

Lifesaving Insulin Must Be Within Reach

For millions of people with diabetes, including all individuals living with type 1 diabetes, access to insulin is a literal matter of life and death. There is no day off and no medication that can be substituted for insulin. No individual in need of this life-saving medication should ever go without it due to prohibitive cost.

The American Diabetes Association calls on Congress to help increase transparency among all entities in the insulin supply chain to identify the reasons for the **dramatic increases in insulin prices** and to take action to ensure that all people who use insulin have affordable access to the insulin they need.

The economic burden of diagnosed diabetes in the United States rose to \$327 billion in 2017. Among those costs is the steadily rising cost of insulin. Between 2002 and 2013 the average price of insulin nearly tripled. Insulin is frequently cited as one of the most expensive categories of drugs by private and government healthcare payers. In fact, one form of insulin led the list of price hikes for non-generic drugs in a recent government report on Medicare spending.

When individuals with diabetes cannot afford their insulin, they are unable to properly manage their disease and face serious complications: blindness, amputation, kidney failure, heart disease, stroke – and death. Yet, to compensate for high insulin costs, some individuals with diabetes are forced to ration their insulin. Others do without other necessities in order to afford

the insulin they need. Six million Americans use insulin each day and not one of them should be forced to limit their doses of insulin or to make other sacrifices to pay for this life-sustaining medication.

Multiple parties have a role in how much an individual pays out-of-pocket for insulin. Insulin manufacturers, wholesalers, insurers, pharmacy benefit managers, and pharmacies, as well as policymakers and regulators, all play a part in the complex process that determines how much an individual with diabetes pays at the pharmacy. Only with a more transparent process will we be able to understand why the cost of insulin has risen so sharply in recent years and work toward sustainable, long-term solutions for patients.

¹ Dall TM, Yang W, Halder P, et al., The Economic Burden of Elevated Blood Glucose Levels in 2012: Diagnosed and Undiagnosed Diabetes, Gestational Diabetes Mellitus, and Prediabetes, *Diabetes Care*, December 2014. Available at: <http://care.diabetesjournals.org/content/37/12/3172>.

² Hua X, Carvalho N, Tew M, et al., Expenditures and Prices of Antihyperglycemic Medications in the United States: 2002-2013, *JAMA*, April 5, 2016. Available at: <http://jamanetwork.com/journals/jama/fullarticle/2510902>.

³ Centers for Medicare and Medicaid Services, Medicare Drug Spending Dashboard, http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Drug-Spending/Drug_Spending_Dashboard.html. See also: Young K, Rudowitz R, Garfield R, and Musumeci MB, Medicaid's Most Costly Outpatient Drugs, Kaiser Family Foundation, July 15, 2016. Available at: <http://kff.org/report-section/medicaids-most-costly-outpatient-drugs-issue-brief/>. See also: Express Scripts 2015 Drug Trend Report, March 2016. Available at: <https://lab.express-scripts.com/lab/-/media/04eb0eddcd02456aa7bc5f5416e23f71.ashx>.