



**Lilly USA, LLC**

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September 11, 2023

By Email

The Honorable Margaret Wood Hassan  
324 Hart Senate Office Building  
Washington, DC 20510

The Honorable Tina Smith  
720 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Hassan and Smith:

On behalf of Eli Lilly and Company, I write in response to your August 31, 2023 letter requesting that Lilly ensure that all patients have access to Lilly insulin without paying more than \$35 per month out of pocket. I can confirm that this is already true for all of Lilly's insulins.

Back in 2020, when we saw the insurance system was not always working for people who need insulin, we were the first and still only company to cap what people pay at \$35 per month for all of our insulins, even when patients have no insurance or when their insurance would have forced them to pay much more.<sup>1</sup> That's \$35 for all our insulins, regardless of the number of pens or vials someone needs in a month. Our \$35 program does not require any application, waiting period, identifying information, or income thresholds.

We made this solution even easier earlier this year by automating the \$35 cap wherever possible for people with commercial insurance, so they no longer need to present the savings card to their pharmacist or even know the program exists. Whatever their insurance company would have charged them for their monthly supply of Lilly insulin, we buy it down to \$35 automatically, with no action needed by the person filling the prescription.

Our \$35 program is making a real impact, helping over 100,000 people save \$20 million each month. Because of our efforts, people pay an average of \$20.48 for a month's supply of Lilly insulin—and that was before we [announced significant steps](#) on March 1, 2023 that we expect will drive that number even lower, including:

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<sup>1</sup> Government restrictions exclude people enrolled in federal government insurance programs from Lilly's \$35 solutions. But federal law provides that Medicare Part D beneficiaries also pay no more than \$35 per month for insulin, and Medicaid beneficiaries have even lower out-of-pocket costs for insulin due to federal and state caps on their cost-sharing obligations.

- Cutting insulin prices by 70% for our most popular insulins, Humalog and Humulin, by year-end.
- Reducing our generic Insulin Lispro to \$25 per vial effective May 1, making it the lowest list-priced mealtime insulin available.
- Launching Rezvoglar, a biosimilar interchangeable with a competitor's basal insulin (Lantus), at a 78% lower price.
- Enhancing our efforts to cap out-of-pocket costs for all our insulins at \$35 per month by making it automatic for most people.

These were just the latest in our longstanding effort to reduce insulin costs for people with diabetes, all against the headwinds of a healthcare system that incentivizes others to prefer higher list-price medicines. Lilly hasn't raised the list price for any of our insulins since 2017—six years ago. In fact, we've only cut them. In 2016, we launched the first follow-on biologic basal insulin in the U.S., Basaglar, at a discount to the original brand. In 2019, we launched Lispro, a nonbranded copy of our leading insulin Humalog, at a 50% discount, then later a 70% discount, and now only \$25 per vial. And in 2020 we launched our \$35 per month Insulin Value Program, which is now automatic wherever possible.

We also partnered with the Centers for Medicare & Medicaid Services (CMS) several years ago to pioneer the Medicare Part D Senior Savings Model, expanding our \$35 solutions to Medicare. This program is now the law of the land, but Congress can go further. We fully agree with you that Congress should make the same \$35 monthly cap permanent for people with commercial insurance or no insurance at all. Access to \$35 insulin should not depend on whether the person has Medicare, commercial insurance, or is uninsured.

Lilly is tremendously proud of its industry-leading work to increase access to insulin, and we welcome this opportunity to answer your questions about our affordability efforts.

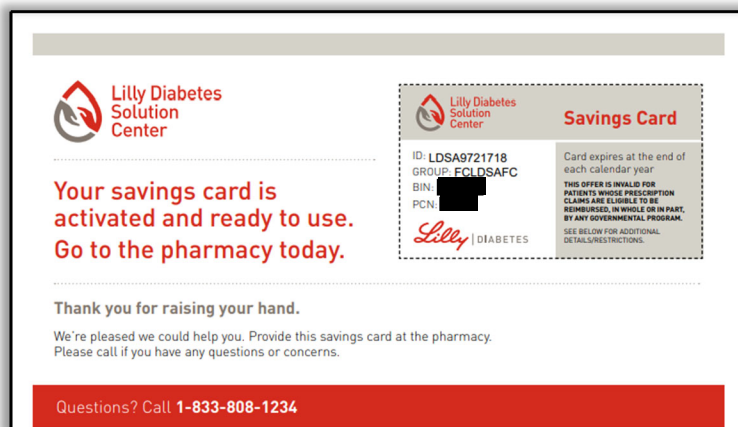
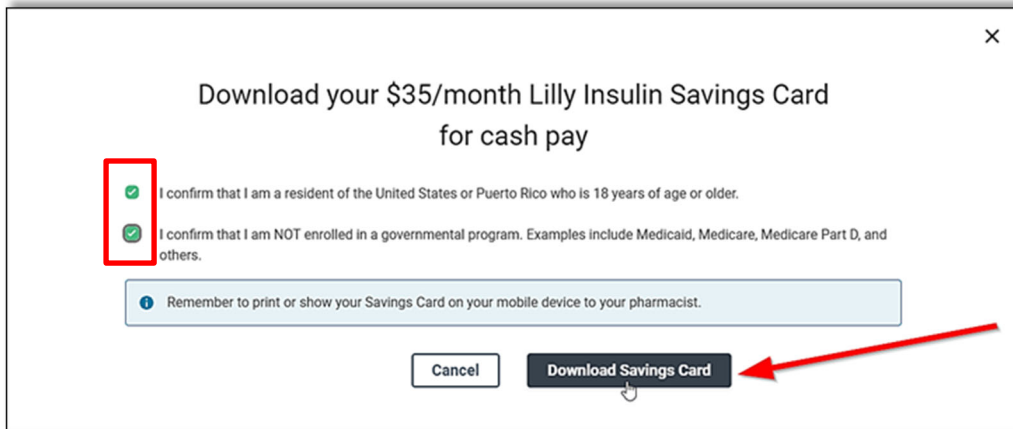
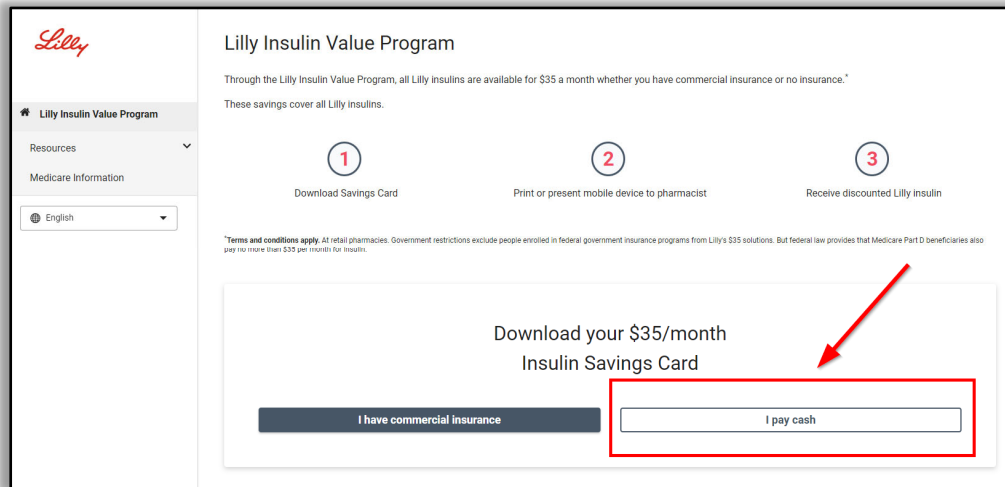
- 1. Provide a full copy of your Patient Assistance Program application, along with an enumeration of any steps that patients must take beyond completing and submitting the application to receive insulin that is \$35 or less per month.**

Lilly has a simple \$35 co-pay program for all our insulins, and there is no application. In fact, for most people with commercial insurance, there are no steps to take at all: we've automated the \$35 cap wherever possible. That means they no longer need to present a savings card at the pharmacy to get insulin for \$35. Instead, Lilly buys down whatever their insurance company would have charged them for their monthly supply of Lilly insulin to \$35 automatically, with no action needed by the person filling the prescription.

For those with no insurance or those who visit the minority of pharmacies without the technology to allow Lilly to automate the process, we have made it extremely easy to obtain the \$35 savings card. People can visit <https://www.insulinaffordability.com/>, select whether they have insurance or pay cash, confirm they are an adult resident of the U.S. or Puerto Rico and that they are not enrolled in a governmental health program (e.g., Medicaid, Medicare), and within seconds

receive a savings card. That card entitles them to fill their entire monthly prescription of any Lilly insulin for \$35 under the Lilly Insulin Value Program.

We designed this solution to be as simple as possible. Here are the screenshots:



Those without internet access, or who prefer to have someone guide them through the process, can get the \$35 card by calling the Lilly Diabetes Solution Center at 1-833-808-1234. Either way, our \$35 program does not require any application, waiting period, identifying information, or income thresholds.

**2. Can any patient enroll in your Patient Assistance Program in order to access \$35 per month insulin at the pharmacy counter, regardless of their insurance status or income?**

Yes. Anyone not enrolled in a federal healthcare program can access their entire monthly prescription of Lilly insulin for \$35, whether they are uninsured or have no insurance at all. There is no income restriction whatsoever for our \$35 program.

The restriction for federal healthcare beneficiaries is a result of federal regulations that prevent a manufacturer from providing copay assistance to these individuals. But federal law now ensures that Medicare beneficiaries can access insulin for \$35 per month, and copays in state Medicaid programs are also less than \$35 per month.

**3. What personal information and documentation is required from patients before they can access \$35 per month insulin?**

None. Lilly does not collect any personal information to access our \$35 per month Insulin Value Program—not even a name. In fact, in the vast majority of cases, Lilly applies this cap automatically at the pharmacy counter and requires no action by the patient.

**4. Are patients required to provide new documentation from a medical provider before they can access discounted insulin?**

No. Patients are not required to provide any documentation from a medical provider to access our \$35 program.

**5. Are internet access or computer literacy necessary for a patient to apply to your Patient Assistance Program?**

No. Neither internet access nor computer literacy is necessary to access our \$35 program. Those without internet access, or who prefer to have someone guide them through the process, can call the Lilly Diabetes Solution Center at 1-833-808-1234.

**6. On average, after an individual has applied for your Patient Assistance Program, how long does it take for his or her application to be approved?**

The process is virtually instantaneous. There is no application for our \$35 program, and for most people the \$35 cap is applied automatically at the pharmacy counter with no action needed by the patient. In the minority of cases where it is not possible to apply the \$35 cap automatically, people need only check two boxes and within seconds can download a savings card they can use at any pharmacy to fill their entire monthly prescription of any Lilly insulin for \$35.

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We at Lilly appreciate that you share our commitment to insulin affordability, and we will continue to do our part. But we have always said one company alone cannot ensure everyone has affordable access to the medicines they need. Others, particularly those in the middle of the payment and supply chains, need to do their part too to ensure that people have access to lower-cost insulin. We stand ready to work with you—and all other actors and policymakers who share this goal—to find lasting and meaningful solutions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shawn O'Neil', with a long horizontal stroke extending to the right.

Shawn O'Neil  
Senior Vice President, Global Government Affairs