

## PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICIES

new pharmaceutical

MARKETING AUTHORIZATION	<b>Minister of Public Health or EMA</b>																																	
	Task: decision on marketing authorization and registration		<b>Advisory board (Federal Agency FAMHP):</b> Medicines Committee																															
Criteria: quality-safety-efficacy																																		
PRICING	<b>Minister of Economic Affairs</b>																																	
	Ex-factory level	Task: maximum price setting	<b>Advisory boards (Federal Agency for Economic Affairs):</b> Price Committee for Pharmaceuticals (reimbursable)   General Committee for Price Setting (non-reimbursable)																															
	Wholesaler level	Criteria: statutory pricing (external & internal price referencing)																																
Pharmacy level	Maximum percentage wholesale mark up scheme (set by Minister of Economic Affairs)	Distribution via wholesaler & public pharmacy ←--- Pharmaceutical company →--- Direct supply to hospital +/- wholesaler																																
REIMBURSEMENT	<b>Minister of Social Affairs</b>																																	
	Task: decision on reimbursement & reimbursement level		<b>Advisory boards (NIHDI):</b> Committee on Reimbursement Medicines (CRM) and Taskforce on Negotiations (art 81/111) Technical Board for radioisotopes																															
	Criteria: therapeutic value, price, medical practice related to therapeutic & social needs, budget impact, pharmaco-economics																																	
	<b>Positive Reimbursement list (pharmaceuticals) (in- &amp; out-patient sector)</b>		<b>Co-payment (pharmaceuticals)</b>																															
	<b>Chapter I – 3852 specialties</b> Reimbursement if prescribed within authorized indications (SPC) No additional restrictions on reimbursement		<b>Out patient (RB = Reimbursement Base):</b> <table border="1"> <thead> <tr> <th rowspan="2">Category</th> <th rowspan="2">A/Fa (vital specialities)</th> <th colspan="2">B/Fb (therapeutically important)</th> <th rowspan="2">C (symptomatic treatment)</th> <th rowspan="2">Cs (comfort treatment, f.e. allergy)</th> <th rowspan="2">Cx (comfort treatment, f.e. contraception)</th> </tr> <tr> <th>Preferentially assured (P.A.)</th> <th>Regularly assured (R.A.)</th> </tr> </thead> <tbody> <tr> <td>RB<sub>ex fact</sub> &lt; 14,38 EUR</td> <td>0 % RB<sub>ex fact</sub></td> <td>26,52 % RB<sub>ex fact</sub></td> <td>44,20 % RB<sub>ex fact</sub></td> <td>88,39 % RB<sub>ex fact</sub></td> <td>106,07 % RB<sub>ex fact</sub></td> <td>141,43 % RB<sub>ex fact</sub></td> </tr> <tr> <td>RB<sub>ex fact</sub> ≥ 14,38 EUR</td> <td>0 EUR + 0% RB<sub>ex fact</sub></td> <td>1,50 EUR + 16% RB<sub>ex fact</sub></td> <td>2,50 EUR + 27% RB<sub>ex fact</sub></td> <td>5,00 EUR + 54% RB<sub>ex fact</sub></td> <td>6,00 EUR + 65% RB<sub>ex fact</sub></td> <td>8,00 EUR + 86% RB<sub>ex fact</sub></td> </tr> <tr> <td>Max. (EUR)</td> <td>No co-payment</td> <td>8 (&lt; 60 units), 9,9 (&gt; 60 units)</td> <td>12,1 (&lt; 60 units), 15 (&gt; 60 units)</td> <td>9,9 (P.A.), 15 (R.A.)</td> <td>No max</td> <td>No max</td> </tr> </tbody> </table>		Category	A/Fa (vital specialities)	B/Fb (therapeutically important)		C (symptomatic treatment)	Cs (comfort treatment, f.e. allergy)	Cx (comfort treatment, f.e. contraception)	Preferentially assured (P.A.)	Regularly assured (R.A.)	RB <sub>ex fact</sub> < 14,38 EUR	0 % RB <sub>ex fact</sub>	26,52 % RB <sub>ex fact</sub>	44,20 % RB <sub>ex fact</sub>	88,39 % RB <sub>ex fact</sub>	106,07 % RB <sub>ex fact</sub>	141,43 % RB <sub>ex fact</sub>	RB <sub>ex fact</sub> ≥ 14,38 EUR	0 EUR + 0% RB <sub>ex fact</sub>	1,50 EUR + 16% RB <sub>ex fact</sub>	2,50 EUR + 27% RB <sub>ex fact</sub>	5,00 EUR + 54% RB <sub>ex fact</sub>	6,00 EUR + 65% RB <sub>ex fact</sub>	8,00 EUR + 86% RB <sub>ex fact</sub>	Max. (EUR)	No co-payment	8 (< 60 units), 9,9 (> 60 units)	12,1 (< 60 units), 15 (> 60 units)	9,9 (P.A.), 15 (R.A.)	No max	No max
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<b>Chapter II – 168 specialties</b> Reimbursement for all common indications (based on generally applied recommendations for good practice) Reimbursement does not depend of a prior authorization delivered by the sickness fund Prescribing HP must respect the recommendations and keep certain documents in the patient file ("a posteriori" control)																																		
<b>Chapter III – 286 specialties</b> Solutions for perfusion / parenteral nutrition Reimbursement if prescribed within authorized indications (SPC) No additional restrictions on reimbursement																																		
<b>Chapter IV – 3027 specialties (sometimes through Managed Entry Agreements)</b> Reimbursement is subject to particular reimbursement conditions and depends of a prior authorization delivered by the sickness fund ("a priori" control)																																		
<b>Chapter V – 1 specialty</b> Reimbursement imposed by the Minister of Social Affairs																																		
<b>Chapter VIII – 133 specialties</b> Reimbursement is subject to particular reimbursement conditions and depends of a prior authorization delivered by the sickness fund ("a priori" control) - after execution of an associated predictive test and linked to CIVARS (and PITTER register)																																		
<b>Chapter IVbis</b> Pharmaceuticals not authorized in Belgium – imported by pharmacist Reimbursement is subject to particular reimbursement conditions and depends of a prior authorization delivered by the sickness fund ("a priori" control)		No fixed reimb. level																																
<b>Positive Reimbursement list (radioisotopes) – 590 products (in-patient sector)</b>		Fixed reimb. level																																

<b>Reference Pricing System (RPS) in a nutshell</b>		<b>Active ingredient &gt; 12 years reimbursed :</b>	
- Monthly	When first generic/biosimilar is reimbursed and available on the Belgian market	Decrease rate	Cat. A 51,52 %
		Other 44,75 %	
		<b>Active ingredient &lt; 12 years reimbursed :</b>	
		Sales (EUR)	< 3mio 3 mio < 30 mio 30 mio < 60mio ≥ 60 mio
		Decrease rate	Cat. A 61,22 % 63,64 % 66,06 % 68,49 %
		Other	55,80 % 58,56 % 61,32 % 64,09 %

**National governmental disease program**

- Art 56 "children cancer medication": aim of the agreement is to provide equal and structural funding for cancer medication and supportive medication for children and young adults. Since 01 January 2024, the agreement foresees the reimbursement of approximately 50 identified 'off-label' cancer drugs.

