

About the data

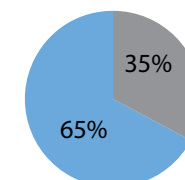
We were not able to collect a large number of responses in this country. Thus, the information presented below is based mainly on a review of the literature and exchanges with the national diabetes association.

Key background information: country health system

Healthcare expenditure profile (2011)²

Total health expenditure per capita: **USD 1,084.80**

Proportion of government expenditure on health: **10.2%**



Public expenditure
Private expenditure
[Out-of-pocket expenditure](#) represents 74% of private spending on health

Health system overview

- The [Health Insurance System](#), administered by the National Health Insurance Fund under government authority, covers the entire population.³
- Central government defines the package of benefits covered by the National Health Insurance Fund³ while local governments are in charge of providing healthcare.³
- Most medicines and medical devices are supplied by private actors, according to Ministry of Health standards and regulations – in line with [EU regulation](#).^{3,9} Specialised agencies ensure the application of those regulations.^{3,9}
- A [quality issues reporting system](#) is in place.^{6,9}

Key diabetes data

Diabetes prevalence (2011)¹

IDF Atlas	National Data
7.6% of 20-79 year-olds	Official records: 7.6% of the population Prevalence of type 2 diabetes: 7.5% of the overall population

Diabetes care procedure

- Prescriptions are provided by specialists and GPs but prescription of certain diabetes medicines by GPs is restricted.^{1,6}
- Diabetologists and diabetes nurses are usually the main points of diabetes information and advice.⁶
- Diabetes medicines are dispensed mostly at pharmacies⁶ while medical devices can be dispensed through a number of channels (such as at medical visits, through associations or at pharmacies).^{5,6}

Availability

Presence of products at national level

- At least one product from each of the categories surveyed was reported authorised for sale^{1,10} and present in the country.^{5,6}

Guidelines and specific prescription criteria

- Hungary has national guidelines for diabetes care.¹
- Other than metformin and sulphonylureas – which can be prescribed by a GP – all diabetes devices and medication have to be prescribed by a specialist.^{3,6} However, the majority of people are treated by GPs.¹
- Control over the consumption of medicines and medical devices is maintained through reimbursement (see Affordability).^{6,10}
- Additional specific criteria apply for the prescription of insulin pumps. Only people with type 1 diabetes whose condition cannot be controlled by conventional insulin therapy after a given period of time, for instance, are eligible for a pump. People over 18 must also meet specific long-term blood glucose (HbA_{1c}) targets to maintain their eligibility.⁶

Accessibility

The available evidence suggests that accessibility is not a key barrier to obtaining diabetes medicines and medical devices.

Access to treatment

- Although the available diabetes outpatient clinics cannot cope with all people with diabetes,¹ GPs are able to provide care for people with diabetes who are on a lifestyle regimen and are treated without medication, or on the oral medication listed above.¹
- People with chronic conditions can receive three-month prescriptions.³

Stock and shortages

- Occasional short supply of certain types of insulin has occurred but people's treatment has been modified accordingly without major difficulties.⁶
- People living with diabetes tend to retain small stocks of their products in preparation of these types of situations.⁶

Affordability

- Other than children with type 1 diabetes who are under 18, all other people with diabetes have to pay an [out-of-pocket contribution](#) to the cost of their treatment. A dispensation fee is also applied to all medicines and devices.^{3,6}
 - According to collected responses⁵ in the capital city, the median out-of-pocket spending due to diabetes medicines and medical devices was HUF 10,000 (USD 44) per month, or HUF 120,000 (USD 533) per year. This makes up 4% of the [Household Net Adjusted Disposable Income](#) – rising to as high as 8% for the poorest 20%.
 - Certain population groups with chronic diseases are eligible for subsidies to cover a share of their out-of-pocket health expenditure.³
- The imposition of treatment targets for people with type 2 diabetes as a condition for reimbursement of insulin analogues and pumps raised concerns in 2012.⁴ This measure was part of a general cut in the government budget for health and especially medicines.⁴ A year later, the National Health Insurance Fund revealed that 20% of people treated with analogues were affected by this measure; most of them were switched back to human insulin.^{7,8}
- The brand of the prescribed product is determined by the prescriber and a policy exists to favour lower-priced medicines.⁶
- The price of reimbursed products is negotiated but constrained by the [reference pricing](#) used to setting reimbursement.³ Mark-ups made by wholesalers and pharmacies are regulated through a system of [regressive mark-ups](#).^{3,9} Medicines benefit from a reduced VAT of 5%.⁹ Mark-ups on medical devices have yet to be regulated.³

Financial coverage

Medicines for chronic conditions are eligible to higher reimbursement rates than others.^{3,9} Medical devices follow a different scale.⁶

The National Health Insurance Fund Administration decides on reimbursements, based on the recommendations of the Technology Appraisal Committee.^{3,9} For medicines, reimbursement depends on the type of medicines, the severity of the treated condition, the medicine's indication and the type of prescription.³ Internal and external [reference pricing](#) is also considered.³

Aside from the different rates applicable to different diabetes products, the National Health Insurance Fund's reimbursement criteria varies also according to a person's age, type of diabetes and in some cases, achievement of treatment targets.^{1,6,10,11} Given the complexity of this system, the table below can only provide some indications about the criteria that apply to reimbursement.

Insulin	Human insulin is free ^{1,6} Insulin analogues are free for people with type 1 diabetes and children. The reimbursement for people with type 2 diabetes (50% to 100%) depends on the number of injections per day, any complications, and achievement of treatment targets ^{4,6,11}
Anti-diabetes medication	Partially reimbursed, with newer medication having the lowest rate of reimbursement ^{6,11}
Medication for hypoglycaemia	Partially reimbursed ⁵
Pens, syringes and related supplies	Only children and people taking more than four injections per day receive these free of charge Others receive partial reimbursement ^{1,6}
Pumps and related supplies	Free to children under 18 ^{6,11} Partially reimbursed for adults (See criteria for Availability) ^{1,6,11}
Blood glucose test strips and meters	Free for children under 18 ^{1,6,11} Partially reimbursed for adults on insulin, with a limit on the number of reimbursed strips depending on the number of injections per day Otherwise, not covered. 100% paid for by the person with diabetes ^{1,6,11}
Ketone test strips	Free for children under 18. ^{1,6,11} Partially reimbursed for adults ⁶
<i>Please note that the information provided above only present a summary of the reimbursement system and may not apply to individual cases.</i>	

References

- 1 EURADIA, FEND, IDF, & PCDE. (2011)
- 2 Global health observatory data repository. (2013)
- 3 Gaál, P., Szigeti, S., Csere, M., Gaskins, M., & Panteli, D. (2011).
- 4 Leitner, A. (2012, April 29)
- 5 IDF-Europe Access survey (2013)
- 6 Magyar Diabetes Tarsaság (personal communication) (2013)
- 7 Disease is preceded by a tightening of insulin support. (2013)
- 8 A fifth of patients were placed on a more expensive insulin. (2013).
- 9 Kovács, T., Rózsa, P., Szigeti, S., Borcsik, B. & Lengyel, G. (2007)
- 10 Doničová, V., Brož, J., & Sorin, I. (2011).
- 11 Hungarian diabetes association (personal communication) (2012)