

Norway

Recent and planned developments in pharmaceutical policies 2019

Special topic: patient-based reimbursement decisions

CHANGES IN PRICING

Pharmacy mark-up changed from 2,25% to 2,0%
No changes in fixed mark-up (29 NOK)

1st January 2019

We are expecting a change in mark-up related to medicines without MA and narcotics/addictive drugs

1st July 2019

CHANGES IN REIMBURSEMENT

More medicines were moved from National Insurance Scheme to Regional Health Authority's budget:

- Pharmaceuticals for treatment of orphan diseases
- Pharmaceuticals for treatment of acromegaly and cancer

1st February 2019

Inhalation powder for asthma/COPD became substitutable and subjects to stepped price cuts

1st May 2018

OTHERS CHANGES

PHARMACY SERVICES PAID FOR BY THE NATIONAL INSURANCE SCHEME (NIS):

Since 2016, over 150,000 Norwegian patients have received guidance on their inhalation technique at the pharmacy. Checking Inhaler Technique is a service for asthma and COPD patients and consists of a consultation with a pharmacist. The patient is given information about when to use the medication, practical use of the inhaler and a demonstration of correct inhalation technique.

In 2018, a new pharmacy service was launched. New Medicine Service (Medisinstart) is a consultation service for patients recently started on cardiovascular medicines. The service consists of two follow-up consultations with a pharmacist. The first at 1-2 weeks and the second at 3-5 weeks after start of the new medicine. The service is based on research showing that problems with newly prescribed medicines appear rapidly and that a significant portion of patients quickly become non-adherent.

May 2018

SPECIAL TOPIC: patient-based reimbursement decisions


Under certain conditions, reimbursement is granted on the basis of individual patient application for products not included in the list for general reimbursement.


€ In 2018, NIS reimbursed NOK 2,2 billion / € 0,23 billion on individual reimbursement for 183,000 individuals. For general reimbursement, the expenses was 8,6 billion / € 0,88 billion for 2,498,000 individuals.

In order for a medicine to be reimbursed, a HTA (Health Technology Assessment) has to be performed to map the utility, resource use and severity of the disease. NOMA is responsible for the assessment.

Reimbursement can be granted only for long term treatment (>3 months), and can be applied for if:

- The accepted products available for general reimbursement do not provide sufficient effect
- The products available for general reimbursement cause unacceptable adverse reactions
- The patient differs from the patient group assessed for general reimbursement

 In most cases, all physicians with authorization in Norway can apply on behalf of his or her patient. For some products, it is required that the application is filled by a specialist in the field of the disease or a doctor from a relevant hospital department.

 The application has to be evaluated and the decision has to be made by HELFO (Norwegian Health Economics Administration) within 10 weeks.