

## FINLAND

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### Pharmaceutical pricing and reimbursement policies in the in- and out-patient sector

#### OUT-PATIENT

#### IN-PATIENT

PRICING	<p><b><u>Pricing in the out-patient sector</u></b>          Non-reimbursable pharmaceuticals can be priced freely          Statutory pricing for reimbursable pharmaceuticals</p> <ul style="list-style-type: none"> <li>- <u>Pricing procedures include:</u> <ul style="list-style-type: none"> <li>o external price referencing</li> <li>o internal price referencing</li> <li>o health economic evaluations</li> </ul> </li> </ul> <p>For generics: price linkage and reference pricing (RPS)</p> <p><b>Wholesale remuneration</b> not controlled</p> <p><b>Pharmacy remuneration</b></p> <ul style="list-style-type: none"> <li>- Statutory regressive mark up</li> <li>- Different mark ups for prescription and non-prescription products</li> </ul> <p><b>VAT</b></p> <ul style="list-style-type: none"> <li>- Standard rate 24%</li> <li>- Reduced rate for medicines 10%</li> </ul> <p><b>Reforms valid from Jan 2016</b>          Generics:</p> <ul style="list-style-type: none"> <li>- Price of the first generic must be 50% (now 40%) lower than price of the originator. For packages including devices, -40% is still valid.</li> <li>- Price of the originator included in RPS has to be lowered nine months after generic entry into RPS (new regulation).</li> <li>- Mandatory price info of the lowest priced product in RPS by pharmacies.</li> </ul>	<p><b><u>Pricing in the in-patient sector</u></b></p> <p>Price negotiations or tendering of pharmaceuticals.</p> <p>Each hospital has its own pharmaceutical formulary.</p>						
	REIMBURSEMENT	<p><b><u>Reimbursement in the out-patient sector</u></b></p> <p><b>Positive list</b></p> <p><b>Reference price system (RPS)</b></p> <ul style="list-style-type: none"> <li>- Since 2009</li> <li>- Generic reference price groups: same active substance, quantity and pharmaceutical form, closely corresponding package size</li> </ul> <p><b>Co-payments</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Basic reimbursement</td> <td style="text-align: right;">65%</td> </tr> <tr> <td>Lower special reimbursement</td> <td style="text-align: right;">35%</td> </tr> <tr> <td>Higher special reimbursement</td> <td style="text-align: right;">€3 per purchase</td> </tr> </table> <p>After reaching the annual limit to co-payments (€612 in 2015) €1.5 per purchase</p> <p><b>Mechanisms for vulnerable groups</b>          Better reimbursement rate for patients with chronic and severe diseases</p> <p><b>Reforms valid from Jan 2016</b></p> <ul style="list-style-type: none"> <li>- Implementation of an €45 annual threshold to be paid in full by a patient before receiving reimbursements. Concerns only patients aged 18 years or more.</li> <li>- Basic reimbursement increased to 40% (now 35%).</li> <li>- Need of restricted reimbursement in RPS re-evaluated and abolished if redundant nine months after generic entry into RPS.</li> <li>- Two-year time limit in the criteria for special reimbursement status abolished.</li> </ul>	Basic reimbursement	65%	Lower special reimbursement	35%	Higher special reimbursement	€3 per purchase
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In 2016, additional savings of €50 million (about 4%) on reimbursement costs must be generated. Measures to reach that have not yet been published.