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Drug reimbursement systems in EU member states, Iceland and Norway

Drug therapies are rapidly changing and developing. New therapies are generally more expensive than already established ones. This means a constant need to allocate increasing resources to maintaining and developing the social insurance systems used in reimbursing the costs of drugs.

Kela, The Social Insurance Institution of Finland, has published a new report, which describes the drug reimbursement systems of the EU member states, Iceland and Norway as they were at the turn of the year 2001/2002. The whole report is now available in the Internet: www.kela.fi/research.

Most commonly, the size of the reimbursement is calculated as a percentage of the cost of the drug prescribed. In this case, the system will often also have different categories of reimbursement such that the more intractable and drawn out the illness being treated, the greater will be the proportion of drug costs reimbursed.

Denmark and Sweden are using a new sort of graduated system. In such a system, a patient who uses only a small amount of drugs will bear the full cost of these drugs himself; the threshold for reimbursement is fairly high, and thereafter the higher the overall costs rise, the higher the proportion reimbursed.

This report also describes the most important changes to the systems during the course of the 1990s and the early years of the new millennium. Key goals of system development have been to put a brake on rising costs and achieve the proper targeting of reimbursements. Outside the reimbursement system per se, efforts have also been made to rationalize drug therapies by influencing prescription practices. Pharmacies and the pharmaceuticals industry have also been brought in to share the costs.

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