



The Netherlands

Recent and planned developments in pharmaceutical policies 2014

Policies related to high cost medicines

D E V E L O P M E N T S	Changes in pricing	Changes in reimbursement
	<p>Recently there have been no changes and no changes have been planned for the near future.</p>	<p>Recently there have been no changes and no changes have been planned for the near future.</p> <p>At the moment the reference price system(methodology) is under discussion. The results of the review might have consequences for the reference price system. This is yet to be considered.</p>
Other changes		
<p>The Netherlands has recently started using financial agreements (FAs) as a tool for improving affordability of innovative pharmaceuticals. Currently FAs are used both in the inpatient and outpatient settings and are different from the standard way of pricing and reimbursement of pharmaceuticals. In the Netherlands, FAs were introduced in 2012 and so far nine pilots* have been set up and are currently running. These financial schemes are negotiated at a central level and are mostly price/volume agreements or comprise a confidential discount agreed with the manufacturer of the relevant pharmaceutical(s). This type of scheme is only used in exceptional circumstances, such as in cases where there is a lack of competition and/or a high budget impact.</p> <p>*Pilots: dabigatran, rivaroxaban, apixaban, alglucosidase alfa, agalsidase alfa, agalsidase beta, ruxolitinib, pirfenidon, sofosbuvir.</p>		
S P E C I A L T O P I C	High cost medicines	
	<ul style="list-style-type: none"> • <u>Special pricing policies:</u> For a few high cost medicines price arrangements are made. For example the sofosbuvir. • <u>Special reimbursement/funding policies:</u> There are no special reimbursement/funding policies for high cost medicines. When applicable the prices for these medicines are set by the external pricing system. Next to this for medicines used in outpatient settings the maximum reimbursement rate is set by the internal pricing system the GVS (medication reimbursement system) and for (expensive) medicines used in inpatient settings there are maximum rates set by the Dutch Healthcare Authority (NZa). A important component in the price setting is also the negotiations on the price between the healthcare insurers and the pharmacies / hospitals. • <u>High cost medicines at the interface of out-patient and in-patient sectors:</u> In the out-patient sector: medicines included in the positive list (Reimbursement Code) are reimbursed by the social health insurance. When patients ad a private insurance to their mandatory basic insurance, medication that is not covered by the basic insurance might be insured through their added private insurance. In the in-patient sector: Some high cost medication is only reimbursed when efficacy is proven and dispensed through the hospital. • <u>Key challenges and solutions:</u> <ol style="list-style-type: none"> 1. Guaranteeing accessibility and affordability of new high cost medicines for the future 	