Actualities of Hungarian pharmaceutical financing market



News, current issues

- Legislations come into force from June 2014: There was no change.
- NEWS: "Now you can learn how much the TB spent on you" link
- NEWS: "Pharma industry: the tax authority to investigate subsidies" link
- NEWS: "Money promised to hospitals" link
- NEWS: "Finally gratuities can disapper from Hungary" link
- NEWS: "U.S. FDA proposes social media guidelines for drug industry" <u>link</u>
- STUDY: "Eurobarometer Patient safety and quality of care" link

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund

Billion HUF 2014 **Health Security Fund** % of % of appropriation appropriatio 1 847,8 105,4% **Total of Budgetary Expenditures** 1 884,2 769,0 97,9% 110,8% 908,0 931,9 375,5 96,7% Curative preventive provisions Medicine subsidies 296,0 294,1 124,2 101,4% 102,2% Medicine subsidies (pharmacy) 222,4 127,3% 100,4% 281,5 118,0 **Total Of Budgetary Revenues** 1 847,8 1 884,2 812,5 103,5% 104,1% **Social Security Contributions** 768,0 852,9 378.4 106,5% 118,4% Contribution of Pharmaceutical 58,7 56,0 25,3 108,3% 88,7% Manufacturers and Wholesalers Balance 0,0 0,0 43,6 85,7%

Macroeconomic report

In our quarterly compiled macroeconomic report with our guide to the evolution of the main macroeconomic indicators, the absolute performance and the relative performance compared to the whole economy of the health care in the given period are the focus. In addition to the domestic situation the description of the similar indicators in neighbouring countries also plays a role, which helps to place the situation of the domestic health care at regional level.

More about the service: link

Product offering

The 2014 budget counts with 2% increase in the expenditure and in the revenues too, while the balance is nil. The central budget contribution is planned to be less with 5% than last year fulfilment, and this gap is filled with the 11% higher social security contribution (85 bilion HUF). The medicine subsidies plan are lower with 2 billion HUF than

In the first five months of 2014 the Health Security Fund produced a 5,55% surplus mainly because of the higher social security contributions (+6,5%) and lower spending. The in- and outcare expenditure was 3,3% lower than the budget plan proportional to that time interval.

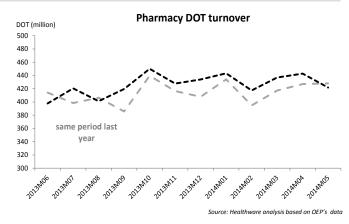
Changes to subsidised medicinal product categories

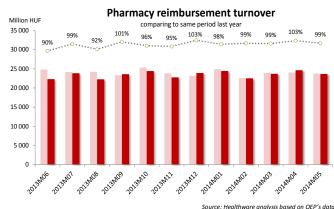
Changes in the public drug list								
							2014	
	Feb.	Mar.	Apr.	May	June	July	2014	
Number of new products	34	13	16	21	22	18	146	
Number of new AI	8	1	0	1	1	4	16	
Number of delisted products	21	42	49	18	18	29	240	
Prices								
Decrease	7	5	349	6	4	46	450	
Increase	0	1	51	1	0	0	53	

Changes in the public drug list							
							2014
	Feb.	Mar.	Apr.	May	June	July	2014
Reimbursement							
Decrease	1	7	863	9	3	87	1 017
Increase	2	0	213	1	1	2	222
Co-payment							
Decrease	10	8	540	8	6	61	679
Increase	0	3	642	11	0	41	713

Source: Healthware analysis based on OEP-PUPHA data

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





While the turnover or reimbursed medicines in pharmacies increased by 2,2% in 2013 (measured in DOT), the total medicine subsidy of Health Security Fund was lower by 5,9%. The main cause of this saving was the reference price system which lead to significant cuts in prices and reimbursements.

Drug sales in the first five months of 2014 was 2,89% higher than the same period last year, while the average reimbursement per DOT increased slightly compared to the previous month. The reimbursement turnover is 0,32% below for this period compared to last year.

pharmaceutical market



Market data

Marketing authorisation information

2013	EMA	OGYI	2014 - Q1	EMA	OGYI	May 2014	EMA	OGYI
New brands	79	207	New brands	16	56	New brands	8	13
New SKUs	716	1 742	New SKUs	185	510	New SKUs	55	96
Source: Healthware analysis based on OGYI's and EMA's data								A's data

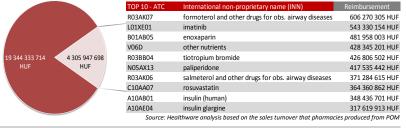
TOP10 DISTRIBUTOR by all reimbursement paid in May 2014



TOP10 BRAND by all reimbursement paid in May 2014



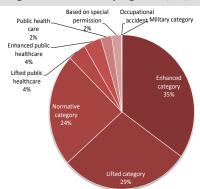
TOP10 ATC by all reimbursement paid in May 2014



Average number of medical sales reps; 05/2014



Drug reimbursement by legal title; 05/2014



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

Investigation of pharma payback and clawback policies in Europe — Case

The extensive growth of public spending on pharmaceuticals has led to the introduction of various kind of cost containment policies in the European countries in the past decade. Wide range of different mechanisms can have been discovered in the health financing systems which aim to control the extent of drug spending on a product, therapy or global level. However as a consequence of the financial crisis there is a bigger burden on the national budgets thus more and more new and country specific measures were introduced lately. While many kind of sophisticated methods are available with which it is possible to reduce the expenditure without threatening the quality and safety of care, the set of a simple budget cap and the payback or clawback policies appeared in several EU countries' legislation.

Our aim was to find out those EU countries that apply some kind of payback or clawback policies which mean that pharmaceutical companies have to pay back a certain part of the public reimbursement. It gives an additional importance to this issue that for international comparison analysis of drug spending the often used OECD or EUSTAT databases are distorted in case they do not include these amounts.

We found 12 countries that apply payback or clawback measures: Belgium, Latvia, Hungary, France, Portugal, Romania, Greece, Italy, Poland, Slovenia, and United Kingdom. We details the rules of six of them:

Aggregate level: Proportionate repayment above the level of the pre-set yearly growth by therapeutic groups. Producer level: Repayment over the exceeding of the turnover by producers

Product level: Independently of the national turnover, repayment on the basis of average cost and doses. In 2010 the French drug agency had 90 million euro revenue from repayment by pharmaceutical companies.

Repayment above the determined regional budget caps. It can be avoided by a 5% general price cut to the product portfolio

In 2012 the pharmaceutical companies repaid a total amount of 113 million euro

The system introduced in 2014 orders a full repay over a pre-set target spending, in the framework of a

In the first quarter of 2014 the repayment was 4% of the total drug turnover.

From 2012 there is clawback system which ordain the quarterly repayment in case the spending is above a pre

In 2011 the repayment reached one third of the total turnover

In 2011 a new rule was introduced according which, in case the drug spending goes over 17% of the total health spending, half of the overspending has to be paid back by the drug companies. Since then they haven't had to apply this rule.

Hungary⁶

Since 2006 a monthly 20% repayment based on the monthly turnover, with an additional 10% for special therapies, and a clawback after budget overspending. In 2013 these special taxes on pharmaceutical companies amounted to 16% of the total drug turnover.

- Rapport à la Commission des comptes de la Sécurité sociale
 Italian Medicines Agency
 Association of the British Pharmaceutical Industry (ABPI)
 Association of the British Pharmaceutical Industry (ABPI)
 Doina Margaritti, Angela-Eliza Micu: Considerations regarding the influence of the Clawback Tax in the development of the Romanian pharmaceutical industry, 2012
 Narodowyn Funduszem Zdrowia
 National Health Insurance Fund Administration