Newsletter

Actualities of Hungarian pharmaceutical financing market



News, current issues

- Legislations come into force from September 2013: Act XI of 1991 (2013.09.01.); ESzCsM Decree No.44/2004. (2013.09.01.); Gov.Decree No. 337/2008. (2013.09.26.)
- NEWS: "PSZÁF (Hungarian markets watchdog) green-lights Servier buyout offer for Egis" link
- NEWS: "Successful cooperation between drug makers, distributors and Hungarian government" link
- NEWS: "The first two biosimilar monoclonal antibodies are now approved for marketing in Europe" link
- NEWS: "Unrestrainedly growing hospital debt" link
- STUDY: "Nielsen: vitamins and dietary supplements sales increased by 9 percent" link

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund

Billion HUF 2013 2013 original **Health Security Fund** 2012. I-XII. % of % of appropriation I-VIII appropriation last year 1 791,3 1 804.3 1 178.5 **Total of Budgetary Expenditures** 98,0% 101,6% Curative preventive provisions 842,1 880,6 553.3 94.3% 105.2% Medicine subsidies 315,1 280,0 195,6 104,8% 91,8% **Total Of Budgetary Revenues** 1744,3 1 804,3 1 242,6 103,3% 106,5% Social Security Contributions 854.2 727.0 105.7% 90.3% 512.3 Contribution of Pharmaceutical 75,0 49.0 128,8% 42.1 73,1% Manufacturers and Wholesalers Balance -47,0 0,0 64,1 1020,7%

Budget impact simulation models

Illness/subgroup-specific budget impact analysis that reflect the actual uses, and simulation platforms built upon these analysis are becoming more important role in domestic acceptance mechanism. The simulation models built on National Health Insurance data offer well understood and controllable dimension for the expected budget impact calculations for the decision maker.

More about the service: link

Product offering

The 2013 budget counts with 0,7% increase in the expenditure and 3,4% increase in the revenues, while the balance is nil. The social security contribution is planned to be less with 15% than last year fulfilment, and this gap is filled with central budget contribution. The medicine subsidies plan are lower with 11% than last year expenses but higher with 2 billion HUF than last year budget plan.

In the first eight months of 2013 the Health Security Fund produced a significant surplus thanks to the higher revenues (+3,3%) and the lower expenses (-2%) compared to the original budget appropriation.

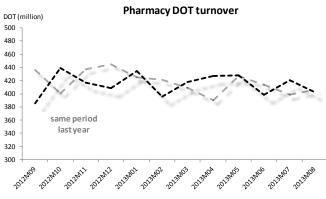
Changes to subsidised medicinal product categories

	Changes II	n the pubi	ic arug iisi				
		2013	2013	2013	2013	2013	2013
	May	June	July	Aug.	Sep.	Oct.	2013
Number of new products	54	15	11	15	23	18	269
Number of new AI	1	0	1	0	0	1	13
Number of delisted products	59	28	42	7	6	34	377
Prices							
Decrease	7	6	71	8	2	686	1 580
Increase	0	0	0	0	0	0	2

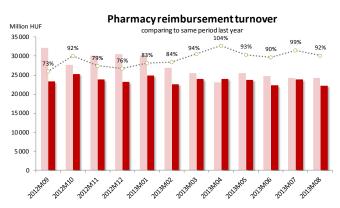
		Changes	in the pul	olic drug li	st			
		2013	2013	2013	2013	2013	2013	2013
		May	June	July	Aug.	Sep.	Oct.	2013
Reimburse	ement							
Decrea	se	20	1	116	3	2	1 277	2 859
Increas	е	0	25	7	0	0	104	367
Co-payme	nt							
Decrea	se	26	9	121	12	4	768	1 950
Increas	е	2	25	42	0	0	732	1 637

Source: Healthware analysis based on OEP-PUPHA data

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



Source: Healthware analysis based on OEP's data



Source: Healthware analysis based on OEP's data

While the turnover of reimbursed medicines in pharmacies decreased by 1,6% in 2012 (measured in DOT), the total medicine subsidy of Health Security Fund was lower by 17%. The main causes of this saving were the reallocation of the drug budget (expensive therapies were transferred to the hospital budget), and the new process of reference price system which lead to significant cuts in prices and reimbursements.

Drug sales in the first eight months of 2013 was 0,9% higher than the same period last year, while the average reimbursement per package decreased thanks to the blind bid process in February thus the reimbursement turnover is 8,1% below for this period compared to last year.

pharmaceutical market



Market data

Marketing authorisation information

2012	EMA	OGYI	2013 - Q2	EMA	OGYI	August 2013	EMA	OGYI
New brands	64	427	New brands	17	51	New brands	7	8
New SKUs	798	4 230	New SKUs	251	433	New SKUs	29	80
					Source: H	lealthware analysis based on OG	YI's and EM	A's data

TOP10 MAH by all reimbursement paid in August 2013



TOP10 BRAND by all reimbursement paid in August 2013



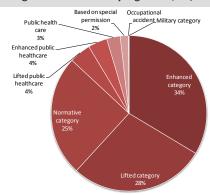
TOP10 ATC by all reimbursement paid in August 2013



Average number of medical sales reps; 08/2013

All	1 230
Medicinal products	997
Medical aids	230
Both	9

Drug reimbursement by legal title; 08/2013



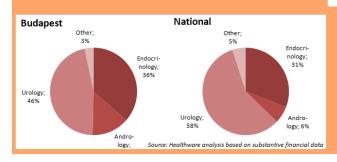
Source: Healthware analysis based on the sales turnover that pharmacies produced from POM

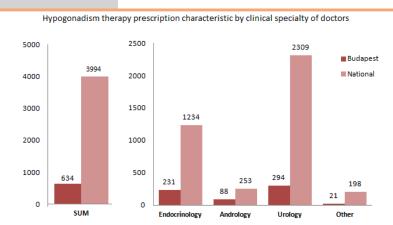
Prescribing characteristic of testosterone — Case study

Our case study observes the prescription characteristic of testosterone (G03BA03 ATC Group) treatment of hypogonadism (a diminished functional activity of the gonads) in 2011.

The focus of the study was on the territorial characteristics of clinical specialty of those doctors who treat patients with testosterone. We found that almost 16% of patients treated with testosterone have filled their prescription in Budapest. According to National Health Insurance Fund (OEP) guidelines the testosterone cure can be prescribed by andrologists, endocrinologists or urologists by partial (90%) reimbursement. The "Other" items on the charts show the irregular prescription in Budapest and nationwide (3% and 5%).

There is difference between the regular prescriptions as well. In most cases urologists prescribe testosterone treatment (58%) shows the national average however this average does not reach the half of filled prescription in Budapest (46%). More than twice is the ratio in case of those patients whose therapy was prescribed by an andrologist in Budapest (14%) than in





Source: Healthware analysis based on substantive financial data

These kind of substantive financial data support the strategic decisions of the pharmaceutical companies:

- ? What is the territorial ratio of the different clinical specialties of doctors who prescribe a given therapy
- ? It is also possible to discover the number and the concentration of specialists who make the prescription from substantive financial data
- ? Prescriptions grouped by BNO's are also analysable