High price of popular diabetes drugs deprives low-income people of effective treatment

May 29 2024, by Renuka Rayasam, KFF Health News

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For the past year and a half, Tandra Cooper Harris and her husband, Marcus, who both have diabetes, have struggled to fill their prescriptions

for the medications they need to control their blood sugar.

Without Ozempic or a similar drug, Cooper Harris suffers blackouts, becomes too tired to watch her grandchildren, and struggles to earn extra money braiding hair. Marcus Harris, who works as a Waffle House cook, needs Trulicity to keep his legs and feet from swelling and bruising.

The couple's doctor has tried prescribing similar drugs, which mimic a hormone that suppresses appetite and controls blood sugar by boosting insulin production. But those, too, are often out of stock. Other times, their insurance through the Affordable Care Act marketplace burdens the couple with a lengthy approval process or an out-of-pocket cost they can't afford.

"It's like, I'm having to jump through hoops to live," said Cooper Harris, 46, a resident of Covington, Georgia, east of Atlanta.

Supply shortages and insurance hurdles for this powerful class of drugs, called GLP-1 agonists, have left many people who are suffering from diabetes and obesity without the medicines they need to stay healthy.

One root of the problem is the very high prices set by drugmakers. About 54% of adults who had taken a GLP-1 drug, including those with insurance, said the cost was "difficult" to afford, according to KFF poll results released in May. But it is patients with the lowest disposable incomes who are being hit the hardest. These are people with few resources who struggle to see doctors and buy healthy foods.

In the United States, Novo Nordisk charges about $1,000 for a month's supply of Ozempic, and Eli Lilly charges a similar amount for Mounjaro. Prices for a month's supply of different GLP-1 drugs range from $936 to $1,349 before insurance coverage, according to the

Peterson-KFF Health System Tracker. Medicare spending for three popular diabetes and weight loss drugs—Ozempic, Rybelsus, and Mounjaro—reached $5.7 billion in 2022, up from $57 million in 2018, according to research by KFF.

The "outrageously high" price has "the potential to bankrupt Medicare, Medicaid, and our entire health care system," Sen. Bernie Sanders, I-Vt., who chairs the U.S. Senate Committee on Health, Education, Labor and Pensions, wrote in a letter to Novo Nordisk in April.

The high prices also mean that not everyone who needs the drugs can get them. "They're kind of disadvantaged in multiple ways already and this is just one more way," said Wedad Rahman, an endocrinologist with Piedmont Healthcare in Conyers, Georgia. Many of Rahman's patients, including Cooper Harris, are underserved, have high-deductible health plans, or are on public assistance programs like Medicaid or Medicare.

Many drugmakers have programs that help patients get started and stay on medicines for little or no cost. But those programs have not been reliable for medicines like Ozempic and Trulicity because of the supply shortages. And many insurers' requirements that patients receive prior authorization or first try less expensive drugs add to delays in care.

By the time many of Rahman's patients see her, their diabetes has gone unmanaged for years and they're suffering from severe complications like foot wounds or blindness. "And that's the end of the road," Rahman said. "I have to pick something else that's more affordable and isn't as good for them."

GLP-1 agonists—the category of drugs that includes Ozempic, Trulicity, and Mounjaro—were first approved to treat diabetes. In the last three years, the Food and Drug Administration has approved rebranded versions of Mounjaro and Ozempic for weight loss, leading demand to

skyrocket. And demand is only growing as more of the drugs' benefits become apparent.

In March, the FDA approved the weight loss drug Wegovy, a version of Ozempic, to treat heart problems, which will likely increase demand, and spending. Up to 30 million Americans, or 9% of the U.S. population, are expected to be on a GLP-1 agonist by 2030, the financial services company J.P. Morgan estimated.

As more patients try to get prescriptions for GLP-1 agonists, drugmakers struggle to make enough doses.

Eli Lilly is urging people to avoid using its drug Mounjaro for cosmetic weight loss to ensure enough supplies for people with medical conditions. But the drugs' popularity continues to grow despite side effects such as nausea and constipation, driven by their effectiveness and celebrity endorsements. In March, Oprah Winfrey released an hourlong special on the medicines' ability to help with weight loss.

It can seem like everyone in the world is taking this class of medication, said Jody Dushay, an assistant professor of medicine at Harvard Medical School and an endocrinologist at Beth Israel Deaconess Medical Center. "But it's kind of not as many people as you think," she said. "There just isn't any."

Even when the drugs are in stock, insurers are clamping down, leaving patients and health care providers to navigate a thicket of ever-changing coverage rules. State Medicaid plans vary in their coverage of the drugs for weight loss. Medicare won't cover the drugs if they are prescribed for obesity. And commercial insurers are tightening access due to the drugs' cost.

Health care providers are cobbling together care plans based on what's

available and what patients can afford. For example, Cooper Harris' insurer covers Trulicity but not Ozempic, which she said she prefers because it has fewer side effects. When her pharmacy was out of Trulicity, she had to rely more on insulin instead of switching to Ozempic, Rahman said.

One day in March, Brandi Addison, an endocrinologist in Corpus Christi, Texas, had to adjust the prescriptions for all 18 of the patients she saw because of issues with drug availability and cost, she said. One patient, insured through a teacher retirement health plan with a high deductible, couldn't afford to be on a GLP-1 agonist, Addison said.

"Until she reaches that deductible, that's just not a medication she can use," Addison said. Instead, she put her patient on insulin, whose price is capped at a fraction of the cost of Ozempic, but which doesn't have the same benefits.

"Those patients who have a fixed income are going to be our more vulnerable patients," Addison said.