

News, current issues

- **Legislations** come into force between 01/05/2016 and 01/06/2016: Act XI of 1991 (06.05.2016); Act XCVIII of 2006 (06.05.2016)
- **NHIF brief:** "NHIF's new data protection policy enables access to more detailed information from 8 June 2016" [link](#)
- **NEWS:** "Final list of cancelled institutions" [link](#)
- **NEWS:** "Hospital debt doesn't stop growing" [link](#)
- **NEWS:** "E-presc. - Real data about drug purchasing" [link](#)
- **NEWS:** "4 billion HUF from the producers" [link](#)
- **NEWS:** "Therapies not kept by chronic ill patients" [link](#)
- **NEWS:** "Industry weighs radical shake-up of European drug pricing" [link](#)
- **NEWS:** "New measures awaited by insurers" [link](#)
- **NEWS:** "Our healthcare should not be scolded" [link](#)
- **NEWS:** "Healthcare only expected to come" [link](#)

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund

Health Security Fund	2015. I-XII.	2016 original appropriation	2016		
			I-IV. months	% of appropriation	% of last year
Total of Budgetary Expenditures	1 955,3	1 963,7	476,4	97,0%	101,3%
Curative preventive provisions	960,6	982,4	231,3	94,2%	100,1%
Medicine subsidies	326,2	305,1	79,3	104,0%	106,4%
Medicine subsidies (pharmacy)	310,6	231,4	76,8	132,7%	103,5%
Total of Budgetary Revenues	1 925,4	1 963,7	505,2	102,9%	104,7%
Social Security Contributions	1 223,4	1 417,0	361,7	102,1%	119,8%
Contribution of Pharmaceutical Manufacturers and Wholesalers	65,3	58,0	16,7	115,0%	98,9%
Balance	-29,9	0,0	28,8		231,4%

Billion HUF

In expenditures and revenues of 2016 budget, there is 2,77% increase compared to appropriation of 2015 and 0,43% increase compared to fulfilment of 2015. The central budget contribution is planned to be less with 26,5% than last year fulfilment, and this gap is filled with the 18,2% higher social security contribution (218 billion HUFs). The medicine subsidies plan is lower with 21,2 billion HUFs than last year expenses, but higher with 7 billion HUFs than the last year's original appropriation. In the first four months of 2016 the Health Security Fund produced a 4,59% surplus due to the higher social security contributions (+13,5 billion HUFs; +2,9%) and the lower expenditures of curative preventive provisions (-16,6 billion HUFs; -5,1%). Medicine subsidies shows 8,0% surplus as a result of the medicines' higher turnover particularly that reimbursement based on special permission, and reimbursement of medicines without reference price group.

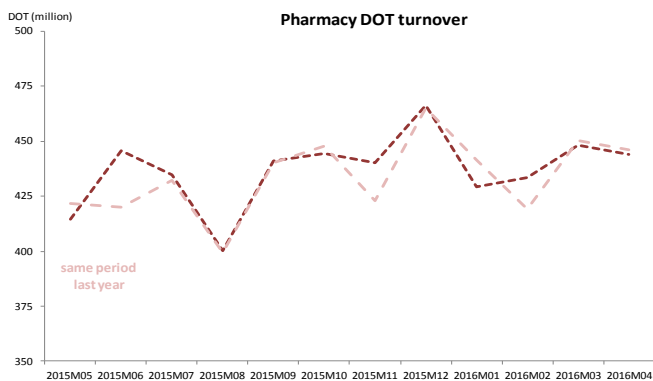
Changes to subsidised medicinal product categories

Changes in the public drug list	2016 Jan.	2016 Feb.	2016 Mar.	2016 Apr.	2016 May	2016 June	2016
Number of new products	28	9	19	12	7	17	92
Number of new AI	5	0	1	0	0	0	6
Number of delisted products	27	18	9	36	19	1	110
Prices							
Decrease	31	3	5	59	1	0	99
Increase	0	0	0	3	0	0	3

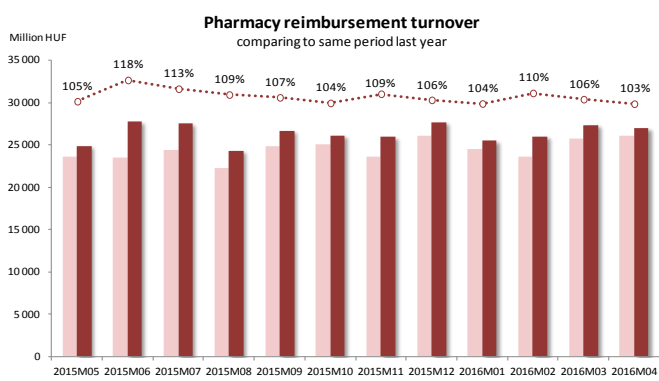
Changes in the public drug list	2016 Jan.	2016 Feb.	2016 Mar.	2016 Apr.	2016 May	2016 June	2016
Reimbursement							
Decrease	40	1	6	155	1	0	203
Increase	24	2	0	138	0	0	164
Co-payment							
Decrease	67	4	6	200	2	0	279
Increase	16	0	1	123	0	0	140

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

Prescription drugs' DOT turnover in 2015 was 1,04% higher than in 2014, so the trend of drug consumption is still increasing, but in slower rate than in 2014 (2,74%) or 2013 (2,23%); while the reimbursement turnover was higher with 7,44%. The average reimbursement per DOT was higher with 6,34% than the 2014's average. New innovative reimbursement decisions were made in 2014 and 2015 generated 3,1% and 0,65% of annual reimbursement turnover, while only 0,4% of annual DOT turnover. Drug sales in the first four months of 2016 was 0,1% lower than the same period last year, while the average reimbursement per DOT increased with 5,81%. The reimbursement turnover was higher with 5,7% for this period compared to last year.

Questionnaire survey

Many marketing and health economic analyzes require information beyond the data in literary publications, that correct and complete them. In our projects the more frequently planned longitudinal data collection, fact finding and new information generating researches could provide useful support in addition to ad hoc surveys. Main steps:

- Preliminary review and interpretation of the input parameters
- Establishment of questionnaire involving 1-2 local experts
- Finalization of the questionnaires and querying on larger sample
- Receiving replies, recording questionnaires, processing responses, statistical evaluation
- Validation of results with the help of a local expert
- Web Report transfer in Hungarian and English language

Downloadable document: [Cost-minimisation analysis of aripiprazole \(Abilify®\) for the treatment of acute bipolar disorder in Hungary](#)

More about the service: [link](#)

Product offering



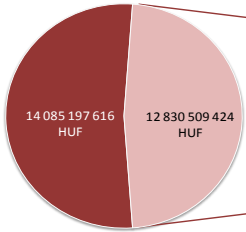
Market data

Marketing authorisation information

2015	EMA	OGYI	2016 - Q1	EMA	OGYI	April 2016	EMA	OGYI
New brands	91	190	New brands	22	31	New brands	4	15
New SKUs	1 081	2 221	New SKUs	257	406	New SKUs	60	144

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

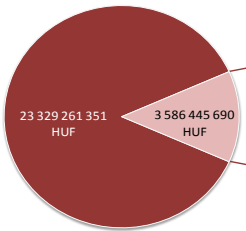
TOP10 DISTRIBUTOR by all reimbursement paid in April 2016



TOP 10 - DISTRIBUTOR	Reimbursement
Novartis Hungária Kft.	2 498 746 664 HUF
SANOFI-AVENTIS Zrt.	1 789 211 214 HUF
EGIS Gyógyszergyár Zrt.	1 367 988 088 HUF
Richter Gedeon Vegyészeti Gyár NyRt.	1 291 689 507 HUF
TEVA Gyógyszergyár Zrt.	1 191 848 616 HUF
Pfizer Kft.	1 101 427 233 HUF
Novo Nordisk Hungária Kft.	1 010 236 497 HUF
Sandoz Hungária Kereskedelmi Kft.	895 872 702 HUF
Lilly Hungaria Kft.	853 148 468 HUF
Janssen-Cilag Gyógyszerkereskedelmi Marketing Szolgáltató K	830 340 435 HUF

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

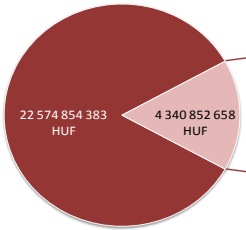
TOP10 BRAND by all reimbursement paid in April 2016



TOP 10 - BRAND	Distributor	Reimbursement
CLEXANE	SANOFI-AVENTIS Zrt.	602 376 470 HUF
GLIVEC	Novartis Hungária Kft.	516 694 632 HUF
XEPLION	Janssen-Cilag Gyógyszerkereskedelmi Market	445 530 010 HUF
SPIRIVA	Boehringer Ingelheim Pharma Gesellschaft m.	337 329 487 HUF
LANTUS	SANOFI-AVENTIS Zrt.	314 085 822 HUF
TASIGNA	Novartis Hungária Kft.	295 361 212 HUF
HUMULIN	Lilly Hungaria Kft.	291 128 352 HUF
TECFIDERA	Biogen Idec Hungary Kft.	285 621 733 HUF
FOSTER	Chiesi Hungary Kft.	253 012 586 HUF
COVEREX	EGIS Gyógyszergyár Zrt.	245 305 386 HUF

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

TOP10 ATC by all reimbursement paid in April 2016



TOP 10 - ATC	International non-proprietary name (INN)	Reimbursement
B01AB05	enoxaparin	602 376 470 HUF
V06D	other nutrients	581 023 077 HUF
L01XE01	imatinib	516 694 632 HUF
N05AX13	paliperidone	513 161 692 HUF
C10AA07	rosuvastatin	440 414 290 HUF
A10AE04	insulin glargine	387 952 406 HUF
A10AB01	insulin (human)	343 299 812 HUF
R03BB04	tiotropium bromide	337 329 487 HUF
C09BA04	perindopril and diuretics	323 239 580 HUF
L01XE08	nilotinib	295 361 212 HUF

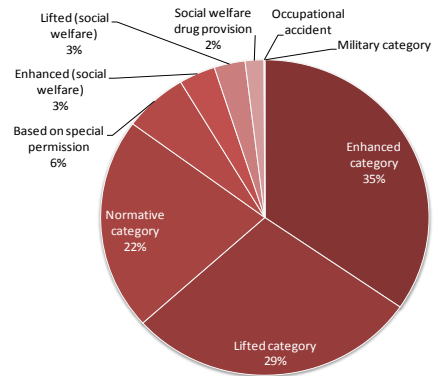
Source: Healthware analysis based on the sales turnover that pharmacies produced from POM

Average number of medical sales reps; 04/2016

All	1 794
Medical products	1 532
Medical aids	237
Both	24

Source: Healthware analysis based on OGYI's

Drug reimbursement by legal title; 04/2016



Source: Healthware analysis based on the sales

TOP10 ATC by number of patients in April 2016

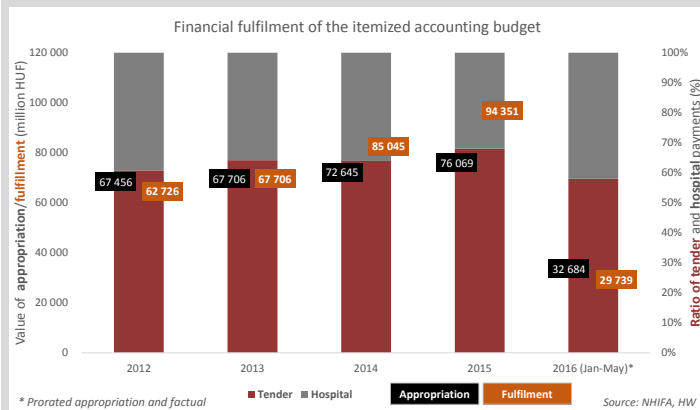
TOP 10 - ATC	International non-proprietary name (INN)	Patients
B01AC06	acetylsalicylic acid	353 249
C09BA04	perindopril and diuretics	299 923
C08CA01	amlodipine	265 634
C07AB12	nebulivol	253 723
C10AA07	rosuvastatin	231 373
C10AA05	atorvastatin	227 803
M04AA01	allopurinol	209 875
A02BC02	pantoprazole	208 600
C09AA04	perindopril	182 773
C07AB07	bisoprolol	173 837

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

Altering vendor patterns in itemized financing — Case study

Therapies under itemized accounting (drugs, medical devices, medical procedures) are notable both based on their role in therapy regimen and on their weight in the financing system. In contrast it can be stated that their financial analyzability, particularly in case of medicinal therapies is limited. The key reason derives from the procurement specialities of the concerned products and from that the real purchasing prices and conditions, which are negotiated in course of the public procurement, are not public and handled confidentially. Even so some aggregated financial information is available, which is analyzable and is suit for drawing conclusions.

On Figure below the financial fulfilment of the budget compared to the appropriation early in the year and the proportion of the vendors and hospitals in the expenditures can be observed from. [Hospital payments typically occur in case of procedures and devices financed pecuniary, while tender payments occur in case of tender devices and medicinal treatments.]



In the followings analyzing the tender payments it can be observed that its ratio between 2012 and 2015 continuously increased (from 61% to 68%). In 2016 based on the payments of the first 5 months this ratio is 58%, but it is presumable, that due to the seasonality in payments and utilization this ratio and the whole year fulfilment may be higher, even exceeding the data of the previous years.

Since 2012 payments have occurred for 26 different tender vendors (where tender vendors were rallied, who are different legal entities, but for instance the difference derives from changing name).

Among these vendors drug wholesalers, drug manufacturers and other smaller suppliers can be found. Market concentration indicators – such as the tender market share of the 3 and 5 largest market player – show a high degree concentration, but in 2016 a turn in trends can be observed. Whilst in the years before 2016 the market share of the TOP3 market player was above 80%, then in 2016 their ratio barely reaches the two-thirds (in 2012: 82,01%, in 2014: 83,88%, in 2016: 66,8%). In the same way the share of the TOP5 suppliers decreased from the above 90% level to 80% until 2016 (in 2012: 91,1%; in 2014: 90,87%, in 2016: 80,17%). The key reason is that the market weight of the two largest wholesalers (Euromedic and Hungaropharma) continuously decreased between 2012 and 2015 (from 73% to 66%), in 2016 their share barely reaches the 40% level. Along with this trend the number and market share of those drug manufactures increased in parallel, who contracted for provisions under itemized accounting with the Health Fund by excluding wholesalers from the process. Such new market player in 2016 for instance is AstraZeneca (market share in percentage of tender expenditures in 2016 is 0,98%), this year vendors who have already a notable market share is Roche (2016: 22,2%), and Abbvie, who contracts by continuously omitting wholesalers (2016: 12,53%). Aggregated market share of the drug distributors (Abbvie, AstraZeneca, Bayer, Teva, Roche) increased from the 11,64% 2012 level to 37,76% in 2016.

The number of those suppliers is increasing continuously, whose yearly market share exceeds 0,5%: in 2012 there were only 10 such firms, while in 2016 already 14 such suppliers exist. These numbers also strengthen the assumption, that a new business model is gaining ground in the vendor field of the tender market, so the tender supplier base is being increasingly diversified, among them wholesalers representing smaller weight compared to the previous determinative role. The underlying purpose behind the new business logic may be that some suppliers consider logistical and price information relating to their products more and more sensitive.