

Infospot

The TOP 25 active ingredients in outpatient healthcare expenditure in 2023

November 2024



The TOP 25 active ingredients¹ account for 35% of the compulsory healthcare insurance's total net expenditure (i.e. total expenditure on medicines minus patient co-payment; any payments made under article 81/111 agreements signed between the NIHDI and the companies are not deducted from these amounts) and for 18% of the volume of treatments (DDD²). In addition to these 25 active ingredients, 697 other active ingredients are reimbursed to outpatients by the compulsory insurance.

The most recent medicinal products in this TOP 25 are emicizumab, reimbursable for the first time in 2020 (a haemophilia medicine that partially replaces the old coagulation factors VIII), and 4 medicinal products from 2019: two new HIV combinations: emtricitabine/tenofovir alafenamide/bictegravir and lamivudine/dolutegravir, a cholesterol-lowering drug: the combination rosuvastatin/ezetimibe and an antidiabetic drug: semaglutide.

Conversely, 3 active ingredients predate 2000.

Atorvastatin was already in the TOP 25 in 1999.

Over the long run, there has been an evolution in the type of molecules present in the TOP 25. These molecules are increasingly part of the therapeutic arsenal of specialists. In 2023, 11 of them were prescribed at more than 50 % by specialists (% of DDDs). There were only 4 of them in 2007 and only 1 in 1997.

1. The TOP 25 only deals with active ingredients dispensed by public pharmacies.

2. Defined Daily Dose; a WHO expert group defines an average daily dose (ADD) for each active ingredient, taking into account the dose for a drug used in its main indication in adults. This is obviously a measuring unit, not a standard of good practice.

Tabel 1: TOP 25 (2023)										
Rank	Net amount NIHDI 2023	ATC	Active ingredient	Net amount NIHDI 2023	DDD 2023	Share of specialists in volume	Number of patients 2023	Growth net amount 2022-2023	Year of 1st reimbursement of active ingredient	1st year in TOP 25
1		B01AF02	APIXABAN**	97.563.433	33.814.708	19%	138.916	7.134.134	2012	2015
2		L04AB04	ADALIMUMAB	93.043.169	5.246.909	100%	17.448	3.913.819	2004	2006
3		B02BX06	EMICIZUMAB**	80.171.860	70.129	92%	235	5.907.753	2020	2020
4		B01AF03	EDOXABAN**	73.579.491	25.131.666	22%	98.347	9.130.022	2016	2018
5		B01AF01	RIVAROXABAN**	71.674.165	26.961.320	20%	107.088	2.659.529	2009	2013
6		A02BC02	PANTOPRAZOLE	70.471.045	268.316.491	15%	1.710.845	3.815.935	1997	2002
7		L04AC05	USTEKINUMAB	69.348.788	3.673.583	96%	4.831	4.451.252	2010	2016
8		A10BJ06	SEMAGLUTIDE	60.769.577	5.783.344	33%	59.384	19.519.534	2019	2021
9		J05AR20	EMTRICITABINE, TENOFOVIR ALAFENAMIDE AND BICTEGRAVIR	38.536.418	1.349.209	76%	4.385	4.814.482	2019	2020
10		A10BK03	EMPAGLIFLOZIN**	36.051.089	21.629.251	29%	88.573	12.620.912	2015	2022
11		L04AC16	GUSELKUMAB	34.709.751	981.899	100%	3.375	5.554.970	2018	2021
12		M05BX04	DENOSUMAB	33.658.948	38.701.091	41%	64.847	1.131.688	2010	2013
13		L04AB01	ETANERCEPT	32.244.074	1.898.631	100%	7.086	-3.321.841	2002	2005
14		C10AA05	ATORVASTATIN	31.736.071	280.027.761	15%	667.352	1.881.262	1998	1999
15		A10BK01	DAPAGLIFLOZIN**	31.515.977	22.344.028	29%	73.429	12.424.415	2016	2023
16		A10BA02	METFORMIN	30.700.479	135.587.048	16%	655.832	2.727.586	1980*	2013
17		A10BJ05	DULAGLUTIDE	30.502.419	10.358.306	31%	32.210	3.660.570	2016	2021
18		C09DX04	VALSARTAN AND SACUBITRIL	30.172.379	7.296.772	33%	26.380	5.675.507	2016	2022
19		A10AE04	INSULIN GLARGINE	29.732.924	24.709.860	54%	106.913	1.970.178	2004	2012
20		R03DX09	MEPOLIZUMAB	29.414.431	743.814	76%	2.699	12.327.238	2016	2023
21		J05AR25	LAMIVUDINE AND DOLUTEGRAVIR	28.056.040	1.229.670	75%	3.828	5.349.603	2019	2023
22		L04AC10	SECUKINUMAB	27.599.945	842.550	100%	3.163	1.518.729	2016	2018
23		C10BA06	ROSUVASTATIN AND EZETIMIBE	27.543.385	59.505.937	20%	235.437	11.623.238	2019	2023
24		L04AB06	GOLIMUMAB	27.208.732	804.807	100%	2.664	86.346	2010	2015
25		R03AK10	VILANTEROL AND FLUTICASONE FUROATE	26.406.755	23.397.076	23%	169.325	793.673	2014	2019
TOTAL TOP 25				1.142.411.343	1.000.405.861		-	-	-	-

* 1980 or earlier

** For this product, the actual cost to NIHDI is lower than the amount shown above in relation to financial compensations provided for in agreements signed under articles .81, 81bis/ art.111, 112 or 113.

Source: NIHDI - Pharmanet

The database records the number of patients to whom a specific active ingredient has been dispensed³ at least once during the year. This information offers a different perspective to that of volume of treatment expressed in DDD or of cost, and allows for a typology of molecules to be drawn up according to:

- epidemiology” (number of patients treated),
- duration of treatment (number of DDD/patient),
- the cost of daily treatment for the health insurance (net expenditure/DDD).

9 molecules in the TOP 25 are needed by small groups of patients (less than 10,000), requiring long (chronic) treatment at high daily cost. Typical examples of this kind of treatment are immunosuppressants, haemophilia or HIV treatments.

(In 2005, there were only 3 such molecules in the TOP 25).

Other molecules however are prescribed to large numbers of patients but fortunately they have relatively low costs per day of treatment. Examples include atorvastatin, metformin and pantoprazole (the latter is now prescribed to 1.7 million patients, making it the second most widely prescribed molecule to the greatest number of patients after the flu vaccine).

In first place is apixiban, one of four new oral anticoagulants (NOACs), three of which are present in this TOP 25 (holding 1st, 4th and 5th place). Over the past 14 years, NOACs have become a major player among anticoagulants. They are now used in most treatments (77 % of DDDs), alongside heparins (17 %) and vitamin K antagonists (6 %).

Adalimumab, a TNF inhibitor designed to curb inflammatory processes in serious diseases after failure of conventional treatments, holds **second place** in the TOP 25. And this despite significant price drops following the launch of biosimilars for this specific molecule. Adalimumab is prescribed in 48 % of cases by rheumatologists (mainly to treat rheumatoid arthritis), in 31 % of cases by gastrologists (Crohn's disease) and in 12 % of cases by dermatologists (psoriatic arthritis). The number of patients is small but treatment is costly (18 euros per DDD).

In third place is emicizumab used to treat haemophilia. 235 patients received this product in 2023. We can expect this number to continue to go up in the coming years, as factor VIII preparations are gradually replaced.

The TOP 25 for 2023 include:

- six immunosuppressive agents indicated for treatment of rheumatoid arthritis, Crohn's disease and psoriasis (adalimumab, etanercept, ustekinumab, golimumab, secukinumab and guselkumab),
- six active ingredients against diabetes (insulin glargine, metformin, dulaglutide, empaglifozin, dapaglifozin and semaglutide),
- three new oral anticoagulants used to prevent thrombosis (rivaroxaban, apixiban and edoxaban),
- two active ingredients used to treat respiratory diseases (vilanterol/fluticasone used in asthma and COPD, and the immunosuppressant mepolizumab used in asthma),
- two combinations used to treat HIV (emtricitabine/tenofovir alafenamide/bictegravir and lamivudine/dolutegravir),
- two cholesterol-lowering drugs (atorvastatin and the combination rosuvastatin/ezetimibe),
- a proton pump inhibitor designed to reduce gastric acid secretion (pantoprazole),
- an active ingredient used in haemophilia (the immunosuppressant emicizumab),
- an active ingredient (denosumab) used to treat both osteoporosis and solid tumors with cancer having spread to the bones,
- a combination used to treat heart failure (valsartan/sacubitril).

Responsible publisher: Benoît Collin, Avenue Galilee 5/1, 1210 Brussels

Execution & graphic design: NIHDI medical care service in collaboration with the NIHDI's TeamComm

Photos: Verypics

Date of publication: November 2024

Legal Deposit: D/2025/0401/01