Actualities of Hungarian pharmaceutical financing market

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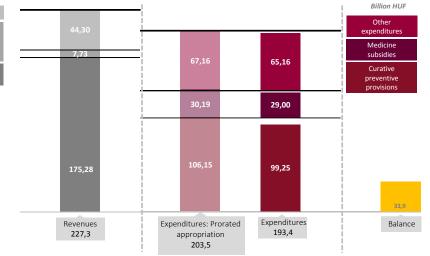
Macro approach to financing healthcare and medicinal products

Decision-making index, January 2019 NEW! Legislation 6,27 **Activity of Parliament** 0% NIHIFM decisions

Read more about our new methodology in our current case study.

Product

Balance of the Health Insurance Fund, January 2019



Source: Healthware analysis based on NHIFA data

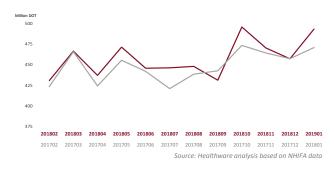
Market forecast

Healthware efficiently simulates market situations by developing and improving complex econometric models using economicalstatistical estimators. Based on these models Healthware forecasts turnovers and can provide various scenario analyses.

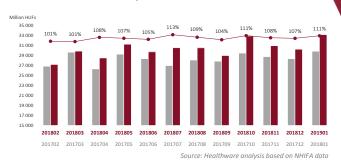
> For further information, please visit our website or contact our colleagues: link

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

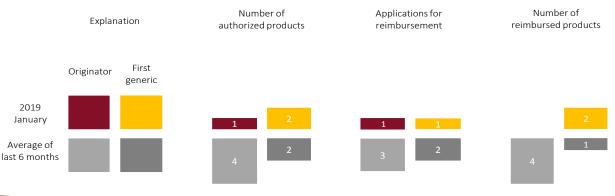
Pharmacy DOT turnover



Pharmacy reimbursement turnover



Changes to subsidized medicinal product categories, January 2019



Source: Healthware analysis based on NHIFA data

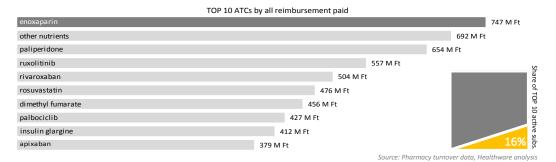
Healthware Consulting Ltd.

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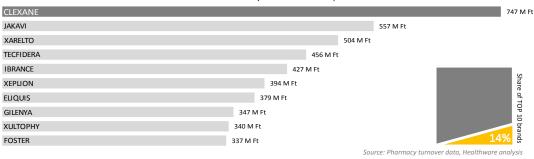
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Market data

Toplists of reimbursement and number of patients, January 2019



TOP 10 brands by all reimbursement paid



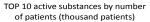
TOP 10 distributors by all reimbursement paid

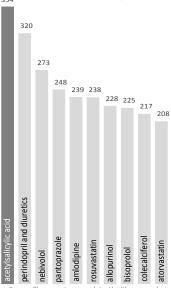


Average number of medical sales reps



Source: NHIFA data, Healthware analysis





Renewed HDMI index — case study

our current case study, first we describe our original method and the lines, along which the reform of the HDMI in as carried out. After that we examine the new index in 2017-2018, and the main factors influencing it.

examined factors) contain specific decisions (like NEAK inclusions, parliamentary decisions, regulations and laws, erent ministerial orders, brand inclusions of OGYEI, GVH decisions, Constitutional Court decisions), but also contain

related to the healthcare system comes from institutions or task groups outside the scope of our examination. According ly, we made an additional category to gather all the institutions publishing relevant and – from a decision-making aspect ions (audit of the National Healthcare Services Center) or to subsystems (audit of the emergency care).

The most striking consequence of the HDMI methodology's development is that we did not normalize the value range of the new index, so according to the new methodology the indicator falls into the range from 0 to infinity.

To help the interpretation of the index, instead of normalizing it to a new scale, we assigned intensity levels to its certain

two years. The indicator remains in the range 'Low' and 'Moderate' for most of the year, mostly the high i activity stands behind the spikes. That is what we see in June 2017 and in the end of 2017 or 2018, when num 2018 was due to the NEAK inclusions and the legal amendments resulting from them. 7 active substance got reimbursed new reimbursement decisions, 4-4 new indication points were created and there were 9/5 relevant modifications (change of the text, circle of designated institutions or those INN's that can be given within an indication) in the existing

