SPITS OOSTERWOLDE · THE NETHERLANDS

EHMA · MAY

Automated Dose Dispensing in *the Netherlands*

Quality, safety and sustainability through standardisation and specialisation.

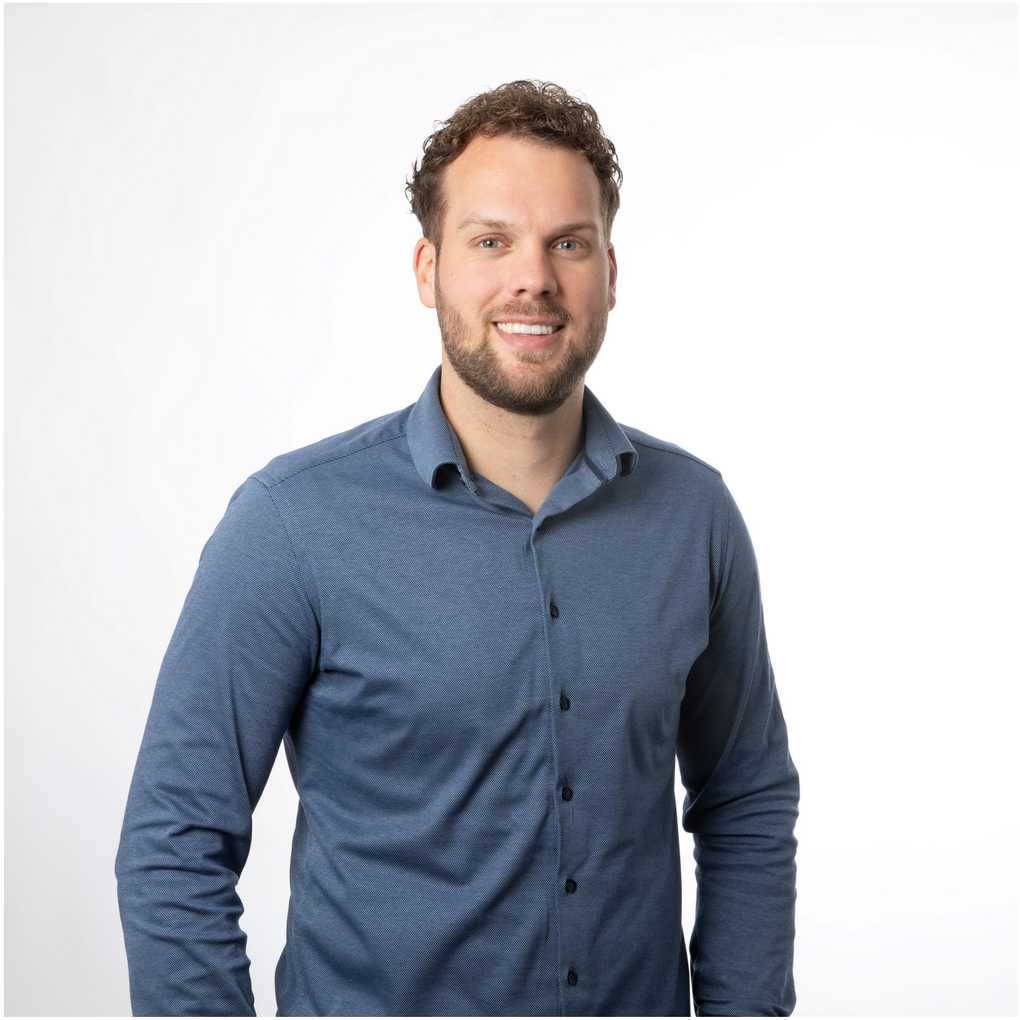
LARS VOGELZANG, PHARMD · MANAGING PHARMACIST, SPITS OOSTERWOLDE

SPEAKER

Lars Vogelzang PharmD

Managing Pharmacist · SPITS Oosterwolde

- Responsible for the daily care of patients and directly responsible for the production site
- Member of the national working group revising the Dutch ADD guideline



SPITS OOSTERWOLDE

A specialised **ADD pharmacy** in the north of the Netherlands.

25

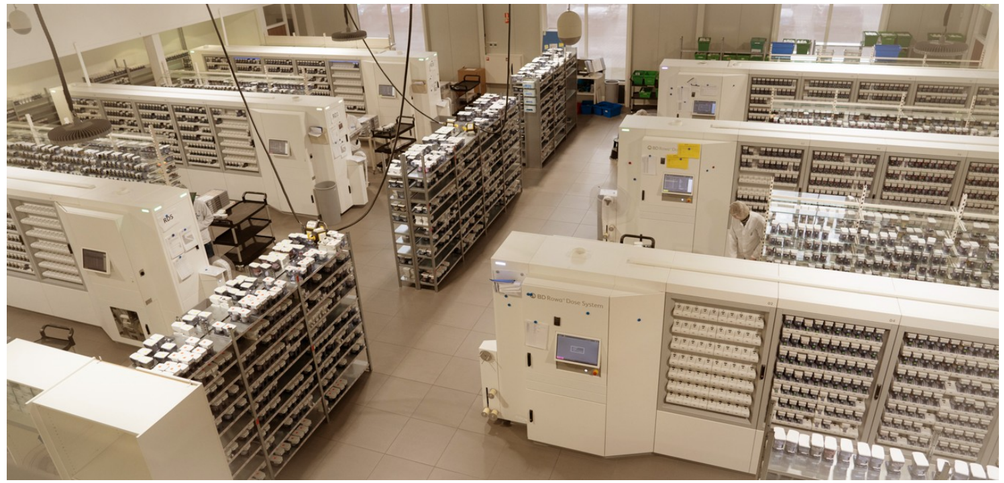
years of experience in centralised dispensing

67k

patients receive their daily medication via SPITS

220

pharmacies served across the mid / north of the Netherlands

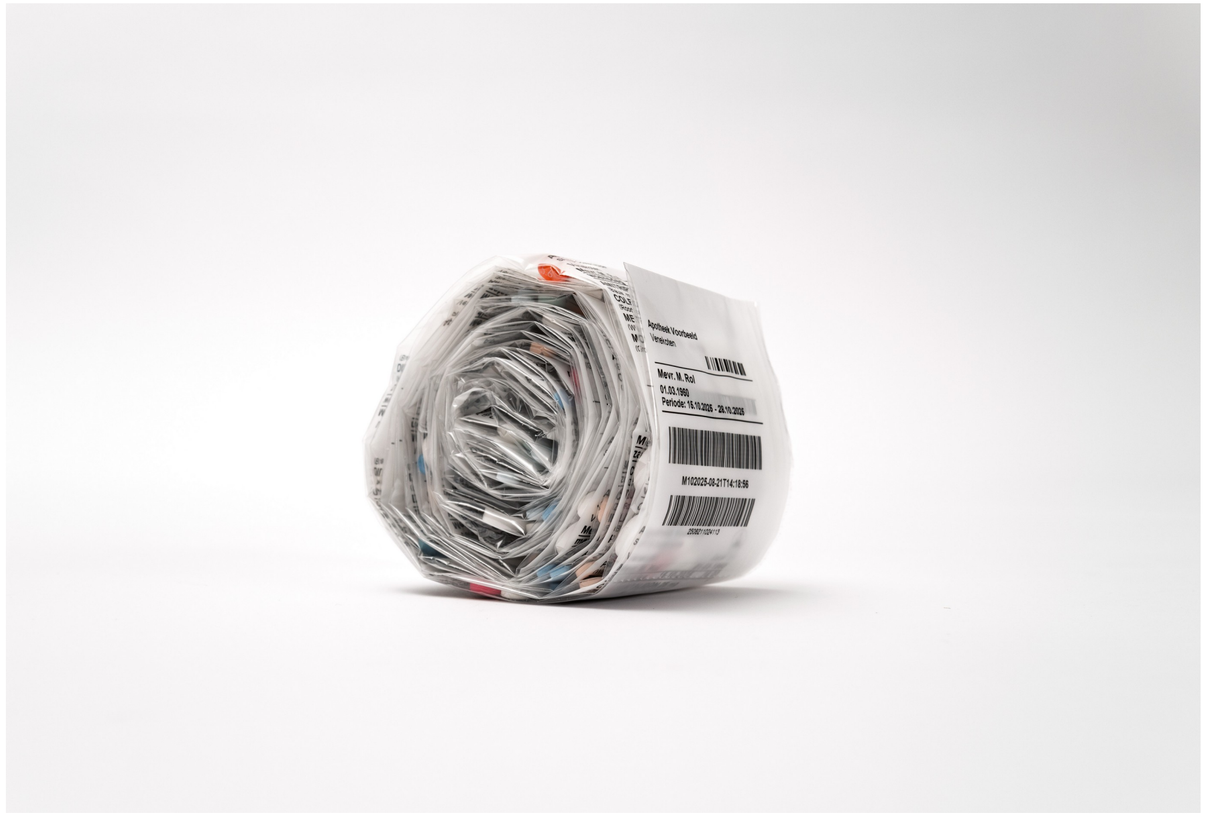


WHY SPITS EXISTS

- The clinical benefits of the medication roll – medication adherence
- The logistical advantages of centralized dispensing – quality and scalability

OUR POSITION IN THE SYSTEM

SPITS **complements** — rather than replaces — the role of the community pharmacy.



THE MEDICATION ROLL

One patient. **One moment.** One sealed sachet.

Each sachet contains the full medication intake for one moment in the day — barcoded, traceable and ready to swallow.

CORE VALUE

What the medication roll **delivers**.

01 · ADHERENCE

Better correct use of medicines.

Structure supports patients with cognitive decline or reduced self-management capacity.

02 · SAFETY

Fewer administration errors.

Validated production and barcoded sachets reduce human error.

03 · CAPACITY

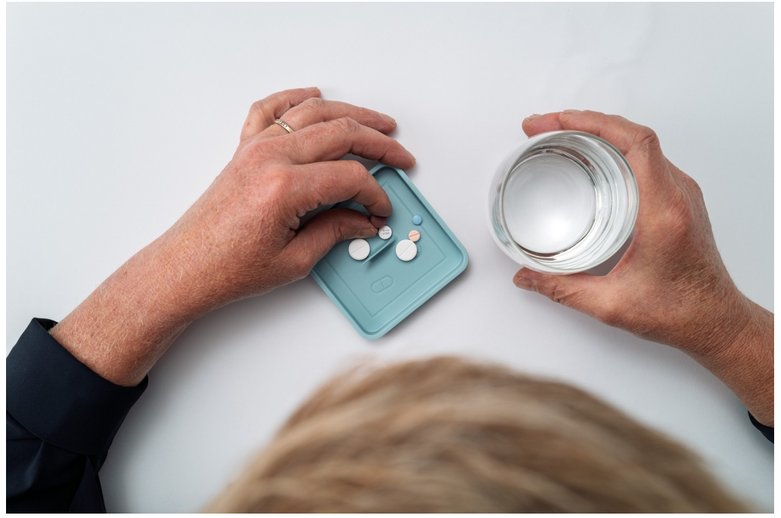
Remove burden of manual dose dispensing.

The medication arrives ready – clear, labeled, patient-specific.

04 · SUSTAINABILITY

Short cycles, less leftover medication.

Typically 1–2 weeks. Therapy changes can be implemented quickly — with far less waste.



SUSTAINABILITY

Less ends up in the **waste bins**.

01 · DISPENSED ON DEMAND

Per intake, per week, per 2–4 weeks.

Medication is dispensed in short cycles — so when therapy is changed or stopped, far less medication ends up unused and discarded.

02 · PACKAGING

A controlled packaging waste stream.

At SPITS, packaging is captured and processed in a controlled waste stream — not spread across thousands of households.

03 · HOUSEHOLD WASTE

Less medication in household waste.

Patients only hold the next cycle at home — unused medication does not pile up in household bins or end up in the sewage system.

04 · SUSTAINABILITY

Lower risk of reuse or hand-down.

Because patients do not keep large stockpiles at home, the risk of medication being reused, shared or passed on to family members is structurally reduced.

FLOW 1 · PATIENT JOURNEY

From **prescription** to **medication roll**.

PATH A · PATIENT AT HOME

Patient

Visits the GP with a health concern.

GP

Issues an electronic prescription.

Patient at home

Roll is always delivered **by the local pharmacy** , or with their explicit approval.

Medication rolls

Production order

PATH B · PATIENT IN A CARE INSTITUTION

Local pharmacy

Owns the patient relationship and clinical decision.

ADD pharmacy customer

Specialised ADD pharmacy

Specialized production partner

Resident in institution

Lives in a care home or nursing facility.

Doctor visits on-site

Therapy is adapted based on findings during the visit.

Delivered to institution

Always via or with approval of the local pharmacy.

HOW THE SYSTEM IS ORGANISED

Regulated, deliberate, and **sustainably financed.**

01 · Regulated professional standard

GMP-compliant in structure. Supervised and enforced by the national healthcare inspectorate — actively maintained in daily practice.

02 · Legal provision

The standard explicitly **allows production for patients of other pharmacies** — enabling centralised production while clinical responsibility stays with the local pharmacist.

03 · Switching within product groups

Permitted between therapeutically equivalent products. Keeps the assortment focused, prevents expiry waste, and allows uninterrupted therapy.

04 · Reimbursement as the enabling condition

ADD is only sustainable with the right reimbursement model. This model supports centralised production, rewards short dispensing cycles, and structurally reduces waste.

THE DUTCH COMBINATION

Centralised production with decentralised clinical responsibility — this is what enables scale and specialisation while fully preserving professional pharmaceutical care.

Part of the roll fee covers central production, logistics, QA & continuity.

The medicines in the roll are excluded from preference policy

Reimbursement is ultimately the lever that determines whether all of this works in practice

THREE TAKEAWAYS FOR EUROPE

What the Dutch ADD model **shows**.

01

ADD is a structural solution for medication waste.

Short cycles, validated production and decentralised clinical responsibility reduce waste at every step — in care settings, in households and in the environment.

02

Centralisation captures waste that local dispensing cannot.

Centralised production allows controlled packaging streams and short cycles, while clinical responsibility stays with the local pharmacist.

03

Reimbursement decides whether waste reduction actually happens.

Incentives must reward short cycles, adherence and waste reduction — never volume or stockpiling, which create waste by design.

Lars Vogelzang, PharmD
SPITS Oosterwolde · The Netherlands · EHMA, May 2026