



News, current issues

- **Legislations** come into force from September 2014: Gov.Decree No.337/2008. (2014.09.05.); Gov.Decree No.319/2010. (2014.09.05.); Gov.Decree No.323/2010. (2014.09.05.); Gov.Decree No.59/2011. (2014.09.05.); Gov.Decree No.46/2012. (2014.09.05.)
- **NEWS:** "About the negative aspects of pharmaceutical procurement" [link](#)
- **NEWS:** "Time to break down prejudices against the pharmaceutical industry" [link](#)
- **NEWS:** "Blind-auction has reached its limit" [link](#)
- **NEWS:** "Obesity costs us lot" [link](#)
- **NEWS:** "Public health related changes are expected" [link](#)
- **NEWS:** "Ónodi-Szűcs Zoltán appointed as new head of GYEMSZI" [link](#)

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund

Billion HUF

Health Security Fund	2013. I-XII.	2014 original appropriation	2014		
			I-VIII.	% of appropriation	% of last year
Total of Budgetary Expenditures	1 847,8	1 884,2	1 258,6	100,2%	106,8%
Curative preventive provisions	908,0	931,9	624,1	100,5%	112,8%
Medicine subsidies	296,0	294,1	200,3	102,2%	102,4%
Medicine subsidies (pharmacy)	281,5	222,4	190,2	128,3%	101,4%
Total of Budgetary Revenues	1 847,8	1 884,2	1 289,2	102,6%	103,8%
Social Security Contributions	768,0	852,9	601,2	105,7%	117,4%
Contribution of Pharmaceutical Manufacturers and Wholesalers	58,7	56,0	38,5	103,1%	91,4%
Balance	0,0	0,0	30,6		47,8%

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 billion HUF). The medicine subsidies plan are lower with 2 billion HUF than last year expenses.

In the first eight months of 2014 the Health Security Fund produced a 2,44% surplus mainly because of the higher social security contributions (+5,7%).

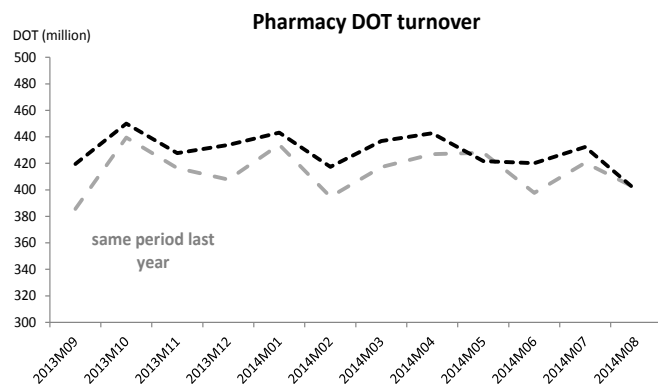
Changes to subsidised medicinal product categories

	Changes in the public drug list							2014
	2014 Apr.	2014 May	2014 June	2014 July	2014 Aug.	2014 Sep.		
Number of new products	21	22	18	21	26	23	216	
Number of new AI	1	1	4	3	1	1	21	
Number of delisted products	18	18	29	26	20	47	333	
Prices								
Decrease	6	4	46	10	7	263	730	
Increase	1	0	0	1	2	2	58	

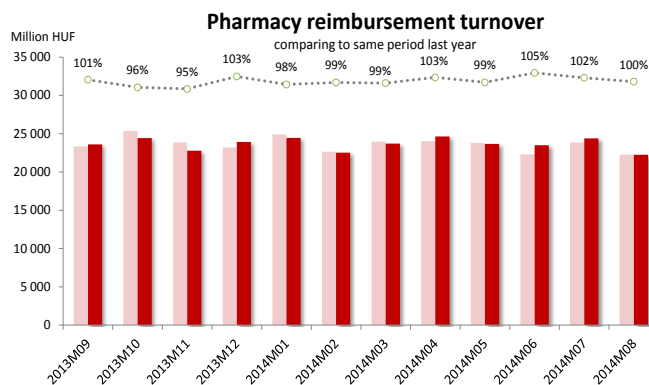
	Changes in the public drug list							2014
	2014 Apr.	2014 May	2014 June	2014 July	2014 Aug.	2014 Sep.		
Reimbursement								
Decrease	9	3	87	11	2	683	1 713	
Increase	1	1	2	2	0	78	302	
Co-payment								
Decrease	8	6	61	18	9	348	1 054	
Increase	11	0	41	2	2	511	1 228	

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 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 eight months of 2014 was 2,81% higher than the same period last year, while the average reimbursement per DOT increased slightly compared to the previous month. The reimbursement turnover is 0,7% higher for this period compared to last year.

Indicator system development

Quality indicators are needed for evaluate a therapy at macro level. The individual micro-level knowledge enables to seek/elaborate parameters which allow to build up an indicator system. With the comprehensive knowledge acquired along our micro-level analysis products we can ensure elaboration of systems, which show the success of certain medical technologies in transparent way, with objective parameters.

Downloadable document: [The domestic experiences of the „Changing Diabetes Barométer” program IME, 2011](#)

More about the service: [link](#)

Product offering

Actualities of Hungarian pharmaceutical market

Newsletter



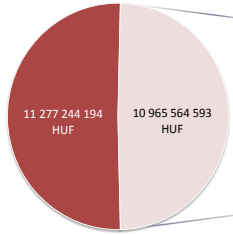
Market data

Marketing authorisation information

2013	EMA	OGYI	2014 - Q2	EMA	OGYI	August 2014	EMA	OGYI
New brands	80	207	New brands	19	36	New brands	1	16
New SKUs	719	1 768	New SKUs	166	430	New SKUs	16	94

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

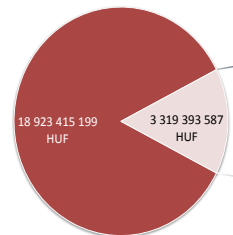
TOP10 DISTRIBUTOR by all reimbursement paid in August 2014



TOP 10 - DISTRIBUTOR	Reimbursement
Novartis Hungária Kft.	2 037 729 738 HUF
SANOPI-AVENTIS Zrt.	1 412 212 723 HUF
EGIS Gyógyszergyár Zrt.	1 149 025 701 HUF
TEVA Gyógyszergyár Zrt.	1 137 085 713 HUF
Richter Gedeon Vegyészeti Gyár NyRt.	1 075 105 561 HUF
Pfizer Kft.	954 658 527 HUF
Lilly Hungaria Kft.	886 583 877 HUF
Novo Nordisk Hungária Kft.	842 791 489 HUF
Janssen-Cilag Gyógyszerkereskedelmi Marketing Szolgáltató Kft.	762 190 977 HUF
Sandoz Hungária Kereskedelmi Kft.	708 180 285 HUF

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

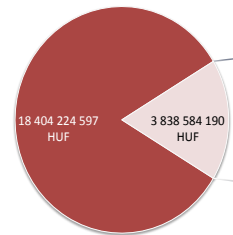
TOP10 BRAND by all reimbursement paid in August 2014



TOP 10 - BRAND	Distributor	Reimbursement
GLIVEC	Novartis Hungária Kft.	505 022 976 HUF
CLEXANE	SANOPI-AVENTIS Zrt.	458 154 535 HUF
SPIRIVA	Boehringer Ingelheim Pharma Gesellschaft m. b. H. A	393 333 473 HUF
SYMBICORT	Astra Zeneca AB	343 986 471 HUF
XEPLION	Janssen-Cilag Gyógyszerkereskedelmi Marketing Sz	337 786 289 HUF
LANTUS	SANOPI-AVENTIS Zrt.	308 859 605 HUF
HUMULIN	Lilly Hungaria Kft.	278 318 574 HUF
SUTENT	Pfizer Kft.	250 498 714 HUF
LEVEMIR	Novo Nordisk Hungária Kft.	224 729 901 HUF
RISPERDAL	Janssen-Cilag Gyógyszerkereskedelmi Marketing Sz	218 703 050 HUF

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

TOP10 ATC by all reimbursement paid in August 2014



TOP 10 - ATC	International non-proprietary name (INN)	Reimbursement
L01XE01	imatinib	505 022 976 HUF
B01AB05	enoxaparin	458 154 535 HUF
V06D	other nutrients	420 314 995 HUF
N05AX13	paliperidone	411 425 933 HUF
R03BB04	tiotropium bromide	393 333 473 HUF
R03AK07	formoterol and other drugs for obs. airway diseases	370 636 107 HUF
C10AA07	rosuvastatin	349 773 272 HUF
A10AB01	insulin (human)	337 899 262 HUF
A10AE04	insulin glargine	308 859 605 HUF
C10AA05	atorvastatin	283 164 032 HUF

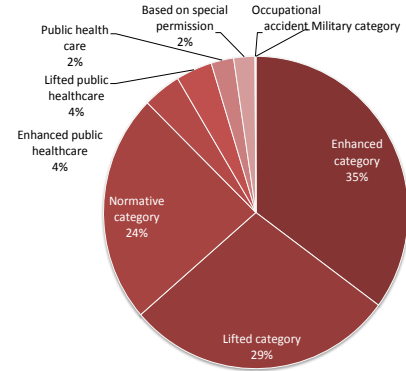
Source: Healthware analysis based on the sales turnover that pharmacies produced from POM

Average number of medical sales reps; 08/2014

All	1 263
Medicinal products	1 016
Medical aids	227
Both	21

Source: Healthware analysis based on OGYI's

Drug reimbursement by legal title; 08/2014



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

Patient level health data request in Hungary and the UK — Case study

In our current case study we will make a short comparison of the patient level health data services provided by the Hungarian and English regulatory organizations, focusing mainly on the process and requirements of the data request and the range of available data for analysis. In the constantly changing economical, regulatory and political environment the access to the required information is a critical factor of the effective decision making process. Realizing the importance of information the regulators place more and more emphasis on collection, organization and sharing of patient level health data. Beside the periodically published aggregated reports there are an increasing number of data sets made available at patient level, making it possible to get an insight into the actual flow, cost and outcome of care. Based on the documents and information posted on regulatory bodies' website the two countries examined are evidently at a different level of maturity, however both country still has room for improvement. Generally it can be stated that the data provision framework is less developed in Hungary, but the combination of direct access to data and the usage of self-developed programs has an exceptional analytical potential.

	Hungary	United Kingdom
Organization providing the data	National Health Insurance Fund link	Health and Social Care Information Center link
Legal background of data provision	Act LXIII of 2012 on the Re-Use of Public Sector Information link	Health and Social Care Act 2012 link
Data sets		
Available data sets	demographic, inpatient, outpatient, diagnostics, specially financed treatments, medication link	demographic, mortality, inpatient, outpatient, secondary care payment, diagnostic imaging, pre and post-operative surveys link
Data definitions	Not published	Published link , link
Data access format	Aggregated data in tabular format	Aggregated data in tabular format, cumulative data, record level extracts, patient tracking
Direct access to data source	SQL scripts, PL/SQL, R and SPSS programs self-created or on request	No direct access
Link to own data source	Enabled	Enabled
Application process		
General process steps	Data request -> Proposal -> Order -> Data collection -> Aggregation -> Analysis	Application -> Approval -> Contract -> Access
Request forms	Single form link	Separate form for each type of request link
Process actors	Departments: Strategic Analysis, IT Development, Data Privacy, Finance and Budgeting	Data Access Advisory Group (DAAG), HSCIC Senior Information Risk Officer (SIRO)
Pricing	Calculation schema link	Price list link
General terms and conditions	Published link	Published link
Service level	Not published	Only goals link
Transparency		
List of data requests	Not published	Published link
Ongoing requests	Not published	Published link