Exponential growth and market concentration of public reimbursement for innovative cardiometabolic pharmacotherapy in Hungary, 2020-2025

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OBJECTIVES

Pharmaceutical spending on innovative cardiometabolic and weight-management agents has accelerated worldwide, raising payer sustainability questions. We quantify the magnitude, growth pattern and market concentration of public reimbursement by the National Health Insurance Fund Administration (NHIFA) for a defined cohort of community-pharmacy medications in Hungary, 2020–2025.

METHODS

Data were retrieved from the NHIFA for 31 reimbursed presentations covering 9 active substances across 4 classes: GLP-1 receptor agonists (liraglutide, dulaglutide, semaglutide-sc, semaglutide-oral), SGLT-2 inhibitors (dapagliflozin, empagliflozin, ertugliflozin), biguanide (metformin) and topiramate. Records were aggregated to annual NHIFA contribution and converted to EUR and USD at Hungarian National Bank annual mid-rates. Exponential trend was tested with log-linear regression and CAGR; concentration with HHI, CR3 and Gini at active-substance level; between-class growth with Kruskal–Wallis.

RESULTS

Total NHIFA reimbursement 2020-2025 reached €341.6M / $377.6M, rising from €32.0M (2020) to €85.9M (2025), a 2.68× rise (EUR CAGR = 21.84%; p<0.001). Spending was strongly concentrated at the substance level (HHI=0.207, CR3=66.91%, Gini=0.489).

Class shares (EUR): GLP-1 RA 67.94% (€232.0M), SGLT-2i 27.97% (€95.4M), biguanide 2.78% (€9.7M), topiramate 1.31% (€4.6M). Semaglutide-sc alone carried 34.38% (€117.9M). EUR CAGRs diverged across classes (Kruskal–Wallis p<0.001): SGLT-2i +24.77%, GLP-1 RA +22.81%, biguanide −5.31%, topiramate −5.27%.

CONCLUSIONS

Hungarian public reimbursement for the studied cohort grew exponentially in 2020-2025 in hard-currency terms, driven almost entirely by GLP-1 RA and SGLT-2i agents, with semaglutide products carrying over one-third of the burden. The pronounced concentration and double-digit annual growth raise sustainability and HTA-prioritization questions for upcoming budget cycles.

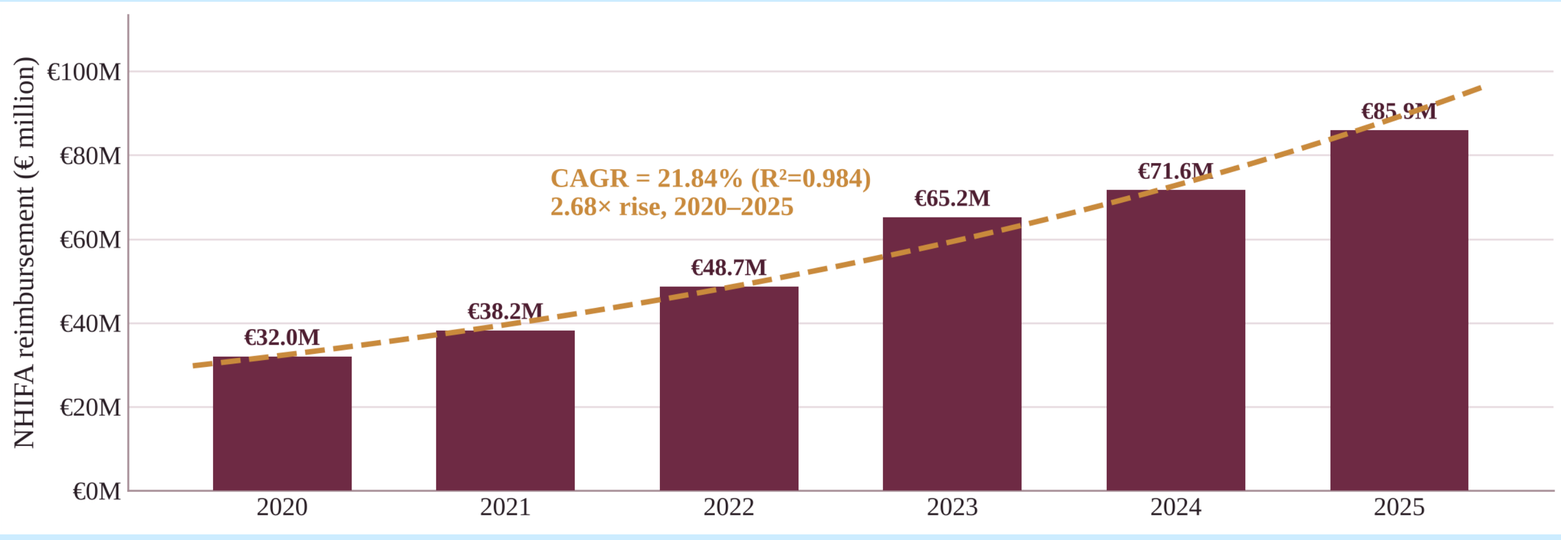


Figure 1. Annual NHIFA reimbursement with exponential trend, 2020-2025 (€)

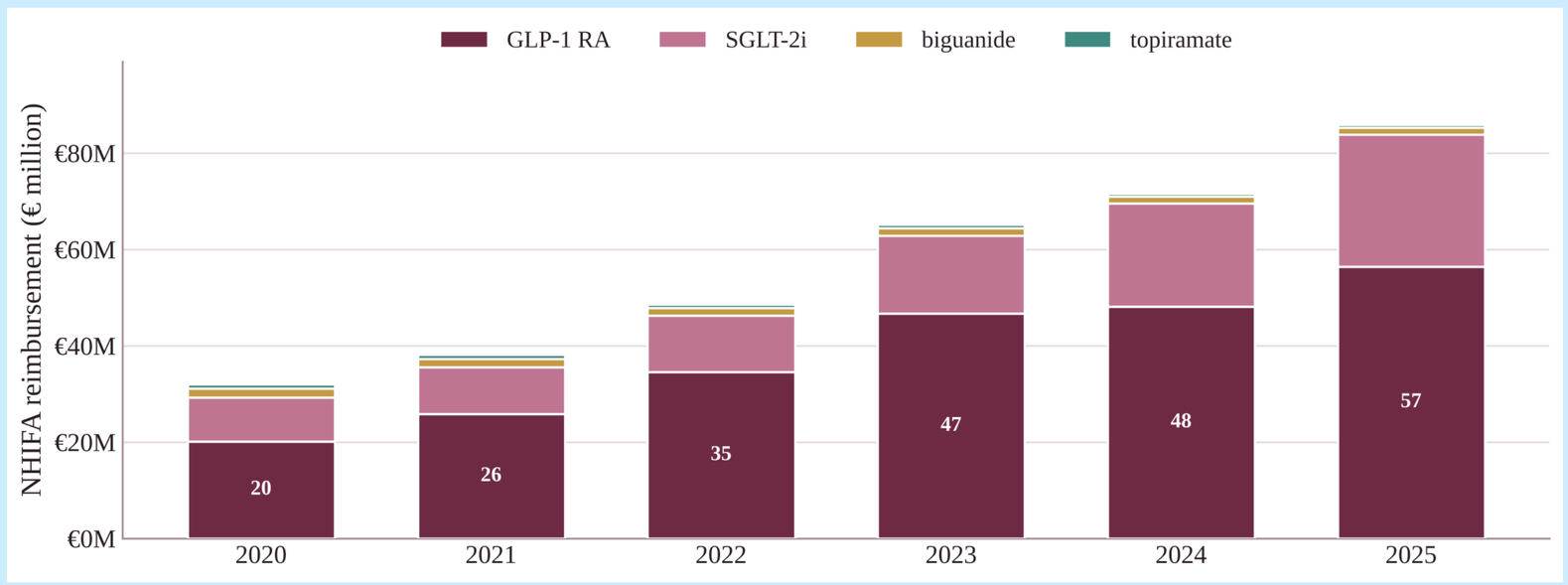


Figure 2. Reimbursement by active substance categories, 2020-2025 (€ million)

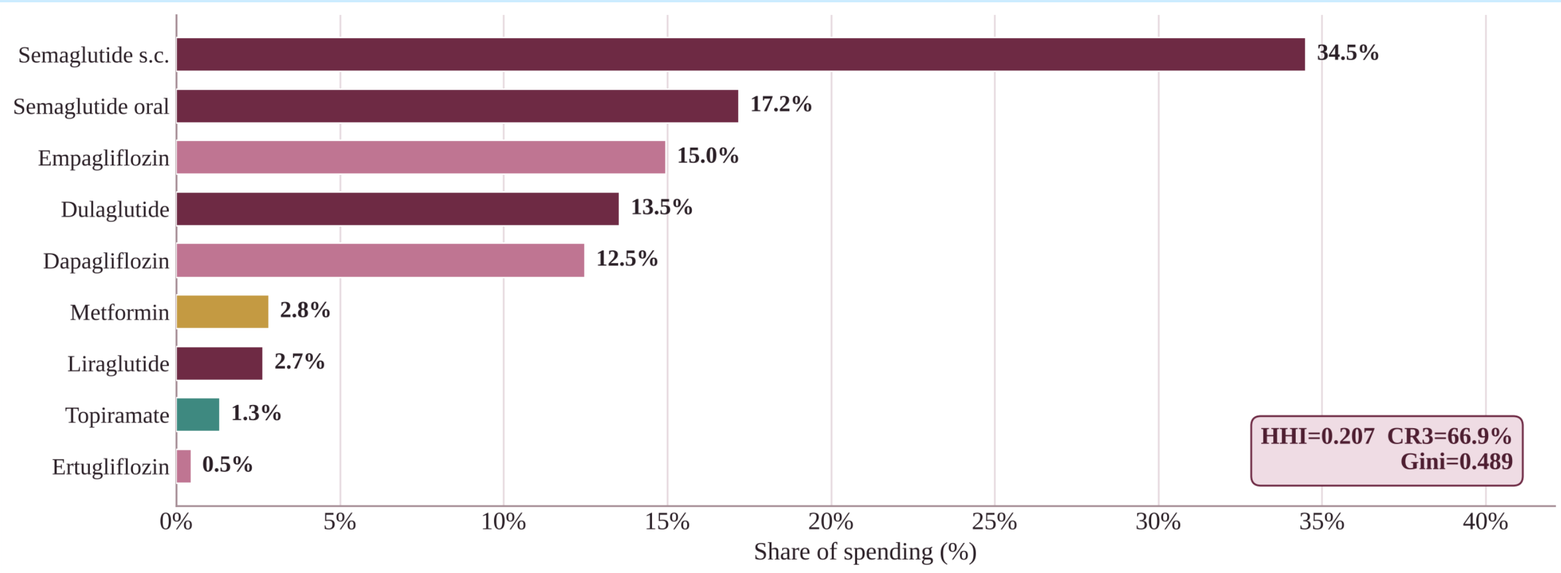


Figure 3. Market concentration: share of reimbursement by active substance

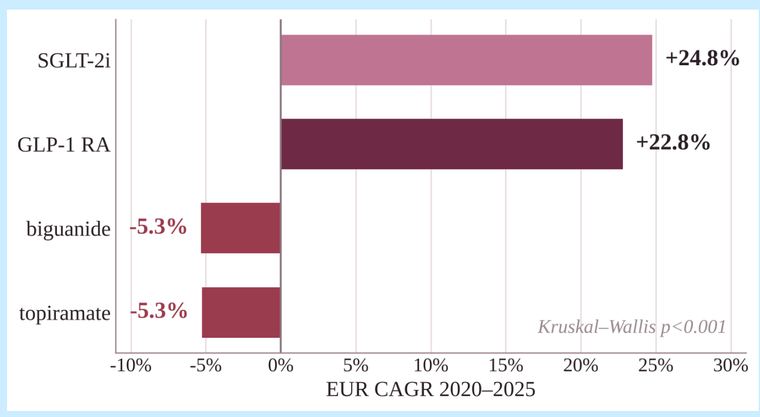


Figure 4. Divergent class growth (EUR CAGR)

Finding	Result	Implication
Exponential growth	€32.0M (2020) → €85.9M (2025); CAGR 21.84%	Double-digit annual rise
Total 2020–25 burden	€341.6M / $377.6M	Material payer exposure
Two classes dominate	GLP-1 RA 67.9%; SGLT-2i 27.9%	Innovation drives spend
High concentration	HHI=0.207; CR3=66.9%; Gini=0.489	Few substances, most cost
Single-product burden	Semaglutide s.c. 34.4% (€117.9M)	One product = one-third
Divergent growth	SGLT-2i +24.8%; biguanide −5.3% (p<0.001)	Shift toward innovation

Table 1. Main findings

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