**Abstract**

As of 2018, approximately 7.4 million Americans with Diabetes mellitus rely on insulin for survival[[1]](#footnote-1). One of the barriers to treatment access for these patients is the price of said insulin. For decades, pharmaceutical firms such as Eli Lilly and Company, Sanofi, and Novo Nordisk have advertised supposed patient assistance programs and copay coupons as a way to improve access to the biologic for those who cannot generally afford insulin. However, little empirical evidence is available to support the effectiveness of such programs. In fact, the United States policy has often pushed back on such programs with various restrictions and bans on their use for Medicare and Medicaid benefactors[[2]](#footnote-2). We utilize Medicare Part D claims data from Ohio and West Virginia to study the effects of copay coupons on patient access to insulin. While descriptive statistics appear to initially provide some evidence that the availability of copay coupons or patient assistance programs improved access to insulin for Medicare beneficiaries, we find that this variation in insulin access can instead be attributed to state-level and county-level time trends instead of effects related to the availability copay coupons and patient assistance programs.

1. Yilu Lin et al., “Exacerbation of Financial Burden of Insulin and Overall Glucose‐lowing Medications among Uninsured Population with Diabetes,” *Journal of Diabetes* 15, no. 3 (February 7, 2023): 215–23, https://doi.org/10.1111/1753-0407.13360. [↑](#footnote-ref-1)
2. HIV AND HEPATITIS POLICY INSTITUTE, et al., Plaintiffs, v. UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES et al., (Georgetown University Law Center September 29, 2023). [↑](#footnote-ref-2)