

ACHIEVING AFFORDABLE INSULIN AND PROMOTING INNOVATION

STATEMENT OF PRINCIPLES

All people with type 1 diabetes (T1D) should have affordable access to insulin, which they need to take multiple times a day to survive. No one should suffer or die because they cannot afford insulin. JDRF is committed to working with all stakeholders to achieve insulin affordability, while fostering an environment that promotes innovation.

As part of this effort, JDRF has established the following principles to achieve:

- **Access:** Insulin should be available to people with T1D at a low, predictable out-of-pocket (OOP) cost.
- **Choice:** People with T1D should have access to the insulins that work best for them.
- **Research & Development of Next Generation Insulins:** Any solution should not impede the development of next-generation insulins, such as faster-acting or glucose-responsive insulins.

Achieving these goals will require commitment and action by government policymakers, insurers, employers, and many other stakeholders.

As JDRF fights for policies that provide long-term solutions to the issue of insulin affordability, JDRF has developed the [Health Insurance Guide](#) as a resource to help individuals with T1D navigate common insurance challenges – including information regarding appeal rights, clinical exceptions, and prior authorization requests. This includes a compilation of the financial resources available to [reduce the cost of insulin](#).

ACHIEVE ACCESS

Insulin should be available to people with T1D at a low, predictable OOP cost so they have access to insulin and other diabetes tools needed to survive. Although JDRF recognizes the complexity of the healthcare system and the many factors that contribute to the rising cost of insulin, there are solutions that can improve access and affordability. To address these concerns, JDRF proposes:

Health plans, PBMs and employers should set copays/coinsurance for insulin that reflects its lifesaving role for people with T1D.

People with T1D cannot survive without insulin and rationing dosage can lead to severe and potentially fatal complications. Additionally, there are no alternative therapy options for people with T1D. They must use insulin. Cost-sharing for insulin should reflect these facts—insulin should be exempt from deductibles and provided at low, predictable OOP costs.

Health plans and pharmacy benefit managers should lower OOP costs by sharing discounts and rebates directly with people with T1D.

People with T1D usually do not receive the substantial discounts that insulin manufacturers offer to pharmacy benefit managers (PBMs) and health insurance plans. People with diabetes should receive these discounts at the point of sale to reduce their OOP costs.

Insulin manufacturers should lower their prices to current net levels and restrict price increases to CPI thereafter.

JDRF has called on insulin manufacturers to lower their prices to the current net price (the total price after discounts and rebates) and then restrict price increases to CPI thereafter. We acknowledge that curtailing the use of rebates will be necessary to permit this to occur.

MAINTAINING CHOICE

Type 1 diabetes is a unique disease that affects everyone who has it differently. The same is true for how the insulins used to treat T1D work for individuals.

Health plans and PBMs should allow people with T1D access to the insulin that is most appropriate for them.

People with T1D should have access to the insulins that work best for them as determined by the individual and his or her healthcare team. To achieve this, JDRF urges health plans and PBMs not to exclude any type or brand of insulin from coverage so that people can use the insulin that keeps them the healthiest. JDRF also believes that non-medical switching, scenarios where a person's prescribed drug is changed for non-clinical reasons often associated with formulary design, should be eliminated.

PROMOTING INNOVATION

As the leading global organization funding type 1 diabetes research, JDRF is committed to the development of better and faster-acting insulins. Although immense and ongoing challenges remain, innovation in diabetes treatments and technologies allows people with type 1 diabetes to live healthier lives with less fear. However, while today's insulin formulations save lives, it remains difficult to achieve the tight control over blood glucose that occurs naturally in people without diabetes. We believe that managing blood sugar should be much easier and we remain significant funders of innovative insulins, such as glucose responsive insulin and faster-acting insulin, as well as other medications that could improve blood-sugar management. The coming advancements in different types of insulin and other medications to help improve glucose control make it vital that any adopted policy impacting drug pricing does not stymie innovation and the development of newer and better insulins.

WHY IT MATTERS

Type 1 diabetes is an autoimmune disorder in which a person's immune system attacks and destroys the insulin producing cells in the pancreas. Insulin is the hormone that enables people to convert food into energy. Prior to the discovery of insulin, T1D was 100% fatal. Today, due to scientific advancements individuals with T1D who closely manage their disease can expect to live nearly as long as their counterparts without T1D live. However, doing so requires persistent management, which is only possible with affordable access to insulin and other diabetes supplies. Furthermore, diabetes remains the leading cause of end-stage renal disease, blindness, and lower-limb amputations.

Type 1 diabetes must be continuously managed and requires individualized modifications for an individual to maintain glycemic control. Insulin is the most important factor in this daily management and the advent of injectable insulin is the reason individuals with diabetes can expect to live long after being diagnosed. A recent study has shown that 1 in 4 people reported rationing their insulin due to cost¹. It is unacceptable that anyone suffer or die because they cannot afford access to insulin.

Insurance benefits can be designed to promote better health outcomes in a manner that is to the financial benefit of both payers and those living with T1D. Specifically, studies have shown that low or no cost-sharing improves medication adherence and corresponds with lower annual costs. JDRF recognizes the complexity of the U.S. healthcare system makes change difficult but the rapidly increasing financial burden of insulin requires immediate action.

¹ Herkert D, Vijayakumar P, Luo J, et al. Cost-Related Insulin Underuse Among Patients With Diabetes. *JAMA Intern Med.* 2019;179(1):112–114. doi:10.1001/jamainternmed.2018.5008