

FACT SHEET **Insulin Prices Profile**

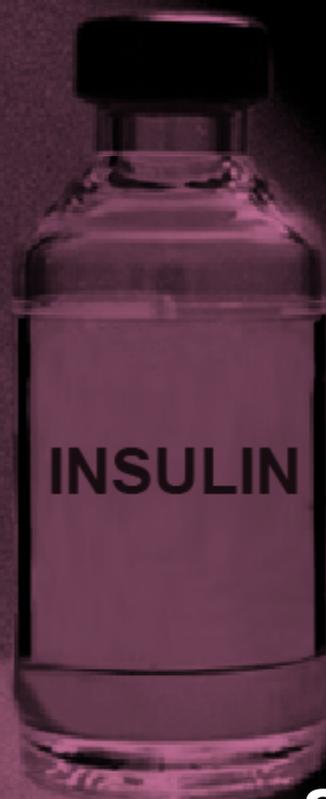
The *Insulin Prices Profile*, published in April 2016, provides key findings on insulin prices from around the world. These prices were government procurement prices, patient prices in the public and private sector, and reimbursement prices. Insulin prices were collected from government procurement officers, individuals, and publicly accessible databases of national health insurance schemes. The profile and related fact sheet is the result of the mapping work completed in phase one of the Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study and is one of several profiles on the global insulin

market to be published.

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All profiles and fact sheets can be accessed on the ACCISS Study section of HAI's website: <http://haiweb.org/what-we-do/acciss/>

Access to Insulin in the Spotlight



Please note, all references in this fact sheet come directly from the Insulin Prices Profile. Patient prices may not be nationally representative but were what people have to pay in the outlet on the day of data collection. All prices were standardised to 10ml of 100 IU/ml insulin.

Government Procurement Prices

- Insulin was about 2.5 to 45 times higher priced than other non-communicable disease (NCD) medicines.
- Across the countries in the analysis, analogue insulins were higher priced (median US\$34.20) than human insulins (median US\$5.99).
- Across the five insulins most commonly purchased, insulin in vials (US\$5.84) was lower priced than in pens (US\$27.31) and cartridges (US\$17.93).
- The United Nations Relief and Works Agency for Palestine Refugees in the Near East (US\$2.92) and the Gulf Cooperation Council (US\$4.20) were paying lower prices for human insulin compared to the countries in the analysis.
- Prices of isophane and pre-mixed 30/70 insulins decreased as the volume purchased increased.

Patient Prices

- The lowest paid unskilled government worker would have to pay 2.5 and 7.5 days' wages to purchase 10mls of human insulin and 10mls of analogue insulin respectively in the public sector, and 3.5 days and 9.5 days' wages in the private sector.
 - Human insulins were lower priced than analogues in both the public sector (median US\$7.64 vs. US\$45.03) and private sector (median US\$16.65 vs. US\$39.35).
 - Prices were highly variable between countries, e.g. Humulin R® ranged from US\$3.39-US\$34.84 in the public sector and US\$3.17-US\$49.89 in the private sector; Lantus® ranged from US\$16.60-US\$128.90 in the public sector and US\$8.32-US\$196.46 in the private sector.
 - Insulin in vials was lower priced than cartridges and pens for all human insulins, but not all analogues.
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Reimbursement Prices

- Reimbursement prices for human insulin were less than analogue insulin (median US\$19.14 vs. US\$27.90).
- In the few countries where animal insulin was reimbursed, prices were high (median US\$65.67).
- In general, reimbursement prices for insulin vials were lower than insulin cartridges and pens for human insulin and most analogues.

Price Components

- No data was found on insulin price components (mark-ups etc.) in the pharmaceutical supply chain.
- Based on data for other medicines, these add-on costs can be substantial (especially in unregulated markets) e.g. in the private sector in Peru, add-ons were 70 percent of the final patient price.

While this profile focused on insulin prices, it should be noted that for people living with diabetes, there are additional associated costs to treating the condition on a daily basis, including syringes, blood glucose testing supplies, etc.

This research shows that insulin prices are highly variable. To improve access, governments need to negotiate low prices, pass on low procurement prices where patients have to pay in the public sector, and regulate prices and mark-ups in the private sector.