

## ACCESSING INSULIN: PRICE AND OTHER CHALLENGES

Margaret Ewen, ACCISS Study - Health Action International





## Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study

- Addressing inequities and inefficiencies in the insulin market to improve access
- Collaboration between HAI (Marg Ewen & Molly Lepeska), David Beran (University of Geneva), Richard Laing (Boston University School of Public Health) and a large group of international experts in diabetes and access to medicines
- Started in 2015, funded by The Leona M. and Harry B. Helmsley Charitable Trust & Stichting ICF



About

Insulin

Essential for type 1 diabetes, used by 63 million people with type 2 diabetes

Initially pork and beef extracts

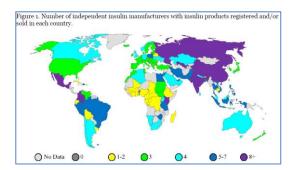
 1982 recombinant DNA (human) insulin (short- and intermediate-acting & pemixed)
 mid-1990's analogue insulins (rapid- and long-acting & premixed)

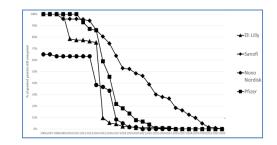


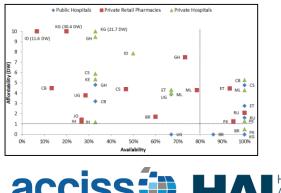
## **Research on the Global Insulin Market**

### Angles looked at by ACCISS

- Market
- Regulatory
- Trade
- Intellectual property
- Availability, prices, affordability, price components
- Perspective of diabetologists, insulin users and manufacturers
- Initiatives to improve insulin accss
- Need for insulin in type 1 & type 2 diabetes
- Cost of production







Addressing the Challenge and Constraints of Insulin Sources and Supply

## The Global Insulin Market: What We Know

- \$20 billion market, dominated by 3 large multi-national companies Novo Nordisk, Eli Lilly and Sanofi
  - 99% by value
  - 96% by volume
  - 88% by product registrations
- Identified 39 smaller insulin manufacturers
  - 23 only sell insulin in one country
  - Probably only 10 insulin manufacturers globally truly independent
- Increasing use of high-priced analogue insulins despite limited evidence of benefit over human insulin
  - Only one independent study showed long-acting analogues were not cost-effective (Canada)

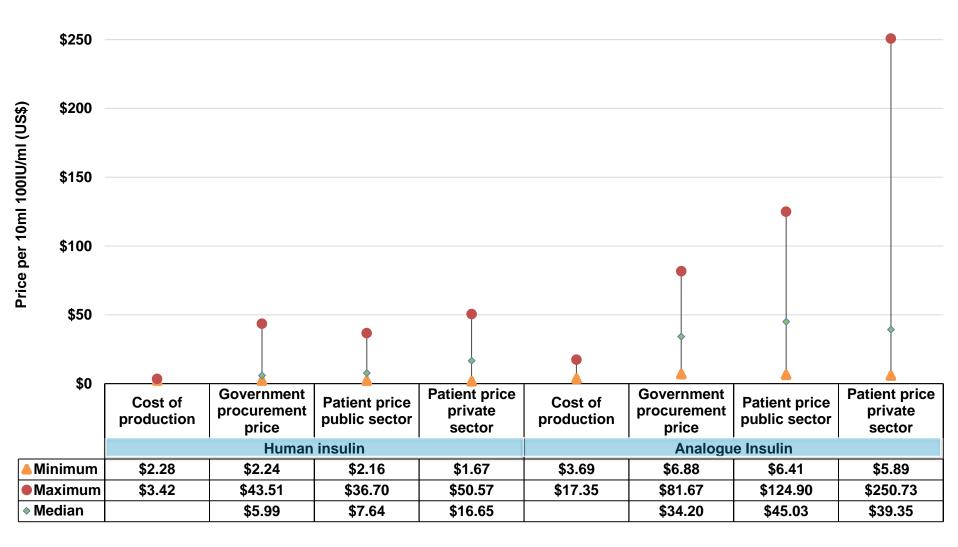


## **The Biosimilar Insulin Market**

Income	Size of local market, most seeking new markets				
Manufacturing	High cost of investment, underutilised capacity				
	Competing with the three large MNCs on price				
	Marketing				
Challenges expressed by companies	Awareness of biosimilars				
	<ul> <li>Human versus analogue biosimilars. Priority is getting EMA &amp;/or USFDA approval for analogues – Abasaglar (Lilly), Semglee (Biocon/Mylan), Admelog (Sanofi). Lusduna (MSD) approved but then withdrew</li> </ul>				
	<ul> <li>Currently no biosimilar human insulins have marketing authorisation from a stringent regulatory authority. Told Novartis/Gan&amp;Lee will apply; Julphar?</li> </ul>				
	Not all countries have regulatory procedures for approving biosimilars				
Biosimilar regulations	<ul> <li>Inconsistent regulatory requirements across national medicines regulatory authorities</li> </ul>				



### **Estimated Cost of Production vs. Prices**





# **Insulin Affordability**

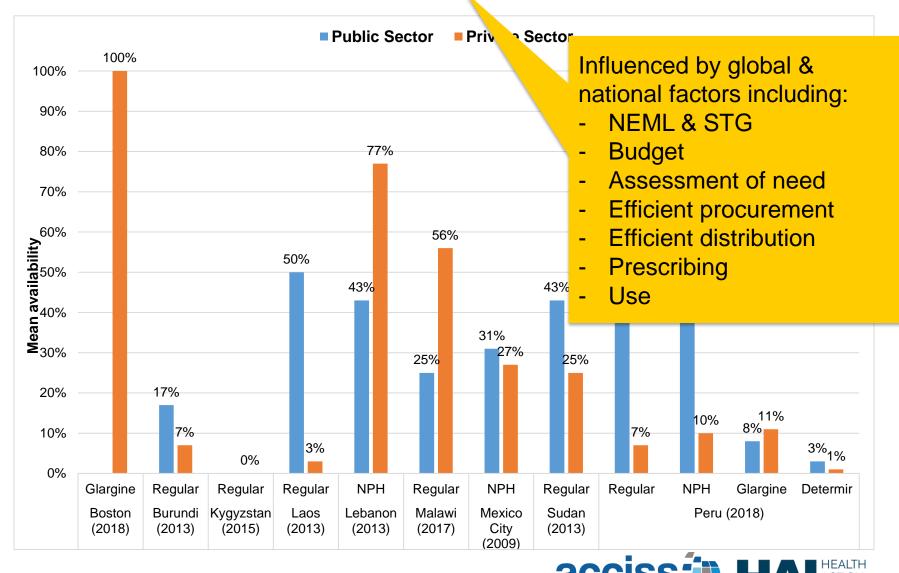
Number of days' wages needed by the lowest-paid unskilled government worker to purchase 10ml 100IU/ml insulin (approx. 30 days' supply)

Sector	HUMAN INSULIN		ANALOGUE INSULIN	
	Mean days' wages	Range day's wages	Mean days' wages	Range day's wages
Public	2.5	0.5 - 6.2	7.5	1.0 - 19.1
Private	3.5	0.2 - 48.9	9.5	0.3 - 77.9



ACCISS Study 2016

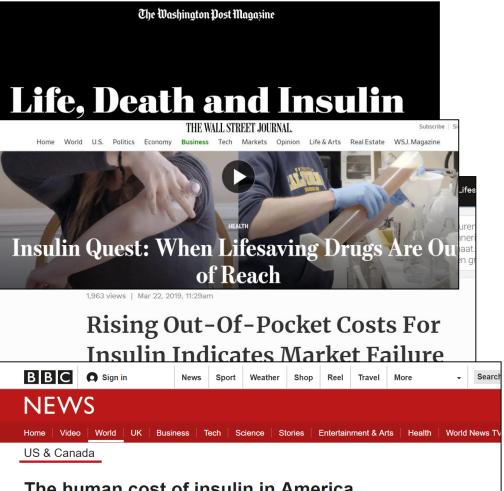
# **Insulin Availability**



Addressing the Challenge and Constraints of Insulin Sources and Supply **JTERNATIONAL** 

# **Insulin Prices in the US**

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#### The human cost of insulin in America

By Ritu Prasad **BBC News** 

> (1) Health Care Cost Institute. Spending on Individuals with Type 1 Diabetes and the Role of Rapidly Increasing Insulin Prices January 2019

- From 2012 to 2016, US • average price increased from 13 cents per IU to 25 cents per IU<sup>1</sup>
- Price rapid-acting analogue Humalog<sup>®</sup> (Eli Lilly) reduced to \$187 for uninsured in March 2019
- Much advocacy in US/ • **Congressional hearings** 
  - Impact on global market yet to be seen



## Improving Access to Affordable, Quality-assured Insulin

WHO establishes an independent working group on the issue of access to insulin, including relevant WHO clusters and key partners including people using insulin

- Activities leading up to the 2021 insulin centenary including WHA resolution
- Global compact between WHO and insulin manufacturers to keep human insulin on the market for the foreseeable future
- Support regular monitoring of insulin availability, prices and affordability in countries
- Work with partners on health system challenges regarding access to insulin and delivery of diabetes care:
  - Strengthening supply systems
  - Evidence-based standard treatment guidelines
  - Improving delivery of care
  - Diabetes in UHC
  - Management of diabetes in humanitarian settings



## Improving Access to Affordable, Quality-assured Insulin continued

#### Addressing regulatory and related barriers for biosimilar insulins

- Inclusion of biosimilar human insulin in WHO's Prequalification Programme
- Further identify regulatory barriers for biosimilar insulins through discussions with NMRAs and insulin manufacturers
- Expand WHO guidance on the evaluation of biosimilar insulins
- Train regional regulatory harmonization initiatives and promote recognition by NMRAs
- Pilot a pooled procurement mechanism for insulin, linked to prequalification

#### Develop a more comprehensive approach on insulin price issues

- Direct negotiation with insulin manufacturers on prices of insulin for low-income populations
- Support the ACCISS Study's insulin price database to increase transparency
- Work with countries to regulate mark-ups in the insulin supply chain



## Improving Access to Affordable, Quality-Assured Insulin continued

#### Increase the evidence base and disseminate findings widely

- Cochrane Collaboration review of the use of long-acting insulin analogues in Type 1 diabetes
- Independent assessment of the price at which analogue insulins would be seen as value for money for health systems and individuals
- More actively disseminate current WHO Guidelines on second- and third-line medicines and type of insulin for the control of blood glucose levels in non-pregnant adults with diabetes
- Identify other areas where evidence based and independent guidelines are needed



