#HPR161

Procurement and Expenditure Trends of Orphan and Non-Orphan High-Cost Medicines Dispensed Through Public Outpatient Pharmacies in Greece, 2020-2025

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Orphan expenditure increased despite fewer packages procured, alongside a changing annual product portfolio.

Orphan medicines

+41.1%
Acquisition expenditure

−54.8%
Packages procured

Non-orphan medicines

+64.3%
Acquisition expenditure

+34.5%
Packages procured

Annual orphan trade names: 42–54	2020	2021	2022	2023	2024	2025
Similar counts conceal a changing portfolio: products lost orphan status while new products entered.	50	42	43	51	52	54

Background & objective

The National Organization for Healthcare Services Provision (EOPYY) supplies high-cost medicines through public outpatient pharmacies. Annual changes in orphan status and product composition complicate expenditure and procurement comparisons.

Objective

To compare acquisition expenditure, procurement volumes and annual product portfolios of reimbursed orphan and non-orphan medicines supplied through EOPYY pharmacies during 2020–2025.

Methods

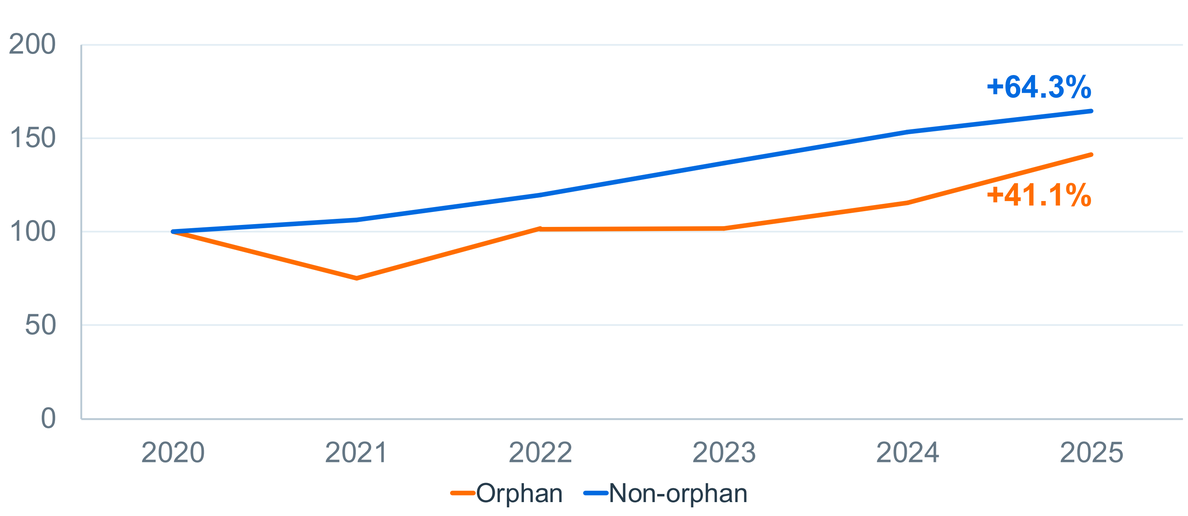
Retrospective analysis of purchase invoices (2020–2025), restricted to Greece's positive reimbursement list. Medicines imported through the Institute of Pharmaceutical Research and Technology (IFET) were excluded.

Packages and expenditure refer to procurement. Invoice values precede negotiated discounts, rebate and clawback. Average acquisition cost per package equals expenditure divided by packages procured.

Annual orphan classification required a European Medicines Agency (EMA) designation for at least one indication at any point in the year.

Acquisition expenditure

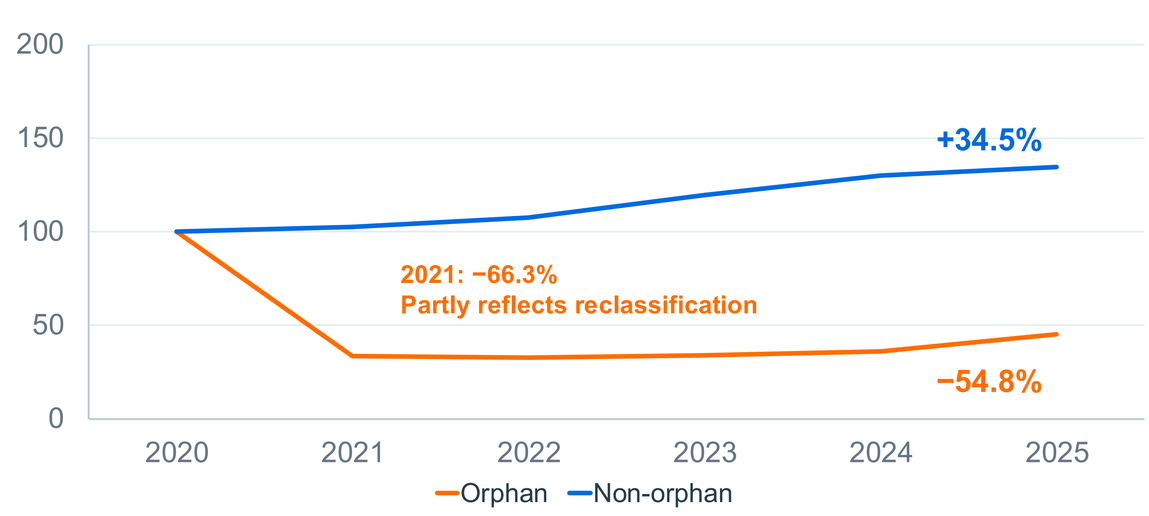
Index, 2020 = 100



2020–2025 expenditure: orphan +41.1%; non-orphan +64.3%.

Packages procured

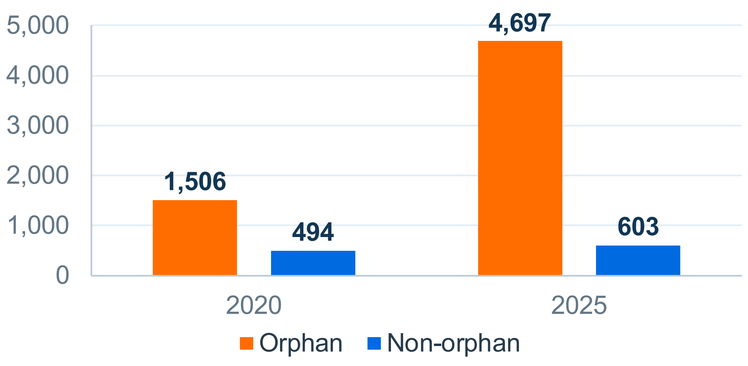
Index, 2020 = 100



Annual orphan groups are not a fixed product cohort.
Orphan packages increased by 34.4% from 2021 to 2025.

Average acquisition cost per package

3.1× to 7.8×
Orphan / non-orphan cost ratio, 2020 to 2025



Annual product mix affects per-package comparisons.
Linear scale (€).

Key indicators in 2020 and 2025

CAGR: compound annual growth rate over five annual intervals.

Measure	2020	2025	Change	CAGR
Orphan trade names	50	54	+8.0%	+1.6%
Non-orphan trade names	450	584	+29.8%	+5.4%
Orphan packages procured	115,974	52,472	−54.8%	−14.7%
Non-orphan packages procured	3,004,167	4,041,059	+34.5%	+6.1%
Orphan expenditure (€m)	174.7	246.5	+41.1%	+7.1%
Non-orphan expenditure (€m)	1,483.4	2,437.9	+64.3%	+10.4%
Orphan cost per package (€)	1,506	4,697	+211.8%	+25.5%
Non-orphan cost per package (€)	494	603	+22.2%	+4.1%

Spending trends require joint monitoring of volumes and product composition

Among medicines on the positive reimbursement list, orphan expenditure increased as package counts fell within a changing annual portfolio. Aggregate data cannot isolate the contributions of prices, product mix and reclassification. Interpretive requires joint assessment of expenditure, procurement volumes and annual product composition.

Interpretive limits

Procurement reflects purchases, not dispensing. Timing and inventory changes may affect comparisons with dispensing data. Packages are not standardized treatment units. These records do not establish treatment access or clinical outcomes. Invoice expenditure is not net payer expenditure.

Source: EOPYY pharmacy purchase invoices, 2020–2025. Positive reimbursement list only; IFET medicines excluded. Annual EMA-based orphan grouping. Calculations use unrounded values.