



Benita Lee

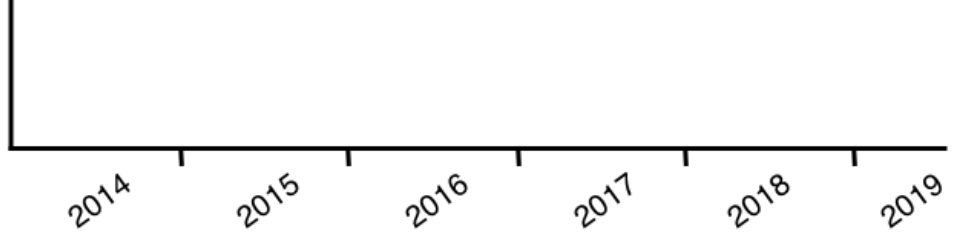
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Despite outrage over the high cost of insulin, prices for popular insulins have continued to climb in 2019, according to a GoodRx analysis. Though prices are not climbing as quickly as they did between 2002 and 2014, the average cost of insulin therapy nearly [tripled](#)—the average price* increased by 55% since the first quarter of 2014.

The analysis also shows that price increases this year affected a select group of insulins, those that control blood sugar throughout the day, and Afrezza, the inhaled, ultra-rapid insulin made by MannKind.

The average retail price for Afrezza has gone up by 8% since the fourth quarter of last year. Prices for long-acting insulins made by Sanofi-Aventis and Novo Nordisk increased by a similar amount over the same period, calling into question the pledges these manufacturers made to help reduce costs. In 2017, Sanofi-Aventis had [vowed](#) to limit annual price increases to a rate below medical inflation (5.4%). And Novo Nordisk [promised](#) just months before to cap annual price increases to 3% or less.



*average price is weighted based on the insulin units filled on a prescription claim

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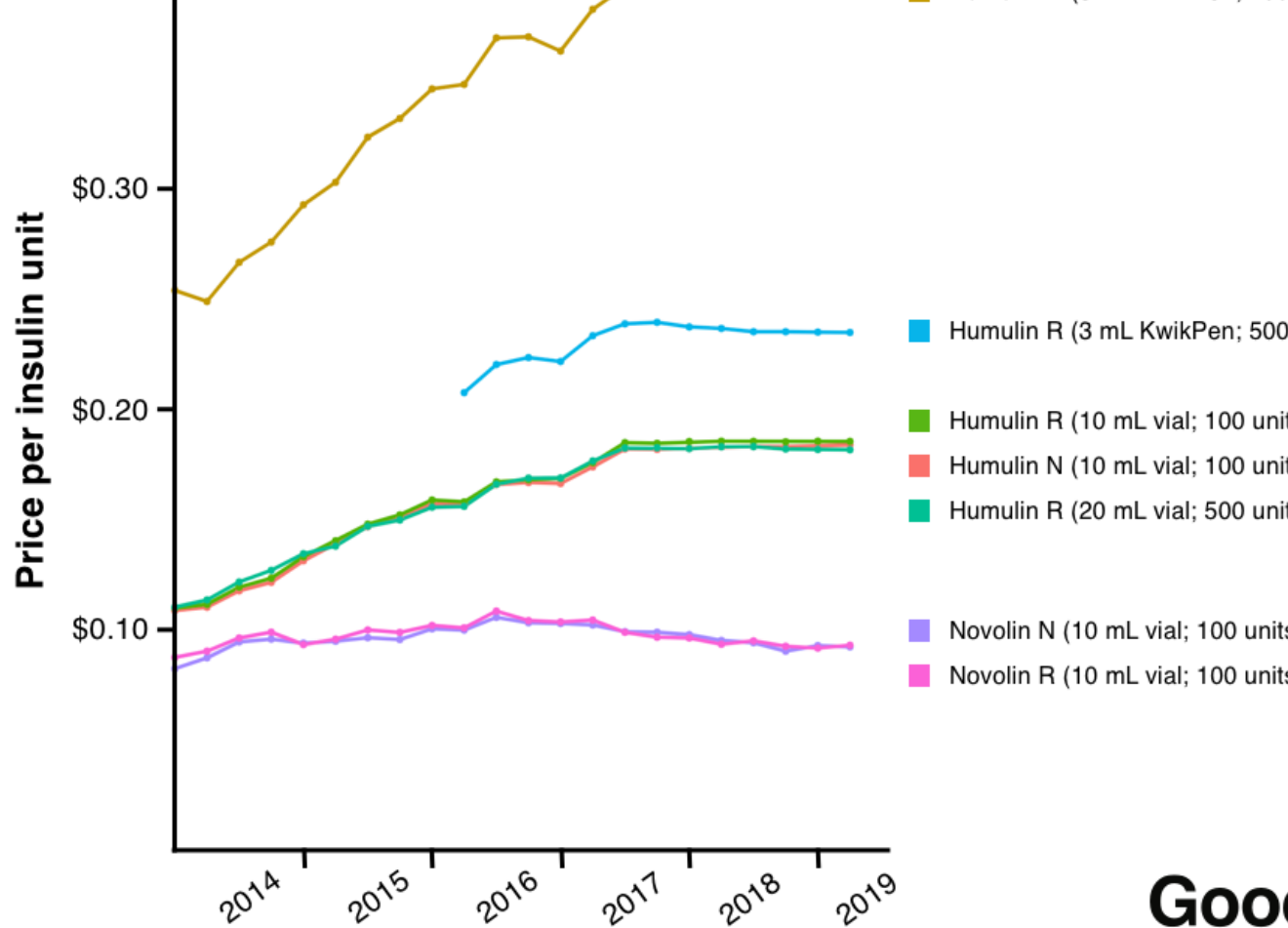
The analysis on 23 insulins across manufacturers and insulin types—short-, intermediate- and long-acting—shows that manufacturers are still raising insulin prices, and costs now vary by a lot depending on which insulin you take. Here, we'll walk you through how each insulin stacks up so you can get the best deal on these life-saving medications.

This GoodRx analysis is based on a representative sample of U.S. prescription fills (not all data comes from several sources, including pharmacies and insurers. The reported prices per unit are based on cash prices, the so-called "usual and customary" prices or retail prices at the pharmacy, not on insurance copays or co-insurance).

A note about insulin use:

One insulin unit can be defined as the amount of insulin it takes to [lower blood glucose](#). However, each individual's response is highly variable. Someone with type 2 diabetes may start with 10 to 20 units of insulin per day, while someone with type 1 diabetes may need 40 to 60 units of insulin per day, or even more. This equates to about 40 units of insulin per day for someone who weighs 150 to 200 lb (68 to 91 kg) to 2 kg of bodyweight per day, which equates to about 40 units of insulin per day for someone who weighs 150 to 200 lb (68 to 91 kg).

People with type 2 diabetes are often treated without insulin—or perhaps one type of insulin, such as long-acting insulin—as type 2 diabetes is a disease where the body is resistant to insulin's effects. In contrast, type 1 diabetes, an autoimmune disorder that kills pancreatic cells that make insulin, means that insulin of some type is needed. It's common, for example, for a person with type 1 diabetes to use both short-acting (rapid-acting) insulin along with a basal (intermediate- or long-acting) insulin.



Why? Understandably, traditional insulins have always been cheaper than their newer counterparts. Newer insulins offer better blood sugar control but are [synthetic analogs](#) of traditional insulins and are therefore more difficult to produce.

Additionally, when patents on Humulin and Novolin expired around 2000, manufacturers like Novo Nordisk had to test new pricing strategies to remain competitive.

In 2017, for example, Novo Nordisk [partnered with CVS](#) to offer Novolin at roughly 80% of the list price. Both Novo Nordisk and Eli Lilly have also worked with Walmart to heavily discount insulin products under Walmart's ReliOn line of insulin products.

Retail partnerships haven't been their only strategy. In May 2017, Eli Lilly broke from their tradition of raising Humulin prices every 6 months and has since left prices alone. In fact, prices of traditional insulins, their rapid-acting analogs ([Humalog](#) and [Novolog](#)), and their intermediate-acting analogs (Humulin 70/30, Novolog 70/30) have not gone up since then.

Novolin N vial (10 mL)	\$92 per vial	\$0.09 per unit
Humulin N vial (10 mL)	\$183 per vial	\$0.18 per unit
Humulin N KwikPen (3 mL)	\$117 per pen	\$0.39 per unit

**Insulin concentrations are 100 units/mL unless otherwise stated.*

Don't miss out on savings!

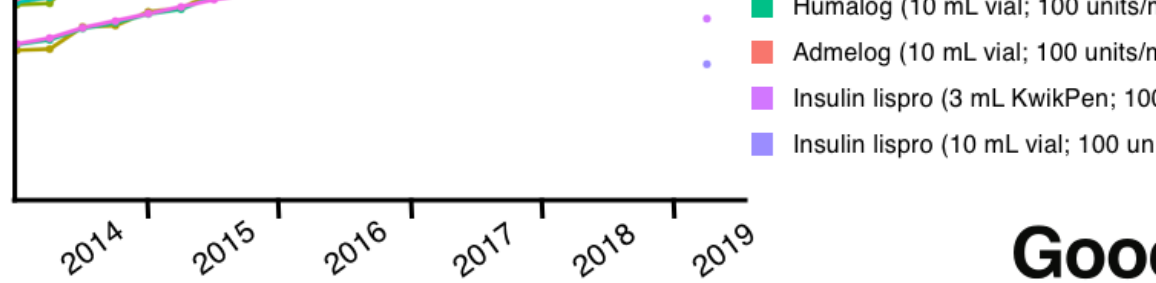
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2) Vials are cheaper than newer dispensers

In 1985, Novo Nordisk introduced the first insulin pen, making it more convenient for patients to inject insulin—but it came at a price. Today, retail prices of rapid-acting insulins are about the same for pens instead of vials. This trend isn't just relevant to rapid-acting insulins; the average cost of [Humulin N](#), for example, more than doubles if you choose to use a KwikPen instead of a vial.



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New dispensers make insulin more expensive. We're seeing that again with [Afrezza](#) delivered as an inhalable powder. One unit of Afrezza's insulin can cost as much as 6 times as much as rapid-acting insulins. (Afrezza's manufacturer, MannKind, offers the medication at reduced cost through its [direct purchase program](#).)

Retail Prices of Rapid-Acting Insulins (Q2 2019)

	Price per dispenser	Price per unit
Insulin lispro		
Generic insulin lispro vial vial (10 mL)	\$180 per vial	\$0.18 per unit
Generic insulin lispro KwikPen (3 mL)	\$72 per pen	\$0.24 per unit
Admelog vial (10 mL)	\$291 per vial	\$0.29 per unit
Admelog SoloStar pen (3 mL)	\$187 per pen	\$0.37 per unit
Humalog vial (10 mL)	\$332 per vial	\$0.33 per unit
Humalog KwikPen (3 mL)	\$133 per pen	\$0.44 per unit
Humalog KwikPen (3 mL, 200 units/mL)	\$264 per pen	\$0.44 per unit
Humalog cartridge (3 mL)	\$132 per cartridge	\$0.44 per unit
Humalog junior KwikPen (3 mL)	\$129 per pen	\$0.43 per unit

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