Webinar
Global Access to Affordable Insulin
Understanding the Barriers
Marg Ewen and Molly Lepeska, Health Action International
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Q&A Time with the Participants
Transcription of the Webinar Chat

16:03:23
From Elisabeth Massute: Does anybody else have audio problems? There seems to be an echo.

16:03:54
From Marcela Vieira: Sorry, is it better now?

16:04:09
From Elisabeth Massute: Yes thank you. :)

16:25:02
From Carolina Gómez: There is no difference between analogue and human insulins, why not concentrate advocacy in keeping usage of human insulins instead of biosimilar analogue insulins?

16:33:09
From Carolina Gómez: What do you know about the initiatives of magistral production of insulins or “kitchens of insulins”, where people make their own insulines and what do you think about that, because it is such a disruptive way to produce drugs.

16:33:23
From Manuel Martin To All Panellists: There is a big difference between human and analogue insulins in terms of the usability and real life blood sugar management. Human insulins are hard to use and requires a lot of discipline on the part of the patients. This poses significant challenges in a lot of settings/patient groups.

16:34:07
From ROB VERHAGE To All Panellists: my other question is: Are the alternatives for Novo, Sanofi and Lily products allowed on markets controlled by a SRA?
From Chris Ramko: There are differences: insulin analogues are technically not insulin—they perform the same task (getting glucose into the cells), but their onset and duration are specific to their molecular "shape". The short-acting analogues are specific to pumps and the long-acting are "very" long-acting.

From Warren Kaplan To All Panellists: What do think are the best ways to get insulin buyers to involved in helping lower insulin prices?

From ROB VERHAGE To All Panellists: And another is: Have some countries already successfully introduced widening the supplier's base? If so, which countries have?

From Marcela Vieira: Hi all, please make sure you send your questions and comments to all panellists and attendees; this is not set by default you have to select this option.

From Alex Lawrence: Link to the toolkit: http://accisstoolkit.haiweb.org/

From ROB VERHAGE: And another is: Have some countries already successfully introduced widening the supplier's base? If so, which countries have?

From Donna Meyer To All Panellists: what are prime obstacles to greater competition given this is an "old" drug?

From Vanessa López To All Panellists: What market interventions have you envisioned? thanks a lot!

From Alex Kong: Following up on this question: In the interview section, it's mentioned that prescribers did not see a difference between human and analogue insulin in practice. Was this related to clinical efficacy (following up with patients), or a general perspective from the clinicians that there wasn't a real difference in outcomes, so they should not prescribe analogues over human insulin?

From Carolina Gómez: There is no difference in efficacy.
From Carolina Gómez: Not at all

From leineweber To All Panellists: Hi. Did you find any relation between world estimate needs and production capacities?

From Chase Perfect To All Panellists: This study provides such an excellent blueprint for evaluating access to a specific category of medicines (for fellow civil society stakeholders working in other diseases areas). Do you plan to develop at some point a sort of guide of the study process/logistics?

From Louise Kyle: I would just add to the conversation that human insulin can be a tricky clinical choice in places/communities with food insecurity as it requires stricter dietary choices and timing. Where there are barriers to accessing test strips (etc.) it also makes monitoring for nocturnal hypoglycaemia (more likely and dangerous with human insulins) more difficult.

From Alex Kong: That's a great point to bring up, Louise. While there may not be a firm consensus on differences in clinical efficacy, the insulin analogues do typically have notable implications for patient adherence and use (especially with ultra-long acting analogues).

From Alex Kong: Is the list of countries purchasing only biosimilars available?

From ROB VERHAGE: Thank you for the answers. So, there are no direct alternatives for the MNC human insulin to be considered and the prospects seem poor as biosimilars focus on analogues.

From Gopal Dabade To All Panellists: in Tamil Nadu a state in India insulin is available free at government hospital even at district.

From Carolina Gómez: Yes, in the US.

From Alex Kong: The Open Insulin Project is working on biosimilar SOPs.

From Alex Kong: I believe for ultra-long acting.

From ROB VERHAGE: Is the data on procurement available so that countries may see which country buys what for which cost and from which source?
17:04:23
From Alex Kong : Thank you!

17:04:30
From Alex Lawrence : Thanks!