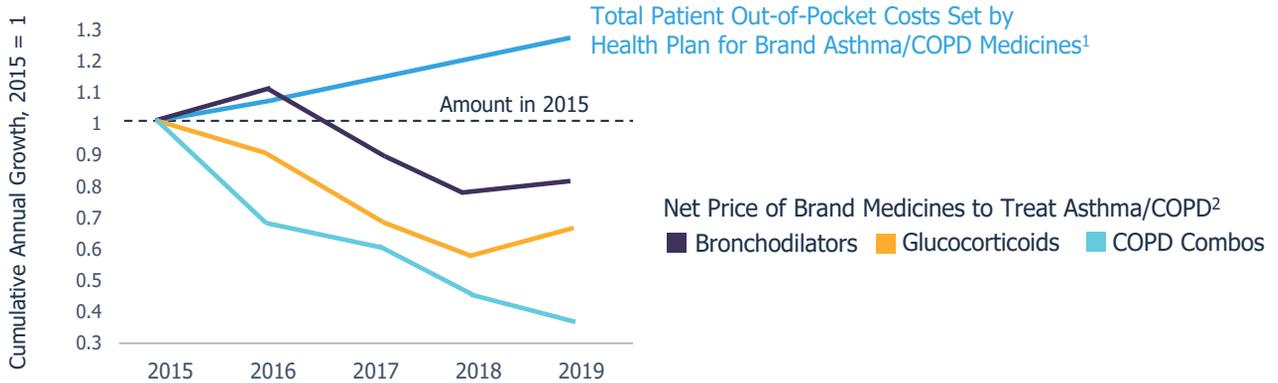


Insurers Shift Medicine Costs to Patients with Chronic Illnesses Like Asthma/COPD

Insurers are asking patients to pay higher and higher out-of-pocket costs for brand asthma and chronic obstructive pulmonary disease (COPD) medicines. Meanwhile, net prices for these medicines are declining.



I just don't understand why my health insurance gets more expensive year over year but covers less and less of the cost of my inhaler."

– Thomas Homan, Patient with Asthma, Florida

Patients with deductibles or coinsurance often pay out-of-pocket costs based on the full, undiscounted prices of their asthma/COPD medicines, which do not account for any discounts or rebates negotiated by their health plan. Manufacturer cost-sharing assistance plays an important role in helping ensure patients with asthma and COPD can access the medicines they need.

Patients with deductibles and coinsurance taking brand asthma/COPD medicines paid

3.6x more

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

Patients who used cost-sharing assistance for brand asthma/COPD medicines saved an average of \$322 in 2019. Without this assistance, their average out-of-pocket costs would have been more than **2x 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 rebates and discounts directly with patients at the pharmacy and should count cost-sharing assistance toward patient deductibles and out-of-pocket caps.