimea can only be reimbursed under the health insurance scheme when the Pharmaceuticals Pricing Board (PPB) has confirmed reimbursement status and reasonable wholesale price for the product. Application can be made by a patient or a pharmacy on behalf of the patient, or by the manufacturer, importer or wholesaler of the product. Decision criteria used for registered products are applied as appropriate. If reimbursement is granted, the decision is not patient-based but covers all users of the product. Decisions are typically valid for 12–18 months.

Co-payments and **costs of non-reimbursable medicines** can be covered by the social assistance. Social assistance is the last resort form of income security and intended for persons who are unable to make their living from work or self-employment, or by receiving social security benefits. If a patient is granted basic social assistance he/she receives an electronic voucher with which medicines can be purchased from a pharmacy. Standard vouchers do not cover medicines for compassionate use (e.g. non-registered medicines requiring special license to dispense). When applying a voucher for a product prescribed on compassionate basis, a statement by a doctor is needed. The decision on the coverage of the voucher is made by Kela.