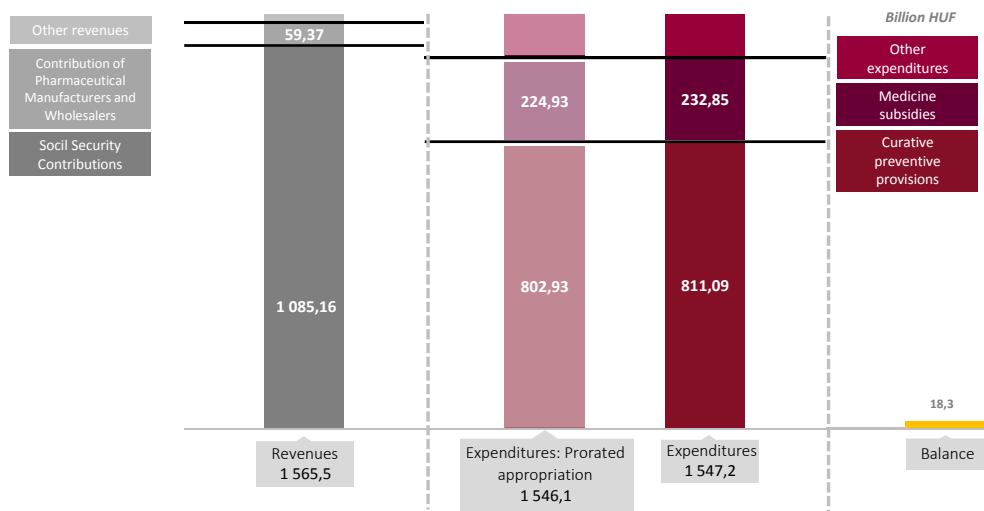


## News, current issues

- News** People generally smoke less tobacco, but e-cigarettes are reaching epidemic proportion >>
- News** Anikó Nagy resigned >>
- News** Private and public healthcare demerges >>

## Macro approach to financing healthcare and medicinal products

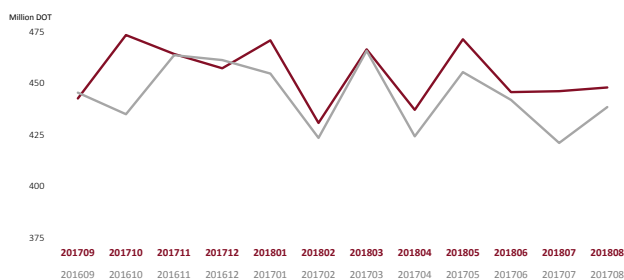
### Balance of the Health Insurance Fund, August 2018



Source: Healthware analysis based on NHIFA data

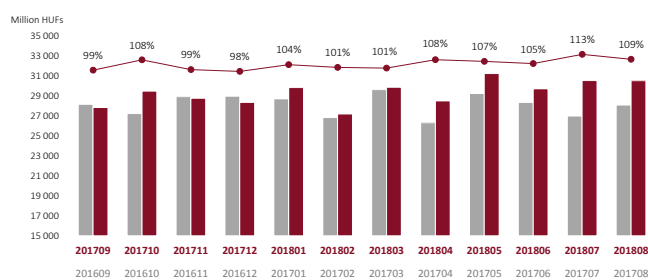
## Dynamics of the sales/circulation of prescription-only-medicine

### Pharmacy DOT turnover



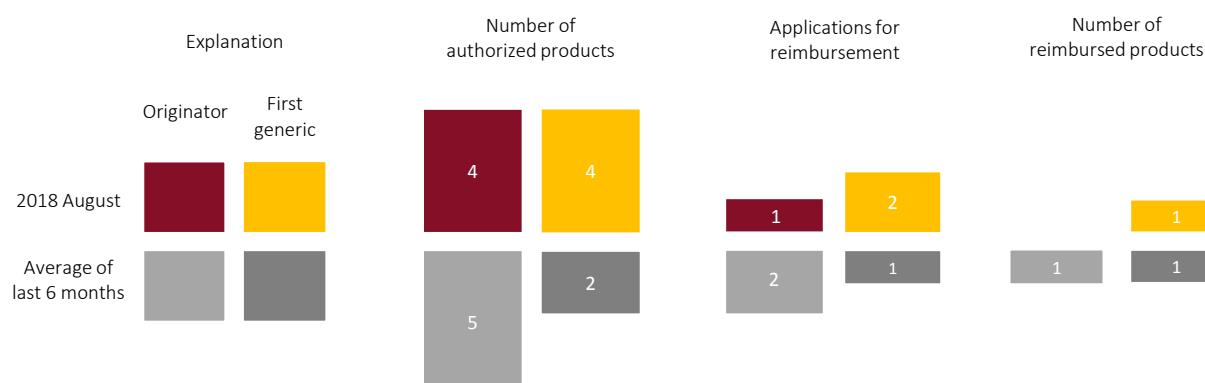
Source: Healthware analysis based on NHIFA data

### Pharmacy reimbursement turnover



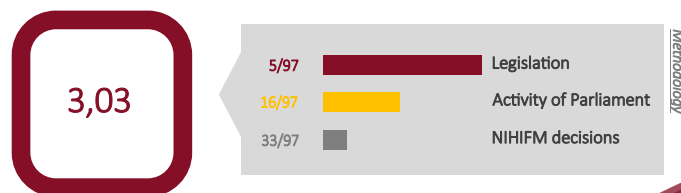
Source: Healthware analysis based on NHIFA data

## Changes to subsidized medicinal product categories, August 2018



Source: Healthware analysis based on NHIFA data

## Decision-making index, August 2018



Methodology

LinkedIn Presence 

Recently we have paid particular attention to increase our internet presence in order to become more available to our readers.

Following new requirements our contents have been shared on our LinkedIn site as well.

Answering the positive feedbacks we are going to post our regularly and special newsletters first on LinkedIn, besides, our subscribers will continue to get it by email.

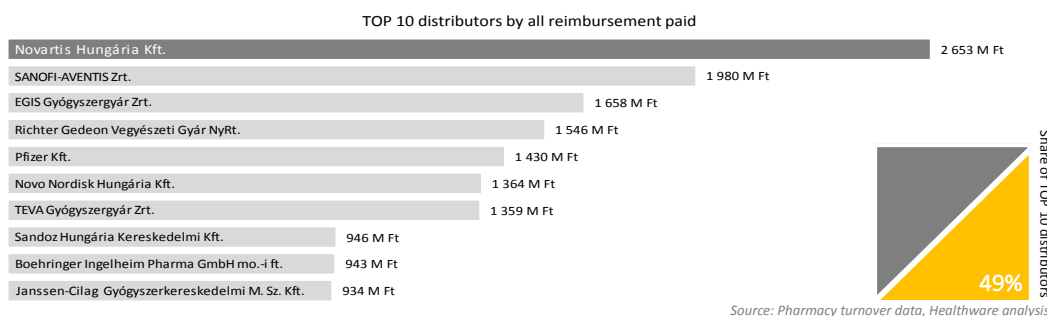
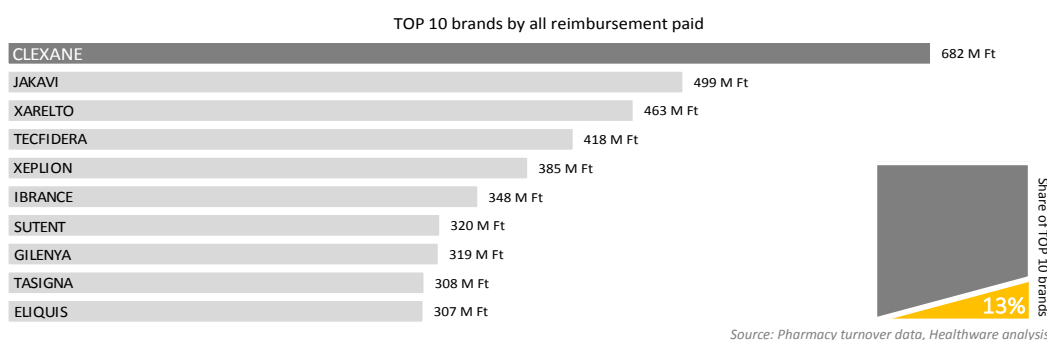
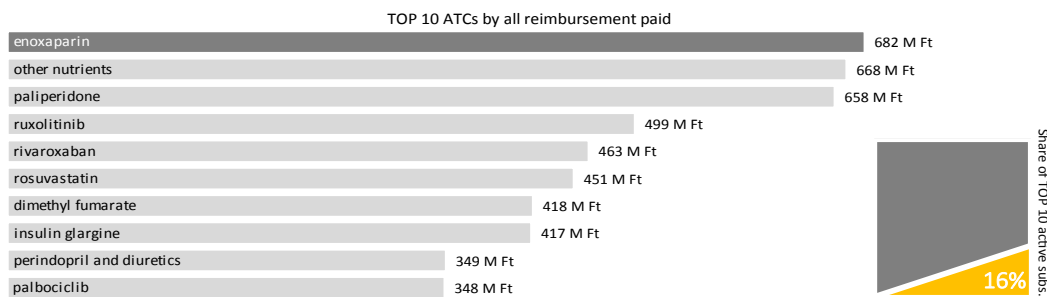
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Further information:

[link](#)  


## Market data

### Toplists of reimbursement and number of patients, August 2018

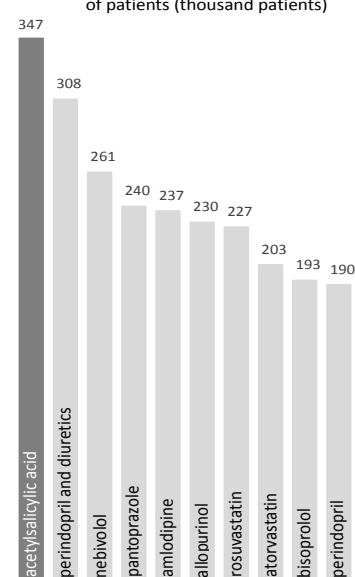


### Average number of medical sales reps



Source: NHIFA data, Healthware analysis

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

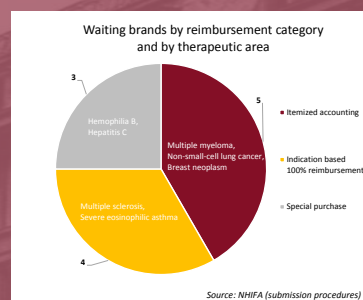


## Analysis of still waiting submissions – Case study

On October 15, 2018 new reimbursed products have been announced including 29 brands (for more details please check [our latest special edition](#)). In case of 46 products final decisions have not been made yet<sup>1</sup>. In our current case study, we review those therapeutic areas where reimbursement have not happened in addition to those products which have been announced in October.

In this study it has been analysed whether reimbursed products do cover all indication areas which are waiting for reimbursement. Furthermore what are the possible bureaucratic, therapeutic or financial reasons behind those submissions that are still waiting for positive decisions.

Waiting submissions have been listed based on therapeutic areas, but we have not analysed whether the given products have the same therapeutic indications or not. Those submissions are included that have been waiting for the final decision for more than 90 days to the date of October 15, 2018.



During this case study seven therapeutic areas have been found where positive decisions were made on October 15. The number of waiting submissions is 17, including 12 brands. Following diagram illustrates the distribution of brands by therapeutic areas and reimbursement categories. It shows that these submissions targeted those categories that give almost 100% reimbursement. Thus this aspect has not shown any correlation to reimbursement decisions.

In addition, to measure the role of time spend in MoHC (Ministry of Human Capacities), besides the decision-making role of NHIFA (National Health Insurance Fund Administration), the average procedure time of NHIFA and MoHC have been investigated in case of reimbursed and „still on process” products. These data are demonstrated in more detail on the following page, with the time when the MoHC got the proposition and the time elapsed since then.

Based on published data first phase of submission procedures is more transparent than the process of MoHC after proposal. In case of almost all waiting products procedure time of NHIFA is shorter than procedure time of MoHC. It is also important to note that almost each therapeutic area includes brands (Halaven, Imnovid, Tagrisso, Zinbryta) are waiting for decision for a longer time compared to the whole procedure time of those products which have been reimbursed on October 15.

MAT NPP (Named Patient Program) turnover of reimbursed and not reimbursed products are also presented. From therapeutic view and public healthcare payer's perspective it has been also important to analyze these data because it can refer to unmet need or administrative and financial burden to the payer. Positive decision can be affected by these factors.

MAT NPP turnover of reimbursed and still waiting products in the relevant therapeutic areas were 8.5 and 0.5 billion HUF (26.3 and 1.7 million EUR<sup>2</sup>), respectively. Turnover of still waiting products can refer to extant unmet need on the given indication areas.

Considering relevant therapeutic areas, it is worth highlighting the following. In case of multiple myeloma therapeutic area, we have found two waiting submissions (Imnovid, Nintaro). It is noticeable that for one reimbursed brand the length of the procedure was shorter than the waiting times for all submissions that are still on process and Imnovid has relevant MAT NPP turnover as well. For non-small cell lung cancer positive decisions have not been made in case of two brands (Giotrif, Tagrisso), including one where NHIFA has not sent its proposal to the MoHC yet. For this product days between launch of the procedure and new announcements are 703. In case of the other waiting brand 325 days have elapsed since the proposal. Bar charts show reimbursed brands where positive decisions have been made within a shorter period of time. Furthermore turnover of Tagrisso is relevant. By examining the therapeutic area of breast carcinoma, we found a product (Halaven) that has not been reimbursed and has been waiting for decision for the earliest among the submissions included in our case study. However in case of this product NPP turnover is not seen.

One product (Lemtrada) has been reimbursed in indication based reimbursement category in case of multiple sclerosis. It has been found that three brands (six SKUs) are still waiting for positive decision (Mavenclad, Ocrevus, Zinbryta) in this therapeutic area, including one where NHIFA has already sent its proposition to MoHC on October 24, 2017. The targeted indication point was the same in case of all submissions. As this indication point has already been available promulgation of the decree is not necessary. However reimbursement of products is based on financing protocol & treatment algorithm. For reimbursement of still waiting products updating of treatment algorithm is necessary as for now only Lemtrada has been added. In case of Zinbryta proposition to MoHC had been sent, but final decision have not been made. Although relevant turnover cannot be seen in case of this product. Announcements of Mavenclad and Ocrevus were not possible as propositions have not been sent to MoHC yet.

Propositions of NHIFA have been sent to MoHC after October 15, 2018 in case of submissions related to severe eosinophilic asthma, hepatitis-C and congenital hemophilia, so announcement of these products was not possible because of administrative obstacle.

Finally it is worth mentioning the therapeutic area of psoriatic arthritis. In case of this indication area new substance was not reimbursed in October, compared to other biological therapeutic areas. To this indication point two brands (Cimzia, Cosentyx) have been submitted but not reimbursed, despite the fact that for other areas positive decisions have been made. Besides these two more products (Taltz, Xeljanz) are still waiting for decision, but these submissions had not passed the standard 90 days period on October 15. Due to the upcoming tender, missed announcements related to this therapeutic area can be disadvantageous both for the payer and distributor because announcements could have strengthened the price competition.

Overall it can be stated that products with relevant turnover were typically announced in October. However exact explanation of the reimbursement of innovative pharmaceutical technologies cannot be shown based on the observed aspects.

<sup>1</sup>Submissions that passed the standard 90 days period.

<sup>2</sup>Exchange rate (29/10/2018): 324.44 HUF/EUR

