



**Global analytical report
on the content of
Pharmanet – singular pathway**

2009

**Pharmaceutical Policy Management Unit
Healthcare Department**

This “Global analytical report on the content of Pharmanet – singular pathway” was drawn up by the Pharmaceutical Policy Management Unit of the Healthcare Department of Belgium’s National Institute for Health and Disability Insurance (NIHDI) as part of a contract between the Belgian government and the NIHDI.

Since 2004, Pharmanet data have been collected by means of Pharmanet – singular pathway. Prior to that, Pharmanet data were collected using a statistical pathway. The main difference being an enciphered beneficiary number that is also included in the singular pathway.

This analytical report focuses primarily on how Pharmanet – singular pathway data are gathered, on the data collected and the types of data that are linked with it to improve performance. A few examples are given to illustrate the statistical data that can be obtained from the Pharmanet database.

This report therefore serves as a guide for all Pharmanet users, both inside and outside the NIHDI. For external users (individuals, research institutes and organisations not belonging to the NIHDI), the Committee for the Evaluation of Medical Practices for Drugs has set up a procedure for the delivery of Pharmanet data for scientific and educational purposes with a focus on prescribing quality. This procedure can be consulted in French on the website of the NIHDI: <http://www.inami.fgov.be/drug/fr/statistics-scientific-information/pharmanet/request/index.htm>

This analytical reports, the report on the quality of Pharmanet data and the Pharmaceutical Indicators Report form a ‘tryptich’ describing the Pharmanet data collection.

The quality report, which will be sent in December 2010 to the technicians of the Health insurers responsible for the sending of the Pharmanet data, describes the quality of the Pharmanet data – unique code – of the first and second six-month periods of 2010: what are the problems and how can they be solved?

The 2009 Pharmaceutical Indicators Report will be published in the spring of 2011. In these reports, the Committee for the Evaluation of Medical Practices for Drugs comments on Pharmanet data and the trends identified.

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1. Introduction

Article 165 of the coordinated law on compulsory insurance for healthcare and benefits of July 14th 1994 states that in case the Health Insurers don't pay out their policyholders themselves for costs incurred when buying prescriptions drugs and other products in a pharmacy, all invoices and payments must be executed by a Invoice Office acknowledged by the Minister.

Article 165 stipulates that:

"Invoice Offices are required to provide Health Insurers, in accordance with procedures to be determined by the King, with data concerning the prescription drugs and products for which they invoice.

These data, which are defined by the King, concern the type and quantity of dispensed prescription drugs and products defined in Article 34, 19° and 20° and the date on which they were dispensed, the amounts invoiced and identification of the pharmacy, the prescriber and the beneficiary.

The King may stipulate that the Invoice Offices must send the above-mentioned data to the Health Insurers in the form of an integrated file. The Health Insurers sends this data, the data obtained from invoicing the "direct payment" documents and the data from other deliveries for which they carry out the invoicing within the framework of certain specific regulations to the Institute, after encrypting the beneficiary's identity in such a way as to prevent re-identification by the Institute. These data transmission procedures are determined by the King.

The purpose of communicating these data is to permit the reimbursement of prescription drugs, of breast milk, of dietary foods for medical purposes, of parenteral nutrition and medical devices with the exception of those listed in Article 34, 4°, the reporting by the Health Insurers, as part of their statutory duties, of personal information to their policyholders concerning the financial consequences of choosing a certain prescription drugs, as well as to the prescribers and healthcare providers concerned, in order to draw their attention to the financial consequences for the patient and for the compulsory insurance of such drug consumption. Furthermore communicating this data allows surveillance of prescription drugs and products prescribed and invoiced and to provide information to the competent authority on which policy to pursue, especially for evaluating drug-related medical practices. The evaluation of medical practices is understood to mean: drawing up prescription profiles, where appropriate related to their patient population, studying drug consumption in the form of prevalence data, the extent of co-medication, analysing the interaction between general practitioners and specialist physicians where prescriptions are issued by different physicians, developing ways to monitor adherence, and assessing the impact of information campaigns and/or guidelines. The King may lay down the rules for communicating information to patients, prescribers and healthcare providers."

2. Data collection circuit

Before finally arriving at the NIHDI the data follows an entire collection circuit.

The circuit starts when a physician issues a prescription to a beneficiary. The beneficiary then goes to the pharmacy with the prescription and his or her social security identity card (SIS card).

When dispensing the prescription drug, the pharmacy collects the following three data items using an optical reader:

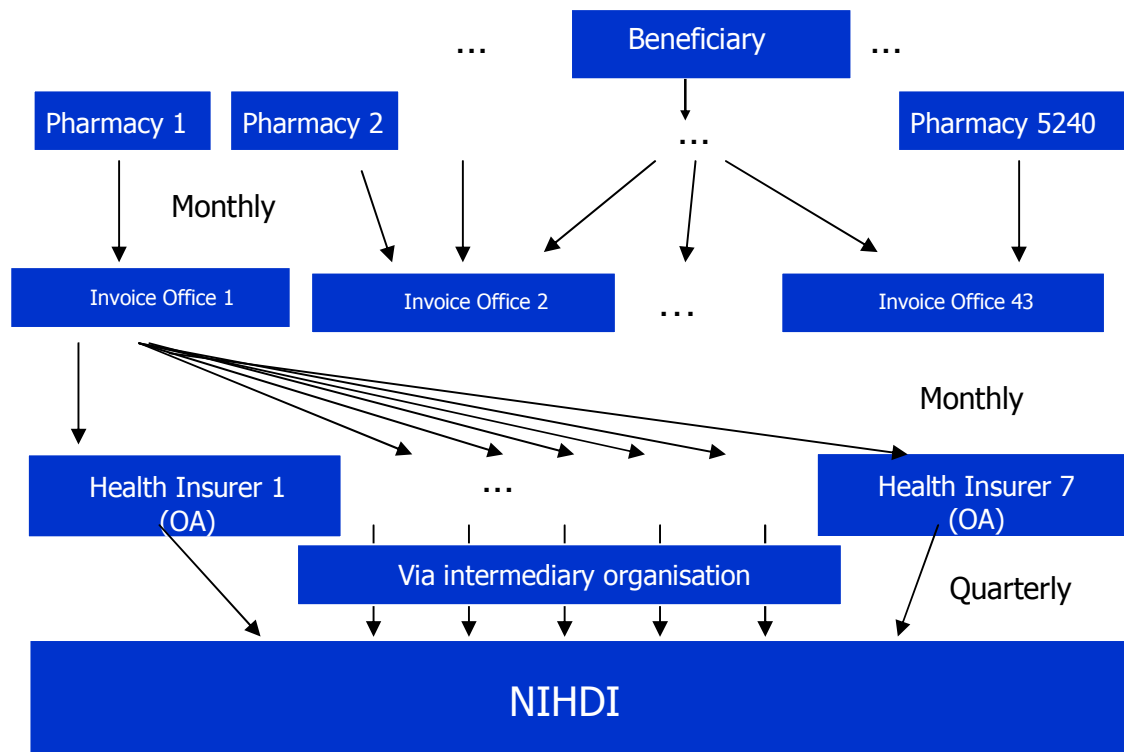
- The unique barcode of the packaging.
- The barcode of the prescriber on the prescription.
- The SIS card number to check the beneficiary's identity and insurance status.

The pharmacist dispenses the drug and in the next phase the dispensing data are sent to the Invoice Office to which the pharmacist is affiliated. This transfer happens monthly.

The Invoice Offices then transfer the data on the various beneficiaries to one of the seven Health Insurers to which the patient is affiliated. This also happens monthly.

The Health Insurers compile all data concerning their beneficiaries which they receive monthly from the Invoice Offices and perform a first encryption of the beneficiary's identity. This data gets sent to intermediary organisation which encrypts it for a second time. These twice-encrypted data is sent to the NIHDI, which is now no longer able to identify the beneficiary. The prescriber, however, is still clearly identified.

The Health Insurers transfer this data to the NIHDI quarterly, not monthly.



3. Collected data and linked data

3.1. Collected data

Invoice Office → Health Insurers

The “Pharmanet – singular pathway” data which the Invoice Offices must send to the Health Insurers are defined by the Royal Decree of June 15th 2001¹.

Article 3 of this Royal Decree mentions the products for which the Invoice Office must data to the Institute:

1. Prescription drugs which are reimbursed in accordance with the Royal Decree of 2 September 1980 (replaced by the Royal Decree of December 21th 2001²).
2. Magistral preparations and related products which are reimbursed in accordance with the Royal Decree of 17 March 1997 (replaced by the Royal Decree of October 12th 2004³).
3. Sterile insulin syringes which are reimbursed in accordance with the Royal Decree of September 16th 1991⁴ and the Ministerial Decree of September 17th 1991⁵.
4. Medical foods which are reimbursable in accordance with the Royal Decree of October 24th 2002.⁶
5. Medical devices which are reimbursable in accordance with the Royal Decree of October 24th 2002.⁷
6. Lump sums which are reimbursable for patients with cystic fibrosis as defined by the Royal Decree of March 22th 2002.⁸

Also included are the availability fees that are reimbursed in accordance with the agreement between pharmacists and the Health Insurers.

¹ Arrêté royal du 15 juin 2001 déterminant les données relatives aux fournitures à tarifier que les offices de tarification doivent transmettre aux organismes assureurs.

² Arrêté royal du 21 décembre 2001 fixant les procédures, délais et conditions concernant l'intervention de l'assurance obligatoire soins de santé et indemnités dans le coût des spécialités pharmaceutiques.

³ Arrêté royal du 12 octobre 2004 fixant les conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des préparations magistrales et des produits assimilés.

⁴ Arrêté Royal du 16 septembre 1991 fixant les conditions dans lesquelles l'assurance obligatoire contre la maladie et l'invalidité intervient dans le coût des seringues stériles à insuline.

⁵ Arrêté Ministériel du 17 septembre 1991 fixant l'intervention de l'assurance obligatoire contre la maladie et l'invalidité dans le coût des seringues stériles à insuline.

⁶ Arrêté royal du 24 octobre 2002 fixant les procédures, délais et conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des aliments diététiques à des fins médicales spéciales

⁷ Arrêté royal fixant les procédures, délais et conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des fournitures visées à l'article 34, alinéa 1er, 20° de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994

⁸ Arrêté royal du 22 mars 2002 fixant l'intervention de l'assurance obligatoire soins de santé et indemnités pour les matières et produits de soins pour les soins à domicile de bénéficiaires souffrant de mucoviscidose

The Belgian Royal Decree of January 9, 2011, completes article 3 as follows:

7° the active bandages which are reimbursed in accordance with the Royal Decree of June 3, 2007⁹;

8° the analgesics which are reimbursed in accordance with the Royal Decree of June 3, 2007¹⁰;

9° the contraceptives for young people which are reimbursed in accordance with the Royal Decree of January 29, 2007¹¹;

10° the prescribed and delivered non-reimbursable licensed medication.

The stipulations of that Decree are for the first time applicable to data on health care services carried out in January 2010.

Article 5 stipulates the data which the Invoice Offices must transmit to the Health Insurers:

A. Details about the drug:

- 1 Reimbursement category of the prescription drug.
- 2 CNK code of the prescription drug [unique identification number for each packaging of a drug in Belgium].
- 3 Codification for magistral preparations.
- 3bis Pharmaceutical form of the magistral preparation.
- 4 Number of packages/modules dispensed.
- 5 Amount of the insurance contribution.
- 5bis Reduction in the insurance contribution.
- 5ter Reduced insurance contribution.
- 6 Reference to the authorisation to reimburse magistral preparations and prescription drugs for which the direct settlement system is authorised.
- 7 The dispensing unit for magistral preparations.
- 7bis Lump sums for cystic fibrosis.
- 7ter Indication that the drug is prescribed under its international non-proprietary name (INN).

B. Details about the beneficiary:

- 8 Identification of the beneficiary.
- 9 Reference data of the SIS card.
- 10 Beneficiary codes.
- 11 Amount of the co-payment.

C. Details about drug dispensing:

- 12 Identification of the Invoice Office.
- 13 Pharmacy number.
- 14 Number of the licensed pharmacist.
- 15 Serial number of the prescription.
- 16 Dispensing date.
- 17 Invoicing year and month.
- 18 Number of the summary statement.

⁹ Arrêté royal du 3 juin 2007 portant exécution de l'article 37, § 16bis, alinéa 1er, 3°, et alinéa 4, de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, en ce qui concerne les pansements actifs

¹⁰ Arrêté royal du 3 juin 2007 portant exécution de l'article 37, § 16bis, alinéa 1er, 3°, et alinéa 4, de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, en ce qui concerne les analgésiques

¹¹ Arrêté royal du 29 janvier 2007 fixant les conditions dans lesquelles le Comité de l'assurance peut conclure une convention en application de l'article 56, § 2, 1°, de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, en vue de prolonger le financement expérimental de contraceptifs pour les jeunes

- 19 Acceptance codes.
- 19bis Unique code number as defined in Article 90, §2 of the Royal Decree of December 21th 2001.¹²

D. Details about the prescriber:

- 20 Identification of the prescriber.

Article 6 stipulates that the Invoice Offices must transmit the data mentioned in Article 5 to the Health Insurers on a monthly basis in the form of an integrated data file, in accordance with the directives on invoicing prescription drugs and products dispensed to outpatient beneficiaries, established by the Insurance Committee at the proposal of the Agreements Board and in accordance with instructions to the Invoice Offices on the collection of data on prescription drugs and products (singular pathway: invoice and statistics), established by the Insurance Committee at the proposal of the Agreements Board. These instructions may define optional or reserved datafields.

Health Insurers → INAMI

The data which the Health Insurers are required to transmit to the NIHDI are established in the Royal Decree of January 22th 2004.¹³

Article 3 describes the data which the Health Insurers are required to transmit to the NIHDI. These data should include the following components:

A. Drug details:

- 1 Reimbursement category.
- 2 CNK code.
- 2bis Data from the unique code number mentioned on the packaging of a prescription drug.
- 3 Codification for magistral preparations.
- 4 Pharmaceutical form of magistral preparations.
- 5 Number of packages/modules dispensed.
- 5bis Total quantity of the product for magistral preparations.
- 6 Amount of the insurance contribution.
- 6bis Reduction in the insurance contribution.
- 6ter Reduced insurance contribution.
- 7 Dispensing unit for magistral preparations.
- 7bis Lump sums for cystic fibrosis.
- 7ter. Indication that the drug is prescribed under its international non-proprietary name (INN).

B. Beneficiary details:

- 8 Coded identity of the beneficiary.
- 9 Sex.
- 10 Year of birth.
- 11 National Statistical Institute (INS) code of the beneficiary's address.
- 12 Beneficiary's status as regards compulsory insurance for healthcare and benefits.

¹² Arrêté royal du 21 décembre 2001 fixant les procédures, délais et conditions concernant l'intervention de l'assurance obligatoire soins de santé et indemnités dans le coût des spécialités pharmaceutiques.

¹³ Arrêté royal du 22 janvier 2004 déterminant les données relatives aux fournitures à tarifier que les organismes assureurs doivent transmettre à l'Institut national d'assurance maladie – invalidité.

13 Amount of the co-payment.

C. Dispensing details:

- 14 Identification of the Invoice Office.
- 15 Pharmacy number.
- 16 Prescription date.
- 17 Invoicing year and month.
- 18 Dispensing date.

D. Prescriber details:

- 19 Identification of the prescriber by means of the NIHDI identification number.

Article 4 stipulates the prescription drugs and products for which the data mentioned in Article 3 must be provided:

1. Prescription drugs which are reimbursed in accordance with the Royal Decree of December 21th 2001.¹⁴
2. Magistral preparations and related products which are reimbursed in accordance with the Royal Decree of 17 March 1997 (replaced by the Royal Decree of October 12th 2004¹⁵).
3. Sterile insulin syringes which are reimbursed in accordance with the Royal Decree of September 16th 1991¹⁶ and with the Ministerial Decree of September 17th 1991¹⁷.
4. Nursing fees which are reimbursed in accordance with the agreement between pharmacists and Competent Agencies, referred to under heading III, chapter V, section I.E, of the law on compulsory insurance for healthcare and sickness benefits, coordinated on 14 July 1994.
5. Medical foods which are reimbursable under the conditions of the Royal Decree of October 24th 2002.¹⁸
6. Medical devices which are reimbursable under the conditions of the Royal Decree of October 24th 2002.¹⁹
7. Lump sums which are reimbursable for patients with cystic fibrosis under the conditions of the Royal Decree of March 22th 2002.²⁰

The Belgian Royal Decree of January 9, 2011, completes article 3 as follows:

¹⁴ Arrêté royal du 21 décembre 2001 fixant les procédures, délais et conditions concernant l'intervention de l'assurance obligatoire soins de santé et indemnités dans le coût des spécialités pharmaceutiques.

¹⁵ Arrêté royal du 12 octobre 2004 fixant les conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des préparations magistrales et des produits assimilés.

¹⁶ Arrêté Royal du 16 septembre 1991 fixant les conditions dans lesquelles l'assurance obligatoire contre la maladie et l'invalidité intervient dans le coût des seringues stériles à insuline.

¹⁷ Arrêté Ministériel du 17 septembre 1991 fixant l'intervention de l'assurance obligatoire contre la maladie et l'invalidité dans le coût des seringues stériles à insuline.

¹⁸ Arrêté royal du 24 octobre 2002 fixant les procédures, délais et conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des aliments diététiques à des fins médicales spéciales.

¹⁹ Arrêté royal fixant les procédures, délais et conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des fournitures visées à l'article 34, alinéa 1er, 20° de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994.

²⁰ Arrêté royal du 22 mars 2002 fixant l'intervention de l'assurance obligatoire soins de santé et indemnités pour les matières et produits de soins pour les soins à domicile de bénéficiaires souffrant de mucoviscidose.

8° the active bandages which are reimbursed in accordance with the Royal Decree of June 3, 2007²¹;

9° the analgesics which are reimbursed in accordance with the Royal Decree of June 3, 2007²²;

10° the contraceptives for young people which are reimbursed in accordance with the Royal Decree of January 29, 2007²³;

11° the prescribed and delivered non-reimbursable licensed medication.”

The stipulations of that Decree are for the first time applicable to data on health care services carried out in January 2010.

The data from one quarter must be sent, through an intermediate organisation, by the Health Insurers before the end of the next quarter to the NIHDI and this in accordance with the instructions concerning electronic media for Health Insurers which are established by the Insurance Committee.

After a first encryption of the beneficiary’s identity, the Health Insurers transfer these data to the intermediary organisation referred to in Article 1, 6° of the Royal Decree of 13 February 2001.²⁴ This intermediary organisation encrypts the aforementioned data a second time before transmitting it to the NIHDI and the AIM [a non-profit making association of Competent Agencies].

Each Health Insurer signs an agreement with the intermediary organisation, in its obligations with respect to security and to protecting privacy are laid down.

The above-mentioned procedure was first used for the data relating to prescription drugs and products dispensed in January 2003.

After consultation with the AIM, it has been agreed that Pharmanet – singular pathway data for 2003 should be stored by the AIM. The data for 2004 have been sent to the NIHDI and are stored in a data warehouse set up for this purpose by the ICT section.

²¹ Arrêté royal du 3 juin 2007 portant exécution de l’article 37, § 16bis, alinéa 1er, 3°, et alinéa 4, de la loi relative à l’assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, en ce qui concerne les pansements actifs

²² Arrêté royal du 3 juin 2007 portant exécution de l’article 37, § 16bis, alinéa 1er, 3°, et alinéa 4, de la loi relative à l’assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, en ce qui concerne les analgésiques

²³ Arrêté royal du 29 janvier 2007 fixant les conditions dans lesquelles le Comité de l’assurance peut conclure une convention en application de l’article 56, § 2, 1°, de la loi relative à l’assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, en vue de prolonger le financement expérimental de contraceptifs pour les jeunes

²⁴ Arrêté royal portant exécution de la loi du 8 décembre 1992 relative à la protection de la vie privée à l’égard des traitements de données à caractère personnel.

3.2. Linked data

The NIHDI links the incoming data with other data in order to make optimum use of Pharmanet.

Incoming data is linked with the prescription drug's CNK code, with the NIHDI prescriber number and with the beneficiary's encrypted number.

Linking this data provides additional information on the Health Insurer who sends the data to the NIHDI, on the pharmacy that dispensed the products and on the Invoice Office executing the invoice.

Further information on this subject can be found in point 4.2.

4. 2009 data

The data transmitted by the Health Insurers to the NIHDI through an intermediary organisation indicates which products (prescription drugs and others) each prescriber has prescribed to a certain beneficiary whose identity is unknown.

Only the prescriber's NIHDI number is transmitted. Of the dispensed prescription drug the CNK code and "category code" are also communicated.

Using the aforementioned links the prescriber's identity can be obtained, as well as further information on the drug dispensed (name, packages, etc.).

What follows is a non-exhaustive overview of data that can be obtained from data collected via Pharmanet and from linking this data with other datasets.

4.1. Data from Pharmanet (without links)

This database can provide useful information even without linking, for example, the data collected via Pharmanet to the Anatomical Therapeutic Chemical Classification (ATC) or to the healthcare provider data file. An overview of some important data available in Pharmanet – singular pathway follows.

4.1.1. Encrypted beneficiary number

A new feature of the singular pathway is that each time a drug is dispensed it is linked to a beneficiary by means of a unique number for each beneficiary.

This number is obtained after a two-phase encryption that renders the beneficiary totally anonymous to INAMI.

This number is permanent and remains with a beneficiary even when he/she changes from Health Insurer. Thus, the beneficiary can therefore be monitored over time.

Some data are linked with this unique number by means of a separate file called "Population" (see point 4.2.5.).

Statistical data on a patient can be compiled using these data.

4.1.2. Dispensing date

Pharmanet data also includes the date on which a drug is dispensed to a beneficiary.

Trends can be monitored on the basis of this dispensing date (see [Table 2](#) - p. 23).

4.1.3. Invoicing year and month

Under this heading, the invoicing year and month of the Invoice Office is transmitted.

In case of direct payment, data of which is not transmitted by the invoice office, the financial month is mentioned.

4.1.4. Reimbursement category

Pharmanet data includes the “**reimbursement category**”. This makes it possible to distinguish between prescription drugs, dietary foods for medical purposes, diagnostic aids and healthcare equipment, magistral preparations (for the time being it is not compulsory to give detailed information), fees and lump sums for cystic fibrosis, fees and lump sums for dietary foods for medical purposes, fees and lump sums for oxygen, sterile insulin syringes, wound dressings (the content is yet to be defined) and availability fees.

There are also special codes for reimbursing youth contraception recorded under administrative expenses.

Furthermore, this “code category” allows a distinction to be made between reimbursement provided for under categories A, B, C, Cs or Cx for prescription drugs, dietary foods, and diagnostic tools and healthcare equipment. For magistral preparations, a distinction can be made between categories 1, 2 and 4 regarding co-payments for these such magistral preparations.

Table 1 (p. 22) gives an example for prescription drugs.

4.1.5. Quantity

Under this heading, the number of packages per product code (hence by individual prescription) is communicated.

4.1.6. Amount of the insurance contribution

This is the net amount or the insurance contribution towards the costs of the product (prescription drug or other) dispensed.

This makes it possible to monitor the trend in reimbursements from healthcare insurance.

4.1.7. Co-payments

This is the contribution paid by the beneficiary.

Just as with the net amount (point 4.1.5.), this piece of data makes it possible to monitor the trend in the beneficiary’s co-payments.

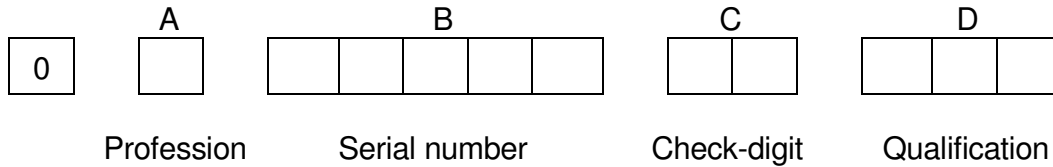
The co-payment and the amount of the insurance contribution together form the gross amount or the total cost of the product (prescription drug or other) dispensed.

Table 2 (p. 23) gives an example of the general trend in the co-payment and in the amount of the insurance contribution (net amount), based on the date on which the product (prescription drug or other) was dispensed.

4.1.8. Identification of the prescriber

In order to identify the prescriber, the prescriber’s the NIHDI number is indicated on each prescription by means of a barcode (code used = *interleaved 2/5*). This NIHDI number is also included in the Pharmanet data. Because of the way this number is structured, it is possible to

extract useful information without even having to link it to the data file on healthcare providers. The number is structured as follows:



From this number the following data can be extracted:

A. Profession (first digit of the identification number).

- 1 Physicians
- 3 Dentists

B. Serial number (second to sixth digits of the identification number included).

1) Physicians

Second digit: regional medical association.

Third to sixth digits included: identification number attributed by the regional medical association.

2) Dentists

Second and third digits: the last two digits of the year in which the diploma authorising dental surgery was obtained.

Fourth, fifth and sixth digits: the serial number in the year in question.

C. Check-digits (seventh and eighth digits of the identification number).

The number registered in positions 7 and 9 equals the difference between

1) 97, and

2) the remainder from the division of which the dividend is formed by the digits in positions 1 to 6 inclusive of the registration number, and the divisor is equal to 97 (i.e. the highest prime number under 100).

D. Qualification (ninth to eleventh digits of the identification number included).

For example 340 = gynaecologist

Statistics on prescribers can therefore be compiled using this number, for instance to distinguish between general practitioners, specialists and dentists. (For an example, see [Table 3](#): breakdown of the co-payment and the net amount between dentists, specialists and general practitioners (p. 24)).

4.1.9. Pharmacy number

The pharmacy number makes it possible to check where the product has been dispensed.

This number is structured as follows:

A		B		C		D	
0	0						

The pharmacy number comprises eight digits, where:

- A : the first two positions are always equal to zero.
- B : the next two positions indicate the province.
- C : the following two positions indicate the municipality within the province.
- D : the last two positions indicate a serial number in the municipality.

4.1.10. Invoice Office number

The number of the Invoice Office makes it possible to check where the dispensed product was invoiced.

For approved Invoice Offices, the NIHDI identification number contains 12 positions.

1	2	3	4	5	6	7	8	9	10	11	12
0	9	2	0	0	0
			<div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>			<div style="border: 1px solid black; width: 60px; height: 15px; margin: 0 auto;"></div>					
			No. of healthcare Charges Board			Control digit					

- Positions 1, 2 and 3 contain the constant values of 0, 9 and 2.
- Position 4 contains a digit referring to letter for the Invoice Office:
 - A = 1
 - B = 2
 - D = 4
 - E = 5
- Positions 5, 6 and 7 form the number of the Invoice Office.
- Positions 8 and 9 form the check-digit.
To calculate the check-digit, the number formed by positions 1 to 7 is divided by 97 (the highest prime number under 100).
The check-digit equals the difference between 97 and the remainder of this division.
- Positions 10, 11 and 12 are set at "0".

4.1.11. Health Insurer number

The Health Insurer number identifies the agency of affiliation of the beneficiary to which a product has been dispensed.

The Health Insurer number makes it possible amongst other things to check the trend in the co-payments and in the net amount for each Health Insurer.

4.1.12. Product code

A unique code is attributed to each retail package of reimbursable prescription drugs, dietary foods or diagnostic tools and healthcare equipment.

To use this code, it has to be linked with the reimbursed products file.

Certain pseudo-codes are used for oxygen and cystic fibrosis.

As mentioned earlier, it is still optional to send the detailed registration of magistral preparations.

4.1.13. Prescription date

Still optional for the time being.

4.1.14. Reduction in the insurance contribution - repayment

By virtue of the Royal Decree of March 29th 2002²⁵ (see Appendix 1), pharmacists are compelled to collect the beneficiary's co-payments.

Invoice Offices then reduce, by the statutory percentage, the bases on which the insurance contribution is calculated and which the Health Insurers owe to the pharmacists.

The amount of this reduction is mentioned in the field "Reduction in the insurance contribution".

This field does not become compulsory until the first quarter of 2005.

This field is also used in connection with the Royal Decree of January 29th 2007²⁶ (see Appendix 2) concerning an extra intervention in the costs of contraceptives bought by young people.

²⁵ Arrêté royal du 29 mars 2002 portant application de l'article 37, § 17, et de l'article 165, dernier alinéa, de la loi relative à l'assurance soins de santé et indemnités, coordonnée le 14 juillet 1994.

²⁶ Arrêté royal du 29 janvier 2007 fixant les conditions dans lesquelles le Comité de l'assurance peut conclure une convention en application de l'article 56, § 2, 1^o, de la loi relative à l'assurance soins de santé et indemnités, coordonnée le 14 juillet 1994, en vue de prolonger le financement expérimental de contraceptifs pour les jeunes.

4.1.15. Unique barcode

This barcode is the unique identifier of a prescription drug package.

Since the use of this unique barcode will only be compulsory from July 1st 2004 onwards, pharmacist will not communicate this data before this date.

The unique barcode is a useful piece of information for future controls.

4.1.16. Deferred dispensing

This field allows a distinction to be made between normal dispensing of a drug (value = 0), notification of deferred dispensing (value = 1) and deferred dispensing of the product (value = 2).

4.1.17. Reduced insurance contribution

This is the amount of the insurance contribution (net amount) after deducting the reduction amounts (see 4.1.13.).

Again, this field does not become compulsory until the first quarter of 2005.

4.1.18. Identification INN

This field indicates that the drug was prescribed under its international non-proprietary name (INN).

This field will only be compulsory from the month of delivery March 2006.

4.2. Data linked with other files

The Pharmanet data are linked with a series of other files:

- The reimbursable prescription drugs file.
- The ATC-DDD.
- The healthcare provider file.
- The pharmacy/Invoice Office/Health Insurer file.
- The “population” file.

4.2.1. Link with the reimbursable proprietary drugs file

This facilitates linkage of the CNK code communicated via Pharmanet with the name of the drug and of the package. Statistics can therefore be compiled right down to the level of an individual drug package.

Linkage with the reimbursable prescription drugs reveals the “status” of each package: original, generic or copy. It also indicates whether or not the drug is listed in the reference system. Statistics can be compiled on the proportion of “cheap” drugs (for each individual physician). (See the “cheap prescription” campaign recently conducted among physicians - [Table 37](#) (p. 59)).

Another possibility is the identification of the contracting firm, as well as the date when the packaging was reimbursed. If the drug is no longer reimbursed, this date is also included in the database.

A few examples of possible statistics:

- Top 20 by speciality (see [Table 4](#)) (p. 25).
- Breakdown of the net amount and the DDD based on the drug status (see [Table 5](#)) (p. 26).
- Breakdown of expenditure based on the drug’s acceptance date (see [Table 6](#)) (p. 27).

4.2.2. Link with the ATC-DDD

The WHO-Collaborating Centre for Drug Statistics Methodology, based in Oslo, works on establishing the Anatomical Therapeutic Chemical Classification (ATC). In fact this is a list of active substances. An ATC number is attributed to each active substance, which gives it a unique position in this classification. The substance is listed unequivocally in one of the 14 principal anatomical groups. Between the level of the main therapeutic group (e.g. the musculo-skeletal system) and the level of the active substance (e.g. allopurinol) there are a further three intermediate levels. The ATC classification contains a total of five levels:

1st level:	Main anatomical group
2nd level:	Main therapeutic group
3rd level:	Therapeutic/pharmacological subgroup
4th level:	Chemical subgroup
5th level:	Active substance

Example: The speciality ZYLORIC-300 90 in 300 mg tablets contains allopurinol as its active substance. In the ATC classification, allopurinol is identified by the ATC code M04A A01.

1st level	M	Musculo-skeletal system
2nd level	M04	Anti-gout preparations
3rd level	M04A	Anti-gout preparations
4th level	M04A A	Preparations inhibiting uric acid production
5th level	M04A A01	Allopurinol

This practical coding system makes it possible to study the use of drugs on an increasingly detailed scale, depending on the subject studied. When all packages sold on the Belgian market have been attributed this fifth-level ATC number, it will be easy to use information technology to examine drug packages grouped together in a meaningful way.

A further piece of data is also linked with the ATC classification. A standard reference unit has been established for each active substance. It is the defined daily dose (DDD). This defined daily dose is established on the basis of the normal daily dose of a drug for its principal therapeutic indication in adults. Evidently the DDD is a **means of measurement**, not a rule of good practice.

The advantage is that it is now possible to compare packages containing the same active substance in different sizes and dosages.

Example:

ZYLORIC-300 90 in **300 mg** tablets has been allotted the orally-administered standard reference unit **of 400 mg** per day. One package of ZYLORIC-300 contains 90 tablets of 300 mg, i.e. 27 g of active substance. By dividing the 27 g by the 400 mg reference unit, it can be deduced that each package of ZYLORIC-300 contains **67.5 DDD**.

This immediately shows the difference between a measurement of comparison and a clinically appropriate dosage. Evidently patients who use one tablet per day of the 300 mg package are taking a daily dose lower than the standard reference unit, i.e. 300 mg instead of 400 mg. Patients are therefore using 0.75 DDD per day. Although this might seem slightly artificial, it is the only way to make a **fair comparison between volumes of use of various drug packages in different sizes and dosages**.

The DDD can also be used to compare specialities within the same pharmacological/therapeutic group which do not have the same active substance.

Linking the CNK code in Pharmanet data with the ATC classification and with DDD greatly widens the scope for analysing data.

It allows comparisons to be made at the different levels of the ATC classification (from the first to the fifth level), both between different groups and within certain groups.

Examples of data:

- Distribution among the main anatomical groups and among the Top 25 of each main group (see **Tables 7 to 21 inclusive**) (pp. 28-44).
- Monthly trend for each main group (**Tables 22 to 35 inclusive**) (pp. 45-58).
- Top 20: ATC level 5 (active substance) (**Table 36**) (p. 59).

4.2.3. Link with the healthcare provider file

Linkage with the healthcare provider file makes it possible to obtain certain details about prescribers, such as their name, address, sex, language, age, year of graduation, Local Medical Evaluation Groups (LMEG), etc.

The following details may also be obtained using a link to the NIHDI file of medical services and the physician's patient population:

- Number of patient contacts.
- Patient population (only general practitioners).

Using the link with the NIHDI number in Pharmanet, different types of data can therefore be requested, ranging from individual profiles to "group profiles" (e.g. general practitioners, different specialities, dentists), to profiles based on the age of the physician, to LMEG profiles, etc.

Recently there was an individual campaign to inform physicians of their "cheap prescriptions" profile.

Table 37 (p. 60) gives an example of an individual drug profile (second semester 2009) sent as part of the individual feedback on cheap drugs.

As it is the case for the beneficiaries, it is also possible to create regional statistics based on the prescriber's residence.

Furthermore, it is possible to check who has prescribed a certain drug, which can yield some extremely useful data. For instance, **Table 38** (p. 61) gives a very apt example for the drug ELIDEL which, according to the regulations, may only be reimbursed if it is prescribed by a dermato-venereologist or, where the beneficiary is under the age of 18, by a paediatrician.

4.2.4. Link with the pharmacy/Invoice Offices/Health Insurers file

In Pharmanet, pharmacies and Invoice Offices are communicated in the form of a number.

More detailed information may be obtained (e.g. the responsible pharmacist, address) by means of a link with the reference files.

It is therefore always possible to check which pharmacy dispensed the drug or product and which Invoice Office invoiced it.

A number is also attributed to the Health Insurers and supplementary information can be linked to it (name and address of the Health Insurer).

4.2.5. Link with the "population" file

A new feature in the single pathway is that an encrypted patient number is now also included in the data transmitted.

This allows each drug or product to be linked to a patient, albeit anonymously.

Certain data are linked to this unique number by means of a separate "Population" file.

The population file comprises the following details for each beneficiary:

- Year of birth.
- Sex.
- INS code of the place of residence: ABCDE where A=province, AB= district, ABCDE= municipality.

- Beneficiary code 1 which is used for the following cases:
 - All risks in the general scheme.
 - Only major risks in the self-employed workers' scheme.
 - International treaties.

- Beneficiary code 2 which is used for the following cases:
 - Minor risks in optional insurance.
 - Minor risks for the disabled.
 - Minor risks of cases of dual membership of the self-employed workers' scheme.
 - International agreements (identification of the type of agreement).

This link offers a host of new possibilities.

For example, it is possible to verify by speciality how many patients have been dispensed at least one package. **Table 39** (p. 62) provides an overview of the number of patients by speciality in the Top-20.

Another possibility is to use the INS code, which makes it possible to obtain information on the province, district and municipality where the beneficiary lives. Regional breakdowns of drug consumption based on the beneficiaries' address are therefore possible. **Table 40** (p. 63) gives an example of this (Distribution of the main anatomical groups among the various provinces (based on the beneficiary's address)). **Table 41** (p. 64) represents the share of the various provinces expressed as a percentage. Evidently this regional breakdown can also be established at other levels of the ATC classification.

Useful data may also be compiled on the basis of beneficiaries' age and sex. **Tables 42 (a) and (b)** (pp. 65-66) give a breakdown between women and men of the net amount for the various ATC groups, by age bracket.

Table 43 (p. 67) represents the breakdown of the net amount, the co-payment and the DDD in accordance with the beneficiary's social class. **Table 44** (p. 68) also indicates whether or not there is a preference system.

This encrypted patient number also makes it possible, for example, to study co-medication. **Table 45** (p. 69) gives an example for the simultaneous use of drugs to treat diabetes.

5. CONCLUSION

Pharmanet is an important source of information about the prescription of reimbursed prescription drugs - very possibly the most important source in Belgium at present.

The use of Pharmanet is facilitated and enhanced by linking the data with a set of supplementary data.

This report is designed to give an overview of what can be done using these data.

The new dimension which the “singular pathway” adds to the on former “Pharmanet statistical data”, the encrypted patient number) creates a whole raft of new possibilities for Pharmanet users.

As mentioned in the introduction, one of the objectives of data collection is to evaluate drug-related medical practices. The evaluation of medical practices is understood to include: drawing up prescription profiles, where appropriate related to their patient population, studying drug consumption in the form of prevalence data, the extent of co-medication, analysing the interaction between general practitioners and specialist physicians where prescriptions are issued by different physicians, developing ways to monitor adherence, and assessing the impact of information campaigns and/or guidelines.

This evaluation task is made possible merely by adding this new “patient link”.

In addition, useful strategic information can be extracted from this data source.

Apart from this analysis report, a document is published on data quality.

A more in-depth review of Pharmanet data is also published annually in the Pharmaceutical Indicators Report on prescription drugs and products dispensed in the outpatient sector (“*Tableaux de bord pharmaceutiques Délivrances pharmaceutiques dans le secteur ambulatoire*”). In spring 2011, a similar operating report will be drafted concerning the data for 2009.

This analysis report therefore does not analyse data quality and interpretation.

Remarks:

The totals mentioned in the various tables may differ due to the following reasons:

- The expenditures in Pharmanet are slightly lower than those recorded, for the same provision, by the accounting process. Therefore some data is multiplied by a certain factor to obtain the same level of expenditure in the books.
- Some data is divided by certain typifications, such as the qualification of the prescriber or the age of the patient. Due to missing data (prescriber or patient unknown) part of the data can not be included in the table.

Attention:

Since 2008, data of self-employed person are also collected. This collection led of course to an increase of the expenses. This increase in 2008 (compared with 2007) due to the data collection of self-employed persons can be estimated at 5,4 %.

Table 1. Net amount for 2009 broken down according to the reimbursement category of the speciality

code categorie	description	net amount 2009	share in net 2009
750514	Specialities category A	517.202.348,32	19,3%
750536	Specialities category B	2.097.588.137,17	78,3%
750551	Specialities category C	32.642.376,80	1,2%
750573	Specialities category Cs	23.676.203,37	0,9%
750595	Specialities category Cx	9.084.339,64	0,3%
TOTAL	SPECIALITIES	2.680.193.405,30	100,0%

Table 2. Evolution of the net amount and the co-payment based on the date which the specialities were dispensed

Month	Net amount 2009	Share in the total net amount	Co-payment 2009	Share in the total co-payment
January	228.130.300,54	8,5%	50.870.822,98	8,8%
February	209.040.926,34	7,8%	45.683.176,79	7,9%
March	232.449.641,98	8,7%	50.657.716,40	8,7%
April	228.189.599,52	8,5%	49.914.780,41	8,6%
May	217.482.899,25	8,1%	47.716.455,93	8,2%
June	229.463.948,96	8,6%	49.478.811,85	8,5%
July	220.848.951,33	8,2%	45.456.315,55	7,8%
August	198.290.280,34	7,4%	41.004.265,67	7,1%
September	226.354.212,65	8,4%	50.462.637,60	8,7%
October	242.358.586,03	9,0%	56.036.306,27	9,7%
November	211.575.923,31	7,9%	44.340.268,91	7,6%
December	236.566.580,40	8,8%	48.287.038,70	8,3%
TOTAL 2009	2.680.751.850,66	100,0%	579.908.597,06	100,0%

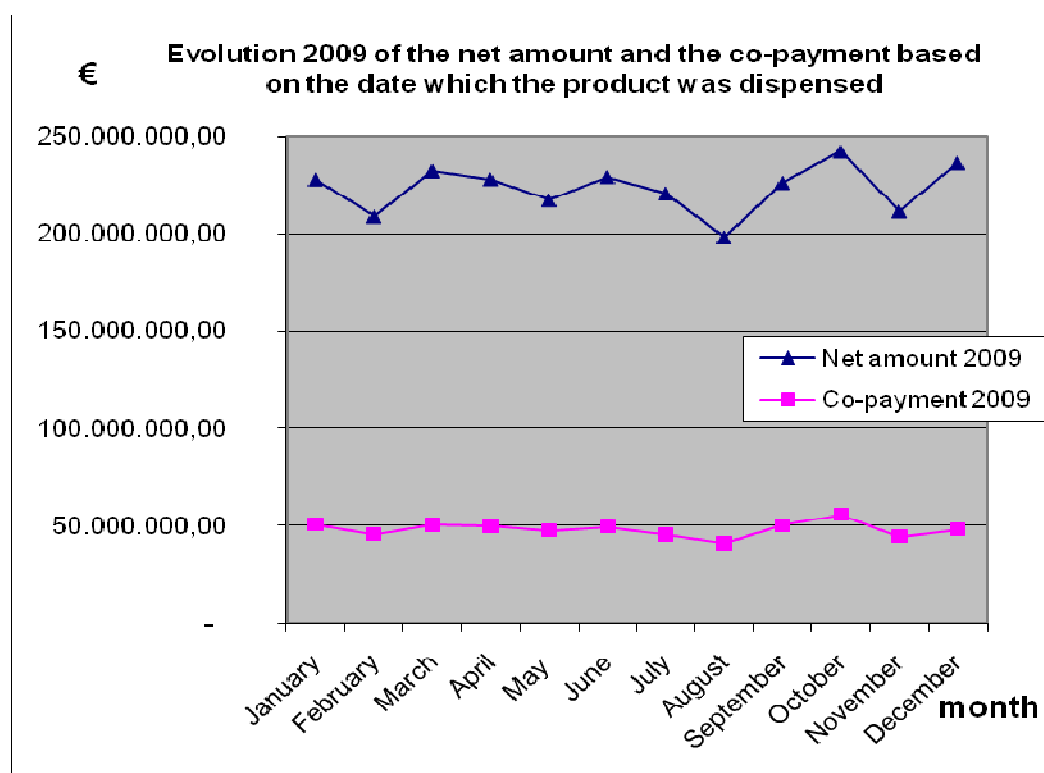


Table 3. Breakdown of the net amount and the co-payment between dentists – specialists – general practitioners (specialities)

	Net 2009	Share in the total net amount	Co-payment 2009	Share in the total co-payment
general practitioners	1.866.450.777,74	71,91%	468.678.347,01	81,88%
specialists	718.773.943,93	27,69%	99.936.994,44	17,46%
dentists	10.419.825,30	0,40%	3.789.547,53	0,66%
TOTAL 2009	2.595.644.546,97	100,00%	572.404.888,98	100,00%

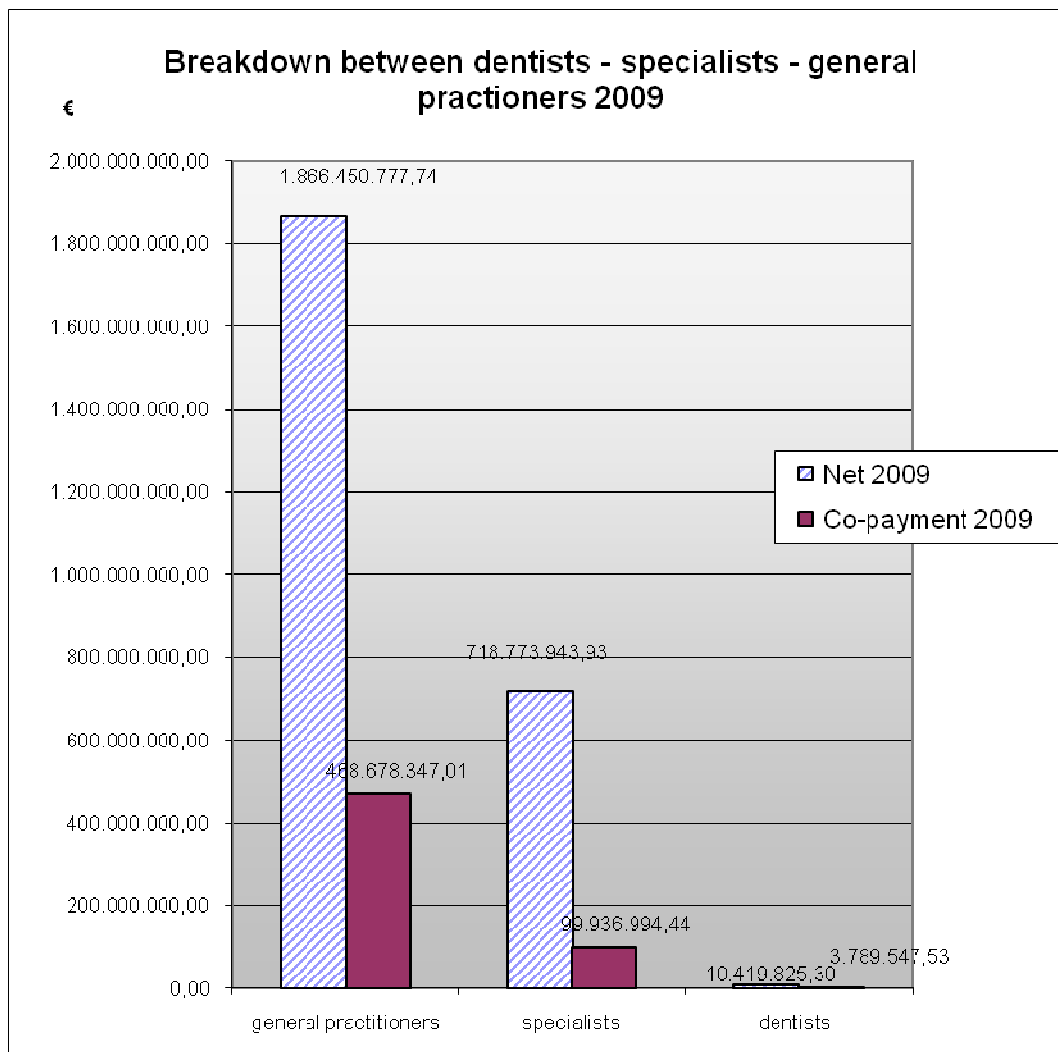


Table 4. TOP-20 (2009) by speciality

Position	Speciality	Packaging	Firm	Net 2009	Share in total net	DDD 2009	Position DDD
1	HUMIRA	ser. S.C. 2 x 40 mg/0,8 ml	ABBOTT	73.522.015,50	2,74%	1.835.888,72	495
2	PLAVIX	compr. 28 x 75 mg	SANOFI-SYNTHELABO	53.258.771,32	1,98%	34.785.448,36	11
3	LIPITOR 20	compr. 84 x 20 mg	PFIZER	50.045.843,44	1,86%	41.296.436,78	7
4	ENBREL 50 mg	200 mg solution injectable x 50 mg Etanercept en 4 seringues préremplies	WYETH PHARMACEUTICALS	40.618.995,97	1,51%	1.011.447,31	704
5	CRESTOR 10 mg	compr. 98 x 10 mg	ASTRAZENECA	38.303.090,17	1,43%	51.597.327,32	5
6	LIPITOR 40	compr. 84 x 40 mg	PFIZER	32.991.317,23	1,23%	31.374.564,51	13
7	CORUNO	compr. ret. 42 x 16 mg	THERABEL PHARMA	28.416.448,91	1,06%	87.847.613,39	2
8	SERETIDE DISKUS	dos. 60 x 50 µg-500 µg	GLAXO SMITHKLINE	28.363.594,89	1,06%	15.406.746,37	53
9	SYMBICORT TURBOHALER	inhal. 120 x 160/4,5 µg/dos.	ASTRAZENECA	27.377.967,50	1,02%	16.524.699,15	48
10	SPIRIVA	caps. pr. inhal. 30 x 18 µg	BOEHRINGER INGELHEIM	27.208.929,05	1,01%	19.354.829,97	36
11	SIPRALEXA 10 mg	56 comprimés pelliculés x 10 mg Escitalopram, oxalate en 4 plaquettes thermoformées	LUNDBECK	25.196.355,36	0,94%	42.840.793,13	6
12	GLIVEC 400 mg	compr. 30 x 400 mg	Novartis Pharma	19.302.088,72	0,72%	174.148,95	1608
13	AVONEX	fl. I.M. 4 x 30 µg/ml + solv.	BIOGEN BELGIUM	18.833.513,38	0,70%	632.833,67	928
14	CYMBALTA 60 mg	28 gélules gastro-résistantes x 60 mg Duloxétine en 1 plaquette thermoformée	ELI LILLY BENELUX	17.276.269,65	0,64%	13.909.476,69	63
15	GARDASIL	0,5 ml suspension injectable x 40 µg/ml Protéine L1 de Papillomavirus Humain de type 18 + 80 µg/ml Protéine L1 de Papillomavirus Humain de type 16 + 80 µg/ml Protéine L1 de Papillomavirus Humain de type 11 + 40 µg/ml Protéine L1 de Papillomavirus Humain d	SANOFI PASTEUR MSD	17.140.501,24	0,64%	149.057,36	1705
16	LIPITOR 10	compr. 84 x 10 mg	PFIZER	17.039.789,08	0,63%	11.273.618,99	90
17	SEROQUEL	compr. 60 x 200 mg	ASTRAZENECA	16.402.350,63	0,61%	4.555.686,89	237
18	SINGULAIR	compr. 28 x 10 mg	MERCK SHARP & DOHME	16.141.807,72	0,60%	13.636.127,86	65
19	KOGENATE Bayer 1000 IE (Bioset)	2,5 ml solution injectable x 400 IU/ml Facteur VIII de coagulation, recombinant (octocog alfa) en 1 flacon injectable poudre pour solution injectable +1 seringue préremplie solvant pour solution injectable	BAYER	15.564.085,47	0,58%	31.518,05	2587
20	CRESTOR 20 mg	compr. 98 x 20 mg	ASTRAZENECA	14.479.609,13	0,54%	23.704.130,36	25

Table 5. Breakdown of the net amount and the DDD based on the drug status

STATUS	Net 2009	Share in net 2009	DDD 2009	Share in DDD 2009
Copy	26.917.604,99	1,0%	91.903.516,78	2,0%
Generic	301.168.205,14	11,2%	1.090.284.402,99	23,7%
Original	2.356.231.634,61	87,8%	3.425.668.625,73	74,3%
TOTAL	2.684.317.444,74	100,0%	4.607.856.545,50	100,0%

Table 6. Breakdown of expenditure based on the drug's acceptance date

Period of acceptance of the drug	net 2005	Share in net 2005	net 2006	Share in net 2006	net 2007	Share in net 2007	net 2008	Share in net 2008	net 2009	Share in net 2009
until 31-12-1989	210.143.073,49	9,5%	191.085.283,02	8,8%	185.438.667,34	8,1%	193.418.695,36	7,4%	182.107.767,61	6,8%
from 1-1-1990 till 31-12-1999	763.728.393,13	34,6%	629.100.160,81	29,1%	604.045.854,89	26,3%	604.022.259,42	23,1%	529.133.540,08	19,7%
year 2000	101.653.250,76	4,6%	102.301.852,38	4,7%	103.178.896,83	4,5%	106.924.597,43	4,1%	84.049.345,09	3,1%
year 2001	222.020.492,17	10,1%	200.837.869,58	9,3%	208.476.465,56	9,1%	223.423.447,06	8,6%	211.891.293,09	7,9%
year 2002	428.182.463,39	19,4%	400.615.034,66	18,5%	389.923.033,50	17,0%	433.220.402,40	16,6%	431.169.454,98	16,1%
year 2003	261.017.432,94	11,8%	269.134.257,97	12,4%	283.197.072,28	12,3%	289.251.643,28	11,1%	265.702.381,48	9,9%
year 2004	190.967.617,42	8,7%	212.673.306,49	9,8%	237.252.963,14	10,3%	276.876.788,72	10,6%	297.141.541,41	11,1%
year 2005	28.447.212,43	1,3%	127.045.065,73	5,9%	164.057.732,51	7,1%	190.339.294,46	7,3%	191.410.965,71	7,1%
year 2006			30.746.721,41	1,4%	92.764.705,85	4,0%	117.947.907,47	4,5%	122.339.662,93	4,6%
year 2007					27.215.273,72	1,2%	127.519.458,84	4,9%	149.933.477,71	5,6%
year 2008							46.662.199,15	1,8%	140.491.100,70	5,2%
year 2009									78.946.897,44	2,9%
TOTAL	2.206.159.935,74	100,0%	2.163.539.552,05	100,0%	2.295.550.665,61	100,0%	2.609.606.693,58	100,0%	2.684.317.428,25	100,0%

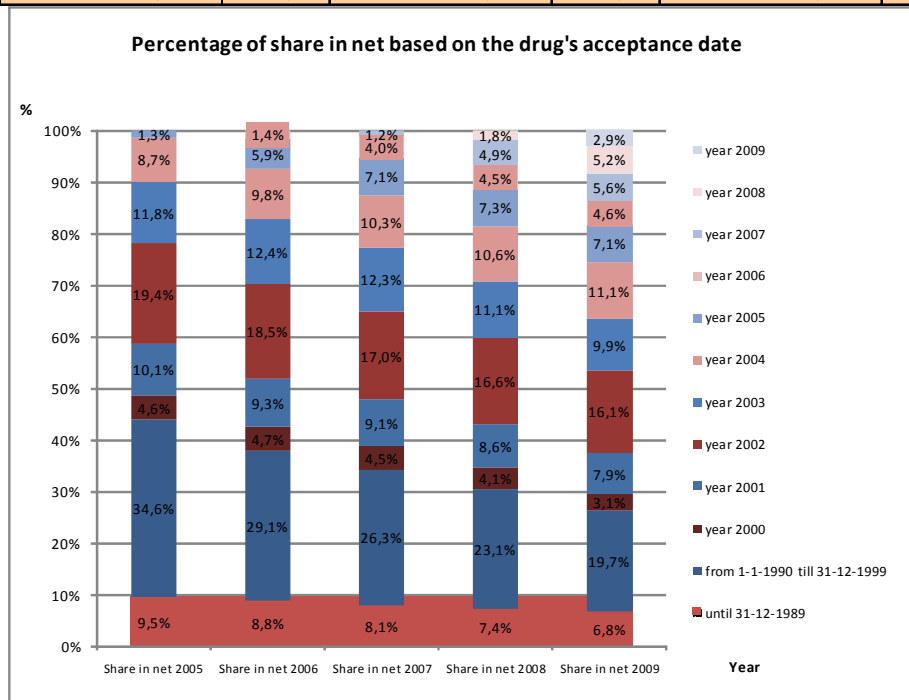
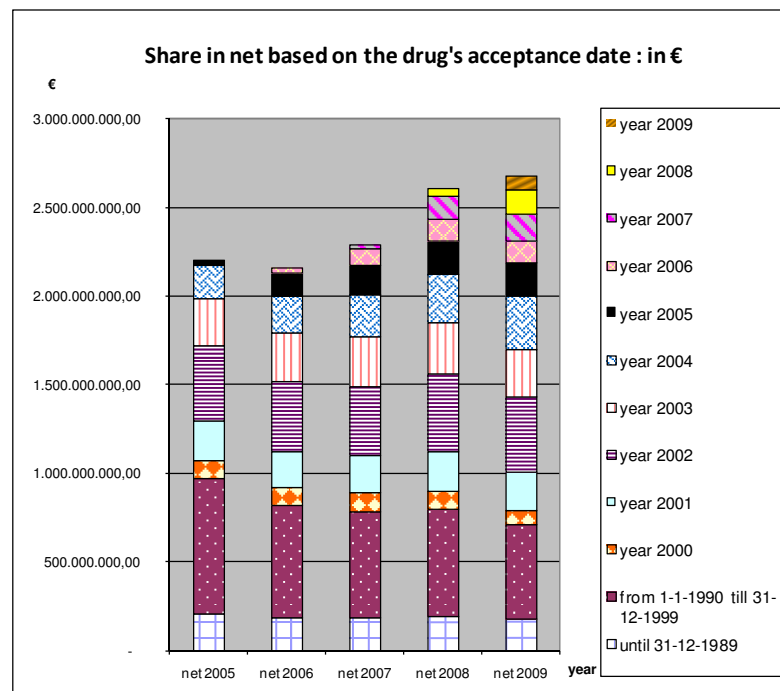
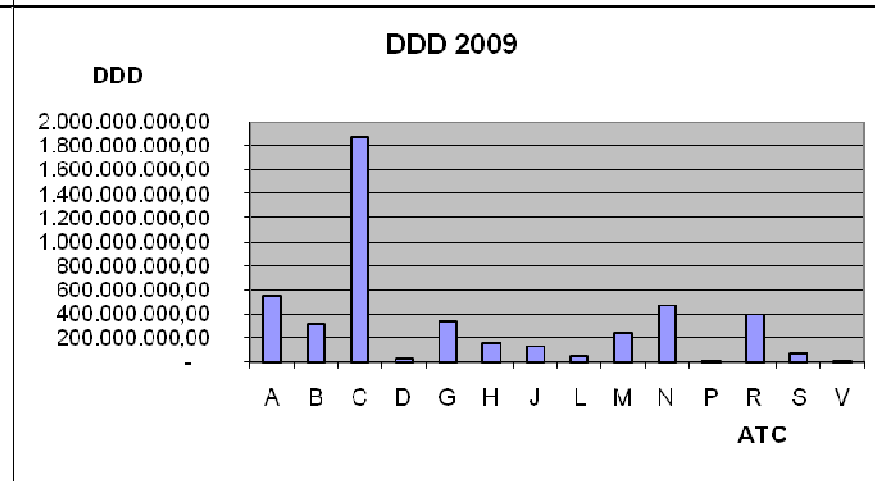
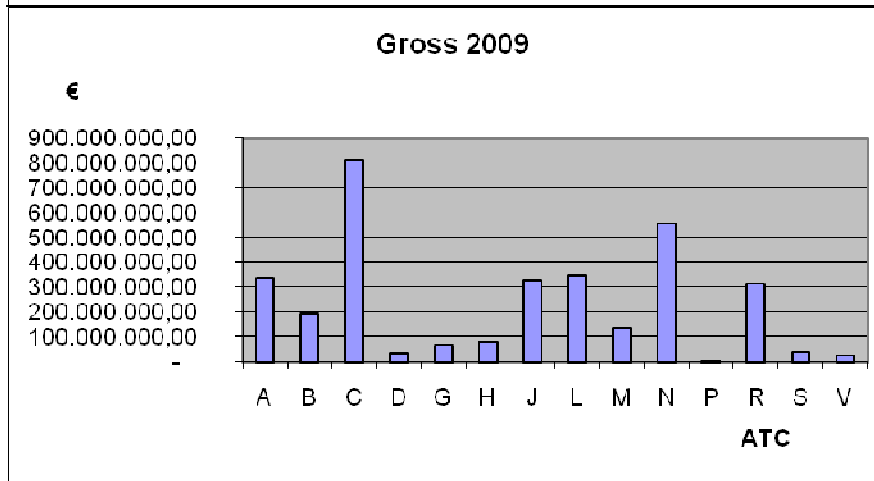
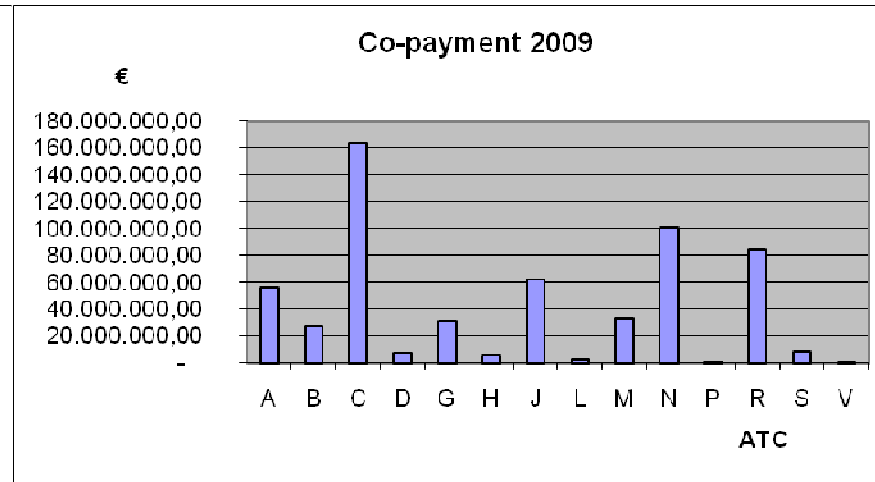
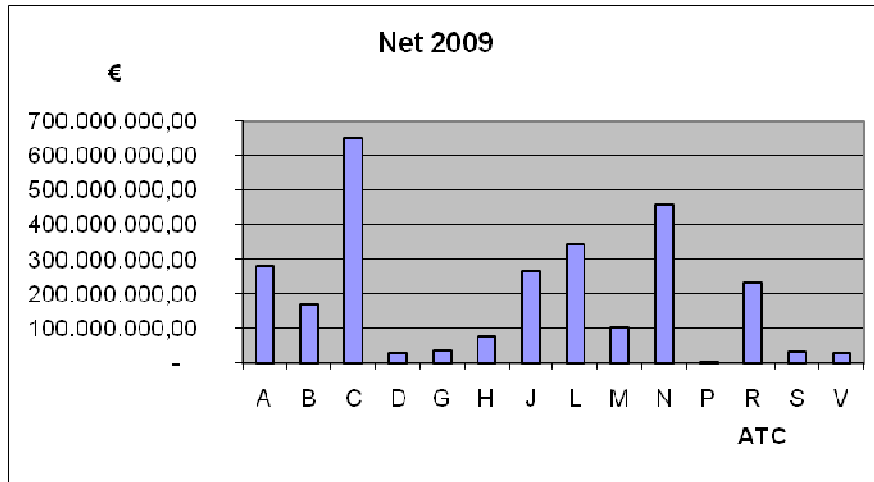


Table 7. Distribution among the main anatomical groups – 2009 (speciality)

ATC	Name ATC	Net 2009	Co-payment 2009	Gross 2009	Packages 2009	DDD 2009
A	ALIMENTARY TRACT AND METABOLISM	278.966.588,11	55.794.633,51	334.761.221,62	12.235.124,92	545.176.853,62
B	BLOOD AND BLOOD FORMING ORGANS	167.430.864,26	27.012.256,88	194.443.121,14	8.157.454,76	321.880.254,96
C	CARDIOVASCULAR SYSTEM	647.976.488,53	163.357.728,82	811.334.217,35	27.441.059,46	1.871.983.689,35
D	DERMATOLOGICALS	27.203.191,05	6.880.667,61	34.083.858,66	2.449.337,83	25.501.729,05
G	GENITO URINARY SYSTEM AND SEX HORMONES	34.614.464,52	30.914.341,54	65.528.806,06	4.643.326,55	333.919.907,99
H	SYSTEMIC HORMONAL PREPARATIONS, APART FROM SEX HORMONES	75.880.614,31	5.531.509,83	81.412.124,14	3.324.573,97	156.697.858,97
J	ANTIINFECTIVES FOR SYSTEMIC USE	263.143.371,83	61.710.888,43	324.854.260,26	13.489.503,59	126.776.613,00
L	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	343.815.885,02	2.347.368,11	346.163.253,13	1.425.518,32	45.684.697,89
M	MUSCULO-SKELETAL SYSTEM	99.775.110,38	33.063.434,64	132.838.545,01	7.851.802,23	243.940.161,16
N	NERVOUS SYSTEM	456.018.877,29	100.513.642,95	556.532.520,25	16.911.333,38	465.799.228,16
P	ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS	856.974,03	258.425,07	1.115.399,10	160.626,61	1.853.408,77
R	RESPIRATORY SYSTEM	229.358.103,32	84.351.484,57	313.709.587,88	12.408.737,74	394.035.243,87
S	SENSORY ORGANS	32.367.984,76	7.959.644,82	40.327.629,58	3.342.048,59	73.042.075,73
V	VARIOUS	26.886.810,45	221.191,49	27.108.001,94	2.256.529,78	1.564.823,00
TOTAL		2.684.295.327,85	579.917.218,26	3.264.212.546,12	116.096.977,74	4.607.856.545,50



ATC level1 : overview 2009

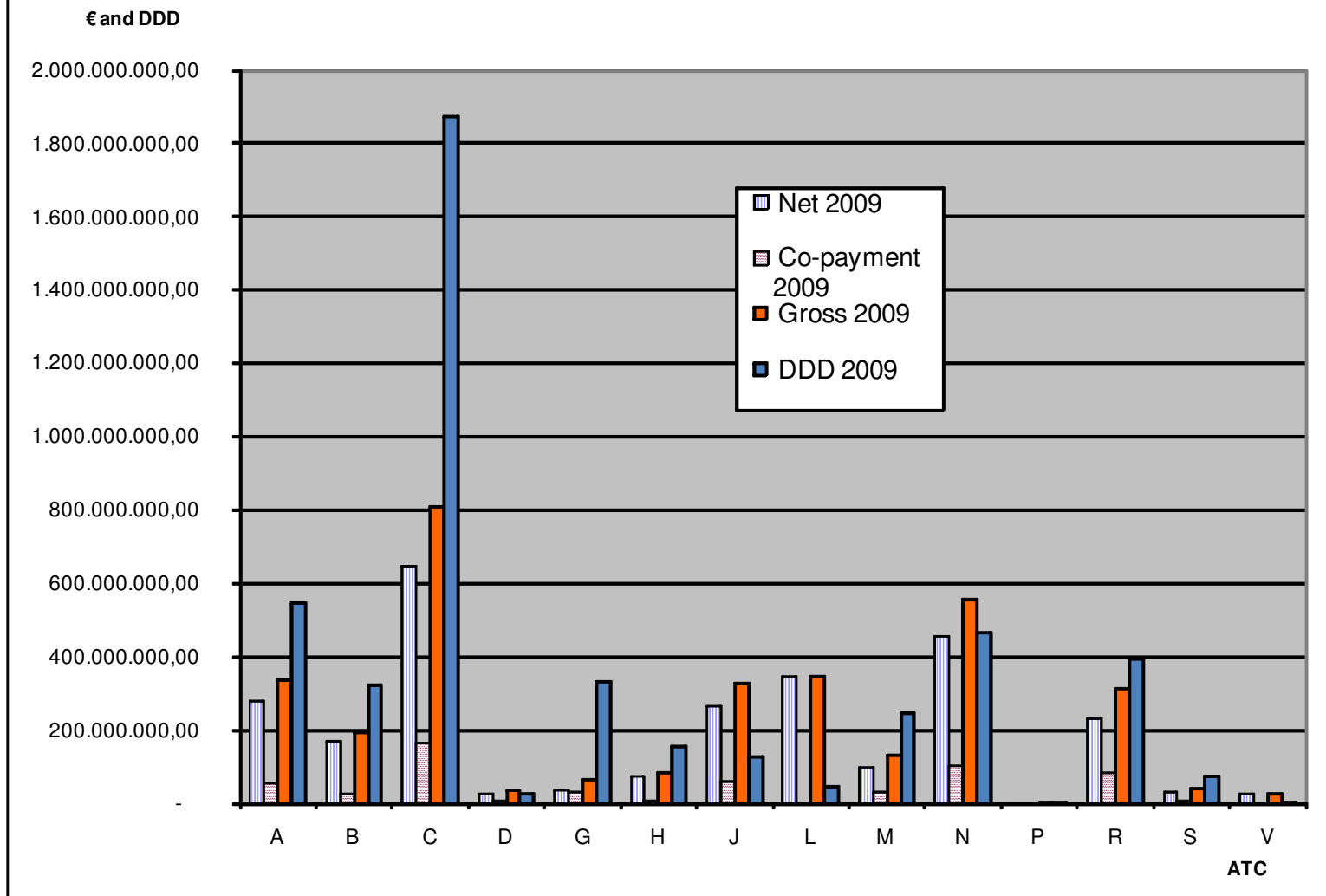
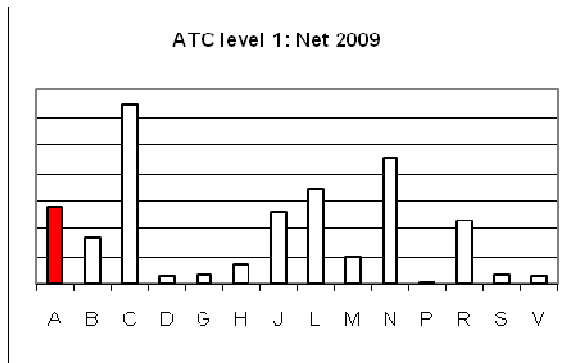
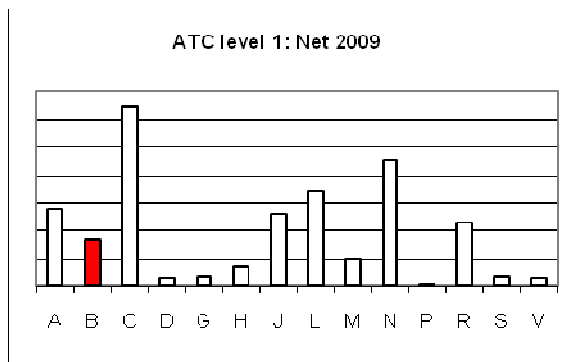


Table 8. TOP 25 - class A – ALIMENTARY TRACT AND METABOLISM



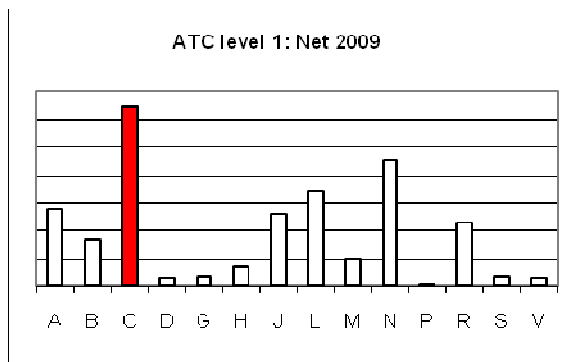
Position	ATC05-7	Name	Net 2009	Share in total class A	DDD 2009	Position based on DDD
1	A02BC01	OMEPRAZOL	66.558.129,84	23,9%	165.232.519,14	1
2	A02BC02	PANTOPRAZOL	41.000.934,60	14,7%	56.505.295,45	3
3	A10AE04	INSULINE GLARGINE	16.952.712,00	6,1%	10.002.448,62	12
4	A02BC05	ESOMEPRAZOL	13.994.936,80	5,0%	13.653.806,62	6
5	A10BA02	METFORMINE	12.867.687,14	4,6%	77.083.090,77	2
6	A10AD01	HUMANE INSULINE	12.771.855,74	4,6%	12.947.457,68	8
7	A10AB05	INSULINE ASPART	11.166.533,80	4,0%	10.095.130,35	11
8	A10AD05	INSULINE ASPART	10.161.862,24	3,6%	9.307.617,54	15
9	A10BX02	REPAGLINIDE	9.139.134,84	3,3%	13.233.281,66	7
10	A10BB09	GLICLAZIDE	8.810.603,57	3,2%	26.775.440,59	5
11	A07EC02	MESALAZINE	6.931.631,89	2,5%	7.370.471,09	16
12	A02BA02	RANITIDINE	6.309.767,81	2,3%	48.940.463,64	4
13	A10AB01	HUMANE INSULINE	6.188.810,23	2,2%	6.534.255,68	17
14	A02BC03	LANSOPRAZOL	4.845.133,25	1,7%	9.831.927,78	13
15	A10AC01	HUMANE INSULINE	4.729.442,22	1,7%	5.052.613,25	19
16	A10BG02	ROSIGLITAZON	4.315.097,07	1,5%	3.383.339,17	21
17	A10BH01	SITAGLIPTINE	4.307.025,58	1,5%	2.860.580,63	23
18	A10AE05	INSULINE DETEMIR	4.054.330,84	1,5%	2.245.405,47	25
19	A10BX04	EXENATIDE	3.447.970,50	1,2%	1.143.837,02	32
20	A09AA02	MULTI-ENZYMEN (LIPASE, PROTEASE, ENZ...)	3.434.345,39	1,2%	2.119.404,61	26
21	A10BB08	GLIQUIDON	3.314.777,47	1,2%	10.415.847,44	10
22	A10BB12	GLIMEPIRIDE	2.479.969,36	0,9%	10.549.151,79	9
23	A10AB04	INSULINE LISPRO	2.122.683,06	0,8%	1.937.209,62	27
24	A05AA02	URSODEOXYCHOLZUUR	1.960.335,33	0,7%	1.573.067,94	28
25	A02BC04	RABEPRAZOL	1.757.532,07	0,6%	1.528.601,34	29

Table 9. TOP 25 - class B - BLOOD AND BLOOD FORMING ORGANS



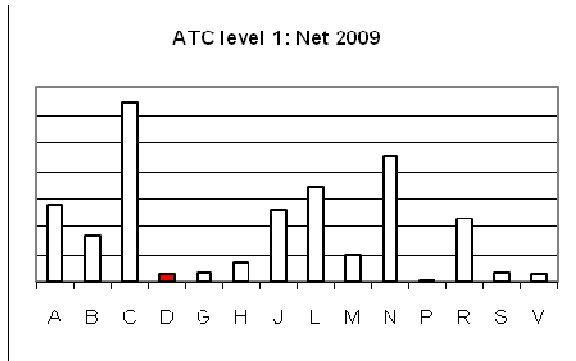
Position	ATC05-7	Name	Net 2009	Share in total class B	DDD 2009	Position based on DDD
1	B01AC04	CLOPIDOGREL	55.887.652,50	33,4%	36.946.256,55	2
2	B02BD02	BLOEDSTOLLINGSFACTOR VIII (ANTIHEMOPHILIEFACTOR A)	41.062.893,75	24,5%	85.789,28	16
3	B01AB06	NADROPARINE	23.702.013,98	14,2%	12.057.122,49	4
4	B01AB05	ENOXAPARINE	22.819.151,32	13,6%	15.699.389,63	3
5	B01AC06	ACETYLSALICYLZUUR	6.209.757,74	3,7%	223.145.375,28	1
6	B02BD09	NONACOG ALFA	3.616.146,34	2,2%	10.568,81	19
7	B01AB10	TINZAPARINE	2.601.848,44	1,6%	1.072.161,74	10
8	B02BD06	VON WILLEBRAND FACTOR MET BLOEDSTOLLINGSFACTOR VIII	2.593.206,51	1,5%	87.815,63	15
9	B01AC05	TICLOPIDINE	2.516.408,18	1,5%	2.990.858,64	8
10	B01AC30	COMBINATIEPREPARATEN	1.374.069,31	0,8%	2.971.216,48	9
11	B01AA07	ACENOCOUMAROL	1.131.287,84	0,7%	9.469.059,35	6
12	B02AA02	TRANEXAMINEZUUR	784.899,03	0,5%	421.534,62	11
13	B01AA03	WARFARINE	777.349,67	0,5%	5.885.250,58	7
14	B01AA04	FENPROCOUMON	744.664,83	0,4%	10.262.681,47	5
15	B05BB01	ELEKTROLYTEN	695.348,43	0,4%	289.227,10	12
16	B02BD04	BLOEDSTOLLINGSFACTOR IX (ANTIHEMOPHILIEFACTOR B)	359.179,52	0,2%	1.895,37	22
17	B01AB04	DALTEPARINE	238.528,05	0,1%	135.558,08	14
18	B05BA03	KOOLHYDRATEN	108.382,13	0,1%	41.075,08	17
19	B01AC07	DIPYRIDAMOL	84.489,56	0,1%	278.871,90	13
20	B05BB02	ELEKTROLYTEN MET KOOLHYDRATEN	45.506,08	0,0%	16.854,32	18
21	B05BA10	COMBINATIEPREPARATEN	29.146,00	0,0%	992,08	24
22	B05XA02	NATRIUMBICARBONAAT	22.462,54	0,0%	5.094,68	20
23	B01AE07	DABIGATRAN ETEXILAAT	10.243,57	0,0%	2.269,30	21
24	B05BA01	AMINOZUREN	9.398,10	0,0%	975,04	25
25	B05AA07	HYDROXYETHYLZETMEEL	2.513,77	0,0%	214,45	28

Table 10. TOP 25 - class C – CARDIOVASCULAR SYSTEM



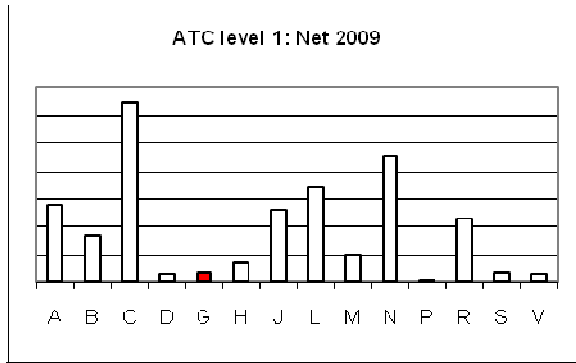
Position	ATC05-7	Name	Net 2009	Share in total class C	DDD 2009	Position based on DDD
1	C10AA05	ATORVASTATINE	107.782.883,85	16,6%	97.082.830,71	4
2	C10AA07	ROSUVASTATINE	56.258.475,23	8,7%	81.873.572,20	9
3	C10AA01	SIMVASTATINE	35.394.969,27	5,5%	160.339.044,07	1
4	C01DX12	MOLSIDOMINE	29.903.659,69	4,6%	91.555.230,38	6
5	C08CA01	AMLODIPINE	24.174.724,66	3,7%	118.785.344,48	2
6	C09AA04	PERINDOPRIL	23.264.684,02	3,6%	105.600.103,00	3
7	C07AB07	BISOPROLOL	21.955.048,93	3,4%	90.940.197,71	7
8	C07AB12	NEBIVOLOL	16.241.356,16	2,5%	32.796.544,41	15
9	C10AA03	PRAVASTATINE	14.045.362,41	2,2%	37.693.847,87	12
10	C09CA01	LOSARTAN	13.117.648,37	2,0%	22.459.035,14	20
11	C09DA04	IRBESARTAN MET DIURETICA	13.049.658,95	2,0%	14.659.586,62	38
12	C09AA03	LISINOPRIL	12.896.029,43	2,0%	85.778.519,40	8
13	C10AX09	EZETIMIB	11.689.351,02	1,8%	8.997.418,98	49
14	C09CA04	IRBESARTAN	11.522.094,96	1,8%	24.293.421,28	19
15	C09AA05	RAMIPRIL	11.416.250,26	1,8%	91.989.148,39	5
16	C09BA04	PERINDOPRIL MET DIURETICA	10.988.388,60	1,7%	15.943.571,34	34
17	C09DA01	LOSARTAN MET DIURETICA	9.523.532,21	1,5%	11.362.649,56	43
18	C09CA03	VALSARTAN	9.280.712,89	1,4%	21.351.989,21	23
19	C07BB07	BISOPROLOL MET THIAZIDEN	9.173.931,15	1,4%	49.297.710,24	10
20	C10BA02	SIMVASTATINE MET EZETIMIB	8.816.815,86	1,4%	4.925.413,69	59
21	C09DA03	VALSARTAN MET DIURETICA	8.661.907,49	1,3%	10.435.909,48	47
22	C08CA13	LERCANIDIPINE	8.617.207,03	1,3%	21.595.707,95	22
23	C08CA12	BARNIDIPINE	7.828.500,74	1,2%	20.178.514,08	26
24	C09CA07	TELMISARTAN	7.637.407,58	1,2%	17.778.195,97	31
25	C07AG02	CARVEDILOL	7.415.899,91	1,1%	14.874.745,78	36

Table 11. TOP 25 - class D – DERMATOLOGICALS



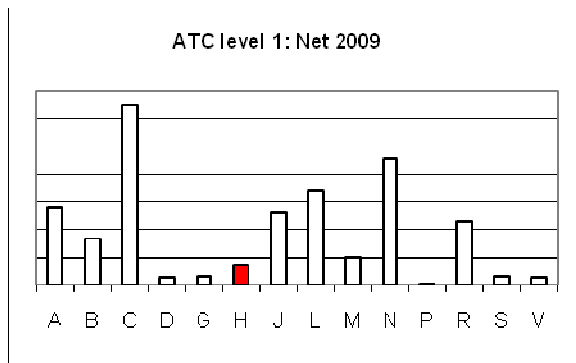
Position	ATC05-7	Name	Net 2009	Share in total class D	DDD 2009	Position based on DDD
1	D01BA02	TERBINAFINE	6.793.538,78	25,0%	6.672.943,82	1
2	D05AX52	CALCIPOTRIOL, COMBINATIEPREPARATEN	3.757.244,08	13,8%	1.136.501,65	6
3	D10BA01	ISOTRETINOINE	3.720.844,46	13,7%	3.136.266,36	2
4	D06BB10	IMIQUIMOD	1.438.734,29	5,3%	575.654,34	12
5	D07AD01	CLOBETASOL	1.362.430,75	5,0%	1.593.770,74	5
6	D07AC01	BETAMETHASON	1.240.826,95	4,6%	2.095.409,14	4
7	D05AX02	CALCIPOTRIOL	1.168.802,60	4,3%	365.041,98	14
8	D07AB02	HYDROCORTISONBUTYRAAT	1.160.738,43	4,3%	3.111.657,50	3
9	D11AH01	TACROLIMUS	986.846,36	3,6%	196.389,55	20
10	D07AC13	MOMETASON	865.349,68	3,2%	884.485,53	7
11	D11AH02	PIMECROLIMUS	655.226,05	2,4%	151.222,90	21
12	D01AC52	MICONAZOL, COMBINATIEPREPARATEN	650.858,36	2,4%	860.249,74	8
13	D05BB02	ACITRETINE	599.998,15	2,2%	291.869,98	18
14	D01AC20	COMBINATIEPREPARATEN	516.609,54	1,9%	614.863,51	11
15	D01AA20	COMBINATIEPREPARATEN	435.042,80	1,6%	342.567,89	16
16	D07AC17	FLUTICASON	336.073,56	1,2%	471.459,99	13
17	D07AC14	METHYLPREDNISOLON ACEPONAAT	313.367,09	1,2%	345.297,61	15
18	D05AX04	TACALCITOL	276.343,87	1,0%	119.310,03	23
19	D01AC08	KETOCONAZOL	199.045,73	0,7%	811.550,69	9
20	D01AC02	MICONAZOL	192.618,46	0,7%	315.505,17	17
21	D01AC09	SULCONAZOL	160.841,10	0,6%	665.639,91	10
22	D07AC06	DIFLUCORTOLON	101.296,05	0,4%	287.362,20	19
23	D07AB01	CLOBETASON	95.140,96	0,3%	93.556,06	24
24	D01AC03	ECONAZOL	44.955,63	0,2%	144.653,14	22
25	D05AX03	CALCITRIOL	40.564,68	0,1%	44.529,32	27

Table 12. TOP 25 - class G – GENITO URINARY SYSTEM AND SEX HORMONES



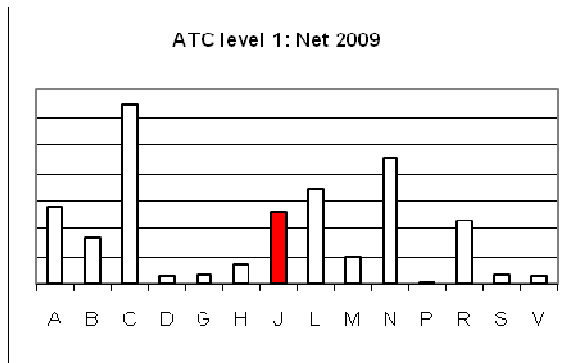
Position	ATC05-7	Name	Net 2009	Share in total class G	DDD 2009	Position based on DDD
1	G03AA09	DESOGESTREL MET OESTROGENEN	4.295.825,07	12,4%	94.046.110,96	1
2	G03XC01	RALOXIFEN	4.043.925,91	11,7%	4.130.115,07	14
3	G04CA03	TERAZOSINE	3.638.282,58	10,5%	10.826.415,83	7
4	G03DA04	PROGESTERON	3.507.105,70	10,1%	9.148.886,40	8
5	G03DB04	NOMEGESTROL	2.456.163,70	7,1%	4.462.551,72	13
6	G03AA10	GESTODEEN MET OESTROGENEN	2.179.660,31	6,3%	67.237.526,91	2
7	G03CA03	ESTRADIOL	1.965.317,33	5,7%	21.388.294,25	5
8	G01AF04	MICONAZOL	1.519.252,10	4,4%	3.136.799,47	16
9	G04BD07	TOLTERODINE	990.584,44	2,9%	722.710,51	28
10	G03CA04	ESTRIOL	926.194,19	2,7%	5.441.884,01	12
11	G04BD08	SOLIFENACINE	883.685,09	2,6%	903.964,35	27
12	G02CB03	CABERGOLINE	822.336,84	2,4%	182.342,12	37
13	G03HA01	CYPROTERON	801.681,49	2,3%	630.621,53	31
14	G03AA07	LEVONORGESTREL MET OESTROGENEN	703.969,54	2,0%	32.652.362,27	3
15	G03HB01	CYPROTERON MET OESTROGENEN	664.203,55	1,9%	21.753.959,58	4
16	G03DB01	DYDROGESTERON	595.053,21	1,7%	1.859.667,12	21
17	G03AA11	NORGESTIMAAT MET OESTROGENEN	449.408,63	1,3%	11.295.546,94	6
18	G04BD04	OXYBUTYNINE	393.343,80	1,1%	6.254.318,84	11
19	G03AB06	GESTODEEN MET OESTROGENEN	363.270,16	1,0%	7.969.737,38	9
20	G03DC03	LYNESTRENOL	290.754,73	0,8%	2.969.713,33	18
21	G03BA03	TESTOSTERON	286.489,84	0,8%	717.500,73	29
22	G03GA01	CHORIONGONADOTROPINE	253.573,99	0,7%	1.212.969,90	25
23	G03AB03	LEVONORGESTREL MET OESTROGENEN	225.706,01	0,7%	6.385.453,35	10
24	G03FB01	NORGESTREL MET OESTROGENEN	217.223,12	0,6%	2.301.382,78	19
25	G03GB02	CLOMIFEEN	207.251,02	0,6%	2.096.020,26	20

Table 13. TOP 25 - class H – SYSTEMIC HORMONAL PREPARATIONS, APART FROM SEX HORMONES



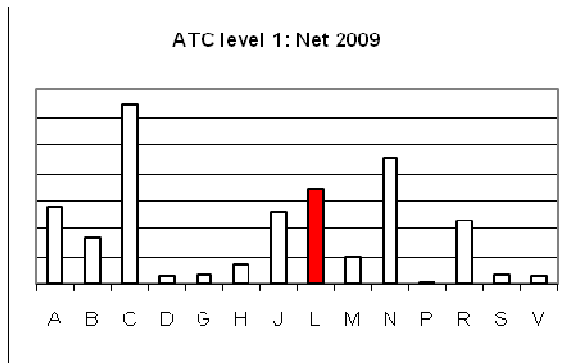
Position	ATC05-7	Name	Net 2009	Share in total class H	DDD 2009	Position based on DDD
1	H01AC01	SOMATROPINE	19.450.870,91	25,6%	1.018.312,22	6
2	H02AB04	METHYLPREDNISOLON	16.225.996,68	21,4%	40.891.196,84	2
3	H01CB02	OCTREOTIDE	14.612.232,12	19,3%	389.648,39	11
4	H03AA01	LEVOTHYROXINE	6.165.880,59	8,1%	92.656.474,93	1
5	H01CB03	LANREOTIDE	5.489.913,97	7,2%	150.478,59	12
6	H05BA01	CALCITONINE (ZALM, SYNTHETISCH)	2.880.825,04	3,8%	866.743,85	8
7	H02AB01	BETAMETHASON	2.356.731,11	3,1%	10.679.861,04	3
8	H01BA02	DESMOPRESSINE	2.143.486,79	2,8%	987.659,74	7
9	H05BX01	CINACALCET	1.841.075,06	2,4%	145.330,55	13
10	H01AX01	PEGVISOMANT	1.677.015,02	2,2%	20.352,65	18
11	H05AA02	TERIPARATIDE	1.036.390,93	1,4%	76.516,35	16
12	H02AB08	TRIAMCINOLON	649.768,59	0,9%	699.060,61	9
13	H04AA01	GLUCAGON	625.281,04	0,8%	28.063,81	17
14	H03BB02	THIAMAZOL	323.905,28	0,4%	5.891.846,95	4
15	H02AB09	HYDROCORTISON	146.666,68	0,2%	455.693,18	10
16	H03AA03	LEVOTHYROXINE MET LIOTHYRONINE	137.557,97	0,2%	1.567.124,30	5
17	H02AB02	DEXAMETHASON	71.395,32	0,1%	95.169,94	14
18	H01AA02	TETRACOSACTIDE	44.808,46	0,1%	77.242,87	15
19	H01BB02	OXYTOCINE	812,74	0,0%	1.082,16	19

Table 14. TOP 25 - class J – ANTIINFECTIVES FOR SYSTEMIC USE



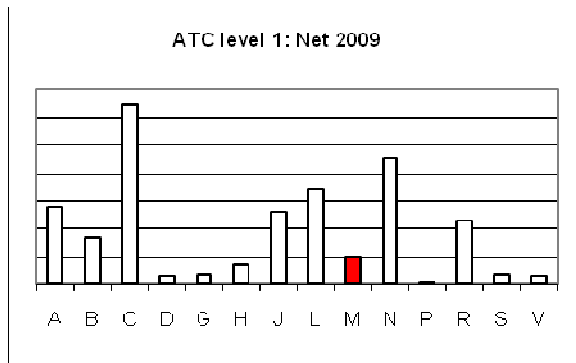
Position	ATC05-7	Name	Net 2009	Share in total class J	DDD 2009	Position based on DDD
1	J01CR02	AMOXICILLINE MET ENZYMRMERMER	28.144.822,90	10,7%	34.571.310,36	1
2	J01CA04	AMOXICILLINE	20.212.381,45	7,7%	27.951.500,14	2
3	J07BM01	PAPILLOMAVIRUS (TYPES 6, 11, 16, 18)	17.162.547,64	6,5%	149.248,77	45
4	J02AC01	FLUCONAZOL	15.016.545,80	5,7%	2.697.901,22	13
5	J07BH01	ROTAVIRUS, LEVEND, VERZWAKT	11.846.067,28	4,5%	177.032,99	40
6	J01MA14	MOXIFLOXACINE	10.943.879,73	4,2%	3.015.263,78	10
7	J05AR03	TENOFOVIR DISOPROXIL EN EMTRICITABINE	10.474.668,46	4,0%	546.635,53	22
8	J01MA02	CIPROFLOXACINE	8.976.082,86	3,4%	4.049.170,44	7
9	J01FA09	CLARITROMYCINE	7.677.680,01	2,9%	6.331.550,89	4
10	J07BB02	INFLUENZAVACCIN, GEZUIVERD ANTIGEEN	7.525.888,29	2,9%	1.786.934,70	15
11	J05AF07	TENOFOVIR DISOPROXIL	7.302.473,68	2,8%	515.941,21	24
12	J07BM02	PAPILLOMAVIRUS (TYPES 16, 18)	6.748.644,89	2,6%	58.695,00	61
13	J05AE06	LOPINAVIR	6.224.970,41	2,4%	426.179,10	28
14	J02AC02	ITRACONAZOL	5.390.207,56	2,0%	2.950.570,71	11
15	J05AR02	LAMIVUDINE EN ABACAVIR	5.382.881,00	2,0%	392.262,02	32
16	J01DC02	CEFUROXIM	5.309.946,02	2,0%	6.375.314,60	3
17	J01FA10	AZITHROMYCINE	5.269.069,84	2,0%	3.076.860,87	9
18	J05AE08	ATAZANAVIR	4.702.980,70	1,8%	384.656,09	33
19	J05AG03	EFVIRENZ	4.699.845,55	1,8%	478.272,27	27
20	J01MA12	LEVOFLOXACINE	4.603.127,69	1,7%	1.270.121,67	17
21	J05AR01	ZIDOVUDINE EN LAMIVUDINE	4.424.540,06	1,7%	322.425,68	35
22	J01FF01	CLINDAMYCINE	4.327.645,60	1,6%	1.051.857,27	18
23	J06BA01	IMMUNOGLOBULINEN, NORMAAL, HUMAAN, VOOR EXTRAVASCULAIR GEBRUIK	3.482.915,47	1,3%	111.576,32	49
24	J05AG01	NEVIRAPINE	3.138.365,56	1,2%	416.095,97	30
25	J01XX01	FOSFOMYCINE	2.959.040,86	1,1%	509.112,90	25

Tabl 15. TOP 25 - class L – ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS



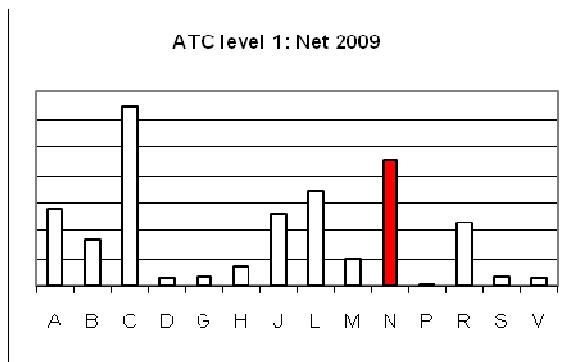
Position	ATC05-7	Name	Net 2009	Share in total class L	DDD 2009	Position based on DDD
1	L04AB04	ADALIMUMAB	73.566.322,35	21,4%	1.836.994,48	11
2	L04AB01	ETANERCEPT	51.336.075,77	14,9%	1.278.426,40	15
3	L03AB07	INTERFERON BETA-1A	34.805.415,33	10,1%	2.201.089,77	8
4	L01XE01	IMATINIB	25.836.630,50	7,5%	231.869,91	23
5	L04AD02	TACROLIMUS	21.057.339,95	6,1%	1.559.543,18	12
6	L03AB08	INTERFERON BETA-1B	13.043.104,61	3,8%	555.377,85	19
7	L02BG03	ANASTROZOL	12.037.085,61	3,5%	3.307.627,46	3
8	L04AA06	MYCOFENOLZUUR	11.998.108,79	3,5%	1.077.341,48	17
9	L04AD01	CICLOSPORINE	11.401.907,60	3,3%	1.151.247,35	16
10	L02AE03	GOSERELINE	10.616.632,23	3,1%	2.385.689,81	7
11	L03AX13	GLATIRAMER ACETAAT	9.912.031,36	2,9%	320.627,91	21
12	L02BG04	LETROZOL	9.405.547,60	2,7%	2.461.488,29	6
13	L02AE02	LEUPRORELINE	8.902.200,55	2,6%	2.791.897,37	4
14	L02AE04	TRIPTORELINE	7.512.414,62	2,2%	1.875.632,97	10
15	L02BB03	BICALUTAMIDE	7.439.337,39	2,2%	2.028.859,68	9
16	L02BG06	EXEMESTAAN	6.395.440,48	1,9%	1.448.986,50	13
17	L02BA01	TAMOXIFEN	4.036.699,76	1,2%	6.908.194,81	1
18	L03AB11	PEGINTERFERON ALFA-2A	3.551.889,10	1,0%	104.271,20	28
19	L04AA13	LEFLUNOMIDE	3.035.318,36	0,9%	1.447.087,52	14
20	L04AX01	AZATHIOPRINE	2.628.158,65	0,8%	2.635.672,93	5
21	L03AB10	PEGINTERFERON ALFA-2B	1.967.793,01	0,6%	133.434,27	25
22	L01BC06	CAPECITABINE	1.751.640,74	0,5%	88.944,97	31
23	L01BA01	METHOTREXAAT	1.673.517,89	0,5%	558.448,28	18
24	L04AA18	EVEROLIMUS	1.585.703,61	0,5%	116.754,67	27
25	L04AA10	SIROLIMUS	1.257.309,63	0,4%	92.506,67	30

Table 16. TOP 25 - class M – MUSCULO-SKELETAL SYSTEM



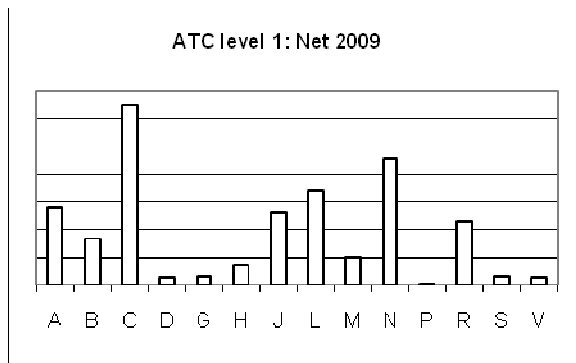
Position	ATC05-7	Name	Net 2009	Share in total class M	DDD 2009	Position based on DDD
1	M05BB03	ALENDRONINEZUUR MET COLECALCIFEROL	15.268.754,60	15,3%	18.153.819,13	6
2	M01AB05	DICLOFENAC	11.585.773,64	11,6%	41.379.478,30	1
3	M05BA07	RISEDRONINEZUUR	9.601.739,60	9,6%	9.406.460,17	10
4	M05BA04	ALENDRONINEZUUR	8.565.351,68	8,6%	19.562.286,71	4
5	M01AE01	IBUPROFEN	8.017.135,43	8,0%	34.858.575,63	3
6	M05BA06	IBANDRONINEZUUR	7.538.410,26	7,6%	6.005.803,76	11
7	M01AC01	PIROXICAM	6.853.202,01	6,9%	19.255.769,38	5
8	M01AB16	ACECLOFENAC	5.975.406,93	6,0%	10.315.507,17	9
9	M04AA01	ALLOPURINOL	5.831.865,04	5,8%	35.540.651,46	2
10	M01AC06	MELOXICAM	5.490.360,23	5,5%	15.379.211,66	7
11	M01AE02	NAPROXEN	3.023.324,87	3,0%	14.890.791,63	8
12	M01AH01	CELECOXIB	2.907.987,74	2,9%	3.550.350,11	13
13	M05BA08	ZOLEDRONINEZUUR	2.351.337,81	2,4%	7.718,68	30
14	M05BX03	STRONTIUMRANELAAT	1.176.611,23	1,2%	939.408,62	20
15	M01AX01	NABUMETON	1.174.420,07	1,2%	3.729.255,02	12
16	M03BX01	BACLOFEN	1.145.376,40	1,1%	2.475.502,66	14
17	M01AB14	PROGLUMETACINE	709.031,43	0,7%	1.648.414,42	15
18	M01AE12	OXAPROZINE	454.685,03	0,5%	1.087.819,63	18
19	M01AE03	KETOPROFEN	382.884,94	0,4%	1.083.941,66	19
20	M01AC02	TENOXICAM	361.804,17	0,4%	1.616.277,07	16
21	M03BX02	TIZANIDINE	326.140,51	0,3%	491.792,36	21
22	M01AB01	INDOMETACINE	259.468,53	0,3%	1.487.048,76	17
23	M05BB04	RISEDRONINEZUUR MET CALCIUM EN COLECALCIFEROL, SEQUENTIEEL	258.120,76	0,3%	261.956,96	23
24	M05BA02	CLODRONINEZUUR	230.878,43	0,2%	37.528,65	26
25	M01AB55	DICLOFENAC, COMBINATIEPREPARATEN	102.170,97	0,1%	196.657,11	24

Table 17. TOP 25 - class N – NERVOUS SYSTEM



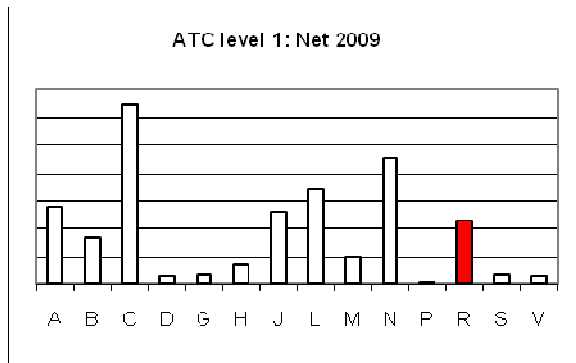
Position	ATC05-7	Name	Net 2009	Share in total class N	DDD 2009	Position based on DDD
1	N06AB10	ESCITALOPRAM	30.265.626,19	6,6%	48.918.357,27	1
2	N06AX16	VENLAFAXINE	30.053.342,80	6,6%	39.469.863,39	2
3	N05AH03	OLANZAPINE	28.162.380,70	6,2%	6.865.487,31	19
4	N05AH04	QUETIAPINE	26.293.481,80	5,8%	7.226.093,00	17
5	N05AX08	RISPERIDON	22.683.621,84	5,0%	6.662.621,50	20
6	N02AB03	FENTANYL	21.191.878,65	4,6%	7.653.964,01	15
7	N03AX14	LEVETIRACETAM	18.742.768,46	4,1%	5.305.378,56	23
8	N06AX21	DULOXETINE	17.276.269,65	3,8%	13.909.476,69	9
9	N02AX02	TRAMADOL	16.210.378,42	3,6%	20.064.670,42	7
10	N06AB05	PAROXETINE	15.617.308,53	3,4%	36.492.689,05	3
11	N06DA02	DONEPEZIL	15.160.370,85	3,3%	6.397.174,27	21
12	N05AX12	ARIPIPRAZOL	11.645.872,90	2,6%	2.551.508,13	32
13	N03AG01	VALPROINEZUUR	11.352.479,58	2,5%	11.690.098,92	12
14	N06AB06	SERTRALINE	10.870.731,51	2,4%	32.613.841,54	5
15	N06DA04	GALANTAMINE	9.787.908,78	2,1%	4.036.946,82	25
16	N06AB04	CITALOPRAM	9.755.112,44	2,1%	23.869.933,82	6
17	N03AX16	PREGABALINE	9.038.266,77	2,0%	3.629.365,70	27
18	N06AX11	MIRTAZAPINE	8.567.426,28	1,9%	13.636.939,56	11
19	N03AX09	LAMOTRIGINE	8.512.435,92	1,9%	3.889.569,48	26
20	N04BC05	PRAMIPEXOL	7.647.901,85	1,7%	1.397.663,82	43
21	N06AX05	TRAZODON	7.433.026,36	1,6%	17.271.644,45	8
22	N03AX11	TOPIRAMAAT	7.365.677,29	1,6%	1.896.524,69	39
23	N02AE01	BUPRENORFINE	7.009.740,70	1,5%	1.150.467,72	50
24	N04BA03	LEVODOPA MET DECARBOXYLASEREMMER EN COMT-REMMER	6.876.629,14	1,5%	1.689.857,73	40
25	N02AX01	TILIDINE	6.722.970,63	1,5%	10.319.905,69	13

Table 18. TOP 25 - class P – ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS



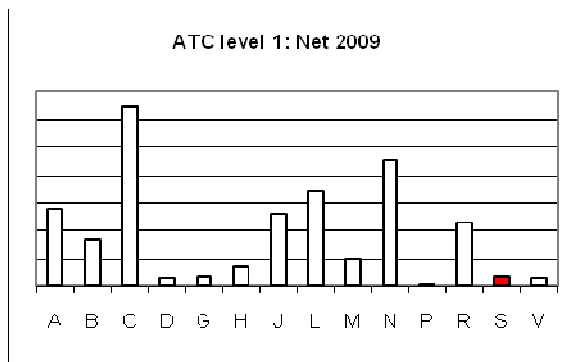
Position	ATC05-7	Name	Net 2009	Share in total class P	DDD 2009	Position based on DDD
1	P01BA02	HYDROXYCHLOROQUINE	376.637,05	43,9%	1.321.423,13	1
2	P01AB01	METRONIDAZOL	295.572,01	34,5%	429.870,84	2
3	P01AB02	TINIDAZOL	104.223,33	12,2%	27.421,46	5
4	P01AB03	ORNIDAZOL	67.439,57	7,9%	28.593,18	4
5	P02CA01	MEBENDAZOL	9.507,25	1,1%	32.317,73	3
6	P01BA01	CHLOROQUINE	2.990,86	0,3%	13.720,75	6
7	P02CE01	LEVAMISOL	336,62	0,0%	1,34	9
8	P01CX01	PENTAMIDINE ISETHIONAAT	217,52	0,0%	10,74	8
9	P01AB06	NIMORAZOL	49,83	0,0%	49,60	7

Table 19. TOP 25 - class R – RESPIRATORY SYSTEM



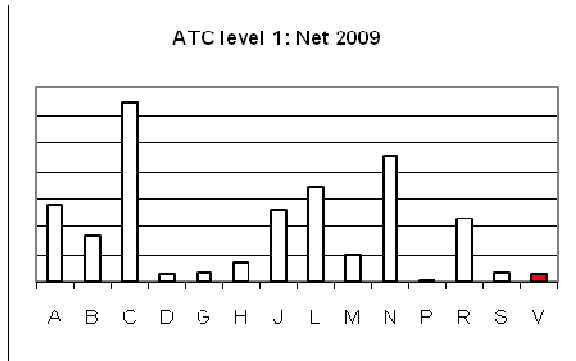
Position	ATC05-7	Name	Net 2009	Share in total class R	DDD 2009	Position based on DDD
1	R03AK06	SALMETEROL MET ANDERE MIDD. VOOR OBSTRUCT. AANDOENINGEN VD LUCHTWEGEN	47.405.100,84	20,7%	28.450.330,49	4
2	R03AK07	FORMOTEROL MET ANDERE MIDD. VOOR OBSTRUCT. AANDOENINGEN VD LUCHTWEGEN	37.761.616,70	16,5%	24.161.613,06	7
3	R03BB04	TIOTROPIUM BROMIDE	27.208.929,05	11,9%	19.354.829,97	8
4	R03DC03	MONTELUKAST	23.134.438,90	10,1%	18.239.324,11	10
5	R03AK03	FENOTEROL MET ANDERE MIDD. VOOR OBSTRUCT. AANDOENINGEN VD LUCHTWEGEN	11.115.019,27	4,8%	33.169.478,62	2
6	R01AD09	MOMETASON	10.001.873,79	4,4%	26.731.443,39	5
7	R03BA02	BUDESONIDE	9.202.559,88	4,0%	8.404.637,46	18
8	R03BA05	FLUTICASON	6.284.691,50	2,7%	9.158.790,45	16
9	R06AE09	LEVOCETIRIZINE	5.262.398,27	2,3%	25.377.821,74	6
10	R05CB01	ACETYLCYSTEINE	5.001.359,94	2,2%	50.468.626,52	1
11	R03BB01	IPRATROPIUM BROMIDE	4.811.016,30	2,1%	13.630.695,96	12
12	R01AD12	FLUTICASON FUROAAT	4.548.035,58	2,0%	12.192.590,78	13
13	R06AX27	DESLORATADINE	4.203.474,82	1,8%	18.400.274,60	9
14	R03AC13	FORMOTEROL	4.151.346,70	1,8%	4.680.839,16	19
15	R06AE07	CETIRIZINE	3.809.187,40	1,7%	31.421.156,15	3
16	R01AD08	FLUTICASON	3.445.119,22	1,5%	10.696.791,19	15
17	R03AC02	SALBUTAMOL	3.273.506,79	1,4%	17.059.780,46	11
18	R05CB13	DORNASE ALFA (DESOXYRIBONUCLEASE)	3.238.580,18	1,4%	142.228,05	35
19	R03BA01	BECLOMETASON	3.181.925,34	1,4%	4.201.928,06	20
20	R03AK04	SALBUTAMOL MET ANDERE MIDD. VOOR OBSTRUCT. AANDOENINGEN VD LUCHTWEGEN	2.572.487,38	1,1%	2.024.674,76	23
21	R06AX22	EBASTINE	2.165.878,13	0,9%	11.943.348,47	14
22	R03DX05	OMALIZUMAB	1.670.440,41	0,7%	38.123,64	37
23	R03DA04	THEOFYLLINE	975.699,16	0,4%	9.052.340,08	17
24	R03AC12	SALMETEROL	894.174,72	0,4%	1.101.718,76	25
25	R03DC01	ZAFIRLUKAST	786.170,62	0,3%	948.668,03	27

Table 20. TOP 25 - class S – SENSORY ORGANS



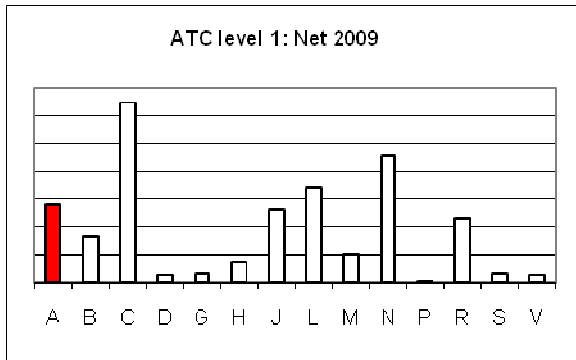
Position	ATC05-7	Name	Net 2009	Share in total class S	DDD 2009	Position based on DDD
1	S01EE01	LATANOPROST	9.226.325,12	28,5%	13.828.303,58	1
2	S01ED51	TIMOLOL, COMBINATIEPREPARATEN	6.904.790,69	21,3%	8.824.212,01	2
3	S01CA01	DEXAMETHASON MET ANTIMICROBIELE MIDDELEN	2.051.538,19	6,3%	5.319.290,85	5
4	S01EE03	BIMATOPROST	1.635.988,38	5,1%	3.217.763,14	7
5	S01ED05	CARTEOLOL	1.424.625,56	4,4%	4.206.976,14	6
6	S01EE04	TRAVOPROST	1.300.046,93	4,0%	2.134.548,16	10
7	S01EC04	BRINZOLAMIDE	1.243.023,19	3,8%	2.650.980,39	9
8	S01ED01	TIMOLOL	1.124.654,10	3,5%	8.518.954,82	3
9	S03AA30	ANTIMICROBIELE MIDDELEN, COMBINATIEPREPARATEN	1.064.613,43	3,3%	1.957.507,15	11
10	S01AA12	TOBRAMYCINE	673.959,85	2,1%	1.134.467,60	13
11	S01ED02	BETAXOLOL	638.229,98	2,0%	2.701.110,45	8
12	S01EA05	BRIMONIDINE	594.101,20	1,8%	1.618.892,55	12
13	S01BC01	INDOMETACINE	591.947,68	1,8%	821.302,37	15
14	S03CA04	HYDROCORTISON MET ANTIMICROBIELE MIDDELEN	572.002,67	1,8%	7.971.118,59	4
15	S03AA07	CIPROFLOXACINE	450.567,11	1,4%	614.399,08	17
16	S01EC03	DORZOLAMIDE	393.559,67	1,2%	558.514,90	20
17	S01BC09	PRANOPROFEN	387.955,67	1,2%	634.204,04	16
18	S01AX11	OFLOXACINE	286.961,03	0,9%	519.319,54	21
19	S01BC03	DICLOFENAC	183.714,54	0,6%	607.192,43	18
20	S01BA07	FLUOROMETHOLON	182.636,14	0,6%	365.058,77	25
21	S01ED03	LEVOBUNOLOL	178.319,20	0,6%	854.440,57	14
22	S01BC05	KETOROLAC	161.632,19	0,5%	371.992,05	24
23	S01BA04	PREDNISOLON	161.186,59	0,5%	331.403,86	26
24	S01EC01	ACETAZOLAMIDE	139.682,04	0,4%	257.831,69	28
25	S01CA02	PREDNISOLON MET ANTIMICROBIELE MIDDELEN	116.628,48	0,4%	210.628,89	31

Table 21. TOP 25 - class V – VARIOUS



Position	ATC05-7	Name	Net 2009	Share in total class V	DDD 2009	Position based on DDD
1	V03AN01	ZUURSTOF	22.786.579,81	84,8%	994.808,79	1
2	V03AE02	SEVELAMER	1.989.704,62	7,4%	237.625,47	2
3	V03AE03	LANTHAANCARBONAAT	878.597,99	3,3%	108.507,39	4
4	V03AE01	POLYSTYREENSULFONZUUR (NA-ZOUT, CA-ZOUT)	667.698,55	2,5%	195.266,96	3
5	V01AA07	INSECTENALLERGEEN	264.477,36	1,0%	10.173,32	5
6	V03AC01	DEFEROXAMINE	111.292,98	0,4%	6.451,02	6
7	V04CM01	GONADORELINE	73.870,56	0,3%	1.461,06	8
8	V08AA05	JOXITALAMINEZUUR	21.186,98	0,1%	3.212,73	7
9	V08AB05	JOPROMIDE	20.711,15	0,1%	1.418,97	9
10	V08AB07	JOVERSOL	17.251,55	0,1%	500,05	15
11	V03AF03	CALCIUMFOLINAAT	14.494,38	0,1%	1.216,72	10
12	V03AF04	CALCIUMLEVOFOLINAAT	12.196,67	0,0%	648,86	14
13	V03AC02	DEFERIPRON	9.759,53	0,0%	1.116,61	11
14	V08AB11	IOBITRIDOL	6.207,05	0,0%	141,30	18
15	V08AB03	JOXAGLINEZUUR	4.595,37	0,0%	756,59	13
16	V07AB40	#N/A	2.346,72	0,0%	961,01	12
17	V08AB02	JOHEXOL	2.239,16	0,0%	246,52	16
18	V08AA01	DIATRIZOINEZUUR	2.078,19	0,0%	246,52	17
19	V08AB09	JODIXANOL	935,92	0,0%	22,05	19
20	V08DA05	ZWAVELHEXAFLUORIDE	206,50	0,0%	3,01	22
21	V03AF01	MESNA	185,93	0,0%	15,03	21
22	V04CJ02	PROTIRELINE	100,38	0,0%	21,04	20
23	V08AB10	JOMEPROL	93,10	0,0%	2,00	23

Table 22. Monthly evolution - class A – ALIMENTARY TRACT AND METABOLISM



Month	Net 2009	Share in year's total
January	24.640.437,85	8,8%
February	22.672.777,33	8,1%
March	25.378.914,58	9,1%
April	25.048.524,97	9,0%
May	23.425.701,34	8,4%
June	24.370.383,12	8,7%
July	22.547.328,58	8,1%
August	20.026.477,33	7,2%
September	22.418.563,89	8,0%
October	23.716.062,37	8,5%
November	20.927.029,62	7,5%
December	23.794.387,12	8,5%
Year 2009	278.966.588,11	100,0%

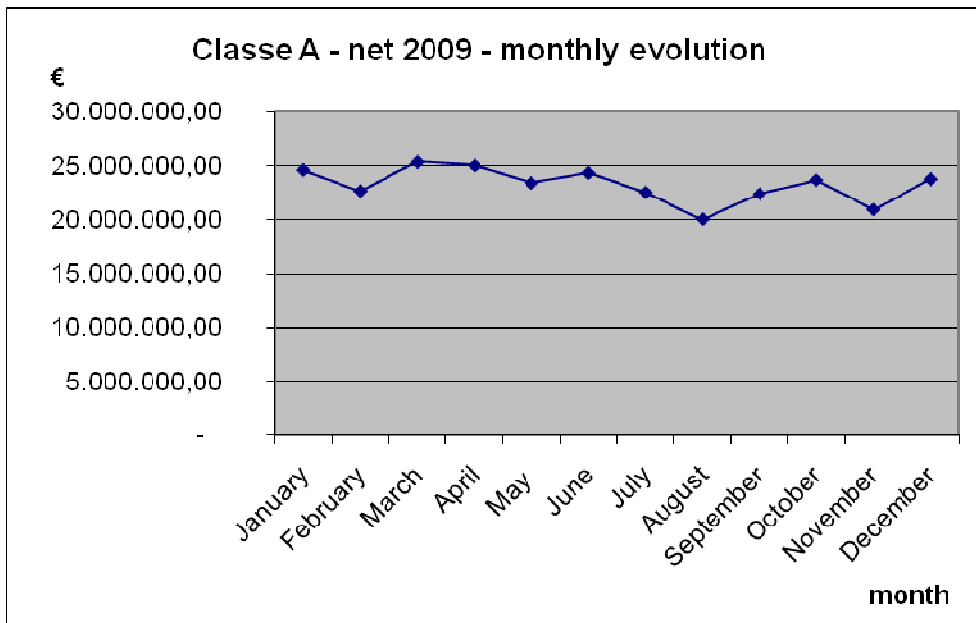
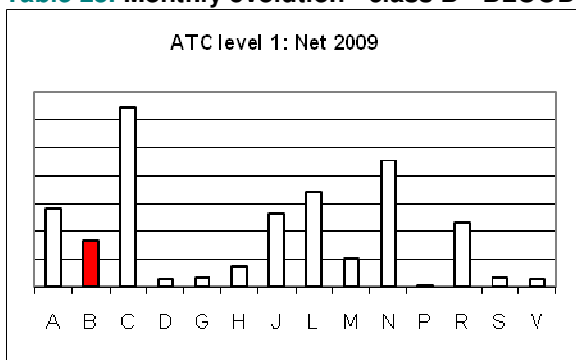


Table 23. Monthly evolution - class B - BLOOD AND BLOODFORMING ORGANS



Month	Net 2009	Share in year's total
January	13.033.422,36	7,8%
February	12.970.993,63	7,7%
March	14.349.837,97	8,6%
April	13.947.955,01	8,3%
May	13.911.120,74	8,3%
June	14.554.970,25	8,7%
July	14.483.633,56	8,7%
August	12.831.784,41	7,7%
September	13.735.811,98	8,2%
October	14.697.811,19	8,8%
November	13.647.487,75	8,2%
December	15.266.035,39	9,1%
Year 2009	167.430.864,26	100,0%

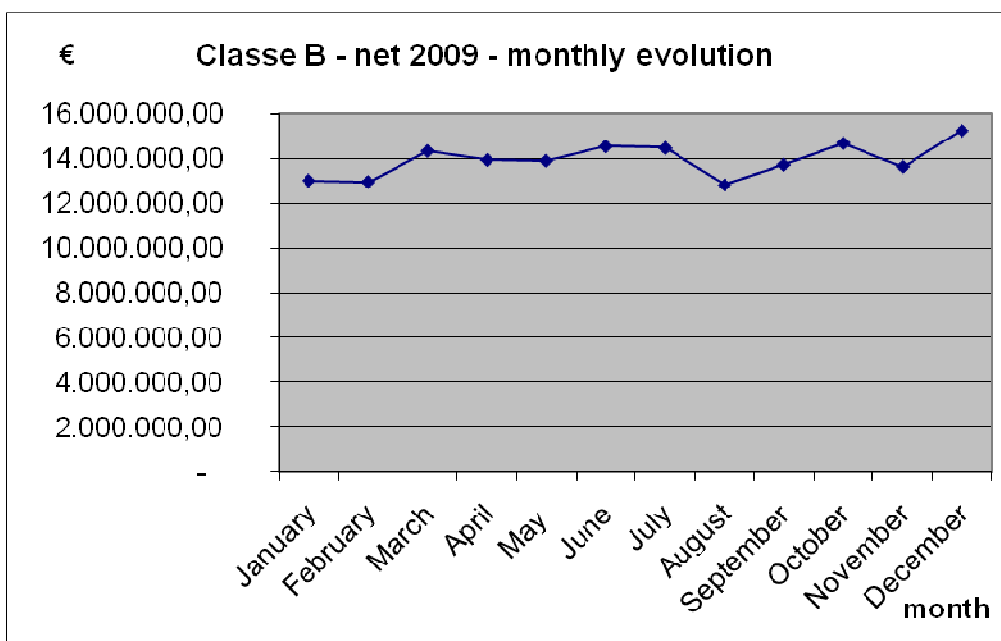
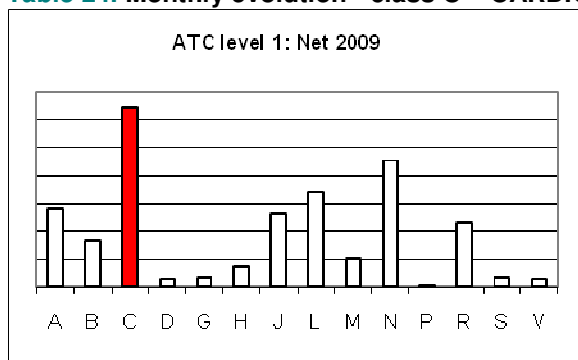


Table 24. Monthly evolution - class C – CARDIOVASCULAR SYSTEM



Month	Net 2009	Share in year's total
January	53.895.521,09	8,3%
February	48.868.519,11	7,5%
March	55.159.176,64	8,5%
April	54.964.423,46	8,5%
May	52.854.636,52	8,2%
June	55.540.455,92	8,6%
July	54.616.812,91	8,4%
August	49.724.703,12	7,7%
September	55.270.131,22	8,5%
October	59.038.977,74	9,1%
November	50.778.714,91	7,8%
December	57.264.415,90	8,8%
Year 2009	647.976.488,53	100,0%

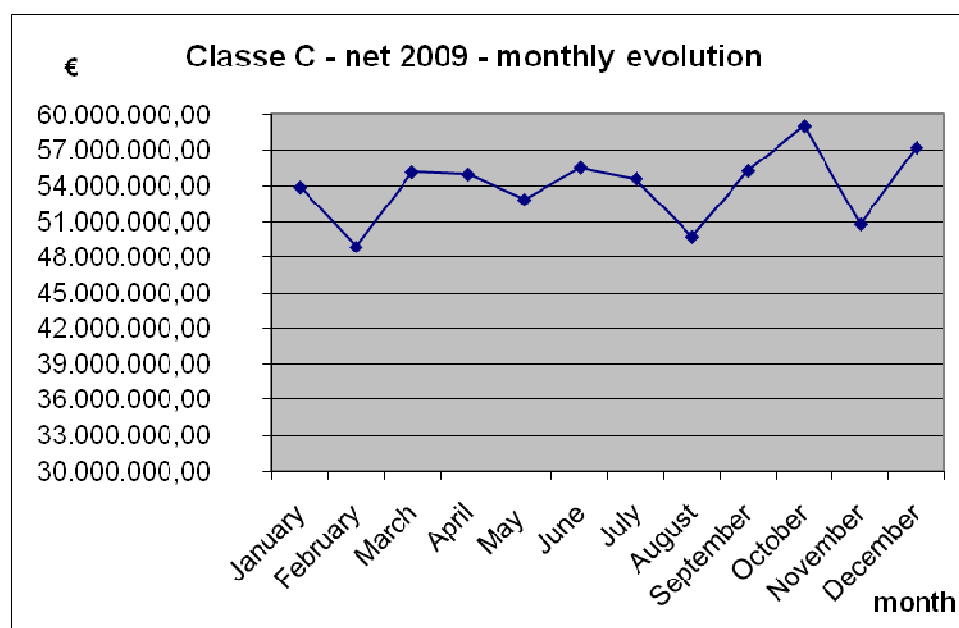
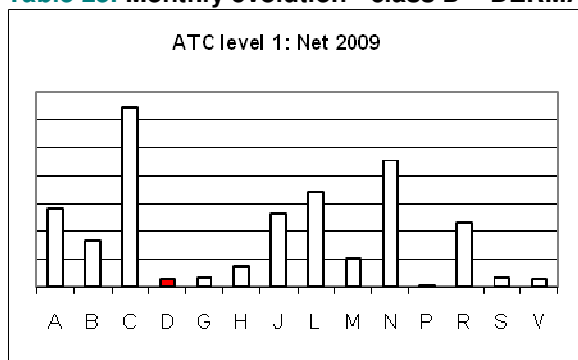


Table 25. Monthly evolution - class D – DERMATOLOGICALS



Month	Net 2009	Share in year's total
January	2.398.919,16	8,8%
February	2.219.294,99	8,2%
March	2.535.760,99	9,3%
April	2.438.359,81	9,0%
May	2.285.228,91	8,4%
June	2.406.860,58	8,8%
July	2.202.848,18	8,1%
August	1.955.569,52	7,2%
September	2.177.171,65	8,0%
October	2.307.571,70	8,5%
November	2.037.276,67	7,5%
December	2.238.328,89	8,2%
Year 2009	27.203.191,05	100,0%

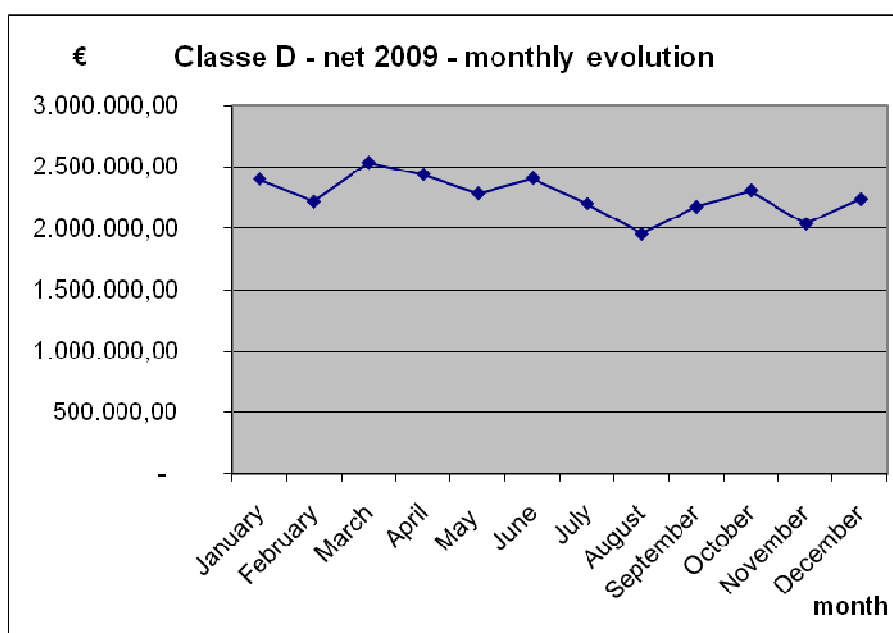
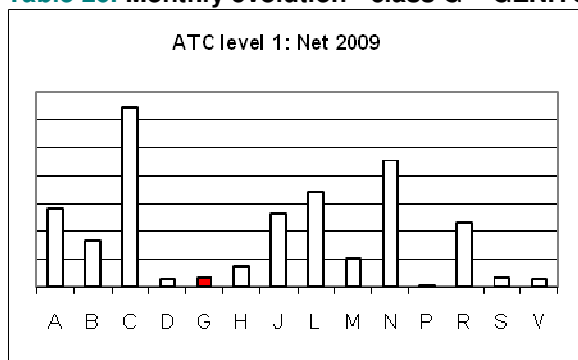


Table 26. Monthly evolution - class G – GENITO URINARY SYSTEM AND SEX HORMONES



Month	Net 2009	Share in year's total
January	3.050.827,27	8,8%
February	2.753.941,39	8,0%
March	3.076.020,69	8,9%
April	2.988.282,12	8,6%
May	2.847.796,93	8,2%
June	2.998.517,85	8,7%
July	2.869.450,64	8,3%
August	2.640.157,70	7,6%
September	2.939.854,81	8,5%
October	2.983.492,59	8,6%
November	2.602.452,24	7,5%
December	2.863.670,29	8,3%
Year 2009	34.614.464,52	100,0%

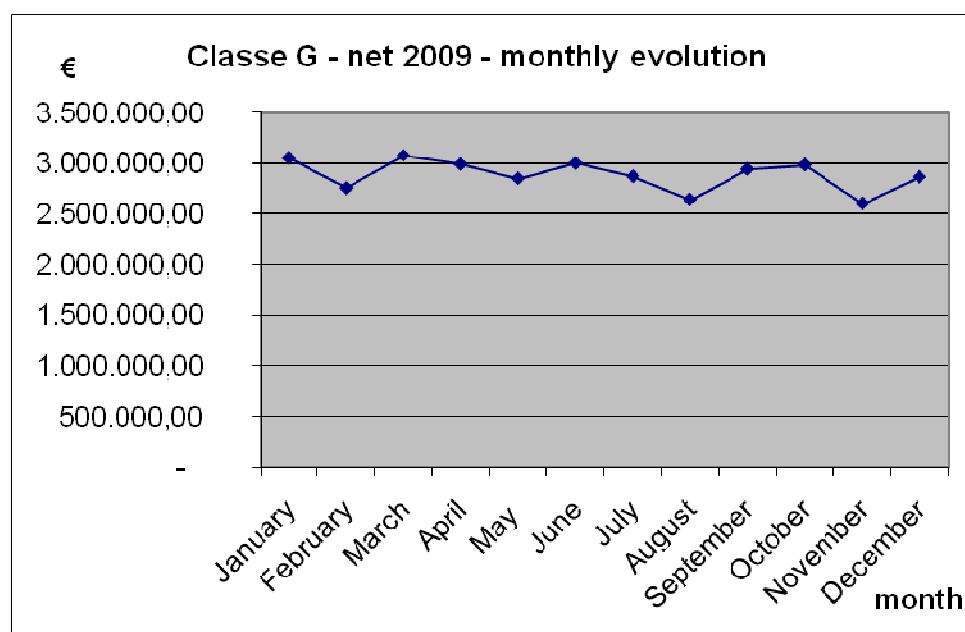
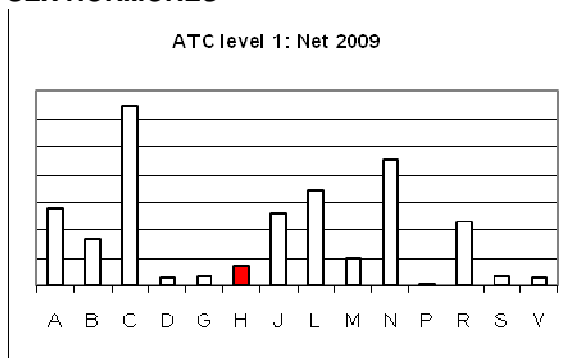


Table 27. Monthly evolution - class H – SYSTEMIC HORMONAL PREPARATIONS, APART FROM SEX HORMONES



Month	Net 2009	Share in year's total
January	6.468.068,17	8,5%
February	5.922.844,02	7,8%
March	6.593.670,17	8,7%
April	6.454.332,25	8,5%
May	6.166.174,90	8,1%
June	6.681.199,71	8,8%
July	6.451.730,30	8,5%
August	5.574.316,20	7,3%
September	6.245.978,87	8,2%
October	6.646.822,74	8,8%
November	6.016.567,10	7,9%
December	6.658.909,88	8,8%
Year 2009	75.880.614,31	100,0%

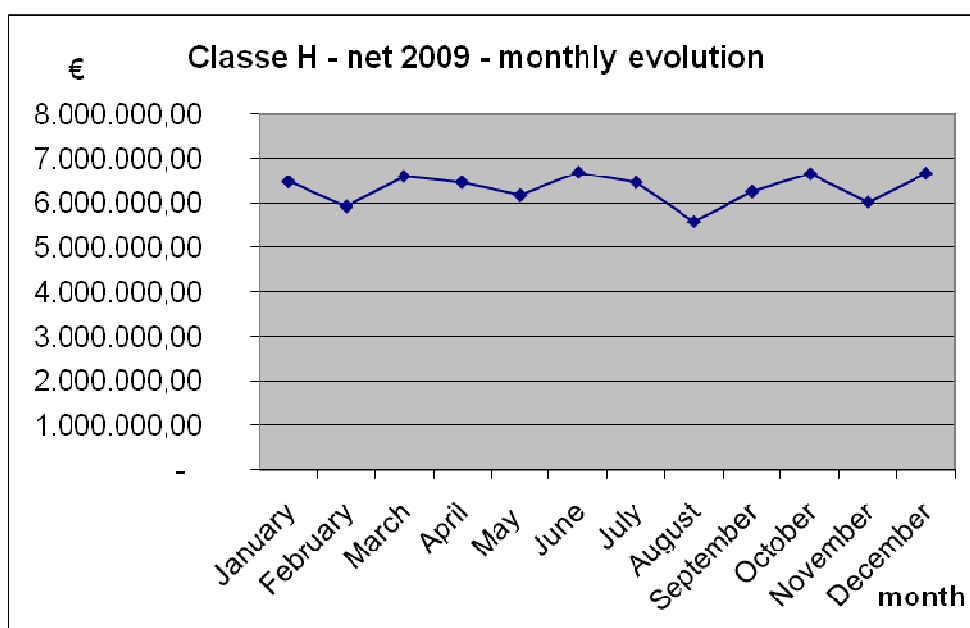
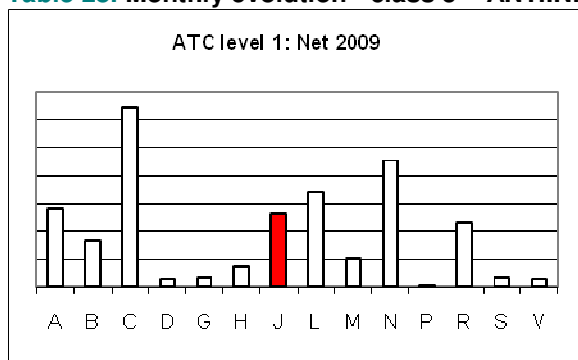


Table 28. Monthly evolution - class J – ANTIINFECTIVES FOR SYSTEMIC USE



Month	Net 2009	Share in year's total
January	25.242.073,64	9,6%
February	22.540.709,00	8,6%
March	23.430.617,45	8,9%
April	21.493.789,00	8,2%
May	19.876.733,23	7,6%
June	20.676.514,19	7,9%
July	18.674.937,83	7,1%
August	16.805.410,96	6,4%
September	23.844.665,02	9,1%
October	27.821.064,00	10,6%
November	20.928.202,00	8,0%
December	21.808.655,51	8,3%
Year 2009	263.143.371,83	100,0%

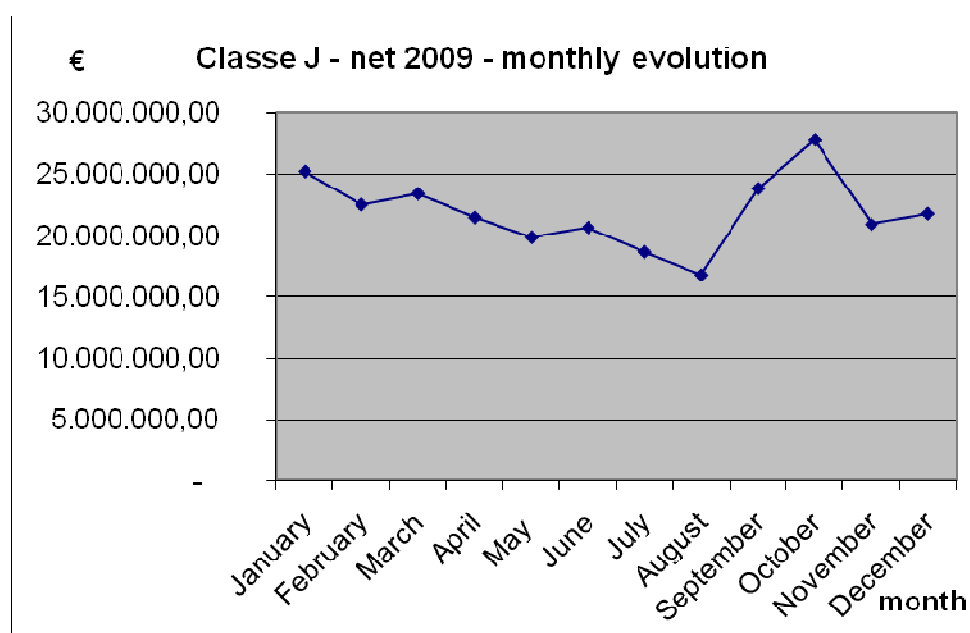
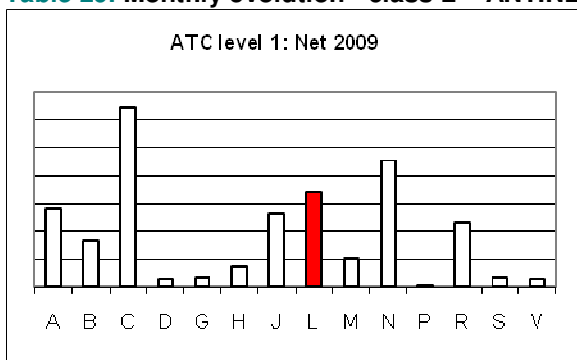


Table 29. Monthly evolution - class L – ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS



Month	Net 2009	Share in year's total
January	27.371.946,83	8,0%
February	25.826.103,58	7,5%
March	29.301.968,55	8,5%
April	28.770.715,73	8,4%
May	27.881.199,31	8,1%
June	30.206.196,94	8,8%
July	29.861.735,15	8,7%
August	26.390.417,89	7,7%
September	29.504.863,98	8,6%
October	29.918.159,82	8,7%
November	27.517.846,86	8,0%
December	31.264.730,37	9,1%
Year 2009	343.815.885,02	100,0%

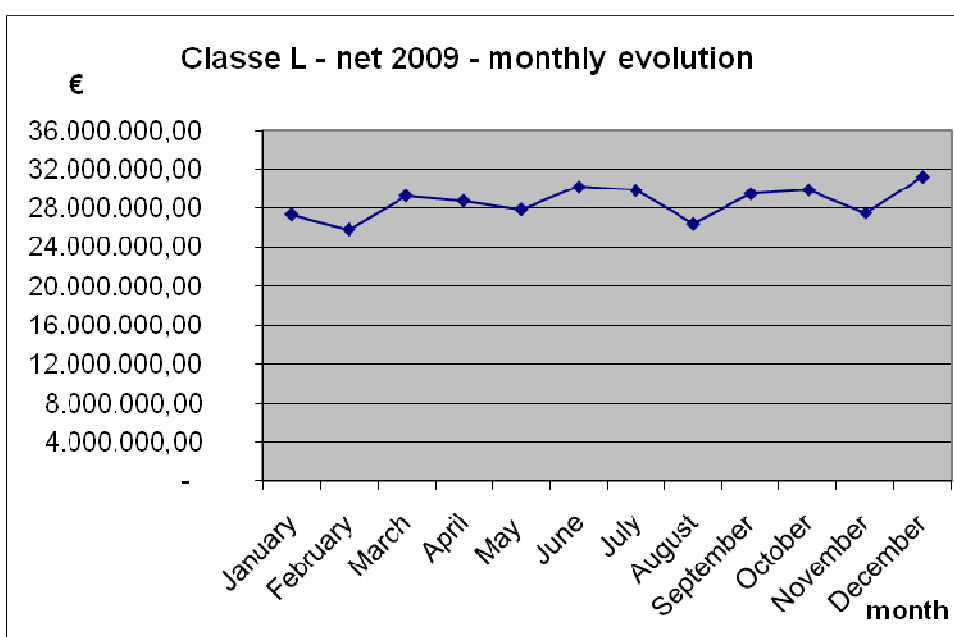
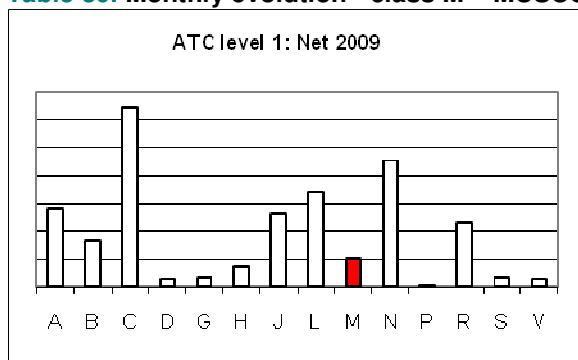


Table 30. Monthly evolution - class M – MUSCULO-SKELETAL SYSTEM



Month	Net 2009	Share in year's total
January	8.854.116,66	8,9%
February	8.025.636,34	8,0%
March	9.048.017,33	9,1%
April	8.837.476,80	8,9%
May	8.405.353,43	8,4%
June	8.728.314,34	8,7%
July	7.827.121,13	7,8%
August	7.298.548,40	7,3%
September	8.296.388,45	8,3%
October	8.847.337,74	8,9%
November	7.523.692,13	7,5%
December	8.083.107,62	8,1%
Year 2009	99.775.110,38	100,0%

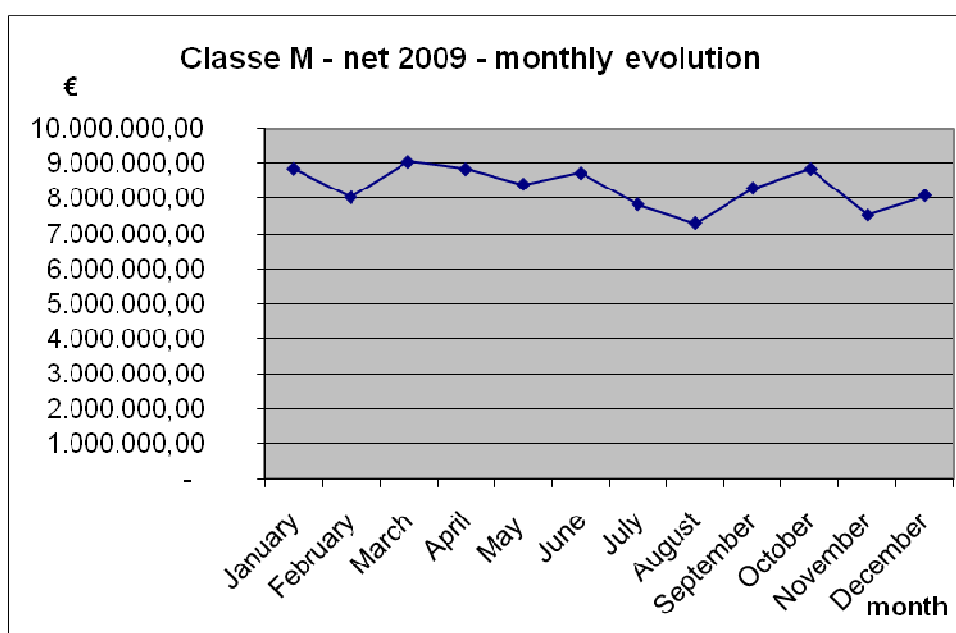
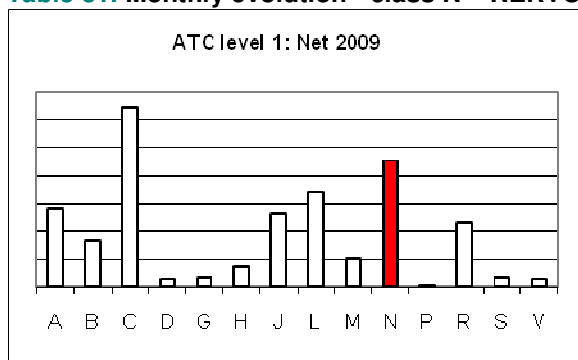


Table 31. Monthly evolution - class N – NERVOUS SYSTEM



Month	Net 2009	Share in year's total
January	38.099.314,91	8,4%
February	34.916.763,16	7,7%
March	39.123.440,62	8,6%
April	38.695.254,72	8,5%
May	36.408.144,83	8,0%
June	38.812.397,97	8,5%
July	38.577.202,93	8,5%
August	34.891.598,79	7,7%
September	38.593.603,29	8,5%
October	40.247.495,24	8,8%
November	36.557.248,42	8,0%
December	41.096.412,42	9,0%
Year 2009	456.018.877,29	100,0%

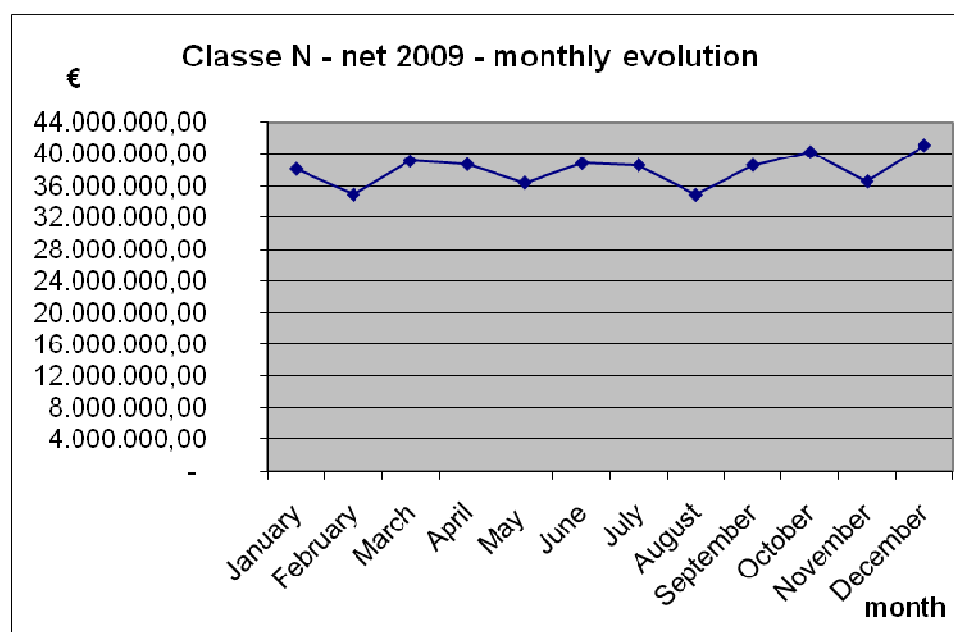
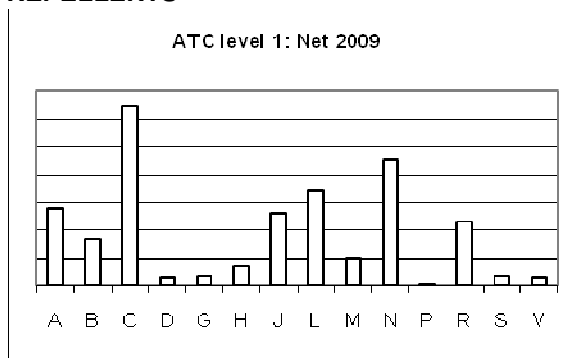


Table 32. Monthly evolution - class P – ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS



Month	Net 2009	Share in year's total
January	66.718,24	7,8%
February	65.584,00	7,7%
March	75.481,39	8,8%
April	74.020,53	8,6%
May	72.223,06	8,4%
June	78.243,05	9,1%
July	73.413,64	8,6%
August	63.746,97	7,4%
September	74.029,33	8,6%
October	74.377,43	8,7%
November	66.533,77	7,8%
December	72.602,65	8,5%
Year 2009	856.974,03	100,0%

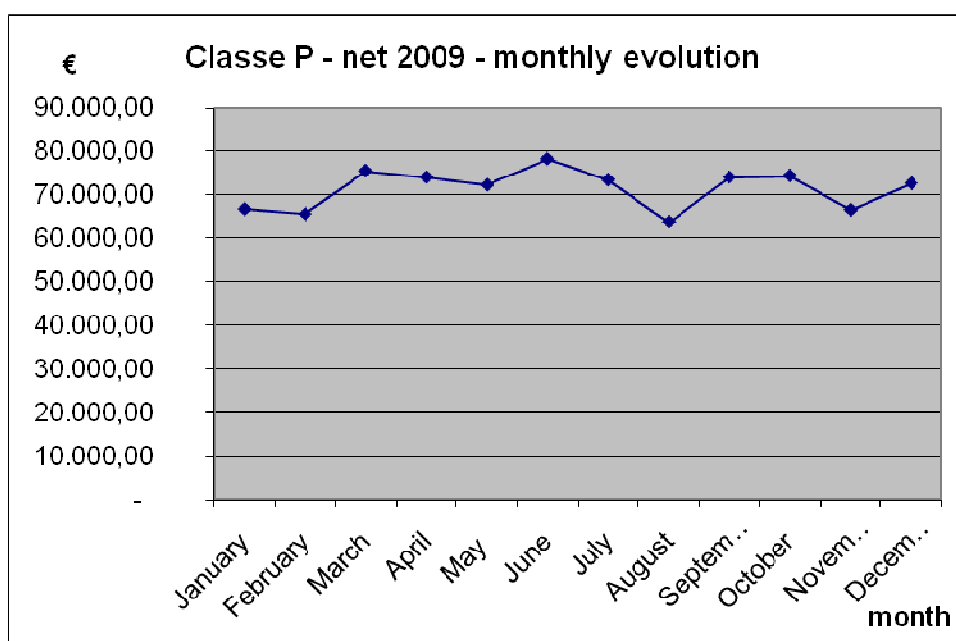
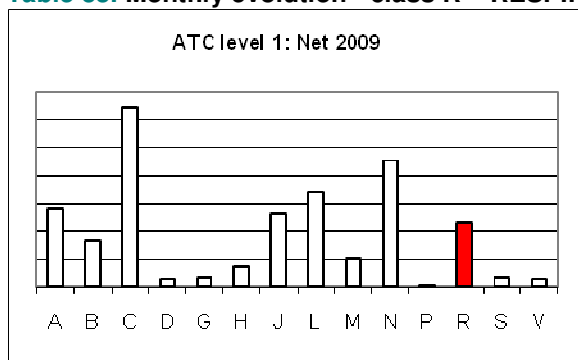


Table 33. Monthly evolution - class R – RESPIRATORY SYSTEM



Month	Net 2009	Share in year's total
January	20.356.460,67	8,9%
February	17.976.774,58	7,8%
March	19.588.400,40	8,5%
April	19.821.675,34	8,6%
May	18.861.542,79	8,2%
June	19.654.313,61	8,6%
July	17.947.355,29	7,8%
August	15.702.676,49	6,8%
September	18.552.337,58	8,1%
October	21.252.756,09	9,3%
November	18.561.217,35	8,1%
December	21.082.593,12	9,2%
Year 2009	229.358.103,32	100,0%

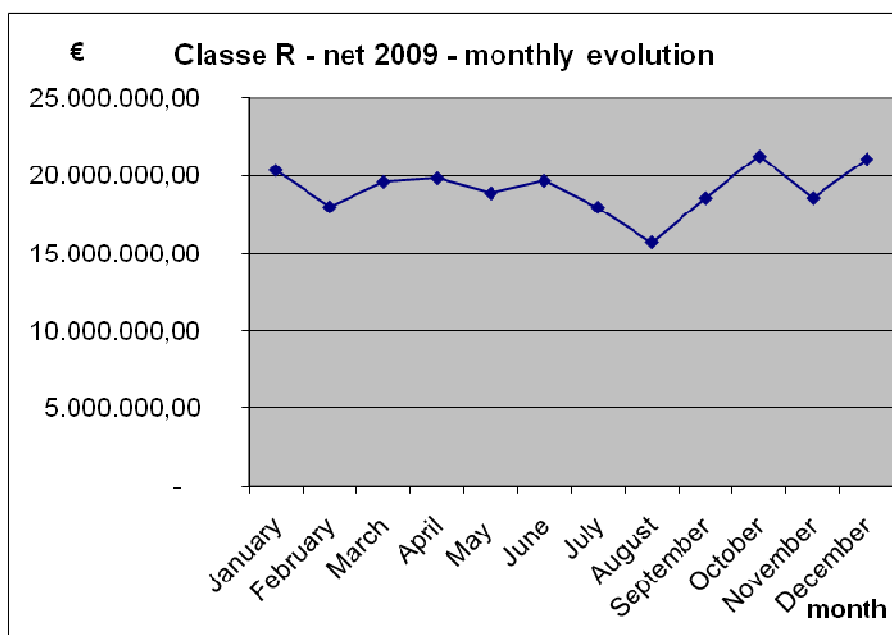
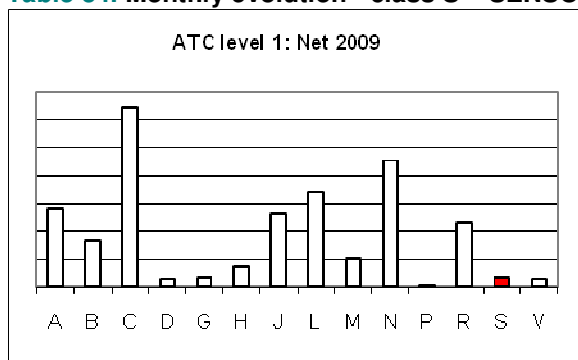


Table 34. Monthly evolution - class S – SENSORY ORGANS



Month	Net 2009	Share in year's total
January	2.691.834,01	8,3%
February	2.473.574,68	7,6%
March	2.812.646,80	8,7%
April	2.734.608,98	8,4%
May	2.644.179,32	8,2%
June	2.830.365,46	8,7%
July	2.727.912,82	8,4%
August	2.449.539,18	7,6%
September	2.731.322,49	8,4%
October	2.836.149,03	8,8%
November	2.525.023,31	7,8%
December	2.910.828,68	9,0%
Year 2009	32.367.984,76	100,0%

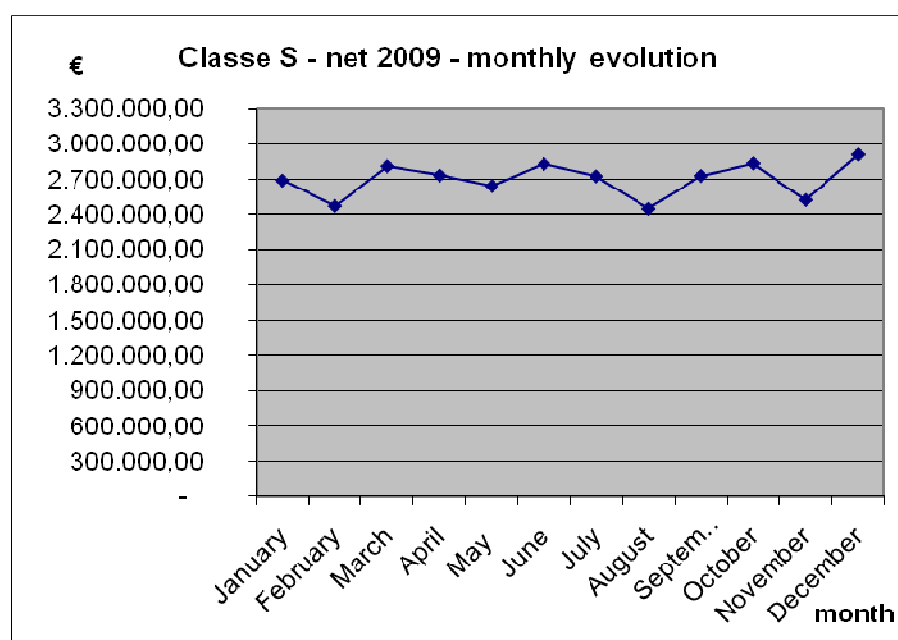
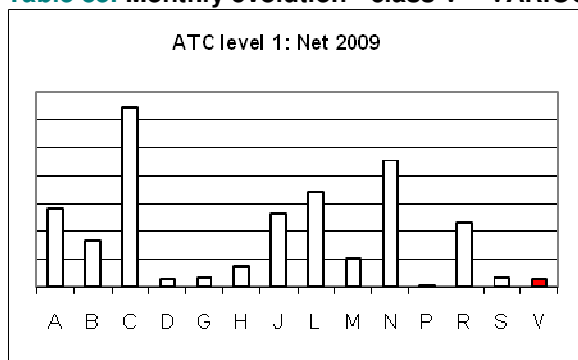


Table 35. Monthly evolution - class V – VARIOUS



Month	Net 2009	Share in year's total
January	2.278.552,26	8,5%
February	2.090.730,16	7,8%
March	2.289.111,54	8,5%
April	2.212.029,54	8,2%
May	2.138.392,33	8,0%
June	2.232.832,40	8,3%
July	2.266.687,26	8,4%
August	2.213.901,07	8,2%
September	2.284.251,93	8,5%
October	2.271.037,01	8,4%
November	2.157.010,04	8,0%
December	2.452.274,91	9,1%
Year 2009	26.886.810,45	100,0%

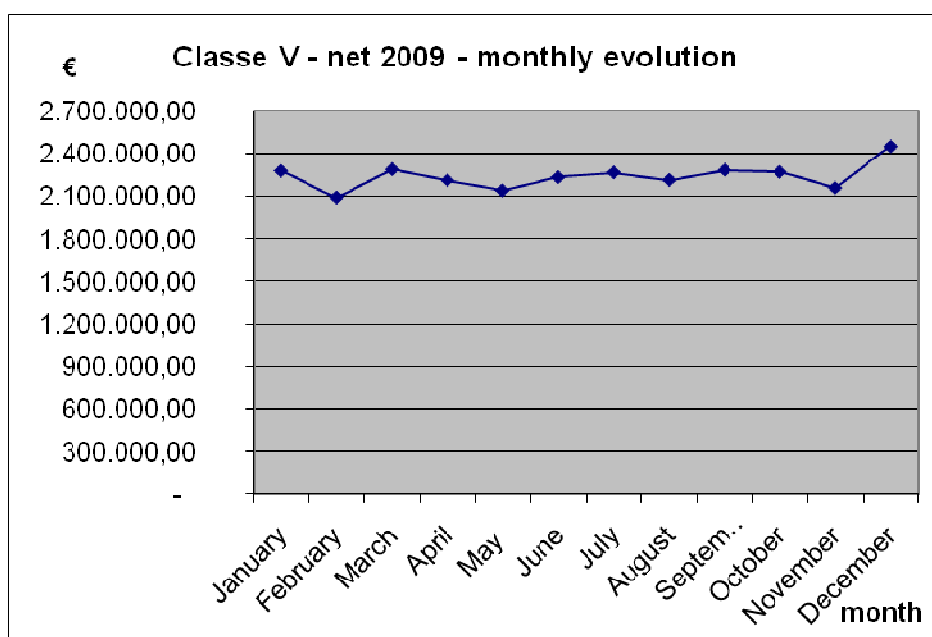


Table 36. TOP-20 – ATC level 5 (active substance)

Position	ATC	Name active substance	net 2009	share in total net	DDD 2009	Position DDD
1	C10AA05	atorvastatin	107.782.883,85	4,0%	97.082.830,71	6
2	L04AB04	adalimumab	73.566.322,35	2,7%	1.836.994,48	247
3	A02BC01	omeprazole	66.558.129,84	2,5%	165.232.519,14	2
4	C10AA07	rosuvastatin	56.258.475,23	2,1%	81.873.572,20	13
5	B01AC04	clopidogrel	55.887.652,50	2,1%	36.946.256,55	26
6	L04AB01	etanercept	51.336.075,77	1,9%	1.278.426,40	281
7	R03AK06	salmeterol and other drugs for obstructive airway diseases	47.405.100,84	1,8%	28.450.330,49	40
8	B02BD02	coagulation factor VIII	41.062.893,75	1,5%	85.789,28	521
9	A02BC02	pantoprazole	41.000.934,60	1,5%	56.505.295,45	16
10	R03AK07	formoterol and other drugs for obstructive airway diseases	37.761.616,70	1,4%	24.161.613,06	48
11	C10AA01	simvastatin	35.394.969,27	1,3%	160.339.044,07	3
12	L03AB07	interferon beta-1a	34.805.415,33	1,3%	2.201.089,77	227
13	N06AB10	escitalopram	30.265.626,19	1,1%	48.918.357,27	20
14	N06AX16	venlafaxine	30.053.342,80	1,1%	39.469.863,39	23
15	C01DX12	molsidomine	29.903.659,69	1,1%	91.555.230,38	10
16	N05AH03	olanzapine	28.162.380,70	1,0%	6.865.487,31	141
17	J01CR02	amoxicillin and enzyme inhibitor	28.144.822,90	1,0%	34.571.310,36	31
18	R03BB04	tiotropium bromide	27.208.929,05	1,0%	19.354.829,97	63
19	N05AH04	quetiapine	26.293.481,80	1,0%	7.226.093,00	136
20	L01XE01	imatinib	25.836.630,50	1,0%	231.869,91	448
		GENERAL TOTAL	2.684.317.444,74		4.607.856.545,50	

Table 37. Example: Individual medicine profile - Evaluation period July 1 – December 31 2009 (sent to the doctors within the scope of the individual feedback concerning cheap medicines)

Table 1 : Overview of your global prescription behavior

Recognition number: 1XXXXXX		Specialty: 003				
Total prescribed DDD	Number of DDD of cheap patent medicines	Number of DDD of specialties not admitted in the reference reimbursement system, prescribed on International common denomination (ICD)	Your percentage of cheap prescriptions (cheap patent medicines + ICD prescription)	Minimum percentage for your discipline	Minimum percentage for your discipline from January the 1 st 2011	Average percentage of cheap DDD among the prescribers of your discipline
10.243	6.373	0	62%	27%	50%	45%

Table 2 : Top 20 of the active ingredients that were prescribed

	Availability of cheap specialties	Number of packages	Number of DDD	Number of cheap DDD	Number of DDD of specialties not admitted in the reference reimbursement system, prescribed on ICD	Your percentage of cheap prescriptions	Total of additional charges for the patients
C09AA05 - RAMIPRIL	Oui	22	2.772	2.772	0	100%	0,00 €
C08CA01 - AMLODIPINE	Oui	17	1.212	1.212	0	100%	0,00 €
H03AA01 - LEVOTHYROXINE SODIUM	Non	19	897	0	0	0%	0,00 €
C08CA09 - LACIDIPINE	Non	14	392	0	0	0%	0,00 €
G03HB01 - CYPROTERONE AND ESTROGEN	Oui	1	364	364	0	100%	0,00 €
C07AB03 - ATENOLOL	Oui	10	289	65	0	23%	10,16 €
M05BA04 - ALENDRONIC ACID	Oui	3	252	252	0	100%	0,00 €
A10BA02 - METFORMIN	Oui	6	234	234	0	100%	0,00 €
C09DA04 - IRBESARTAN AND DIURETICS	Non	2	196	0	0	0%	0,00 €
C09CA07 - TELMISARTAN	Non	1	196	0	0	0%	0,00 €
C07AB07 - BISOPROLOL	Oui	6	182	182	0	100%	0,00 €
C07AB02 - METOPROLOL	Oui	5	177	0	0	0%	14,65 €
G03AA10 - GESTODENE AND ESTROGEN	Oui	2	168	0	0	0%	10,09 €
C09CA06 - CANDESARTAN	Non	3	168	0	0	0%	0,00 €
C09BA03 - LISINAPRIL AND DIURETICS	Oui	3	168	168	0	100%	0,00 €
C07BB07 - BISOPROLOL AND THIAZIDES	Oui	3	168	168	0	100%	0,00 €
R03AK06 - SALMETEROL AND OTHER DRUGS FOR OBSTR. AIRWAY DISEASES	Non	5	150	0	0	0%	0,00 €
A10BX02 - REPAGLINIDE	Non	2	120	0	0	0%	0,00 €
C10AA01 - SIMVASTATINE	Oui	2	112	112	0	100%	0,00 €
C03EA01 - HYDROCHLOROTHIAZIDE AND POTASSIUM-SPARING AGENTS	Oui	1	112	0	0	0%	0,00 €

Table 38. Breakdown of ELIDEL according to the qualification of the prescriber

Description of the qualification	Net 2009	Net share
general practitioners	3.887,32	0,6%
dentists	206,00	0,0%
dermato-venereology	599.530,91	91,9%
endocrino-diabetology	58,19	0,0%
gastro-enterology	61,79	0,0%
neuropsychiatry	46,21	0,0%
ophthalmology	104,40	0,0%
ORL	58,19	0,0%
pediatrics	47.839,15	7,3%
plastic surgery	27,17	0,0%
pneumology	73,38	0,0%
psychiatry	49,81	0,0%
rheumatology	59,61	0,0%
röntgen diagnosis	104,40	0,0%
orthopedy	131,57	0,0%
stomatology	27,17	0,0%
Total	652.265,27	100,0%

Table 39. Number of patients for each speciality of the TOP 20

Position	Speciality	Packing	Company	Net 2009	Number of patients 2009 (*)
1	HUMIRA	ser. S.C. 2 x 40 mg/0,8 ml	ABBOTT	73.522.015,50	7.205
2	PLAVIX	compr. 28 x 75 mg	SANOFI-SYNTHELABO	53.258.771,32	129.576
3	LIPITOR 20	compr. 84 x 20 mg	PFIZER	50.045.843,44	154.751
4	ENBREL 50 mg	200 mg solution injectable x 50 mg Etanercept en 4 seringues préremplies	WYETH PHARMACEUTICALS	40.618.995,97	4.051
5	CRESTOR 10 mg	compr. 98 x 10 mg	ASTRAZENECA	38.303.090,17	194.341
6	LIPITOR 40	compr. 84 x 40 mg	PFIZER	32.991.317,23	62.228
7	CORUNO	compr. ret. 42 x 16 mg	THERABEL PHARMA	28.416.448,91	123.101
8	SERETIDE DISKUS	dos. 60 x 50 µg-500 µg	GLAXO SMITHKLINE	28.363.594,89	119.391
9	SYMBICORT TURBOHALER	inhal. 120 x 160/4,5 µg/dos.	ASTRAZENECA	27.377.967,50	187.645
10	SPIRIVA	caps. pr. inhal. 30 x 18 µg	BOEHRINGER INGELHEIM	27.208.929,05	104.761
11	SIPRALEXA 10 mg	56 comprimés pelliculés x 10 mg Escitalopram, oxalate en 4 plaquettes thermoformées	LUNDBECK	25.196.355,36	207.795
12	GLIVEC 400 mg	compr. 30 x 400 mg	Novartis Pharma	19.302.088,72	755
13	AVONEX	fl. I.M. 4 x 30 µg/ml + solv.	BIOGEN BELGIUM	18.833.513,38	2.086
14	CYMBALTA 60 mg	28 gélules gastro-résistantes x 60 mg Duloxétine en 1 plaquette thermoformée	ELI LILLY BENELUX	17.276.269,65	80.759
15	GARDASIL	0,5 ml suspension injectable x 40 µg/ml Protéine L1 de Papillomavirus Humain de type 18 + 80 µg/ml Protéine L1 de Papillomavirus Humain de type 16 + 80 µg/ml Protéine L1 de Papillomavirus Humain de type 11 + 40 µg/ml Protéine L1 de Papillomavirus Humain d	SANOFI PASTEUR MSD	17.140.501,24	80.480
16	LIPITOR 10	compr. 84 x 10 mg	PFIZER	17.039.789,08	84.507
17	SEROQUEL	compr. 60 x 200 mg	ASTRAZENECA	16.402.350,63	39.064
18	SINGULAIR	compr. 28 x 10 mg	MERCK SHARP & DOHME	16.141.807,72	89.245
19	KOGENATE Bayer 1000 IE (Bioset)	2,5 ml solution injectable x 400 IU/ml Facteur VIII de coagulation, recombinant (octocog alfa) en 1 flacon injectable poudre pour solution injectable +1 seringue préremplie solvant pour solution injectable	BAYER	15.564.085,47	69
20	CRESTOR 20 mg	compr. 98 x 20 mg	ASTRAZENECA	14.479.609,13	46.980

(*) patient = each beneficiary to which at least one package of the speciality in question has been delivered.

Table 40. Breakdown of the net amount of the main anatomical groups among the various provinces (based on the beneficiary's address)

ATC	Antwerp	Limburg	East Flanders	West-Flanders	Flemish Brabant	Brussels metropolitan district	Walloon Brabant	Hainault	Luik	Luxemburg	Namur
A	43.157.569,19	18.763.624,87	33.602.763,24	29.732.857,80	25.940.598,48	23.717.031,05	8.685.134,23	43.562.132,53	31.262.482,39	5.964.427,64	12.938.147,89
B	26.583.341,55	18.117.163,80	23.504.220,74	18.488.651,82	19.748.897,67	9.913.589,69	3.912.328,50	19.504.909,33	15.987.866,82	3.816.693,21	7.025.404,93
C	96.395.085,48	52.612.997,68	81.078.577,29	80.196.318,59	65.274.447,08	45.257.835,95	23.227.198,49	89.007.779,87	65.548.048,53	16.252.933,74	30.142.382,38
D	4.296.570,75	2.057.154,75	3.577.102,92	2.711.129,66	2.735.624,37	2.692.541,61	994.295,38	3.362.269,48	2.831.258,91	525.621,51	1.186.745,43
G	4.023.666,53	2.160.561,95	3.370.686,63	3.000.330,11	2.969.232,19	3.113.065,96	1.299.197,97	4.345.300,14	4.239.108,27	717.555,85	1.599.135,64
H	13.429.719,55	6.452.344,41	9.991.687,61	7.277.566,25	7.487.668,72	4.752.683,83	2.366.416,66	9.506.095,58	8.937.283,13	1.561.760,87	3.653.496,49
J	40.720.644,20	17.174.167,59	27.385.302,44	23.324.408,11	24.869.174,96	38.703.117,83	8.748.942,79	32.008.602,22	27.654.955,12	4.606.416,71	11.404.961,74
L	49.921.896,40	31.700.515,48	46.390.277,38	43.823.406,94	29.781.756,61	27.455.639,04	11.527.115,88	45.058.276,02	34.816.208,52	7.080.018,39	14.399.595,64
M	14.384.154,93	8.532.979,51	13.471.418,16	11.632.599,02	9.746.266,65	7.951.278,03	3.013.411,38	12.732.362,64	10.872.017,90	2.308.734,92	4.595.304,67
N	60.783.987,59	33.624.094,81	57.996.122,83	52.658.859,95	40.973.288,19	38.906.972,96	15.677.623,15	63.587.624,15	52.857.331,42	12.149.144,07	24.061.286,25
P	144.401,31	77.208,14	110.945,03	99.916,29	79.778,33	87.895,48	26.022,69	90.241,76	92.036,10	12.341,68	29.076,67
R	38.552.703,69	17.358.852,24	33.281.254,92	24.928.395,70	22.400.877,31	16.350.682,12	6.845.078,39	29.923.935,41	23.091.031,54	4.890.731,86	10.098.524,48
S	4.464.700,42	1.989.418,27	4.315.453,51	3.498.573,52	3.253.950,05	3.224.115,60	1.369.988,42	4.610.106,73	3.266.947,34	588.726,39	1.579.131,60
V	4.471.136,62	2.482.259,72	3.281.424,12	2.124.481,09	2.148.579,17	1.223.268,19	873.369,38	3.029.047,78	5.467.370,95	501.332,50	1.003.501,80
TOT.	401.329.578,21	213.103.343,22	341.357.236,82	303.497.494,85	257.410.139,78	223.349.717,34	88.566.123,31	360.328.683,64	286.923.946,94	60.976.439,34	123.716.695,61

Table 41. Share (net amount) of the various provinces expressed as a percentage.

ATC	Antwerp	Limburg	East Flanders	West-Flanders	Flemish Brabant	Brussels metropolitan district	Walloon Brabant	Hainault	Luik	Luxemburg	Namur	TOTAL NET 2009 BELGIUM
A	15,6%	6,8%	12,1%	10,7%	9,4%	8,6%	3,1%	15,7%	11,3%	2,2%	4,7%	277.326.769,31
B	16,0%	10,9%	14,1%	11,1%	11,9%	6,0%	2,3%	11,7%	9,6%	2,3%	4,2%	166.603.068,06
C	14,9%	8,2%	12,6%	12,4%	10,1%	7,0%	3,6%	13,8%	10,2%	2,5%	4,7%	644.993.605,08
D	15,9%	7,6%	13,3%	10,1%	10,1%	10,0%	3,7%	12,5%	10,5%	1,9%	4,4%	26.970.314,77
G	13,0%	7,0%	10,9%	9,7%	9,6%	10,1%	4,2%	14,1%	13,7%	2,3%	5,2%	30.837.841,24
H	17,8%	8,6%	13,2%	9,6%	9,9%	6,3%	3,1%	12,6%	11,9%	2,1%	4,8%	75.416.723,10
J	15,9%	6,7%	10,7%	9,1%	9,7%	15,1%	3,4%	12,5%	10,8%	1,8%	4,4%	256.600.693,71
L	14,6%	9,3%	13,6%	12,8%	8,7%	8,0%	3,4%	13,2%	10,2%	2,1%	4,2%	341.954.706,30
M	14,5%	8,6%	13,6%	11,7%	9,8%	8,0%	3,0%	12,8%	11,0%	2,3%	4,6%	99.240.527,81
N	13,4%	7,4%	12,8%	11,6%	9,0%	8,6%	3,5%	14,0%	11,7%	2,7%	5,3%	453.276.335,37
P	17,0%	9,1%	13,1%	11,8%	9,4%	10,3%	3,1%	10,6%	10,8%	1,5%	3,4%	849.863,48
R	16,9%	7,6%	14,6%	10,9%	9,8%	7,2%	3,0%	13,1%	10,1%	2,1%	4,4%	227.722.067,66
S	13,9%	6,2%	13,4%	10,9%	10,1%	10,0%	4,3%	14,3%	10,2%	1,8%	4,9%	32.161.111,85
V	16,8%	9,3%	12,3%	8,0%	8,1%	4,6%	3,3%	11,4%	20,5%	1,9%	3,8%	26.605.771,32
TOT.	15,1%	8,0%	12,8%	11,4%	9,7%	8,4%	3,3%	13,5%	10,8%	2,3%	4,7%	2.660.559.399,06

Population	Antwerp	Limburg	East Flanders	West-Flanders	Flemish Brabant	Brussels metropolitan district	Walloon Brabant	Hainault	Luik	Luxemburg	Namur	Belgium
1 January 2009	1.731.174	833.160	1.420.415	1.155.290	1.068.838	1.068.532	375.645	1.304.436	1.060.035	266.950	468.605	10.753.080
%	16,10%	7,75%	13,21%	10,74%	9,94%	9,94%	3,49%	12,13%	9,86%	2,48%	4,36%	100,00%

Table 42 a. Women's share for each age category – net amount 2009 (speciality)

ATC	NET 2009 name	WOMEN								GENERAL TOTAL
		0 – 20 years	21 - 40 years	41 - 60 years	61 - 80 years	81 - 100 years	101 years and more	TOTAL WOMEN	WOMEN IN TOTAL	MEN+WOMAN
A	ALIMENTARY TRACT AND METABOLISM	3.012.932,59	11.624.570,61	42.146.643,71	67.634.007,28	22.465.105,51	46.720,54	146.929.980,24	52,9%	277.752.316,85
B	BLOOD AND BLOOD FORMING ORGANS	392.619,11	3.237.667,76	9.137.263,95	25.544.206,27	18.911.722,19	67.360,56	57.290.839,84	34,4%	166.733.947,60
C	CARDIOVASCULAR SYSTEM	229.612,50	4.734.603,62	67.774.724,17	184.290.345,17	73.712.639,10	131.626,08	330.873.550,64	51,2%	645.776.696,59
D	DERMATOLOGICALS	1.665.692,17	3.202.033,35	4.124.934,89	3.422.223,79	1.103.146,77	2.698,98	13.520.729,95	50,0%	27.026.257,95
G	GENITO URINARY SYSTEM AND SEX HORMONES	1.394.380,90	7.421.401,76	8.481.022,53	6.188.749,81	1.404.125,31	2.173,70	24.891.854,01	80,6%	30.893.023,10
H	SYSTEMIC HORMONAL PREPARATIONS, APART FROM SEX HORMONES	6.938.473,14	4.578.941,22	13.267.415,82	13.447.209,00	3.972.500,21	7.292,53	42.211.831,92	55,9%	75.561.746,99
J	ANTIINFECTIVES FOR SYSTEMIC USE	40.197.351,67	32.043.015,22	39.930.128,43	22.379.228,79	8.017.320,28	40.746,90	142.607.791,29	55,4%	257.314.949,27
L	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	3.184.587,78	33.297.058,13	82.887.746,67	55.852.881,78	7.740.412,92	2.321,77	182.965.009,05	53,4%	342.518.187,52
M	MUSCULO-SKELETAL SYSTEM	890.307,12	4.497.927,23	16.238.267,27	37.151.216,57	14.201.980,98	11.975,79	72.991.674,96	73,5%	99.369.856,73
N	NERVOUS SYSTEM	5.021.712,45	34.796.556,16	90.133.610,99	89.980.465,55	49.317.470,32	85.079,69	269.334.895,16	59,3%	453.919.360,72
P	ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS	24.978,12	194.192,74	257.397,80	141.607,76	25.780,67	91,56	644.048,65	75,6%	851.885,20
R	RESPIRATORY SYSTEM	13.565.960,23	14.224.958,89	31.572.575,05	36.552.722,63	12.617.027,97	37.066,40	108.570.311,17	47,6%	228.062.978,99
S	SENSORY ORGANS	925.666,66	588.904,86	2.917.806,21	9.063.488,25	4.559.861,29	7.811,26	18.063.538,53	56,1%	32.194.717,09
V	VARIOUS	77.229,37	420.920,43	2.098.701,24	6.157.444,20	2.630.340,95	9.946,48	11.394.582,67	42,8%	26.621.084,61
TOTAL		77.521.503,81	154.862.751,98	410.968.238,73	557.805.796,85	220.679.434,47	452.912,24	1.422.290.638,08	53,4%	2.664.597.009,21

Table 42 b. Men's share for each age category – net amount 2009 (speciality)

	NET 2009	MEN								GENERAL TOTAL
ATC	name	0 – 20 years	21 - 40 years	41 - 60 years	61 - 80 years	81 - 100 years	101 years and more	TOTAL MEN	MEN IN TOTAL	MEN+WOMAN
A	ALIMENTARY TRACT AND METABOLISM	3.318.620,45	13.004.111,81	46.146.790,10	58.342.647,83	10.002.243,84	7.922,58	130.822.336,61	47,1%	277.752.316,85
B	BLOOD AND BLOOD FORMING ORGANS	12.704.125,37	19.020.342,59	27.757.934,67	38.788.826,50	11.163.882,47	7.996,16	109.443.107,76	65,6%	166.733.947,60
C	CARDIOVASCULAR SYSTEM	218.430,58	6.626.219,62	98.711.488,24	174.610.541,58	34.722.152,51	14.313,42	314.903.145,95	48,8%	645.776.696,59
D	DERMATOLOGICALS	2.453.385,15	2.957.307,58	4.108.345,90	3.336.498,83	649.525,85	464,69	13.505.528,00	50,0%	27.026.257,95
G	GENITO URINARY SYSTEM AND SEX HORMONES	75.155,61	376.400,93	918.604,97	3.484.390,61	1.146.272,54	344,43	6.001.169,09	19,4%	30.893.023,10
H	SYSTEMIC HORMONAL PREPARATIONS, APART FROM SEX HORMONES	8.866.657,62	2.918.748,41	9.666.286,54	9.900.739,72	1.996.895,39	587,39	33.349.915,07	44,1%	75.561.746,99
J	ANTIINFECTIVES FOR SYSTEMIC USE	16.500.867,55	24.899.869,80	46.344.786,81	22.797.728,58	4.159.676,46	4.228,78	114.707.157,98	44,6%	257.314.949,27
L	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	2.684.629,80	27.641.824,26	61.614.483,47	52.275.587,31	15.332.363,72	4.289,91	159.553.178,47	46,6%	342.518.187,52
M	MUSCULO-SKELETAL SYSTEM	737.650,85	3.911.658,21	9.764.664,35	10.071.133,43	1.892.314,93	760,00	26.378.181,77	26,5%	99.369.856,73
N	NERVOUS SYSTEM	9.286.571,11	36.577.634,51	66.363.350,46	55.772.350,09	16.576.586,21	7.973,18	184.584.465,56	40,7%	453.919.360,72
P	ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS	9.370,57	42.862,11	85.407,39	60.728,06	9.468,42		207.836,55	24,4%	851.885,20
R	RESPIRATORY SYSTEM	18.528.769,58	12.317.730,95	27.828.936,53	48.525.575,46	12.284.440,12	7.215,18	119.492.667,82	52,4%	228.062.978,99
S	SENSORY ORGANS	1.062.587,91	560.520,21	2.853.119,16	7.214.911,97	2.438.105,10	1.934,21	14.131.178,56	43,9%	32.194.717,09
V	VARIOUS	130.628,63	380.621,56	2.481.652,08	9.647.846,34	2.583.160,83	2.592,50	15.226.501,94	57,2%	26.621.084,61
TOTAL		76.577.450,78	151.235.852,55	404.645.850,67	494.829.506,31	114.957.088,39	60.622,43	1.242.306.371,13	46,6%	2.664.597.009,21

Table 43. Breakdown according to social category (speciality)

Social category	Net 2009	Net share	Co-payment 2009	Share in co-payment	DDD 2009	Share in DDD
Pensioners	953.315.703,03	35,8%	212.579.684,13	36,9%	1.840.582.612,14	40,5%
Disabled persons	317.069.359,82	11,9%	42.543.796,81	7,4%	338.590.612,45	7,4%
Persons enrolled in the national register	62.737.875,88	2,4%	8.542.083,53	1,5%	83.270.650,25	1,8%
Primary beneficiaries of benefits	879.932.064,85	33,0%	214.038.978,14	37,2%	1.454.881.197,92	32,0%
Widows	221.544.794,61	8,3%	50.066.228,97	8,7%	446.710.089,31	9,8%
Orphans	576.521,10	0,0%	96.727,36	0,0%	882.864,02	0,0%
Self-employed people	227.448.000,48	8,5%	47.888.857,53	8,3%	380.679.175,66	8,4%
TOTAL	2.662.624.319,77	100,0%	575.756.356,47	100,0%	4.545.597.201,74	100,0%

€ et DDD Overview share for each social category 2009

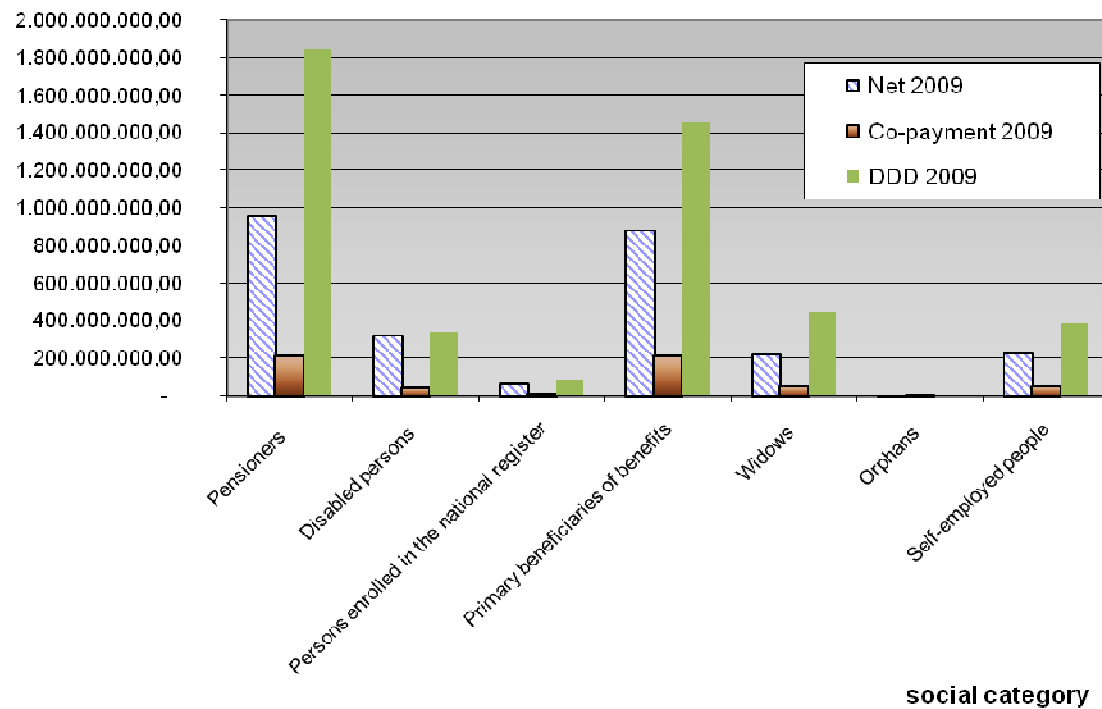


Table 44. Breakdown according to social category with indication of preferential scheme or not (speciality)

Social category	preferential scheme	Net 2009	Net share	Co-payment 2009	DDD 2009
Persons enrolled in the national register	without preferential scheme	8.145.162,79	0,3%	1.571.324,81	11.200.877,55
	with preferential scheme	54.592.713,09	2,1%	6.970.758,72	72.069.772,69
Primary beneficiaries of benefits	without preferential scheme	769.121.698,27	28,9%	199.245.625,01	1.313.557.810,51
	preferential scheme	110.810.366,58	4,2%	14.793.353,13	141.323.387,41
Disabled persons	without preferential scheme	123.949.594,85	4,7%	20.877.991,86	140.462.803,65
	preferential scheme	193.119.764,97	7,3%	21.665.804,95	198.127.808,80
Pensioners	without preferential scheme	686.209.862,06	25,8%	168.999.808,76	1.360.990.859,89
	preferential scheme	267.105.840,97	10,0%	43.579.875,37	479.591.752,25
Widows	without preferential scheme	108.782.949,53	4,1%	29.864.923,43	229.363.328,95
	preferential scheme	112.761.845,08	4,2%	20.201.305,54	217.346.760,36
Orphans	without preferential scheme	24.097,88	0,0%	5.064,63	31.098,13
	preferential scheme	552.423,22	0,0%	91.662,73	851.765,89
Self-employed people	Primary beneficiaries of benefits – without preferential scheme	107.507.664,02	4,0%	26.031.658,82	173.067.125,77
	Primary beneficiaries of benefits – preferential scheme	4.958.302,01	0,2%	378.538,52	3.359.156,81
	Disabled – without preferential scheme	10.881.696,21	0,4%	1.817.068,12	12.977.593,78
	Disabled – preferential scheme	9.584.802,20	0,4%	996.068,86	9.871.986,43
	Pensioners – without preferential scheme	30.869.980,69	1,2%	7.533.960,97	60.505.286,00
	Pensioners – preferential scheme	41.621.301,38	1,6%	6.738.896,30	76.851.006,92
	Widows – without preferential scheme	4.859.895,69	0,2%	1.312.627,28	10.141.896,78
	Widows – preferential scheme	15.160.733,33	0,6%	2.718.443,74	30.006.607,85
	Orphans – without preferential scheme	4.411,55	0,0%	1.222,39	7.492,85
	Orphans – preferential scheme	203.834,26	0,0%	31.242,97	336.221,08
	Convent communities – without preferential scheme	13.574,98	0,0%	3.471,33	27.959,25
	Convent communities – preferential scheme	1.781.804,16	0,1%	325.658,23	3.526.842,12
TOTAL		2.662.624.319,77	100,0%	575.756.356,47	4.545.597.201,74

Table 45. Drugs used for treatment of diabetes (2008)

Patients who only use insulin or a similar medicine (A10A)

Medicines (1)	Number of patients (2)	% of patients who use insulin (3)	Volume (DDD) (4)	Average volume per patient (5)=(4)/(2)
Insulins (A10A)	67.473	100,0%	31.125.425	461,3
Antithrombotic agents (B01)	21.974	32,6%	4.624.448	210,5
Statins (C10AA)	28.563	42,3%	9.283.084	325,0
Fibrates (C10AB)	2.229	3,3%	645.445	289,6
Other lipid modifying agents (C10AC+C10AD+C10AX)	1.144	1,7%	317.509	277,5

Patients who only use a hypoglycemic medicine (A10B)

Medicines (1)	Number of patients (2)	% of patients who use a hypoglycemic medicine (3)	Volume (DDD) (4)	Average volume per patient (5)=(4)/(2)
Blood glucose lowering drugs (A10B)	379.864	100,0%	113.049.118	297,6
Antithrombotic agents (B01)	108.121	28,5%	20.804.176	192,4
Statins (C10AA)	177.352	46,7%	56.365.088	317,8
Fibrates (C10AB)	22.280	5,9%	6.503.877	291,9
Other lipid modifying agents (C10AC+C10AD+C10AX)	4.450	1,2%	1.297.730	291,6

Patients who use insulin or a similar medicine (A10A) and a hypoglycemic medicine (A10B)

Medicines (1)	Number of patients (2)	% of patients who use insulin and a hypoglycemic medicine (3)	Volume (DDD) (4)	Average volume per patient (5)=(4)/(2)
Insulins (A10A)	62.005	100,0%	27.015.363	435,7
Blood glucose lowering drugs (A10B)	62.005	100,0%	22.354.286	360,5
Antithrombotic agents (B01)	25.186	40,6%	5.374.592	213,4
Statins (C10AA)	38.314	61,8%	13.392.734	349,6
Fibrates (C10AB)	4.693	7,6%	1.467.478	312,7
Other lipid modifying agents (C10AC+C10AD+C10AX)	1.196	1,9%	341.040	285,2

Appendix 1

ARRETE ROYAL DU 29 MARS 2002 PORTANT APPLICATION DE L'ARTICLE 37, § 17, ET DE L'ARTICLE 165, DERNIER ALINEA, DE LA LOI RELATIVE A L'ASSURANCE SOINS DE SANTE ET INDEMNITES, COORDONNEE LE 14 JUILLET 1994

(Moniteur belge 30-03-2002 - éd. 3)

Modifié par:	A.R.	23-12-2002	-	M.B. 31-12	- éd. 3
	A.R.	29-07-2003	-	M.B. 31-07	- éd. 1
	A.R.	22-01-2004	-	M.B. 30-01	- éd. 1
	A.R.	26-01-2004	-	M.B. 30-01	- éd. 3
	A.R.	11-03-2005	-	M.B. 30-03	
	Cour d'Arbitrage n° 145.385		-	3-6-2005	- M.B. 18-07
	A.R.	13-07-2006	-	M.B. 28-07	- éd. 2
	A.R.	12-10-2006	-	M.B. 25-10	- éd. 2
	A.R.	29-01-2007	-	M.B. 09-02	

CHAPITRE I

DEFINITION

Article 1er. Pour l'application du présent arrêté on entend par "fournitures pharmaceutiques remboursables" les spécialités pharmaceutiques remboursables qui sont reprises dans la liste, annexée à l'arrêté royal du 21 décembre 2001 fixant les procédures, délais et conditions en matière d'intervention de l'assurance obligatoire soins de santé et indemnités dans le coût des spécialités pharmaceutiques et les préparations magistrales remboursables et produits assimilés qui sont repris dans l'annexe de l'arrêté royal du 17 mars 1997 fixant les conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût de préparations magistrales et produits assimilés.

[I - A.R. 13-7-06 – M.B. 28-7 – éd. 2]

Pour l'application du présent arrêté on entend par :

- marge effectivement perçue, la marge du pharmacien calculée selon les dispositions de l'arrêté ministériel du 29 décembre 1989 relatif aux prix des médicaments remboursables, de laquelle a été soustraite la diminution visée dans le présent arrêté;
- marge brute, la marge du pharmacien avant déduction de la diminution;
- marge absolue des médicaments génériques, la marge du pharmacien calculée selon les dispositions spécifiques aux médicaments génériques de l'arrêté ministériel du 29 décembre 1989 relatif aux prix des médicaments remboursables;
- marge garantie, le montant de marge en dessous duquel il ne peut être descendu suite à la diminution de la base sur laquelle l'intervention de l'assurance est calculée, telle que visée à l'article 3.

CHAPITRE II

PERCEPTION OBLIGATOIRE DE L'INTERVENTION PERSONNELLE

Art. 2. L'intervention personnelle des bénéficiaires dans les coûts des fournitures pharmaceutiques remboursables qui sont délivrées dans une officine ouverte au public, dans une pharmacie hospitalière aux bénéficiaires ambulatoires ou par des médecins autorisés à tenir un dépôt de médicaments, est perçue obligatoirement dans tous les cas.

CHAPITRE III

DIMINUTION DE LA BASE SUR LAQUELLE EST CALCULEE L'INTERVENTION DE L'ASSURANCE

Art. 3. Les offices de tarification agréés diminuent la base sur laquelle est calculée l'intervention de l'assurance due par les organismes assureurs aux pharmaciens tenant une officine ouverte au public et aux médecins autorisés à tenir un dépôt de médicaments, pour toutes les prestations visées à l'article 34, 5°, de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994.

[**I** – A.R. 29-3-02 – M.B.30-3 – éd. 2 ; **R** - A.R. 23-12-02 - M.B. 31-12 - éd. 3 ; **M** - A.R. 29-7-03 - M.B. 31-7 - éd. 1; **M** 26-1-04 – M.B. 30-1 – éd. 3 ; **M** – A.R. 11-3-05 – M.B. 30-3 ; Annulation – Cour d'arbitrage n° 145.385 – 3-6-05 – M.B. 18-7 ; **M** - A.R. 13-7-06 – M.B. 28-7 – éd. 2; **M** – A.R. 12-10-06 – M.B. 25-10 – éd. 2 ; **M** - A.R. 29-1-07 - M.B. 9-2 - art.1](°)

Cette diminution est fixée à 10,15 p.c. du montant de l'intervention personnelle qui est laissé à charge des bénéficiaires, telle que visée à l'article 37, § 2 et § 4. A partir du 1^{er} janvier 2003, cette diminution est fixée à 4 p.c.. A partir du 1^{er} janvier 2004 et jusqu'au 30 novembre 2004, cette diminution est fixée à 4,5 p.c. et du 1^{er} décembre 2004 au 31 décembre 2004, cette diminution est fixée à 1,33 p.c.. A partir du 1^{er} janvier 2005 et jusqu'au 30 novembre 2005, cette diminution est fixée à 4,5 p.c. et du 1^{er} décembre 2005 au 31 décembre 2005, cette diminution est fixée à 2 p.c... partir du 1^{er} janvier 2006, cette diminution est fixée à 2 p.c.. A partir du 1^{er} juillet 2006 et jusqu'au 31 décembre 2006 inclus, cette diminution est fixée à 0 p.c.. A partir du 1^{er} janvier 2007, cette diminution est fixée à 0 p.c.

Art. 4. Les modalités techniques pour l'application de cette diminution de la base sur laquelle est calculée l'intervention de l'assurance, sont fixées par le Comité de l'assurance sur proposition de la Commission de conventions Pharmaciens - Organismes assureurs dans les directives de facturation des fournitures pharmaceutiques dispensées à des bénéficiaires non hospitalisés telles que visées à l'article 6 de l'arrêté royal du 15 juin 2001 déterminant les données relatives aux fournitures à tarifier que les offices de tarification doivent transmettre aux organismes assureurs.

(°) d'application à partir du 1-1-2007

[I – A.R. 13-7-06 – M.B. 28-7 – éd. 2] Une procédure de correction de la marge effectivement perçue l'année précédente est d'application à partir de 2006. Le mode de calcul est repris dans l'annexe 1 jointe à cet arrêté.

[I – A.R. 13-7-06 – M.B. 28-7 – éd. 2] Pour 2006, la différence entre d'une part, le montant estimé de la marge effectivement perçue en 2005 sur les prestations pharmaceutiques remboursables, y compris la marge absolue pour les médicaments génériques et augmentée de la marge réalisée sur les contraceptifs oraux qui avaient été retirés de la liste des spécialités remboursables en 2005, et d'autre part, la marge garantie pour l'année 2005, soit 497 millions d'EUR, augmentée de la marge absolue pour les médicaments génériques, ainsi que de l'indu de 2003 est calculée en terme de pourcentage de l'intervention personnelle pour la période du 1^{er} juillet 2006 au 31 décembre 2006. Ce pourcentage est déduit pour la période du 1^{er} juillet 2006 jusqu'au 31 décembre 2006 inclus des 2 p.c. de diminution qui ont été fixés pour l'année 2006.

[I - A.R. 23-12-02 - M.B. 31-12 - éd. 3] (°)

Art. 4bis. Le pourcentage de diminution de la base sur laquelle est calculée l'intervention de l'assurance, fixé à partir du 1er janvier 2003 par l'article 3, dernier alinéa, peut être adapté, par arrêté royal, à partir du 1er juillet 2003 s'il apparaît d'une estimation effectuée par la Commission de convention Pharmaciens - Organismes assureurs et validées par la Commission de contrôle budgétaire sur base de données chiffrées fournies par l'Institut national d'assurance maladie-invalidité et les organisations représentatives des pharmaciens, que le montant de la marge brute des pharmaciens tenant officines ouvertes au public est plus élevée ou moins élevée que 440 millions d'EUR pour l'année 2003. A défaut de l'estimation par la commission de convention, le montant est fixé par le Conseil général après avis de la Commission de contrôle budgétaire.

Le pourcentage de diminution de la base sur laquelle est calculée l'intervention de l'assurance ne peut pas être supérieur à 15 p.c. à compter du 1er juillet 2003 étant entendu que le produit de cette diminution ne pourra être supérieur à 42,04 millions d'EUR en 2003.

[I - A.R. 22-1-04 - M.B. 30-1 - éd. 1] (°°)

Art. 4ter. Si après la clôture des comptes pour 2003, il ressort des données de l'Institut national d'assurance maladie-invalidité que, suite à la diminution de la base sur laquelle l'intervention de l'assurance est calculée, prévue dans l'article 3 de l'arrêté royal du 29 mars 2002. La marge brute des pharmaciens qui ont une officine ouverte au public est inférieure à 440 millions d'EUR., la différence sera reversée aux pharmaciens eux-mêmes selon les modalités établies par le Ministre qui a les Affaires sociales comme compétence.

(°) d'application à partir du 1-1-2003 et cessera d'être en vigueur le 31 décembre 2003

(°°) d'application à partir du 1-2-2004

[M – A.R. 26-1-04 – M.B. 30-1 – éd. 3]([°]) Si le produit de cette diminution est supérieur à 42,04 millions d'EUR en 2003, le montant dépassant ces 42,04 millions d'EUR sera reversé aux pharmaciens eux-mêmes selon les modalités établies par le Ministre qui a les Affaires sociales comme compétence. Si après la clôture des comptes pour 2004, il ressort des données de l'Institut national d'assurance maladie-invalidité que, suite à la diminution de la base sur laquelle l'intervention de l'assurance est calculée, prévue dans l'article 3 de l'arrêté royal du 29 mars 2002, la marge brute des pharmaciens qui ont une officine ouverte au public est inférieure à 469 millions d'EUR, la différence sera reversée aux pharmaciens eux-mêmes selon les modalités établies par le Ministre qui a les Affaires sociales comme compétence.

[I – A.R. 11-3-05 – M.B. 30-3]

Art. 4^{quater}. En avril 2005, une nouvelle estimation de la marge brute attendue en 2005 sera faite par la Commission de conventions pharmaciens-organismes assureurs et validée par la Commission de contrôle budgétaire sur base de données chiffrées fournies par l'Institut national d'Assurance Maladie-Invalidité et les organisations professionnelles représentatives des pharmaciens. A défaut de l'estimation par la Commission de conventions, le montant est fixé par le Conseil général après avis de la Commission de contrôle budgétaire.

Si la nouvelle estimation évalue la marge à plus de 522 millions d'EUR, le pourcentage de rétribution sera adapté pour la période de septembre à décembre 2005 afin de maintenir le plafond de la marge à 497 millions d'EUR.

[I – A.R. 13-7-06 – M.B. 28-7 – éd. 2]

Art. 4^{quinqies}. Pour 2006, la marge garantie des pharmaciens qui inclut la marge absolue pour les médicaments génériques est fixée à 523,3 millions d'EUR.

Art. 5. Cet arrêté entre en vigueur le 1er avril 2002. L'obligation de diminuer la base sur laquelle est calculée l'intervention de l'assurance est d'application pour les prestations qui sont facturées à partir du 1er avril 2002.

([°]) d'application à partir du 1-1-2004

Appendix 2

ARRETE ROYAL DU 29 JANVIER 2007 FIXANT LES CONDITIONS DANS LESQUELLES LE COMITE DE L'ASSURANCE PEUT CONCLURE UNE CONVENTION EN APPLICATION DE L'ARTICLE 56, § 2, 1°, DE LA LOI RELATIVE A L'ASSURANCE SOINS DE SANTE ET INDEMNITES, COORDONNEE LE 14 JUILLET 1994, EN VUE DE PROLONGER LE FINANCEMENT EXPERIMENTAL DE CONTRACEPTIFS POUR LES JEUNES

(Moniteur belge du 13-02-2007)

Modifié par : A.R. 20-12-2007 - M.B. 07-01-2008
A.R. 29-06-2008 - M.B. 26-07
A.R. 16-03-2010 - M.B. 19-03- éd. 3
[A.R. 26-08-2010 - M.B. 15-09]

CHAPITRE I DEFINITIONS

Article 1er. Pour l'application du présent arrêté, il faut entendre par :

- 1° « l'Institut », l'Institut national d'assurance maladie-invalidité;
- 2° « organisme assureur », une union nationale, la Caisse auxiliaire d'assurance maladie-invalidité et la Caisse des soins de santé de la S.N.C.B. Holding, comme définis dans la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994;
- 3° « moyens contraceptifs », les pilules combinées orales à base d'œstrogènes et de progestatifs, injections contraceptives et minipilules, patchs contraceptifs, stérilets hormonaux et au cuivre, anneaux vaginaux, bâtonnets ou implants hormonaux, pilules du lendemain, à l'exception du préservatif.

[R - A.R. 16-3-10 - M.B. 19-3 - éd. 3 - art. 1](°)

Art. 2. (°) [Dans les conditions mentionnées à l'article 3, il peut être conclu entre le Comité de l'assurance du Service des soins de santé de l'Institut national d'assurance maladie-invalidité et les organismes assureurs une convention en vue du financement d'une intervention spécifique dans le coût de l'achat de moyens contraceptifs par des femmes jusqu'à l'âge de vingt ans inclus.

(°) d'application à partir du 1-4-2010

(°°) ["A l'article 2, deuxième alinéa, de l'arrêté royal du 29 janvier 2007 fixant les conditions dans lesquelles le Comité de l'assurance peut conclure une convention en application de l'article 56, § 2, 1°, de la loi relative à l'assurance soins de santé et indemnités, coordonnée le 14 juillet 1994, en vue de prolonger le financement expérimental de contraceptifs pour les jeunes, modifié par l'arrêté royal du 20 décembre 2007, sont apportées les modifications suivantes :

- 1° au deuxième tiret, le 5e alinéa est supprimé;
- 2° au troisième tiret, le 2e alinéa est supprimé"(A.R. 26-08-10 – M.B. 15-09 - art. 1 – d'application à partir du 25-9-2010)

ATTENTION : Ces modifications ont déjà été insérées par le remplacement de l'article 2 par l'A.R. du 16-3-2010]

L'intervention spécifique est accordée pour les moyens qui sont repris dans la liste qui est annexée au présent arrêté. En plus du prix de vente au public et de la base de calcul pour l'octroi de l'intervention spécifique, figurent dans les colonnes A et B les montants de l'intervention spécifique. Cette intervention est la différence entre l'intervention personnelle du bénéficiaire actuelle et une intervention personnelle théorique, calculée à partir de la base de calcul, multiplié par un pourcentage déterminé, dépendant du classement dans une des cinq classes suivantes :

- classe 1 : 0 p.c. de la base de calcul;
- classe 2 : 15 p.c. de la base de calcul avec un maximum de 7,20 EUR pour les bénéficiaires visés à l'article 37, § 1er, alinéas 2 et 3, et § 19, de la loi coordonnée susvisée et qui ont droit à une intervention majorée de l'assurance, et 25 p.c. de la base de calcul avec un maximum de 10,80 EUR pour les autres bénéficiaires.

L'intervention personnelle théorique des bénéficiaires est fixée à 15 p.c. de la base de calcul avec un maximum de 8,90 EUR pour les bénéficiaires visés à l'article 37, § 1er, alinéas 2 et 3, et § 19, de la loi coordonnée susvisée et qui ont droit à une intervention majorée de l'assurance, et 25 p.c. de la base de calcul avec un maximum de 13,50 EUR pour les autres bénéficiaires s'il s'agit d'un grand conditionnement d'une spécialité pharmaceutique.

Pour l'application du présent arrêté, il faut entendre par grand conditionnement, tout conditionnement public qui contient plus de 60 unités d'utilisation, étant entendu qu'on entend par unité d'utilisation l'unidose ou en cas de multidose l'unité standard à savoir 1 dose.

Dans le cas où l'officine hospitalière ou le dépôt de médicaments est habilité à délivrer des médicaments à des personnes non hospitalisées, cette intervention personnelle augmentée est d'application si plus de 60 unités d'utilisation sont délivrées.

- classe 3 : 50 p.c. de la base de calcul avec un maximum de 8,90 EUR pour les bénéficiaires visés à l'article 37, § 1er, alinéas 2 et 3, et § 19, de la loi coordonnée susvisée et qui ont droit à une intervention majorée de l'assurance, et avec un maximum de 13,50 EUR pour les autres bénéficiaires.
- classe 4 : 60 p.c. de la base de calcul.
- classe 5 : 80 p.c. de la base de calcul.

Pour les moyens contraceptifs qui sont également inscrits dans la liste annexée à l'arrêté royal du 21 décembre 2001 fixant les procédures, délais et conditions concernant l'intervention de l'assurance obligatoire soins de santé et indemnités dans le coût des spécialités pharmaceutiques et qui sont délivrés dans une officine ouverte au public, l'intervention est cependant la différence entre l'intervention personnelle du bénéficiaire actuelle et une intervention personnelle théorique, calculée à partir de la base remboursement (niveau ex-usine), multiplié par un pourcentage déterminé, dépendant du classement dans une des cinq classes suivantes :

- classe 1 : 0 p.c. de la base de remboursement (niveau ex-usine).
- classe 2 : 1,50 EUR augmenté de 16 p.c. de la base de remboursement (niveau ex-usine) pour les bénéficiaires visés à l'article 37, § 1er, alinéas 2 et 3, et § 19, de la loi coordonnée susvisée et qui ont droit à une intervention majorée de l'assurance, et 2,50 EUR augmentés de 27 p.c. de la base de remboursement (ex-usine) pour les autres bénéficiaires.

Si la base de remboursement (niveau ex-usine) est inférieure à 14,38 EUR, l'intervention personnelle théorique est fixée à 26,52 p.c. de la base de remboursement (niveau ex-usine) pour les bénéficiaires qui ont droit à une intervention majorée de l'assurance, et à 44,20 p.c. de la base de remboursement (niveau ex-usine) pour les autres bénéficiaires.

Le montant de l'intervention personnelle théorique est cependant plafonné à un montant maximum :

i) s'il s'agit d'un bénéficiaire de l'intervention majorée, le plafond est de 7,20 EUR pour un conditionnement normal et de 8,90 EUR pour un grand conditionnement;

ii) s'il s'agit d'un autre bénéficiaire, le plafond est de 10,80 EUR pour un conditionnement normal et de 13,50 EUR pour un grand conditionnement.

- classe 3 : 5,00 EUR augmentés de 54 p.c. de la base de remboursement (niveau ex-usine).

Si la base de remboursement (niveau ex-usine) est inférieure à 14,38 EUR, l'intervention personnelle est fixée à 88,39 p.c. de la base de remboursement (niveau ex-usine).

Le montant de l'intervention personnelle est cependant plafonné à un montant maximum :

i) s'il s'agit d'un bénéficiaire de l'intervention majorée, le plafond est de 8,90 EUR;

ii) s'il s'agit d'un autre bénéficiaire, le plafond est de 13,50 EUR.

- classe 4 : 6,00 EUR augmentés de 65 p.c. de la base de remboursement (niveau ex-usine).

Si la base de remboursement (niveau ex-usine) est inférieure à 14,38 EUR, l'intervention personnelle est fixée à 106,07 p.c. de la base de remboursement (niveau ex-usine).

- classe 5 : 8,00 EUR augmentés de 86 p.c. de la base de remboursement (niveau ex-usine).

Si la base de remboursement (niveau ex-usine) est inférieure à 14,38 EUR, l'intervention personnelle est fixée à 141,43 p.c. de la base de remboursement (niveau ex-usine).

La liste peut être adaptée tous les six mois afin de tenir compte des nouveaux moyens ou d'une modification du prix de vente au public et/ou de la base de calcul. L'adaptation peut notamment consister en un changement de classe de remboursement des produits. Mensuellement, l'Institut peut publier une liste par l'intermédiaire du réseau internet à l'adresse <http://riziv.fgov.be> avec les nouveaux moyens ou les modifications du prix de vente au public et/ou de la base de calcul, en attendant l'adaptation semestrielle de la liste annexée au présent arrêté.

Les femmes jusqu'à l'âge de 20 ans inclus bénéficient de l'intervention sur présentation d'une prescription médicale d'un moyen contraceptif et de leur carte SIS ou d'une attestation y assimilée.

Les femmes qui achètent un moyen de contraception qui n'est pas soumis à prescription, paient au pharmacien le prix total de vente au public et reçoivent du pharmacien un formulaire « paiement au comptant », avec lequel elles peuvent s'adresser à leur organisme assureur afin d'obtenir l'intervention spécifique.

L'intervention est limitée aux moyens qui sont délivrés à la femme par le pharmacien.]

Art. 3. Les conventions susvisées comportent les éléments ci-après :

1. les modalités selon lesquelles l'intervention spécifique est intégrée dans la facturation Pharmanet;

2. les modalités selon lesquelles s'opère le décompte entre les organismes assureurs et l'Institut, tant dans le cas d'une facturation via Pharmanet que dans le cas d'une facturation après un paiement au comptant;

3. les modalités de contrôle par le Service de contrôle administratif de l'Institut;

4. les modalités d'établissement d'un rapport d'évaluation au terme de l'expérience.

Art. 4. L'intervention est fixée pour l'année 2007 sur la base d'une enveloppe budgétaire de 6.203.000 EUR au maximum, à répartir entre les offices de tarification agréés et les organismes assureurs conformément aux modalités définies ci-dessus.

[I - A.R. 20-12-07 - M.B. 7-1-08 - art. 2]

L'intervention est fixée pour la période 1er janvier 2008 jusqu'au 30 juin 2008 sur la base d'une enveloppe budgétaire de 3.102.000 EUR au maximum, à répartir entre les organismes assureurs conformément aux modalités définies ci-dessus.

[I - A.R. 29-6-08 - M.B. 16-7 - art. 1]

[L'intervention est fixée pour la période 1er juillet 2008 jusqu'au 31 décembre 2008 sur la base d'une enveloppe budgétaire de 3.102.000 EUR au maximum, à répartir entre les organismes assureurs conformément aux modalités définies ci-dessus.]

[I - A.R. 26-8-10 - M.B. 15-9 - art. 2]

[L'intervention est fixée pour la période 1er janvier 2010 jusqu'au 31 décembre 2010 sur la base d'une enveloppe budgétaire de 8.319.000 EUR au maximum, à répartir entre les organismes assureurs conformément aux modalités définies ci-dessus.]

Art. 5. Ladite intervention est imputée sur les frais d'administration du Service des soins de santé de l'Institut national d'assurance maladie-invalidité.