

News, current issues

- **Legislations** come into force from February 2015: NM Decree No.9/1993. (2015.02.03.); ESzCsM Decree No.44/2004. (2015.02.01.); ESzCsM Decree No.53/2004. (2015.02.01.); EüM Decree No.5/2004. (2015.02.01.); EüM Decree No.52/2005. (2015.02.01.); EüM Decree No.14/2007. (2015.02.01.); EüM Decree No.41/2007. (2015.02.01.); EüM Decree No.2/2008. (2015.02.01.); EüM Decree No.3/2009. (2015.02.01.); EüM Decree No.31/2010. (2015.02.03.); NEFMI Decree No.11/2011. (2015.02.01.)
- **NEWS:** "What is waiting for us? - 2015 Pharmaceutical Industry - Pharmaceutical Industry: sharp changes in silence" [link](#)
- **NEWS:** "Quick growth in centralized medical procurements" [link](#)
- **NEWS:** "Generic and innovative drugs both have to make a move" [link](#)
- **NEWS:** "Distribution of inhalable insulin was begun" [link](#)
- **NEWS:** "Clinical researches and trials in Hungary - Invisible billions?" [link](#)
- **NEWS:** "NICE 'sets price too high for NHS medicines'" [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. month	% of appropriation	% of last year
Total of Budgetary Expenditures	1 907,1	1 910,8	154,6	97,1%	106,8%
Curative preventive provisions	945,6	948,6	73,9	93,5%	106,2%
Medicine subsidies	302,3	298,1	26,1	104,9%	113,4%
Medicine subsidies (pharmacy)	286,4	224,4	26,0	139,0%	113,1%
Total of Budgetary Revenues	1 907,1	1 910,8	170,1	106,8%	101,0%
Social Security Contributions	896,3	1 198,5	112,0	112,1%	134,5%
Contribution of Pharmaceutical Manufacturers and Wholesalers	57,4	58,0	5,0	104,0%	107,6%
Balance	0,0	0,0	15,5		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 month of 2015 the Health Security Fund produced a 9,71% surplus mainly because of the higher social security contributions (+12,1%).

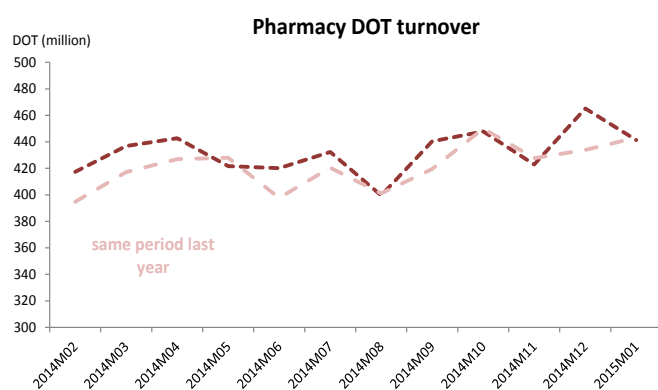
Changes to subsidised medicinal product categories

Changes in the public drug list	2014	2014	2014	2015	2015	2015	2015
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	2015
Number of new products	23	13	8	26	6	31	63
Number of new AI	1	1	1	3	2	5	10
Number of delisted products	47	23	9	26	10	36	72
Prices							
Decrease	263	3	3	24	1	7	32
Increase	2	0	2	3	0	0	3

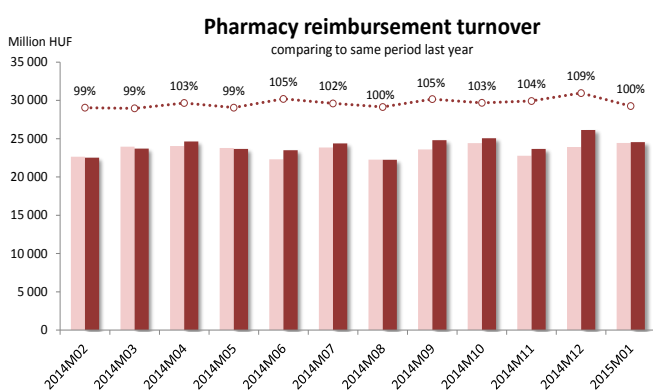
Changes in the public drug list	2014	2014	2014	2015	2015	2015	2015
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	2015
Reimbursement							
Decrease	683	1	2	47	1	6	54
Increase	78	1	6	13	0	1	14
Co-payment							
Decrease	348	7	4	42	1	14	57
Increase	511	0	5	24	0	1	25

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 month of 2015 was 0,44% lower than the same period last year, while the average reimbursement per DOT decreased compared to the previous month. The reimbursement turnover is 0,45% higher for this period compared to last year.

Market analysis

Descriptive analysis of market conditions related to a specific area, in which we tend to reveal the market mechanisms by using the appropriate statistical methods.

Statistical approaches used in the course of the analysis:

- Statistical tests
- Correlation and regression analysis
- The examination of trends relevant for the assessment of regularities between data at any point in time (e.g. examination of trends, search for seasonality, autocorrelation).

In course of the analysis of probability distribution, comparing of different groups we examine its homogeneity according to a defined criteria.

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

Product offering

Actualities of Hungarian pharmaceutical market

Newsletter



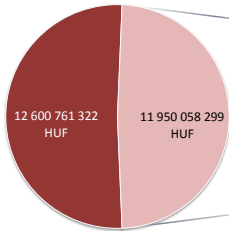
Market data

Marketing authorisation information

2014	EMA	OGYI	2014 - Q4	EMA	OGYI	January 2015	EMA	OGYI
New brands	70	182	New brands	20	47	New brands	5	13
New SKUs	359	1 779	New SKUs	121	493	New SKUs	45	156

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

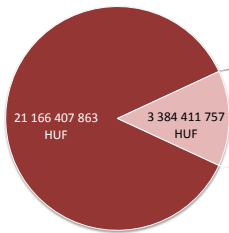
TOP10 DISTRIBUTOR by all reimbursement paid in January 2015



TOP 10 - DISTRIBUTOR	Reimbursement
Novartis Hungária Kft.	2 302 935 406 HUF
SANOPI-AVENTIS Zrt.	1 556 314 240 HUF
EGIS Gyógyszergyár Zrt.	1 267 103 259 HUF
TEVA Gyógyszergyár Zrt.	1 204 014 652 HUF
Richter Gedeon Vegyészeti Gyár NyRt.	1 200 280 195 HUF
Pfizer Kft.	1 002 634 623 HUF
Lilly Hungaria Kft.	921 311 487 HUF
Novo Nordisk Hungária Kft.	882 701 801 HUF
Sandoz Hungária Kereskedelmi Kft.	813 237 653 HUF
Janssen-Cilag, Gyógyszerkereskedelmi Marketing Szolgáltató Kft.	799 524 983 HUF

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

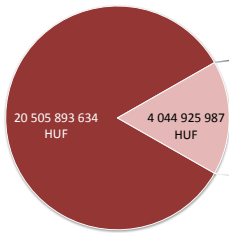
TOP10 BRAND by all reimbursement paid in January 2015



TOP 10 - BRAND	Distributor	Reimbursement
GLIVEC	Novartis Hungária Kft.	543 969 796 HUF
CLEXANE	SANOPI-AVENTIS Zrt.	494 406 042 HUF
SPRIVA	Boehringer Ingelheim Pharma Gesellschaft m. b. H. N	410 351 148 HUF
XEPLION	Janssen-Cilag, Gyógyszerkereskedelmi Marketing Szco	374 608 280 HUF
LANTUS	SANOPI-AVENTIS Zrt.	330 780 866 HUF
HUMULIN	Lilly Hungaria Kft.	282 623 339 HUF
SUTENT	Pfizer Kft.	252 239 163 HUF
LEVEMIR	Novo Nordisk Hungária Kft.	236 393 811 HUF
TASIGNA	Novartis Hungária Kft.	230 373 222 HUF
FOSTER	Chiesi Hungary Kft.	228 666 090 HUF

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

TOP10 ATC by all reimbursement paid in January 2015



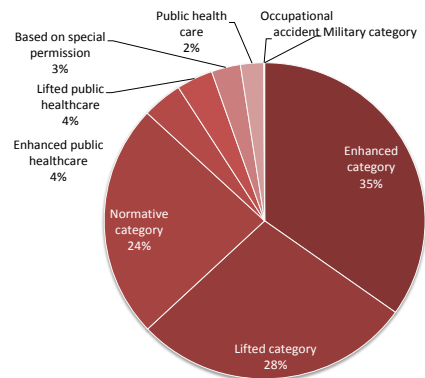
TOP 10 - ATC	International non-proprietary name (INN)	Reimbursement
L01XE01	imatinib	543 969 796 HUF
B01AB05	enoxaparin	494 406 042 HUF
V06D	other nutrients	469 282 640 HUF
N05AX13	paliperidone	449 233 100 HUF
R03BB04	tiotropium bromide	410 351 148 HUF
C10AA07	rosuvastatin	397 266 092 HUF
A10AB01	insulin (human)	352 389 525 HUF
A10AE04	insulin glargine	330 780 866 HUF
C09BA04	perindopril and diuretics	302 219 395 HUF
C10AA05	atorvastatin	295 027 383 HUF

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

Average number of medical sales reps; 01/2015

All	1 474
Medical products	1 224
Medical aids	235
Both	16

Drug reimbursement by legal title; 01/2015



Source: Healthware analysis based on the sales

Selected publications from our ongoing researches from 2014 — Case study

Retrospective researches that assess healthcare databases are of great importance nowadays since they give opportunity for exploring various relationships and hypothesis testing. Retrospective studies have the usual characteristic of high sample size, in our case the patient pathway of the whole patient population^[1] of Hungary. At our company, there are multiple researches underway in topics that have the potential to improve the healthcare system and treatment of numerous diseases within the respective sectors. Many national and international publications based on such researches were written in the past years in the fields of leukemia, osteoporosis, schizophrenia, hepatitis-C, plaque psoriasis and rheumatoid arthritis. Here, we would like to highlight the following three publications:

I. Survival for Chronic Lymphocytic Leukaemia (CLL) Patients in Hungary from 2000 to 2014 Based on the Single Payer's Database^[2]

During the research the elapsed time from diagnosis to death was statistically modeled on the patient population of Hungary. The hypothesis stated that the survival rate is strongly associated with the date of the first diagnosis and the availability of adequate therapy. Inferences were gained through Kaplan-Meier survival analysis and Cox proportional hazard models. Based on the date of diagnosis we defined two groups, patients who were diagnosed between 2002-2004 and 2007-2009. Results suggested a remarkable 21% decrease in hazard of death when we compared the second group to the first one, so it can be concluded that the probability of survival has increased between the two periods. This can be explained by the appearance of more and more efficient treatment options over time.

II. Association of Treatment Compliance with Fracture-related Hospitalisations and their Associated Costs among Hungarian Women with Postmenopausal Osteoporosis (PMO)^[3]

Patients with postmenopausal osteoporosis (PMO) that have a history of bone fracture, have higher risk of further fractures. Due to this, the primary goal of the therapy is to prevent bone fracture. It is especially important in the case of the spine and hip-bone, since fractures in these cause high healthcare costs and decrease the patient's quality of life. The aim of the study was to assess the relationship between the Medication Possession Ratio (MPR) and fractures, as well as related hospitalization costs in the first year from diagnosis. Results showed that high MPR (≥80%) significantly decreased the probability of fractures, and lowered healthcare costs due to bone fractures.

III. Modeling Dependence between Disability Status and Health Service Costs of Patients with Rheumatoid Arthritis in Hungary

The aim of the study was to estimate the effect of functional status (HAQ index) on the cost of healthcare services among patients with RA. During the analysis, copula models were used to describe the multivariate data and the relationship between variables. These models help to identify the unusual or extreme behavior of events or variables as well. Results suggested a positive association between the state of patients and healthcare costs. Furthermore, cost estimates for low, moderate and high HAQs were calculated.

[1] During the researches, data given by the National Health Insurance Fund Administration (NHIFA) and various healthregisters were used.

[2] American Society of Hematology, San Francisco, 2014. 12. 6-9.

[3] The European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis, Seville, 2014. 04. 2-5.

[4] International Society for Pharmacoeconomics and Outcomes Research, Amsterdam, 2014. 11. 8-12.