Manufacturer-Sponsored Cost-Sharing Programs for Insulin: Are Patients Getting the Help They Need?



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INTRODUCTION

Insulin is a life-saving medication for more than seven million Americans living with diabetes. However, affordability of insulin has become a major problem in recent years with approximately 25% of patients reporting using a lower dose than prescribed due to high out-of-pocket cost. The three major insulin manufacturers advertise cost-sharing support programs for qualifying patients. However, the extent that such programs provide actual financial relief to patients is unclear. This study reviewed manufacturer-sponsored cost-sharing support programs for insulins to understand the extent of the support provided and the patient populations served.

METHODS

We reviewed the public-facing websites of the three major insulin manufacturers as of January 7, 2021.^{3–5} Inhaled insulins, insulin combination products, and over-the-counter insulins were excluded. We collected information on type of assistance available, patient eligibility criteria, duration, and amount of assistance provided.

RESULTS

Insulin manufacturers provided some form of patient cost-sharing support for all their insulin products. The main forms of cost-sharing support were copay cards, savings programs, and patient assistance programs (PAP) (Table 1). Copay cards reduce the amount that privately insured patients pay out-of-pocket for products covered by their insurance. Savings programs help reduce the cost for uninsured and other cash-paying patients. Manufacturer PAPs provide insulin free of cost to some Medicare and uninsured patients. No program was available to Medicaid patients.

Support programs differed on the level of cost-sharing assistance, quantity of insulin provided, and program duration

(Table 2). Copay cards limited out-of-pocket costs to \$0-\$99, on a per-month or per-fill basis, and a maximum of 90-day supply per fill. Most cards established maximum allowable savings per month or per year. Card expiration varied between the end of the calendar year and up to 24 months after enrollment.

Savings programs offered a range of out-of-pocket costs between \$35 and \$99 per monthly fill; most programs established a maximum quantity (from 3 vials/2 pen packs to 10 vials/10 pen packs) per fill. One program established a threshold of maximum savings. Most savings programs expired at the end of the calendar year.

PAPs required prescribers to specify insulin type and amount, and most programs only supplied the insulin directly to the provider. PAPs provided free insulin at a maximum of 120-day supply per fill and a maximum 12-month duration. For all copay cards, savings programs, and PAPs, it was unclear whether patients could re-enroll after program expiration.

The level of savings offered varied according to the manufacturer and the type of program: a regimen with insulin glargine and insulin aspart could cost as low as \$25 per month

Table 1 Types and Eligibility of Manufacturer-Sponsored Insulin Cost-Sharing Assistance Programs

Program type	Description	Eligibility*
Copay card	Helps reduce the amount that patients pay OOP† through insurance for each fill	Privately insured
Savings program	Helps reduce the amount that cash-paying patients pay OOP for each fill	Uninsured Privately insured without plan coverage of the particular insulin
Patient assistance program	Provides insulin without OOP cost to certain patients	Uninsured‡ Privately insured without plan coverage of the particular insulin‡ Medicare Part D‡

Source: Authors' review of public-facing websites of the three major insulin manufacturers as of January 7, 2021

*Most programs limited their eligibility to US residents only †OOP out-of-pocket

‡Most manufacturers required that patients' annual household income be $\leq 400\%$ federal poverty level, that patients do not qualify for Medicaid or demonstrate that they were denied Medicaid if eligible, and that patients do not qualify for low-income subsidy if covered under Medicare Part D

§Only one manufacturer permitted privately insured patients without plan coverage of the particular insulin to apply to its PAP

Table 2 Manufacturer-Sponsored Insulin Cost-Sharing Assistance Programs: Main Characteristics

Product	Copay card	Savings program	Patient assistance program
Rapid-acting analogs Apidra* (insulin glulisine)	Cost to patients as low as \$0/fill Max 1 pack/fill No duration listed	Fixed cost to patients \$99/fill Max 10 vials or pen packs/fill Max 12 months duration	\$0 Cost to patients Max 90-day supply [†] Max 12 months duration [‡]
Humalog [§] (insulin lispro)	Max \$100 savmgs/fill Fixed cost to patients \$35/fill No max supply listed Max 12 fills or end of calendar year	Fixed cost to patients \$35/fill No max supply listed Max 1.2 fills or end of calendar year	\$0 Cost to patients Max 120-day supply ¶# Max 12 months duration [‡]
Admelog* (insulin lispro)	Max \$7500 savings/year"	Max \$7500 savings/year" Fixed cost to patients \$99/fill Max 10 vials or pen packs/fill	\$0 Cost to patients Max 90-day supply
Fiasp** (insulin aspart)	Cost to patients as low as \$25/fill No max supply listed Max 24 months duration	Max 12 months duration Fixed cost to patients \$99/fill Max 3 vials or 2 pen packs/fill Max duration through calendar year	Max 12 months duration? \$0 Cost to patients Max 120-day supply ^{†,††} Max 12 months duration [‡]
Novolog** (insulin aspart)	Max \$150 savings/30-day III Cost as low as \$25/fill No max supply listed Max \$4 months durants Max \$6100 savings(20 day 61)	Fixed cost to patients \$99/fill Max 3 vials or 2 pen packs/fill Max duration through calendar year	\$0 Cost to patients Max 120-day supply*.*† Max 12 months duration*
Insulin aspart** (follow-on)		Fixed cost to patients \$99/fill Max 3 vials or 2 pen packs/fill	
Insulin lispro [§] (follow-on)	Fixed cost to patients \$35/fill No max supply listed Max 12 fills or end of calendar year Max \$7500 savings/vear	Max duration through calculated year Fixed cost to patients \$35/fill No max supply listed Max 12 fills or end of calendar year Max \$7500 savings/year	
Pre-mixed insulins Novolog mix 70/30** (insulin aspart protamine/insulin aspart)	Cost to patients as low as \$25/fill No max supply listed Max 24 months duration	Fixed cost to patients \$99/fill Max 3 vials or 2 pen packs/fill Max duration through calendar year	\$0 Cost to patients Max 120-day supply titt Max 12 months duration [‡]
Humalog mix 75/25 [§] (insulin lispro protamine/insulin lispro)	Max \$100 savmgs/30-fay full Fixed cost to patients \$35/fill No max supply listed Max 12 fills or end of calendar year	Fixed cost to patients \$35/fill No max supply listed Max 12 fills or end of calendar year	\$0 Cost to patients Max 120-day supply ^{¶,#} Max 12 months duration [‡]
Humalog mix 50/50 [§] (insulin lispro protamine/insulin lispro)	Max \$7500 savings/year" Fixed cost to patients \$35/fill No max supply listed Max duration 12 fills or end of calendar year	Max \$7500 savings/year" Fixed cost to patients \$35/fill No max supply listed Max duration 12 fills or end of calendar year	\$0 Cost to patients Max 120-day supply ^{¶,#} Max 12 months duration [‡]
Insulin lispro protamine/insulin lispro mix 75/25 [§] (follow-on)	Max \$7500 savings/year* Fixed cost to patients \$35/fill No max supply listed Max duration 12 fills or end of calendar year Max \$7500 savings/year*	Max \$7200 savingstyear" Fixed cost to patients \$35/fill No max supply listed Max duration 12 fills or end of calendar year Max \$7500 savings/vear	I
Long-acting insulins Basaglar ⁸ (insulin glargine)	Cost to patients as low as \$5/fill ^{‡‡} Max 1 carton Max duration 24 fills or end of calendar year	Fixed cost to patients \$35/fill No max supply listed Max duration 12 fills or end of calendar year	\$0 Cost to patients Max 120-day supply ## Max 12 months duration
Lantus* (insulin glargine)	Max \$150 savings/monthly IIII Cost to patients as low as \$0/fill Max 10 pen packs/fill No duration listed No max savings listed	Max \$7200 savingstyear" Fixed cost to patients \$99/fill Max 10 vials or pen packs/fill Max 12 months duration	\$0 Cost to patients Max 90-day supply [†] Max 12 months duration [‡]

Table 2. (continued)

Product	Copay card	Savings program	Patient assistance program
Toujeo* (insulin glargine)	Cost to patients as low as \$0/fill Max 10 pen packs/fill Max duration 15 fills No max savings listed	Fixed cost \$99/fill Max 10 vials or pen packs/fill ^a Max 12 months duration	\$0 Cost to patients Max 90-day supply [†] Max 12 months duration [‡]
Levemir** (insulin detemir)		Fixed cost to patients \$99/fill Max 3 vials or 2 pen packs/fill Max duration through calculators	\$0 Cost to patients Max 120-day supply titt
Tresiba** (insulin degludec)	Cost to patients as low as \$5/fill No max supply listed Max 24 months duration Max \$150 savings/30-day fill	Max duration through calculate year Fixed cost to patients \$90/fill Max 3 vials or 2 pen packs/fill Max duration through calendar year	% Cost to patients Max 12-day supply *** Max 12 months duration*

Source: Authors' review of public-facing websites of the three major insulin manufacturers as of January 7, 2021

*Manufacturer: Sanofi

†Medication delivered to the provider

#Medicare Part D patients: max duration until end of calendar year §Manufacturer: Eli Lilly

Manufacturer also specified that the monthly savings may not exceed the wholesale acquisition cost (WAC, or list price) of the drug plus a pharmacy dispensing fee ** Manufacturer that total requested amount be specified by the provider ** Medication delivered to the provider or patient

**Manufacturer: Novo Nordisk ††Unless specified by the provider ‡‡Basaglar also included in Eli Lilly's \$35 copay card ^aManufacturer did not include Toujeo Max in its savings program

through copay cards and \$198 per month through the same manufacturer's savings program. Savings also varied according to the type of insulin: the newer and more expensive insulin degludec cost as low as \$5 with a copay card, but the older insulin detemir from the same manufacturer did not have a copay card. Similarly, the manufacturer did not offer a copay card for its follow-on insulin aspart, but it offered a copay card for its more expensive reference product for as low as \$25 out-of-pocket cost.

Overall, information about the programs was often in fine print, or was accessible only after entering personal information such as name, date of birth, email, and mailing address. PAP applications required comprehensive personal information, including social security number and proof of income, as well as information on the prescribing provider.

DISCUSSION

All three insulin manufacturers offered cost-sharing offset programs for their products. Patient out-of-pocket costs tended to be lower with copay cards than with savings programs, and some programs were more generous for newer, more expensive products. This suggests that manufacturer-sponsored cost-sharing support programs may provide greater benefits to privately insured patients and to patients taking newer and more expensive insulin products. Further research should look into how many patients utilize these programs, the level of support that patients actually receive, and whether these programs are sufficient to meet patients' needs. The equity implications of such programs and the potential returns they generate for drug manufacturers should also be the focus of future investigations. Meanwhile, providers can help improve affordable access to insulin by familiarizing themselves with the various cost-sharing offsets for insulin and which programs best suit their patients' needs.

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