

Kela – The Social Insurance Institution of Finland  
Benefit Services  
Prescription Medicines Section  
PO BOX 78  
FI-00381 Helsinki  
Finland

This form can be used (1) to notify the Pharmaceuticals Pricing Board of the price of a medicinal product subject to the notification procedure (as specified in chapter 6, section 20 of *sairausvakuutuslaki/sjukförsäkringslagen*) or (2) to notify Kela of the price of some other interchangeable medicinal product (as specified in section 1 of *sosiaali- ja terveystieteiden ministeriön asetus lääkevaihdoista/social- och hälsovårdsministeriets förordning om utbyte av läkemedel*).

The notifications received by the deadline date are used (1) to determine the reference price serving as the basis of reimbursement for a reference price group (chapter 6, sections 19 and 20 of *sairausvakuutuslaki/sjukförsäkringslagen*) and (2) to identify the lowest-cost price among a group of interchangeable medicinal products and the products that meet the parameters of a price corridor (section 57 b (2) of *lääkelaki/läkemedelslagen*).

The information submitted on the form is forwarded to the Pharmaceuticals Pricing Board and to the following two price list maintainers: the Association of Finnish Pharmacies and the Helsinki University Pharmacy.

The completed form can be submitted to Kela by mail, fax or directly to its Höyläämötie office. For contact details, see the bottom of the form.

<b>1</b> <b>Notifier</b>	Y code (Business ID)		Name of company		
	Contact person				
	Street address				
	Postal number		Postal district		Country
	Telephone		Fax		E-mail
	<hr/>				
<b>2</b> <b>Medicinal product</b>	Name of medicinal product		Strength		Dosage form
	Active ingredient				
	Holder of marketing authorization				
	Nordic product number (Vnr)				
	Package size				
	Maximum wholesale price confirmed by the Pharmaceuticals Pricing Board / reasonable wholesale price at the beginning of the quarter				
	Tax-free wholesale price (€) effective nationwide from the beginning of the quarter				
	The product will be generally available <sup>1)</sup> at the time of the price notification and throughout the quarter				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> The product is withdrawn from the reimbursement system				
Effective date <sup>2)</sup>					
<hr/>					
<b>3</b> <b>Signature</b>	Date		Signature and printed name		

<sup>1)</sup> The notifier affirms that the product will be available at the time of the price notification and throughout the reference price period.

<sup>2)</sup> The first day of each quarter, e.g. 1.4.2016, 1.7.2016, 1.10.2016, 1.1.2017 etc.

**Recipient's contact information**

**Mailing address**

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**Offices**

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