


# SWEDEN

## 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 and reimbursement</b>
	<ul style="list-style-type: none"> <li>The government has commissioned TLV to develop the value based pricing framework for branded medicines not subject to generic competition. One reason is the high – and inflexible – prices Sweden pays for patented drugs. Dynamic pricing, early and equitable access to effective medicines as well as a more cost effective use during the products entire life cycle are priorities. It is supported by (1) a new form of collaboration between TLV, county councils and manufacturer, and (2) price adjustments when new data arrive on effectiveness in real-life or when competing drugs are marketed, etcetera.</li> <li>The government and LIF – the research-based pharmaceutical industry – have agreed on a price reduction of 7.5 percent on medicines, with little or no generic competition, authorised 15 years ago or earlier. Total saving amounts to approx. € 40 million in 2014. Price reductions will continue two times per year once the medicines reach 15 years of authorisation.</li> <li>The extra retail margin for substitutable pharmaceuticals provided by at least two MAH will increase to SEK 11.50 from January 1<sup>st</sup> 2015. Generics without competition will no longer receive the extra retail margin. The change is cost/income neutral for the stakeholders.</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><i>Generic market:</i> Pharmaceutical companies are obligated to inform TLV each month which products that will be available in a sufficient volume to supply the Swedish market with the product of the month. Pharmaceutical companies and pharmacies risks sanctions if they do not fulfil their commitment to deliver/dispense the product of the month (since July 1<sup>st</sup> 2014).</li> <li>Pharmacists are obliged to inform patients at what pharmacy they can find their medicine if the pharmacy does not have it in stock (starting 1<sup>st</sup> of July 2014).</li> <li>The patient leaflet <a href="#">A safe substitution at the pharmacy</a> is now translated into 8 other languages than Swedish: <i>Arabic, Bosnian, English, French, Persian, Somali, Sorani and Spanish</i>. The leaflet aims to provide information to prescribers, pharmacists and patient about generic substitution, as well as to strengthen and support the patient-prescriber and patient-pharmacist dialogue regarding substitution.</li> </ul> 
<b>High cost medicines</b>	
<ul style="list-style-type: none"> <li><u>Special pricing policies:</u> A new form of collaboration between representatives from the county councils and TLV has been utilized to develop a national recommendation and a plan for introduction of a new medicine. The first pilot was Olysio, a Hepatitis C drug, where the pharmaceutical company and the county councils have signed a risk and cost sharing agreement.</li> <li><u>Special reimbursement/funding policies:</u> A one-time remuneration to the county councils is under consideration due to the expected cost increase for Hepatitis C medicines.</li> <li><u>High cost medicines at the interface of out-patient and in-patient sectors:</u> Medicines in the in- and out-patient are reimbursed and mainly funded by the county councils. Medical treatments for infectious disease and for persons without perception of their own state of illness are funded on a national level.</li> </ul>	