Actualities of the Hungarian pharmaceutical financing market

No. 5, Issue V. May 2017 Published: 06/06/2017

News, current issues

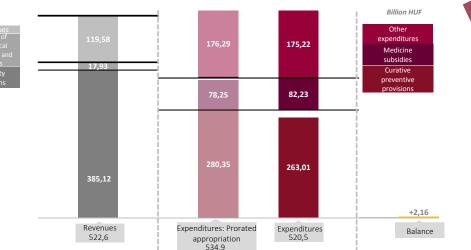
News Based on the next year estimation of the Health Security Fund, revenues reshape, drug budget increases, some items remain unclear (HUN)

By summer, six active substances get reimbursed in different indications (bone cancer, Parkinson's disease etc.), nine other products get refused (HUN)

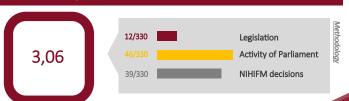
Super hospitals: development starts next year. Big central hospitals will operate with partner hospitals, outpatient care gets reorganized (HUN)

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund, March 2017



Decision-making index, March 2017



Open position

We are hiring a HEALTH ECONOMICS EXPERT for:

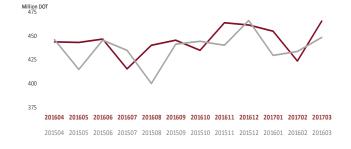
- Planning and creating health economics analyzes and models;
- Contributing in complete or partial adaptation of international models;
- $\bullet \ {\sf Creating} \ {\sf cost} \ {\sf analyzes};$
- Participating in evidence research projects.

How to apply:

Please send us your materials (CV with photo and motivation letter) to the email iroda@healthware.hu before 1st of July 2017. Please do not forget to indicate [HW-EGT] as subject. More information about the position: Link

Dynamics of the sales/circulation of prescription-only-medicine

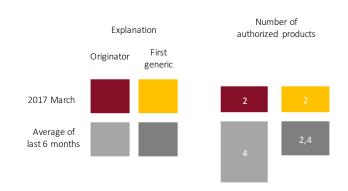
Pharmacy DOT turnover

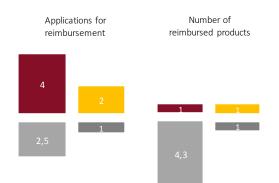


Pharmacy reimbursement turnover



Changes to subsidised medicinal product categories, March 2017





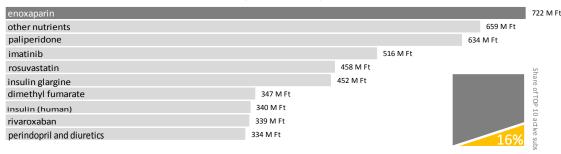
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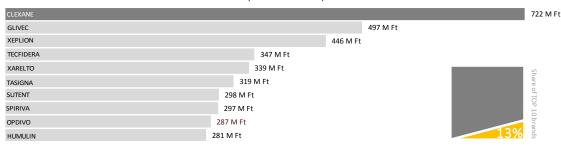
Market data

Toplists of reimbursement and number of patients, March 2017

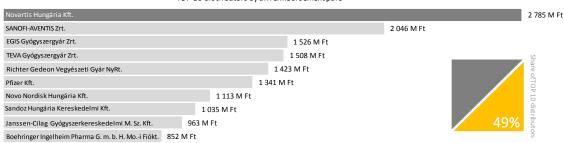
TOP 10 ATCs by all reimbursement paid







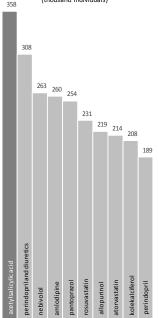
TOP 10 distributors by all reimbursement paid



Average number of medical sales reps



TOP 10 active substances by number of patients (thousand individuals)



The role and importance of special taxes in healthcare financing—Case study

Over the last decade, special taxes have become an integral part of the Hungarian tax system. These industry-specific burdens also affected the domestic pharmaceuticals and distributors sector significantly. In the case study, we examine whether the special taxes affecting the pharmaceutical sector are considered to be a heavy tax burden compared to the tax rates affecting other industries, or what trends have emerged over the past few years.

In case of special taxes, it is worth first to determine what we consider to be a special tax. Officially, there are only three such tax types currently in Hungary (special tax on financial institutions expecial).

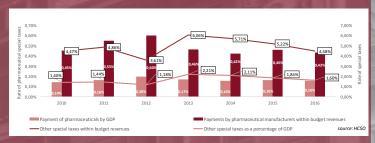
there are only three such tax types currently in Hungary (special tax on financial institutions, special tax on credit institutions, and special tax on distributors and investment funds), but at the approach of the Banking Association, we consider a tax as a special tax that distinguishes certain sectors,

of the Banking Association, we consider a tax as a special tax that distinguishes certain sectors, industries and activities from the taxation point of view.

According to this study, we consider 16 taxes as a special tax. Of these, 13 go to the central budget, and 3 directly to the Health Insurance Fund: accident tax (since 2012), public health product fee (since 2012), pharmaceutical special tax (since 2007). (This also included the healthcare contributions of the tobacco companies introduced in 2015, which the European Commission terminated in 2016.) The pharmaceutical special tax is an overall category, in the Health Insurance Fund report published by National Institute of Health Insurance Fund Management is referred to as "pharmaceutical and distributor's payment providing continuous drug provision". It shows the 20% tax, the 10% Spanish tax, the medical reps fee, and the 2.5% wholesale margin tax. (The payment obligations generated by the price volumen agreements are often come under the pharma industries repayment obligations,



as a percentage of GDP, and the revenue of the budget. The special taxes and the liabilities affecting the pharmaceutical industry received in the Health Insurance Fund, shaped differently. Typical data is



and in the proportions. The reason why pharmaceutical companies (in contrast to other industries) have not been able to reduce their special tax burden in total or in a proportionate way in recent years has been attributed to many effects:

After the drug reimbursement restriction in 2012 – more than 60 billion – continued decreasing in 2013, but since then it has been growing steadily, so the tax base of the special tax increase The tax rate could be increased by the introduction of the so-called "Spanish tax" from 2012 which has to be paid for products that have long been subsidized and do not have a generic

competitor (10% of reimbursement in the ratio of manufacturer price). Taxes increased by 2014, since then it has declined steadily, last year it came to HUF 5 billion.

On the other hand, producers might gain discount from the 20% tax liability throughout price cuts, but with limited potential: while in 2012 the discount from cutting prices was 3,56% compared to the whole 20% tax, this figure in 2016 was only 0,43%. It means that discounts from cutting prices decrease proportionally year to year. Since 2014, price volumen agreements have bigger and bigger importance, which together with the R&D activity can decrease the amount of special tax.

As a summary it can be told that special taxes related to healthcare show diverging pattern in comparison with other, similar tax types. For the first, these amounts do not get to the centra budget, but directly to the Health Insurance Fund. It is important because in the Health Insurance viewpoint of the pharmaceutical industry it is important to highlight that meanwhile in case of special taxes of other industries it is an actual tendency that in the first year after introduction they bring the maximum of revenue for the government and gradually lose their importance, in case of special taxes of pharmaceutical industry there are no such tendencies.

(ii)