

Facts and Figures 2022

On pharmaceutical healthcare in the Netherlands



Dutch Foundation for Pharmaceutical Statistics
Stichting Farmaceutische Kengetallen



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Introduction



Since 1990 the Dutch Foundation for Pharmaceutical Statistics (SFK) has been collecting extensive data on the use of pharmaceuticals dispensed by community pharmacies in the Netherlands. For each supply the SFK registers detailed information about the drug supplied, the dispensing pharmacy, the health insurance company, the prescribing doctor and the patient for whom the prescription was issued. With this, the SFK has built the largest data warehouse in this field in the Netherlands.

Annually the SFK publishes the results of the information gathered during the previous year in the Dutch brochure 'Data en Feiten'.

Facts and Figures 2022 is the English summary of the 2022 issue. This publication provides an overview of the latest, most important pharmaceutical data in the Netherlands in the year 2021.





Key figures for pharmaceutical care in 2021



Data provided by community pharmacies as part of the statutorily insured

	NETHERLANDS	AVERAGE PER PHARMACY	AVERAGE PER PERSON
Pharmaceutical care expenditure	€ 4,700 million	€ 2,348,000	€ 290
of which, GVS (Medicine Reimbursement System)	€ 74 million	€ 37,000	€ 5
Cost of medicines	€ 3,320 million	€ 1,659,000	€ 205
Prescription-only medicines (POM)	€ 3,220 million	€ 1,608,000	€ 199
Non-prescription-only medicines (non-POM)	€ 100 million	€ 51,000	€ 6
Pharmacy fees	€ 1,380 million	€ 689,000	€ 85
Dispensing fee (POM)	€ 1,350 million	€ 673,000	€ 83
Fee for pharmaceutical care services	€ 20 million	€ 11,000	€ 1
Margin non-POM	€ 9 million	€ 5,000	€ 1
Prescriptions	210 million	104,900	12.9
Prescription-only medicines (POM)	202 million	100,800	12.4
Non-prescription-only medicines	8 million	4,100	0.5
Inhabitants *	16.2 million	8,100	

*Inhabitants depending on community pharmacies for drug dispensing i.e. 93% of the Dutch population

SFK calculates expenditure on pharmaceutical care on invoices submitted to health care insurers by pharmacies. With the introduction of deregulated prices on 1 January 2012, health care insurers and pharmacists have to agree on the reimbursement for pharmaceutical care. The amounts paid to pharmacists by health insurers in accordance with their contractual agreements may differ from the cost of medicines specified in the invoices submitted to health care insurers by the pharmacies. SFK is not privy to these agreements. In reality, the costs and fees listed above

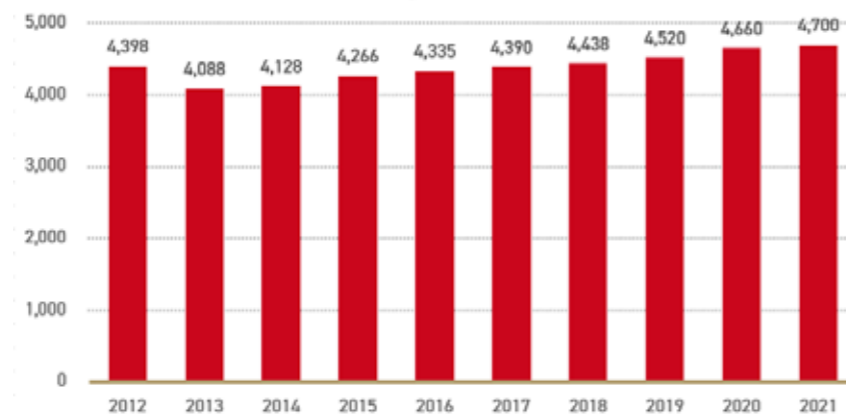
Expenditure on pharmaceutical care increased by 0.9%



Expenditure on pharmaceutical care within the statutorily insured drug package, dispensed by community pharmacies, increased in 2021 by € 35 million to € 4.7 billion. Medicine costs account for 70% of the total expenditure on pharmaceutical care and 30% is spent on pharmacy fees. The

expenditure increase of € 35 million amounts to a growth rate of 0.9% compared to 2020. This growth rate is the lowest of the last eight years. Considering the stronger increase in use of medication in the Netherlands in 2021, the expenditure increase is limited.

1.1 Total expenditure on pharmaceutical care provided by community pharmacies 2012-2021 (1 = € 1 million)



Expenditure on pharmaceutical care amounted to € 4.7 billion in 2021

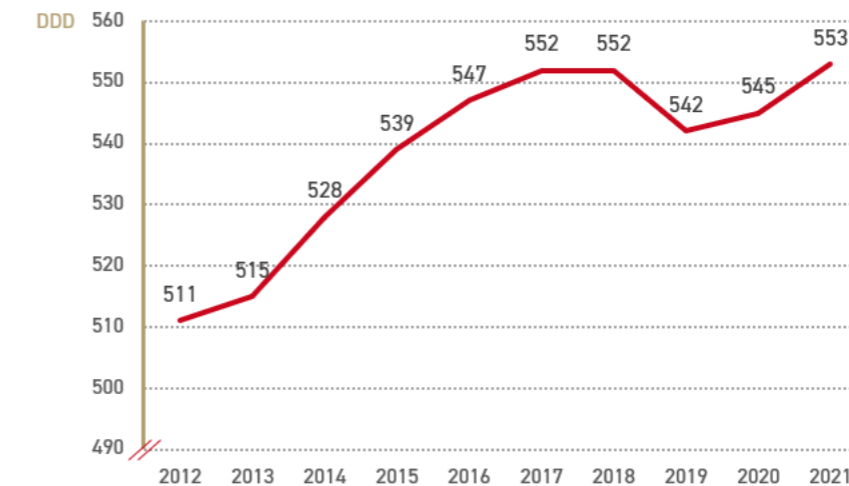
Drug use per capita increased by 1.5%



The overall use of drugs within the statutorily insured drug package, as calculated in Defined Daily Doses (DDD), increased with 2% in 2021. Per capita the use of these reimbursed drugs increased with 1.5% from 545 to 553 DDD, of which 0.5% was

due to population growth. With this increase, the medicine use per capita is back at the level of 2018. In 2019 and 2020 overall drug use was lower due to the corona pandemic, with less doctor appointments and less prescriptions.

1.2 Use of drugs within the statutorily insured drug package in DDD per capita (2012-2021)





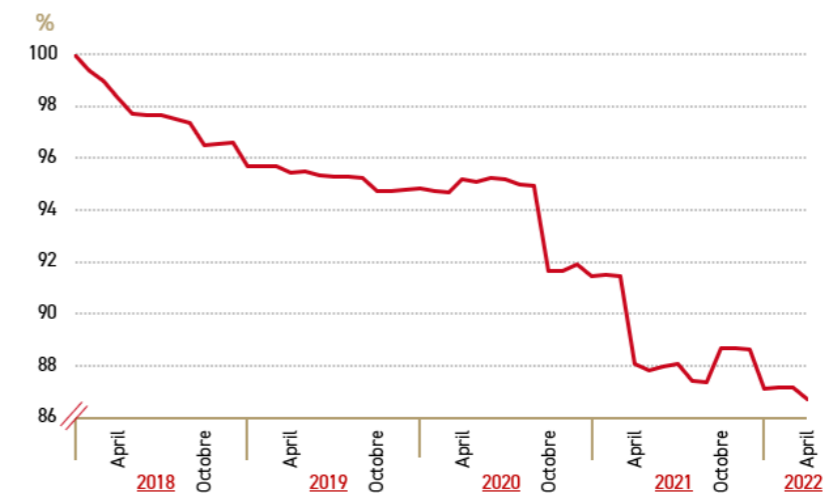
Recalibration decreases maximum drug prices with 0.5%



With the Dutch Medicines Pricing Act (Wet Geneesmiddelen Prijzen, WGP) the Dutch government sets maximum prices for most prescription-only drugs twice a year; in April and October. It safeguards that the prices of these medicines will not exceed the average price of the same medicine dispensed in Belgium, France, Norway and Great Britain. Since the Act was introduced

in 1996, it has been the government's main means of price control. Overall the average price level decreased by 0.5% in April 2022 in comparison to the previous month, yielding annual savings of approximately €18 million. This is significantly lower than previous WGP calibrations in October 2020 and April 2021, when in both cases the annualized savings summed up to over €100 million.

1.3 SFK price index for prescription-only medicines (January 2018 = 100%), vertical lines: WGP calibration moments



Calibration of maximum prizes lead to an average price level decrease of 0.5% in April 2022

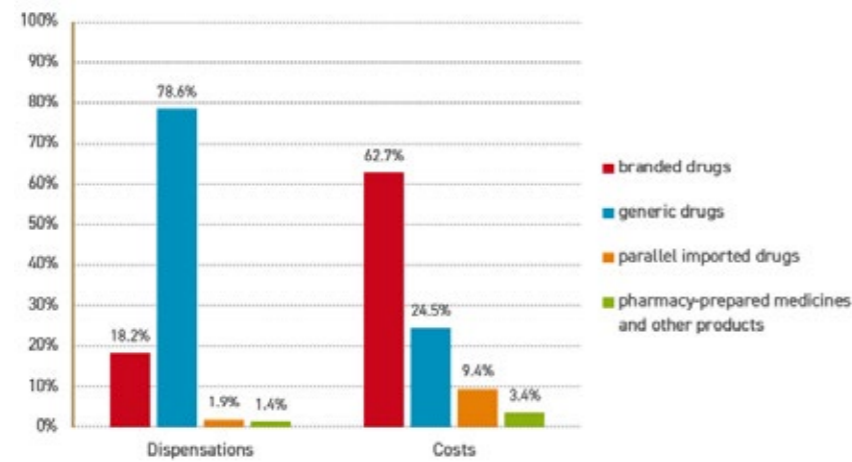
Generic prescriptions account for almost 80% of all prescriptions



In 2021 branded medicines accounted for 62.7% of the total drug costs while they covered only 18.2% of all drug supply within the statutorily insured package. The cheaper generic medicines accounted for

78.6% of the costs and 78.6% of all supply. The costs of parallel imported drugs decreased by € 71 million (-18.4%) to € 315 million in 2021. Its share within the total medicine costs thus decreased to 9.4%.

1.4 Share of prescription drugs within the legally insured drug package by volume and costs(2021)



Generic drugs highest in supply, branded medicines highest in costs

Top 10 highest drug expenditure



The anticoagulants rivaroxaban and apixaban rank number 1 in the top 10 of highest medicine expenditure. Due to increased use of rivaroxaban and apixaban, spending on these drugs increased to €109 million and €102 million, respectively, in 2021. For both drugs the Dutch government has

made secret price arrangements with the suppliers, leading to lower actual costs than cited. For two other newcomers in the top 10 of highest medicine expenditures, cholesterol-lowering drug evolocumab and laxative macrogol, increased use also resulted in increased expenditure.

2.1 Top 10 statutorily insured medicines with highest extramural spending in 2021

	ACTIVE INGREDIENT (RANKING 2020)	USED TOT TREAT	SPENDING (X MILLION €)	DIFFERENCE (%)	USERS	DIFFERENCE (%)
	Rivaroxaban (1)	Prevention of thrombosis or stroke	109	10 %	190,000	17%
2	Apixaban (2)	Prevention of thrombosis or stroke	102	22%	170,000	23%
3	immunoglobuline, normal i.v. (3)	Immunodeficiencies	78	8%	1,700	-9%
4	Colecalciferol (4)	Vitamins deficiency and (prevention of) osteoporosis	66	-2%	984,000	8%
5	Metoprolol (7)	Angina pectoris and hypertension	66	16%	1,016,000	2%
6	Pantoprazole (9)	Gastric acid disorders	60	10%	1,058,000	4%
7	Formoterol with beclometason (6)	Asthma/COPD	58	-2%	239,000	12%
8	evolocumab (-)	High cholesterol	58	15%	14,000	15%
9	fentanyl (8)	Severe pain	56	1%	115,000	5%
10	Macrogol, combinations (-)	Constipation and intestinal ailments	51	8%	1,301,000	9%

Anticoagulants rivaroxaban and apixaban have the highest expenditure



Top ten medicines with the most drug users



The total number of users to whom community pharmacies in the Netherlands dispensed medicines in 2021, amounted to 13 million people. This equates to almost 300,000 more users (+2.4%) than in the corona year of 2020. In that particular year pharmacies provided less often first-time prescriptions due to the postponement of doctor visits and treatments during the

corona pandemic.

The drug with the most users in the Netherlands in 2021 is the laxative macrogol, with 1.3 million users, closely followed by the antacids omeprazole and pantoprazole, with also nearly 1.3 million users each.

2.2 Top ten statutorily insured medicines with the most users in 2021

	ACTIVE INGREDIENT (RANKING 2020)	USED TOT TREAT	USERS (x MLN)	DIFFERENCE (%)
1	Macrogol, combinations (3)	Constipation and intestinal ailments	1.30	9.5%
2	Omeprazole (1)	Gastric acid disorders	1.29	-3.4%
3	Pantoprazole (5)	Gastric acid disorders	1.29	3.9%
4	Metoprolol (5)	Angina pectoris and hypertension	1.01	1.5%
5	Other emollientia en protectiva (7)	Dry skin, i.e. eczema, psoriasis and other skin affectations	1.01	7.8%
6	Colecalciferol (6)	Vitamins deficiency and (prevention of) osteoporosis	1.01	5.9%
7	Estrogen with levonorgestrel (4)	contraception	1.00	-5.3%
8	Simvastatin (8)	High cholesterol	0.85	-4.3%
9	Diclofenac (9)	Pain and inflammation	0.83	0.0%
10	Amoxicillin (10)	Bacterial infection	0.82	1.8%

The top 3 barely differs from previous years

Non-reimbursed medicines



In 2021, community pharmacies in the Netherlands dispensed prescription drugs that do not qualify for reimbursement from the statutorily insured drug package to 3.2 million people. In total, the users of these drugs paid almost €165 million out of their own pocket. The largest group of users of non-reimbursed medicines are women

who use the contraceptive pill and users of sleeping pills and tranquilizers. For partially reimbursed medicines, with a purchase price higher than the reimbursement limit set by the government, 2.4 million users had to pay €80 million out of pocket in 2021, mainly for ADHD drugs.

2.6.1 Top 10 non-package drugs with the highest expenditure (2021)

	MEDICINAL PRODUCT GROUP	USERS	DIFFERENCE (%) 2020	EXPENDITURE (MILLION €)	DIFFERENCE (%) 2020
1	Contraceptives, hormonal and local	1,149,000	-3.8%	46.4	-4.4%
2	Sleep-inducing drugs and sedatives	1,091,000	0.1%	43.1	1.5%
3	Proton pump inhibitors	822,000	0.5%	16.0	6.5%
4	Soothing and protective ointments	165,000	-0.7%	3.0	0.0%
5	Erectile dysfunction drugs	112,000	7.6%	14.2	3.8%
6	Paracetamol - pain related	65,000	-23.9%	3.7	-6.5%
7	Vaccinations, viral and bacterial	52,000	32.8%	3.9	22.4%
8	Smoking cessation drugs	40,000	-39.3%	7.4	-43.3%
9	Vitamin A and D	35,000	-31.6%	1.7	-21.5%
10	Hydroquinone, nocturnal muscle cramps	26,000	-3.6%	1.8	-4.0%

*all fees including 9% VAT

Contraception and sleeping pills and tranquilizers are the most frequently used medicines outside the basic package

2.6.3 Top 10 Drugs with most patient contributions in 2021 and the difference with the previous year



	ACTIVE SUBSTANCE (RANKING 2020)	USED TOT TREAT	TOTAL PATIENT CONTRIBUTION (X MLN)	DIFFERENCE (%)
1	Dextroamphetamine (1)	ADHD	20.0	3.1
2	Methylphenidate (2)	ADHD	15.6	-0.2
3	Lisdexamfetamine (3)	ADHD	10.3	3.9
4	Selexipag (4)	Pulmonary hypertension	3.1	0.2
5	Hydrocortisone oral (7)	Adrenal gland dysfunction	2.3	1.0
6	Nitrofurantoin (14)	Urinary tract infections	2.1	1.4
7	Mercaptamine (-)	Cystinosis	2.0	2.0
8	Dimethyl fumarate (5)	Multiple sclerosis	1.6	-0.3
9	Potassium chloride (8)	(Prevent) low potassium levels	1.2	0.0
10	Guanfacine (12)	ADHD	1.1	0.2

*all fees including 9% VAT

**The amounts include VAT because the government measure refers to amounts including

VAT. For 2017 and 2018, the rate was 6%; from 2019, it will be 9%.



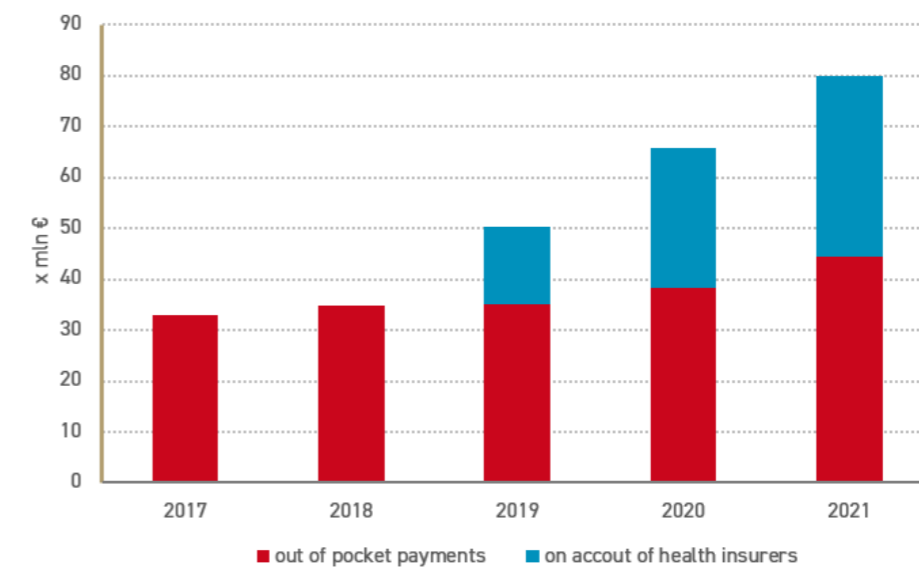
Maximum medicine reimbursement



The cost of medicines include the contributions of the drug users required by the Drug Reimbursement System named GVS (Geneesmiddelen vergoedings systeem). The Dutch government has determined maximum reimbursements for medicines that are covered by the basic health insurance

package. When the price of a medicine exceeds this maximum, the drug user must pay the difference; this is called the GVS contribution. This contribution is in addition to the health insurance, not to be confused with the deductible of the health insurance.

Reimbursement contributions (GVS) per year (2017-2021, in millions of euros including VAT)*



In relation to the Dutch Drug Reimbursement System (GVS) in 2021 payments amounted up to € 80 million

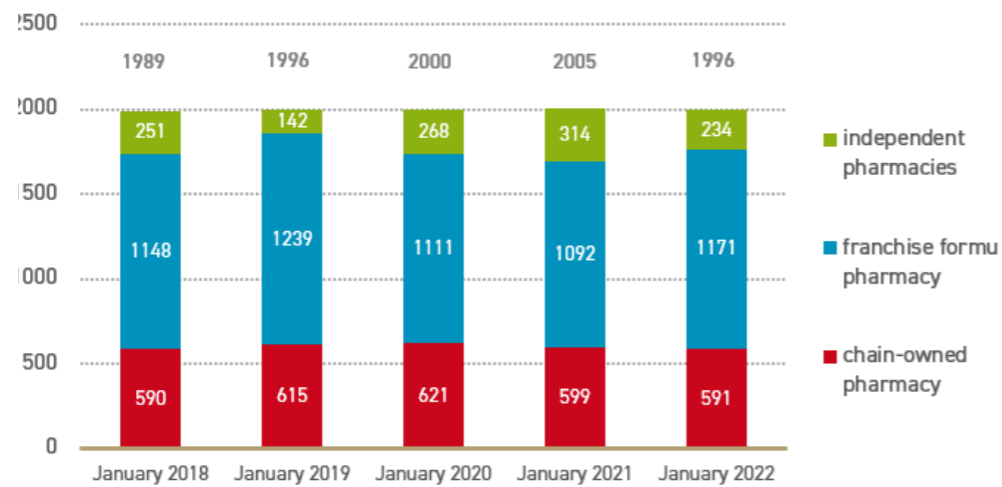
Decrease in number of community pharmacies in 2021, especially among independent pharmacies



On January 1 2021, there were 1996 community pharmacies in the Netherlands, nine less than in 2020. Of all community pharmacies, 88% are affiliated with a chain or franchise formula, 4%-point higher than in 2020. The pharmacy chains Service Apotheek and BENU

Apotheken own the most pharmacies, with 484 and 441 affiliated pharmacies, respectively. The total number of independent pharmacies not affiliated with a pharmacy chain or formula, came to 234 in 2021, a decrease of 80 pharmacies compared to the previous year.

3.1 Dutch community pharmacies subdivided by chain-owned, franchise formula and independent pharmacies 2018-2022



Decrease in 2022 follows slight increase in number of pharmacies in previous years

Revenues of community pharmacies



In 2021 a Dutch community pharmacy on average dispensed 100,800 prescriptions that fall within the statutorily insured drug package, a decrease of 1% compared to 2020. This decrease is mainly due to pharmacies reducing the frequency of weekly deliveries of medicine rolls (Baxter rolls). Patients no longer receive these weekly but usually every two or three weeks. The reimbursement for pharmaceutical care activities by the average pharmacy in 2021 was € 684,000, an

increase of 2.6% compared to the previous year. This increase was lower than the inflation rate, which was 2.7% according to the Dutch Central Bureau of Statistics (CBS). Most pharmacy revenues (98%) are related to the supply of prescription drugs. The remaining 2% the average pharmacy received for performing pharmaceutical care services, such as medication assessment and pharmaceutical care after discharge from the hospital.



About the Foundation for Pharmaceutical Statistics



The Foundation for Pharmaceutical Statistics (Stichting Farmaceutische Kengetallen (SFK)) has been collecting, monitoring and analysing detailed data on the use of medicines in the Netherlands since 1990. SFK obtains its information from a panel of pharmacists who currently represent more than 98% of all community pharmacies in the Netherlands. National figures based on the data provided by the panel are calculated using a stratification method developed by SFK.

This method incorporates both data supplied by SFK-affiliated pharmacies and available data on non-affiliated pharmacies. It also takes into account factors such as the size of the patient population and the location of the pharmacy. Every time a pharmacy dispenses a prescription, SFK gathers and records data on:

- the dispensed medicines and/or materials;
- the dispensing pharmacy;
- the reimbursing (or non-reimbursing) health care insurer;
- the prescribing doctor;
- the patient for whom the prescription was issued.

In recording data on medicine use SFK takes the utmost care to protect the privacy of everyone involved. SFK only collects anonymised patient data in accordance with the General Data Protection Regulation (GDPR). A strict privacy policy maintains the anonymity of the participating pharmacies.

The quality and representativeness of SFK data is assured by thorough validation procedures and tried and tested statistical methods.

As a result SFK possesses the most comprehensive and up-to-date data on pharmaceutical statistics in the Netherlands.

The collected data serves to support pharmacy practice and is also used for scientific research. SFK publishes the most important statistics and news in its annual Dutch version of Facts and Figures (Data en feiten) and in Pharmaceutisch Weekblad (PW), a weekly journal for pharmacy

professionals. The Royal Dutch Pharmacists Association (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie (KNMP)) and the Dutch Ministry of Health, Welfare and Sport (Ministerie van Volksgezondheid, Welzijn en Sport (VWS)) frequently employ SFK data on the use of medicines.

About this report

Gathered information

The figures published in this report show national use of medicines dispensed by community pharmacies. This report only partly provides information on the use of medicines supplied by dispensing general practitioners. In thinly populated areas, where it is not economically viable to operate a community pharmacy, pharmacy care is provided by dispensing general practitioners, who serve just under eight percent of the population altogether. This report does not provide information on the use of medicines in hospitals or institutions that provide care under the Exceptional Medical Expenses Act (Wet Langdurige Zorg; WLZ).

- From 2012, SFK bases expenditure on pharmaceutical care on invoices submitted to health care insurers by pharmacies. With the introduction of deregulated prices on 1 January 2012, health care insurers and pharmacists now have to agree on the reimbursement for pharmaceutical care.
- The amounts paid to pharmacists by insurers in accordance with contractual agreements may differ from the cost of medicines specified in the invoices submitted to health care insurers by the pharmacies. SFK is not privy to these agreements.
- Within the context of this report, 'cost of medicines' means either the pharmacy reimbursement price (for prescription-only medicines) or the pharmacy purchase price (for non-prescription-only medicines). The cost of medicines includes the patient contributions required by the Drug Reimbursement System (Geneesmiddelenvergoedingssysteem: GVS).
- Expenditure on medicines' refers to the cost of medicines specified in invoices submitted to health care insurers by the pharmacies plus pharmacy fees, and also includes the patient contributions required by the GVS.
- All figures in this publication pertain to the statutorily insured drug package. Unless otherwise indicated, none of the amounts stated include VAT. Prescription medicines are subject to 9% VAT in the Netherlands.

Colophon

Facts and Figures 2022 is a publication produced by the Foundation for Pharmaceutical Statistics (Stichting Farmaceutische Kengetallen (SFK)). Reproduction of the content of this report is permitted provided that the source is fully acknowledged as Foundation for Pharmaceutical Statistics, December 2022.

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