

Editorial Note

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The cost of insulin. A well-known and serious problem for patients with diabetes in Africa, their families and healthcare workers, is the high cost of insulin. Some time ago it was estimated that about 10% of most African countries drug budget is spent on insulin. This problem has been raised again in the medical literature – last year the New England Journal of Medicine ran an editorial entitled ‘Why is there no generic insulin?’,¹ and the British Medical Journal (BMJ) this year published a feature article headed ‘The travesty of expensive insulin’.² Both articles make the point that insulin was introduced in 1922, but no cheap generic brand exists. As the BMJ comments, ‘it’s as if Bayer still owned the rights to insulin and charged us a fiver a pill’.² For those not used to British slang ‘fiver’ means £5 sterling! One reason for the high price of insulin is that manufacturers have regularly refined their products to maintain patent rights. Thus, beef insulins gave way to pork, pork to human and human to analogue. The benefits of these insulin alterations can be debated, but the financial cost is high; in the UK analogue insulins have cost the NHS an estimated extra £625 million over the last 10 years.



All is not bad news however. A number of small pharmaceutical companies (in India for example) still produce inexpensive human insulins. Also, to be fair on the major insulin producers, many offer their products at significantly lower cost to resource-limited countries. Finally, the patents are beginning to expire on many analogue insulins, and a range of (presumably cheaper) ‘biosimilar’ insulins will emerge.

