IQVIA INSTITUTE FOR HUMAN DATA SCIENCE

BIOSIMILAR SCORECARD 2020
HUNGARY

CONTRIBUTION OF BIOSIMILARS

MOLECULE	LEVEL OF COMPETITION	PRICE EVOLUTION	VOLUME DEVELOPMENT
	1=Low, 5=High	*1=Low, 5=High*	*1=Low, 5=High*
Anti-TNF			5
Adalimumab	1	5	3
Infliximab	1	5	1
Etanercept	N/A	N/A	N/A
Insulin Lispro	N/A	N/A	N/A
Insulin Glargine	2	3	4
Rituximab	4	N/A	1
Trastuzumab	5	N/A	1
	Indicator of the amount of competition based on the number of competitors and their respective market shares	*Net price reduction from average price of the countries in scope 1 year before first biosimilar entry*	*Change in biologic volume since biosimilar entry*

SUSTAINABILITY SCORECARD

POLICY AREA	SUSTAINABILITY MEASURE	CURRENT COUNTRY STATUS
		1=Low, 5=High
Regulatory environment and clinical guidelines	Time from EMA approval to first biosimilars sales	4
	Treatment guidelines for biosimilar use	3
	Physician switching policies	3
	No biologic pharmacy substitution	5
Awareness and education	Comprehensive training /education for patient	3
	Comprehensive training /education for physician	3
Incentives	Patient incentives to promote biosimilar use	3
	Prescription quotas or financial incentives for providers that do not restrict physician choice	3
Pricing rules and dynamics	Originator price not subject to mandatory price cuts	3
	Molecule pricing not subject to reference price	1
Purchasing mechanisms	Length of contracts	3
	Tender timing relative to biosimilar availability	3
	Time from tender award to delivery	1
	Number of winners	1
	Winner decision criteria beyond price	1

Most biosimilar use is reimbursed via tender procedures, the Sustainability Scorecard scores does not consider retail segment. Other sections of the document include considerations for all the biosimilar segment.

BIOSIMILAR SCORECARD: HUNGARY

POSITIVE POLICY ELEMENTS

1. Biosimilars in the retail channel are allowed to compete based on a reimbursed market.
2. Biosimilars follow the same prescribing rules as the originator, and products published and listed in the Official website of the Health Fund can be prescribed at the physicians discretion.
3. Physicians can switch patients from originator to biosimilar when biosimilars are available, unless regulated differently in the prescribing rules.

POLICY CHALLENGES

1. Hungary has not yet achieved full acceptance of biosimilars as an integral part of medicine use with physicians and patients.
2. National tenders for biosimilars in the hospital channel are awarded based only on price, and on a single-winner basis.
3. Some tenders do not extend to existing patients on therapy, and the length of tenders and time from tender award to supply of the biosimilar are inconsistent and can be excessively short.
4. Doctors do not have incentives in place to encourage the use of biosimilars.

POTENTIAL POLICY SOLUTIONS

1. Modifying the tender system to bring transparency, multiple winners, awards based on price and other criteria, predictable tender lengths and adequate lead times between the award of a tender and commencement of delivery would all contribute to a more sustainable market environment for biosimilar manufacturers.
2. Eliminating reference to the prices for previous tenders would remove a destabilizing effect on the market.
3. New incentives would help build physician awareness and acceptance of biosimilars, such as sharing savings with the doctor's hospital or department.
4. The National Health Fund can leverage the hospital quota system in place to incentivize the use of biosimilars.

Hungary Biosimilar Scorecard prepared June 2020.

All analysis based on 12 months ending Q1 2020.

In cases where information is unavailable, scores are left blank.

For information on methodology supporting the scorecard metrics and statements, please see the Appendix document at www.iqviainstitute.org/biosimilarscorecards

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