

Patients going without as insulin prices skyrocket

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ORLANDO – About a quarter of diabetes patients use less insulin than prescribed because they can't afford it, and they have worse glycemic control because of it, according to a survey of patients at the Yale Diabetes Center in New Haven, Conn.

The soaring cost of insulin – especially analogues – has been in the news following a more than 300% increase from 2004-2018. The cash price for a 10 mL vial of insulin lispro (Humalog), for example, has climbed from \$59 to \$320. The American Diabetes Association recently released a white paper on the issue, citing a “lack of transparency throughout the insulin supply chain” that obscures the reasons for the surge. It's working with other groups to ensure affordable access.

The Yale investigators wanted to see how the price jump is affecting people in the real world. In the summer of 2017, 199 patients – about equally split between the sexes, and slightly more type 2 cases than type 1 – completed a seven-page questionnaire during a visit to the diabetes center. They had all been prescribed insulin within 6 months, and had their hemoglobin A1c checked during their visit, or within 3 months. Patients were primarily white, followed by black, then Hispanic.

Six questions were key: In the past 12 months, did you, because of cost, use less insulin than prescribed; try to stretch out your insulin; take smaller doses of insulin than prescribed; stop insulin; not fill an insulin prescription; or not start insulin?

Fifty-one patients answered “yes” to at least one of those questions, signaling to investigators that they were using less insulin than prescribed because they couldn't afford it. Compared with other patients, they were three times more likely to have HbA1c levels above 9%,

controlling for age, sex, diabetes duration, and income ($P = 0.03$).

“One in four patients were using less of an essential medication because it costs too much for them to take the prescribed amount,” said investigator Darby Herkert, who participated in the study as an undergraduate at Yale. “It's having a tangible health effect.”

The problem was greatest among people making less than \$100,000 dollars a year, and was not associated with race or the type of diabetes they had. Employer health coverage was not protective, and patients who were covered by a mix of government and employer insurance were at greater risk of underuse, as were those who were unable to work.

The situation is probably common in the United States, Ms. Herkert noted at the American Diabetes Association scientific sessions meeting. “New Haven is a demographic microcosm of the U.S.”

“These results highlight an urgent need to address high insulin prices,” she said. This may be done through greater transparency in pricing, advocacy for patients who can't afford their prescription, use of alternative insulin options for some patients, and assistance programs,” she said.

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SOURCE: Herkert D et al. ADA 2018 abstract 2-OR

Link to White Paper:

<http://www.diabetes.org/newsroom/press-releases/2018/insulin-affordability-white-paper-release.html>

Link:

<https://www.mdedge.com/internalmedicineneews/article/168729/diabetes/patients-going-without-insulin-prices-skyrocket?channel=205>