# Actualities of Hungarian pharmaceutical financing market



#### News, current issues

- Legislations come into force from April 2014: NM Decree No.9/1993. (2014.04.01.); ESzCsM Decree No.32/2004. (2014.04.19.); EüM Decree No.4/2000. (2014.04.05.); NEFMI Decree No.11/2011. (2014.04.05.)
- NEWS: "British PM says wants assessment on Pfizer takeover bid for AstraZeneca" link
- NEWS: "Strickt rules of insulin brought half billion savings" link
- NEWS: "Patient data: few petient prohibit, few doctors looking at" <a href="Link">Link</a>
- NEWS: "Reimbursement for new anticoagulants" link
- NEWS: "More expensive drugs, worsening care another budget cut may happen" link

#### Macro approach to financing healthcare and medicinal products

#### **Balance of the Health Insurance Fund**

Billion HUF 2014 2014 origina **Health Security Fund** % of % of appropriation Ш. appropriatio **Total of Budgetary Expenditures** 1 847,8 1 884,2 449,5 95,4% 102,9% Curative preventive provisions 908,0 931,9 217,6 106,3% Medicine subsidies 296.0 294.1 72.6 98.7% 100.1% Medicine subsidies (pharmacy) 281,5 222,4 69,9 125,7% 99,8% **Total Of Budgetary Revenues** 1847,8 1 884,2 485,5 103,1% 104,5% 768.0 118.2% Social Security Contributions 852.9 223.4 104.8% Contribution of Pharmaceutical 90,5% 58,7 56,0 12,7 76,6% Manufacturers and Wholesalers Balance 0,0 0,0 36,0 128,5%

#### **Burden of disease analysis**

The indirect costs of therapies can currently be validated in only a limited way in health economic analysis made from local financing viewpoint. However, in other levels of decision making the cost analyses, which are made in social approach, can include objective and well communicable messages. These details can aid in forming of preferences between different healthcare technologies. By way of data-request from OEP we provide the summing up of the following information:

- Demographic and epidemiologic characteris
   -tics (by age, sex and comorbodity)
- Dispersion of patients by disease severity based on pharm. treatment pattern
- Cost analyses (on data of prescr., inpatient and outpatient care, labs and diagnostic services, hospice, sickness benefit)

We suggest the patient survey method to define the patients indirect costs and the other state expenditure

- •Sickness absence costs
- Home remodeling costs
- •Informal care
- Other indirect burdens

More information about our services: 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 last year expenses.

In the first three month of 2014 the Health Security Fund produced a 7,6% surplus mainly because of the higher social security contributions (+4,8%) and lower spending. The in- and outcare expenditure was 6,6% lower than the budget plan proportional to that time interval.

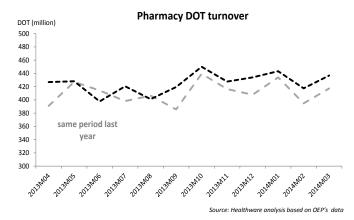
#### Changes to subsidised medicinal product categories

	Changes in	n the publ	ic drug list				
	2013	2014	2014	2014	2014	2014	2014
	Dec.	Jan.	Feb.	Mar.	Apr.	May	2014
Number of new products	42	22	34	13	16	21	106
Number of new AI	0	1	8	1	0	1	11
Number of delisted products	41	63	21	42	49	18	193
Prices							
Decrease	4	33	7	5	349	6	400
Increase	0	0	0	1	51	1	53

	Changes	in the put	olic drug li:	st			
	2013				2014	2014	2014
	Dec.	Jan.	Feb.	Mar.	Apr.	May	2014
Reimbursement							
Decrease	3	0	47	1	7	9	64
Increase	1	9	3	2	0	1	15
Co-payment							
Decrease	13	14	46	10	8	8	86
Increase	0	0	16	0	3	11	30

Source: Healthware analysis based on OEP-PUPHA data

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



Pharmacy reimbursement turnover Million HUF comparing to same period last year 35 000 103% 98% 95% 90% 30 000 25 000 20 000 15 000 10 000 20131110 20131111 2013/112 20141402 20131106 20141101 2013/108 20131109

Source: Healthware analysis based on OEP's data

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 three months of 2014 was 4,12% higher than the same period last year, while the average reimbursement per DOT decreased. The reimbursement turnover is 1,19% below for this period compared to last year.

## pharmaceutical market

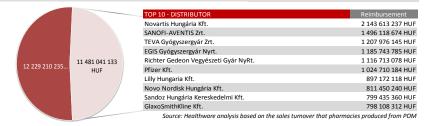


#### Market data

#### Marketing authorisation information

2013	EMA	OGYI	2014 - Q1	EMA	OGYI	March 2014	EMA	OGYI
New brands	79	207	New brands	14	56	New brands	5	19
New SKUs	716	1 742	New SKUs	175	510	New SKUs	134	132
					Source: H	lealthware analysis based on O	GYI's and EN	1A's data

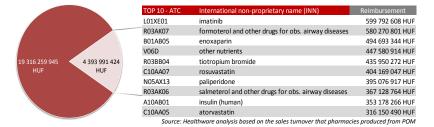
### TOP10 DISTRIBUTOR by all reimbursement paid in March 2014



#### TOP10 BRAND by all reimbursement paid in March 2014



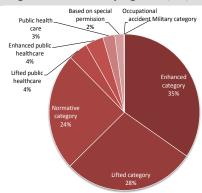
#### TOP10 ATC by all reimbursement paid in March 2014



#### Average number of medical sales reps; 03/2014

All	1 020
Medicinal products	1 557
Medical aids	228
Both	41

#### Drug reimbursement by legal title; 03/2014



Source: Healthware analysis based on the sales

#### International price comparisons of oral anastrozol substance containing SKU, based on EF prices - Case study

In our case study we present statistics related to anastrozole (L02BG03) substance containing generic SKUs of 10 European countries, which are based on the price and product information of SKUs effective in 1st January 2011. The anastrozole is marketed by Astra Zeneca under the trade name ARIMIDEX, the first generic brand appeared in Hungary in February, 2008. We didn't consider the SKUs with original brands, we use only the generic SKUs' prices on purpose to analyze a country's clopidogrel market.

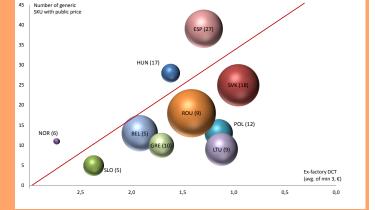
We investigated the hypothesis that the wider the range of products, the sharper competition will occur in terms of the prices. Based on this it can be expected, that the bubbles of the countries will be located around the diagonal, which can be seen in the coordinate system. The anastrozole market of the researched ten countries, except Lithuania and Poland, have shown the expected location. The SD (standard deviation) of the DTC (daily therapeutic cost calculated at ex-factory price) of generic SKU's was extremely low in case of Norway (NOR) while in case of Belgium (BEL) and Romania (ROU) the SD were relatively high.

The DCT deviation calculated at ex-factory price of the 01.01.2011 drug list of Hungarian anastrozole substance containing SKUs showed to be low in the light of the international comparison. The similar number of brands were present in Slovakia as in Hungary while the DTC counted at ex-factory prices shows a few times higher SD. It may refers to a less strict reimbursement system.

The correlation is a positive moderate relationship (0,5785) between the three lowest DTCs calculated at ex-factory prices and the number of brands on anastrozole market has shown a

With the use of standardized international price data, besides the above issue, strategic, situation assessing, decision support analysis can be conducted in several other topics such as:

- defining, clarifying pricing objectives;
- international price comparisons
- analyzing price strategy of competitors;- product life cycle pricing issues;
- local and international reference pricing;
   assessment of the risks of parallel import



Explanation of the figure:

- -"x" axis: DCT average of the three cheapest SKUs at ex-factory price (in €)
- -"y" axis: number of SKUs with price in public lists of countries
- radius of bubbles: deviation of daily therapeutic cost of SKUs calculated at ex-factory price
- **bubbles' caption**: country's short name, the number of brands in brackets