

## News, current issues

- **Legislations** come into force from March 2015: Act LXXXIII of 1997 (2015.03.01.); Gov.Decree No.43/1999. (2015.03.01.); Gov.Decree No.337/2008. (2015.03.01.); Gov.Decree No.235/2009. (2015.03.01.); Gov.Decree No.180/2010. (2015.03.01.); Gov.Decree No.319/2010. (2015.03.01.); Gov.Decree No.323/2010. (2015.03.01.); Gov.Decree No.313/2011. (2015.03.01.); Gov.Decree No.46/2012. (2015.03.01.); ESzCsM Decree No.32/2004. (2015.03.01.); EüM Decree No.31/2010. (2015.03.01.)
- **NEWS:** "A law may regularize the question of parasolvency" [link](#)
- **NEWS:** "The drug is consumed always well" [link](#)
- **NEWS:** "New products were approved by the European Commission" [link](#)
- **NEWS:** "The Zombor-package wasn't supported by Lázár" [link](#)
- **NEWS:** "Delivery of mandatory vaccinations is delayed" [link](#)
- **NEWS:** "Thomson Reuters Names Most Promising Drugs of 2015" [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-II. months	% of appropriation	% of last year
<b>Total of Budgetary Expenditures</b>	<b>1 907,1</b>	<b>1 910,8</b>	<b>311,9</b>	<b>97,9%</b>	<b>106,7%</b>
Curative preventive provisions	945,6	948,6	150,8	95,4%	108,5%
Medicine subsidies	302,3	298,1	51,1	102,8%	105,3%
Medicine subsidies (pharmacy)	286,4	224,4	50,7	135,7%	106,9%
<b>Total of Budgetary Revenues</b>	<b>1 907,1</b>	<b>1 910,8</b>	<b>328,9</b>	<b>103,3%</b>	<b>99,5%</b>
Social Security Contributions	896,3	1 198,5	207,7	104,0%	134,6%
Contribution of Pharmaceutical Manufacturers and Wholesalers	57,4	58,0	9,3	96,7%	104,7%
<b>Balance</b>	<b>0,0</b>	<b>0,0</b>	<b>17,0</b>		<b>0,0%</b>

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 two months of 2015 the Health Security Fund produced a 5,33% surplus mainly because of the higher social security contributions (+4%) and the lower curative preventive provisions (-4,6%).

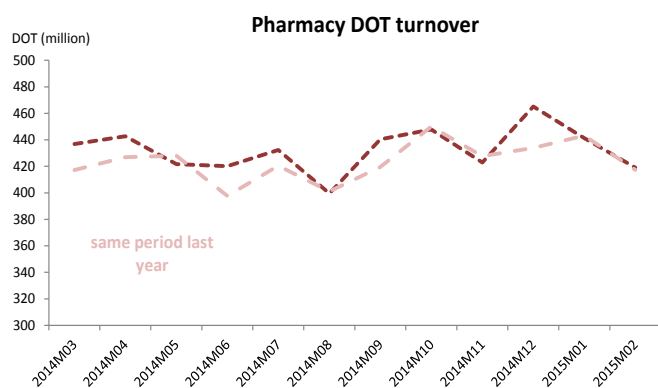
### Changes to subsidised medicinal product categories

Changes in the public drug list	2014	2014	2015	2015	2015	2015	2015
	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	2015
Number of new products	13	8	26	6	31	57	120
Number of new AI	1	1	3	2	5	2	12
Number of delisted products	23	9	26	10	36	44	116
<b>Prices</b>							
Decrease	3	3	24	1	7	166	198
Increase	0	2	3	0	0	3	6

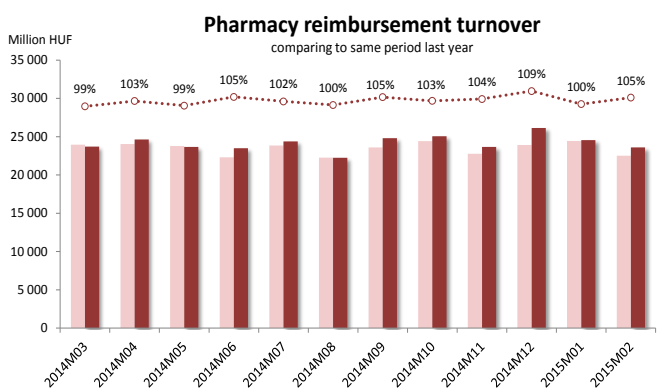
Changes in the public drug list	2014	2014	2015	2015	2015	2015	2015
	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	2015
<b>Reimbursement</b>							
Decrease	1	2	47	1	6	393	447
Increase	1	6	13	0	1	69	83
<b>Co-payment</b>							
Decrease	7	4	42	1	14	255	312
Increase	0	5	24	0	1	280	305

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 two months of 2015 was 0,17% lower than the same period last year, while the average reimbursement per DOT increased with 1,2% compared to the previous month. The reimbursement turnover is 2,53% higher for this period compared to last year.

### Burden of disease analysis

The indirect costs of therapies can currently be validated in only a limited way in health economic analysis made from local financing viewpoint. However, in other levels of decision making the cost analyses, which are made in social approach, can include objective and well communicable messages. These details can aid in forming of preferences between different healthcare technologies. By way of data-request from OEP we provide the summing up of the following information:

- Demographic and epidemiologic characteristics (by age, sex and comorbidity)
- Dispersion of patients by disease severity based on pharm. treatment pattern
- Cost analyses (on data of prescr., inpatient and outpatient care, labs and diagnostic services, hospice, sickness benefit)

We suggest the patient survey method to define the patients indirect costs and the other state expenditure

- Sickness absence costs
- Home remodeling costs
- Informal care
- Other indirect burdens

More information about our services: [link](#)

**Product offering**

# Actualities of Hungarian pharmaceutical market

Newsletter



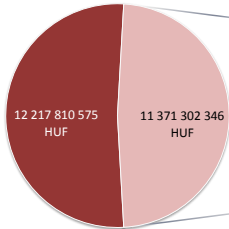
## Market data

### Marketing authorisation information

2014	EMA	OGYI	2014 - Q4	EMA	OGYI	February 2015	EMA	OGYI
New brands	70	182	New brands	20	47	New brands	3	16
New SKUs	359	1 779	New SKUs	121	493	New SKUs	52	268

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

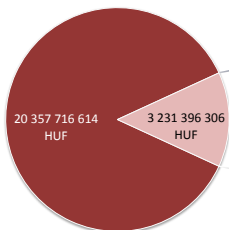
### TOP10 DISTRIBUTOR by all reimbursement paid in February 2015



TOP 10 - DISTRIBUTOR	Reimbursement
Novartis Hungária Kft.	2 133 559 488 HUF
SANOPI-AVENTIS Zrt.	1 498 725 514 HUF
EGIS Gyógyszergyár Zrt.	1 199 187 579 HUF
Richter Gedeon Vegyészeti Gyár NyRt.	1 160 756 075 HUF
TEVA Gyógyszergyár Zrt.	1 132 413 219 HUF
Pfizer Kft.	969 328 253 HUF
Lilly Hungaria Kft.	868 714 121 HUF
Novo Nordisk Hungária Kft.	843 222 407 HUF
Sandoz Hungária Kereskedelmi Kft.	793 357 228 HUF
Janssen-Cilag, Gyógyszerkereskedelmi Marketing Szolgáltató Kft.	772 038 460 HUF

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

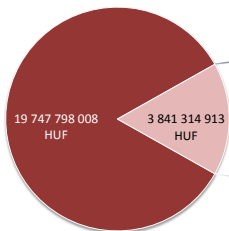
### TOP10 BRAND by all reimbursement paid in February 2015



TOP 10 - BRAND	Distributor	Reimbursement
GLIVEC	Novartis Hungária Kft.	490 742 852 HUF
CLEXANE	SANOPI-AVENTIS Zrt.	485 258 234 HUF
SPIRIVA	Boehringer Ingelheim Pharma Gesellschaft m. b. H. n	384 444 768 HUF
XEPLION	Janssen-Cilag, Gyógyszerkereskedelmi Marketing Szco	358 204 620 HUF
LANTUS	SANOPI-AVENTIS Zrt.	318 902 828 HUF
HUMULIN	Lilly Hungaria Kft.	268 104 126 HUF
SUTENT	Pfizer Kft.	263 782 619 HUF
FOSTER	Chiesi Hungary Kft.	226 076 728 HUF
LEVEMIR	Novo Nordisk Hungária Kft.	222 618 108 HUF
COVEREX	EGIS Gyógyszergyár Zrt.	213 261 422 HUF

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

### TOP10 ATC by all reimbursement paid in February 2015



TOP 10 - ATC	International non-proprietary name (INN)	Reimbursement
L01XE01	imatinib	490 742 852 HUF
B01AB05	enoxaparin	485 258 234 HUF
V06D	other nutrients	455 936 069 HUF
N05AX13	paliperidone	431 214 210 HUF
R03BB04	tiotropium bromide	384 444 768 HUF
C10AA07	rosuvastatin	377 097 110 HUF
A10AB01	insulin (human)	335 100 209 HUF
A10AE04	insulin glargine	318 902 828 HUF
C09BA04	perindopril and diuretics	287 609 604 HUF
C10AA05	atorvastatin	275 009 029 HUF

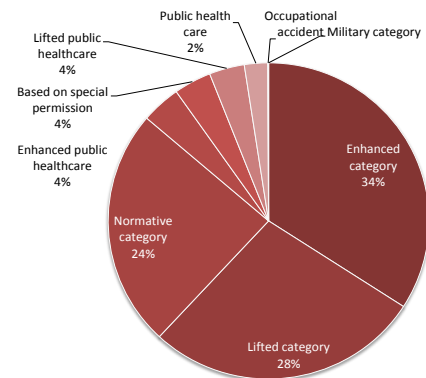
Source: Healthware analysis based on the sales turnover that pharmacies produced from POM

### Average number of medical sales reps; 02/2015

All	1 806
Medicinal products	1 537
Medical aids	245
Both	23

Source: Healthware analysis based on OGYI's

### Drug reimbursement by legal title; 02/2015



Source: Healthware analysis based on the sales

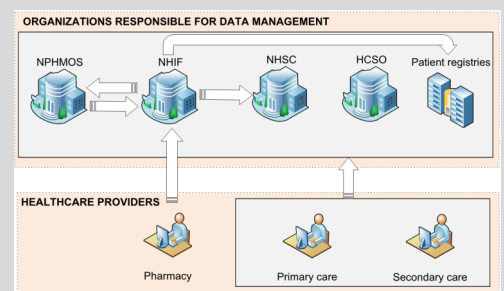
## Get the big picture — Case study

In our case study we will take a look at what type of health related data collected currently in Hungary and what are their joint research possibilities. Considerable amount of health related data collected about the patients at different points of the healthcare system in a daily basis. The data is usually created at health care providers' level than forwarded to the health organizations responsible for data management. Beside these central data collections – usually regulated by law - there are numerous, locally maintained databases focusing on specific diseases areas. Below is the incomplete list of health actors and the collected data.

ORGANIZATIONS RESPONSIBLE FOR DATA MANAGEMENT		
Short name	Long name	Data
NHIF	National Health Insurance Fund	outpatient care, inpatient care, CT/MRI, itemized accounted pharmaceuticals, medical aids, home care, hospice, patient transport, ambulance service, sickness benefit, general practitioners report (pl. B300), pharmacies prescriptions
NPHMOS	National Public Health and Medical Officer Service	National Screening Registry (OSZNY), National Registry of Newborns with Congenital Development Disorder (VRONY), National Transplant Register (OTNY)
HCSO	Hungarian Central Statistical Office	National Statistical Data Collection Program (NSDCP) health related data
NHPI	National Healthcare Service Center	Itemized Health Database (TEA), ophthalmological and otologist report, addictological patient care report, report about drug users and their treatment, skin and venereal disease care indicators, Tauffer, cataracta registry, IVF registry

PATIENT REGISTRIES		
Name	Responsible organization	Data
Implant Registry	National Health Insurance Fund	Implant datasheets
National Heart Attack Registry	Gottsegen György National Institute of Cardiology	Patient care data related to heart attacks
National Cancer Registry	National Institute of Oncology	Oncology related patient care data
Hungarian Child Tumor Registry	Hungarian Child Oncology Network	Child's oncology related patient care data
Therapy Registry	National Health Insurance Fund	Itemized accounted pharmaceutical's data

The schematic graph at the right shows the basic data exchange between these actors. Beside the isolated analysis we have the possibility to combine the data from the different levels of the healthcare system which provides an



exceptional research potential. These type of researches usually fall under the category of non-interventional biomedical research and controlled by the Decree 23/2002 of the Ministry of Health – on biomedical research on human individuals and regulated by the Scientific and Research Ethics Committee of Medical Research Council (ETT TUKEB). The data extracted from the different systems can be used to compare alternative treatments, protocols, to modify existing protocols and/or publish these results. For example we can connect the prescription related information from NHIF to a patient register thus enabling a wide range of analysis concerning the health state and treatment of the patients and get a detailed picture of the current practice. However extra care should be taken as in most cases we work with sensitive personal data and legislative boundaries are not always clear.

Healthware provides high quality support service at any level of the previously described process, moreover it's able to realize the whole complex process, including the full management and maintenance of the emerging data warehouse and the research execution based on it.