

## Jardiance

Maryland is working to support affordability through its Prescription Drug Affordability Board (PDAB), while <u>advocates press for the expansion of this authority to help more residents</u>. Among the drugs up for review by the PDAB is Jardiance (empagliflozin). Jardiance is sold by Boehringer Ingelheim and Eli Lilly and is used to treat diabetes and heart failure.

As Boehringer Ingelheim and Eli Lilly reaped huge profits by charging Americans over 11 times more than they charge comparable countries for Jardiance, Eli Lilly spent billions on self-enriching activities like executive compensation, stock buybacks (a practice where a company repurchases shares, thereby inflating stock prices and enriching shareholders—including executives often paid in stock), and dividends (another way publicly traded companies return cash to investors).

Boehringer Ingelheim and Eli Lilly have made billions from Jardiance.

- Jardiance has generated over \$26.8 billion in sales since its launch in 2014.
- Revenues obtained through Jardiance sales are nearly **38 times** the median cost for research and development of a new drug <u>estimated by experts</u>.

Boehringer Ingelheim and Eli Lilly charge Americans the highest price in the world for Jardiance.

• Jardiance's list price is \$611 for a 30-day supply — this is 11.7 times higher than the average price across comparable countries (\$52), according to a recent <u>analysis</u>.

Boehringer Ingelheim and Eli Lilly ripping us off is even more egregious considering significant taxpayer contributions to research prior to the approval of Jardiance, including <u>\$434.2 million</u><sup>3</sup> in NIH funding for basic and applied research.<sup>4</sup>

Boehringer Ingelheim uses predatory patenting tactics to expand monopoly protections over Jardiance. This staves off generic competition — a proven way to lower prices — keeping prices higher, longer.

• <u>According to Public Citizen research</u>, Boehringer Ingelheim's patents covering methods for screening patients for use of empagliflozin can be exploited to exclude generics until as late as 2034 – an extra five years beyond the expiry of the drug compound patent and almost 20 years beyond the drug's initial approval.

## Eli Lilly<sup>5</sup> spends huge sums on payouts to executives and shareholders, rather than R&D.

- In 2023 alone, Eli Lilly spent nearly \$6 billion enriching shareholders through stock buybacks and dividends, maintaining its exorbitant executive compensation, and advertising its products.
- Since 2017, Eli Lilly has spent an average of over \$1 billion on advertising each year. This is more than the <u>total retail sales for prescription drugs covered by Medicaid in Maryland in 2019</u>.

See, https://www.ineteconomics.org/uploads/papers/WP\_219-Federal-spending-on-drugs-Ledley-et-al-final.pdf

<sup>&</sup>lt;sup>3</sup> Zhou et al. identified PubMed publications related to the drug target or the drug and subsequently identified NIH grants associated with the publications. Basic research funding was totaled through the date of approval of a first-in-class product associated with that target (in the case of Farxiga and Jardiance (which both target SGLT2), the first-in-class drug approval was Invokana (canagliflozin) in 2013). Thus, the funding total applets to multiple drugs.

<sup>&</sup>lt;sup>4</sup> NIH support for biomedical research is largely focused on basic research (the foundational research on biological targets for drug action that drug development is based upon). A smaller proportion goes toward applied research (research associated with later-stage development of a drug). See, <u>https://www.bmj.com/content/367/bmj.15766</u>

<sup>&</sup>lt;sup>5</sup> Eli Lilly and Boehringer Ingelheim commercialized Jardiance together, but the latter company is privately held. Thus, data on self-enriching activities is only available for Eli Lilly.