IMPACT OF REIMBURSEMENT POLICY CHANGES ON SGLT2 INHIBITORS UTILIZATION AND NATIONAL HEALTH FUND (NFZ) EXPENDITURE IN POLAND, 2019–2024

HPR171

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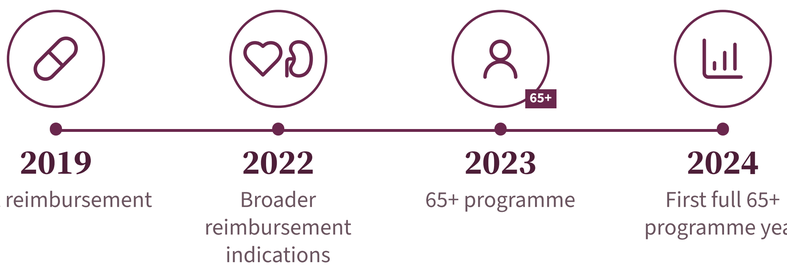
BACKGROUND & OBJECTIVE

Dapagliflozin, empagliflozin and canagliflozin (SGLT2 inhibitors) entered the Polish reimbursement list in November 2019. In 2022, reimbursement criteria were broadened, with additional indications for heart failure (HF) and chronic kidney disease (CKD) introduced for selected medicines. In September 2023, Poland implemented the 65+ programme, providing eligible reimbursed medicines free of charge to patients aged ≥65 years.

This study aimed to assess changes in SGLT2 inhibitor utilization and National Health Fund (NFZ) expenditure in relation to these reimbursement policy changes.

POLICY MILESTONES



STUDY DESIGN & METHODS

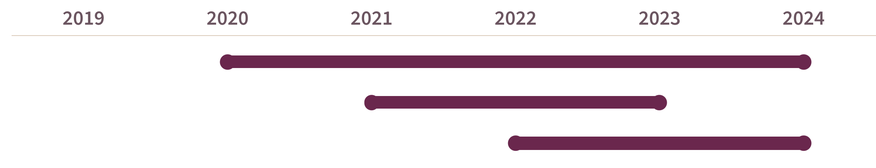
MEDICINES
Dapagliflozin
Empagliflozin
Canagliflozin

NFZ REIMBURSEMENT DATA
2019–2024
Reimbursement and utilization data

STANDARDIZATION
Annual reimbursed utilization in defined daily doses (DDDs)

OUTCOMES
Reimbursed utilization (DDDs)
NFZ expenditure
Co-payment / DDD
NFZ reimbursement / DDD
Total cost / DDD

COMPARATIVE WINDOWS



Aggregated data on dispensed reimbursed prescriptions were obtained from the publicly available database of the Polish National Health Fund (NFZ) for 2019–2024. Originator brands of dapagliflozin, empagliflozin and canagliflozin were analyzed. Annual utilization was measured in defined daily doses (DDDs). NFZ reimbursement per DDD, patient co-payment per DDD and total cost per DDD were calculated by substance and year. As SGLT2-I entered reimbursement in late 2019, 2020 was used as the first full-year baseline. Indication expansion was assessed using 2021 vs 2023 changes, while the 65+ program was assessed using 2022 vs 2024 changes, representing the last full pre-policy and first full post-policy years.

RESULTS

	CANAGLIFLOZIN	DAPAGLIFLOZIN	EMPAGLIFLOZIN
1 OVERALL CHANGE (2020–2024)			
Percentage changes in reimbursed utilization and NFZ expenditure between 2020 and 2024, calculated separately for each medicine. Absolute values are presented in millions.			
UTILIZATION | DDDS	+50.3%	+3,192.6%	+1,058.2%
TOTAL NFZ EXPENDITURE	+72.3%	+3,776.9%	+1,436.2%
REIMBURSED DDDS | 2020 → 2024	2020 0.55M; 2024 0.83M (0–75M)	2020 2.20M; 2024 72.32M (0–75M)	2020 3.69M; 2024 42.75M (0–75M)
NFZ EXPENDITURE (PLN) | 2020 → 2024	2020 4.62M; 2024 7.97M (0–450M)	2020 9.15M; 2024 354.88M (0–450M)	2020 26.90M; 2024 413.31M (0–450M)
2 REIMBURSEMENT CRITERIA AND INDICATION EXPANSION (2021–2023)			
Changes in reimbursed utilization (DDDs) following reimbursement indication expansion.			
UTILIZATION | DDDS	+21.3% (0–800%)	+760.3% (0–800%)	+373.4% (0–800%)
POLICY CHANGES IN 2022	Reimbursement remained limited to diabetes-related criteria.	Reimbursement expanded in 2022 to include heart failure (HF) and chronic kidney disease (CKD).	Reimbursement expanded in 2022 to include heart failure (HF).
3 65+ PROGRAMME: CHANGE IN UNIT FINANCING (2022–2024)			
Changes in patient co-payment, NFZ reimbursement and total treatment cost per DDD between 2022 and 2024.			
PATIENT CO-PAYMENT / DDD	−69.9%	−75.4%	−67.6%
NFZ REIMBURSEMENT / DDD	+14.8%	+17.8%	+32.7%
TOTAL COST / DDD	−11.4%	−10.0%	+1.0%

(Bar charts: −80% / 0 / +80%)

Between 2020 and 2024, reimbursed utilization and total NFZ expenditure increased substantially, particularly for dapagliflozin and empagliflozin. Greater utilization increases were observed for these two medicines following reimbursement indication expansion than for canagliflozin. Between 2022 and 2024, patient co-payment per DDD decreased markedly for all three medicines, while NFZ reimbursement per DDD increased. Total cost per DDD remained stable or decreased.

CONCLUSIONS

1. Expanded reimbursement indications were associated with substantially greater increases in reimbursed SGLT2 inhibitor utilization and NFZ expenditure for dapagliflozin and empagliflozin than for canagliflozin.
2. Following implementation of the 65+ programme, patient co-payment per DDD decreased markedly, while NFZ reimbursement per DDD increased, suggesting a shift in treatment financing towards the public payer.
3. Despite substantial growth in total NFZ expenditure, total cost per DDD remained stable or decreased across all three medicines.

REFERENCES & CONTACT

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