

## News, current issues

- **Legislations** come into force from February 2013: EüM Decree No. 4/2000. (2013.02.08.); EüM Decree No. 43/2005. (2013.02.08.)
- **NEWS:** 01/03/2013 - Preferred biological process was started. Further information: [link](#)
- **NEWS:** „Hungarian pharmaceutical market is against trends world-wide” [link](#)
- **NEWS:** „The itemised financing ensures patients’ supply irrespective of the financial status of hospitals” [link](#)
- **NEWS:** „The total debt of hospitals rose to 115 billion HUF during the fourth quarter of the last year” [link](#)
- **STUDY:** „State Audit Office of Hungary: The financial status of hospitals changed favourably, while there are still operating risks”  
Short summary: [link](#) Study: [link](#)
- **STUDY:** „Confidence in health service did not alter over the last four years” [link](#)

## Macro approach to financing healthcare and medicinal products

### Balance of the Health Insurance Fund

Billion HUF

Health Security Fund	2012. I-XII.	2013 original appropriation	2013		
			I.	% of appropriation	% of last year
<b>Total of Budgetary Expenditures</b>	<b>1 791,3</b>	<b>1 804,3</b>	<b>141,6</b>	<b>94,2%</b>	<b>100,9%</b>
Curative preventive provisions	842,1	880,6	65,8	89,6%	105,3%
Medicine subsidies	315,1	280,0	23,1	99,0%	86,0%
<b>Total Of Budgetary Revenues</b>	<b>1 744,3</b>	<b>1 804,3</b>	<b>160,6</b>	<b>106,8%</b>	<b>120,4%</b>
Social Security Contributions	854,2	727,0	71,1	117,3%	109,9%
Contribution of Pharmaceutical Manufacturers and Wholesalers	75,0	49,0	5,5	135,8%	103,0%
<b>Balance</b>	<b>-47,0</b>	<b>0,0</b>	<b>19,0</b>		<b>-269,6%</b>

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 month of 2013 the Health Security Fund produced a 13,4% surplus mainly because of the higher social security contributions (+17%) and lower spending. The in- and outcare expenditure was 10% lower than the budget plan proportional to that time interval.

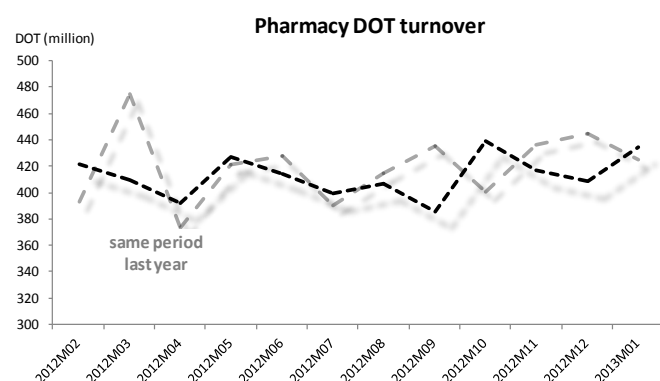
### Changes to subsidised medicinal product categories

	Changes in the public drug list						
	2012 Oct.	2012 Nov.	2012 Dec.	2013 Jan.	2013 Feb.	2013 Mar.	2013
Number of new products	50	26	33	43	34	26	103
Number of new AI	3	2	0	2	0	5	7
Number of delisted products	65	44	14	88	19	20	127
<b>Prices</b>							
Decrease	789	24	11	61	13	14	88
Increase	0	0	1	0	0	1	1

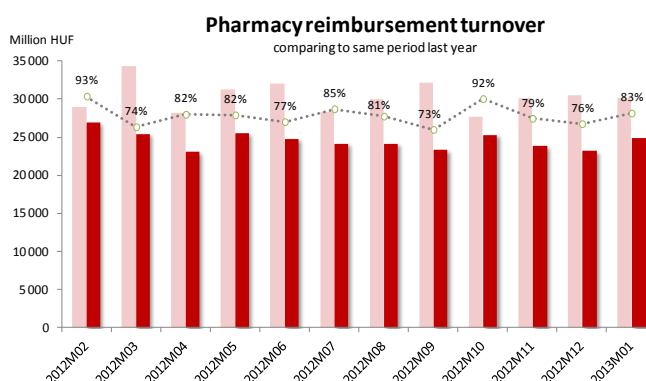
	Changes in the public drug list						
	2012 Oct.	2012 Nov.	2012 Dec.	2013 Jan.	2013 Feb.	2013 Mar.	2013
<b>Reimbursement</b>							
Decrease	1 472	7	4	71	7	16	94
Increase	418	2	0	4	0	3	7
<b>Co-payment</b>							
Decrease	1 000	40	16	107	18	27	152
Increase	1 026	0	3	22	0	1	23

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 month of 2013 was 2,1% lower than the same period last year, while the average reimbursement per DOT remained the same level as from the last reference price procedure.

Actualities of Hungarian  
pharmaceutical market

Newsletter



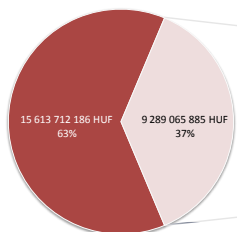
## Market data

## Marketing authorisation information

2012	EMA	OGYI	2012 - Q4	EMA	OGYI	January 2013	EMA	OGYI
New brands	64	427	New brands	13	95	New brands	7	23
New SKUs	798	4 230	New SKUs	184	773	New SKUs	137	187

Source: Healthware analysis based on OGYI's and EMA's data

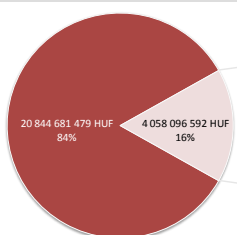
## TOP10 MAH by all reimbursement paid in January 2013



TOP 10 - MAH	Reimbursement
Novartis Europharm Limited	1 420 732 343 HUF
Richter Gedeon Vegyeszeti Gyar NyRt.	1 184 097 377 HUF
EGIS Gyogyszergyar Nyrt.	1 161 088 662 HUF
SANOFI-AVENTIS Zrt.	990 283 718 HUF
Eli Lilly Nederland B. V.	930 467 473 HUF
Novo Nordisk A/S	792 687 731 HUF
GlaxoSmithKline Kft.	782 152 253 HUF
Boehringer Ingelheim International GmbH	689 197 493 HUF
AstraZeneca Kft.	680 996 434 HUF
Novartis Hungaria Kft.	657 362 400 HUF

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

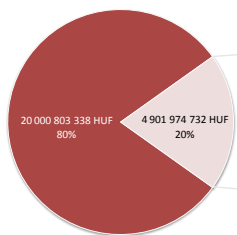
## TOP10 BRAND by all reimbursement paid in January 2013



TOP 10 - BRAND	Distributor	Reimbursement
GLIVEC	Novartis Hungaria Kft.	624 474 604 HUF
CLEXANE	SANOFI-AVENTIS Zrt.	570 973 347 HUF
SPIRIVA	Boehringer Ingelheim Pharma Gesellschaft m. b.	496 996 820 HUF
RISPERDAL	Janssen-Cilag Kft.	480 183 417 HUF
SYMBICORT	AstraZeneca Kft.	404 442 385 HUF
SERETIDE	GlaxoSmithKline Kft.	339 735 243 HUF
HUMULIN	Lilly Hungaria Kft.	322 176 634 HUF
SUTENT	Pfizer Kft.	306 552 877 HUF
LANTUS	SANOFI-AVENTIS Zrt.	286 614 601 HUF
COVEREX	EGIS Gyogyszergyar Nyrt.	225 946 664 HUF

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

## TOP10 ATC by all reimbursement paid in January 2013



TOP 10 - ATC	International non-proprietary name (INN)	Reimbursement
L01XE01	imatinib	624 474 604 HUF
B01AB05	enoxaparin	570 973 347 HUF
R03AK07	formoterol and other drugs for obs. airway disea	570 215 499 HUF
C10AA07	rosuvastatin	509 406 411 HUF
N05AX08	risperidone	508 536 516 HUF
R03BB04	tiotropium bromide	496 996 820 HUF
C10AA05	atorvastatin	485 179 334 HUF
R03AK06	salmeterol and other drugs for obs. airway disea	393 184 717 HUF
A10AB01	insulin (human)	382 461 654 HUF
V06D	other nutrients	360 545 830 HUF

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

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

In our case study we present statistics related to oral risperidon (N05AX08) agent containing formulations of 10 European countries, which are based on the price and product information of formulations effective in 1st January 2011.

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 bubble of the countries will be located around the diagonal, which can be seen in the coordinate system. Risperidon market of Germany (GER), Spain (ESP), Portugal (POR), Greece (GRE), Croatia (CRO) and Austria (AUS) showed a corresponding picture. In the case of these countries, it is important to emphasize, that in all countries the deviation of NTK calculated at producer price is low. The reason for that in the case of Germany can be the strict rules of fixing, in the case of Spain can be the rules of fixing and the special rules related to the reimbursement of original products resulting price reduction, and in the case of Greece can be the officially defined price cuts.

The NTK deviation calculated at producer price of the 01.01.2011 drug list of Hungarian risperidon agent containing formulations showed to be average in the light of the international comparison. In the case of Bulgaria the strict official pricing based on the international reference pricing results the low producer price NTK, despite the fact that the number of formulations with public price on the Bulgarian market is among the lowest. In the case of Finland a strong generic incentive was operated besides the fixing system, in which when the substitution is refused, the difference in prices is had to be paid by the patient (above a defined amount). The risperidon market of Sweden shows significant differences in two of the three studied indicators, which is certainly caused by the special reimbursement system and the special generic incentive system of Sweden. In Sweden the „winner takes it all” principle is prevail, in the given period the formulation of the producer, who offered the lowest price, can take the turnover of the whole market. The producers, who offer an approximately similar low price can reach turnover only in the case, when the formulation of the producer, who offered the lowest price, is not available. However, they do not delist and force the original producers to lower their prices, doctors can also prescribe the most expensive formulations without professional limitation, and during the service there isn't limitation for the substitution, patients do not have to pay the difference in price.

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:

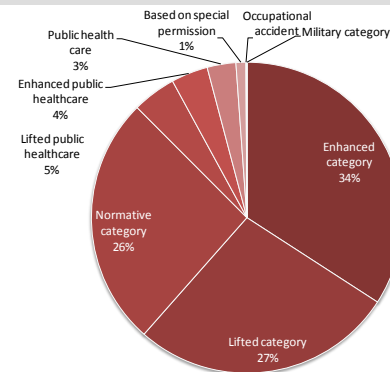
- defining, clarifying pricing objectives
- analyzing price strategy of competitors
- product life cycle pricing issues
- international price comparisons
- local and international reference pricing
- assessment of the risks of parallel import

## Average number of medical sales reps; 01/2013

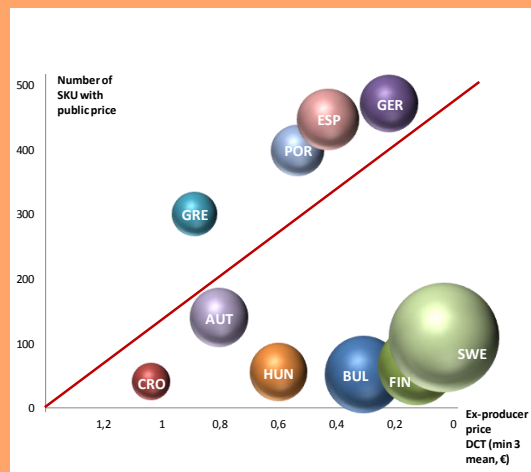
All	1 493
Medicinal products	1 271
Medical aids	202
Both	20

Source: Healthware analysis based on OGYI's

## Drug reimbursement by legal title; 01/2013



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



Explanation of the figure:

- "x" axis: considering NTK calculated at producer price (considering products with same NTK only once) NTK average of the three cheapest formulations at producer price (in €)
- "y" axis: number of formulations with price in public lists of countries
- radius of bubbles: deviation of daily therapeutic cost of formulations calculated at producer price