

Testimony in Support of “An Act Prohibiting Predatory Pricing of Pharmaceuticals” and  
“An Act Concerning Pharmaceutical Price Transparency and Disclosure”  
(Bills SB-442 and SB-445)

# Yale University

## *Section of Endocrinology*

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To the Members of the Public Health Committee:

Good afternoon. My name is Dr. Kasia Lipska and I am on faculty at the Yale School of Medicine. I am grateful for the opportunity to share with you why I believe we must demand transparency and disclosure of pharmaceutical prices and why we must control costs of prescription drugs to protect the health of Connecticut residents.

My specialty is endocrinology and I take care of patients with diabetes. I want to tell you about three people with diabetes because their stories are becoming alarmingly common.

One is a 78-year-old woman who has had Type 2 diabetes for over 30 years. She takes several injections of insulin each day. Her blood sugars were running too high, and she knew that this put her at risk for complications of diabetes, including blindness, kidney failure, and amputations. But she didn't want to increase the dose of her insulin. She told me she simply couldn't afford to.

Another is a 70-year old man who still works full time as an engineer to support not only his wife but also his divorced daughter and her children. He also requires insulin for treatment. He came to me because insulin was costing him several hundred dollars a month, which he could ill afford.

Finally, there's a young woman in her mid twenties who has Type 1 diabetes. She deliberately let her sugars run high, so she could be admitted to the hospital and get free samples of insulin, upon discharge. It was a risky plan – she could have died – but that's how desperate she was.

And she's not the only one.

Insulin keeps patients with diabetes out of the hospital and reduces chances of devastating complications, including death and disability.

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Insulin has been around for almost a century. So why is it increasingly too expensive for many Americans?

In the United States, just three pharmaceutical giants hold patents that allow them to manufacture insulin: Eli Lilly, Sanofi and Novo Nordisk. Over the past several years, these three giants have simultaneously hiked their prices. From 2010 to 2015, the price of Lantus (made by Sanofi) went up by 168 percent; the price of Levemir (made by Novo Nordisk) rose by 169 percent; and the price of Humulin R U-500 (made by Eli Lilly) soared by 325 percent. I want to make it clear – nothing about these insulins changed over this time, just their price.

Let me give you a sense of what that means to patients. One vial of Lantus insulin – which can last for a week or a month, depending on the dose needed – costs \$262 at a CT pharmacy. That’s the best price available. If a patient wants to take this insulin as a prefilled pen – which is more convenient – that will run them almost \$400 for a carton. Not all patients will have their insulin covered. Increasingly, the burden of high co-payments or deductibles is shifted to patients.

Spending on insulin is also draining state budgets. In 2015, Medicaid spent over 1.4 billion dollars on just one insulin product – Lantus.

So what can be done?

First, we need greater transparency and disclosure of drug prices. Second, we urgently need to get prescription drug costs under control. These two bills before you are important steps in the right direction.

Yes, we need to protect the intellectual capital of pharmaceutical companies so that they continue to invest in innovative new drugs. But those drugs should ultimately result in better health for patients, not just wider profit margins.

My patients are *your* constituents. There is only so much I can do as their doctor. They need your help.



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