

Congress of the United States

Washington, DC 20515

September 20, 2017

Dr. Lynnette K. Nieman
President
The Endocrine Society
2055 L Street NW, Suite 600
Washington, DC 20036

Dear Dr. Nieman,

We write today to ask the Endocrine Society for assistance in our ongoing efforts to gather more information about the cost of insulin. As the largest organization representing physicians, scientists, and other professionals in the endocrinology field, we believe the Endocrine Society is well situated to answer questions related to insulin prescribing.

Both the underlying cost of insulin and the direct cost burden on patients with diabetes have risen in recent years. Average insulin prices have nearly tripled between 2002 and 2013. Many patients are also becoming increasingly exposed to high prices due to high deductibles and coinsurance. This growing, direct cost burden negatively impacts millions of people in the United States. Unfortunately, this is not a theoretical concern. We have heard personal stories from people across the diabetes community who struggle to purchase insulin due to prohibitive costs. Insulin is a life-sustaining drug for which there is no substitute. For those who need it, not taking insulin can lead to poor health outcomes, complications, and even death. People skip doses, fail to pay rent or buy groceries, and even resort to a “black market” in order to afford their insulin. No one should be forced to make these incredibly difficult choices.

As you may know, we recently completed a series of stakeholder meetings to deepen our understanding of how costs shift onto patients through financial transactions across the drug supply chain. During those conversations, we frequently heard that formulary placement is central to rebate negotiations. We learned that most health plans offer at least one insulin product on a lower cost-sharing tier, which might enable the patient to access insulin without cost-sharing or with a flat copayment. Competing insulin products, however, might be placed on higher cost-sharing tiers or could even be excluded from the formulary, leaving the patient to pay the full price for the drug.

Formulary placement is therefore a major factor in determining how much patients pay for insulin. When patients are not aware of where their preferred insulin falls on their health plan’s formulary, they may experience higher than expected costs when they pick-up their prescription. Armed with the right information, physicians may be able to help patients successfully navigate this system.

With this context in mind, we ask that the Endocrine Society respond to the following questions:

1. Please describe what physicians typically take into consideration when making prescribing decisions for patients who need insulin. How do physicians choose which insulin products might work best for a particular patient?
2. Is information about how an insulin product is covered by the patient's health insurance plan typically available to physicians at the time of prescribing? Do physicians usually have a general sense of how much a particular insulin product will cost a patient when they prescribe it?
3. How familiar are your members with patient assistance programs or discount coupons/cards for insulin? Do your members often recommend these programs to patients? How accessible are these programs to patients?
4. What effect do marketing and other communications by pharmaceutical manufacturers have on physician prescribing decisions?
5. What factors do physicians consider when deciding whether to switch a patient from one type of insulin to another? Is this a common occurrence? Are insulin cost burdens on the patient a common reason for switching insulin products?
6. In your members' experience, what risks are associated with switching from one type of insulin to another? To what extent are studies and peer-reviewed literature available assessing these risks? Please identify any important studies we should be aware of.

Thank you for your assistance in our efforts to provide meaningful relief for patients and families burdened by high insulin costs. We are committed to examining the causes of high prices and developing policy solutions to make insulin more affordable for all Americans who need it. We respectfully ask that you respond to the questions in this letter in writing no later than October 30, 2017. Please do not hesitate to contact Logan Hoover in Rep. Reed's office (logan.hoover@mail.house.gov or 202-225-3161) or Polly Webster in Rep. DeGette's office (polly.webster@mail.house.gov or 202-225-4431) with any questions.

Sincerely,



TOM REED
Member of Congress



DIANA DEGETTE
Member of Congress