

PATIENTS FOR AFFORDABLE DRUGS™

Mr. David A. Ricks
Chairman and Chief Executive Officer
Eli Lilly and Company
Lilly Corporate Center
Indianapolis, Indiana 46285

Mr. Lars Fruergaard Jørgensen
President and Chief Executive Officer
Novo Nordisk US Headquarters
800 Scudders Mill Road
Plainsboro, NJ 08536

Mr. Paul Hudson
Chief Executive Officer
Sanofi US Headquarters
55 Corporate Drive
Bridgewater, NJ 08807

April 1, 2020

Dear Mr. Ricks, Hudson, and Fruergaard Jørgensen,

As members of the diabetes community, we are writing to implore you to take urgent action to improve access to insulin products in light of the current COVID-19 pandemic.

The high price and inaccessibility of insulin is already a crisis in this country given that you've tripled the list price since 2009.¹ The current COVID-19 pandemic poses a critical threat to the physical and financial well-being of the diabetes community. Without action from your three companies, people like us could find ourselves and our loved ones in grave danger. Here's why:

People with diabetes are at a higher risk of adverse COVID-19 outcomes

According to early research on COVID-19, patients with diabetes have higher mortality and are more likely to experience complications if they contract the virus.^{2,3} Those with diabetes who struggle to maintain healthy blood sugar levels due to inadequate access to insulin may also be at higher risk to contract infections like COVID-19, according to experts.⁴ To prepare for social isolation and the possibility of reduced pharmacy access, health experts have instructed patients to stock up on two to three months of medications, including insulin.⁵ However, due to the exorbitant price of insulin products, many patients find themselves unable to prepare.⁶

¹ <https://www.businessinsider.com/insulin-price-increased-last-decade-chart-2019-9>

² <https://jamanetwork.com/journals/jama/fullarticle/2762130?resultClick=1>

³ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2763184?resultClick=1>

⁴ <https://www.sciencedirect.com/science/article/abs/pii/S0002934382905113>

⁵ <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center#Prepare>

⁶

<https://nymag.com/intelligencer/2020/03/coronavirus-lays-bare-the-real-horror-of-american-healthcare.html>

Financial hardship will worsen the insulin crisis

Before the COVID-19 crisis, one in four patients with diabetes reported cost-related insulin rationing.^{7,8} The projected economic devastation of COVID-19 on American families will undoubtedly lead to a dramatic increase in insulin rationing.⁹

Long-term rationing can lead to kidney failure, limb amputation, blindness, and immune system compromise that can put diabetics at higher risk for infections like COVID-19.¹⁰ The short-term consequences of rationing include life-threatening hospitalizations and death — especially for type-one diabetics.

In the coming months, many people with diabetes will lose their jobs — and for the one in two Americans who get health insurance through their employers, unemployment will also mean loss of the insurance coverage they relied on to pay for insulin.¹¹ More than 3 million American workers filed for unemployment last week, and the industries impacted by job losses — food service, retail, hospitality — are the same industries that employ many of the most financially vulnerable Americans.¹² Without this coverage, Americans with diabetes will be forced to pay for their insulin out of pocket at the very high list prices set by your corporations. These economic realities underscore the possibility that cost-related insulin rationing will rise dramatically as Americans cope with the financial impact of this pandemic.

Existing “charity” programs will not suffice

As part of your response to the COVID-19 crisis, insulin manufacturers may point to patient assistance programs as a safety net for the most vulnerable. These programs have not been enough in the past and are not enough now.

Under the eligibility design set out by your organizations, many people living with diabetes lack access to the resources you claim to offer. First, only certain insulin products are eligible for these programs. Additionally, the benefits are time-limited, applicants face long wait periods,

⁷ <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2717499>

⁸

https://www.t1international.com/media/assets/file/T1International_Report_-_Costs_and_Rationing_of_Insulin_Diabetes_Supplies_2.pdf

⁹

<https://www.cnbc.com/2020/03/18/mnuchin-warns-senators-of-20percent-us-unemployment-without-coronavirus-rescue-source-says.html>

¹⁰

<https://www.ajmc.com/journals/evidence-based-diabetes-management/2019/september-2019/gathering-evidence-on-insulin-rationing-answers-and-future-questions>

¹¹ <https://www.kff.org/other/state-indicator/total-population/>

¹² <https://www.epi.org/blog/coronavirus-record-breaking-spike-in-ui-claims/#share>

and patients often receive rejections with no explanation. Lengthy annual applications and burdensome paperwork requirements freeze out Americans with limited literacy or health care knowledge. Finally, applicants must obtain a note from their physician to qualify, which may be difficult to obtain since many non-essential clinic visits have been canceled due to COVID-19.

Dr. Kasia Lipska, Yale researcher and practicing endocrinologist summed it up in her testimony before the Energy and Commerce Committee last year¹³:

“The patient assistance programs offered by drug makers do little more than provide a public relations benefit. It’s hard to find a patient who meets their criteria.”

Eli Lilly, Sanofi, and Novo Nordisk must immediately lower list prices

During this national crisis, the list price of insulin products is more important than ever. As the only three insulin manufacturers marketing products in the US, you have the enormous power — and responsibility — to alleviate the risks and suffering faced by millions of Americans.

We urge you to immediately lower your list prices.

Do the right thing.

Sincerely,

Lauren Stanford

Community Organizing Director, Patients for Affordable Drugs
Type 1, Diagnosed at age 6, Washington, DC

Anne D'Angelo, Mother of Son with Type 1, Plymouth, MA

Brandi Moder, Type 1, Diagnosed at age 11, Barnhart, MO

Cami Tepper, Mother of a Son With Type 1, Charlotte, NC

Carol Corey, Type 2, Juneau, AK

Carolyn Boardman, Mother of a Son with Type 1, Cypress, TX

Christina Spies, Mother of a Son With Type 1, Stephens City, VA

Clayton McCook, Father of Daughter with Type 1, Edmond, OK

Courtney PatScott Livingston, Mother of two children with Type 1, Cypress, TX

Deborah Healy, Mother of Son with Type 1, Macungie, PA

Ellie Clark, Type 1, Diagnosed at age 4, Grandville, MI

Eloise Lamons, Mother of a Daughter with Type 1, Johns Creek, Georgia

Emma Barker, Type 1, Diagnosed at age 10, Iowa Park, TX

Ethan Erickson, Type 1, Diagnosed at age 4, Taylorsville, UT

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<https://docs.house.gov/meetings/IF/IF02/20190402/109502/HHRG-116-IF02-Wstate-LipskaMDK-20190402.pdf>

Gail DeVore, Type 1, Diagnosed at age 11, Denver, CO
Hattie Saltzman, Type 1, Diagnosed at age 16, Kansas City, MO
Ivy Rupani, Mother of a daughter with Type 1, San Diego, CA
Jaime Decker Jones, Mother of a Daughter with Type 1, Colorado Springs, CO
Jaime Perez, Mother of a Son With Type 1, Miami, FL
James Corey, Type 2, Juneau, AK
Jeffery D'Angelo, Type 1, Diagnosed at age 9, Plymouth, MA
Jodee Martin, Mother of Son with Type 1, New York, New York
Joseph Ausland, Spouse of person with Type 1, Jersey City, New Jersey
Dr. Julia Blanchette, Type 1, Diagnosed at age 7, Cleveland Heights, OH
Kat Schroeder, Type 1, Diagnosed at age 9, Arlington, VA
Katie Clark, Type 1, Diagnosed at age 2, Grandville, MI
Kelly Dunkling Reily, Type 1, Diagnosed at age 13, Beverly, MA
Kelly Kunik, Type 1, Diagnosed at age 8, Ventor City, NJ
Kimberly Green, Mother of a Daughter With Type 1, Green Haddonfield, NJ
Kimberly Ishoy, Type 1, Diagnosed at age 11, South Jordan, UT
Kimberly Souza, Type 1, Diagnosed at age 26, Taunton, MA
Laura Ingram Melton, Mother of a Son with Type 1, Watkinsville, GA
Laurie Rosen, Mother of a Daughter with Type 1, Salem MA
Leigh Leader, Type 1, Diagnosed at age 11, Rochester Hills, MI
Lija Greenseid, PhD, Mother of Daughter with Type 1, Saint Paul, MN
Lori Dumont, Brother lives with diabetes, Brewer, ME
Lucretia Conley, Mother of Daughter with Type 1, Troy, Michigan
Lynn Reinke, Mother of a Daughter with Type 1, Haslet, TX
Maria Sanchez, Type 2, Atlanta, GA
Marissa Luna, Type 1, Diagnosed at age 28, Minneapolis, MN
Marlee Rosen, Type 1, Diagnosed at age 5, Jersey City, New Jersey
Marna Brickman, Mother of a Son with Type 1, Annapolis, MD
Michelle Berman, Mother of a Son With Type 1, Merion, PA
Michelle Weisenberg, Mother of Son with Type 1 Diabetes, Orange, CA
Mike Barry, Type 1, Diagnosed at age 16, Chicago, IL
Moira McCarthy Stanford, Mother of a Daughter with Type 1 Diabetes, Plymouth, MA
Nicole Holt Smith, Mother of Son, Alec, who was diagnosed with type 1 at age 24, and died at age 26 from insulin rationing, Minneapolis, MN
Patricia McKenzie, Type 2, Lithonia, GA
Randall Barker, Type 1, Diagnosed at age 10, Iowa Park, TX
Robin & Kevin Kopp, Parents of a Daughter with Type 1, McFarland, WI
Robin Cressman, Type 1, Diagnosed at age 27, Thousand Oaks, CA
Sa'Ra Skipper, Type 1, Diagnosed at age 5, Indianapolis, IN
Sabrina Burbeck, Mother of Son with Type 1, Old Town, ME
Sascha Martin, Type 1, Diagnosed at age 8, Providence, RI
Shelby Skipper, Type 1, Diagnosed at age 7, Indianapolis, IN
Sierra Sandison, Type 1, Diagnosed at age 18, Boise, ID

Stacy Simms, Mother of Son with Type 1, Davidson, NC

Sue Tighe, Mother of a Son With Type 1, State College, PA

Susan Hillenbrand Avallon, Mother of Son with Type 1 , Los Angeles, CA

Tiburon Erickson, Mother of Son with Type 1, Taylorsville, UT

Tori Howard, Mother of Son with Type 1, Seattle, WA

Travis Paulson, Type 1, Diagnosed at age 14, Eveleth, MN

Tyson Sunnerberg, Father of a Daughter with Type 1, Type 1, Hanson, MA