

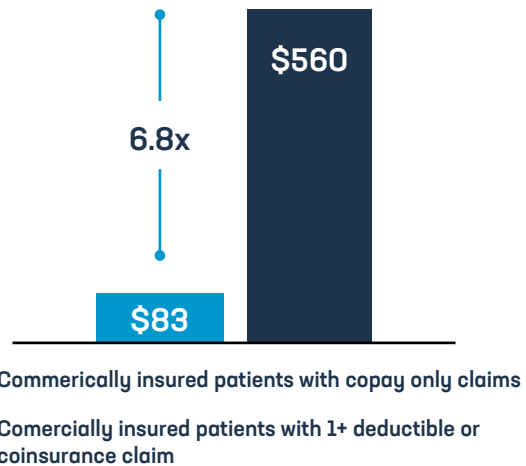
Middlemen Shift Medicine Costs to Patients with Chronic Illnesses Like HIV

For services like hospital stays and doctor visits, health plans routinely share the negotiated prices they receive directly with patients. When it comes to life saving medicines, that's often not the case. Middlemen, such as insurers and pharmacy benefit managers (PBMs), often shift medicine costs to commercially insured patients taking brand HIV medicine.

Patients with deductibles and coinsurance taking brand HIV medicines paid

6.8x more

out of pocket in 2021, on average, compared to patients with only fixed copays.



“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.”

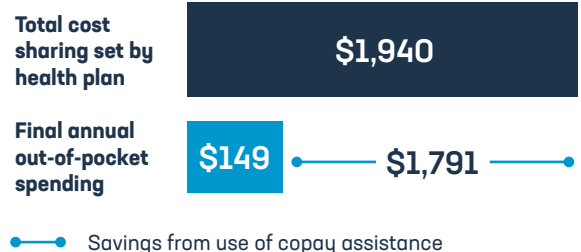
–**Bob**, Patient with HIV, Florida

Patients filling a new brand HIV medicine in the deductible are nearly

2x more

likely to abandon their medicine at the pharmacy counter compared to patients filling their prescription with a copay.

Individuals who used copay assistance for brand HIV medicines saved an average of \$1,791 in 2021. Without this assistance, average out-of-pocket costs would have been nearly **13x higher**.



Middlemen should base what patients pay on the lower price health plans and PBMs pay. And patients need policies that protect copay assistance so that health insurers and PBMs are no longer able to limit how much assistance can help patients at the pharmacy counter.

When you're sick, you should be battling your illness – not battling middlemen. Learn more at PhRMA.org/Middlemen.

Source:

PhRMA. “Faced with High Cost Sharing for Brand Medicines, Many Commercially Insured Patients with Chronic Conditions Use Manufacturer Copay Assistance,” February 2023.