

The Netherlands

Recent and planned developments in pharmaceutical policies 2017/2018

Special topic: patient involvement in pricing and reimbursement of medicines

CHANGES IN PRICING

Transfer of medicines from outpatient to inpatient (still in progress)

Preparation to change the (VT) Temporary and conditional access to medicines

Platform for purchasing medicines

Adaptation of reference countries in the External Reference Pricing

On international level: combined negotiations

CHANGES IN REIMBURSEMENT

Preparation to modernize the internal reference pricing (IRP) system.

For example:

- ❖ More incentives for price competition and effective use
- ❖ Merge combination products
- ❖ Recalculation of IRP clusters
- ❖ Review of IRP clusters

Preparation to maximize the patient's own contribution on medicines



The oldest bridge in the Netherlands: Sint-Servaasbrug in Maastricht built between 1280-1298



One of the newest bridges: Erasmusbrug in Rotterdam built in 1996

OTHERS CHANGES

THE LOCK PROCEDURE

The lock procedure started mid-2015. The aim of the lock procedure is to prevent the influx of expensive medicines (40 million/year per treatment or € 100 million for all the treatments) in the inpatient sector. There have been 8 medicines in the lock procedure till now. The expectation is that at the end of 2018 there will be 8 new medicines which will be managed via the lock procedure.



The longest bridge (5.022 metres long): Zeelandbrug built between 1963 - 1965



The best known bridge: Magere brug in Amsterdam built in 1934

SPECIAL TOPIC: Patient Involvement in Pricing and Reimbursement of Medicines

- ❖ The ACP (Advies Commissie Pakket) Advisory Package Committee.

This Committee consists of 8 persons and is part of the National Health Care Institute (Zorginstituut Nederland). The ACP makes recommendations (related to reports) to the Board of Directors of the National Health Care Institute. The NHI advises the minister on the subject of policy in reimbursement matters. The ACP advises about expensive medicines on the subject of expenditure and cost effectiveness. One person acts in the patients interest. Patient representatives can also explain their point of view in the public part of the meeting.

- ❖ Pilot on early access

Acceptance of outcomes and final reimbursement decisions

- ❖ Office of financial arrangements has contact with patient representatives during the negotiations. This results in a reduction of uncertainty and an understanding of the social opinion about the drug.