



## The Netherlands

### Recent changes in pharmaceutical policy measures and developments in pharmaceutical expenditure

#### Major changes in pharmaceutical policy in 2012-2013

##### Pricing

- Before 2012, fixed pharmacy (dispensing) fees were set by the NZa The Dutch Healthcare Authority (Nederlandse Zorgautoriteit, NZa). As of 2012, the NZa no longer sets a maximum-fee. Pharmacies and health insurers have to negotiate on the dispensing fee (and other fees related to pharmaceutical care).

##### Reimbursement

- Since 1 January 2012, proton pump inhibitors are no longer reimbursed, except for chronic use.

##### Other changes

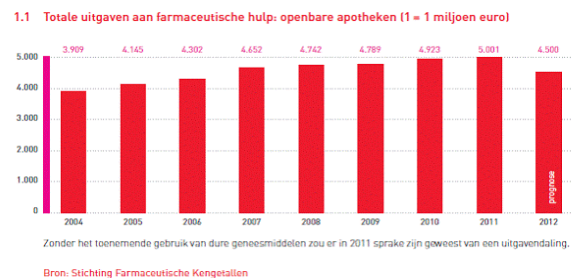
- Since 1 January 2012, financing of TNF-alfa inhibitors is transferred to the hospital budget. Their costs are fully financed by hospitals, including the costs of distribution outside hospitals. Home-delivery is still possible, but is paid for by hospitals. The idea behind this measure is that the hospitals can negotiate lower prices. Furthermore, quality and cost-effectiveness of care is expected to increase when hospitals are completely in charge of dispensing and distribution.
- As of 1 January 2013, also costs of growth hormones and expensive oncology medicines are fully financed by hospitals, including the costs of distribution outside hospitals. Home-delivery is still possible, but is paid for by hospitals.
- On a small scale, price negotiations are applied to new medicines; in 2012 only for the new oral anticoagulants dabigatran and rivaroxaban. The managed entry scheme for these medicines included a price-volume agreement with the manufacturer and an agreement with the profession concerning the rational and safe use of these medicines.

#### **Outlook**

- Price negotiations and managed entry agreements will be applied on larger scale in future.

#### Development of pharmaceutical expenditure in the last 5 available years

##### Out-patient sector



##### In-patient sector and total market

- No information available.