**Ahead of US Senate hearing, MSF calls on pharmaceutical corporations Eli Lilly, Novo Nordisk, and Sanofi to make essential diabetes medicines affordable and accessible**

*Pharmaceutical corporations sell newer diabetes drugs at up to 40,000% markup, while* [*half of people with type 2 diabetes*](https://www.who.int/news/item/12-11-2021-new-who-report-maps-barriers-to-insulin-availability-and-suggests-actions-to-promote-universal-access) *who need insulin\* don’t have access*

As the US Senate Committee on Health, Education, Labor and Pensions hearing convenes focussing on “[why Novo Nordisk is charging outrageously high prices for diabetes medicines”](https://www.help.senate.gov/hearings/why-is-novo-nordisk-charging-americans-with-diabetes-and-obesity-outrageously-high-prices-for-ozempic-and-wegovy), Médecins Sans Frontières/Doctors Without Borders (MSF) called on pharmaceutical corporations [Eli Lilly](https://msfaccess.org/open-letter-eli-lilly-barriers-accessing-diabetes-medicines), [Novo Nordisk](https://msfaccess.org/open-letter-novo-nordisk-barriers-accessing-diabetes-medicines), and [Sanofi](https://msfaccess.org/open-letter-sanofi-barriers-accessing-diabetes-medicines) in open letters to take urgent action to increase access to diabetes medicines everywhere by dropping prices and not blocking generic manufacturers from entering the market in order to help meet the global demand for these lifesaving treatments.

Currently, Eli Lilly, Novo Nordisk, and Sanofi control and monopolise the diabetes market\*\* and so can set prices as high as they want, effectively blocking affordable access to treatment for people living with diabetes around the world, and particularly in humanitarian and low-resource settings.

“Every day, we witness a lack of access to insulin pens and newer diabetes medicines in countries where we work because prices are unaffordable and there is no sustainable supply,” said Christa Cepuch, pharmacist coordinator at MSF’s Access Campaign. “The corporations making diabetes medicines have profited enough: our research has shown that the prices of insulin pens and new diabetes medicines are astronomically marked up at the expense of people living with diabetes being able to access lifesaving treatment.”

A [study](https://dx.doi.org/10.1001/jamanetworkopen.2024.3474) published in March 2024 by MSF in the *Journal of the American Medical Association (JAMA) Network,* reveals the stark contrast between the estimated cost of production with a profit (the ‘cost-based price’) and the actual pharmaceutical profiteering on insulin pens and newer diabetes medicines. Long-acting analogue insulin pens, for example, are sold for US$2.98 in South Africa, $7.88 in India and $28.40 in the US, compared to the possible cost-based price of $1.30 per pen; and GLP-1 medicines (e.g. Ozempic) are sold at a nearly 40,000% markup in the US, while remaining largely unavailable in low- and middle-income countries: A one-month supply could be sold at a profit for just $0.89 per month, yet costs $115 per month in South Africa, $230 in Latvia, and $353 in the US.

Additionally, Eli Lilly and Novo Nordisk are the only producers of this newer GLP-1 receptor agonist class of medicine used to treat people with diabetes. The high prices charged by these corporations are in part due to patent monopolies on the medicines and the devices that deliver them blocking generic manufacturers from entering the market, which could help drive prices down. [For example](https://msfaccess.org/untangling-web-antiretroviral-price-reductions-14th-edition), competition among generic pharmaceutical manufacturers is what brought the cost of HIV medicines down by 99% over the past two decades. Having additional manufacturers in the market would also help meet the global supply needs for these new medicines in pen devices, which Eli Lilly and Novo Nordisk are unable to do alone.

“The Senate Hearing asked pharmaceutical corporations a basic question: what makes it acceptable to charge extraordinarily high prices for lifesaving medicines when they cost just a few dollars to produce?” said Mihir Mankad, director of global health advocacy and policy at MSF USA. “We urge Novo Nordisk, as well as Eli Lilly and Sanofi, to put people before profits by dropping the price of the diabetes medicines they produce, and allowing more manufacturers around the world to make them so there is enough supply for all people who need them.”

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*Diabetes affects 537 million people globally. It is not just a disease of high-income countries: cases are rising in low- and middle-income countries, with a projected increase of 134% in Africa by 2045. Only half of people who need insulin in the world have access to it. MSF has significantly increased the number of diabetes consultations in its medical programmes: in 2022, MSF performed 205,122 diabetes-related consultations globally.*

*\*Insulin is classified as either human or analogue, and by its onset and duration of action. Insulin analogues, while similar to human insulins in their basic structures, have been modified to change their onset and duration of action after injection, enabling greater flexibility of use for people living with diabetes.*

\*\**Eli Lilly and Novo Nordisk produce insulin and GLP1s, Sanofi produces insulin.*