

Patients with Diabetes **MUST** have Access to Affordable Medications, Technologies and Diabetes Management Care

DPAC's Statement

The Diabetes Patient Advocacy Coalition (DPAC) is an alliance of people with diabetes, caregivers, patient advocates, health professionals, disease organizations and companies working collaboratively to promote and support public policy initiatives to improve the health of people with diabetes. DPAC's guiding principles focus on 3 key areas:

- *Safety (enforce established safety standards on devices, medications and practices for diabetes care)*
- *Quality (advance the standards of care for diabetes management)*
- *Access (access to health care and quality diabetes products for all 29MM Americans with diabetes)*

Given the rising costs of diabetes in America, it is critical that Americans have affordable access to **ALL** components of diabetes training and treatment programs that adhere to the American Diabetes Association standards of care for patients with diabetes to prevent costly hospitalizations and complications. An estimated 30.3 million people of all ages had diabetes in 2015 (9.4% of the population)¹. Average medical expenditures for people with diagnosed diabetes were about \$13,700, 2.3 times higher than expenditures for people without diabetes¹.

DPAC believes that every patient with diabetes has a unique relationship with his/her healthcare professionals and treatment team and that each one should have access to all medications, technologies and treatment programs that enable them to actively manage and control their diabetes. For those estimated 8 million patients with diabetes on insulin², including the 3 million people with Type 1 diabetes² that need insulin to survive, access to affordable insulin is critical. Even though insulin was developed in 1921 and the last major innovative improvements were introduced over 16 years ago, insulin prices have soared in the past decade, creating major issues for patients with diabetes whose

¹ Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Access on September 14 2017 from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

² American Diabetes Association. *Diabetes Care*. 2017;40(suppl 1);S1-S135.

lives depend on this critical drug. A recent study in the Journal of the American Medical Association confirmed that the cost of insulin nearly tripled between 2002 and 2013³.

The increase in high-deductible health plans and coinsurance pharmacy plans has directly impacted patients with diabetes, especially those patients that are uninsured or underinsured. At least 40% of employees are now covered by high-deductible health plans⁴. For the 8 million patients that use insulin in the United States, many patients are forced to pay list price during the deductible phase, which can average over \$500/month for insulin alone⁵. Adherence is reduced when patients have to pay more than \$75/month for long-acting insulin and \$40/month for rapid-acting insulin⁶. Non-adherence to insulin therapy can lead to serious, costly complications including heart disease, kidney failure, retinopathy and lower-limb amputation^{7,8}. Too many patients are increasingly faced with unexpected, high costs at the pharmacy when accessing insulin and must decide whether to skip or ration doses of insulin that will eventually lead to poor health outcomes.

Medicare patients also face unexpected high costs at the pharmacy. The Medicare Part D drug benefit design structure results in significant out of pocket costs for the Medicare patient, especially once they reach the doughnut hole and are responsible for 45% of the costs⁹. This places a significant cost burden on Medicare patients, most of which have a fixed income. The Affordable Care Act does gradually close the donut hole by 2020¹⁰.

DPAC joins other leading diabetes organizations, such as American Diabetes Association (ADA), Juvenile Diabetes Research Foundation (JDRF), The American Association of Clinical Endocrinologists (AACE), American College of Endocrinology (ACE) and National Diabetes Volunteer Leadership Council (NDVLC) to strongly recommend that insulin must be more affordable for patients with diabetes and that patients with diabetes must have affordable access to **ALL** medications, technologies and diabetes management programs. We realize that this is a very complex issue in the U.S. healthcare environment and call on all stakeholders, including manufacturers, health plans, pharmacy benefit managers, healthcare professional organizations and patient advocacy groups to engage in discussions for solutions that help decrease this burden for patients with diabetes.

³ Kesselheim AS et al. The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform. *JAMA*. 2016;316(8):858-871 <http://jamanetwork.com/journals/jama/article-abstract/2545691>.

⁴ National Center for Health Statistics.

https://www.cdc.gov/nchgs/data/nhis/earlyrelease/ERHDHP_Access_0617.pdf.

⁵ Based on average list prices from goodrx.com and estimated average insulin usage

⁶ Bibeau WS et al. *J Manag Care Spec Pharm*. 2016;22:1338-1347.

⁷ American Heart Association.

http://www.heart.org/HEARTORG/Conditions/More/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes_UCM_313865_Article.jsp/#.WTcQCVXyuUI.

⁸ Centers for Disease Control and Prevention.

<https://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>.

⁹ www.medicare.gov

¹⁰ Kaiser Family Foundation. Compare Proposals to Replace the Affordable Care Act.

<http://www.kff.org/interactive/proposals-to-replace-the-affordable-care-act/>.