OECD Health Statistics 2025
Definitions, Sources and Methods

Generic drug market

Definitions
Source: WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Glossary, available under http://whocc.goeg.at/Glossary/Search.

Generic
A pharmaceutical product which has the same qualitative and quantitative composition in active substances and the same pharmaceutical form as the reference medicinal product, and whose bioequivalence with the reference medicinal product has been demonstrated by appropriate bioavailability studies.
Generics can be classified in branded generics (generics with a specific trade name) and unbranded generics (which use the international non-proprietary name and the name of the company).

Third-party-payer market
Sub-market in which a third-party payer reimburses medicines (indicator previously titled "reimbursement market").

Community pharmacy
Healthcare facility dispensing medicines (prescription-only medicines, i.e. POM, and OTC, reimbursable and non-reimbursable medicines) to out-patients.
Pharmacies are subject to pharmacy legislation (e.g. national legislation regarding establishment and ownership of pharmacies). In many countries, community pharmacies are private facilities, but public pharmacies (i.e. in public ownership) also exist. Pharmaceutical provision for inpatients is provided for by hospital pharmacies or pharmaceutical depots; in some cases hospital pharmacies also act as community pharmacies.

Hospital
See SHA definition for H.P.1.

Value
Data are collected as a share expressed in value. Values can for instance be the turnover of pharmaceutical companies, the amount paid for pharmaceuticals by third-party payers, or the amount paid all payers (third-party and consumers). Market value are most often at ex-factory prices, while amounts paid by third-party payers (and consumers) are in general at retails prices.

Volume
Data are collected as a share expressed in volume. Volumes can be expressed in DDDs or as a number of packages/boxes or standard units.

Summary table

	Value	Volume	Data include **non-reimbursed drugs**	Data include **drugs dispensed in hospitals** and/or **community pharmacies**
Australia	Proportion of total cost (i.e. government and patient expenditure) that were for generic brands.	Proportion on total scripts dispensed that were for generic brands.	No	No

Austria	Data are based on reimbursed expenses (only for drugs listed in the Austrian "Erstattungskodex").	Data reflect the number of prescriptions packages reimbursed by the sickness funds.	- Data cover only drugs reimbursed by the sickness funds within the statutory health insurance. - Data for pharmaceuticals with a price below the prescription charge are only included for prescriptions with prescription charge exemptions. **Notes:** - Only products listed in the code of reimbursement and generic/subsequent products as defined in the rules of procedure for the code of reimbursement are included. Medicines within the code of reimbursement are not classified as "originator" and "generic" but rather as "initial medicine" or "first supplier" and "follower medicine". This classification depends on the date of the inclusion into the code of reimbursement, therefore there is no pure share of generic/subsequent products. - Biological products and biosimilars are included.	Drug consumption in hospitals is excluded. Hospital ambulances are only included if they have prescription authorisation for the outpatient sector.
Belgium	Total market: Data based on the 'ex-factory' prices for the hospital pharmacies and indicated selling prices for public pharmacies. Community pharmacies: Estimation of consumption at mean weighted sales price for the year concerned based on public prices, for both reimbursable and non-reimbursable medication. Data are wholesale prices for the retail sector. VAT is included. Hospital market: Estimation of consumption at mean weighted sales price for the year concerned based "ex-factory" prices for hospital pharmacies, for both reimbursable and non-reimbursable medication. Data are wholesale prices for the retail sector. VAT is included. Third-party-payer market: The share in value corresponds to	Total market: The share in volume is calculated on the basis of DDDs. Community pharmacies and Hospital market: Estimation of consumption expressed in DDD.	Yes.	Yes (for the total, community pharmacy and hospital markets). Third-party-payer market: Data calculated based on reimbursements from both community pharmacies and hospital pharmacies (including both inpatients and ambulatory patients).

	the total value of the medication. Prescriptions sales only.			
Canada	Total pharmaceutical market: share of generics based on the sales value at manufacturer prices. Community pharmacy market: share of generics based on the estimated dollar value of total prescriptions dispensed from Canadian retail pharmacies (including mark-ups and dispensing fees).	Total pharmaceutical market: share of generics based on the volume of physical units. Community pharmacy market: share of generics based on the estimated units dispensed by Canadian retail pharmacies.	-	Data are restricted to the retail market (hospital sale excluded) and prescription-bound products.
Chile	- Sales include trade margins and value added taxes, therefore the value of the sales is retail prices. The information provided by the database IQVIA are at ex-factory prices.	Number of boxes sold.	-	- Data only include drugs dispensed by private pharmacies (community pharmacy), not considering drugs provided in hospitals (public or private)
Colombia	Data not available	Data not available	Data not available	Data not available
Costa Rica	Data not available	Data not available	Data not available	Data not available
Czechia	Data express the value of distributed generic medications at maximum retail prices including VAT and including retail margin.	DDDs	-	-
Denmark	Turnover of pharmaceutical companies. Pharmaceutical retail prices. VAT is included.	DDDs	-	Pharmaceutical sales include both the primary sector and hospitals.
Estonia	Wholesale prices. VAT not included.	Number of packages.	It is not possible to distinguish the reimbursed pharmaceutical market share from the rest of the generic drugs market.	Data include sales from the wholesalers to general and hospital pharmacies and to other institutions in wholesale prices, which include the price of the manufacturer and wholesaler's mark-up. VAT is not included. Hospital pharmacies supply hospitals with medicines, therefore there are no direct sales to hospitals and the data cover 100% of the market.
Finland	Wholesale prices. VAT not included.	-	Yes	-
France	Manufacturers' prices. Public prices not included. VAT not included.	Number of packages.	-	Yes (sales of generics to communities are included in sales to hospitals).
Germany	Data are sales of generic drugs prescribed at the expense of the statutory health insurance as a percentage of the sales of all pharmaceuticals.	DDD/1000 insured persons in the German Statutory Health Insurance/day.	No	Following a significant change in account assignment in the official expenditure

				statistics, the data additionally include a portion of prescriptions from hospital pharmacies since 2018.
	Value	**Volume**	Data include **non-reimbursed drugs**	Data include **drugs dispensed in hospitals** and/or **community pharmacies**
Greece	-	-	No	Data refer only to NHS hospitals (private clinics are not included).
Hungary	Data not available	Data not available	Data not available	Data not available
Iceland	Data not available	Data not available	Data not available	Data not available
Ireland	Data represent the value of all items reimbursed under the Public Health Primary Care Reimbursement Schemes to Primary Care Contractors who have a General Medical Service Contract with the Health Service Executive.	-	No	No, but a significant proportion of hospital initiated medicines are captured in the Irish data under the High Tech Medicine Schemes.
Israel	Data not available	Data not available	Data not available	Data not available
Italy	The value in the retail segment represents the amount paid for pharmaceuticals by all payers (third-party and consumers), including VAT. The market value for the hospital pharmaceutical market is based on ex-factory prices, and does not include discounts nor tenders results.	DDDs	-	From 2011 onwards, data do not include non-reimbursed drugs and OTC products. Data include non-reimbursed drugs and OTC products until 2010.
Japan	Pharmaceutical price, based on retail price.	Data are based on standard units as defined in the National Health Insurance drug price.	-	-
Korea	Data not available	Data not available	Data not available	Data not available
Latvia	Data represent sales amount of medicines (respectively to Pharmacies or Medicinal Healthcare Institutions) by wholesalers in Euros (including VAT).	Data are expressed as numbers of packages sold by wholesalers.		"Hospital pharmaceutical market" includes sales to all types of Medicinal Healthcare Institutions.
Lithuania	Data not available	Data not available	Data not available	Data not available
Luxembourg	-	-	Data do not include: - Pharmaceutical drugs in hospitals; - Pharmaceutical drugs covered by the sickness insurance outside of the national territory; - Pharmaceutical drugs consumed by persons not covered by the general sickness insurance regime; - Pharmaceutical drugs purchased without prescriptions.	Data on medication reimbursed by health insurance (value and volume) include since 2021 pharmaceuticals delivered in hospitals for outpatient consumption ("médicaments à délivrance hospitalière").
Mexico	Data not available	Data not available	Data not available	Data not available
Netherlands	-	-	-	-

New Zealand	Cost to the funder (i.e. the existing 20 District Health Boards of New Zealand) excluding GST before the application of confidential rebates.	Number of item prescriptions.	No	PHARMAC does not have data available in sufficient format to provide Hospital or Total Market shares.
Norway	Pharmacy retail prices.	DDDs	-	-
Poland	Data not available	Data not available	Data not available	Data not available
Portugal	Ex-pharmacy price.	DDDs	-	-
Slovak Republic	Turnover of pharmaceutical companies, at ex-factory prices with exception for reimbursed drugs. Since 2016 the value represents real, fair payments paid by citizens as well as public health insurance coverage including patients' co-payments.	Number of packages/boxes. DDDs since 2016.	Yes	Yes
Slovenia	Retail value, including VAT.	-	Yes	Data available only for the community pharmacy market.
Spain	- For official medical prescription receipts issued by the National Health System the values correspond to gross retail prices (VAT included). - For hospital consumption, the values correspond to ex-factory prices, taking into account the applicable regulatory deductions.	Number of packages.	No	No
Sweden	Data not available	Data not available	Data not available	Data not available
Switzerland	Sales for reimbursed medicines estimated to maximum retail price fixed by the Swiss Federal Office of Public Health (VAT included). Sales for non-reimbursed medicines estimated to recommended retail prices. The value can be considered approximately as the amount paid by consumers and third-party payers.	-	Yes	Only Community pharmacies. Sales in hospitals excluded. (No data available for the hospital pharmaceutical market (outpatient and in-patient). Due to this, the pharmaceutical market is equal to the community pharmacy market consisting of pharmacies, drugstores and physicians dispensing generics).
Türkiye	Share of generics based on the sales value at manufacturer prices sales from the wholesalers to the community pharmacies and hospitals.	Number of packages.	Yes	Community pharmacies and hospitals.
United Kingdom	NIC (Net Ingredient Cost): NIC is the basic cost of a drug. It does not take account discounts, dispensing costs, fees or prescription charges income.	DDDs	-	Only community pharmacies.
United States	-	-	-	Prescriptions dispensed through

				retail pharmacies, including independent and chain drug stores, food store pharmacies and mail order as well as long-term care facilities.

Sources and Methods

Australia

Source: Centre for Strategic Economic Studies, 2009. *The impact of PBS reforms on PBS expenditure and savings: Actual and projected from 2008-09 to 2017-18* (Tables 6.5 and 6.6). Melbourne: Victoria University. Data not available from 2008 onwards.
Methodology:
- Data are from records of prescriptions submitted for payment of a subsidy under the **Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS)**.
- Community pharmacy and hospital breakdowns are not available.
Generics are classified here as brands competing with originator brands (i.e. brands that are not originator brands).
Value is proportion of total cost (i.e. government and patient expenditure) that were for generic brands.
Volume is proportion on total scripts dispensed that were for generic brands.
Further information: https://medicinesaustralia.com.au/.

Austria

Source: Dachverband der Sozialversicherungsträger (Vertragspartner Medikamente) / Federation of Social Insurances (Department of Pharmaceutical Affairs).
Methodology:
The classification used is the current version of the WHO ATC-DDD Classification, adapted for the Austrian pharmaceutical market ("Erstattungskodex").
Value: Data are based on reimbursed expenses (only for drugs listed in the Austrian "Erstattungskodex").
Volume: Data reflect the number of prescriptions packages reimbursed by the sickness funds.
Coverage:
- Data are based on reimbursement prices paid by the sickness funds ("Kassenverkaufspreis").
- Data cover only drugs reimbursed by the sickness funds within the statutory health insurance.
- Drug consumption in hospitals is excluded.
- Hospital ambulances are only included if they have prescription authorisation for the outpatient sector.
Deviation from the definition: Data for pharmaceuticals with a price below the prescription charge are only included for prescriptions with prescription charge exemptions.
Notes:
- Only products listed in the code of reimbursement and generic/subsequent products as defined in the rules of procedure for the code of reimbursement are included. Medicines within the code of reimbursement are not classified as "originator" and "generic" but rather as "initial medicine" or "first supplier" and "follower medicine". This classification depends on the date of the inclusion into the code of reimbursement, therefore there is no pure share of generic/subsequent products.
- Biological products and biosimilars are included.
Further information: www.sozialversicherung.at (in German).

Belgium

Total pharmaceutical market:
Source: Federation of pharmaceutical industry in Belgium.
Methodology:
- Data are gathered according to the 2025 ATC classification.
- Sales data include drugs dispensed in hospitals, non-reimbursed drugs and OTC drugs.
Value: Data based on the 'ex-factory' prices for the hospital pharmacies and indicated selling prices for public pharmacies.

Volume: The share in volume is calculated on the basis of DDDs.

Third-party payer market, Community pharmacy market and Hospital pharmaceutical market:
Source: Pharmanet (RIZIV).
Coverage:
- Data for the reimbursed pharmaceutical market, calculated based on reimbursements from both community pharmacies and hospital pharmacies (including both inpatients and ambulatory patients).
Prescriptions sales only.
- The share in value refers to INAMI reimbursement (sickness insurance).
Methodology:
- Data are gathered according to the 2025 ATC classification.
Value: The share in value corresponds to the total value of the medication.
Volume: The share in volume is calculated on the basis of DDDs.
Further information: http://www.inami.fgov.be/drug/fr/statistics-scientific-information/index.htm#1 and http://www.health.gov.bc.ca/pharmacare/pharmanet/netindex.html.

Canada

Total pharmaceutical market:
Sources:
2017 onwards: Unpublished data provided by the **Patented Medicine Prices Review Board** to the **Canadian Institute for Health Information**.
Data Source: IQVIA MIDAS™ database.
2006-2016: **Patented Medicine Prices Review Board (PMPRB),** ***Generics360: Generic Drugs in Canada, 2016***, February 2018. See http://publications.gc.ca/collections/collection_2018/cepmb-pmprb/H79-9-2016-eng.pdf.
Value: Share of generics based on the sales value at manufacturer prices.
Volume: Share of generics based on the volume of physical units.
Coverage:
- Data reflect all prescription drug sales to the pharmacy sector at manufacturer prices.
- Data are restricted to the retail market (hospital sales excluded) and prescription-bound products.

Reimbursement market:
Source: Canadian Institute for Health Information (CIHI), National Prescription Drug Utilization Information System (NPDUIS) Database.
Coverage:
- Data are from drug claims in a community-based setting for which provincial public drug programs paid at least a portion of the cost.
- Data from all provinces, except Quebec, are included.
- The amount includes the drug cost, professional fees paid to the pharmacy and markup charged by the pharmacy.
- Due to the design of public drug programs in Canada (i.e. seniors and low income families/individuals are the only populations covered in all jurisdictions), data for non-seniors (with the exception of British Columbia, Saskatchewan and Manitoba) are limited.
- Data do not include drugs for patients covered by provincial workers' compensation boards or federal drug programs, as they are not eligible for coverage under provincial public drug programs. Federal drug programs include those delivered by the Correctional Service of Canada, Veterans Affairs Canada, and Health Canada - First Nations and Inuit Health Branch (except for the First Nations and Inuit population who resides in Ontario).
- Data do not include drugs dispensed in hospitals and do not include non-reimbursed prescriptions.
- Identification of brand and generic products is based on the methodology developed by CIHI using data sources, such as the Health Canada Drug Product Database (HC-DPD), the Health Canada Notice of Compliance (HC-NOC) and the Health Canada Patent Register.
Methodology: Claims for OTC drugs and for products without an assigned Drug Identification Number by Health Canada were excluded from this analysis.
Further information: National Prescription Drug Utilization Information System (NPDUIS), see https://www.cihi.ca/en/national-prescription-drug-utilization-information-system-database

Community pharmacy:
Source: IQVIA Solutions Canada Inc., CompuScript data.

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Value: Share of generics based on the estimated dollar value of total prescriptions dispensed from Canadian retail pharmacies (including mark-ups and dispensing fees).
Volume: Share of generics based on the estimated units dispensed by Canadian retail pharmacies.
Coverage:
- Data are estimates based on prescriptions dispensed by Canadian retail pharmacies from all provinces and do not include in-hospital drug utilisation.
- The Brand/Generic assignment from the IQVIA CompuScript Audit data does not reflect a formal definition of brand and generic manufacturers, rather it is based on research via public domain information and customer feedback.
- Data include non-drug products such as diabetic supplies, ostomy supplies, and nutritional supplements as well as natural health products. These products are assigned a brand-generic flag as per IQVIA CompuScript Audit data. Products that are not assigned a brand-generic flag are excluded from this analysis.

Chile

Source: Database "Private Market", IQVIA.
Coverage:
- The data reported (in volume and sales) correspond only to generic medicines (both branded generics and unbranded generics) dispensed in private pharmacies (community pharmacies). Data are not available for the total pharmaceutical market.
Methodology:
Value: The share in value corresponds to prices in detail.
Volume: The share in volume is expressed in number of boxes sold.
- Sales include trade margins and value added taxes, therefore the value of the sales is retail prices. The information provided by the database IQVIA are at ex-factory prices.
- Data only include drugs dispensed by private pharmacies (community pharmacy), not considering drugs provided in hospitals (public or private). In addition, data do not include delivery of drugs by the Government or Social Security. Therefore, the units sold correspond to purchases made by households directly in private pharmacies.
- In Chile, most of the community pharmacies are concentrated in three drugstore chains, representing 90% of the market share.

Colombia

Data not available.

Costa Rica

Data not available.

Czechia

Source: State Institute for Drug Control.
Value, total pharmaceutical market: Data express the value of distributed generic medications at maximum retail prices including VAT and including retail margin.
Volume, total pharmaceutical market: Data express the volume of distributed generic medications as a share of total distributed medications expressed in DDDs.
- The decrease in the share of generic market (value) from 2020 is to a large extent due to the impact of the COVID-19 pandemic. There was a decrease in the use of (to large extent generic) medicines prescribed by ambulatory physicians and at the same time an increased use of expensive medicines (biological products and biosimilars) in hospitals.
Further information: http://www.sukl.cz.

Denmark

Source: The Danish Health Data Authority.
Coverage:
- Pharmaceutical sales include both the primary sector and hospitals.
- The prices are pharmaceutical retail prices. VAT is included.
2022 and 2023 data do not include sales of OTC medicines from shops outside of pharmacies, for selected categories of drugs only (identified with a D).
Third-party-payer market: Data are based on the sales of reimbursed medicines, including only part-reimbursed.
Value, community pharmacy market: Data represent the turnover of pharmaceutical companies.
Volume, community pharmacy market: Data expressed in DDDs.
Further information: https://sundhedsdatastyrelsen.dk/-/media/sds/filer/find-tal-og-analyser/laegemidler/5_aars_laegemiddelstatistik/samlet-salg-af-laegemidler-2018_2022.pdf.

Estonia

Source: State Agency of Medicines.
Coverage:
Value: Data include sales from the wholesalers to general and hospital pharmacies and to other institutions in wholesale prices, which include the price of the manufacturer and wholesaler's mark-up. VAT is not included.
- Hospital pharmacies supply hospitals with medicines, therefore there are no direct sales to hospitals and the data cover 100% of the market.
Volume: The volume is expressed in numbers of packages.
Methodology:
- Data are available from 2006 onwards.
- It is not possible to distinguish the third-party-payer market share from the rest of the generic drugs market.
Further information: http://www.ravimiamet.ee/en/statistics-medicines.

Finland

Source: FIMEA Finnish Medicines Agency, Kuopio/Helsinki.
Methodology: Partly estimated figures.
Coverage:
- Data are based on wholesale of pharmaceuticals, and they include non-reimbursed medicines.
- The figures do not include VAT.

France

Third-party-payer market (value and volume):
Source: Agence nationale de sécurité du médicament et des produits de santé (ANSM).
Coverage:
- Sales of generics to communities are included in sales to hospitals.
Value: Pharmaceutical turnovers are expressed in manufacturers' prices, i.e. the price used by the pharmaceutical industry to sell to its clients (wholesalers, pharmacies/drugstores, hospitals, etc.). Public prices are not included. VAT is not included
Volume: Data are expressed in number of packages.
Methodology: A generic is defined as a copy of a molecule registered by the Agence nationale de sécurité du médicament et des produits de santé (ANSM). Some generics formerly protected by expired patents and whose brand cannot be clearly identified (such as aspirin or paracetamol) are not included in this register, contrary to what is done in other countries.
Further information: Data also reported in *La sécurité sociale, rapport sur l'application des lois de financement de la sécurité sociale*, Cour des Comptes, September 2014, see https://www.ccomptes.fr/fr/publications/securite-sociale-2014.

Community pharmacy market:
Source: DREES.
Volumes: Data are expressed in number of boxes.
Source: GERS (Groupement d'intérêt économique créé par les entreprises de l'Industrie Pharmaceutique). The GERS collects its data through 2 channels: wholesaler sales and direct sales from laboratories to pharmacies and healthcare institutions. These are therefore purchases (instead of outgoings/sales) by pharmacies and health establishments.
Coverage:

Data only cover the reimbursed community pharmacy market in mainland France.
Break in time series in 2009: Starting in 2009, data include the flat rate liability (tarif forfaitaire de responsabilité, TFR).
Further information: Data also reported in *Les dépenses de santé en 2023 - édition 2024. Fiche 13 : La structure des ventes de médicaments aux officines*, see https://drees.solidarites-sante.gouv.fr/publications-communique-de-presse-documents-de-reference/panoramas-de-la-drees/241120-Panorama-CNS24.

Germany

Source: AOK Research Institute (WIdO), German Drug Index; special evaluation by the AOK Research Institute (WIdO).
Methodology:
- Classification: Current version of the WHO's ATC classification with DDDs (January 2025) and additional classifications of specific drugs for the German drug market by the AOK Research Institute (WIdO) for the German Drug Index (Fricke U, Günther J, Nieprasch-von Dollen K, Zawinell A (2024): *Anatomisch-therapeutisch-chemische Klassifikation mit Tagesdosen für den deutschen Arzneimittelmarkt*. WIdO, Berlin).
Value data are sales of generic drugs prescribed at the expense of the statutory health insurance as a percentage of the sales of all pharmaceuticals.
Volume data are expressed in DDD/1000 insured persons in the German Statutory Health Insurance/day (instead of DDD/1000 inhabitants/day).
- Prescriptions of drugs covered by German Statutory Health Insurance, starting from 1991 including East Germany. The database is a sample which is projected on the total expenditure for drugs of the official statistics (KV45).
- Data contain exclusively the drug consumption debited to the statutory health insurance (i.e. drugs reimbursed by German Statutory Health Insurance). Data on the drug consumption in hospitals as well as data on prescriptions for privately insured persons and over-the-counter drugs are not available; these can therefore not be considered.
Data cover only the ambulatory sector.
Break in series in 2018: Following a significant change in account assignment in the official expenditure statistics, the data now additionally include a portion of prescriptions from hospital pharmacies.
Break in series in 2004: With the Health Care Modernisation Act (GMG), non-prescription drugs have been largely excluded from reimbursement. Therefore, the market basket of goods of 2004 differs from that of previous years and **data are highly underestimated compared to other countries**.
Further information: http://www.wido.de (in German).

Greece

Sources:
Third-party-payer market: Data derived from the **Pharmaceutical Policy Department of EOPYY (National Organization for the Provision of Health Care Services)**.
Coverage: Data refer to reimbursed drugs gained by private pharmacies (they represent 80% of all pharmaceuticals dispensed to outpatients). There is no available data for generics dispensed through EOPYY (National Organization for the Provision of Health Services) pharmacies.
Hospital market: Data derived from the **Statistical Office of the Ministry of Health**.
Coverage:
- Data refer only to NHS hospitals (private clinics are not included).
- From 2015 onwards, the share of hospital generics (in value) has been declining consistently due to change in the way high-cost drugs (e.g anti-neoplasms) expenses are reporting. Until 2015, expenditure of high-cost drugs was charged to the EOPYY budget (National Organization for Health Care Provision) while from 2016 onwards, these expenses are reported to public hospitals' budgets (as these medicines are dispensed to consumers by public hospitals pharmacists). Consequently, the share of generics has declined as a percentage of total hospital pharmaceuticals' expenditure.

Hungary

Data not available.

Iceland

Data not available.

Ireland

Source: HSE Primary Care Reimbursement Service, Claims & Payments Systems, Statistical Analysis of Claims and Payments. Claims and Payments Data as of 31st December of each year. http://www.hse.ie/eng/staff/PCRS/PCRS_Publications.
Methodology: The data provided represent the value of all items reimbursed under the Public Health Primary Care Reimbursement Schemes to Primary Care Contractors who have a General Medical Service Contract with the Health Service Executive. The HSE commenced in 2013 the centralised reimbursement of selected Oncology and Hepatitis C drugs and the centralised reimbursement of Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances administered by healthcare professionals or self-administered by patients in the community.
Deviation from the definition:
- Data relate to the following Primary Care Reimbursement Schemes:
- **GMS** - General Medical Services Scheme: Ingredient cost ex-factory plus 8% mark-up, fridge items plus 12% mark up, plus VAT where appropriate (see the note on Break in series in 2013 below).
- **DPS** - Drug Payment Scheme: Ingredient cost ex-factory plus 8% plus VAT where appropriate. It includes all DPS claims under and over the co-payment threshold (see the note on Break in series in 2013 below).
- **LTI** - Long Term Illness Scheme: Ingredient cost ex-factory plus 8% plus VAT where appropriate (see the note on Break in series in 2013 below).
- **Health Amendment Act Scheme**: Ingredient cost ex-factory plus 8% plus VAT where appropriate (see the note on Break in series in 2013 below).
- **Generics** (includes branded generics).
- **High Tech Medicines Scheme**: Purchased by the HSE directly from the supplier - (ingredient cost ex-factory plus 8% mark-up plus VAT where appropriate) - and dispensed through the Community Pharmacies who receive a patient care fee. **Note**: It is important to emphasize these are medicines initiated under the supervision of hospital specialists which in Ireland are supplied via special arrangements through Community Pharmacies. They include medicines such as tumor necrosis factor inhibitors which are supplied through hospitals in some other OECD countries.
- The HSE commenced the centralised reimbursement of selected Oncology and Hepatitis C drugs in 2013. The National Cancer Control Programme (NCCP) established the National Cancer Drug Management Programme to develop and improve the care provided to patients receiving treatment with oncology drugs. A national management system for cancer drugs was set up within the PCRS to facilitate centralised reimbursement and data capture of selected high-cost oncology drugs. This allows national oversight of the expenditure on high-cost oncology drugs in line with approved indications, improved service planning and budgetary projections and a national approach to provision of oncology drugs. The Hepatitis C drugs are dispensed to patients in the designated adult hepatology units.
- The HSE commenced the centralised reimbursement of Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances administered by healthcare professionals or self-administered by patients in the community.
- Reimbursement data do not include drugs dispensed in hospitals but a significant proportion of hospital initiated medicines are captured in the Irish data under the High Tech Medicine Schemes. The reimbursement data do not include non-reimbursed drugs or OTC items (all claim items reimbursed have been reimbursed based on prescriptions provided by a Medical Practitioner and claimed by the pharmacy after dispensing).
Break in series in 2013: In accordance with the Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2013 (S.I. No. 279 of 2013), the mark-up on ingredient cost for DPS, LTI, EEA, and Health (Amendment) Act 1996 was removed, effective from the 24th July 2013. For further information see http://www.irishstatutebook.ie/eli/2013/si/279/made/en/print.
Further information: http://www.pcrs.ie/.

Israel

Data not available.

Italy

Sources: AIFA (Agenzia Italiana del Farmaco) **-** Italian Medicines Agency, "The Use of Pharmaceuticals in Italy", National Report 2011-2023, AIFA internal database, and **AIFA internal data integrated with IMS Health databases** until 2010. Data for 2024 are estimated from internal databases, while the consolidated data have not yet been published.

Coverage:
- From 2011 onwards, data do not include non-reimbursed drugs and OTC products.
- Data include non-reimbursed drugs and OTC products until 2010.
Value: The value in the retail segment represents the amount paid for pharmaceuticals by all payers (third-party and consumers), including VAT. The market value for the hospital pharmaceutical market is based on ex-factory prices, and does not include discounts nor tenders results.
Volume: The volume is expressed in DDDs.
Methodology:
- Data are collected exclusively for unbranded generics (which use the international non-proprietary name and the name of the company). Data on branded generics are not available but they can be retained of less relevance.
Break in time series in 2011 due to a change in retail database: retail data include only the reimbursed consumption.
Break in time series in 2007 due to a change in hospital databases.

Japan

Source: Ministry of Health, Labour and Welfare, Drug Price Survey.
Methodology:
- The survey investigates the purchase price for health care institutions and insurance pharmacies as well as and selling price of health care institutions which are extracted at a constant rate.
- Data as of September of the year surveyed.
Value: Pharmaceutical price, based on retail price as defined in the National Health Insurance drug price.
Volume: Data are based on standard units as defined in the National Health Insurance drug price.

Korea

Data not available.

Latvia

Source: State Agency of Medicines.
Coverage: Only consumption of authorised medicines is included. Consumption of unauthorised medicines is roughly about 1% of the total market of medicines.
Methodology:
- Data are collected and compiled from all licensed wholesalers.
- Pharmaceutical products were classified into generics according to the legal basis of registration application of the product. Products submitted for authorisation based on articles 10, 10a, 10b and 10c of Directive 2001/83/EC were considered as generic products.
Value: Data represent sales amount of medicines (respectively to Pharmacies or Medicinal Healthcare Institutions) by wholesalers in Euros (including VAT).
Volume: Data are expressed as numbers of packages sold by wholesalers.
Deviation from the definition: "Hospital pharmaceutical market" includes sales to all types of Medicinal Healthcare Institutions.

Lithuania

Data not available.

Luxembourg

Source: Fichiers de la sécurité sociale (Social Security data files). Data available only for the third-party payer market.
Statistical extraction: General Inspectorate of Social Security (IGSS).
Coverage:
Third-party payer market: The data provided refer only to the **insured resident population** (annual average number) covered by the public health insurance regime (i.e. the insured resident population) and not to the total resident population.
- Data do not include:
    - Pharmaceutical drugs in hospitals;
    - Pharmaceutical drugs covered by the sickness insurance outside of the national territory;

- Pharmaceutical drugs consumed by persons not covered by the general sickness insurance regime;
- Pharmaceutical drugs purchased without prescriptions.

- Data are not available for the hospital pharmaceutical market (generics), as pharmaceuticals are part of the hospital budget and no information on the type of medication is available.
- Data are not available for the community pharmaceutical market, as data are available only on reimbursed medicines. Thus, no information can be provided on the total pharmaceutical market (generics).

Methodology: Data for 2023-2024 are preliminary.

Break in time series in 2021: Data on medication reimbursed by health insurance (value and volume) include since 2021 pharmaceuticals delivered in hospitals for outpatient consumption ("médicaments à délivrance hospitalière").

"*Le ministère de la santé prend la décision concernant le mode de délivrance d'un médicament qui est propre à une autorisation de mise sur le marché. Le mode de délivrance se justifie par les caractéristiques pharmacologiques et le degré du médicament ou par un autre motif de santé publique. La délivrance, réservée aux pharmacies hospitalières, peut être faite à des patients ne séjournant pas en milieu hospitalier.*"

Break in time series in 2010: Before 2010, the share of generics (value) was calculated with the total amount for all pharmaceuticals (amount paid by the national health insurance + amount paid out of pocket for the (partially) reimbursed pharmaceuticals, i.e. "montant brut") and the total amount for generics. From 2010 onwards, only the amount paid by the national insurance ("montant net") is taken into account.

Mexico

Data not available.

Netherlands

Source: Stichting Farmaceutische Kengetallen (SFK), annual report 'Data en Feiten' (Data and Facts).
Further information: http://www.sfk.nl/english.

New Zealand

Source: PHARMAC - Pharmaceutical management agency.
Coverage:
- Figures are provided for the 'reimbursed pharmaceutical market' and reflect government-subsidised prescriptions dispensed in the community. This does not include the private OTC market.
- PHARMAC does not have data available in sufficient format to provide Hospital or Total Market shares.

Methodology:
- All figures reflect data for the financial year ending 30 June.
- Generic share by value is based on drug cost to the funder (i.e. the existing 20 District Health Boards of New Zealand) excluding GST before the application of confidential rebates.
- Generic share by volume is based on number of item prescriptions.
- For the 2022/23 data, the generic classification was reviewed by a pharmacist resulting in a change to the numbers previously provided. Innovators are not identified in the data so often an algorithm is used based on when something was first listed. Creams, devices, and special foods that are listed on the Schedule were removed, as these do not fit within the generic definition.

Norway

Source: VareWeb (Farmalogg).
Coverage: Total pharmaceutical market for human use-generic market.
Value: Data represent pharmacy retail prices.
Volume: Data represent DDDs.
Further information: https://www.farmalogg.no/en/.

Poland

Data not available.

Portugal

Source: Ministry of Health - National Authority of Medicines and Health Products (INFARMED).

Methodology:
Value: The value share (%) of generics both in the total pharmaceutical market and in the reimbursed pharmaceutical market is expressed in ex-pharmacy price.
Volume: The volume share (%) of generics both in the total pharmaceutical market and in the reimbursed pharmaceutical market is expressed as the number of DDDs.

Slovak Republic

Sources:
From 2016 onwards: **National Health Information Center (NCZI)**.
Coverage:
- Data include drugs dispensed in hospitals (and in hospital ambulances), reimbursed and non-reimbursed drugs and OTC drugs.
- Data include only those products where a WHO-DDD is available.
- Data include only drugs from the Ministry of Health catalog of drugs from the year 2016.
- Individual substances and special imports of drugs are excluded.
Methodology:
Value: Since 2016 the value represents real, fair payments paid by citizens as well as public health insurance coverage including patients' co-payments.
Volume: Since 2016, the volume is expressed in DDDs.
Break in time series in 2016 due to a change of data source. Since 2016, the new data source gathers quarterly statistical reports from public and hospital pharmacies and health insurance companies, which represents the real consumption by end-customers.
- Information on consumption is also available in electronic form in a NCZI software.
For further information: www.nczisk.sk.

Up until 2015: **MCR, limited company**, Modra, Slovak Republic.
Methodology:
Data for 2015 follow the 2016 version of the ATC classification, data for 2014 follow the ATC 2015, data for 2013 follow the ATC 2014, data for other years follow the ATC 2013.
Value: The value represents the turnover of pharmaceutical companies at ex-factory prices with exception for reimbursed drugs, which are in insurance prices.
Volume: The volume is expressed in number of packages/boxes.

Slovenia

Source: Health Insurance Institute of Slovenia, Database on out-patient prescribing of drugs in Slovenia.
Coverage:
- Data available only for the Community pharmacy market.
- Data include all medicines with a medical prescription, regardless of the reimbursement.
- Data include retail value of product with the VAT (value when medicines delivered in a pharmacy).
- Data do not include drugs dispensed in hospitals, but do include drugs prescribed to hospital patients at discharge, to be collected in a community pharmacy. Data also include drugs dispensed in long-term care facilities.
Note: All data on the generic drug market are the best possible estimates. The classification of drugs as originals and generics is based on the official list of medicines published on the webpages of the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP). A few drugs that are classified by JAZMP (and in the EU) as "biosimilars" are counted under generic drugs (for example, non-original adalimumab or trastuzumab).

Spain

Source: Ministerio de Sanidad (Ministry of Health), Directorate General for NHS Common Services Portfolio and Pharmacy.
Coverage:
- Reimbursed pharmaceutical market: Information obtained from official medical prescriptions receipts issued by the National Health System and dispensed in pharmacies. Data exclude non-reimbursed drugs, OTC drugs and private medical prescriptions.

- Hospital pharmaceutical market: Information about hospital consumption has been included in 2018 for the first time. Data coverage is total, including drugs consumed by in-patients and out-patients, in hospitals belonging to the public National Health System network,

Methodology:

Value:

- For official medical prescription receipts issued by the National Health System the values correspond to gross retail prices (VAT included).
- For hospital consumption, the values correspond to ex-factory prices, taking into account the applicable regulatory deductions.

Volume: Data are expressed in numbers of packages.

Break in time series in 2014: 2014 figures include for the first time prescription invoices data from special health insurance schemes such as General Mutual Civil Servants (MUFACE), the Social Institute of the Armed Forces (ISFAS) and the General Mutual Judicial (MUGEJU).

Sweden

Source: The Swedish eHealth Agency (E-hälsomyndigheten), Kalmar, Sweden.

Coverage:

Total pharmaceutical market: Data are based on sales of drugs from pharmacies to patients and hospitals.
Third-party-payer market: Data are based on the sales of reimbursed drugs, including partly-reimbursed.
Community pharmacy market: Data are based on sales from pharmaceutical companies to patients.
Hospital pharmaceutical market: Data are based on sales of drugs from pharmacies to hospitals.

Methodology:

Value: Data are expressed as the price for which the pharmacy sells the drug. VAT is not included.
Volume: Data are expressed as the number of packages.

- A drug that has the same qualitative and quantitative composition in active substances and the same pharmaceutical form as the reference medicinal product, and whose bioequivalence with the reference medicinal product has been demonstrated by appropriate bioavailability studies is classified as generic the first time it is included in an exchange group. The classification is done by the Swedish Medical Product Agency (Läkemedelsverket). Parallel-distributed drugs are not classified as generics and drugs that have never been included in an exchange group are unclassified.

Further information: https://www.ehalsomyndigheten.se/languages/english/welcome-to-the-swedish-ehealth-agency/.

- Information on the regulation of the Swedish pharmacy market is available at the Medical Products Agency website at https://www.lakemedelsverket.se/en/trading-pharmaceuticals/pharmacy.
- The national list of substitutable medicinal products is available at the Medical Products Agency website at https://www.lakemedelsverket.se/en/treatment-and-prescription/substitutable-drugs/the-national-list-of-substitutable-medicinal-products#hmainbody1.

Switzerland

Sources:

From 2021 onwards: **IQVIA** (https://www.iqvia.com/).
2000-2020: **Interpharma** (formerly Pharma Information), Association of the research-based pharmaceutical companies in Basle, Switzerland. http://www.interpharma.ch/.

Methodology:

- Sales of generics, including reimbursed drugs, non-reimbursed drugs and OTC drugs, delivered by pharmacies, drugstores and dispensing physicians. Sales in hospitals excluded.
- The additional advice fee paid by patients in pharmacies is not included.
- Sales for reimbursed medicines estimated to maximum retail price fixed by the Swiss Federal Office of Public Health (VAT included). Sales for non-reimbursed medicines estimated to recommended retail prices. The value can be considered approximately as the amount paid by consumers and third-party payers.
- No data available for the hospital pharmaceutical market (outpatient and in-patient). Due to this, the pharmaceutical market is equal to the community pharmacy market consisting of pharmacies, drugstores and physicians dispensing generics.
- Furthermore, the generics' reimbursed market share refers only to the generics delivered in pharmacies and drugstores and dispensed by physicians, excluding hospitals.

Break in time series in 2016: As the ATC category K has been excluded from the data, there is a break in series in all categories.

Türkiye

Source: Ministry of Health Turkish Medicines and Medical Devices Agency (via IQVIA, formerly IMS Health, Intercontinental Medical Statistics).
Coverage:
- Data include drugs dispensed in community pharmacies and hospitals and also include non-reimbursed drugs and OTC drugs.
- "Total pharmaceuticals sales" include all ATC categories. Pharmaceuticals in V06-General nutrients and V07-All other non-therapeutic products are excluded.
- Ex-factory prices represent sales from the wholesalers to the community pharmacies and average tendered prices represent sales from the wholesalers to the hospitals in Türkiye. VAT rates are not included. Prices include mandatory discounts.
Methodology:
Value: Share of generics based on the sales value at manufacturer prices sales from the wholesalers to the community pharmacies and hospitals.
Volume: Data are expressed in number of packages.
- The IQVIA (formerly IMS Health) sales data, Türkiye Pharmaceutical Index (TPI), are the definitive measure of product sales from the wholesalers to the community pharmacies and from the wholesalers to the hospitals in Türkiye.
- Generic group data were obtained from IQVIA (formerly IMS Health).

United Kingdom

Third-party-payer market:
Source: England: Data calculated by **NHS Digital** using data for England from the **Prescription Cost Analysis (PCA)**.
Scotland: Data calculated by **Information Services Division, NHS National Services Scotland** (http://www.isdscotland.org/) using data from **Prescribing Information System (PIS)**.
Northern Ireland: Prescription information is taken from the pharmaceutical payment system, supplied by the **Business Services Organisation (BSO)**.
Wales: **NHS Wales Informatics Service**.
Methodology:
- The United Kingdom does not classify DDDs according to the Anatomic Therapeutic Chemical (ATC) classifications and instead uses the British National Formulary (BNF classification). Therefore BNF drug groups have been approximately mapped to ATC classifications; each group may not strictly contain the same drugs.
- All data are for calendar year.
- Data do not cover drugs dispensed in hospitals, including mental health trusts or private prescriptions, only those drugs dispensed in the community.
Volume is expressed in DDDs and is only available as a Great Britain figure (Northern Ireland do not submit volume as DDD).
Value is based on NIC (Net Ingredient Cost). NIC is the basic cost of a drug. It does not take account discounts, dispensing costs, fees or prescription charges income.
- Prescription information is taken from the Prescription Cost Analysis (PCA) system, i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England.
Coverage:
Value data:
- 2013-2017: Value data available at UK level.
- 2000-2012: Data for England only.
Volume data:
- 2014 onwards: Volume (DDD) data available at Great-Britain level (excluding Northern Ireland, who submit volume data as 'items' not DDD).
- 2000-2012: Data for England only.
Scotland: Prescription statistics are taken from the Prescribing Information System (PIS) supplied by Practitioner and Counter Fraud Services, NHS National Services Scotland, and are based on a full analysis of all prescriptions dispensed in the community, i.e. by community pharmacists, appliance contractors, and dispensing doctors. Also included are prescriptions written in England, Wales and Northern Ireland but dispensed in Scotland.

Wales: Prescription Cost Analysis (PCA) data are based on information obtained from prescriptions sent to the Primary Care Services (PCS), NHS Wales Shared Services Partnership for payment (NWSSP). http://gov.wales/statistics-and-research/prescriptions-dispensed-community/?lang=en.
- The statistics cover all prescriptions dispensed by community pharmacies, appliance contractors and dispensing doctors in Wales including items personally administered by General Medical Practitioners. The vast majority of prescriptions are written by General Medical Practitioners in Wales; however prescriptions written by non-medical prescribers, dentists and hospital doctors are also included provided they were dispensed in the community. Also included are prescriptions written in England, Scotland, Northern Ireland and the Isle of Man but dispensed in Wales. The analyses do not include prescriptions written in Wales but dispensed outside Wales.
Northern Ireland:
- Prescription information is taken from the pharmaceutical payment system, supplied by the Business Services Organisation (BSO), and is based on a full analysis of all prescriptions dispensed in the community, i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in Northern Ireland. Also included are prescriptions written in Wales, Scotland, England and the Isle of Man but dispensed in Northern Ireland
Further information: http://www.publications.doh.gov.uk/prescriptionstatistics/index.htm.

Community pharmacy market:
Source: Data calculated by NHS Business Services Authority using data for England captured during prescription processing, and for the Community Pharmacy Advanced Services (Pharmacy First Urgent Medicines Service, Contraception Service, Hypertension Case Finding Service, Flu Vaccination Service, Covid Vaccination Service).
Coverage:
- Data do not include hospital prescribing or dispensing.
- Data for England only.

United States

Data not available.

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Data not available.

Croatia

Data not available.

Peru

Sources: CLOSEUP Database. **Pharmaceutical Product Sanitary Registration Consultation Database** published on the DIGEMID website, **SUSALUD - TEDEF Pharmacy Database**.
Coverage:
- National private retail and private hospitals. Data not available for third-party payer market and for private hospitals value calculation.
- Data exclude milk, sanitary products, medical devices, homeopathic products and galenical; as well as those products that did not have an identification code in the CLOSEUP database.
Methodology:
Numerator: Annual sales of pharmaceutical products under international non-proprietary name in private sector pharmacies and drugstores.
Denominator: Total annual sales of pharmaceutical products in private sector pharmacies and drugstores.
- Values are expressed in soles, excluding the General Sales Tax - IGV.
- The following criteria were applied to determine the volume:

- Tablets, coated tablets, pessaries, capsules: The "unit" was used as the minimum consumption measure, obtaining the data from the CLOSEUP "unit of account" measure (sum of the total units contained in the various presentations of each product). For example: For 1 box of Amoxicillin 500 mg x 100 units, the total units consumed are 100 tablets.
- Solutions, aerosols, ampoules: The "unit" was used as the minimum consumption measure, obtaining the data from the CLOSEUP "unit" measure, provided that the presentation content is a single unit.
- In the case where solutions, aerosols, or ampoules had a presentation containing more than one unit, the CLOSEUP "unit" measure was obtained, and this data was multiplied by the number of units contained in the product presentation.

Romania

Source: National Health Insurance House (CNAS).
Methodology:
Third party-payer market (value): Consumption of medicines paid from the National Single Fund for Social Health Insurance and from the budget of the Ministry of Health, communicated by the health insurance funds based on the provisions of GEO no. 77/2011, with subsequent amendments and additions.
Third party-payer market (volume): Therapeutic Units used in the social health insurance system according to the data reported by providers to the Health Insurance House were used. Consumption of medicines paid from the National Single Fund for Social Health Insurance and from the budget of the Ministry of Health, communicated by the health insurance funds based on the provisions of GEO no. 77/2011, with subsequent amendments and additions.
Coverage:
- Medicines covered by cost-volume/cost-volume-result contracts are not included
- The status of generic medicines and medicines considered as biosimilars or with unspecified status, according to the data existing in the computer system after the new medicines from the Nomenclature of Medicines for Human Use were associated.
- The Therapeutic Units used in the social health insurance system according to the data reported by providers to CNAS were used for the volume.

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https://www.oecd.org/en/data/datasets/oecd-health-statistics.html