



The Netherlands

<p>High-cost medicines</p> <ul style="list-style-type: none"> - For the outpatient sector: No special regulation exists for high-cost medicines. High-cost medication are fully reimbursed if placed on positive list - For the inpatient sector: Since 2006 separate funding is available for high cost medicines and orphan medicines as indicated by the Nederlandse Zorgautoriteit (Dutch Healthcare Authority, NZa) to help hospitals in financing these medicines. Until 2012, the hospital received 80% reimbursement from the health insurer. for medicines on the NZa list of high-cost medicines. The remaining 20% had to be paid by the hospital out of its own budget. As of 2012, the use of high-cost medicines by hospitals are fully reimbursed by health insurer, as an add-on to a "DRG". 	<p>Generic policies</p> <ul style="list-style-type: none"> - INN prescribing is not mandatory. - Generic substitution is not mandatory. - There is no price link between the originator and the generic - When generic competition is possible, a tendering-like system is applied by health insurers since 2008, the so called preference policy. - Since 1991 a reference price system is in place (Geneesmiddelenvergoedingen system, GVS). The GVS is based on the classification of drugs into groups of interchangeable drugs. College voor Zorgverzekeringen (Health Insurance Board, CVZ) decides whether medicines are interchangeable. - Prices are controlled by the Medicines Price Act (WGP) by setting maximum prices (at the level of the pharmacy purchase price) for reimbursable out-patient medicines. These maximum prices also apply to the same medicines when dispensed inside the hospital. The maximum price is established twice a year by calculating the mean price of the same product in four EU countries (UK, DE, BE and FR). - Generics share of the medication extramurally dispensed in 2011: <ul style="list-style-type: none"> > Volume % generics of total: 62% > Value % generics of total: 27%
<p>Changes in the pharmaceutical system – end 2011/2012</p> <ul style="list-style-type: none"> - Pharmacy remuneration: Before 2012, fixed pharmacy fees were set by the Dutch Healthcare Authority (Nederlandse Zorgautoriteit, NZa). As of 2012, the NZa will no longer set a maximum-tariff and pharmacies and health insurers are obliged to negotiate the remuneration. - TNF-inhibitors : As of 2012, TNF-inhibitors are fully financed by the hospitals. Though TNF-inhibitors may still be dispensed outside the hospital, the hospital should arrange and finance this. - High cost medicines in hospitals: Before 2012, for medicines on the NZa list of high-cost medicines, the hospital received 80% reimbursement from the health insurer. The remaining 20% was paid by the hospital out of its own budget. As of 2012, the use of high-cost medicines by hospitals are fully reimbursed by health insurer, as an add-on to a "DRG". <p>Measures under discussion or planned</p> <ul style="list-style-type: none"> - Plans exist to introduce managed entry schemes. Prices of medicines or costs of treatment may be subject to negotiations if cost effectiveness is questionable or budget impact of a product would take up a too large part of the costs. 	