Poster #HPR149

Negotiated closed budgets in Greece: a case study of success in enhancing patient access whilst achieving savings

ISPOR Europe 2025, Glasgow, UK; 9-12 November 2025

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Introduction

- Closed budgets of a duration of up to two years can be negotiated between the Drug Price Negotiation Committee (DPNC) of the Ministry of Health and pharmaceutical companies (Marketing Authorization Holders, MAHs) in Greece.
- As part of the closed budget, the MAH agrees with the DPNC on upfront % discounts from list price for a defined patient population over the period of up to two years.
- This Closed Budget Agreement offers MAHs predictability in a volatile paybacks' environment and allows the DPNC to negotiate greater discounts for a wider patient coverage.
- We aimed to **assess the impact of negotiated closed budgets on levels of use and cost to the public pharmaceutical budget** of adalimumab, lenalidomide and abiraterone & apalutamide in Greece.

Methods

- We utilized data from the DPNC database and other publicly available sources.
- We calculated the increase in units used in each year of the negotiated budget being in place as well as the difference in costs, after allowing for statutory paybacks.
- Results are presented as percentages versus baseline year (last year without negotiated budget).
- All costs are in euros of the year to which they refer.

Results

Compared to the last year without a negotiated budget (baseline year):

- **Adalimumab** use in units (syringes and pens) had increased by a cumulative **164.2%** between 2019 and 2025 (estimate), at an additional cost for the state pharmaceutical budget of a mere **14.5%** (Table 1).
- **Lenalidomide** use in units had increased by **52.8%** between end 2020 (no negotiated budget) and 2025 (estimate). This increase in units was accompanied by a **63.5% reduction**, i.e., saving, in the respective state pharmaceutical budget (Table 2).
- **Per os therapies for prostate cancer, namely abiraterone & apalutamide,** which were negotiated at the therapy area level, recorded a cumulative increase of **204.9% in units** between end 2021 (no negotiated budget) and 2025 (estimate), at a modest increase in the state budget of **28.6%** (Table 3).

Table 1: Evolution of volume and public expenditure, baseline to end 2025 (estimate), adalimumab

	Baseline (BL, 2019, before DPNC)	2020	2021	2022	2023	2024	2025 (est)	Difference (BL – est 2025)
Increase in volume in units (vs previous year)	**0**	**13.80%**	**4.10%**	**56.50%**	**10.00%**	**18.90%**	**8.90%**	**164.20%**
Agreed closed budget (annual)	38,000,000.00 €	32,500,000.00 €	34,000,000.00 €	40,000,000.00 €	42,000,000.00 €	40,000,000.00 €	43,500,000.00 €	**14.50%**
Public expenditure (vs previous year)	**0**	**-14.50%**	**4.60%**	**17.60%**	**5.00%**	**-4.80%**	**8.70%**	

Abbreviations: BL= baseline, DPNC= Drug Price Negotiation Committee, vs = versus

Table 2: Evolution of volume and public expenditure, baseline to end 2025 (estimate), lenalidomide

	Baseline (BL, 2020, before DPNC)	2021	2022	2023	2024	2025 (est)	Difference (BL – est 2025)
Increase in volume in units (vs previous year)	**0**	**6.70%**	**15.60%**	**8.10%**	**9.30%**	**4.90%**	**52.80%**
Agreed closed budget (annual)	53,393,000.00 €	47,800,000.00 €	32,500,000.00 €	18,750,000.00 €	20,750,000.00 €	19,500,000.00 €	**-63.50%**
Public expenditure (vs previous year)	**0**	**-10.50%**	**-32.00%**	**-42.30%**	**10.70%**	**-6.00%**	

Abbreviations: BL= baseline, DPNC= Drug Price Negotiation Committee, vs = versus

Table 3: Evolution of volume and public expenditure, baseline to end 2025 (estimate), per os treatments for prostate cancer abiraterone & apalutamide

	Baseline (BL, 2021, before DPNC)	2022 (includes abiraterone's generics in last quarter)	2023	2024	2025 (est)	Difference (BL – est 2025)
Increase in volume in units (vs previous year)	**0**	**34.00%**	**56.60%**	**21.10%**	**20.00%**	**204.90%**
Agreed closed budget (annual)	9,341,164.00 €	11,430,000.00 €	8,800,000.00 €	11,860,000.00 €	12,010,000.00 €	**28.60%**
Public expenditure (vs previous year)	**0**	**22.40%**	**-23.00%**	**34.80%**	**1.30%**	

Abbreviations: BL= baseline, DPNC= Drug Price Negotiation Committee, vs = versus

Key take aways

Closed budgets agreed after negotiation between the DPNC of the MoH and the MAHs are contributing to **wider patient access to treatment** whilst ensuring **substantial savings** for the pharmaceutical budget in Greece.

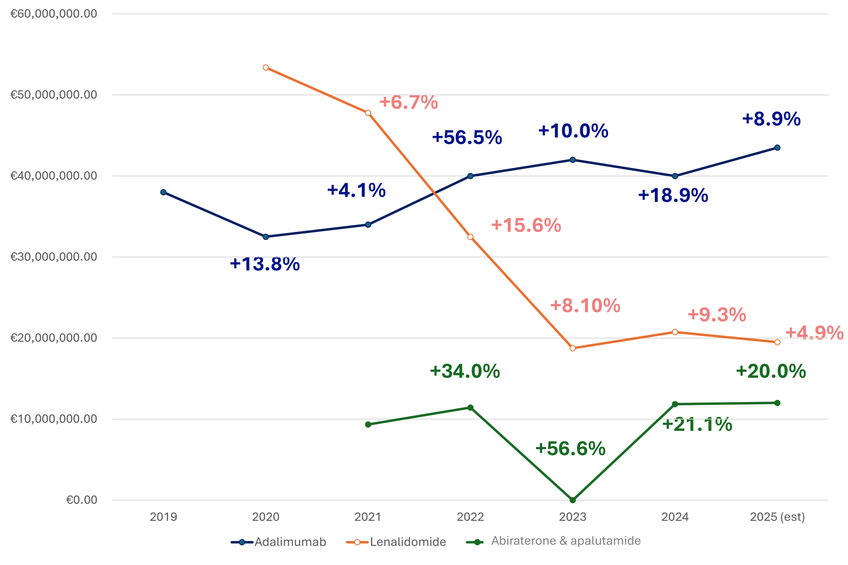
Through closed budgets, **substantial increases in volume**, meaning the treatment reaches more patients in need, are achieved through **only marginal increases or even savings** in public pharmaceutical expenditure.

In addition, **closed budgets offer predictability** to MAHs, as products included in the closed budget do not pay any additional mandatory paybacks, if there is no budget overshoot.

Overall, **closed budgets significantly reduce the cost for effective molecules**, whilst **broadening physician choice**. Physicians may select from a variety of preparations of the same active substance for their patients, which due to the different excipients they contain may be better tolerated at the individual patient level.

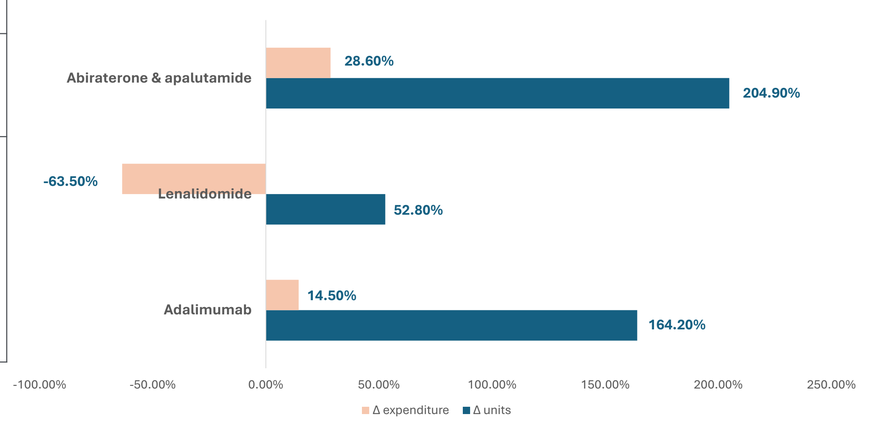
Finally closed budgets **prolong the life of the specific active substance**, which, if it loses patent protection, may be substituted by its MAH with a more expensive on patent pharmaceutical.

Figure 1: Evolution of volume (units) and public expenditure



Note: Lines depict evolution of **public expenditure**. At each time point, **labels depicts change in volume in units** versus **previous year**

Figure 2: Cumulative difference (per substance), units and expenditure, Baseline to end 2025 (estimate)



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