Ferrous Iron Formulations in Greece, 2020-2025: Impact of Reimbursement Policies, Product Delisting, and Prescribing Restrictions on Utilization and Pharmaceutical Expenditure

#HPR127

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ΕΟΠΥΥ

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Background & objective

Ferrous iron formulations in Greece were subject to successive reimbursement policy interventions during 2020-2025, including closed-budget agreements, reimbursement eligibility restrictions, delisting from reimbursement and subsequent relisting.

This study describes trends in reimbursed utilization and net public pharmaceutical expenditure alongside these interventions.

Methods

Study design

Retrospective descriptive analysis of annual aggregate reimbursement data in Greece, 2020-2025.

Data sources

Drug Price Negotiation Committee and National Organization for Healthcare Services Provision (EOPYY) aggregate data.

Products and study scope

Oral ferrous iron, Anatomical Therapeutic Chemical (ATC) code B03AA.
One studied product was delisted in 2024 and relisted in 2025.

Outcomes

Reimbursed packs and net public expenditure after applicable rebates, clawback and negotiated discounts.

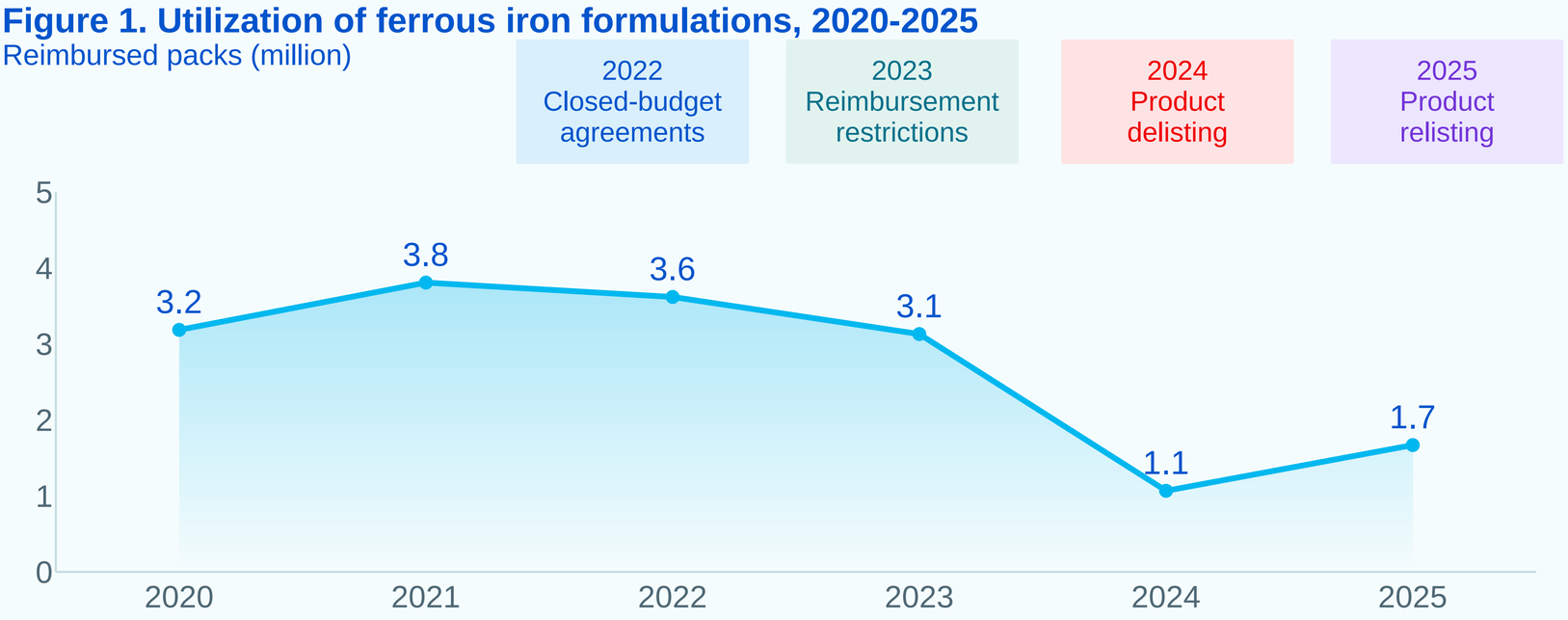
Analysis

Annual and year-on-year changes. Absolute expenditure and confidential agreement terms are not disclosed.

Results

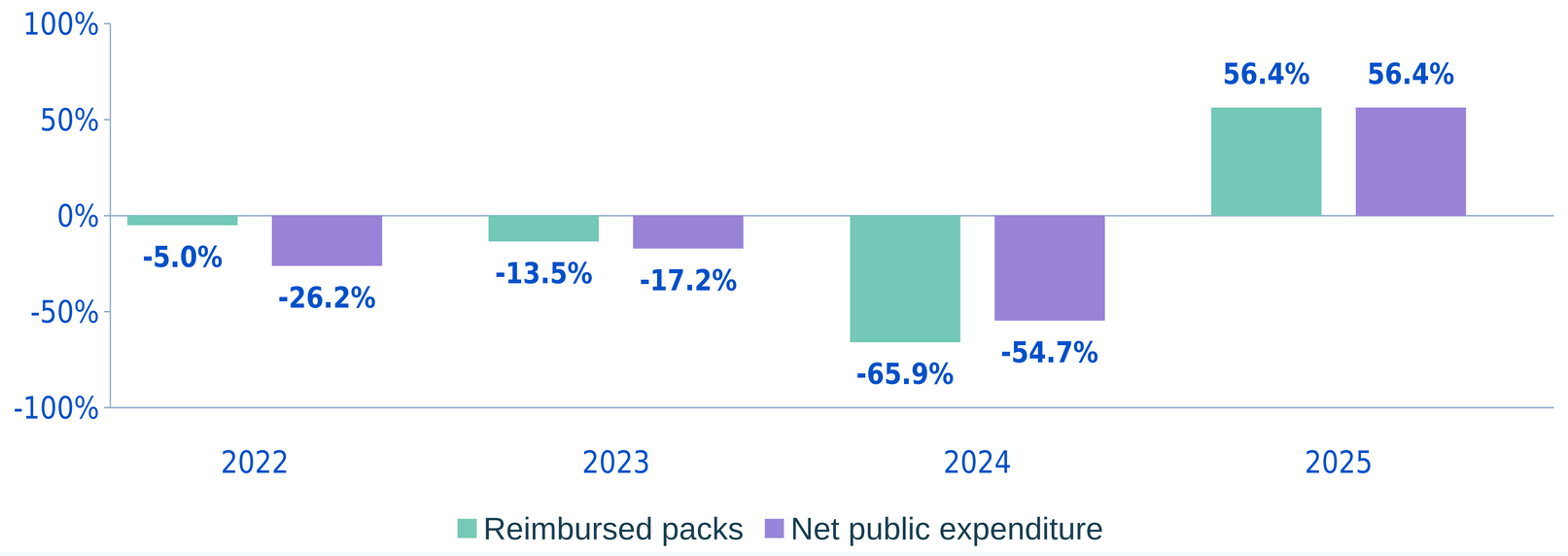
Figure 1. Utilization of ferrous iron formulations, 2020-2025

Reimbursed packs (million)



Reimbursed packs declined from 3.8 million in 2021 to 1.1 million in 2024, then partially recovered to 1.7 million in 2025.

Figure 2. Annual percentage change from previous year



Following closed-budget implementation in 2022, net public expenditure fell by 26.2%, compared with a 5.0% reduction in reimbursed packs. The largest declines in both outcomes occurred in 2024.

Policy timeline and interpretation

2020-2021 — Pre-intervention period
Utilization and pharmaceutical expenditure increased.
Packs: 3.2 million (2020) and 3.8 million (2021). Net expenditure increased.

2022 — Closed-budget agreements
Negotiated expenditure ceilings introduced.
Packs: -5.0%
Net expenditure: -26.2% versus 2021.
Net expenditure declined more than reimbursed packs.

2023 — Reimbursement restrictions
Reimbursement linked to predefined clinical and laboratory criteria (prescription restrictions).
Packs: -13.5%
Net expenditure: -17.2% versus 2022.
Both outcomes declined further in 2023, following reimbursement restrictions.

2024 — Product delisting
One product delisted from reimbursement after no agreement was reached.
Packs: -65.9%
Net expenditure: -54.7% versus 2023.
The largest decline in reimbursed packs occurred in 2024.

2025 — Product relisting
Product relisted following a negotiated agreement.
Packs: +56.4%
Net expenditure: +56.4% versus 2024.
Still below 2023 levels:
Packs: -46.7%
Net expenditure: -29.1%.

Conclusions

- In 2022, the introduction of closed-budget agreements coincided with a larger reduction in net public pharmaceutical expenditure (-26.2%) than in reimbursed packs (-5.0%).
- Further reductions followed reimbursement eligibility restrictions in 2023 and product delisting in 2024. The largest annual decline in both outcomes occurred in 2024.
- Product relisting in 2025 coincided with a partial recovery in reimbursed packs and net expenditure. Both remained below their 2023, pre-delisting levels.
- These findings describe temporal associations between reimbursement policy changes and reimbursed utilization and expenditure. The descriptive study design cannot establish causal effects; clinical outcomes and treatment access were not assessed.

Limitations

- Data capture reimbursed packs only. Private purchases are not included.
- Possible substitution with other iron products or non-pharmaceutical alternatives is not captured.
- No patient-level or clinical outcomes are available. Changes in treatment access, adherence or health outcomes cannot be assessed.

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