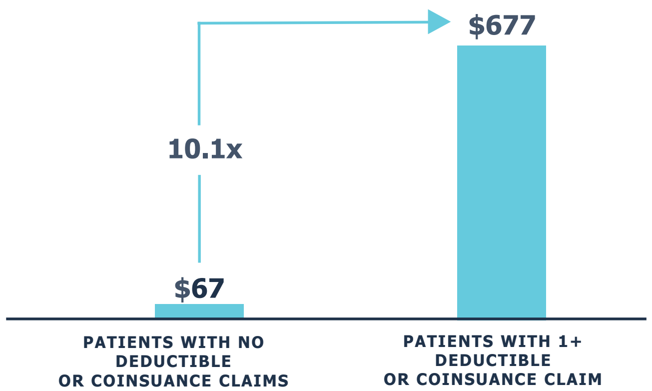
Insurers Shift Medicine Costs to Patients with Chronic Illnesses Like HIV

Patients facing deductibles or coinsurance often pay out-of-pocket costs based on the full, undiscounted price of their medicine, which does not account for any discounts or rebates negotiated by their health plan. As a result, these patients can face disproportionately high out-of-pocket costs. Manufacturer cost-sharing assistance provided by biopharmaceutical companies helps many commercially insured patients with HIV afford out-of-pocket costs for their medicines.

Patients with deductibles and coinsurance taking brand HIV medicines paid

10x more

out of pocket in 2019, on average, compared to patients with only fixed copays.[1]



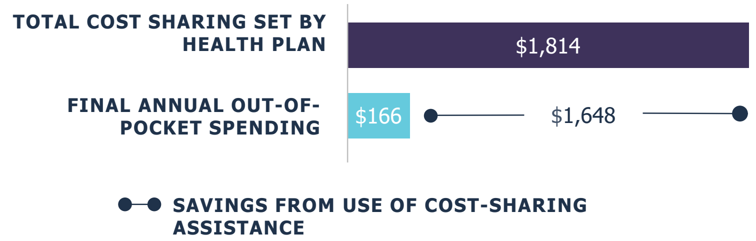
As an HIV patient, it is very frustrating to see my deductible go up every year even though I am paying more for coverage every year."

– Bob Skinner, Patient with HIV, Florida

34%

of patients with HIV abandon their newly prescribed HIV medicine at the pharmacy counter if it costs $250 or more.[2]

Patients who used cost-sharing assistance for brand HIV medicines saved an average of $1,648 in 2019. Without this assistance, their average out-of-pocket costs would have been nearly **11x higher**.[1]



Insurers shouldn't shift the cost of care to patients with chronic diseases. Instead, health plans and pharmacy benefit managers should share savings from discounts and rebates directly with patients at the pharmacy and should count cost-sharing assistance towards patient deductibles and out-of-pocket maximums.

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Sources: 1. IQVIA, US Market Access Strategy Consulting, July 2020. 2. IQVIA, US Market Access Strategy Consulting, September 2020.

For more on this analysis, see the full report.