

## **Trends in Pharmaceutical Expenditure**

**October 2024**

**European Social Insurance Platform (ESIP)  
Medicine Evaluation Committee (MEDEV)**

### **About the European Social Insurance Platform (ESIP)**

The [European Social Insurance Platform \(ESIP\)](#) represents 46 national statutory social insurance organisations in 18 EU Member States and Switzerland, active in the field of health insurance, pensions, occupational disease and accident insurance, disability and rehabilitation, family benefits and unemployment insurance. The aims of ESIP and its members are to preserve high profile social security for Europe, to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European debate and is a consultation forum for European institutions and other multinational bodies active in the field of social security.

### **About the Medicine Evaluation Committee (MEDEV)**

The [Medicine Evaluation Committee \(MEDEV\)](#) was established in 1998 by representatives of the social health insurance organisations in Austria, Finland, Germany, Luxembourg, The Netherlands, and Switzerland to facilitate informed discussions and exchanges on pharmaceutical policy developments in the EU. MEDEV is a network of 23 national authorities from 18 EU Member States and Norway bringing together all the relevant institutions (national HTA agencies and social health insurers-payers) responsible for the assessment, pricing and reimbursement of medicines in Europe. The overarching mission of MEDEV is to further the sustainable provision of medicines to patients who are publicly insured. The [European Social Insurance Platform \(ESIP\)](#) in Brussels was commissioned with the role of coordinating the activities of the Committee.

Contact: [Yannis.natsis@esip.eu](mailto:Yannis.natsis@esip.eu), [Benedetta.baldini@esip.eu](mailto:Benedetta.baldini@esip.eu)

## Contents

The context .....	4
Main trends and recommendations.....	5
Country fiches.....	8
Austria .....	8
Belgium .....	10
Cyprus.....	15
Czechia .....	17
Finland.....	19
France.....	22
Germany.....	27
Italy .....	29
Latvia.....	32
Netherlands .....	33
Norway.....	35
Portugal.....	37
Slovakia.....	40
Slovenia.....	42
Spain .....	44
Sweden.....	45

## The context

---

As the political debate concentrates on the need to maintain the European industrial sector competitive, health insurers, also known as payers, are facing a financial sustainability challenge: novel medicines often come to the market with high prices, coupled with little evidence of therapeutic benefit for patients. This raises the ethical dilemma of whether to authorise access to new therapies – in terms of reimbursement, and on what grounds – despite the lack of information and with stretched budgets. This power imbalance is a source of serious concern for health insurers. Nevertheless, and in order to fulfil their statutory mission of ensuring patient access to treatment, health insurers have invested an increasing portion of their budget in pharmaceuticals in recent years.

Increased pharmaceutical expenditure is driven by many factors: novel, ever more expensive therapies brought to the market, reimbursed and increasingly used in out-patient care settings; extended indications leading to larger patient groups using costly therapies; demographic ageing, the rise of chronic diseases and the subsequent increased use of medicines. These factors are putting healthcare systems at strain.

Shall pharmaceutical expenditure continue to increase following the trends highlighted in this compilation, health systems will be confronted with a severe sustainability challenge. This is why the [European Social Insurance Platform \(ESIP\)](#) & the [Medicine Evaluation Committee \(MEDEV\)](#), as representatives of national pricing and reimbursement authorities across the European Union, urge to keep affordable access to medicines for all patients on top of the agenda for the next European legislature.

The analysis that follows investigates the trends of pharmaceutical expenditure in recent years in the EU and EEA area, based on national data shared by ESIP and MEDEV Members. As it identifies a common trend towards rapidly increasing pharmaceutical expenditure, it also explores the potential drivers of this growth.

## Main trends and recommendations

---

### Steady increase of pharmaceutical expenditure for both in-patient and out-patient care

In recent years, a steady increase of pharmaceutical expenditure was reported by all ESIP and MEDEV Members, both for the in-patient (hospitals and hospital pharmacies) and out-patient sector (prescribed medicines sold in pharmacies). This tendency is particularly accentuated in 2023, with higher interannual growth rates compared to 2022, varying from 3.9 to 13%. No negative trends or decrease in expenditure were reported. Pharmaceutical expenditure is expected to continue rising in the coming years.

Where possible to estimate both out-patient and the in-patient care expenditure trends, higher interannual growth rates are observed for hospital expenditure increase.

Difference between gross and net expenditures reveal that, in a context of increasing costs, health insurers resort to cost-containment measures such as rebates and refunds from managed entry agreements to maintain their financial sustainability. Despite these, a steady increase was observed in the net expenditure as well.

The actual expenditure increase sometimes even exceeds the increase forecast in national annual budgets.

---

#### ***Recommendation:***

Should this growth rate trend continue and accentuate in the coming years, national healthcare systems will face ever-increasing sustainability challenges. Hence, it is imperative to prioritise health policies at European and national level that promote evidence-based and affordable access to treatment.

---

### Increase in prices rather than volume of reimbursed medicines appears to be the main driver of pharmaceutical expenditure

While current demographic trends (population ageing and increase rate of comorbidities) would suggest an increase in volumes of reimbursed medicines, the main driver of pharmaceutical expenditure appears to be higher prices rather than the numbers of defined daily doses (DDD). This dynamic is increasingly linked to a rising share of novel expensive drugs on the overall pharmaceutical expenditure.

---

***Recommendation:***

European and national decisionmakers should not allow the erosion of our publicly funded healthcare systems by implementing policies that over-incentivise pharmaceutical developers resulting in ever-increasing, unaffordable prices.

---

**Some therapeutic groups are the main drivers of higher pharmaceutical expenditure**

Oncology products, including orphan indications, are the main drivers of expenditure, particularly but not exclusively in hospital settings. Other therapeutic areas of significant and increasing expenditure are immunology, metabolic diseases and diabetology – due to the growing costs of antidiabetic drugs, hematology – not least due to the increase in sales of novel anticoagulants, and cardiovascular diseases, especially in the out-patient sector.

The therapeutic needs of a specific population guide the reimbursement decisions of national health insurers. Still, many therapeutic areas remain underserved, often due to lack of commercial interest, while treatments proliferate for other, more profitable diseases and conditions.

---

***Recommendation:***

The EU legislative framework on pharmaceuticals offers a unique opportunity to steer research and biomedical investment towards areas of greater, unmet needs. These should be defined in close collaboration with the competent authorities, whose mission and role are to monitor and respond to the actual therapeutic needs of the population.

---

**The pharmaceutical expenditure increase is accentuated in the field of rare diseases**

Over time, the number of orphan medicines available and eligible for reimbursement has increased across the bloc. Expenditure for orphan products has in some cases doubled in recent years. The interannual growth rate related to orphan expenditure is higher than spendings for non-orphan products. Orphan expenditure as a share of the overall pharmaceutical expenditure is also growing, and so is the net average cost per capita.

Furthermore, the expenditure increase for orphan medicines is partly referable to 'former' or 'inactive' orphan drugs, meaning medicines who lost their orphan status over time, for which competition has not yet entered the market and that remain eligible for reimbursement.

---

***Recommendation:***

While the increase of available orphan medicinal products is welcome, it is crucial to secure that incentives are targeted to real and ultra-orphan diseases, to preserve the sustainability of healthcare systems. It is also important to stimulate competition for orphan drugs in order to ensure that affordable generic and biosimilar products enter the market as soon as the orphan protection of the reference product expires. These objectives should be prioritised within the revision of the EU pharmaceutical legislation currently negotiated in the EU.

---

## Country fiches

### Austria

#### Federation of Austrian Social Insurance (DVSF)

Figures account for medicines reimbursed by the statutory health insurance for the out-patient sector and are based on list prices excluding VAT (individual rebates are not taken into account).

#### Trends of pharmaceutical expenditure in recent years

Out-patient pharmaceutical expenditure in 2023 amounted to approximately 4.3 billion EUR compared to 4.0 billion EUR in 2022 (list prices), corresponding to an increase of 7.1%. In the last 10 years (since 2013) this figure has increased by 1.6 billion EUR. In the recent three years (2021-2023) the average annual growth rate was 7.1%, almost double compared to 3.6% in the three years before (2018-2020).

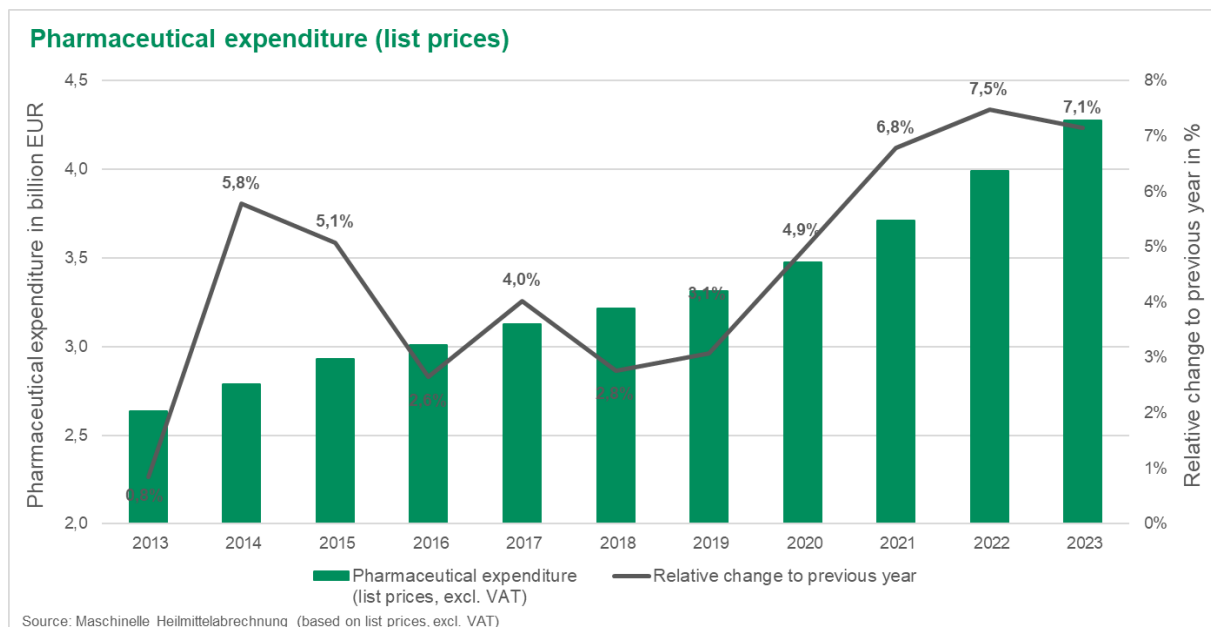


Figure 1 - Pharmaceutical expenditure (list prices) in Austria (2013-2023)

#### Drivers of pharmaceutical expenditure increase

Looking at the two components of pharmaceutical expenditure (cost per prescription and number of prescriptions), the driver for pharmaceutical expenditure since 2013 is a growing price level (average cost per prescription: +78.0%), particularly since 2020, while volume slightly declined (number of prescriptions: -9.0%).

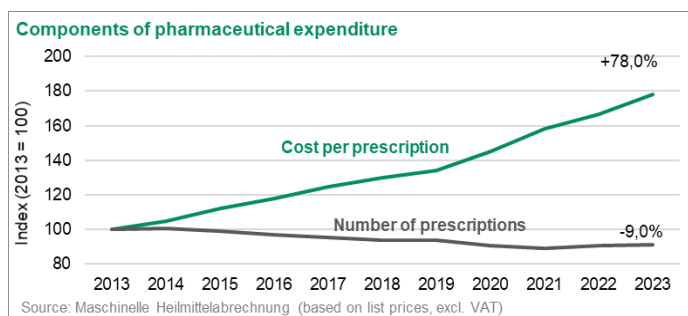


Figure 2 - Components of pharmaceutical expenditure in Austria (2013-2023)



The five main therapeutic areas (ATC level 1) for which the greatest increase in pharmaceutical expenditure was recorded between 2013 and 2023 are Antineoplastic and immunomodulating agents (ATC L) with an increase of +739 million EUR, Blood and blood forming organs (ATC B) with +269 million EUR, Alimentary tract and metabolism (ATC A) with +191 million EUR, Respiratory system (ATC R) with +145 million EUR, and Dermatologicals with +79 million EUR.

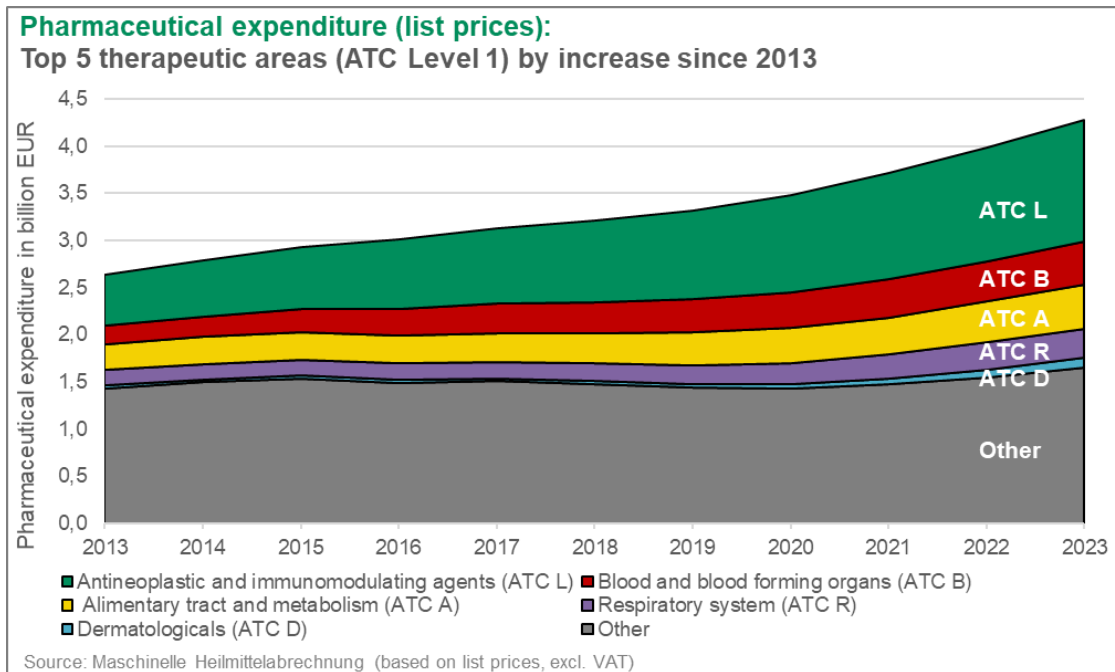


Figure 3 - Top 5 therapeutic areas of pharmaceutical expenditure increase in Austria (2013-2023)

### Pharmaceutical expenditure for orphan medicinal products (OMPs)

The expenditure for orphan medicinal products (OMPs) has more than tripled since 2013 to reach about EUR 345 million EUR in 2023. OMPs accounted for about 8.4 % of the total expenditure for medicines in 2023. The share of OMPs in the total expenditure for medicines shows a rising trend and has more than doubled since 2013.

The number of patients treated with an OMP at the related cost for the statutory health insurance has increased by about 55 % since 2013.

In the area of rare diseases, a trend towards more expensive medication is observed:

- The average cost per OMP prescription was more than EUR 5500 in 2023 and has doubled since 2013.
- The average yearly costs per OMP patient have more than doubled since 2013.
- The number of OMP patients with yearly treatment costs above EUR 100,000 in 2023 is 28 times the number from 2013.

Source:

Maschinelle Heilmittelabrechnung [Automated billing for therapeutic products] (list prices, excluding VAT)

## Belgium

### National Institute for Health and Disability Insurance (NIHDI)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on net prices.

#### Trends of pharmaceutical expenditure in recent years

The overall pharmaceutical expenditure has steadily increased from 2015 to 2023. In 2022, the total expenditure for reimbursable pharmaceuticals increased by 9.0%, compared to a growth rate of 6-7% in the years before.

Public pharmacy expenditure began increasing from 2020 onwards, with a growth rate reaching 8.2% in 2023.

Hospital expenditure also saw a consistent rise from 2020 to 2022 reaching 3.4 billion EUR.

The share of hospital expenditure within the total pharmaceutical expenditure has increased, exceeding public pharmacy expenditure for the first time in 2020.

By 2022, hospital expenditures accounted for 53.2% of the total. The increasing expenditures in both sectors led to a total expenditure of 6.5 billion EUR in 2022.

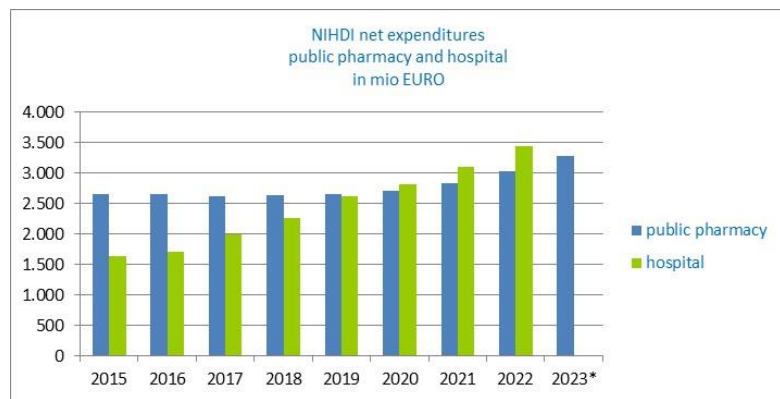


Figure 4 - Annual NIHDI expenditures for reimbursable pharmaceuticals in pharmacies and hospitals (2015 – 2023)

Table 1 - Annual NIHDI expenditure for reimbursable pharmaceutical specialties (2015 – 2023)

Expenditures NIHDI x 1.000.000 €									
	2015	2016	2017	2018	2019	2020	2021	2022	2023*
Open pharmacy	2.651,7	2.664,9	2.626,2	2.647,4	2.649,5	2.719,4	2.839,5	3.033,3	3.281,7
Hospital	1.642,0	1.702,4	1.991,4	2.262,5	2.624,7	2.818,7	3.101,9	3.442,5	
Total	4.293,7	4.367,3	4.617,6	4.909,9	5.274,2	5.538,1	5.941,4	6.475,9	
Growth %									
		2016-2015	2017-2016	2018-2017	2019-2018	2020-2019	2021-2020	2022-2021	2023*-2022
Open pharmacy		0,5	-1,5	0,8	0,1	2,6	4,4	6,8	8,2
Hospital		3,7	17,0	13,6	16,0	7,4	10,1	11,0	
Total		1,7	5,7	6,3	7,4	5,0	7,3	9,0	

To accurately reflect the actual budgetary impact of pharmaceutical expenditure for the Belgian health insurance, it is necessary to consider Managed Entry Agreements (MEAs). The table below presents the evolution of expenditures, taking into account revenues from agreements under articles 81/111 (MEA) and annual taxes on the pharmaceutical industry.

Table 2 - Evolution of expenditures considering revenues from MEAs and taxes (in million EUR)

	2018	2019	2020	2021	2022	2023
Recorded expenditures (1)	4.891,8	5.263,3	5.586,2	5.984,2	6.494,4	7.298,1
Revenues MEA (2)	359,3	605,0	754,2	1.019,5	1.257,2	[1.563,5]
(3) = (1) min (2)	4.532,5	4.658,2	4.832,0	4.964,7	5.237,2	[5.734,6]
Taxes (4)	365,9	397,4	307,3	333,8	383,9	444,6
Actual budgetary burden on health insurance (5) = (3) min (4)	4.166,6	4.260,8	4.524,7	4.630,9	4.853,3	[5.290,1]
Annual growth percentage compared to the previous year	-	+2,3 %	+6,2 %	+ 2,3 %	+ 4,8 %	[+ 9,0 %]

Taking into account the figures above:

- Recorded expenditures increased from 4.891,8 million EUR in 2018 to 7.298,1 million EUR in 2023.
- Revenues from Art. 81/111 (MEA) rose significantly, especially after 2017, reaching 1.563,5 million EUR in 2023. However, the share of expenditure under Art. 81/111 agreements within the total pharmaceutical budget remains relatively stable.
- The actual budgetary burden on the Belgian health insurance increased from 4.166,6 million EUR in 2018 to 5.290,1 million EUR in 2023, with annual growth rates increasing from 2.3% in 2019 to 9.0% in 2023.

The share of drug expenditures is estimated to 16.3 % of total health spending in 2022, and 16% in 2023. In general, pharmaceutical expenditure increases at a slower pace than total healthcare expenditure. Despite this, the net expenditure on pharmaceuticals for 2023 was 94.2 million EUR higher than the 2023 forecast.

### Drivers of pharmaceutical expenditure increase

The increase in expenditures is driven by both volume and price factors, though the primary cause can be attributed to rising prices. In recent years, the number of defined daily doses (DDDs) grew by 1.2% in 2021, 2.2% in 2022, and 3.3% in 2023.

#### Out-patient care

Out of 148 therapeutic areas (ATC), 23 account for 80% of the out-patient pharmaceutical expenditure (in public pharmacies). Immunosuppressants and antithrombotic agents are among the highest contributors to the total expenditure, each with substantial growth and high expenditure values. Blood glucose lowering drugs, excluding insulins show the highest consistent growth, with a 20% increase in 2023. MEAs are ongoing in these groups of medicines.

Table 3 - Top 80% of annual NIHDI expenditure (excluding revenues from MEA and taxes) for medicines in open pharmacies<sup>1</sup>

		Growth 2021 - 2020	Growth 2022 - 2021	Growth 2023* - 2022	INAMI expenditu res  2023 (in mio EUR)
	<b>Total</b>	<b>4,4%</b>	<b>6,8%</b>	<b>8,2%</b>	<b>3.281,7</b>
L04A	IMMUNOSUPPRESSANTS (T)	7,0%	12,5%	9,4%	571,4
B01A	ANTITHROMBOTIC AGENTS (T)	5,4%	5,6%	2,7%	314,9
A10B	BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS (T)	12,4%	19,0%	20,0%	234,1
R03A	ADRENERGICS, INHALANTS	7,2%	11,5%	6,0%	155,3
J05A	DIRECT ACTING ANTIVIRALS	-2,6%	4,8%	4,5%	152,4
C10A	LIPID MODIFYING AGENTS, PLAIN (T)	2,1%	12,9%	27,4%	139,9
A02B	DRUGS FOR PEPTIC ULCER AND GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)	0,5%	1,6%	4,6%	109,5
B02B	VITAMIN K AND OTHER HEMOSTATICS (T)	32,0%	1,8%	6,6%	105,5
N06A	ANTIDEPRESSANTS	-2,7%	1,9%	4,8%	88,6
A10A	INSULINS AND ANALOGUES	-2,7%	-5,6%	1,9%	86,5
N05A	ANTIPSYCHOTICS	-5,1%	-0,9%	1,9%	81,4
R03D	OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	13,7%	6,2%	18,2%	78,3
C09D	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS	11,8%	15,3%	13,9%	60,0
N03A	ANTIEPILEPTICS	0,6%	2,7%	-1,8%	55,5
N02A	OPIOIDS (T)	-0,6%	-3,2%	0,9%	54,9
C10B	LIPID MODIFYING AGENTS, COMBINATIONS (T)	-1,9%	45,0%	71,9%	52,7
N02C	ANTIMIGRAINE PREPARATIONS (T)	662,3%	128,6%	32,4%	50,2
C09B	ACE INHIBITORS, COMBINATIONS	4,3%	4,1%	6,5%	48,9
M05B	DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION	1,2%	7,4%	12,4%	46,4
C07A	BETA BLOCKING AGENTS	-5,7%	-2,9%	2,3%	41,5
J07B	VIRAL VACCINES	-1,3%	-4,6%	6,2%	40,5
M01A	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS	1,8%	4,8%	2,8%	37,6
J01C	BETA-LACTAM ANTIBACTERIALS, PENICILLINS	7,9%	26,6%	8,8%	32,2

<sup>1</sup> When (t) is indicated, it means that MEAs are ongoing in this group of medicines.

### In-patient care

Out of 148 therapeutic areas (ATC), 12 account for 80% of the in-patient pharmaceutical expenditures (in hospitals). In 2022 expenditures for the top 3 ranked classes, namely monoclonal antibodies and antibody drug conjugates, protein kinase inhibitors, and immunosuppressants, exceeded 1.8 billion euros or 53% of the expenditure for pharmaceutical specialties in hospitals. MEAs are ongoing in these groups of medicines.

Table 4 - Top 80% of annual NIHDI expenditure (excluding revenues from MEA and taxes) for medicines in hospitals<sup>2</sup>

Ranking			Forfait	ATC3		Growth (%)		Total in mio EUR
2020	2021	2022				2021-2020	2022-2021	2022
1	1	1	No	L01F	MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES (T)	12,9%	9,7%	998,3
3	3	2	No	L01E	PROTEIN KINASE INHIBITORS (T)	7,0%	9,9%	448,8
2	2	3	Mix	L04A	IMMUNOSUPPRESSANTS (T)	5,8%	-9,8%	389,2
43	21	4	Mix	N07X	OTHER NERVOUS SYSTEM DRUGS (T)	441,6%	493,6%	162,2
5	5	5	No	L02B	HORMONE ANTAGONISTS AND RELATED AGENTS (T)	14,5%	24,8%	149,1
6	6	6	No	J06B	IMMUNOGLOBULINS	18,2%	8,9%	122,4
4	4	7	No	S01L	OCULAR VASCULAR DISORDER AGENTS (T)	9,6%	-9,7%	110,1
7	7	8	Mix	L01X	OTHER ANTINEOPLASTIC AGENTS (T)	18,0%	19,4%	103,6
29	11	9	No	R07A	OTHER RESPIRATORY SYSTEM PRODUCTS (T)	348,9%	95,2%	97,8
8	8	10	No	B02B	VITAMIN K AND OTHER HEMOSTATICS (T)	13,2%	5,0%	75,8
15	18	11	No	M09A	OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM (T)	-4,0%	47,0%	57,3
12	10	12	Mix	A16A	OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS (T)	5,4%	9,5%	56,6

### Pharmaceutical expenditure for orphan medicinal products (OMPs)

On 1 October 2022, there were 222 registered medicines qualified as orphan medicinal products (OMPs), or previously regarded as orphan drugs in Belgium. Among those, nearly 60% are eligible for reimbursement; around 10% were not accepted for reimbursement, not only for budgetary reasons, but because alternatives exist which are often cheaper, or due to the absence of certain essential elements for granting reimbursement; for slightly over 20% of OMPs, the company responsible did not file an application for inclusion in Belgian reimbursement.

<sup>2</sup> When (t) is indicated, it means that MEAs are ongoing in this group of medicines.

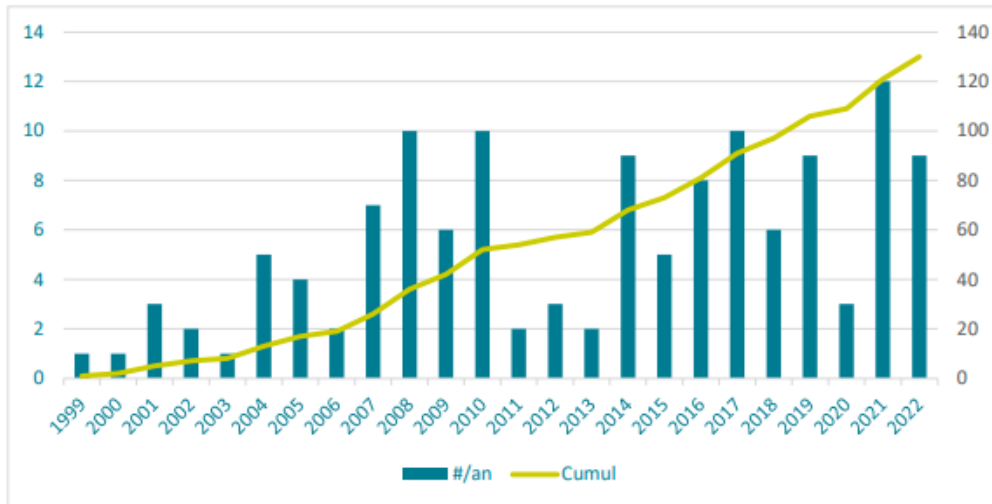


Figure 5 - Evolution of the number of orphan drugs eligible for reimbursement in Belgium (per year and cumulative)

A consistent increase in the net annual expenditure for OMPs was recorded from 2012 to 2020. Orphan pharmaceutical expenditure has nearly doubled from around 300 million EUR in 2012 to over 600 million EUR by 2020. The number of orphan drugs eligible for reimbursement (represented by the orange line in Figure 6) also increased steadily over the years: from under 40 in 2012 to approximately 120 by 2020.

There is therefore a clear correlation between the increasing number of OMPs and the rising expenditure. As the number of reimbursable orphan drugs increases, the total expenditure also rises, indicating that the inclusion of more orphan drugs into the reimbursement system leads to higher costs. The expenditure and the number of orphan drugs do not increase linearly; there are periods of more rapid growth, particularly visible around 2015 to 2017 and 2019 to 2020.

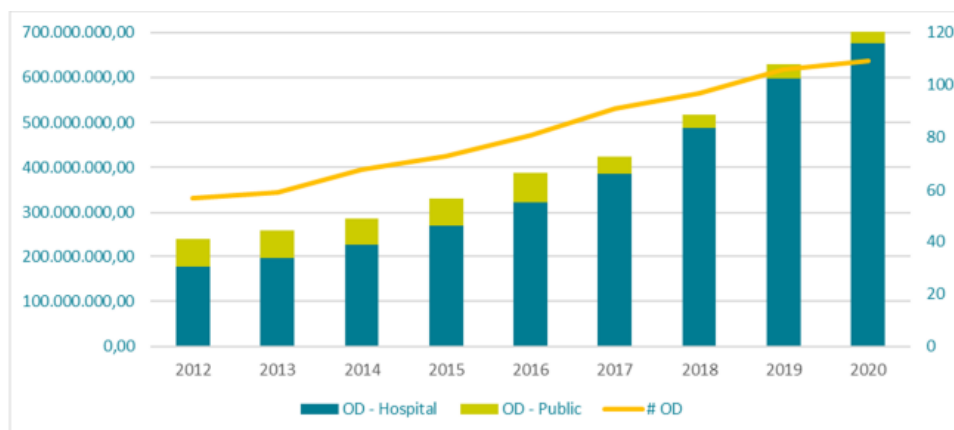


Figure 6 - Evolution of NIHDI net annual expenditure and number of orphan drugs eligible for reimbursement (2012 – 2020)

Sources:

National Institute for Health and Disability Insurance (NIDHI). MORSE Report 2024. Internal Document. (2024). [https://www.riziv.fgov.be/SiteCollectionDocuments/morse\\_report\\_2024.pdf](https://www.riziv.fgov.be/SiteCollectionDocuments/morse_report_2024.pdf)

National Institute for Health and Disability Insurance (NIDHI). AUDITRAPPORT Juni 2024. Internal Document. (2024).

## Cyprus

### Health Insurance Organisation (HIO)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on list prices for community pharmacy medicines and net prices for hospital medicines including drugs dispensed from hospital pharmacies.

#### Trends of pharmaceutical expenditure in recent years

The National Health Care System (GESY) in Cyprus was introduced in 2019 and included at the beginning only products dispensed from community pharmacies (out-patient care). Since September 2020, the system also covers hospital drugs (in-patient care) and drugs dispensed from hospital pharmacies.

Since 2020, the total pharmaceutical expenditure increased from 165 million EUR to 273 million EUR, partly due to the integration of hospital drugs and drugs dispensed from hospital pharmacies. In 2023, the total pharmaceutical expenditure increased by 13% compared to 2022 for out-patient and in-patient drugs combined, excluding hospital drugs not funded under the Diagnosis related groups (DRG) system. The previous growth change from 2021 to 2022 was only 4%. At present it cannot be estimated whether this significant yearly growth rate increase is an indicator of a rapid growth trend, due to changes in the calculation of expenditures: until 2021 only list prices were considered, while net prices for hospital drugs were introduced since 2022.

In-patient drugs not funded under the DRGs system accounts for a smaller portion (approximately 15%) of the total pharmaceutical expenditure. For those, the growth in expenditure from 2022 to 2023 is more significant and stands at 23%.

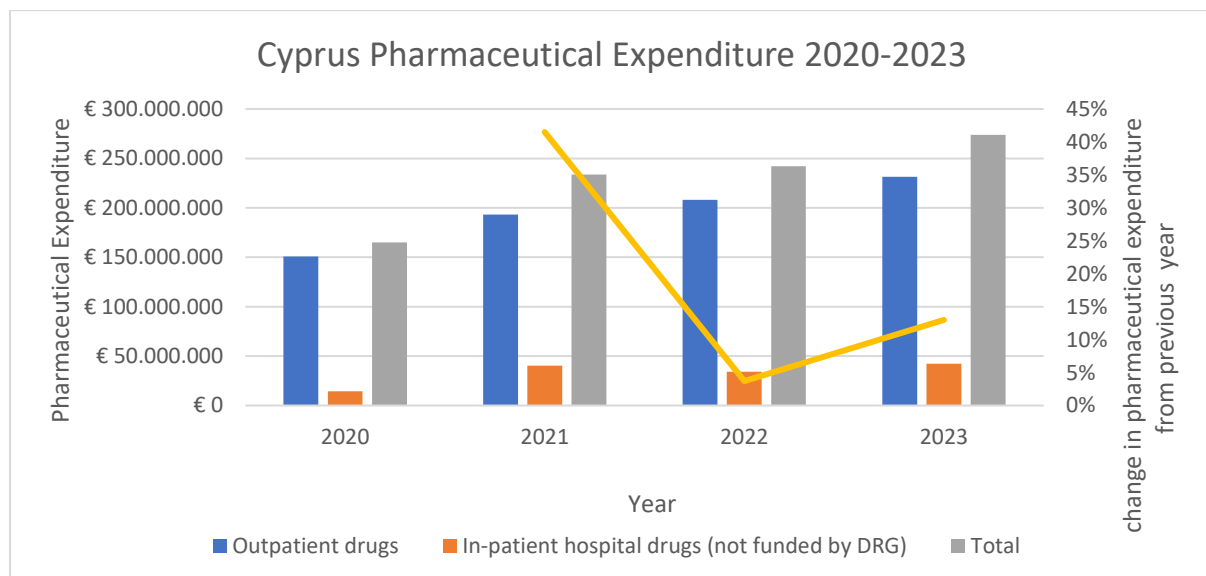


Figure 7 - Cyprus pharmaceutical expenditure (2020-2023)

## Drivers of pharmaceutical expenditure increase

The increase in volumes of medicines reimbursed by the National Health Care System is identified as the main driver of pharmaceutical expenditure increase, along with the introduction of non-vitamin K antagonist oral anticoagulant (NOACs) and Sodium-glucose co-transporter-2 inhibitors (SGLT2-i) in diabetes in 2022, the introduction of SGLT2-I for heart failure and immune-therapies in new oncology indications.

### Sources:

Audited Financial Statements of the Health Insurance Organisation (HIO) (years 2020-2022).

[https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=el\\_GR&lookuphost=/el-gr/&lookuppage=hioauditedfinancialstatements-information](https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=el_GR&lookuphost=/el-gr/&lookuppage=hioauditedfinancialstatements-information)

[Figures for the year 2023 have not been audited yet]



## Czechia

### State Institute for Drug Control (SUKL)

*Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector combined and are based on list prices.*

#### Trends of healthcare and pharmaceutical expenditure in recent years

In 2022, the total expenditure on healthcare in the Czechia reached the amount of 594.7 billion Czech Koruna (CZK) (corresponding to 23.72 billion EUR). From 2010 to 2022, health care spending nearly doubled. Expenditure increased by 15 billion CZK (600 million EUR) compared to 2021, which represents an increase of 2.6%, with a slower growth rate compared to previous years. Preliminary data for 2023 reveal an estimated expenditure on health care of 627.2 billion CZK (25 billion EUR), which represents an increase of 5.4%.

In 2022, as in other years, most was spent on medical care, more than 318 billion CZK (corresponding to 12.7 billion EUR). The costs of medical care increased by 20 billion CZK year-on-year (corresponding to 0.8 billion EUR). The representation of expenses for in-patient and out-patient care was relatively even in 2022.

A significant amount was spent on medicines and medical devices in 2022: 98.2 billion CZK (corresponding to 3.9 billion EUR), which made up 17% of the total expenditure on health care. Absolute drug spending is increasing every year since 2020, from 87.8 billion CZK (3.5 billion EUR) in 2020 to 114.9 billion CZK (4.6 billion EUR) in 2023. The latest variation (from 2022 to 2023) recorded an increase of 12%. Nevertheless, the share of drug spending in total health care spending is declining.

#### Drivers of pharmaceutical expenditure increase

The volume of medicines reimbursed (packages sold) gradually increased since 2019, and prices accordingly. Nevertheless, between 2022 and 2023 the volume decreased by approximately 2 million units (packages), still prices increase by more than 12 million CZK.

In terms of therapeutic areas, expenditures for orphan drugs and highly innovative products are increasing. Generally, the biggest challenges of costs in Czechia are new medicines used in oncology, immunology, diabetology and in the treatment of neurodegenerative and metabolic diseases.

#### Pharmaceutical expenditure for orphan medicinal products (OMPs) and highly innovative medicinal products (HIMPs)<sup>3</sup>

Pharmaceutical expenditure for OMPs and HIMPs exponentially increased since 2019, going from 3.6 billion CZK (143 million EUR) to around 10.4 billion (413 million EUR) in 2023. From 2022 to 2023, OMPs and HIMPs expenditure increased by more than 3 billion CZK,

---

<sup>3</sup> Drugs with at least 30% improvement in primary outcome linked to quality of life and/or extension of life by at least 30% and at least by 3 months (compared to the comparator therapy).

corresponding to a variation of around 43%. Recent data on expenditure trend for 2024 show that for the first seven months of this year, already 8.3 billion CZK have been spent on OMPs and HIMPs, indicating a significant and steady growth trend.

Sources:

Czech Statistical Office (<https://csu.gov.cz/home>)

State Institute for Drug Control (SUKL). Open data: data from distributors of drugs.  
<https://opendata.sukl.cz/?q=katalog-otevrenych-dat>

## Finland

### Social Insurance Institution (KELA)

### Pharmaceuticals Pricing Board, Ministry of Social Affairs and Health

Figures account for medicines reimbursed by the statutory health insurance for the out-patient sector and are based on list prices.

#### Trends of healthcare and pharmaceutical expenditure in recent years

In 2022, Finland's health care expenditure amounted to 25.9 billion EUR. Total expenditure on pharmaceuticals and other medical non-durables including inpatient medicines was approximately 3.9 billion EUR.

The sales of reimbursed prescription medicines in the out-patient care amounted to 2.3 billion EUR that was 9.0% of the health care expenditure.

Both costs and reimbursements in the out-patient care sector have increased significantly from 2001 to 2022. From 2010 to 2022 in particular, reimbursement expenditures for prescription medicines used in the out-patient setting varied from approximately 1.7 million EUR to approximately 2.3 billion EUR. Reimbursement expenditure for the period 2010-2022 increased by over 40%, rising from 1.2 billion EUR to 1.8 billion EUR. The yearly increase in percentage points from 2019 onwards varies from 6.2% to 3.6%, the last variation recorded from 2021-2022.

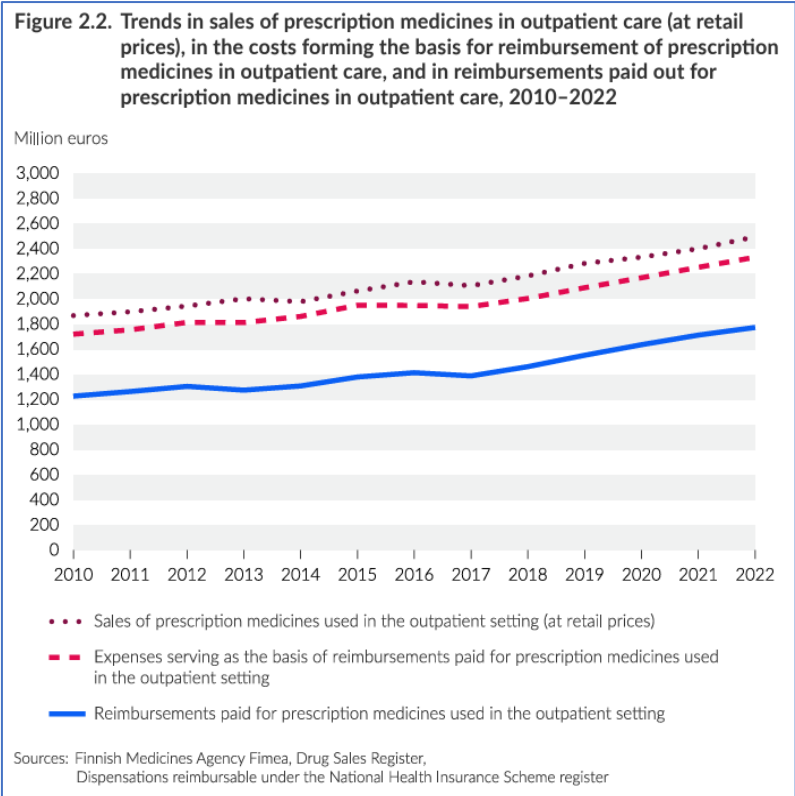


Figure 8 - Trends in sales, costs and reimbursement of prescription medicines in out-patient care in Finland (2010-2022)

#### Drivers of pharmaceutical expenditure increase

The main reasons leading to an increase of reimbursements and costs in the out-patient sector are novel, more expensive therapies used in the out-patient sector whose costs are thus covered from the national reimbursement scheme; new indications and larger patient groups using expensive therapies; population ageing and elderly citizens more in need of medical care.

The therapeutic areas (ATC) for which the pharmaceutical expenditure was higher between 2019 and 2023 are antineoplastic and immunomodulating agents including cancer drugs and antirheumatics (ATC L in Figure 11), with a total spending of 638.9 million EUR in 2023 compared to around 552.9 million EUR in 2019. Other ATCs drivers of pharmaceutical expenditure are treatment in the areas of alimentary tract and metabolism agents (ATC A in Figure 11), nervous system agents (ATC N in Figure 11), and blood and blood forming organs agents including anticoagulants (ATC B in Figure 11).

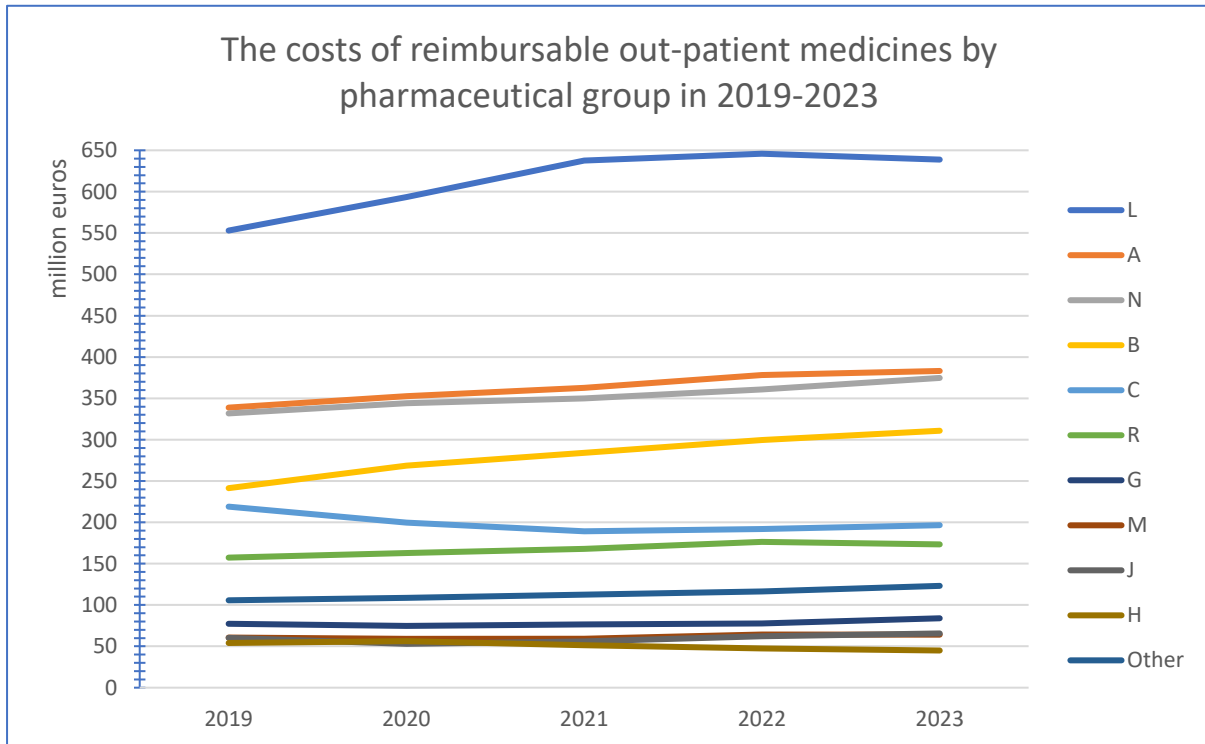


Figure 9 - The costs of reimbursable out-patient medicines by pharmaceutical group (2019-2023)

In the area of cancer treatment, a shift towards novel expensive drugs is observed. In 2022, cancer medicines accounted for the reimbursement of 285 million EUR, 16% of total reimbursements.

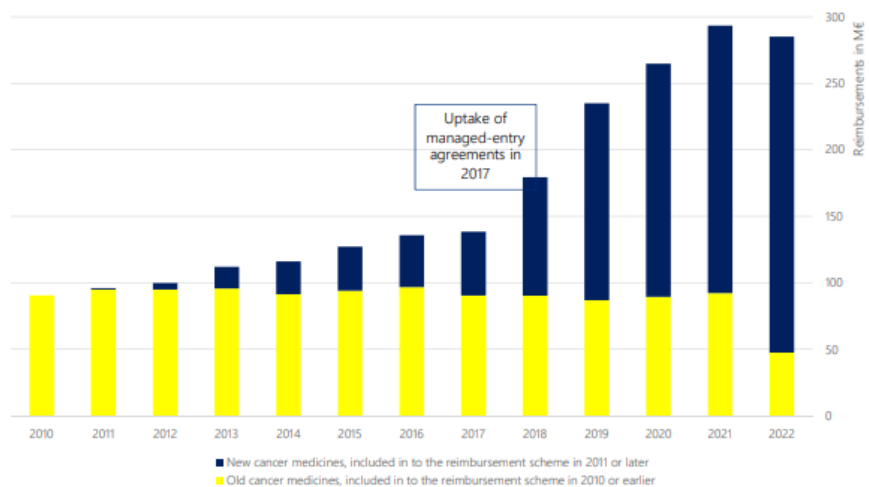


Figure 9 - Reimbursement of out-patient cancer medicines in Finland (2010-2022)

The top medicines with highest paid reimbursements in 2022 are reported in the table below. Reimbursement of these ten medicines corresponded to 361 million EUR in 2022, equal to 20.5% of total reimbursement for out-patient medicines.

Active ingredient (B= biologic agent)	Reimbursements, M€	Examples of indication	Reasons for high reimbursements
Apixaban	62	Anticoagulant	Over 110 000 users
Adalimumab (B)	53	Antirheumatic	Several indications
Entsalutamid	44	Prostatic cancer	New indications
Rivaroxaban	36	Anticoagulant	Over 70 000 users
Semaglutide (B)	33	Type II diabetes	New indications
Insulin glargine (B)	31	Diabetes	Over 70 000 users
Factor VIII (B)	27	Haemophilia	Rare, life threatening disease; high price
Golimumab (B)	26	Antirheumatic	New indications
Empagliflozin	25	Type II diabetes	Nearly 74 000 users
Ustekinumab (B)	25	Antirheumatic	New indications

Figure 10 - Top 10 medicines with highest paid reimbursements in Finland in 2022

Sources:

Social Insurance Institution (Kela) ([www.kela.fi](http://www.kela.fi))

Finnish Institute of Health and Welfare ([www.thl.fi/en/statistics-and-data/statistics-by-topic/social-and-health-care-resources/health-expenditure-and-financingn](http://www.thl.fi/en/statistics-and-data/statistics-by-topic/social-and-health-care-resources/health-expenditure-and-financingn))

## France

### French National Health Insurance Fund (CNAM)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector. Net expenditures are estimated.

#### Trends of healthcare and pharmaceutical expenditure in recent years

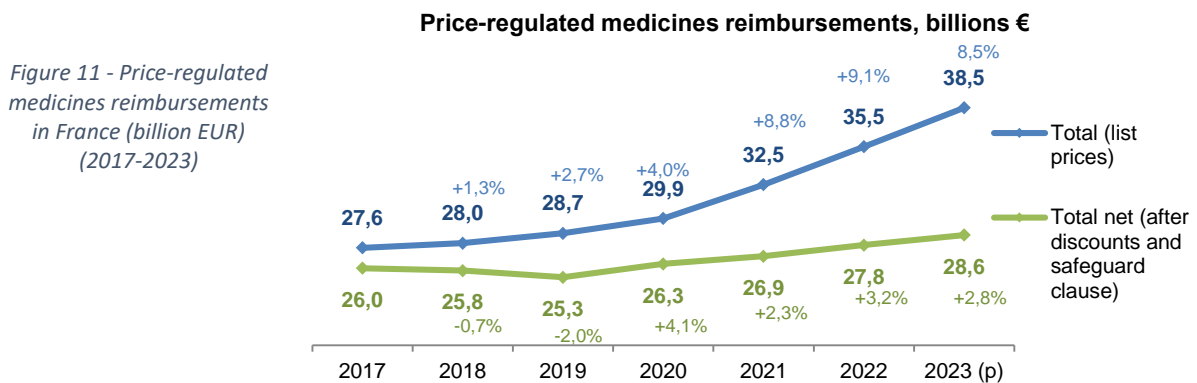
In 2023, reimbursed pharmaceutical expenditures (out-patient and in-patient) amounted to 38.5 billion EUR (list prices) and increased by 8.5% compared to 2022. Considering net prices (after rebates and estimated safeguard clause<sup>4</sup> for 2023), net pharmaceutical expenditures amounted to 28.6 billion EUR, increasing by 2.8% in 2023.

Since 2020, an accelerated growth in pharmaceutical expenditure (both in list and net prices) is observed. The average annual growth rate for list prices expenditures is 8.8% over 2020-2023, compared to 2.7%/year before the Covid crisis (2017-2020). In net prices, the average annual growth is 2.8%, compared to 0.4%/year before Covid (2017-2020).

The gap between list prices and net expenditures prices has significantly increased over the years, with rebates and safeguard clause accounting for more than a quarter of total expenditures in 2023, compared to only 6% in 2017.

The in-patient (hospital) expenditure share has almost doubled over 2017-2023, accounting for 22% of total expenditure in 2023 (list prices); and driven by new drugs available through early access programmes (22% of in-patient expenditure, compared to 6% in 2017). Nevertheless, medicines sold in retail pharmacies account for 72% of the overall pharmaceutical expenditure.

The share of pharmaceutical expenditure is estimated to 11.5 % of total health spending in 2023. It was 13.6 % in 2017 and dropped following the Covid-19 crisis due to a massive increase of overall health expenditure due to Covid-related expenditures (vaccination campaign, covid tests, salary rise, sick leave expenses), to 11.2% in 2022. It increases in 2023 as pharma expenditure outpaced overall expenditures.



<sup>4</sup> Safeguard clause: triggered when pharmaceutical companies turnover for products covered by health insurance exceeds a threshold (established by law each year), companies are required to pay a contribution to the health insurance fund.

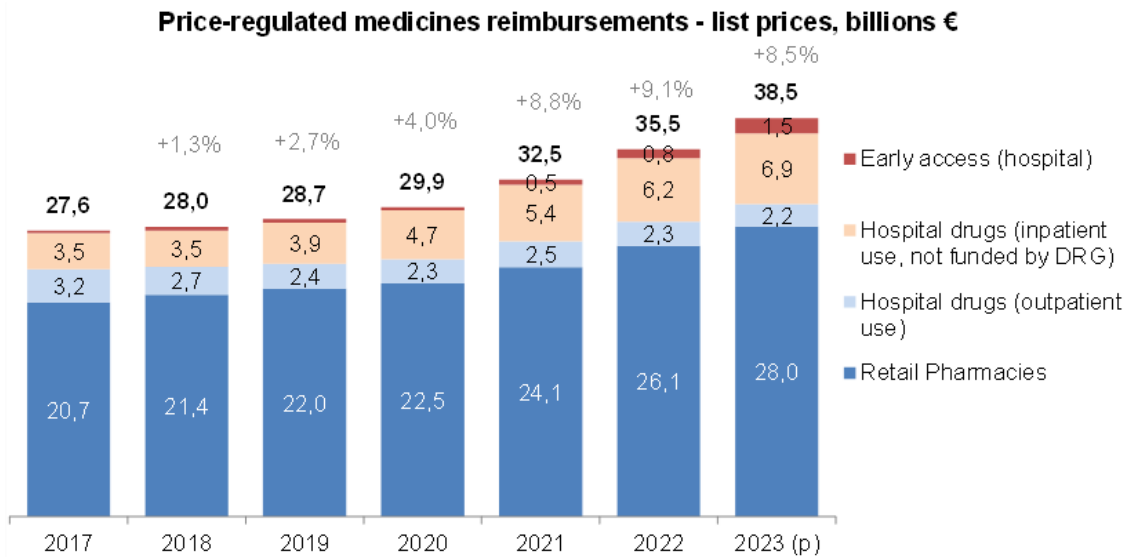


Figure 12 - Price-regulated medicines reimbursement - list prices by sector in France (billion EUR)<sup>5</sup> (2017-2023)

### Drivers of pharmaceutical expenditure increase

#### Out-patient care (retail pharmacies)

Calculation based on list prices

On average, spending in all therapeutic areas increased after Covid (2020-2023), with growth rates ranging between 4% and 15% per year, compared to an average of 1.3% per year before Covid (2017-20).

Oncology accounts for 29% of out-patient expenditures. Its share has grown over the period, with three cancer drugs in the top 10 reimbursement in retail pharmacies (Xtandi®, Xarelto®, Imbruvica®). With an average annual growth of 11% over 2017-23, oncology has contributed to more than half of out-patient expenditure growth.

Other therapeutic areas that are drivers of pharmaceutical expenditure increase are blood and hematopoietic organs (driven by anticoagulants Eliquis®, antihemorrhagics Hemlibra®) with +11%/year over 2020-23, and respiratory system (driven by recent treatments in cystic fibrosis) with +15%/year over 2020-23.

#### Reimbursement distribution by therapeutic areas

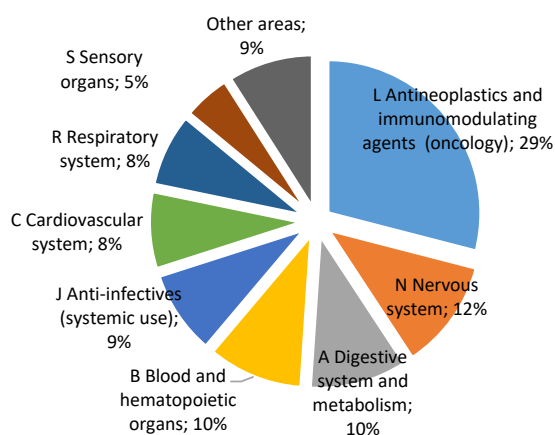


Figure 13 - Reimbursement distribution by therapeutic areas in France. Out-patient care/ Retail pharmacies (excluding pharmacist fees)

<sup>5</sup> Retail pharmacies include pharmacist fees. Hospital drugs scope: only price regulated drugs (mostly costly drugs), excluding drugs funded by DRG tariffs (purchased by hospital at a non-regulated price).

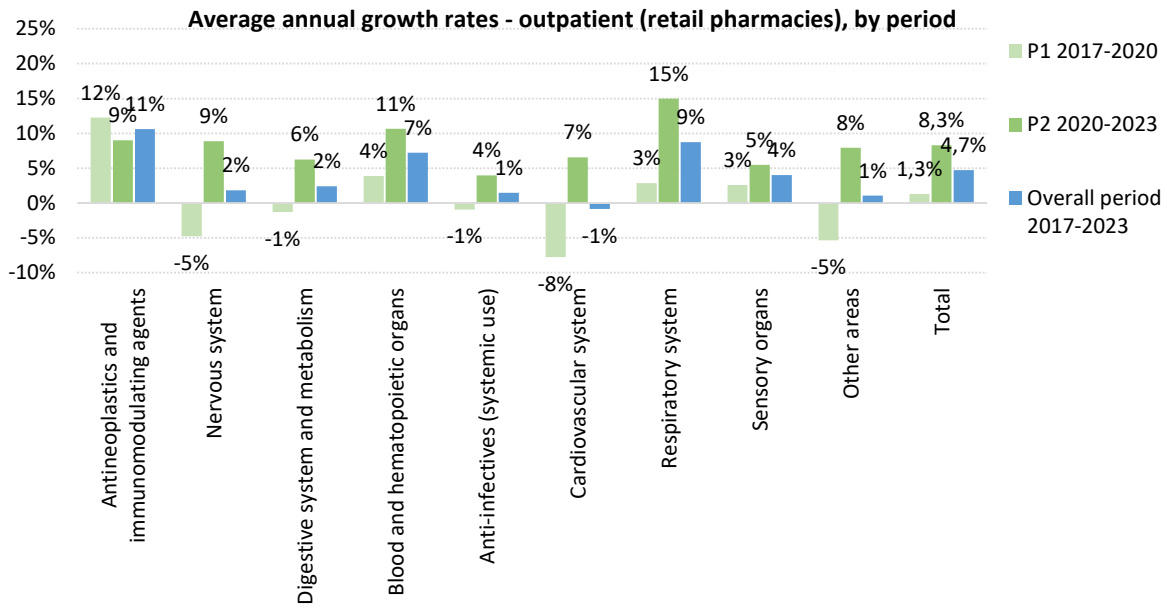


Figure 14 - Average annual growth rates – out-patient expenditure (retail pharmacies) in France (2017-2023)

### In-patient care (hospitals)

Calculation based on list prices

Hospital drugs account for 22% of the overall pharmaceutical expenditure. Oncology accounts for 77% of in-patient expenditure. Reimbursements increased by 23% in 2023 and contributed to 87% of total in-patient growth. 3 drugs concentrate 40% of the expenses (Keytruda®, Darzalex®, Opdivo®).

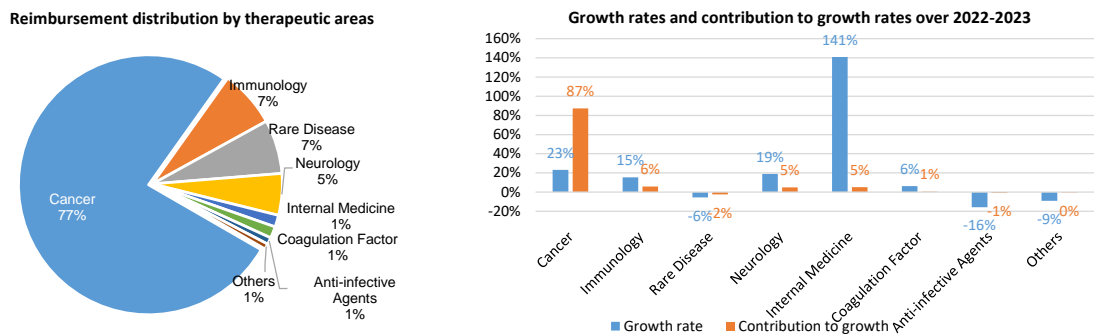


Figure 15 - Reimbursement distribution by therapeutic areas in France (in-patient/hospital care)

### Pharmaceutical expenditure for orphan medicinal products (OMPs)

Study on orphan drugs included in the CNAM Annual Report 2022 ([Rapport charges et produits, propositions de l'assurance maladie pour 2025](#), pp. 292-300).

In 2022, 102 registered medicines in France qualified as OMPs. Expenditure for those medicines amounted to 3.9 billion EUR in 2022 (list prices) and 2.2 billion EUR (net prices). Their share of total pharmaceutical expenditure in 2022 is 7.4% (net prices), compared to 4.7% in 2019. Expenditures have almost doubled since 2019: the average annual growth rate is 20.4% over the 2019-22 period and is much higher than the growth rate for the global drug market (+3.4% per year on the same period).



35 medicines (among the 102) concentrate 90% of total orphan expenditures (net prices); and only 10 drugs concentrate 2/3 of total orphan expenditure.

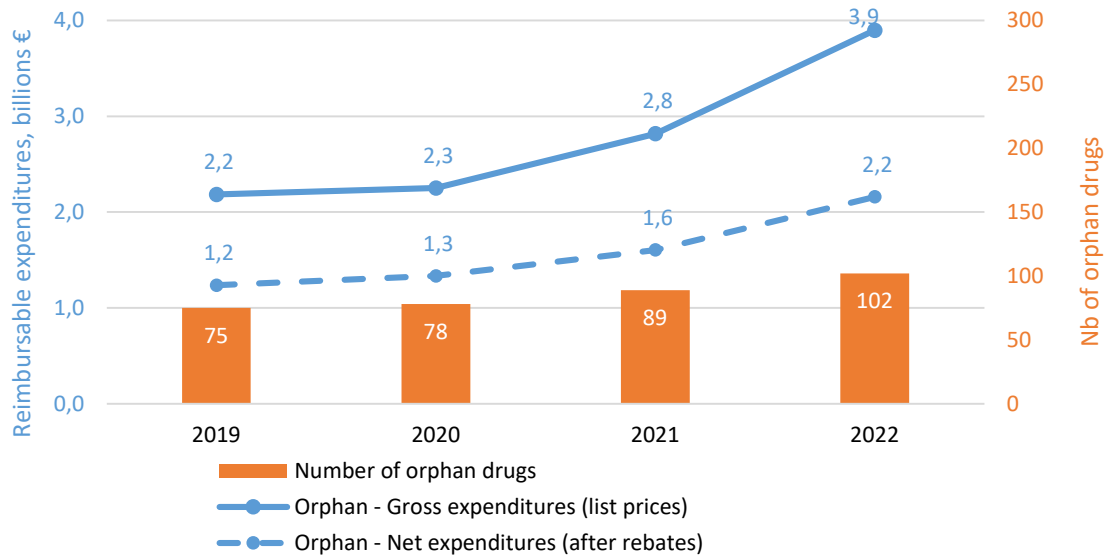


Figure 16 - Evolution of orphan drugs (number and in-patient/out-patient expenditure) between 2019 and 2022

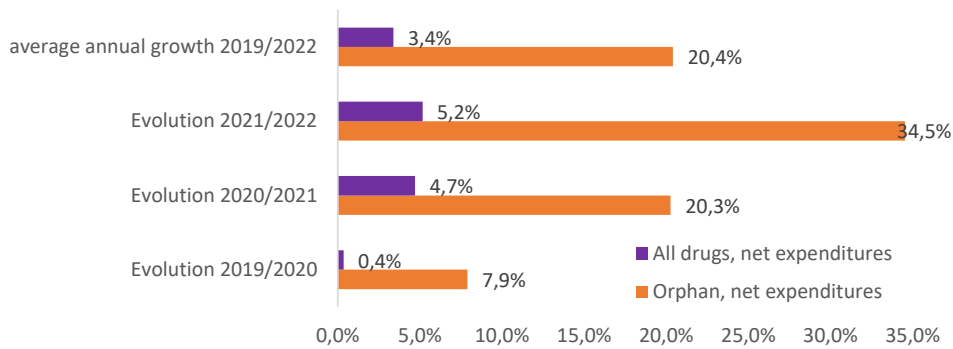


Figure 18 - Orphan drugs expenditure trends compared to all drug trends between 2019 and 2022

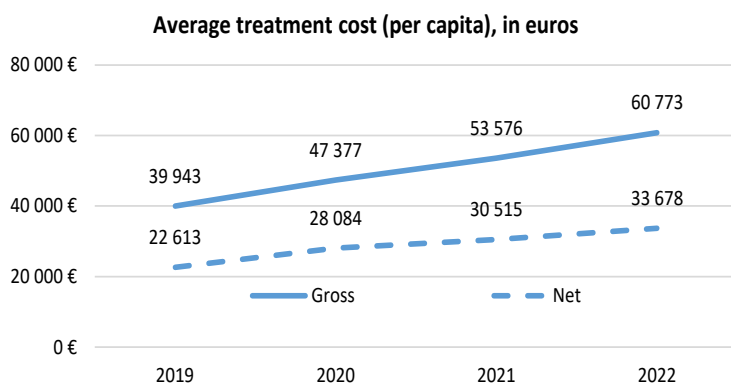


Figure 19 - Average treatment cost (per capita) for orphan drugs in France

The net average costs per capita for orphan drugs is 33.700 EUR in 2022 and increased by 49% over 3 years (2019-2022). As a comparison, the top 5% of patients with the highest reimbursable medication expenses (all drugs), excluding discounts, have expenses of at least 1.350 EUR.

Orphan expenditures cover three major therapeutic areas: anticancer drugs (Darzalex®, Imbruvica®, Immovoid®, etc.) accounted over 40% of the total net spending (after rebates) in 2022. The class "other central nervous system medications" (Vyndaqel®, Spinraza®, Onpattro®, Evrysdi®, etc.) ranks second with 17% of the expenditure. The "other medications" class includes a variety of treatments, notably those for cystic fibrosis (Kaftrio®, Kalydeco®, etc.) as well as antivirals.

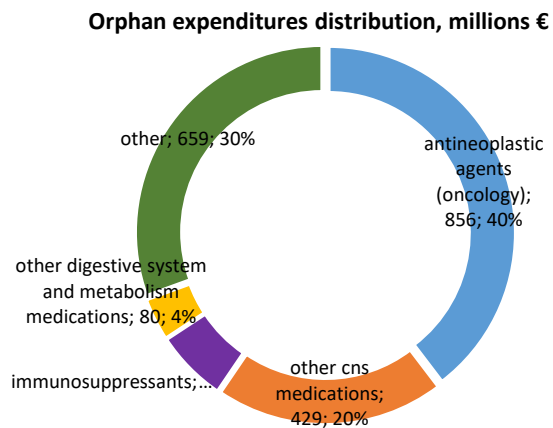


Figure 20 - Orphan expenditure distribution by therapeutic areas in France (in-patient and out-patient care)

Sources:

French National Health Insurance Fund (CNAM). Annual Report. *Rapport charges et produits, propositions de l'assurance maladie pour 2025*. [Report on costs and income, health insurance proposals for 2025] (2024). [https://www.assurance-maladie.ameli.fr/sites/default/files/2024-07\\_rapport-propositions-pour-2025\\_assurance-maladie.pdf](https://www.assurance-maladie.ameli.fr/sites/default/files/2024-07_rapport-propositions-pour-2025_assurance-maladie.pdf)

Open data : medic'AM for retail pharmacies, retroced'AM for hospital outpatient use, ATIH (Scan santé) for hospital inpatient use.

Social security accounts commission (CCSS). *Rapport Comptes de la Sécurité sociale*. [Report on Social Security Accounts] (2024). <https://www.securite-sociale.fr/la-secu-en-detail/comptes-de-la-securite-sociale/rapports-de-la-commission>

## Germany

### National Association of Statutory Health Insurance Fund (GKV-Spitzenverband)

Figures account for medicines reimbursed by the statutory health insurance for the out-patient sector and refer to net expenditures for the overall out-patient pharmaceutical expenditure and list prices for the specific therapeutic areas.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Net out-patient pharmaceutical expenditure amounted to 50.17 billion EUR in 2023 compared to 48.84 billion EUR in 2022, corresponding to an increase of 2.72 %. Since 2019 there was an increase of about 9 billion EUR in total.

The share of out-patient pharmaceutical expenditure compared to total healthcare expenditure in 2023 was 17.38%.

Outpatient expenditures for pharmaceuticals in Germany  
in billions of Euro

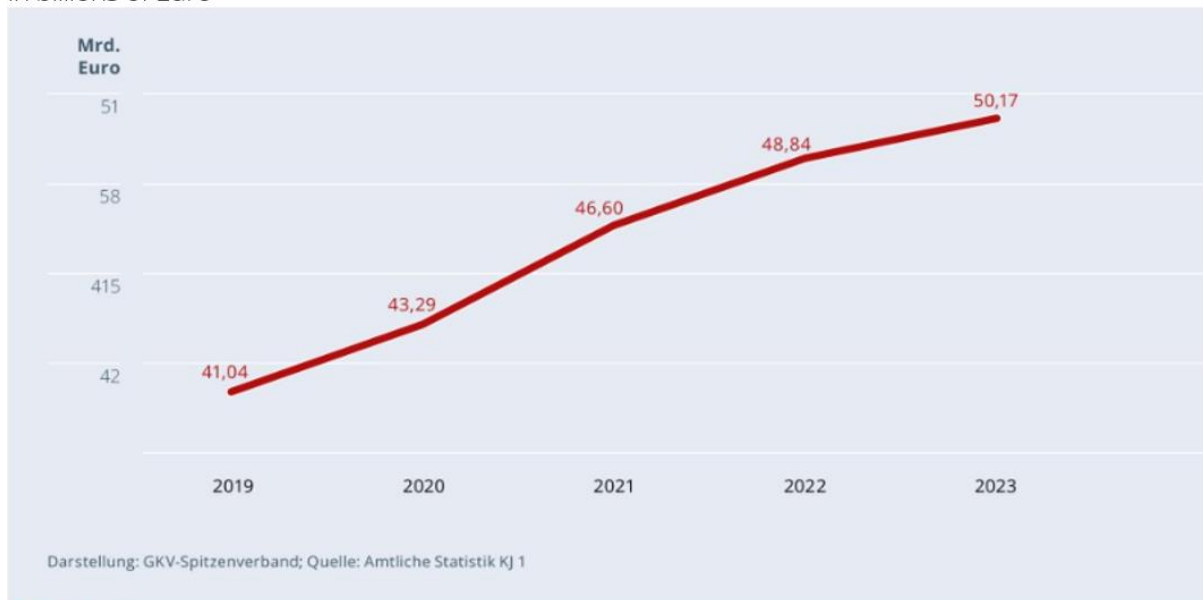


Figure 17 – Out-patient pharmaceutical expenditure in Germany (2019-2023)

#### Drivers of pharmaceutical expenditure increase

Based on inhouse GAmSi evaluations, price effects caused by high price of newly launched drugs account for the largest share of the overall expenditure increase. Volume increases account for a smaller share.

The therapeutic areas (ATC) with the highest gross expenditures in out-patient use in 2022 and in 2023 were immunosuppressants (gross expenditure of 7.4 billion EUR in 2023, corresponding to 15.5% of total expenditure, with a variation of +6.2% compared to the previous year), followed by antidiabetics (gross expenditure of 3.7 billion EUR in 2023,

corresponding to 7.9% of total expenditure, with a variation of +5.7% compared to the previous year), antineoplastic drugs (gross expenditure of 3.5 billion EUR in 2023, corresponding to 7.4% of total expenditure, with a variation of +8.3% compared to the previous year), antithrombotic drugs (gross expenditure of 3.2 billion EUR in 2023, corresponding to 6.8% of total expenditure, with a variation of +4.9 % compared to the previous year), drugs for obstructive respiratory diseases (gross expenditure of 2.2 billion EUR in 2023, corresponding to 4.7% of total expenditure, with a variation of +4.9 % compared to the previous year) and finally analgesics (gross expenditure of 2.1 billion EUR in 2023, corresponding to 4.4% of total expenditure, with a variation of +14.44% compared to the previous year). For all these therapeutic areas, a significant increase in expenditure was observed from 2022 to 2023.

### **Pharmaceutical expenditure for orphan medicinal products (OMPs)**

From 2019 to 2022 of 63 centrally authorised medicines qualified as OMPs, 56 were available in Germany in this period. In 2023, 12 new OMPs were introduced in Germany according to the initiated procedures for early benefit assessment by the Joint Federal Committee. The development of expenditure for OMPs (including former OMPs<sup>6</sup>) is continuously growing.

In 2023, the gross expenditure for out-patient use of orphan medicinal products (OMPs; both finished medicinal product and individual preparations<sup>7</sup>), that were listed as OMPs in the Union Register of medicinal products in the corresponding accounting month, was at 3.3 billion EUR. Compared to 2019, it increased by 517 million EUR. If former orphan drugs are included in the analysis, the total expenditure increases to 4.953 billion EUR with an increase of 1.947 billion EUR compared to 2019. Expenditure for out-patient use of OMPs and former OMPs in Germany amounted to 413 million EUR per month in 2023.

OMPs supplied as finished medicinal products, that were listed as OMPs in the Union Register of medicinal products in the corresponding accounting month, account for <0.1 % of all defined daily doses (DDDs) for medicinal products but for 5.3 % of gross costs in 2023. Annual therapy costs of newly introduced OMPs increases by about 35k € per year on average between 2011 and 2023.

Sources:

GAmSi. Data 4th Quartal of 2022. [https://www.gkv-gamsi.de/media/dokumente/quartalsberichte/2022/q4\\_27/Bundesbericht\\_GAmSi\\_202212\\_konsolidiert.pdf](https://www.gkv-gamsi.de/media/dokumente/quartalsberichte/2022/q4_27/Bundesbericht_GAmSi_202212_konsolidiert.pdf)

Gamsi. Data 4th Quartal of 2023. [https://www.gkv-gamsi.de/media/dokumente/quartalsberichte/2023/q4\\_29/Bundesbericht\\_GAmSi\\_202312\\_konsolidiert.pdf](https://www.gkv-gamsi.de/media/dokumente/quartalsberichte/2023/q4_29/Bundesbericht_GAmSi_202312_konsolidiert.pdf)

<sup>6</sup> Former orphan drugs include also medicinal products, that were listed as orphans in the past but lost their orphan status over time.

<sup>7</sup> Any pharmaceutical that cannot be administered as finished medicinal product but needs to be specially prepared for the individual patient in advance by the pharmacy, e.g. by adjusting the dose and adding isotonic NaCl-solution for infusion. Examples are preparations of cytostatic medicines, monoclonal antibodies etc.

## Italy

### Italian Medicines Agency (AIFA)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on net prices.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Total national pharmaceutical expenditure (public and private) in 2022 amounted to 34.1 billion EUR, an increase of 6.0% compared to 2021. Public spending, amounting to 23.5 billion EUR (net prices), accounted for 68.9% of total pharmaceutical expenditure. Since 2012, public pharmaceutical expenditure has increased by 21.3%. In-patient care spending increased in the last decade converging to out-patient care spending. In 2022 in-patient care spending accounted for 10.3 billion EUR while out-patient care spending accounted for 14.74 billion EUR.

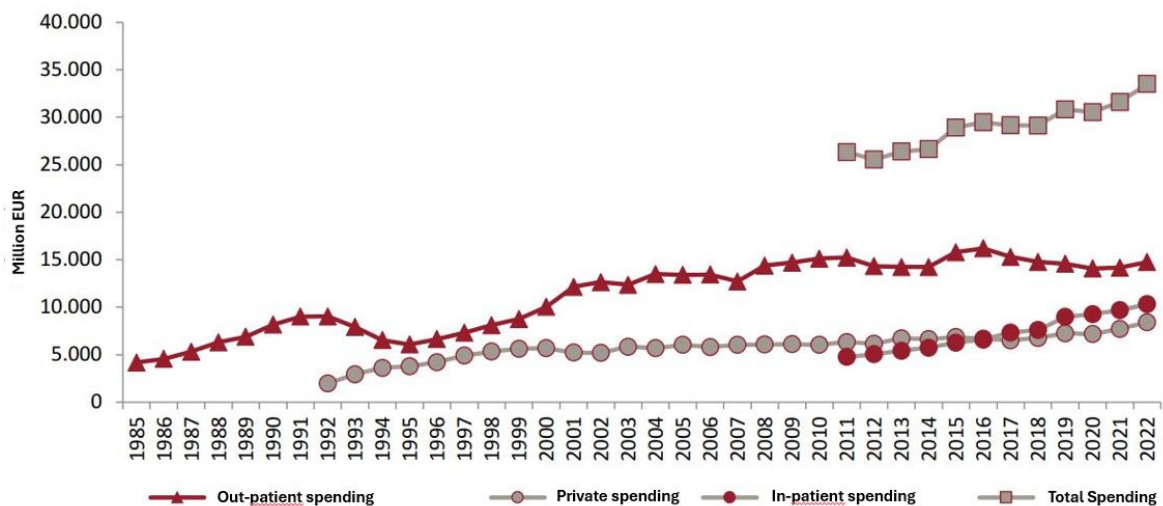


Figure 18 - Trends of pharmaceutical expenditure in Italy (in-patient, out-patient and private spending) until 2022

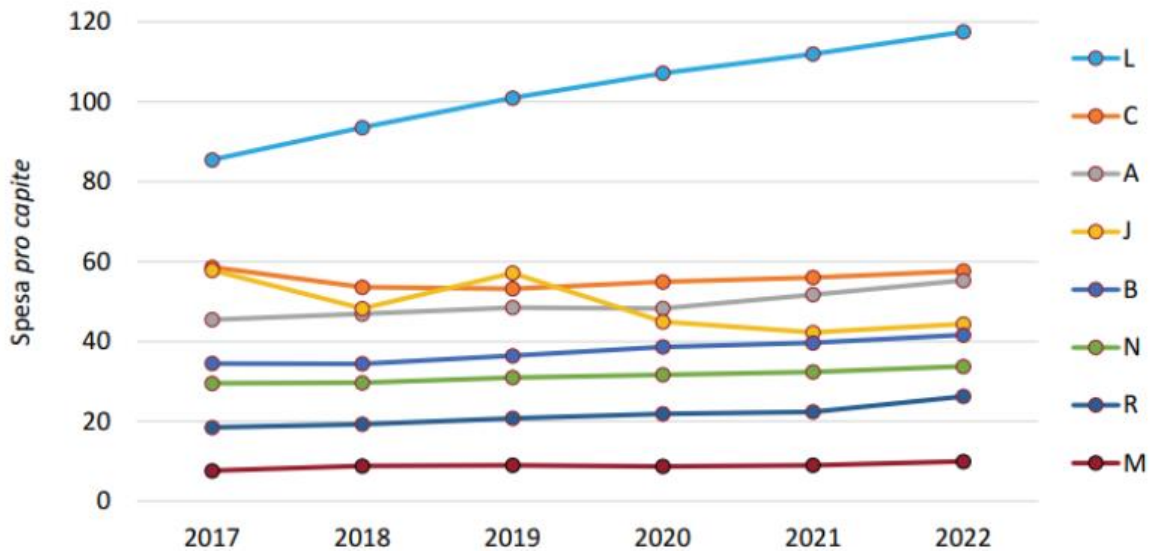
#### Drivers of pharmaceutical expenditure increase

In 2022, all the therapeutic areas (ATCs) with the highest public spending recorded an increase compared to the previous year, with the largest increases observed for respiratory system drugs and gastrointestinal and metabolic system drugs. For the latter, the increase could be attributed to more recently introduced antidiabetic drugs. The ATC group L (including antineoplastics and immunomodulators) recorded the highest spending and a continuous increase from 2017 and 2022.

Among the ATC with the highest consumption levels, the largest increases were recorded for central nervous system drugs and blood and hematopoietic organ drugs. For blood and hematopoietic organ drugs, the increase could be attributed to the higher consumption of new oral anticoagulants.

Cardiovascular drugs represented the therapeutic class with the highest spending and consumption as out-patient care, while antineoplastic and immunomodulatory drugs and blood and hematopoietic organ drugs recorded the highest spending and consumption respectively among the pharmaceutical products purchased for in-patient care.

Spending on new therapeutic entities increased from approximately 5.174 billion EUR in 2014 to approximately 8.540 billion EUR in 2022.



<https://www.aifa.gov.it/-/l-uso-dei-farmaci-in-italia-rapporto-osmed-2022>

Figure 19 - Per capita spending by ATC in Italy (first 8 ATC I level high spending) (2017-2022)

### Pharmaceutical expenditure for orphan medicinal products (OMPs)

As of 31 December 2022, out of a total of 159 EU centrally authorised drugs qualified as OMPs, 135 were available in Italy, of which 75% reimbursed by IHS.

Spending on OMPs, for both in-patient and out-patient care, recorded a 29.2% increase in 2022 compared to 2021, reaching a value of 1.98 billion EUR, corresponding to 6.0% of IHS (Italian Health Service) pharmaceutical spending.

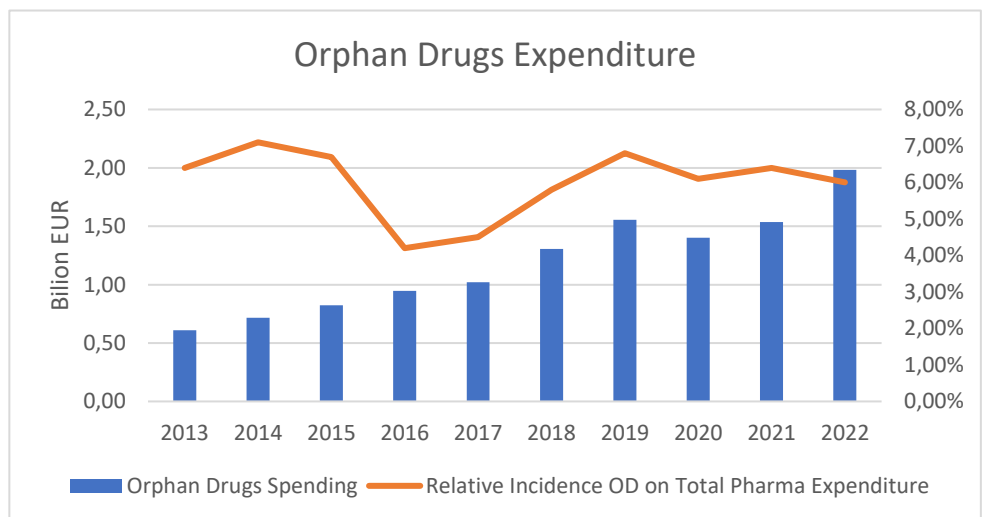


Figure 20 - Orphan expenditure in Italy (2013-2022)

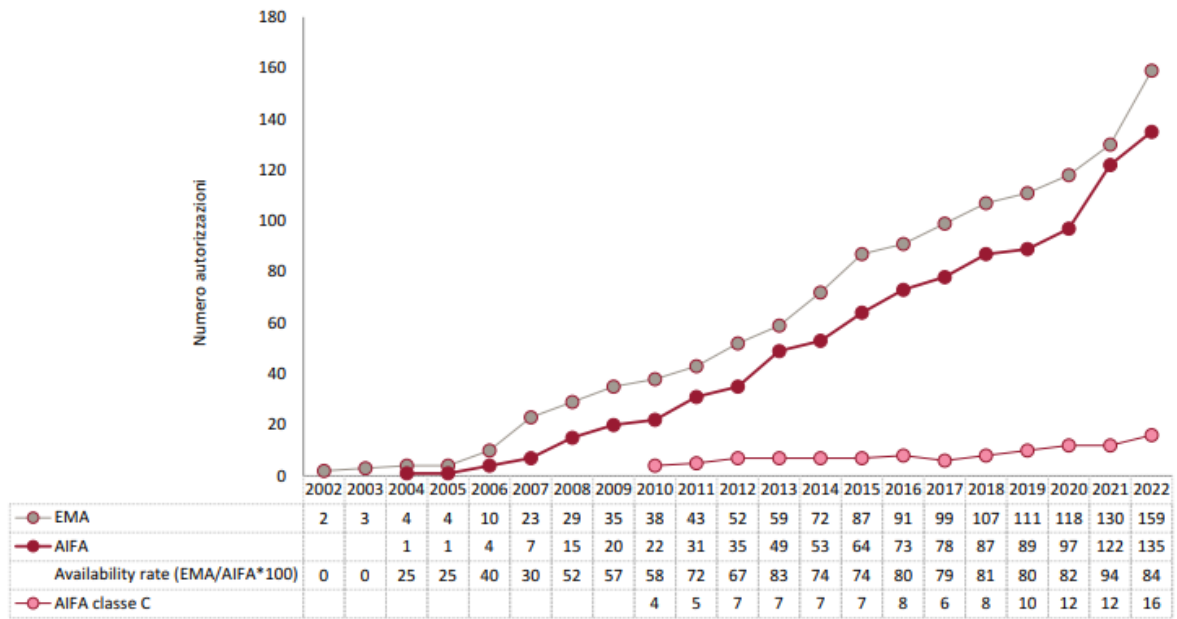


Figure 21 - Trends of EMA-authorized orphan medicinal products available and reimbursed by the Italian Healthcare System (IHS)<sup>8</sup>

Source:

Italian Medicines Agency (AIFA). Annual Report. *Rapporto Nazionale Anno 2022, L'uso dei Farmaci in Italia*. [National Report Year 2022, The Use of Medicines in Italy] (2023). <https://www.aifa.gov.it/-/l-uso-dei-farmaci-in-italia-rapporto-osmed-2022>

<sup>8</sup> AIFA class C: not reimbursed by IHS

## Latvia

### National Health Service (NHS)

Figures account for medicines reimbursed by the statutory health insurance for the out-patient sector, and are based on pharmacy prices including VAT.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Out-patient pharmaceutical steadily increased from 2017 to 2023, going from 154 million EUR to 260 million EUR. The highest yearly increase was recorded between 2022 and 2023 (14.3%).

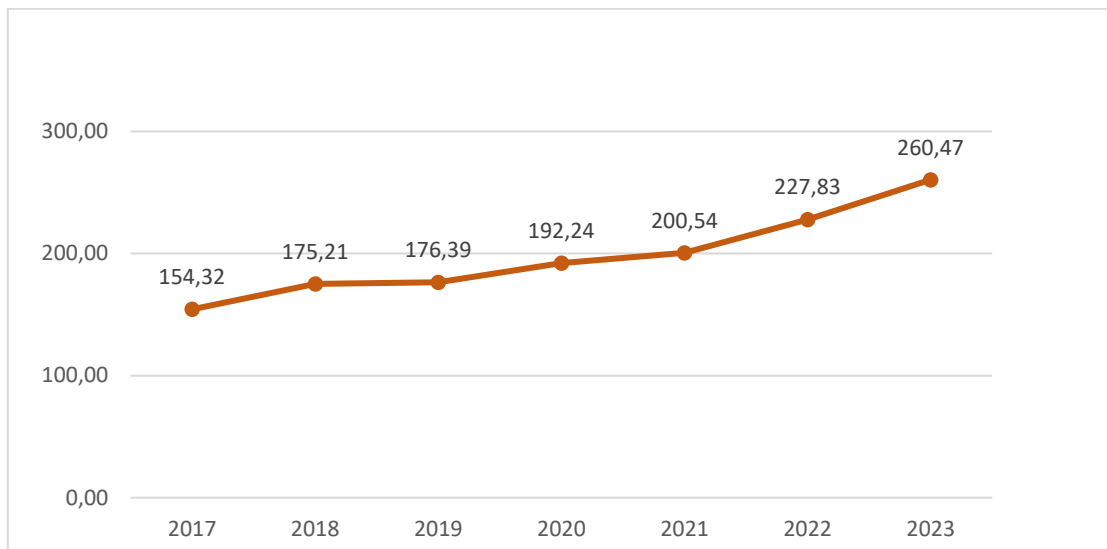


Figure 22 - Expenditure for the reimbursement of out-patient medicines in Latvia (2017-2023), million EUR



## Netherlands

### National Health Care Institute (ZINL)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on net prices (figure 23) and list prices, though sometimes including pre-calculated price agreements (figure 28).

#### Trends of healthcare and pharmaceutical expenditure in recent years

Pharmaceutical expenditure for the in-patient and out-patient sectors combined steadily increased during the period 2017-2023, from 6.6 billion EUR to 8.1 billion EUR. The latest yearly variation from 2022 to 2023 stands at +3.9%. A similar variation of +3.7% was recorded for the previous years, from 2021 to 2022. The outpatient pharmaceutical expenditure stood at 5.4 billion EUR in 2024, compared to 5.2 EUR in 2022, corresponding to a yearly increase of 3.5%. The inpatient pharmaceutical expenditure stood at 2.7 billion EUR in 2023, compared to 2.5 billion EUR in 2022, corresponding to a yearly increase of 4.8%.

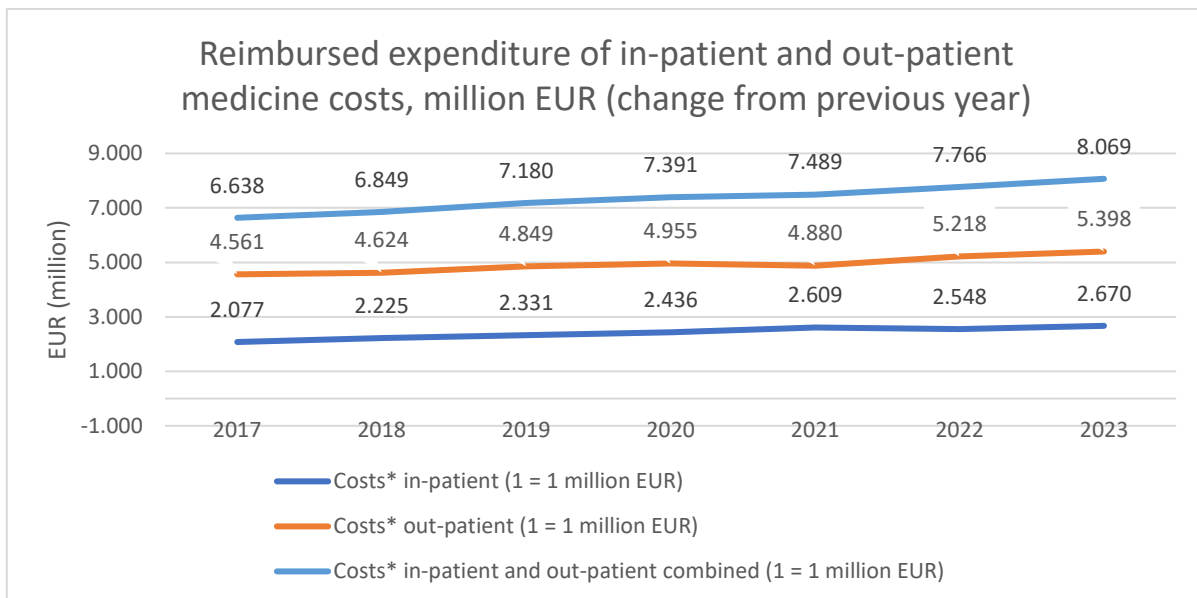


Figure 23 - Out-patient and in-patient expenditure in the Netherlands (2017-2023), million EUR

#### Drivers of pharmaceutical expenditure increase

In 2023, all the therapeutic areas (ATC) with the highest public spending in the out-patient sector recorded an increase compared to the previous year. Among the eight ATCs that concentrate the highest expenditure, the most significant increase was observed for medicines for the nervous system (11.7%) followed by medicines for the cardiovascular system (10.2%). The ATC group A (alimentary tract and metabolism) recorded the highest spending in 2023, amounting at 597 million compared to 568 million the previous year and corresponding to a variation of 5.15%.

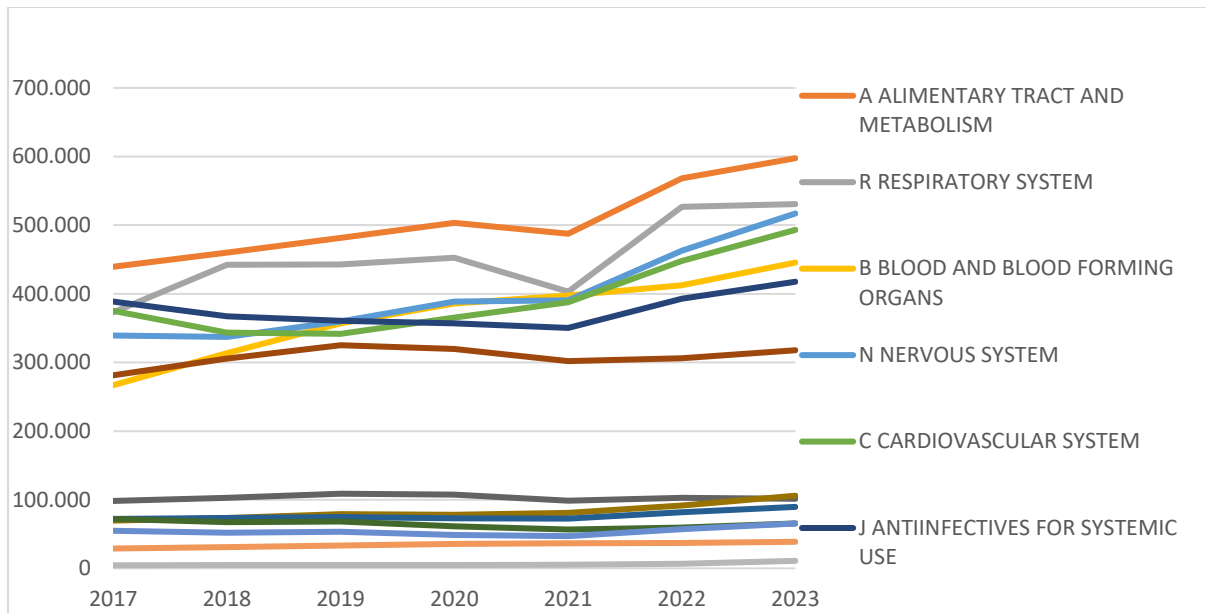


Figure 28 - The costs of reimbursable outpatient medicines by pharmaceutical group in the Netherlands (2017-2023), EUR (1 = 1.000 EUR)

Source:

Databank of the National Health Care Institute (ZINL). ([www.GIPdatabank.nl](http://www.GIPdatabank.nl))

## Norway

### Norwegian Medicines Agency (NOMA)

Figures account for medicines sold and reimbursed by the statutory health insurance for the out-patient sector.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Wholesale-based pharmaceutical statistics show that in 2023, pharmaceuticals for human use were sold for a total of NOK 27.2 billion (corresponding to 2.33 billion EUR), an increase of 6.0% from the previous year. In 2023, prescription and non-prescription medicines for human use accounted for 92% and 8% of total sales respectively. 83% of the cost of prescription medicines is fully or partially covered by various reimbursement schemes.

#### Drivers of pharmaceutical expenditure increase

Over time, there has been a steady increase in sales measured in defined daily doses (DDD). In 2023, the number of DDDs was 3.3 per cent higher compared with the previous year. Figure 29 shows the development in total sales of pharmaceuticals for human use in the period 2003 to 2023, expressed in NOK and DDD.

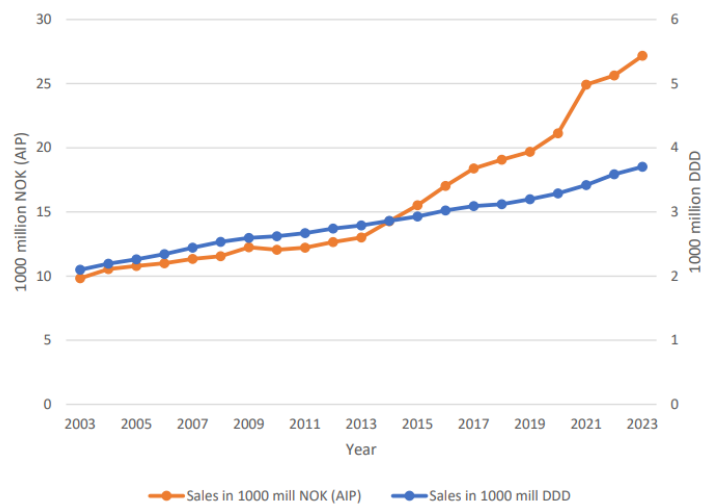


Figure 29 - Total sales of medicines for human use in 2003 to 2023 in Norway, NOK in 1000 million and number of DDDs in 1000 million. Source: Norwegian Drug Wholesales Statistics.

Population growth and an increased proportion of elderly people are contributing to drug consumption. Nevertheless, cost growth has been higher than volume growth in the number of DDD. Total sales in doses (DDD) increased by 16% in the period 2019-2023, while costs increased by 38%. General price growth and increased use of new and expensive drugs have affected cost growth.

Antineoplastic and immunomodulatory agents (ATC group L), had the largest turnover in NOK, and accounted for 21.1% of pharmaceutical costs in 2023. The group includes expensive drugs for the treatment of cancer, as well as biological drugs for the treatment of arthritis and multiple sclerosis. Medicines with an effect on the digestive organs and metabolism (ATC group A) also contributed to increased pharmaceutical costs in recent years and accounted for 17.8% of pharmaceutical costs in 2023. This can be explained by a large increase sales of new blood sugar-lowering drugs that are used to treat type 2 diabetes and severe obesity.

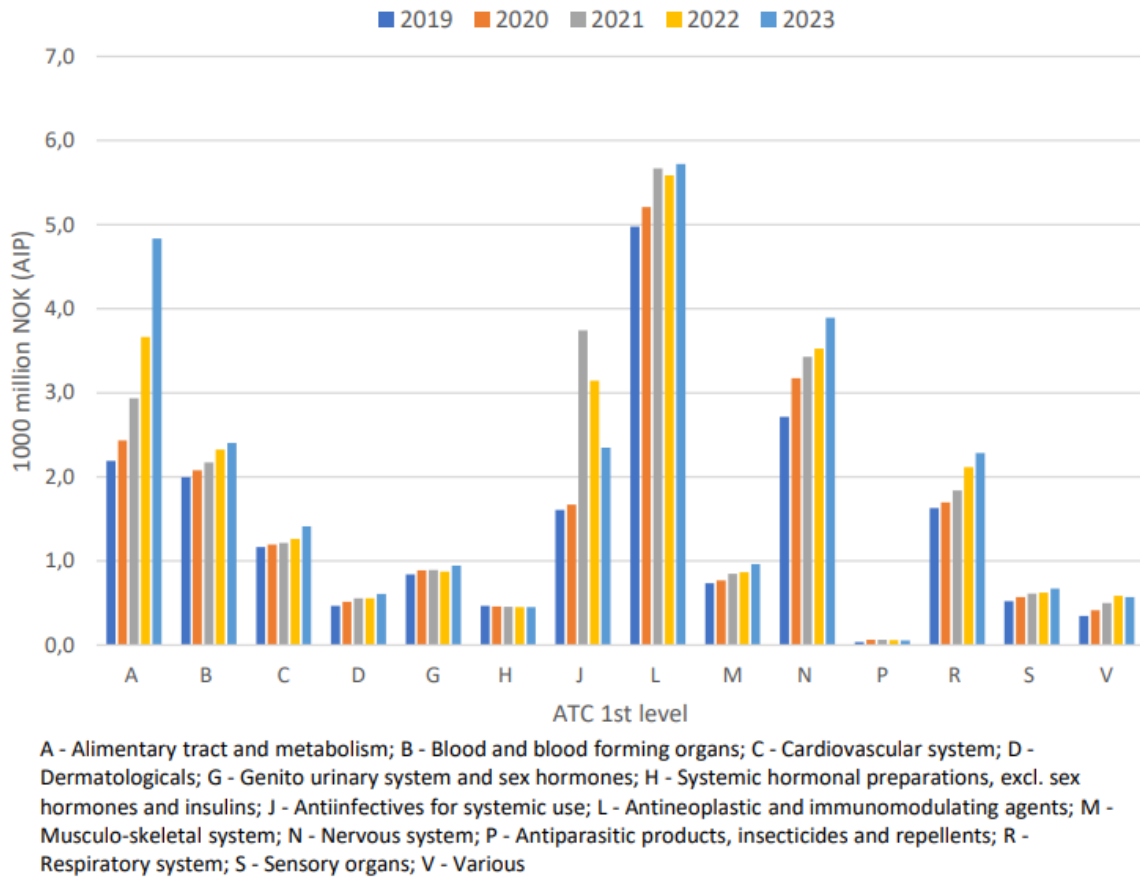


Figure 24- Total sales of medicines per ATC 1st level for the period 2019-2023, NOK in 1000 million. Source: Norwegian Drug Wholesales Statistics.

Source:

Norwegian Institute of Public Health. Report. *Legemiddelforbruket i Norge 2019-2023*. [Drug Consumption in Norway 2019-2023] (2024). <https://www.fhi.no/en/publ/2024/Drug-Consumption-in-Norway-2019-2023/>

## Portugal

### National Authority of Medicines and Health Products (Infarmed)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on list prices.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Pharmaceutical expenditure born by the Portuguese National Healthcare System steadily increased from 2014 until 2023, for both the in-patient and out-patient sector. The total pharmaceutical expenditure increased from 2.2 billion EUR in 2014 to 3.6 billion EUR in 2023. The greatest yearly increase in percentage was recorded between 2021 and 2022 (+ 10,9%). Pharmaceutical expenditure increased by 6.7% from 2022 to 2023.

Pharmaceutical expenditures are higher for the in-patient sector (1.95 billion EUR in 2023, compared to 1.59 billion EUR for the out-patient sector) and growing at a faster rate (+11.2% compared to +1.7% in the out-patient sector).

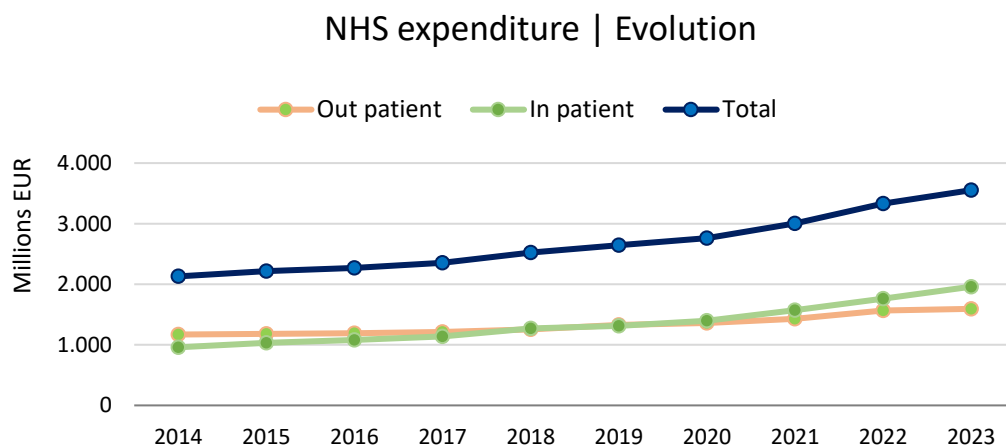


Figure 25 - Evolution of expenditure (in-patient, out-patient, total) in Portugal (2014-2023)

#### Drivers of pharmaceutical expenditure increase

The increase in pharmaceutical expenditure is driven by a rise in both volumes and prices, especially of innovative medicines.

In the in-patient sector, expenditure concentrate on oncology drugs (625 million EUR in 2023, +16.4% compared to 2022), followed by HIV drugs, drugs for rheumatoid arthritis (RA), psoriasis and inflammatory bowel disease (IBD), cardiovascular and dermatology drugs. In the outpatient sector, the therapeutic groups driving pharmaceutical expenditure increase are renin-angiotensin system agents to control blood pressure and the volume of body fluids (137.7 million EUR in 2023, +7,6% compared to 2022), followed by antilipidemic agents acting on metabolic diseases and endocrine functions, anti-asthmatics and bronchodilators, antidepressants, anticoagulants.

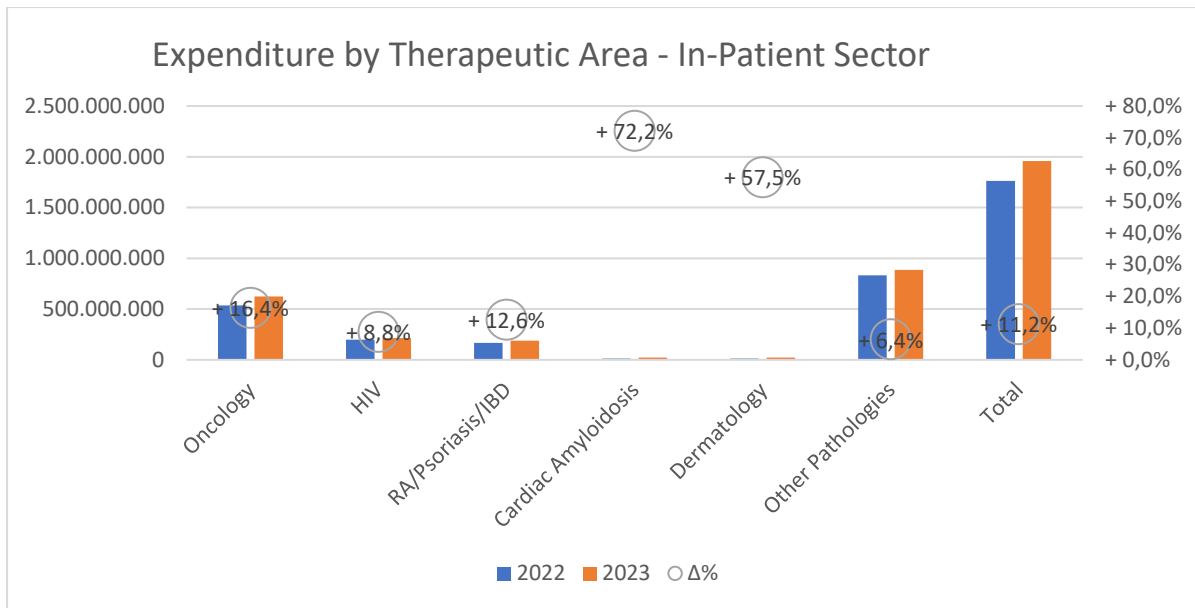


Figure 26 - Expenditure by therapeutic areas in Portugal (in-patient sector) (2022-2023)

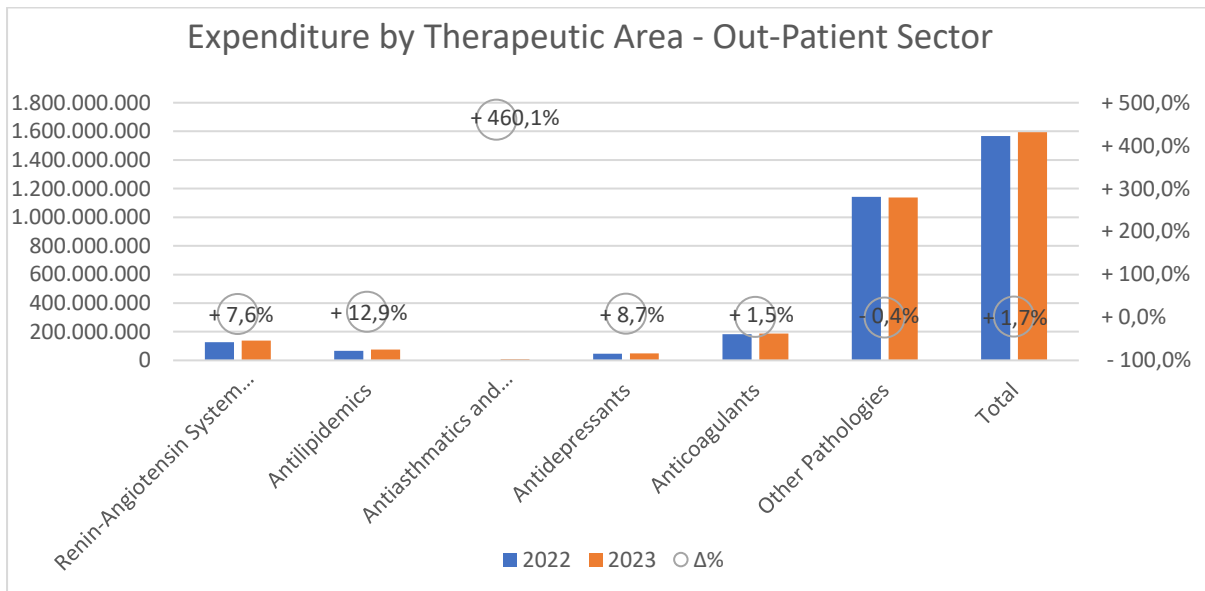


Figure 27 - Expenditure by therapeutic areas in Portugal (out-patient sector) (2022-2023)

### Pharmaceutical expenditure for orphan medicinal products (OMPs)

The pharmaceutical expenditure for orphan medicinal products has dramatically increased over time. For the period 2022-2023, expenditure increased from 235.2 million EUR to almost 293 million EUR, corresponding to a variation of +24.6%. The therapeutic areas where the highest increase in expenditure was observed are oncology (+54%) and cardiac amyloidosis (+72.2%).

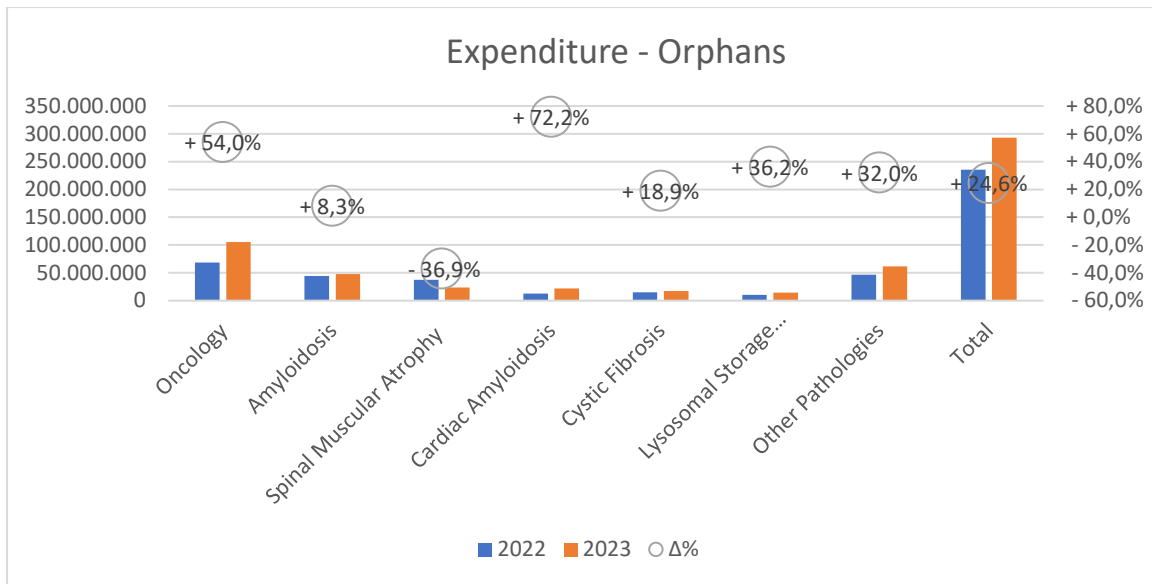


Figure 28 - Expenditure by therapeutic area in Portugal (OMPs) (2022-2023)

Sources:

National Authority of Medicines and Health Products (Infarmed). Medicine and Healthcare Products Statistics. (2023). [Estatística do medicamento e produtos de saúde \(infarmed.pt\)](https://www.infarmed.pt/pt/estatistica-do-medicamento-e-produtos-de-saude)

National Authority of Medicines and Health Products (Infarmed). Out-patient expenditure figures. (2023). [Monitorização mensal do consumo de medicamentos no ambulatório do SNS \(infarmed.pt\)](https://www.infarmed.pt/pt/monitorizacao-mensal-do-consumo-de-medicamentos-no-ambulatorio-do-sns)

National Authority of Medicines and Health Products (Infarmed). In-patient expenditure figures. (2023). [Monitorização mensal do consumo de medicamentos no ambulatório do SNS \(infarmed.pt\)](https://www.infarmed.pt/pt/monitorizacao-mensal-do-consumo-de-medicamentos-no-ambulatorio-do-sns)

## Slovakia

### National institute for Value and Technologies in Healthcare (NIHO)

*Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on prices including VAT.*

#### Trends of healthcare and pharmaceutical expenditure in recent years

Slovakia's public expenditure on pharmaceuticals, including both out-patient and in-patient care, reached 1.5 billion EUR in 2022 and has been steadily increasing in recent years (1.47 billion EUR in 2021 and 1.39 billion EUR in 2020). Public spending on prescription pharmaceuticals amounted to 1.37 billion EUR, representing therefore the greatest portion of the overall public pharmaceutical budget. The share of pharmaceuticals expenditure on total public healthcare expenditure was 25% in 2022, slightly decreasing compared to previous years (25.6 % in 2021 and 26.1% in 2020).

#### Drivers of pharmaceutical expenditure increase

As both volumes and costs increase, the main driver of pharmaceutical expenditure increase is the introduction of innovative therapies with high prices in 2022, which will presumably drive an even higher expenditure growth in the coming years.

The therapeutic areas (ATC) for which the reimbursement expenditure for pharmaceuticals was higher between 2018 and 2022 are antineoplastic and immunomodulating agents including cancer drugs (ATC L in Figure 28), with a total spending of over 391 million EUR in 2022, corresponding to 28.6% of the total reimbursement expenditure for pharmaceuticals. Other ATCs drivers of pharmaceutical expenditure are treatment for the alimentary tract and metabolism (ATC A in Figure 28) with a total spending of over 175 million EUR in 2022, corresponding to 12.8% of the total reimbursement expenditure for pharmaceuticals; blood and blood forming organs agents (ATC B in Figure 28) with a total spending of over 156 million EUR in 2022, corresponding to 11.4% of the total reimbursement expenditure for pharmaceuticals) and cardiovascular drugs (ATC C in Figure 28) with a total spending of almost 155 million EUR in 2022, corresponding to 11.3% of the total reimbursement expenditure for pharmaceuticals).



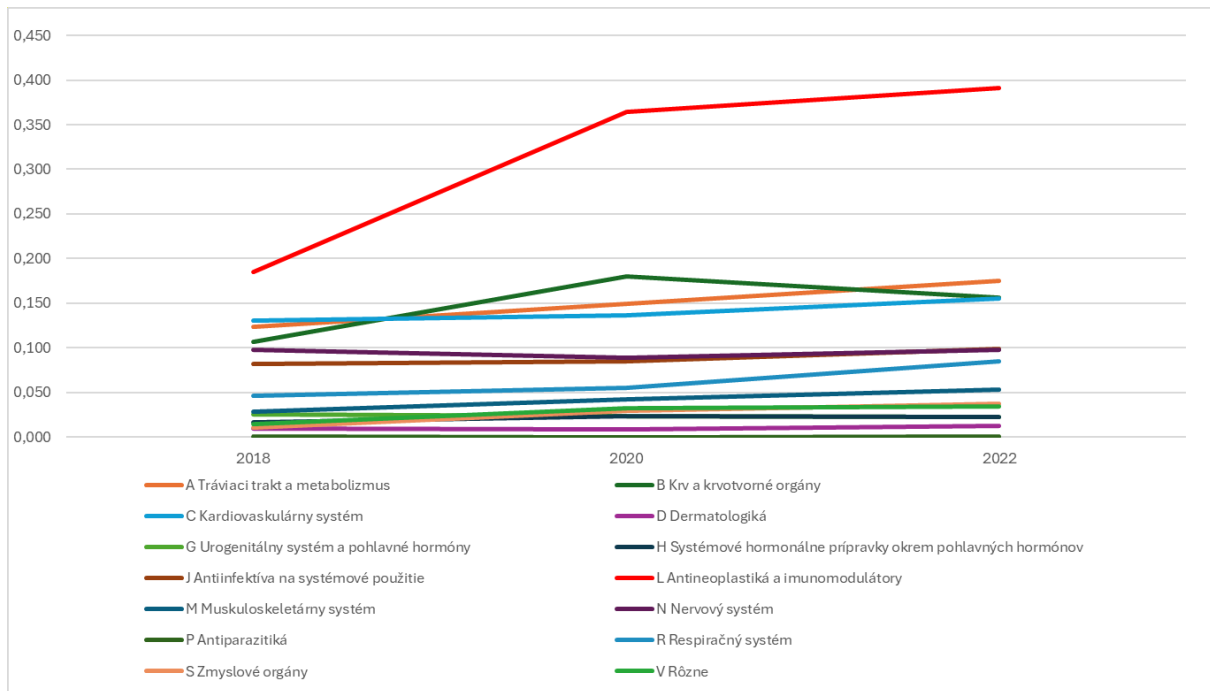


Figure 28 - The costs of reimbursable out-patient medicines by pharmaceutical group in Slovakia (2018-2022), EUR billions

Sources:

Ministry of Finance. Public administration budget 2020 – 2024. Appendix: Public Healthcare Budget.

<https://www.mfsr.sk/sk/financie/verejne-financie/rozpocet-verejnej-spravy/>

National health Information Centre (NCZI). Health Statistics Yearbook 2022.

[https://www.nczisk.sk/Statisticke\\_vystupy/Zdravotnicka\\_rocenka/Pages/default.aspx](https://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/default.aspx)

## Slovenia

### Health Insurance Institute (ZZZS)

Figures account for medicines reimbursed by the statutory health insurance for both the in-patient and out-patient sector and are based on net prices.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Slovenia's pharmaceutical expenditure is influenced by a complex interplay of factors. The implementation of pricing policies like generic reference pricing (GRP) system has led to significant cost savings and increased generic drug uptake. However, these savings are offset by the introduction of new, often more expensive drugs, particularly in areas like diabetes and oncology.

The total expenditure on medicines in Slovenia (in-patient and out-patient, including prescriptions, addiction treatments and vaccines) reached 725.2 million EUR in 2023. After accounting for 79.7 million EUR in refunds, the interannual growth rate was estimated at 11.8% compared to 2022. The average growth over five years (2019-2023) was calculated at 9.4% annually in monetary terms and 5.4% annually in real terms.

Expenditure for prescription drugs in particular has been surging in recent years, from 2014 onwards, while the consumption curve grows rather steadily. Between 2014 and 2023, the average annual growth rate of all public medicine expenditure (including those paid to hospitals separately) was 6.6 %.

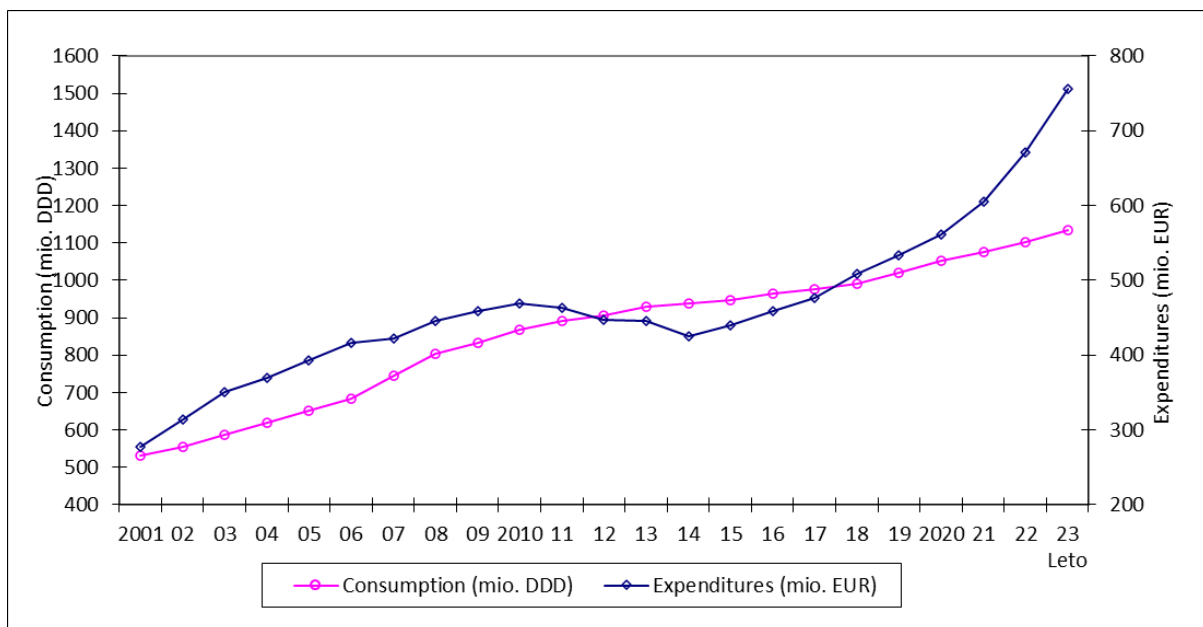


Figure 29 - Expenditure and consumption of prescription drugs in Slovenia (2001-2023)

## Drivers of pharmaceutical expenditure increase

Prescription and hospital-administered medicine spending has surged, primarily as a result of new drug introductions/reimbursements and expanded usage of previously reimbursed medicines (e.g. new indications) in a number of therapeutic specialties, including neurology, haematology, rheumatology, oncology, and haematology. Oncology and anti-diabetic agents are among the most affected therapeutic areas, with significant spending increases.

Changes in consumption of medicines indicate a tendency toward use of new, more expensive medicines, more out-patient treatments, extended treatment durations and longer survival rates. Furthermore, the proportion of patients undergoing long-term treatment with ten or more medications rose by 50% between 2017 and 2023.

The figure below shows trends in expenditure on classified biological and other expensive medicines (green colour) in EUR millions compared to expenditure on other prescription drugs (grey colour) in EUR millions, for the period 2014-2023. A rising share of expenditure on expensive drugs is observed on the total pharmaceutical expenditure (red line).

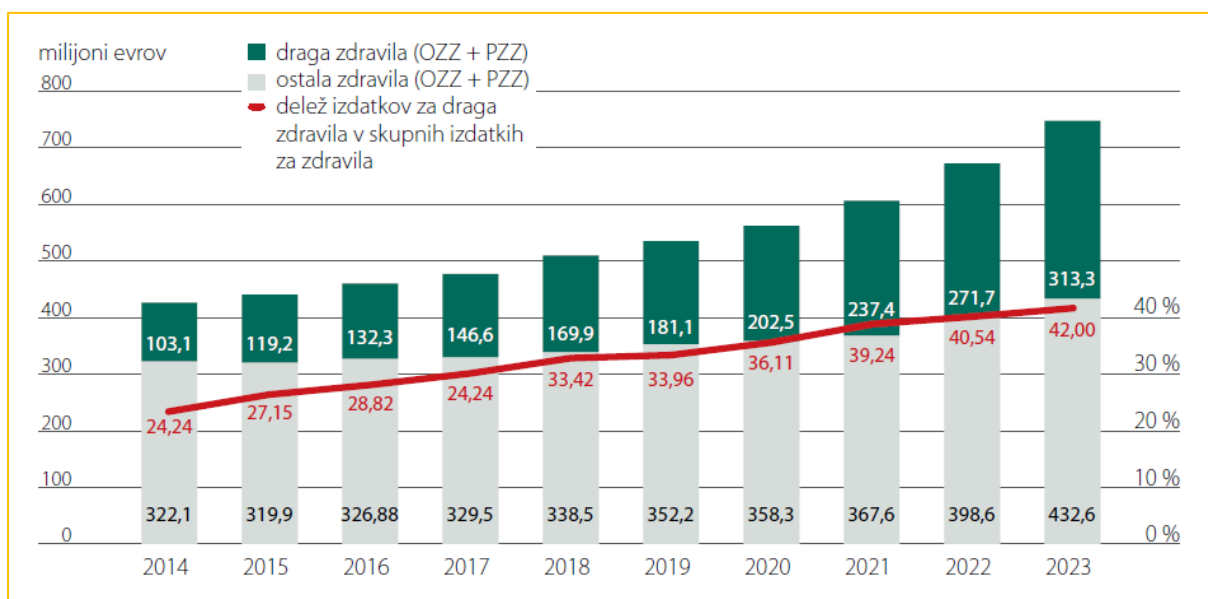


Figure 30 - Expenditure trends of expensive medicine on total pharmaceutical expenditure in Slovenia (2014-2023)

Source:

Health insurance Institute (ZZZS). Annual Report 2023. (2024). <https://www.zzzs.si/novica/obvezno-zdravstveno-zavarovanje-v-letu-2023-obravnavo-in-javna-objava-letnega-porocila-zzzs-2023/>

European Observatory on Health Systems and Policies. Slovenia Health System Summary. (2022). [9789289059084-eng.pdf \(who.int\)](https://www.who.int/publications/m/item/slovenia-health-system-summary-2022)

Mardetko N. And M. Kos. *Influence of generic reference pricing on medicine cost in Slovenia: a retrospective study*. Croat Med J. 2018;59:79-89. <https://doi.org/10.3325/cmj.2018.59.79>

## Spain

### Ministry of Health (MoH)

*Figures account for medicines reimbursed by the statutory health insurance for the in-patient (hospital pharmacies) and out-patient sector and are based on net prices.*

#### Trends of healthcare and pharmaceutical expenditure in recent years

Pharmaceutical expenditure increased steadily since 2021: total pharmaceutical expenditure accounted in total for 29.7 billion EUR in 2023, compared to 28.5 billion EUR in 2022, corresponding to an interannual growth rate of +5.1%. The previous variation from 2021 to 2022 stood at +3.5% instead.

Pharmaceutical expenditure increased both in the in-patient sector (hospital pharmacies) and out-patient sector (community pharmacies with prescriptions), respectively of +8% and +3.5% in 2023. The largest portion of pharmaceutical expenditure concentrates in the out-patient sector, where 13.6 billion EUR were spent in 2023. Nevertheless, the annual growth rate of out-patient expenditure is stabilising compared to previous years, where more significant interannual variations were observed (+7.3% from 2020 to 2021 and +4.9% from 2022 to 2023). Pharmaceutical expenditure in the in-patient sector accounted for 9.6 billion EUR in 2023 and is surging, with an interannual growth rate of +8% in 2023 compared to +4.8% in the previous year.

#### Source:

Subdirección General de Análisis Presupuestario y Estadística de las Comunidades Autónomas.  
 Dirección General de Estabilidad Presupuestaria y Gestión Financiera Territorial.  
 Secretaría General de Financiación Autonómica y Local.  
 Ministerio de Hacienda. Indicadores sobre Gasto Farmacéutico y Sanitario [Indicators on Pharmaceutical and Health Expenditure]. [Indicadores sobre Gasto Farmacéutico y Sanitario: Ministerio de Hacienda](#)

## Sweden

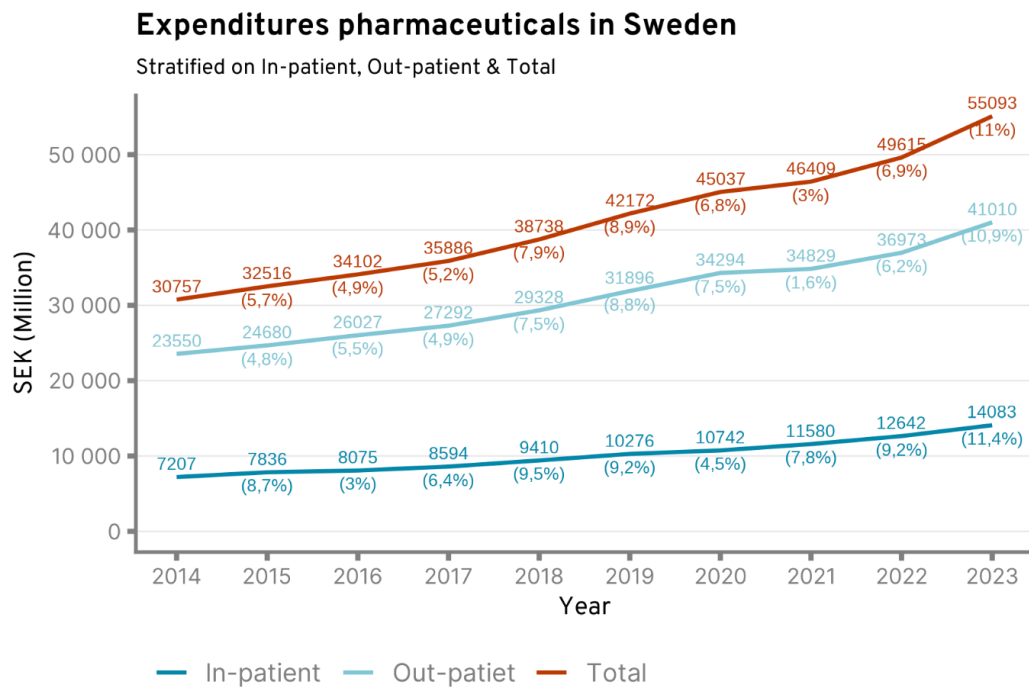
### Dental and Pharmaceuticals Benefits Agency (TLV)

Figures account for medicines reimbursed by the statutory health insurance for the in-patient and out-patient sector and are based on list prices.

#### Trends of healthcare and pharmaceutical expenditure in recent years

Pharmaceutical expenditure increased for both the in- and out-patient sector. For the period 2022-2023, the expenditure went from 49.6 Swedish Kronor (SEK) (corresponding to 4.4 billion EUR) to 55.1 billion SEK (corresponding to 4.9 billion EUR), with an interannual growth rate of +11%. This represents the highest increase in pharmaceutical expenditure in the observed period (2014-2023).

Pharmaceutical expenditure increased both in the in-patient sector and out-patient sector, of 11.4% and 10.9% respectively.



From Out-patient data only costs from reimbursed prescriptions are included

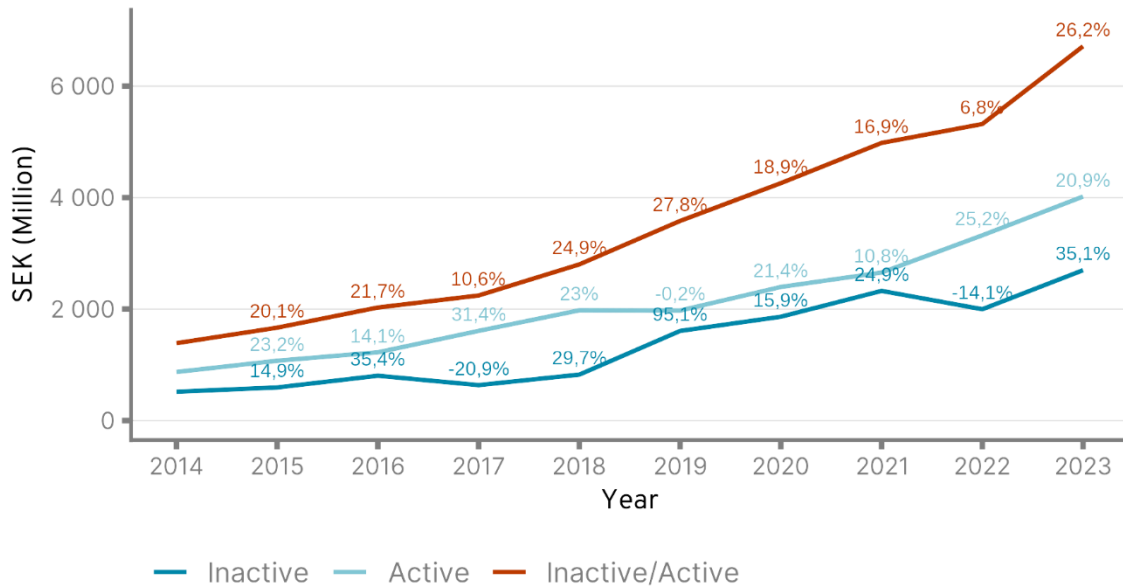
Figure 31 - Pharmaceutical expenditure in Sweden (in-patient, out-patient and total) (2014-2023)

#### Pharmaceutical expenditure for orphan medicinal products (OMPs)

Orphan pharmaceutical expenditure is experiencing a surge in recent years. The interannual growth rate was particularly high from 2022 to 2023 reached +26.2%, exceeding 6 billion SEK in expenditure. The previous variation between 2021 and 2022 stood at +6.8%. This growth trend includes both orphan medicinal products (OMPs) and former OMPs who lost the orphan status ('inactive').

## Yearly cost of reimbursed Orphan drugs

In-patient & Out-patient sales grouped by Orphan status



Percentages show change from previous year.

From Out-patient data only costs from reimbursed prescriptions are included

Figure 38 - Orphan pharmaceutical expenditure in Sweden (2014-2023)

Source:

Dental and Pharmaceuticals Benefits Agency (TLV). Report. *Kostnadsutveckling och långsiktigt hållbar finansiering av läkemedel – Utveckling av läkemedelskostnaderna och TLV:s arbete med kostnadsdämpande åtgärder år 2023 – 2024* [Cost developments and long-term sustainable financing of pharmaceuticals - Development of pharmaceutical costs and TLV's work with cost-cutting measures in 2023-2024] (2024).

[https://www.tlv.se/download/18.65e492871900c7849a27cfa/1718348658291/kostnadsutveckling\\_och\\_langsiktigt\\_hallbar\\_finansiering\\_av\\_lakemedel\\_2024.pdf](https://www.tlv.se/download/18.65e492871900c7849a27cfa/1718348658291/kostnadsutveckling_och_langsiktigt_hallbar_finansiering_av_lakemedel_2024.pdf)

E-Hälsomyndigheten (Swedish eHealth Agency). (<https://www.government.se/government-agencies/swedish-ehealth-agency-ehalsomyndigheten/>) [Data made available and aggregated by TLV]