



News, current issues

- **Legislations** come into force between 01/11/2015 and 01/12/2015: Act LXXXIII of 1997 (01.11.2015); Gov.Decree No.16/2012. (01.11.2015); Gov.Decree No.46/2012. (01.11.2015); ESzCsM Decree No.32/2004. (01.11.2015); NEFMI Decree No.12/2011. (25.11.2015)
- **NEWS:** "Ónodi-Szűcs: State Secretariat focuses on five tasks" [link](#)
- **NEWS:** "This must be taken into account in the pharmaceutical budget" [link](#)
- **NEWS:** "Facebook barely knows us compared to the e-health system" [link](#)
- **NEWS:** "Ónodi: 'the institutional system sells what it has'" [link](#)
- **NEWS:** "Drugs have become more expensive" [link](#)
- **NEWS:** "EMA has begun the marketing authorization assessment of Richter's biosimilar pegfilgrastim" [link](#)
- **STUDY:** "Health in 2015: from Millennium Development Goals to Sustainable Development Goals" [link](#)

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund

Health Security Fund	2014. I-XII.	2015 original appropriation	2015		
			I-X. months	% of appropriation	% of last year
Total of Budgetary Expenditures	1 907,1	1 910,8	1 597,5	100,3%	102,0%
Curative preventive provisions	945,6	948,6	777,1	98,3%	100,7%
Medicine subsidies	302,3	298,1	267,2	107,6%	107,0%
Medicine subsidies (pharmacy)	286,4	224,4	257,6	137,7%	108,3%
Total of Budgetary Revenues	1 907,1	1 910,8	1 596,7	100,3%	99,7%
Social Security Contributions	896,3	1 198,5	1 012,3	101,3%	136,0%
Contribution of Pharmaceutical Manufacturers and Wholesalers	57,4	58,0	54,6	113,0%	113,0%
Balance	0,0	0,0	-0,8		0,0%

Billion HUF

The 2015 budget counts with 0,2% increase in the expenditure and in the revenues too, while the balance is nil. The central budget contribution is planned to be less with 35,1% than last year fulfilment, and this gap is filled with the 33,7% higher social security contribution (302 billion HUFs). The medicine subsidies plan are lower with 4,2 billion HUFs than last year expenses. In the first ten months of 2015 the Health Security Fund produced a 0,05% deficit. Medicine subsidies shows 7,6% surplus as a result of the medicines' higher turnover particularly that reimbursement based on special permission.

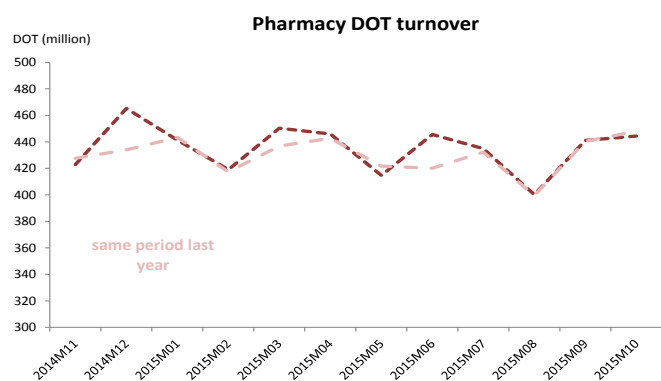
Changes to subsidised medicinal product categories

Changes in the public drug list	2015 July	2015 Aug.	2015 Sep.	2015 Oct.	2015 Nov.	2015 Dec.	2015
Number of new products	12	34	22	34	23	8	280
Number of new AI	2	4	3	2	3	1	30
Number of delisted products	16	16	8	40	18	20	315
Prices							
Decrease	42	5	2	120	8	0	378
Increase	5	0	0	0	0	0	11

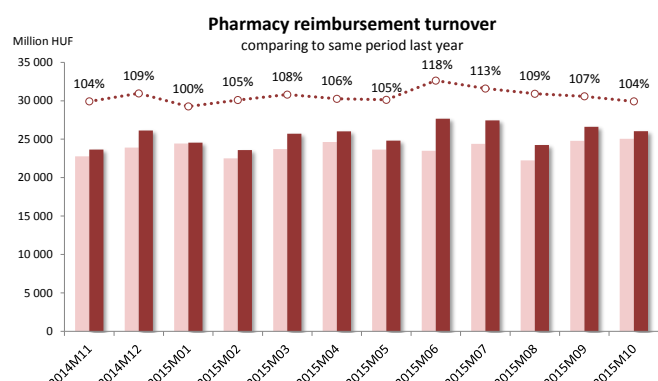
Changes in the public drug list	2015 July	2015 Aug.	2015 Sep.	2015 Oct.	2015 Nov.	2015 Dec.	2015
Reimbursement							
Decrease	4	1	1	389	5	0	918
Increase	0	0	0	56	0	0	145
Co-payment							
Decrease	7	2	2	171	12	0	556
Increase	0	1	1	313	0	0	653

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 increased by 2,74% in 2014 (measured in DOT), the total medicine subsidy of Health Security Fund was higher by 2,21%. The subsidy of new INNs (got reimbursed status in 2014) was 1,26% of the yearly total, while its turnover was only 0,03% of the yearly DOT turnover. Drug sales in the first ten months of 2015 was 0,93% higher than the same period last year, while the average reimbursement per DOT decreased with 2,85% compared to the previous month and was higher with 5,33% than the last year's average. The reimbursement turnover is 6,67% higher for this period compared to last year.

Revealing real symptoms of diseases

In the analysis basic country-wide demographic data related to diseases (prevalence, incidence, mortality rates) are summarized. Along with randomly chosen subcategories (area, sex, primary disease, accompanying diseases [comorbidity]) As a result of the analysis, the basic epidemiological characteristics of a given therapeutic area can be brought to light, which may provide a good starting point to any further research, or may be suitable for independent use, especially in professional material to the attention of physicians. Because there is no publicly accessible central patients' register, only limited disease-related data and information is available. Consequently these pieces of information can play a valuable role on their own.

Further information about the service: [link](#)

Product offering

Actualities of Hungarian pharmaceutical market

Newsletter



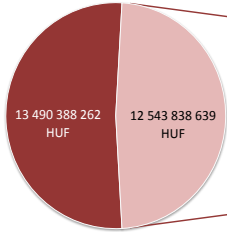
Market data

Marketing authorisation information

2014	EMA	OGYI	2015 - Q3	EMA	OGYI	October 2015	EMA	OGYI
New brands	70	182	New brands	26	57	New brands	1	10
New SKUs	359	1 883	New SKUs	310	604	New SKUs	10	79

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

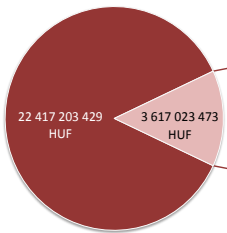
TOP10 DISTRIBUTOR by all reimbursement paid in October 2015



TOP 10 - DISTRIBUTOR	Reimbursement
Novartis Hungária Kft.	2 444 863 979 HUF
SANOFI-AVENTIS Zrt.	1 672 108 736 HUF
EGIS Gyógyszergyár Zrt.	1 304 294 893 HUF
Richter Gedeon Vegészeti Gyár NyRt.	1 256 808 983 HUF
TEVA Gyógyszergyár Zrt.	1 192 198 591 HUF
Pfizer Kft.	1 150 366 508 HUF
Novo Nordisk Hungária Kft.	971 896 897 HUF
Lilly Hungaria Kft.	924 566 935 HUF
Janssen-Cilag Gyógyszerkereskedelmi Marketing Szolgáltató Kft.	828 551 468 HUF
Sandoz Hungária Kereskedelmi Kft.	798 181 650 HUF

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

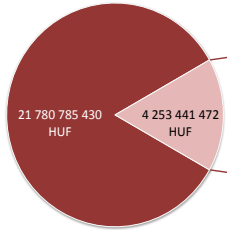
TOP10 BRAND by all reimbursement paid in October 2015



TOP 10 - BRAND	Distributor	Reimbursement
CLEXANE	SANOFI-AVENTIS Zrt.	555 251 512 HUF
GLIVEC	Novartis Hungária Kft.	526 439 162 HUF
XEPLION	Janssen-Cilag Gyógyszerkereskedelmi Marketing S	431 206 017 HUF
SPIRIVA	Boehringer Ingelheim Pharma Gesellschaft m. b. H	387 642 782 HUF
LANTUS	SANOFI-AVENTIS Zrt.	347 474 513 HUF
HUMULIN	Lilly Hungaria Kft.	297 337 154 HUF
SUTENT	Pfizer Kft.	275 757 246 HUF
TECFIDERA	Biogen Idec Hungary Kft.	272 099 992 HUF
TASIGNA	Novartis Hungária Kft.	263 852 532 HUF
LEVEMIR	Novo Nordisk Hungária Kft.	259 962 563 HUF

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

TOP10 ATC by all reimbursement paid in October 2015



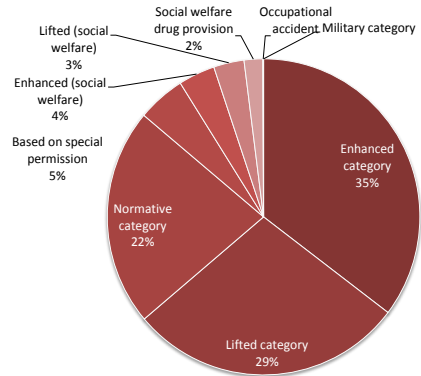
TOP 10 - ATC	International non-proprietary name (INN)	Reimbursement
B01AB05	enoxaparin	555 251 512 HUF
V06D	other nutrients	555 197 069 HUF
L01XE01	imatibin	526 439 162 HUF
N05AX13	paliperidone	503 255 313 HUF
C10AA07	rosuvastatin	418 575 429 HUF
R03BB04	tiotropium bromide	387 642 782 HUF
A10AB01	insulin (human)	357 212 844 HUF
A10AE04	insulin glargine	350 999 645 HUF
C09BA04	perindopril and diuretics	318 253 002 HUF
C10AA05	atorvastatin	280 614 715 HUF

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

Average number of medical sales reps; 10/2015

All	1 805
Medicinal products	1 556
Medical aids	233
Both	16

Drug reimbursement by legal title; 10/2015



Source: Healthware analysis based on the sales

TOP10 ATC by number of patients in October 2015

TOP 10 - ATC	International non-proprietary name (INN)	Patients
B01AC06	acetylsalicylic acid	353 775
C09BA04	perindopril and diuretics	290 963
C08CA01	amlodipine	264 511
C07AB12	nebivolol	245 280
C10AA05	atorvastatin	234 145
C10AA07	rosuvastatin	222 557
A02BC02	pantoprazole	213 647
M04AA01	allopurinol	205 373
A11CC05	coleciferol	189 717
C09AA04	perindopril	177 215

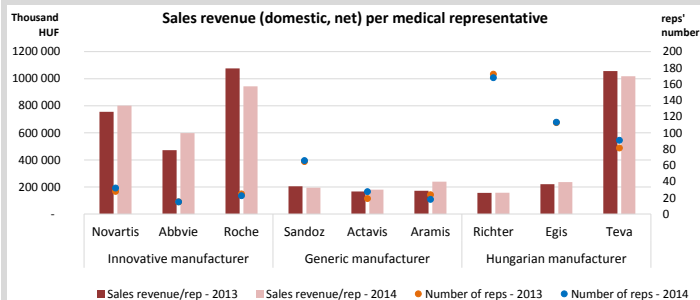
Source: Healthware analysis based on the sales turnover that pharmacies produced from POM

The relation between the number of medical reps and the revenue — Case study

In our newsletter September 2014 the relation between the number of medical reps and the amount of turnover in ex-factory price of different companies was examined. In the present case study we also analysis this relation, but with a new point of view: besides of the retail prescription drugs' turnover the relation with the domestic net sales revenue is also taken into account.

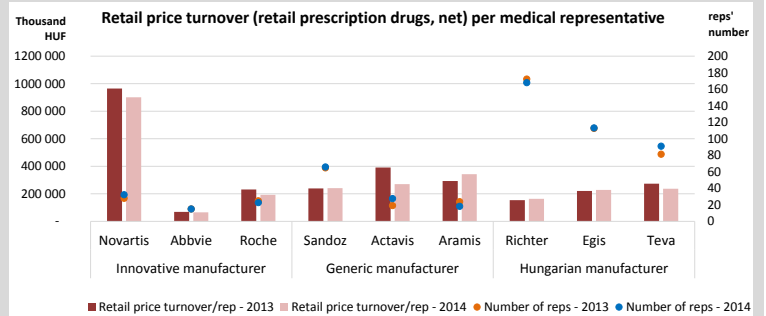
In the following two figures the retail prescription drugs' turnover and the domestic net sales revenue per medical rep are shown, in three categories: innovative, generic and Hungarian manufacturers. Into each category three manufacturers were chosen randomly. On the secondary axis (points) the number of medical reps in the given year are shown for each company. Data are presented for 2013 and 2014.

In the first figure the retail prescription drugs' turnover per medical rep is presented. There is not significant difference between the values per rep of the generic and the Hungarian groups. However, the number of the medical reps are multiple in the case of the Hungarian manufacturers. Notable difference can be seen in the case of innovative companies: Novartis' value is 3-4 times higher than others and Abbvie has a relatively low value. These could be in conjunction with the higher prices of innovative products in the case of Novartis, and with the high ratio of non-pharmacy drugs in the portfolio of Abbvie.



In the second figure where the domestic net sales revenues per medical rep are presented, a different picture emerges. Besides of Novartis, the other two innovative manufacturers have also outstanding values. The reasons behind can be the high-priced, non-pharmacy drugs' turnover (special permission, hospital, itemized products), from which the two companies a significant share of the revenue have. It can be also important, if the company focuses a few number of therapeutical areas, so the aimed medical specialists can be reached with a smaller rep staff.

The values of generic manufacturers are not show notable changes compared to the first figure, with one exception, the value of TEVA. Although it can be misleading as TEVA's domestic net sales revenue includes other, important areas of the business (active substance and raw materials manufacturing, sterile preparations).



As the examples above show, the different definitions of revenues may result a significant difference and many factors need to be taken into account for the evaluation of the medical reps' activity. Further directions of the analysis could be the widening of the time horizon, and so the examination of the amount per reps' dynamic in the two approach.

Methodological comments:

1. By reason of the merger of „TEVA Magyarország Zrt.” and „TEVA Gyógyszergyár Zrt.”, the value of domestic net sales revenue in 2013 is from TEVA Magyarország Zrt.'s, and in 2014 is from TEVA Gyógyszergyár Zrt.'s profit and loss account.
2. The retail price turnover values are based on NHIF public data and the sales revenue values are based on the companies' profit and loss accounts.
3. The number of medical reps is based on the average of the given year's weekly data published by NHIF.

Source:

NHIF: PUPHA, Sales data
Electronic financial reports, <http://e-beszamolokim.gov.hu/>