

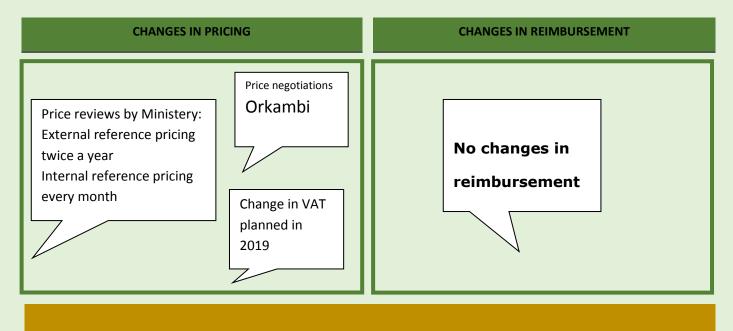


Ministerie van Volksgezondheid, Welzijn en Sport

# THE NETHERLANDS

### Recent and planned developments in pharmaceutical policies 2017

## **Special topic: hospital medicines**



## **HOSPITAL MEDICINES**



Painted by Marinus van Reymerswaele

#### Financing

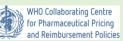
The insurer and the hospital sign a contract on the basis of DRG's. This is a lump sum including pharmaceutical costs. If a medicine costs € 1.000 or more, a reimbursement of the actual list price can be requested by the hospital(Add on).

#### In-patient pharm. expenditure

#### Approximately

- ◆ € 1.740 million in 2014
- ♦ 1.857 million in 2015







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#### Procurement

Due to competitive contracting between hospitals and insurers most prices are confidential, except for list prices.

There are various options:

- Traditionally hospitals procure individually
- Recently hospitals procure in groups
- Hospitals and insurers procure together and share savings (experimental stage)
- Negotiations on national level preceded by HTA
- Negotiations in BeneluxA preceded by HTA

#### Health Technology Assessments (HTA) for hospital medicines

- Open system: no HTA prior to reimbursement
- ◆ Focus on risks in reimbursement package: if medicines reach more than € 2.5 million in total volume/year, an HTA will take place. Outcome determines continuation of reimbursement
- The "Lock "procedure High cost drugs can be temporarily refused automatic reimbursement prior to control price negotiations. A full HTA is always performed for these products.





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#### Interface management

- Lack of clarity because of a dual financing system
- Prescribed medicines may be interchanged between the outpatient and inpatient sector.

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