

**Novo Nordisk’s Untenable Drug Pricing Strategy in America:
Greed, Greed, Greed**

I. Executive Summary

Last week, Senator Bernie Sanders (I-Vt.), Chair of the Senate Committee on Health, Education, Labor, and Pensions (HELP Committee), announced that CEOs of major generic pharmaceutical companies were willing to sell Ozempic to Americans for less than \$100 per month.¹

Today, Novo Nordisk charges Americans with type 2 diabetes \$969 a month for Ozempic, while this same exact drug can be purchased for just \$59 in Germany, \$71 in France, \$122 in Denmark, and \$155 in Canada. Meanwhile, Novo Nordisk charges Americans with obesity \$1,349 a month for Wegovy while this same exact product can be purchased for just \$92 in the United Kingdom, \$137 in Germany, \$186 in Denmark, and \$265 in Canada.

As a result of these outrageously high prices, 194 million Americans have health insurance that does not cover these breakthrough drugs.² To understand how these unconscionably high prices impact drug coverage, Chairman Sanders wrote letters to five entities: the three major pharmacy benefit managers (PBMs) that help determine drug coverage for most of the nation; the North Carolina State Health Plan, which provides coverage to the state’s public employees; and Blue Cross Blue Shield of Michigan, a commercial health insurer.

Referring to Ozempic and Wegovy, Blue Cross Blue Shield of Michigan told the HELP Committee, “[t]he high costs of these drugs make access and coverage across the industry untenable.”³ CVS Health/Caremark, one of the PBMs, said the costs were “overwhelming,” and “there is simply no way for our clients to make these drugs available to everyone who will eventually qualify at their current price points.”⁴ One major commercial health insurance company told Chair Sanders that the company would have to double premiums for all of its policy holders if it covered Wegovy and Ozempic for all eligible patients.

¹ “Sanders Announces Generic Pharma Companies Willing to Sell Ozempic for Less than \$100” (September 17, 2024). <https://www.sanders.senate.gov/press-releases/news-sanders-announces-generic-pharma-companies-willing-to-sell-ozempic-for-less-than-100/>.

² LEVERAGE, Obesity Coverage Nexus Interactive Platform (2024). <https://leveragegc.com/rwjf/platform>. The database compiles insurance coverage from publicly available sources. It accounts for coverage of nearly 88% of covered lives in the U.S.

³ Letter from Daniel J. Loepp, President & CEO, Blue Cross Blue Shield of Michigan, to Sen. Bernard Sanders (Sept. 13, 2024) (See Appendix).

⁴ Letter from Melissa Schulman, Senior Vice President, Government and Public Affairs, CVS Health, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

This report takes a serious look at Novo Nordisk’s claims about why the company charges outrageously high prices for Ozempic and Wegovy in the United States. Specifically, this report compares Novo Nordisk’s claims regarding its pricing of the drugs to new information provided by the health insurance plans and PBMs, company financial filings, and federal records to uncover how Novo Nordisk was, as one health plan described, using its "position of power" to “squeeze” plans and “boost its corporate profits.”⁵

Key findings include:

- **Contrary to claims from Novo Nordisk, in this case, PBMs and health insurance plans are not the reason for high prices for Ozempic and Wegovy.**
 - In previous testimony before the Committee, Novo Nordisk’s CEO blamed PBMs and health insurance plans for the cost of prescription drugs, citing an “insurance system full of misaligned economic incentives.”⁶ The list of drugs covered by PBMs and health plans is called a formulary. In 2019, Novo Nordisk told the Senate Finance Committee as part of its insulin investigation that “a pharmaceutical company like NNI [Novo Nordisk] fighting to remain on formulary is constrained from lowering [the] list price because PBMs will then earn less in rebates and potentially choose to exclude Novo Nordisk's products if its rebates are not competitive.”⁷ Novo Nordisk said it was not able to obtain assurances from PBMs that its products would maintain formulary access if it lowered list prices.⁸
 - **In contrast, all three major PBMs committed to Chair Sanders that a list price reduction would not negatively impact formulary placement for Ozempic and Wegovy.** These PBMs said they welcomed lower list prices from Novo Nordisk. When asked about what it would mean for coverage and access if Ozempic and Wegovy were available for \$100 per month, PBMs and plans said lower list prices would help make these drugs more widely available.
 - According to UnitedHealth Group/Optum Rx, “A decision by Novo Nordisk to align U.S. pricing more closely with those in other countries would meaningfully increase access for U.S. patients.”⁹
 - CVS Health/Caremark said lower list prices would “open up access.”¹⁰

⁵ Letter from Dale R. Folwell, Treasurer, State of North Carolina, to Sen. Bernard Sanders (Sept. 13, 2024) (See Appendix).

⁶ Lars Fruergaard Jørgensen, Testimony before the Senate Committee on Health, Education, Labor and Pensions. “The Need to Make Insulin Affordable for All Americans,” May 10, 2023.

<https://www.help.senate.gov/hearings/the-need-to-make-insulin-affordable-for-all-americans>

⁷ Documents produced by Novo Nordisk in response to Senate Finance Committee investigation on insulin prices, pg. 59 (2019). https://www.finance.senate.gov/imo/media/doc/Novo_Redacted.pdf.

⁸ *Id.*

⁹ Letter from Andrew Witty, Chief Executive Officer, UnitedHealth Group, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

¹⁰ Letter from Melissa Schulman, Senior Vice President, Government and Public Affairs, CVS Health, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

- BlueCross BlueShield Michigan said \$100 per month pricing for Ozempic and Wegovy would “significantly increase coverage and access.”¹¹
- Novo Nordisk also points to the discounts it provides PBMs and health plans.¹² However, even after these discounts, Novo Nordisk is still charging Americans three times as much for the exact same prescription drugs.¹³

Table 1: U.S. and international monthly prices of Ozempic and Wegovy

	Ozempic	Wegovy
U.S. list	\$969	\$1,349
U.S. net (estimated)	\$581	\$809
Canada	\$155	\$265
Denmark	\$122	\$186
Germany	\$59	\$137
U.K.	\$92	\$92

- **The high prices of Ozempic and Wegovy cannot be justified by Novo Nordisk’s need to fund future research and development (R&D).**
 - Novo Nordisk said negotiating lower prices would “make it more difficult for Novo to continue to invest in new and innovative drug research and development efforts, harming both Novo and patients.”¹⁴
 - Though the Committee asked Novo Nordisk to provide disaggregated R&D spending data related to Ozempic and Wegovy, the company did not.
 - However, since launching Ozempic in 2018, Novo Nordisk has spent twice as much on stock buybacks and dividends (\$44 billion) as it has on research and development (\$21 billion), according to financial filings.¹⁵
 - Novo Nordisk has also lavished cash and perks on health care providers, sending doctors on trips to Alaska, Hawaii, and Florida, and paying for nearly 1.7 million meals and snacks for doctors and other health care providers to promote Ozempic and Wegovy, federal records show.¹⁶

¹¹ Letter from Daniel J. Loepp, President & CEO, Blue Cross Blue Shield of Michigan, to Sen. Bernard Sanders (Sept. 13, 2024) (See Appendix).

¹² Lovelace Jr., Berkeley. “Bernie Sanders says Ozempic can be produced for less than \$100 a month” (2024). *NBCNews*. <https://www.nbcnews.com/health/health-news/bernie-sanders-says-ozempic-can-produced-less-100-month-rcna171493>.

¹³ Novo Nordisk has publicly said that it estimates discounts for Ozempic and Wegovy are around 40% of list price. (See: Lovelace Jr., Berkeley. “Bernie Sanders says Ozempic can be produced for less than \$100 a month” (2024). *NBCNews*. <https://www.nbcnews.com/health/health-news/bernie-sanders-says-ozempic-can-produced-less-100-month-rcna171493>). This aggregate figure likely overestimates the discounts available to most commercial plans. Pharmaceutical companies often combine rebates with other kinds of government-mandated discounts (e.g., 340B pricing, Medicaid rebates) to present a misleading figure of the net price. Novo Nordisk did not comply with the Committee’s request to provide the prices paid by government payers, each of the 10 largest commercial health plans, and the five largest pharmacy benefit managers that Novo Nordisk contracts with.

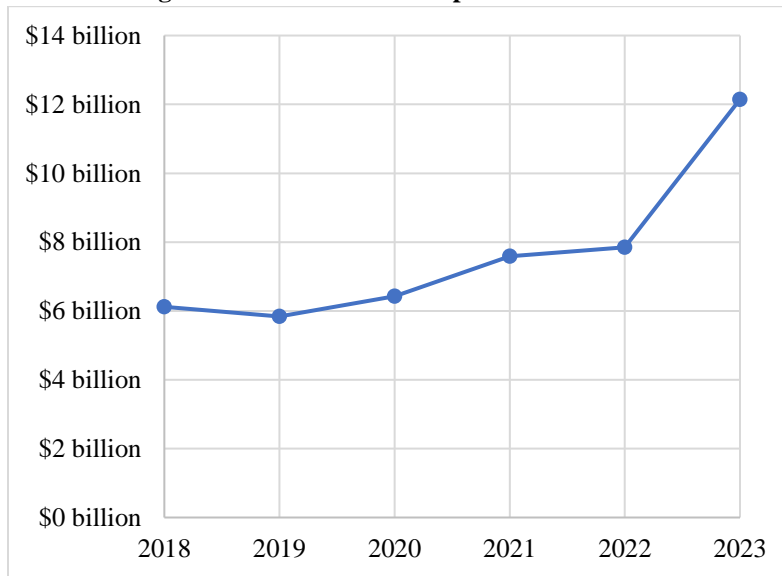
¹⁴ Novo Nordisk vs Becerra et al, No. 323-cv-201814, (D.N.J. 2024).

¹⁵ HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results. <https://www.novonordisk.com/investors/financial-results.html>.

¹⁶ HELP Committee Analysis of Centers for Medicare and Medicaid Services Open Payments Database 2018-2023. <https://openpaymentsdata.cms.gov/company/100000000144>.

- **Novo Nordisk’s high prices in the U.S. are due to excessive corporate greed.**
 - Novo Nordisk has recorded \$52.6 billion in profits since 2018.¹⁷

Figure 1: Novo Nordisk net profits 2018-2023¹⁸



- Novo Nordisk’s pricing is arbitrary, as demonstrated by the difference in U.S. price between Ozempic (\$969 per month) and Wegovy (\$1,349 per month)—two products with the same drug, semaglutide. In America today, 38 million Americans have diabetes and more than 100 million Americans have obesity. Instead of setting a lower price for a product with a higher expected sales volume, Novo Nordisk chose to charge significantly more for Wegovy than Ozempic.
- Novo Nordisk has made an estimated \$2 billion since 2021 by charging Americans nearly \$400 more for Wegovy, prescribed for weight loss, than Ozempic, prescribed for diabetes. In 2024, that price differential amounted to approximately \$4 million per day.
- Novo Nordisk has made far more money in the U.S. than the rest of the world combined, making 72 percent of its revenue from Ozempic and Wegovy in the U.S. alone.

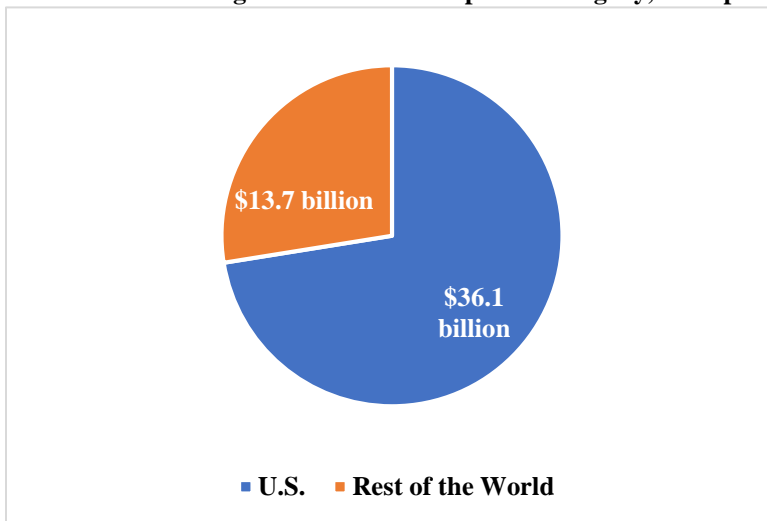
¹⁷ Includes net profits from the first half of 2024 which are not reflected in the chart. HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results.

<https://www.novonordisk.com/investors/financial-results.html>.

¹⁸ HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results.

<https://www.novonordisk.com/investors/financial-results.html>.

Figure 2: Novo Nordisk global sales of Ozempic and Wegovy, 2018-present¹⁹



There is no rational reason, other than greed, for Novo Nordisk to charge up to 10-15 times more for Ozempic and Wegovy in the United States than it does in other countries. Novo Nordisk is out of excuses. The time has come for this large, profitable pharmaceutical corporation to substantially reduce the price of Ozempic and Wegovy. As important as these drugs are, they will not do any good for the millions of patients who cannot afford them. Further, if the prices for these products are not substantially reduced, they have the potential to bankrupt Medicare, Medicaid, and our entire health care system. The United States Congress and the federal government cannot allow that to happen.

In July, President Biden and Chair Sanders vowed to stand up to Big Pharma. They wrote: “If Novo Nordisk and other pharmaceutical companies refuse to substantially lower prescription drug prices in our country and end their greed, we will do everything within our power to end it for them.”²⁰

¹⁹ *Id.*

²⁰ Joe Biden and Bernie Sanders. “Novo Nordisk, Eli Lilly must stop ripping off Americans with high drug prices.” *USA Today* (July 2, 2024). <https://www.usatoday.com/story/opinion/2024/07/02/biden-sanders-prescription-drug-cost-ozempic-wegovy/74232827007/>

II. High prices are not because of PBMs and health plans.

At a hearing before the HELP Committee in May 2023, Novo Nordisk CEO, Lars Fruergaard Jørgensen, blamed insurers and PBMs for the high cost of prescription drugs, noting an “insurance system full of misaligned economic incentives.”²¹

Plan sponsors—such as employers, unions, and governments—and insurers contract with PBMs to administer prescription drug benefits for their beneficiaries. Among other services, PBMs create a formulary—or a list of covered drugs—and negotiate rebates, fees, and other discounts with pharmaceutical manufacturers for formulary placement.²² Within the formulary, PBMs categorize drugs into tiers, which indicate the amount of out-of-pocket costs for patients. Drugs placed on higher tiers typically have higher out-of-pocket costs. Pharmaceutical companies compete to keep their products on the formulary and in the tiers with the lowest out-of-pocket costs.

In 2019, Novo Nordisk told the U.S. Senate Finance Committee as part of the Committee’s investigation into insulin accessibility:

While increased competition in a marketplace would usually lead to lower prices, our current healthcare system is built on misaligned incentives that have led to rising costs for medicines. Chief among these misaligned incentives is the fact that the rebates pharmaceutical companies pay to PBMs are calculated as a percentage of [the] list price. **That means that a pharmaceutical company like [Novo Nordisk] fighting to remain on formulary is constrained from lowering list price because PBMs will then earn less in rebates and potentially choose to exclude Novo Nordisk's products if its rebates are not competitive.**²³

Novo Nordisk said it was not able to obtain assurances from PBMs that its products would maintain formulary access if it lowered list prices. “For that reason, the company continues to invest in rebates.”²⁴

Novo Nordisk’s concern relates to an incentive PBMs faced in the insulin market. The Federal Trade Commission recently took enforcement actions against PBMs for systematically excluding

²¹ Lars Fruergaard Jørgensen, Testimony before the Senate Health, Education, Labor and Pensions Committee. “The Need to Make Insulin Affordable for All Americans,” May 10, 2023. <https://www.help.senate.gov/hearings/the-need-to-make-insulin-affordable-for-all-americans>

²² Plan sponsors typically choose formularies created and recommended by PBMs.

²³ Documents produced by Novo Nordisk in response to Senate Finance Committee investigation on insulin prices, pg. 59 (2019). https://www.finance.senate.gov/imo/media/doc/Novo_Redacted.pdf.

²⁴ *Id.* (“In fact, [Novo Nordisk] has had discussions with payers about the possibility of eliminating rebates and focusing instead on net price—in other words, lowering list price to the amount the company actually receives from payers. In those discussions, PBMs and other payers have expressed concern about the consequences of such a systemic change and have been unwilling to offer assurances that [Novo Nordisk] would maintain its formulary positions if it no longer offered rebates. For that reason, the company continues to invest in rebates.”)

lower list price insulin products when they became available in favor of high list price, highly rebated insulin products.²⁵ The FTC also noted it was “deeply troubled” by the role of drug manufacturers in the insulin rebate system, and reserved the right to take action against drug manufacturers in any future enforcement over similar conduct.

To better understand the role of PBMs, health plans, and insurers with respect to Ozempic and Wegovy specifically, Chair Sanders sent letters to the three largest PBMs and their parent companies: UnitedHealth Group/Optum Rx, CVS Health/Caremark, and Cigna Group/Express Scripts, and health plans and insurers that have struggled with the cost of Ozempic and Wegovy: North Carolina State Health Plan and Blue Cross Blue Shield of Michigan.

Chair Sanders asked the PBMs if they would limit access if Novo Nordisk reduced the list price of Ozempic and Wegovy, assuming the net cost (the price after rebates, fees, and other discounts) stayed the same or went down.²⁶ More specifically, Chair Sanders asked if the list price reduction by itself would result in less favorable formulary placement for Ozempic and Wegovy.

All PBMs categorically denied this possibility:

- Cigna Group/Express Scripts said: “No, if Novo Nordisk lowered their list price for Ozempic and Wegovy tomorrow to a price that was the same or lower than current net cost, that change by itself would not result in less favorable formulary placement.” To support this claim, the company provided an example: It did not disfavor a competing weight-loss product, Eli Lilly’s Zepbound, even as it launched at a list price 20% lower than Wegovy.²⁷
- UnitedHealth Group/Optum Rx said: “No . . . Assuming the net price remains the same or lower, lowering a medicine’s list price would not lead to less favorable formulary placement by Optum Rx – particularly for high-demand drugs like Ozempic and Wegovy.”²⁸
- CVS Health/Caremark said: “The simple answer is no. In fact, we can point to recent history as a proof point. When Novo-Nordisk drastically reduced the price of their insulin, Novolog, in 2023, it did not result in a less favorable formulary placement with Caremark.”²⁹

Separately, Chair Sanders asked what PBMs and health insurance plans thought the impact on coverage would be if Ozempic and Wegovy were available for \$100 per month.

²⁵ “FTC Sues Prescription Drug Middlemen for Artificially Inflating Insulin Drug Prices” (2024). *Federal Trade Commission*. <https://www.ftc.gov/news-events/news/press-releases/2024/09/ftc-sues-prescription-drug-middlemen-artificially-inflating-insulin-drug-prices> .

²⁶ In some cases, list price reductions have been followed by reductions in rebates, fees, and other discounts that led to an increase in net costs.

²⁷ Letter from Kristin Julason Damato, Senior Vice President, Global Public Policy & Government Affairs, Cigna Group, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

²⁸ Letter from Andrew Witty, Chief Executive Officer, UnitedHealth Group, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

²⁹ Letter from Melissa Schulman, Senior Vice President, Government and Public Affairs, CVS Health, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

- Cigna Group/Express Scripts said: “If Novo Nordisk lowered the price of Ozempic and Wegovy for plan sponsors to \$100 or less per patient, per month, we would expect the vast majority of our clients [health plans, employers, governments] to expand coverage and access to these products for diabetes and weight loss assuming clinical evidence continues to support efficacy and safety.”³⁰
- CVS Health/Caremark said that it expected “a price drop to \$100 would incentivize our public and private clients to increase coverage and access for GLP1s.”³¹ The company said lower list prices would “open up access for obesity treatment, in particular.”
- UnitedHealthGroup/Optum Rx said: “Given the significant price differential for these products across borders, a decision by Novo Nordisk to align U.S. pricing more closely with those in other countries would meaningfully increase access for U.S. patients.”³²
- BlueCross BlueShield Michigan said: “If costs were to be lowered by 90 percent or more to \$100 or less per month, we anticipate this would significantly increase coverage and access to these drugs.”³³

Comparing U.S. Net Prices to International Prices

Novo Nordisk also points to the rebates and other discounts it provides.³⁴ The Committee requested information from Novo Nordisk about the prices paid by government payers, each of the 10 largest commercial health plans (defined by the number of covered lives), and the five largest pharmacy benefit managers that Novo Nordisk contracts with.³⁵ Novo Nordisk chose not to provide that information. However, Novo Nordisk has publicly said that it estimates discounts for Ozempic and Wegovy are around 40%.³⁶

At a 40% discount, the estimated net price for Ozempic is around \$581 and the estimated net price for Wegovy is \$809. Even after accounting for these discounts, Novo Nordisk is still charging Americans three times as much for the exact same prescription drugs as other wealthy countries.

³⁰ Letter from Kristin Julason Damato, Senior Vice President, Global Public Policy & Government Affairs, Cigna Group, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

³¹ Letter from Melissa Schulman, Senior Vice President, Government and Public Affairs, CVS Health, to Sen. Bernard Sanders (Sept. 16, 2024) (See Appendix).

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³⁴ Lovelace Jr., Berkeley. “Bernie Sanders says Ozempic can be produced for less than \$100 a month” (2024). *NBCNews*. <https://www.nbcnews.com/health/health-news/bernie-sanders-says-ozempic-can-produced-less-100-month-rcna171493>.

³⁵ Bernard Sanders, Chair Senate HELP Committee, Letter to Novo Nordisk CEO, Lars Freuergaard Jørgensen. April 24, 2024. <https://www.sanders.senate.gov/wp-content/uploads/Letter-from-Sen.-Bernard-Sanders-to-Novo-Nordisk.pdf>.

³⁶ This aggregate figure likely overestimates the discounts available to most commercial plans. Pharmaceutical companies often combine rebates with other kinds of government-mandated discounts (e.g., 340B pricing, Medicaid rebates) to present a misleading figure of the net price. For rebate estimate, see Lovelace Jr., Berkeley. “Bernie Sanders says Ozempic can be produced for less than \$100 a month” (2024). *NBCNews*. <https://www.nbcnews.com/health/health-news/bernie-sanders-says-ozempic-can-produced-less-100-month-rcna171493>.

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Denmark	\$122	\$186
Germany	\$59	\$137
U.K.	\$92	\$92

III. High prices cannot be justified by Novo Nordisk’s need to fund future R&D.

Novo Nordisk has argued that its products are priced so high in order to fund future research and development costs. As part of its lawsuit to block Medicare from negotiating prices, Novo Nordisk argued that lowering prices can harm innovation.³⁷ The company said that negotiating lower prices would “make it more difficult for Novo to continue to invest in new and innovative drug research and development efforts, harming both Novo and patients.”³⁸

Novo Nordisk did not provide the HELP Committee with disaggregated R&D spending data related to Ozempic and Wegovy, as requested in Chair Sanders’ April 24th letter.³⁹ To understand Novo Nordisk’s spending, HELP Committee Majority staff analyzed Novo Nordisk’s financial filings, data released by the Centers for Medicare & Medicaid Services on pharmaceutical promotion to health care providers, and government transparency databases.⁴⁰

Drug development is expensive, but this information demonstrates that far more of Novo Nordisk’s spending in the last few years has been on investors or market products, not on R&D.

Buying Back Stock and Paying Dividends

Since 2018, Novo Nordisk has spent over \$44.4 billion on stock buybacks and dividends, but just \$21.4 billion on research and development.⁴¹

³⁷ Novo Nordisk vs Becerra et al, No. 323-cv-201814, (D.N.J. 2024). The lawsuit was recently dismissed, but Novo Nordisk has appealed to the Third Circuit.

³⁸ Novo Nordisk vs Becerra et al, No. 323-cv-201814, (D.N.J. 2024).

³⁹ Sanders, Bernard. Letter to Novo Nordisk CEO, Lars Freuergaard Jørgensen. April 24, 2024.

<https://www.sanders.senate.gov/wp-content/uploads/Letter-from-Sen.-Bernard-Sanders-to-Novonordisk.pdf>

⁴⁰ HELP Committee Analysis of Centers for Medicare and Medicaid Services Open Payments Database 2018-2023.

<https://openpaymentsdata.cms.gov/company/100000000144>.

⁴¹ HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results.

<https://www.novonordisk.com/investors/financial-results.html>.

Table 3: Novo Nordisk stock buybacks, dividends, and R&D costs, 2018 – 2024 (through Q2) (in billions) ⁴²

Spending Type	2018	2019	2020	2021	2022	2023	2024	Total
Stock buybacks	\$2.5	\$2.3	\$2.6	\$3.1	\$3.4	\$4.3	\$1.5	\$19.7
Dividends paid	\$3.0	\$2.9	\$3.1	\$3.4	\$3.6	\$4.6	\$4.1	\$24.8
Combination stock buybacks, dividends	\$5.5	\$5.2	\$5.7	\$6.5	\$7.0	\$9.0	\$5.6	\$44.4
R&D costs	\$2.3	\$2.1	\$2.4	\$2.8	\$3.4	\$4.7	\$3.6	\$21.4

Marketing Their Products by Paying Doctors, Nurse Practitioners, and Physician Assistants

Since 2018, Novo Nordisk has paid \$27 million to provide nearly 1.7 million meals and snacks for 145,000 doctors, nurse practitioners, and physician assistants to promote Ozempic and Wegovy.⁴³ Some meals were lavish. **Novo Nordisk paid for more than 30,000 meals that cost over \$100.**⁴⁴ **One meal cost \$600.**⁴⁵ **One doctor recorded 184 meal payments from Novo Nordisk in one calendar year—enough for every other day of the year.**⁴⁶

In addition to meals, Novo Nordisk spent millions flying providers to promote Ozempic and Wegovy.⁴⁷ Between 2018-2023, the company paid for trips to Hawaii, Alaska, Miami, Orlando, and hundreds of other destinations.⁴⁸

Novo Nordisk also paid nearly 1,000 providers for speaking fees related to Ozempic and Wegovy.⁴⁹ Novo Nordisk spent over \$29 million on speaking fees since 2018.⁵⁰ **Novo Nordisk paid some providers up to \$10,000, with payments averaging over \$2,300 per event.** Novo Nordisk paid one doctor speaking fees 77 times between 2018-2023, totaling \$183,000.

Marketing to the Public

Novo Nordisk has also spent hundreds of millions marketing its products. In 2023 alone, the company spent \$471 million running ads for Ozempic and Wegovy.⁵¹ Novo Nordisk also pays influencers promoting Ozempic and Wegovy on TikTok, YouTube, and across social media.⁵²

⁴² *Id.* Annual figures have been rounded. Sums may not add up to the total.

⁴³ HELP Committee Analysis of Centers for Medicare & Medicaid Services Open Payments Database 2018-2023. <https://openpaymentsdata.cms.gov/company/100000000144>.

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ Annika Kim Constantino and Ashley Capoot. “Healthy Returns: Weight loss, diabetes drug ad spending tops \$1 billion” (2024). *CNBC*. <https://www.cnbc.com/2024/04/03/weight-loss-diabetes-drug-ad-spending-tops-1-billion.html>.

⁵² Loftus, Peter; O’Brien, Sarah Ashley. “Influencers Love Ozempic—but They Aren’t Telling You About the Risks.” *The Wall Street Journal* (2024) <https://www.wsj.com/health/pharma/ozempic-weight-loss-drug-side-effects-social-media-influencers-66f73ac0>.

Buying Influence

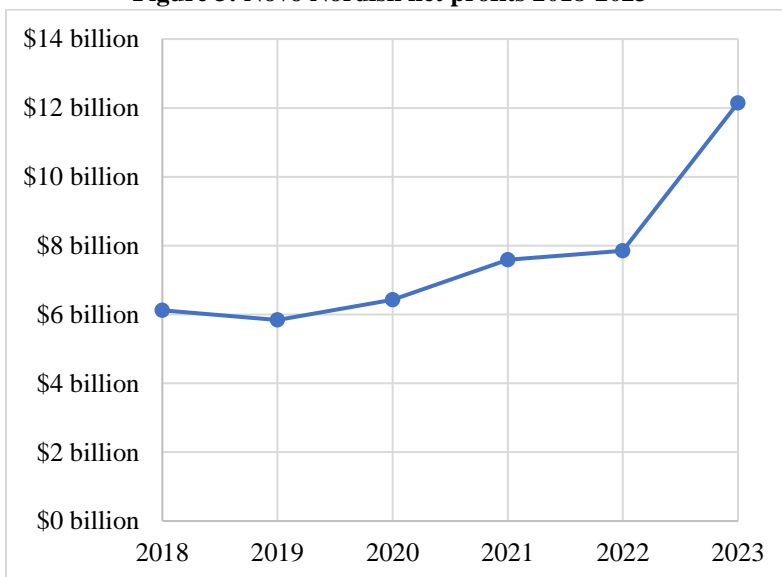
Since 2018, Novo Nordisk has spent over \$28 million on federal lobbying. By 2023, Novo Nordisk had amassed an army of lobbyists, hiring 77 federal lobbyists working across 13 firms, including former government officials.⁵³

While warning of “significant consequences for all patients who depend on research and development necessary for identifying new and innovative treatments” if prices were lowered, the reality is that Novo Nordisk has spent twice as much money on stock buybacks and dividends than it has on research and development; spent tens of millions of dollars on lavish trips, fancy meals, and speaking fees to doctors; and hired lobbyists to buy influence instead of scientists to find cures.⁵⁴

IV. High prices are the result of excessive corporate greed.

Since the launch of Ozempic in 2018, Novo Nordisk’s profits have exploded. In 2023, Novo Nordisk made a record \$12 billion in profit.⁵⁵ The company is on track to eclipse that figure in 2024.⁵⁶ Altogether, the company has recorded \$52.6 billion in profits since 2018.⁵⁷

Figure 3: Novo Nordisk net profits 2018-2023⁵⁸



⁵³ Cook, Mai. “Ozempic-producer Novo Nordisk on track for record spending on lobbying in 2024” Open Secrets (2024) <https://www.opensecrets.org/news/2024/07/ozempic-producer-novo-nordisk-on-track-for-record-spending-on-lobbying-in-2024/>.

⁵⁴ Novo Nordisk vs Becerra et al, No. 323-cv-201814, (D.N.J. 2024).

⁵⁵ HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results. <https://www.novonordisk.com/investors/financial-results.html>.

⁵⁶ *Id.*

⁵⁷ Includes financial results from the first half of 2024.

⁵⁸ HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results. <https://www.novonordisk.com/investors/financial-results.html>.

These staggering profits have been driven by Novo Nordisk’s pricing strategy. Novo Nordisk did not respond to the Committee’s request to provide documents related to how it set the price of Ozempic and Wegovy in the U.S. And as explained above, the company’s high prices cannot be explained by Novo Nordisk’s need to ensure formulary coverage by PBMs and health insurance plans, or by the company’s need to fund future R&D costs.

Novo Nordisk also failed to respond to the Committee’s request that the company explain why it charges nearly \$400 more for the same drug (semaglutide) marketed as two different products (Ozempic and Wegovy). Regulatory documents reveal the trivial differences between the products: Wegovy is sold in higher strengths; Wegovy in the U.S. also does not contain certain preservatives because it is sold in a single-dose pen.

Table 4: Comparison of ingredients, strengths, dose pen, and prices of Ozempic and Wegovy marketed in the U.S. and the U.K (Differences from Ozempic in bold type)⁵⁹

	Ozempic (U.S.)	Ozempic (U.K.)	Wegovy (U.S.)	Wegovy (U.K.)
Active ingredient	Semaglutide	Semaglutide	Semaglutide	Semaglutide
Indication	Diabetes	Diabetes	Weight loss	Weight loss
Strength	<ul style="list-style-type: none"> • .25 mg • .5 mg • 1 mg • 2 mg 	<ul style="list-style-type: none"> • .25 mg • .5 mg • 1 mg • 2 mg 	<ul style="list-style-type: none"> • .25 mg • .5 mg • 1 mg • 1.7 mg • 2.4 mg 	<ul style="list-style-type: none"> • .25 mg • 5 mg • 1 mg • 1.7 mg • 2.4 mg
Inactive ingredients	<ul style="list-style-type: none"> • Disodium phosphate dihydrate • Propylene glycol • Phenol • Water 	<ul style="list-style-type: none"> • Disodium phosphate dihydrate • Propylene glycol • Phenol • Water 	<ul style="list-style-type: none"> • Disodium phosphate dihydrate • Sodium chloride • Water 	<ul style="list-style-type: none"> • Disodium phosphate dihydrate • Propylene glycol • Phenol • Water
Dose Pen	Multidose	Multidose	Single-dose⁶⁰	Multidose
Price	\$969	\$92	\$1,349	\$92

Despite these trivial differences, Novo Nordisk charges nearly \$400 more for Wegovy than Ozempic. In addition, while 38 million Americans have diabetes, more than 100 million Americans have obesity.⁶¹ Instead of setting a lower price for a product with a higher expected sales volume, Novo Nordisk chose to charge significantly more for Wegovy than Ozempic.

HELP Committee Majority staff developed a simple model to estimate the revenue Novo Nordisk generated by charging two different prices for Ozempic and Wegovy. Using data from Novo Nordisk financial filings, HELP Committee Majority staff divided Wegovy annual sales figures

⁵⁹ U.S. details from FDA approval labels of Ozempic and Wegovy. U.K. details from U.K. Medicine and Healthcare Regulatory Agency. See: <https://products.mhra.gov.uk/>, <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>.

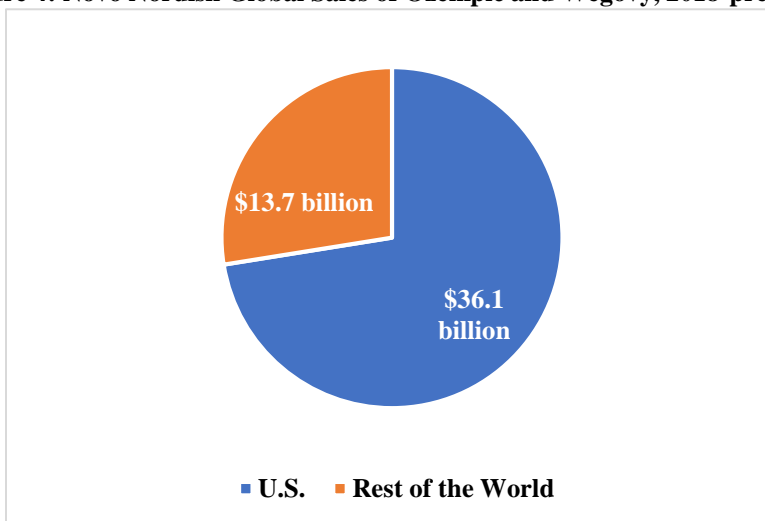
⁶⁰ In the U.S., Wegovy is sold in a montly pack of four single-dose pens.

⁶¹ National Health Interview Survey published by the National Center for Health Statistics at the Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nhis/index.htm>.

by the drug’s annual list prices to generate an estimate of sales volume. Those figures were multiplied by the annual list prices of Ozempic to obtain Novo Nordisk’s projected earnings on Wegovy if the company sold the drug at the same price as Ozempic.⁶² Then, the projected earnings were subtracted from actual annual Wegovy sales. Using the difference between actual and projected earnings, HELP Committee Majority staff estimate that Novo Nordisk has made approximately \$2.4 billion since 2021 by overcharging Americans for the same drug. In 2024, that amounted to an estimated \$4 million per day.

This arbitrary pricing strategy—both the products’ high prices and the price differential between the two products— has allowed Novo Nordisk to make \$36 billion in the U.S. on Ozempic and Wegovy since 2018. This represents over 72% of the total revenue from Ozempic and Wegovy worldwide. Since 2018, Novo Nordisk has made nearly \$50 billion in sales from these two drugs (\$49.74 billion) throughout the world.⁶³

Figure 4: Novo Nordisk Global Sales of Ozempic and Wegovy, 2018-present⁶⁴



The high U.S. price of Wegovy has been particularly lucrative for the company. As of the first half of 2024, over 90% of Novo Nordisk’s global earnings from Wegovy came from U.S. sales.⁶⁵

⁶² Staff assumed constant rebates for Ozempic and Wegovy.

⁶³ “Novo Nordisk’s \$50 billion in Ozempic & Wegovy Sales Comes at the Expense of Healthcare Solvency” (2024). *Public Citizen*. <https://www.citizen.org/news/novo-nordisks-50-billion-in-ozempic-wegovy-sales-comes-at-the-expense-of-healthcare-solvency/>.

⁶⁴ HELP Committee Analysis of Novo Nordisk annual investor reports 2018-2023 and quarterly financial results. <https://www.novonordisk.com/investors/financial-results.html>.

⁶⁵ *Id.*

V. Appendix

1. Letter from Kristin Julason Damato, Senior Vice President, Global Public Policy & Government Affairs, Cigna Group, to Sen. Bernard Sanders (Sept. 16, 2024).
2. Letter from Melissa Schulman, Senior Vice President, Government and Public Affairs, CVS Health, to Sen. Bernard Sanders (Sept. 16, 2024).
3. Letter from Andrew Witty, Chief Executive Officer, UnitedHealth Group, to Sen. Bernard Sanders (Sept. 16, 2024).
4. Letter from Daniel J. Loepp, President & CEO, Blue Cross Blue Shield of Michigan, to Sen. Bernard Sanders (Sept. 13, 2024).
5. Letter from Dale R. Folwell, Treasurer, State of North Carolina, to Sen. Bernard Sanders (Sept. 13, 2024)



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Kristin.JulasonDamato@TheCignaGroup.com

September 16, 2024

The Honorable Bernard Sanders
Chair
U.S. Senate Committee on Health, Education, Labor, and Pensions
468 Senate Dirksen Office Building
Washington, DC 20510

Re: September 9, 2024 Letter

Dear Chair Sanders:

On behalf of The Cigna Group, thank you for writing to request additional points of view regarding the cost of glucagon-like peptide-1 (GLP-1) agonists. Drug manufacturers can and should do more to lower the cost of medicines for the U.S. health care system. Express Scripts welcomes manufacturers lowering their list price and maintaining discounts for payers trying to reasonably expand coverage to better serve patients. Please find our responses to your questions below.

1. If Novo Nordisk lowered the list price for Ozempic and Wegovy tomorrow, and the net cost stayed the same or went down, would Express Scripts limit access? More specifically, would the list price reduction by itself result in less favorable formulary placement for Ozempic and Wegovy?

Response: No, if Novo Nordisk lowered their list price for Ozempic and Wegovy tomorrow to a price that was the same or lower than current net cost, that change by itself would not result in less favorable formulary placement. Formulary placement decisions for any drug are based on current medical evidence of a drug's clinical efficacy first and then competitiveness of its net pricing relative to competing drugs. Take for example, Eli Lilly's Zepbound, which launched at a list price over 20% less expensive than Wegovy. Given Zepbound's potential savings to Express Scripts' clients and to patients, it was expedited through our formulary development process after its approval in November 2023 and added to our standard formularies within two weeks of being available.

2. If Ozempic and Wegovy were available for \$100 per month or less, what impact do you expect that would have on coverage and access?

Response: If Novo Nordisk lowered the price of Ozempic and Wegovy for plan sponsors to \$100 or less per patient, per month, we would expect the vast majority of our clients to expand coverage and access to these products for diabetes and weight loss assuming clinical evidence continues to support efficacy and safety. Express Scripts' program EncircleRx was created to respond to robust desire from our clients to cover these medications for a variety of treatments; however, the high effective net cost (i.e., the cost of the product accounting for net rebate) continues to be the most significant barrier to additional coverage and affordable access for patients.



Respectfully,

A handwritten signature in blue ink that reads "Kristin Julason Damato". The signature is written in a cursive style and is placed on a light-colored rectangular background.

Kristin Julason Damato

September 16, 2024

Chairman Bernie Sanders
United States Senate
Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Chairman Sanders:

I am writing in response to your inquiries dated September 9, 2024 related to the high prices for new formulations of treatments for diabetes and obesity. We appreciate having the opportunity to answer your questions.

You asked if CVS Caremark would limit access to Ozempic and Wegovy tomorrow if the manufacturers lowered their list prices and the net cost stayed the same or went down. You further clarified the question by asking if the list price reduction *by itself* would result in less favorable formulary placement for Ozempic and Wegovy. The simple answer is no. In fact, we can point to recent history as a proof point. When Novo-Nordisk drastically reduced the price of their insulin, Novolog, in 2023, it did *not* result in a less favorable formulary placement with Caremark.

You also asked if Ozempic and Wegovy were available for \$100 per month or less, what impact do you expect that would have on coverage and access? We expect a price drop to \$100 would incentivize our public and private clients to increase coverage and access for GLP1s. The price drop would also certainly make GLP1s much more affordable for those who are purchasing the drug without insurance.

There is simply no way for our clients to make these drugs available to everyone who will eventually qualify at their current price points. In fact, if every adult with obesity received a GLP-1 prescription at the current price point, costs would surpass \$1.2 trillion annually – more than America currently spends on all drugs, combined. We expect these numbers to increase dramatically as the FDA approves use of these drugs for treatment of a range of other metabolic diseases.

Already, non-specialty cost trend is the highest we've seen in recent history. Wegovy, Mounjaro and Ozempic alone are driving approximately 93% of the non-specialty upward cost trend we are seeing for Caremark customers. Between skyrocketing demand, supply challenges and price hikes, the costs are overwhelming. Lower list prices would open up access for obesity treatment, in particular.

In closing, we, CVS Caremark, are not waiting for list prices to drop to make GLP1s more accessible to patients. In 2023, for example, nearly 25 percent of those covered by our plans paid less than \$25 for a GLP1 and the average monthly member out of pocket cost across our entire book of business was less than \$58.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Schulman".

Melissa Schulman
Senior Vice President
Government and Public Affairs

September 16, 2024

U.S. Senator Bernard Sanders
Chairman
U.S. Senate Committee on Health, Education, Labor and Pensions
Washington, D.C. 20510

Dear Chairman Sanders:

We share your concerns about the high prices of prescription medicines and look forward to continued discussions about solutions to lower health care costs and improve outcomes for all Americans.

Regarding your specific questions:

- 1. If Novo Nordisk lowered the list price for Ozempic and Wegovy tomorrow, and the net cost stayed the same or went down, would Optum Rx limit access? More specifically, would the list price reduction by itself result in less favorable formulary placement for Ozempic and Wegovy?**

No. We prioritize our choices based on the evidence supporting medical appropriateness and lowest net cost.

We believe list prices for medicines are too high and support policy solutions and manufacturer actions that lead to lower list prices. Assuming the net price remains the same or lower, a manufacturer lowering a medicine's list price would not lead to less favorable formulary placement by Optum Rx – particularly for high-demand drugs like Ozempic and Wegovy.

Leveraging competitive forces is a key component of how pharmacy benefit managers (PBMs) reduce the cost of medicines and provide affordable benefit options for clients. To be clear, lower list prices and lower net prices support formulary placement and access.

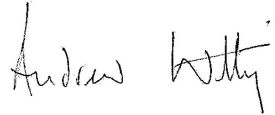
- 2. If Ozempic and Wegovy were available for \$100 per month or less, what impact do you expect that would have on coverage and access?**

As you note, the prices drug manufacturers set in the United States are far higher than those charged in other comparable countries – including for Ozempic and Wegovy. Given the significant price differential for these products across borders, a decision by Novo Nordisk to align U.S. pricing more closely with those in other countries would meaningfully increase access for U.S. patients.

At a net price of \$100 or less, health plans, employers, unions, and governments would be better able to manage the cost of these products for such a large patient population while maintaining an affordable overall prescription drug benefit. Optum Rx will continue to engage clients on how to provide access to these drugs to deliver better affordability and long-term health outcomes for patients.

Thank you for your attention to the important issue of prescription drug affordability. Please feel free to reach out if you have additional question or if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Andrew Witty". The signature is written in a cursive style with a distinct loop at the end of the last name.

Andrew Witty
Chief Executive Officer
UnitedHealth Group



DANIEL J. LOEPP
President & CEO
Blue Cross Blue Shield of Michigan

September 13, 2024

The Honorable Bernard Sanders
Chair, U.S. Senate Committee on Health, Education, Labor and Pensions
U.S. Senate
332 Dirksen Building,
Washington, D.C. 20510

Dear Senator Sanders,

Thank you for your letter regarding the high drug prices for glucagon-like peptide 1 (GLP-1) receptor agonists and the opportunity to address your questions.

At Blue Cross Blue Shield of Michigan, our top priority is making prescription drugs available when our members need them. We share your concern with unpredictable and exorbitant prescription drug costs, including for GLP-1s, and how this negatively impacts affordability and accessibility for patients.

Blue Cross carefully considers a variety of factors – including efficacy, safety and cost – when determining coverage and formularies. For the 2024 plan year, we have benefit offerings that cover Ozempic and Wegovy, but the high costs of these drugs make access and coverage across the industry untenable. Without significant reductions to the drug cost, these coverage decisions have to be re-evaluated frequently. From 2022 to 2023, our costs for GLP-1 drugs grew by more than \$350 million for Blue Cross. These higher-than-historical GLP-1 drug trends are directly impacting American's pocketbooks. If costs were to be lowered by 90 percent or more to \$100 or less per month, we anticipate this would significantly increase coverage and access to these drugs.

Blue Cross works hard to address rising drug costs in variety of ways, including our efforts as a founding member of the Campaign for Sustainable Rx Prices coalition; and remains committed to working with policymakers to find solutions that address the root cause of high drug costs and ensure access to affordable health care.

Thank you for the opportunity to address this concerning issue.

Sincerely,

A handwritten signature in black ink that reads "Daniel J. Loopp".

Daniel J. Loopp



Septembers 13, 2024

Senator Bernard Sanders
Chair, United States Senate Committee on Health, Education, Labor and Pensions (“HELP”)
428 Senate Dirksen Office Building
Washington, DC, 20510

RE: Senate HELP Committee Inquiry Regarding Certain GLP-1 Prescription Medications

Dear Senator Sanders,

Thank you for your letter, dated September 9, 2024, regarding the excessive pricing of GLP-1 medications such as Ozempic and Wegovy. I share your concerns about the potential for these drugs to bankrupt our healthcare system. In fact, they have already created serious financial challenges for the North Carolina State Health Plan for Teachers and State Employees (“Plan”), which covers more than 750,000 North Carolina public employees, teachers, retirees, and their dependents.

The excessive cost of these drugs is a major contributor to the \$1.3 billion budget shortfall the Plan is facing over the next three years. As a result, the Plan’s Board of Trustees (“Board”) had to make the difficult decision to remove coverage for GLP-1 drugs when prescribed for weight loss, rather than raise employee and family premiums and make Plan coverage unaffordable for our members. This decision was not made lightly.

Last year alone, weight-loss GLP-1s cost the Plan more than \$100 million after rebates, accounting for over 10% of our pharmacy spending. Continuing to cover these medications would have driven costs to \$170 million by 2024 and over \$1.2 billion within five years. To absorb these costs, we would have had to double premiums for all employees and their families—a burden that would be untenable for the teachers, state employees, and retirees we serve, especially at a time when salaries and benefits have not kept pace with inflation.

For additional context, the cost of this medication would pay for 4% COLA supplement for each of the more than 250,000 retired teachers and state employees in North Carolina next year. And the annual cost per user of a weight-loss GLP-1, exceeds the entire annual pension amount for more than 70,000 of those retirees.

Even though we no longer cover GLP-1 medications for weight loss, the cost of covering these drugs for diabetes continues to stretch our resources. Maintaining coverage for these medications at their current prices limits our ability to continue to provide affordable healthcare in a fiscally responsible manner to the families and individuals we serve.

This is why it is particularly frustrating—and frankly offensive—to hear the CEO of Novo Nordisk blame employer and state health plans for the high price his company decides to set for its medications. Novo Nordisk charges Americans nearly fifteen times more for GLP-1 drugs than it does in other countries, and yet, despite our efforts, we have been unable to secure fair pricing for our members. We have repeatedly sought to negotiate in good faith with the manufacturers of these drugs, but every reasonable offer we have proposed has been rejected.

In a recent interview on NBC, the CEO of Novo Nordisk called my concerns about the cost of the medication “unfounded,” and provided statistics saying that the cost share for most US citizens who have coverage is only \$25. What he failed to acknowledge is that here in the U.S., it’s taxpayers and employees, like those in the North Carolina State Health Plan who teach protect and serve are stuck paying the for his company’s price gouging through higher premiums and taxes. There’s no good reason why Americans should pay so much more than people in other countries, and it shows how out of touch Novo Nordisk is with the financial strain they’re putting on our health plan and others like it.

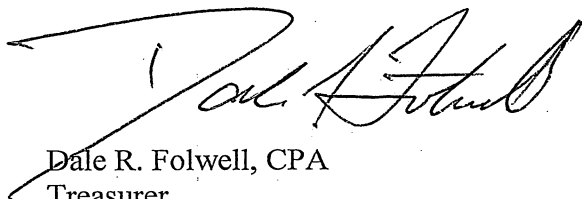
It is clear that these manufacturers, including Novo Nordisk, have no interest in offering fair prices. They remain in a position of power over us, intent on squeezing a government health plan that serves those who teach, protect, and serve our communities to boost their corporate profits.

As one of the largest payers of healthcare in North Carolina, the Plan would, subject to action of our Board, gladly respond to lower prices if manufacturers were willing to make them available. If these drugs were priced fairly, I would recommend to our Board to immediately adjust our coverage to ensure greater access for our members.

The issue is not about misaligned incentives—it is about the manufacturers’ refusal to offer reasonable and fair pricing to our members.

Please find my response to your inquires attached to this letter. I appreciate your interest in this problem and look forward to working with you to improve the Plan’s ability to provide quality health benefits in a fiscally sustainable manner.

Sincerely,

A handwritten signature in black ink, appearing to read "Dale R. Folwell". The signature is written in a cursive style with a large, sweeping initial "D".

Dale R. Folwell, CPA
Treasurer
State of North Carolina

ATTACHMENT A

In your September 9, 2024 letter you made two inquiries of the Plan. These inquiries were:

“1. If Novo Nordisk lowered the list price for Ozempic tomorrow, and the net cost stayed the same or went down, would the North Carolina State Health Plan limit access? More specifically, would the list price reduction by itself result in less favorable formulary placement for Ozempic in your plan?”

“2. If Ozempic and Wegovy were available for \$100 per month or less, what impact do you expect that would have on coverage and access?”

As an initial matter, I need to note that North Carolina state law empowers the State Treasurer of North Carolina (“Treasurer”) to set benefits for the North Carolina State Health Plan (“Plan”) subject to the approval of the Board of Trustees of the Plan (“Board”). N.C. Gen. Stat. §§ 135-48.22, 135-48.30. The Board is an independent decision-making body and speaks and acts through its own official actions. N.C. Gen. Stat. § 135-48.20. Additionally, the Plan maintains a closed formulary and develops and maintains this formulary with the approval of a pharmacy and therapeutics committee (“P&T Committee”). Thus, in answering these questions, I can speak to what I might recommend to the Board in your hypothetical scenarios; I cannot speak for or bind the Board or P&T Committee regarding what they might approve.

If Novo Nordisk were to lower the list price of Ozempic, as they did with their insulin products last year, and the net cost stayed the same or decreased, our Plan would certainly not limit access or move Ozempic to a less favorable formulary tier. In fact, I would welcome the opportunity to avoid the complexity of relying on rebates.

Our formulary decisions are driven by both overall cost and clinical effectiveness. We understand how complicated drug pricing can be, and we know that list prices often do not reflect the actual costs we bear. List prices can be misleading, as the net cost after rebates and discounts is what truly impacts us. That is why the Plan conducts detailed analyses to cut through the noise and make the best financial decisions for our members.

If Ozempic were priced at \$100 per month or less, it would likely become the most cost-effective GLP-1 option for treating type 2 diabetes. This would prompt us to re-evaluate its placement and could lead to it becoming a preferred option over higher-cost alternatives. As always, any changes to coverage would be reviewed by the physicians and pharmacists on our P&T Committee to ensure the clinical effectiveness matches the financial savings and would be subject to Board action.

As for Wegovy, which is currently excluded from coverage for weight loss due to its high cost, a price reduction to \$100 per month would similarly lead us to reassess its value. At that price point, Wegovy would not only be cost-effective but could also result in savings by reducing obesity-related medical expenses (this is projected but remains unproven). Over time, reduced medical costs might fully offset the cost of the medication at that price, positively impacting the Plan’s budget. Consequently, I would recommend that the Board remove its current exclusion as applied to Wegovy. If the exclusion were lifted, coverage would be designed to ensure both clinical value and financial sustainability for the Plan.

A price reduction of that magnitude for either medication would have a significant impact, enabling broader access and possibly resulting in medical cost savings through improved health outcomes for our Plan members.

I appreciate the opportunity to address these important issues, and I remain committed to ensuring that the North Carolina State Health Plan provides access to quality healthcare while responsibly managing the financial pressures caused, in part, by excessive drug prices. We are ready and willing to work with manufacturers if they bring their prices in line with reasonable and sustainable levels. I look forward to continuing this conversation and working together to find solutions that benefit our healthcare system and the people we serve.

CC:

Senator Bill Cassidy
455 Dirksen Senate Office Building,
Washington, DC 20510

Senator Thom Tillis
113 Dirksen Senate Office Building
Washington, DC 20510

Senator Ted Budd
304 Russell Senate Office Building
Washington, DC 20510

Representative Don Davis (NC-01)
1123 Longworth House Office Building
Washington, DC 20515

Representative Deborah Ross (NC-02)
1221 Longworth House Office Building
Washington, DC 20515

Representative Gregory Murphy (NC-03)
407 Cannon House Office Building
Washington, DC 20515

Representative Valerie Foushee (NC-04)
Longworth House Office Building, 1716
Washington, DC 20515

Representative Virginia Foxx (NC-05)
2462 Rayburn House Office Building
Washington, DC 20515

Representative Kathy Manning (NC-06)
307 Cannon House Office Building
Washington, DC 20515

Representative David Rouzer (NC-07)
2333 Rayburn House Office Building
Washington, DC 20515

Representative Dan Bishop (NC-08)

2459 Rayburn House Office Building
Washington, DC 20515

Representative Richard Hudson (NC-09)
2112 Rayburn House Office Building
Washington, DC 20515

Representative Patrick McHenry (NC-10)
2134 Rayburn House Office Building
Washington, DC 20515

Representative Chuck Edwards (NC-11)
1505 Longworth House Office Building
Washington, DC 20515

Representative Alma Adams (NC-12)
2436 Rayburn House Office Building
Washington, DC 20515

Representative Wiley Nickel (NC-13)
1133 Longworth House Office Building
Washington, DC 20515

Representative Jeff Jackson (NC-14)
1318 Longworth House Office Building
Washington, DC 20515