



## About the data

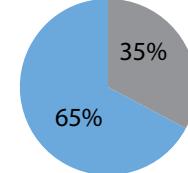
We were not able to collect a large number of responses in this country. Thus, the information presented below is based mainly on a review of the literature and exchanges with the national diabetes association.

### Key background information: country health system

#### Healthcare expenditure profile (2011)<sup>2</sup>

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.<sup>3</sup>
- Central government defines the package of benefits covered by the National Health Insurance Fund<sup>3</sup> while local governments are in charge of providing healthcare.<sup>3</sup>
- Most medicines and medical devices are supplied by private actors, according to Ministry of Health standards and regulations – in line with [EU regulation](#).<sup>3,9</sup> Specialised agencies ensure the application of those regulations.<sup>3,9</sup>
- A [quality issues reporting system](#) is in place.<sup>6,9</sup>

### Key diabetes data

#### Diabetes prevalence (2011)<sup>1</sup>

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.<sup>1,6</sup>
- Diabetologists and diabetes nurses are usually the main points of diabetes information and advice.<sup>6</sup>
- Diabetes medicines are dispensed mostly at pharmacies<sup>6</sup> while medical devices can be dispensed through a number of channels (such as at medical visits, through associations or at pharmacies).<sup>5,6</sup>

### Availability

#### Presence of products at national level

- At least one product from each of the categories surveyed was reported authorised for sale<sup>1,10</sup> and present in the country.<sup>5,6</sup>

#### Guidelines and specific prescription criteria

- Hungary has national guidelines for diabetes care.<sup>1</sup>
- Other than metformin and sulphonylureas – which can be prescribed by a GP – all diabetes devices and medication have to be prescribed by a specialist.<sup>3,6</sup> However, the majority of people are treated by GPs.<sup>1</sup>
- Control over the consumption of medicines and medical devices is maintained through reimbursement (see *Affordability*).<sup>6,10</sup>
- 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.<sup>6</sup>

**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,<sup>1</sup> 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.<sup>1</sup>
- People with chronic conditions can receive three-month prescriptions.<sup>3</sup>

**Stock and shortages**

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

**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.<sup>3,6</sup>
  - According to collected responses<sup>5</sup> 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.<sup>3</sup>
- 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.<sup>4</sup> This measure was part of a general cut in the government budget for health and especially medicines.<sup>4</sup> 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.<sup>7,8</sup>
- The brand of the prescribed product is determined by the prescriber and a policy exists to favour lower-priced medicines.<sup>6</sup>
- The price of reimbursed products is negotiated but constrained by the [reference pricing](#) used to setting reimbursement.<sup>3</sup> Mark-ups made by wholesalers and pharmacies are regulated through a system of [regressive mark-ups](#).<sup>3,9</sup> Medicines benefit from a reduced VAT of 5%.<sup>9</sup> Mark-ups on medical devices have yet to be regulated.<sup>3</sup>

**Financial coverage**

Medicines for chronic conditions are eligible to higher reimbursement rates than others.<sup>3,9</sup> Medical devices follow a different scale.<sup>6</sup>

The National Health Insurance Fund Administration decides on reimbursements, based on the recommendations of the Technology Appraisal Committee.<sup>3,9</sup> For medicines, reimbursement depends on the type of medicines, the severity of the treated condition, the medicine's indication and the type of prescription.<sup>3</sup> Internal and external [reference pricing](#) is also considered.<sup>3</sup> 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.<sup>1,6,10,11</sup> 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 <sup>1,6</sup> 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 <sup>4,6,11</sup>
Anti-diabetes medication	Partially reimbursed, with newer medication having the lowest rate of reimbursement <sup>6,11</sup>
Medication for hypoglycaemia	Partially reimbursed <sup>5</sup>
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 <sup>1,6</sup>
Pumps and related supplies	Free to children under 18 <sup>6,11</sup> Partially reimbursed for adults ( See criteria for Availability) <sup>1,6,11</sup>
Blood glucose test strips and meters	Free for children under 18 <sup>6,11</sup> 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 <sup>1,6,11</sup>
Ketone test strips	Free for children under 18. <sup>1,6,11</sup> Partially reimbursed for adults <sup>6</sup>

*Please note that the information provided above only present a summary of the reimbursement system and may not apply to individual cases.*

**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., Borcsek, B. & Lengyel, G. (2007)
- 10 Doničová, V., Brož, J., & Sorin, I. (2011).
- 11 Hungarian diabetes association (personal communication) (2012)