

## Be Alert for Patients With Problems Affording Insulin

**One in four diabetes patients will ration or stop insulin due to skyrocketing costs...**leading to hospital admission or even death.

You'll see more efforts to address the problem. For example, some states are capping patients' out-of-pocket cost for insulin.

Be alert for problems related to accessing insulin...such as a patient admitted for ketoacidosis.

Ask patients about barriers, then notify the prescriber of your findings...there may be less expensive options if cost is the obstacle.

For example, rapid-acting generic lispro (*Humalog*) given with meals costs \$140/vial. But regular human insulin may be an alternative...it can cost as little as \$25/vial.

Or the long-acting insulin glargine (*Lantus*) costs about \$280/vial. But NPH insulin can cost as low as \$25/vial.

Educate patients about changes to their insulin regimen. Explain that A1C lowering and overall hypoglycemia is similar between regular and rapid-acting insulins...or NPH and long-acting insulins.

Point out that short-acting regular insulin can be given just before a meal. For many patients, this works as well as giving it 30 minutes before...with no additional hypoglycemia.

But be aware that prescribers may not want to switch to regular or NPH for certain patients...such as patients with type 1 diabetes or those with a history of severe hypoglycemia.

Look for patients switching from a pen to a vial and syringe for cost savings. Use our Insulin Education Checklist as a teaching guide...and watch patients self-administer a dose, if possible.

### Key References:

- JAMA 2019;321(4):350-1
- JAMA Intern Med 2019;179(1):112-4
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