Negotiated Closed Budgets and Generic Entry in Oral Anticoagulants in Greece, 2021-2025: Improving Patient Access While Containing Pharmaceutical Expenditure

#HPR169

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More reimbursed packs. Lower net public expenditure.

2021–2025

+27.20%
Reimbursed packs

−26.76%
Net public expenditure

Objective

To describe trends in reimbursed use and public expenditure during negotiated closed-budget agreements and generic market entry in Greece, 2021–2025.

Methods

Annual aggregate data (2021–2025) came from the Drug Price Negotiation Committee (DPNC) and the National Organization for Healthcare Services Provision (EOPYY), Greece's public health insurance organization. The study covered rivaroxaban, dabigatran etexilate and apixaban. Net expenditure accounts for returns and negotiated discounts. Patient counts are summed across substances without deduplication.

Policy periods and observed changes

2021–2023
Closed-budget agreements

Agreements were first implemented in 2021.

Packs +14.13% | Net −7.48%

2023–2024
Generic market entry

Generics of rivaroxaban and dabigatran etexilate entered in the second half of 2024.

Packs +6.14% | Net −4.57%

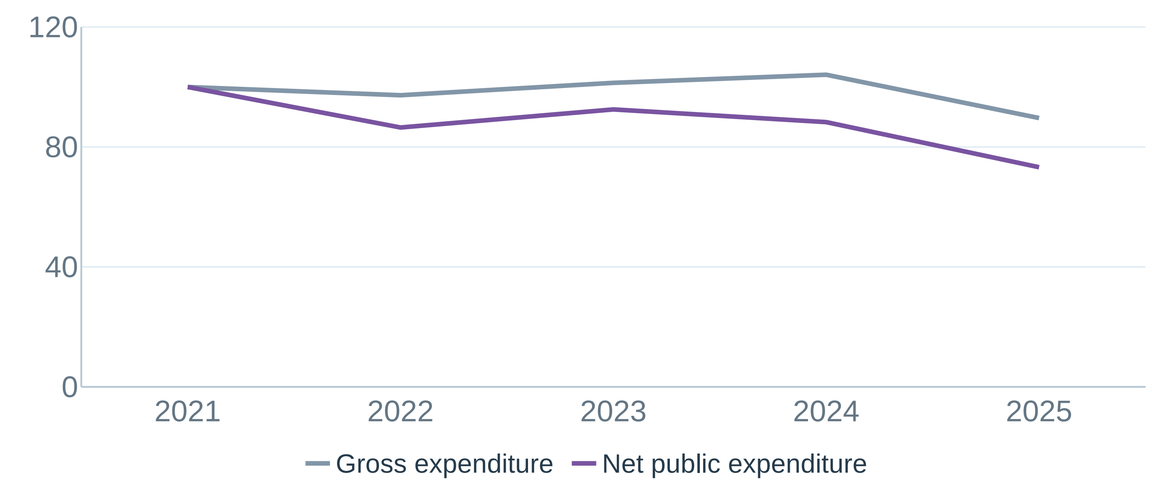
2024–2025
First full year with generics

2025 was the first full calendar year following generic entry.

Packs +5.01% | Net −17.04%

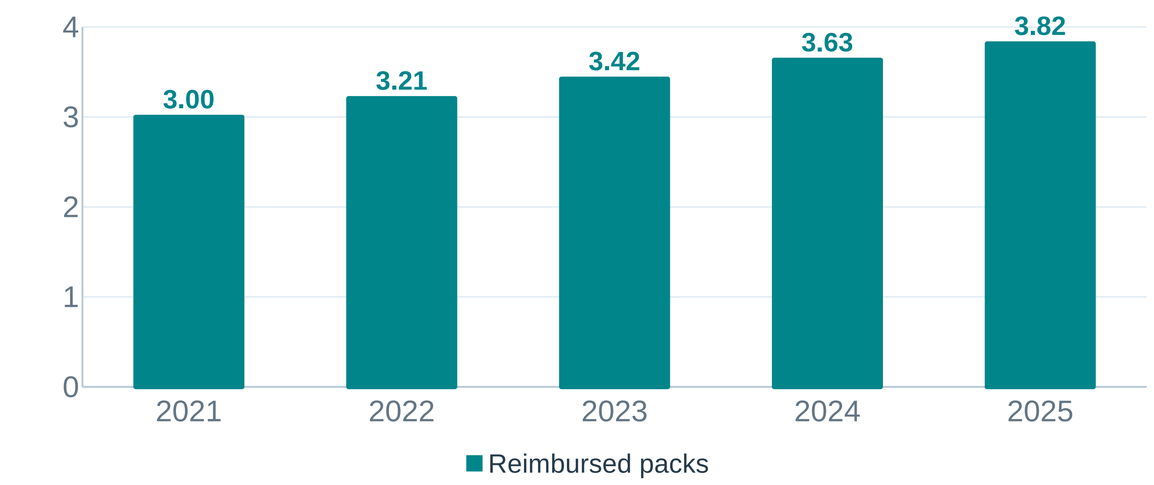
Public pharmaceutical expenditure

Index, 2021 = 100



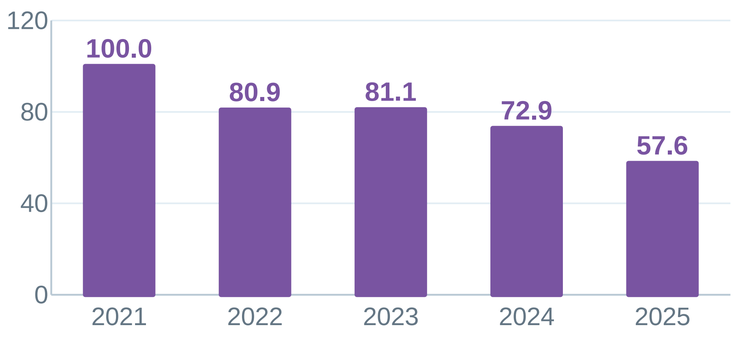
Reimbursed packs

Millions of reimbursed packs



Net expenditure per pack

−42.42% Index, 2021 = 100



Changes over each stated interval

Indicator	2021–2023	2023–2024	2024–2025	2021–2025
Reimbursed packs	+14.13%	+6.14%	+5.01%	+27.20%
Patient counts summed across substances	+8.99%	+7.83%	+13.97%	+33.95%
Gross pharmaceutical expenditure	+1.38%	+2.67%	−13.87%	−10.35%
Net public pharmaceutical expenditure	−7.48%	−4.57%	−17.04%	−26.76%
Net expenditure per reimbursed pack	−18.93%	−10.09%	−21.00%	−42.42%

Higher reimbursed use alongside lower net public expenditure.

These findings are consistent with the role of negotiated closed-budget agreements and generic competition in supporting pharmaceutical budget sustainability alongside increasing reimbursed use. The descriptive analysis establishes temporal associations and cannot isolate the contribution of each policy.

Interpretive limits
Patient counts are not deduplicated across substances. Packs are not standardized treatment units. Clinical outcomes and unmet need were not assessed.

Source: DPNC and EOPYY aggregate data, 2021–2025. Percentage changes calculated from unrounded values.