

# The Norwegian Prescribed Drug Registry

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Data source

Human

Pharmacy dispensing records

## Administrative details

### Administrative details

#### Data source ID

1000000230

#### Data source acronym

NorPD

#### Data holder

[The Norwegian Institute of Public Health](#)

#### Data source type

Pharmacy dispensing records

#### Main financial support

Funding by own institution

National, regional, or municipal public funding

## Care setting

Primary care – GP, community pharmacist level

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## Data source qualification

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

No

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## Data source website

[The Norwegian Prescribed Drug Registry](#)

## Contact details

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## Data source regions and languages

### Data source countries

Norway

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### Data source languages

Norwegian

## Data source establishment

### Data source established

01/01/2004

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## Data source time span

**First collection:** 01/01/2004

The date when data started to be collected or extracted.

## Publications

### Data source publications

Cohen JM, Alvestad S, Suarez EA, Schaffer A, Selmer RM, Havard A, Bateman BT, Cesta CE, Zoega H, Odsbu I, Huybrechts KF, Kjerpeseth LJ, Straub L, Leinonen MK, Bjørk MH, Nørgaard M, Gissler M, Ulrichsen SP, Hernandez-Diaz S, Tomson T, Furu K. Comparative risk of major congenital malformations with antiseizure medication combinations versus valproate monotherapy in pregnancy. *Neurology* 2024;102(2)

## Studies

### List of studies that have been conducted using the data source

Drug Utilisation Study of Intuniv® (guanfacine extended release) in European Countries, Study protocol I: Database study (Intuniv data base study Europe)

A Pan-European Post-Authorisation Safety Study: Risk of Pancreatic Cancer Among Type 2 Diabetes Patients who Initiated Exenatide as Compared with those who Initiated Other non-Glucagon-Like Peptide 1 Receptor Agonists based Glucose Lowering Drugs (EXCEED)

PaTernal exposure to vAlproate, further iNvestiGation on the risk of NeuroDevelopmental Disorders (NDD) and Major Congenital Malformation (MCM) in Offspring: A Non-Interventional Post-Authorization Safety Study (TANGO)

## Data elements collected

The data source contains the following information

## **Disease information**

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

No

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## **Rare diseases**

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

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## **Pregnancy and/or neonates**

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

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## **Hospital admission and/or discharge**

No

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## **ICU admission**

Is information on intensive care unit admission available?

No

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## **Cause of death**

Not Captured

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## **Prescriptions of medicines**

Not Captured

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## **Dispensing of medicines**

Captured

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## Dispensing vocabulary

ATC

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## Advanced therapy medicinal products (ATMP)

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

No

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## Contraception

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

Yes

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## Indication for use

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Not Captured

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## Medical devices

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

No

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## Administration of vaccines

No

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## Procedures

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Not Captured

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## Healthcare provider

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available?  
The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

Yes

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## **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

No

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## **Genetic data**

Are data related to genotyping, genome sequencing available?

Not Captured

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## **Biomarker data**

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Not Captured

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## **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

No

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## **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

No

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## **Units of healthcare utilisation**

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

No

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### **Unique identifier for persons**

Are patients uniquely identified in the data source?

Yes

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### **Diagnostic codes**

Not Captured

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### **Medicinal product information**

Captured

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### **Medicinal product information collected**

Active ingredient(s)

Brand name

Dose

Formulation

Package size

Strength

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### **Medicinal product vocabulary**

ATC

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### **Quality of life measurements**

Not Captured

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### **Lifestyle factors**

Not Captured

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### **Sociodemographic information**

Captured

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### **Sociodemographic information collected**

Age

Gender

Other

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### **Sociodemographic information other**

Place of residence, profession and any specialty

## Quantitative descriptors

## Population Qualitative Data

### **Population age groups**

All

Paediatric Population (< 18 years)

Preterm newborn infants (0 - 27 days)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adult and elderly population ( $\geq 18$  years)

Adults (18 to < 65 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Elderly ( $\geq 65$  years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)



Adults (85 years and over)

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**Estimated percentage of the population covered by the data source in the catchment area**

Data are automatically collected from pharmacies mandated by law. The percentage of the population covered were estimated to be 99% in 2024.

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**Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)**

Individuals who do not have a national personal identity number are registered in the registry with an unknown identity number. The youngest population (i.e. individuals <2 years) have a higher percentage of unknown identity. Missing dispensing records are mostly due to incomplete registration and reporting in the pharmacy.

## Population

**Population size**

6400000

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**Active population size**

4100000

## Data flows and management

## Access and validation

## **Governance details**

Documents or webpages that describe the overall governance of the data source and processes and procedures for data capture and management, data quality check and validation results (governing data access or utilisation for research purposes).

[Helsedata](#)

## **Biospecimen access**

Are biospecimens available in the data source (e.g., tissue samples)?

No

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## **Access to subject details**

Can individual patients/practitioners/practices included in the data source be contacted?

No

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## **Description of data collection**

Data are automatically reported from the pharmacies. The data collection is mandated by law.

# **Event triggering registration**

## **Event triggering registration of a person in the data source**

Other

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## **Event triggering registration of a person in the data source, other**

Prescription dispensing in pharmacy

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## **Event triggering creation of a record in the data source**

Prescription dispensing in pharmacy

# **Data source linkage**

## **Linkage**

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

Yes

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### **Linkage description, pre-linked**

The NorPD is pre-linked to the Health Personnel Registry, the National Population Register and pharmacy information from the Norwegian Medicinal Products Agency.

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### **Linkage description, possible linkage**

Data from the registry can be linked to all other data sources by the unique identity number for the individuals. Data linkage requires approval from the involved registries. Application form is available from [helsedata.no](https://helsedata.no).

## **Data management specifications that apply for the data source**

### **Data source refresh**

Quarterly

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### **Informed consent for use of data for research**

Not Required

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### **Possibility of data validation**

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

No

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### **Data source preservation**

Are records preserved in the data source indefinitely?

Yes

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### **Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

No

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### **Data source last refresh**

30/09/2025

## Common Data Model (CDM) mapping

### **CDM mapping**

Has the data source been converted (ETL-ed) to a common data model?

No