Innovation, Access and Affordability: Diabetes Technology Reimbursement in Greece

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INTRODUCTION

Technological innovation has transformed diabetes management over the last decade through the introduction of insulin pumps, continuous glucose monitoring (CGM) and flash glucose monitoring systems (FGM). In Greece, reimbursement policies evolved through successive revisions of the Unified Health Benefits Regulation (EKPY), while the implementation of electronic prescribing and closed budgets in 2017 introduced new expenditure control mechanisms

OBJECTIVE

To evaluate the evolution of reimbursement policies for diabetes technologies in Greece between 2012 and 2025, assess the adequacy of closed budgets in supporting access to innovation, and examine the financial sustainability of the reimbursement system in the context of European reimbursement practices.

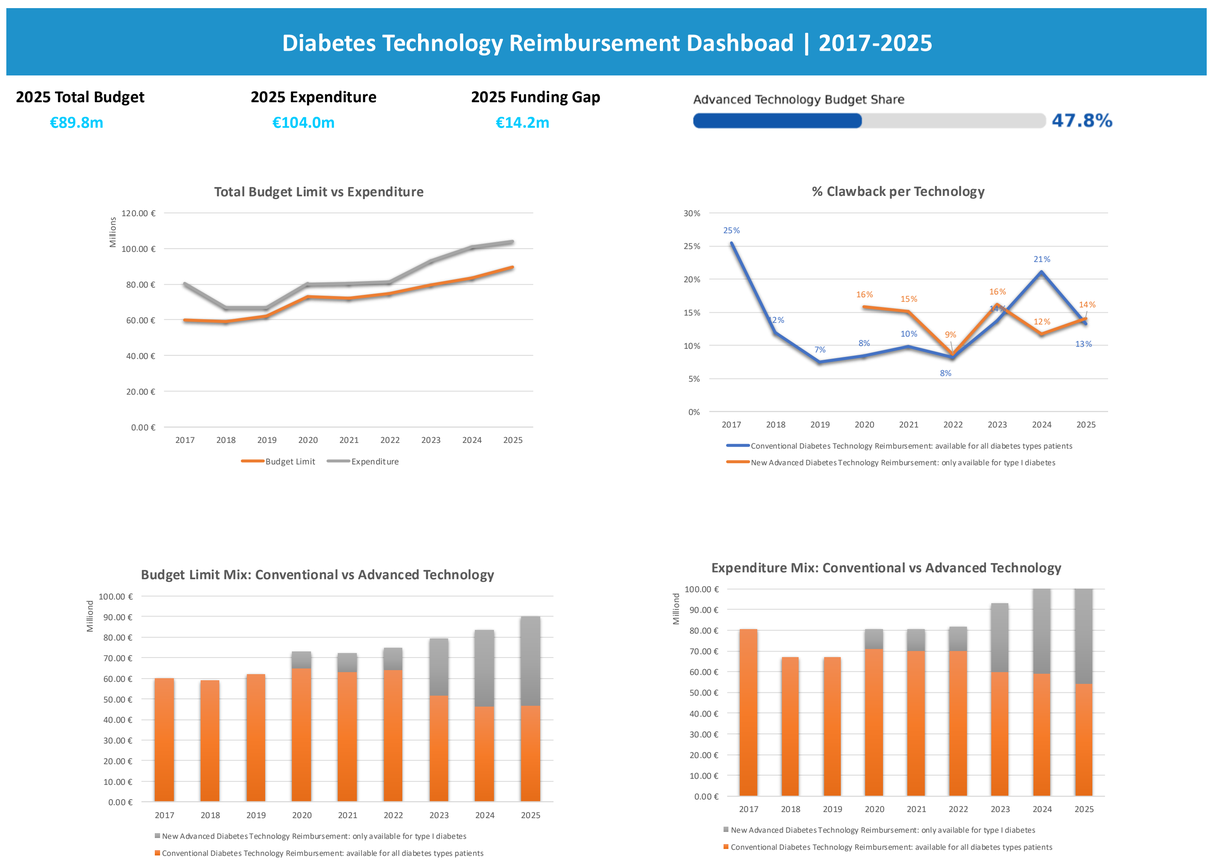
METHOD

A retrospective health policy and budget impact analysis was conducted. Reimbursement provisions included in the 2012, 2018 and 2025 EKPY regulations were reviewed and compared. Annual closed-budget allocations, expenditure ceilings and clawback rates for diabetes-related medical devices were analyzed between 2017 and 2025. Changes in technology coverage, patient eligibility criteria and budget allocation were assessed.

RESULTS

The reimbursement framework progressively expanded from conventional self-monitoring supplies to advanced diabetes technologies, including insulin pumps and glucose monitoring systems. Following the introduction of electronic prescribing, annual closed budgets increased from €60.0 million in 2017 to €89.9 million in 2025 (+49.9%). New budget categories were introduced to accommodate emerging technologies, with funding for glucose monitoring systems increasing from €17.7 million in 2022 to €27.0 million in 2025. Despite these increases, substantial clawback obligations persisted across reimbursement categories, reaching 22.6% for diabetes consumables, 25.1% for insulin pump technologies and 21.5% for glucose monitoring systems. Findings suggest that technology uptake and expanding patient access outpaced budget growth, with ethical and social implications for people living with diabetes. Greece progressively aligned with European reimbursement practices regarding access to innovative diabetes technologies; however, financial sustainability challenges remain.





CONCLUSIONS

The Greek reimbursement system substantially improved access to diabetes technologies and achieved convergence with contemporary European standards. Nevertheless, persistent clawback levels indicate that budget growth has not fully matched the expansion of technology coverage and patient demand. Future reforms should incorporate value-based reimbursement, real-world evidence and dynamic budget-setting mechanisms to ensure equitable access and long-term sustainability.

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