Ministry of Health, Welfare and Sport

PPRI Pharmaceutical Pricing and Reimbursement Information

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

The Netherlands

Recent and planned developments in pharmaceutical policies 2016

Special topic: Pricing and reimbursement policies for biosimilars

DEVELOPMENTS

Changes in pricing

No noteworthy changes have been observed with regards to the pricing of pharmaceuticals in the Netherlands.

No changes are planned for the near future

Changes in reimbursement

The reimbursement system for pharmaceuticals in the Netherlands has not changed significantly over the last years.

Last July a new instrument has been introduced affecting the reimbursement of hospital products. The instrument enables the exclusion of new products from reimbursement and thus from the basic insurance package before entering the market, also called a “lock”. This in return facilitates for example negotiations or setting up registries. The plan is to use this “lock” more often in the future.

Other changes

Since 2012 the Netherlands use financial agreements (Financial based managed entry agreements) in order to improve affordability of innovative pharmaceuticals. Currently, these type of agreements are used both in the inpatient and outpatient settings. These agreements 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).

Recently the Netherlands has developed a so called Medicines Policy Plan. Part of this plan include changes in:

- Optimization of current reimbursement systems
- Increase in price negotiation on expensive (inpatient) drugs
- International voluntary collaboration on several levels:
  - Horizon scanning
  - Joint Health Technology Assessment
  - Information sharing
  - Price negotiation

SPECIAL TOPIC

Policies for biosimilars

The price for a biosimilar is set in the same way as for all other medicines, using external price referencing comprising of a basket of four countries: Belgium, France, United Kingdom and Germany.

The Medicines Evaluation Board in the Netherlands earlier this year stated the following for biosimilars:

- New patients can always start on a biosimilar
- When switching from an original to a biosimilar the patient has to be closely monitored and get clear instructions
- When a patient is treated with a biological, detailed information should be registered in the medical record of the patient so when problems should arise the product is traceable

The position of the Dutch Federation of Medical Specialists is that in some cases patients can switch, however they are awaiting results from a Norwegian study which may influence their final stance.

A horizon scanning exercise is planned for biosimilars with the aim to track loss of exclusivity data (LoE) as to make timely decisions on biosimilars that come to market.