Statement on Pen Delivery Devices for Insulin

Pediatric Endocrine Society

Endocrine Society

American Association of Clinical Endocrinologists

American Diabetes Association

The Pediatric Endocrine Society, Endocrine Society, American Association of Clinical Endocrinologists, and the American Diabetes Association are aware that some insurers have adopted policies of denying provision of insulin via pen delivery devices unless individuals have a documented disability. We strongly oppose such policies because of the critical importance of insulin delivery that is individualized and effective for the patient based on a number of factors, including ease of use, adherence, and lifestyle choices.

The benefits of insulin delivery via pen are particularly relevant for those in the pediatric age group with either type 1 or type 2 diabetes. Insulin pens allow for smaller and half unit doses to be administered easily, which improves the overall adherence to treatment plans by caregivers such as parents, schools, and other childcare providers. Moreover, less skill and dexterity are needed to administer insulin via pen, making the pen a good option in older children giving their own injections. Finally, using pens is considered more discrete by patients\(^1\), which is of substantial importance to maintain adherence, particularly for adolescents. Ultimately, the best treatment option is the one the patient or his or her caregivers will adhere to, confirming the importance of patient choice of insulin delivery device.
Although pen delivery devices are sometimes more expensive than vials and syringes, many analyses have found that switching from vial and syringe to pen delivery is, in fact, cost-neutral or cost-saving for patients with diabetes\textsuperscript{2-6}. We recognize the need to decrease the costs of insulin therapy, and we encourage all stakeholders to work to reduce the cost of insulin – regardless of delivery method. People with diabetes should have the opportunity to work with their health care providers to choose the therapeutic approaches that best meet their needs. Partnerships between insurers and manufacturers should not limit therapeutic choice.

References: