

POLICIES TO HELP PATIENTS PAY LESS FOR THEIR MEDICINES: MAKE COUPONS COUNT



For patients with commercial health insurance, the amount they pay for their medicines is determined by health insurance companies and pharmacy benefit managers (PBMs). New tactics by these companies to block manufacturer cost-sharing assistance, also known as copay coupons, threaten to make it harder for patients to get important treatments for chronic illnesses such as asthma, diabetes, HIV, arthritis, hemophilia and others.



The Problem

In the commercial health insurance market, some patients are being forced to pay more out-of-pocket for their medicines due to an increase in deductibles and the use of coinsurance instead of copays.

Deductibles require patients to pay in full for their medicines before insurance coverage kicks in. And unlike copays, which are a fixed dollar amount charged per prescription, coinsurance requires patients to pay a percentage of the medicine's price. When patients are facing deductibles or coinsurance, they will often have higher out-of-pocket costs than when their plan requires a copay because deductibles and coinsurance are often based on the list price of the medicine and not the discounted amount the insurance company and PBM have negotiated to pay. This higher cost sharing can impact patients' ability to adhere to their prescribed treatment, which can be devastating for patients with chronic conditions who rely on medicines to keep their symptoms in check.

To help patients better access their medicine and stay adherent, many third-party entities, including pharmaceutical manufacturers, offer cost-sharing assistance such as copay coupons. Historically, commercial health insurance plans have counted these coupons towards a patient's deductible and maximum out-of-pocket limit, providing relief from high-cost sharing and making it easier for patients to get their medicines.

Unfortunately, health insurers and PBMs have adopted policies, often referred to as "accumulator adjustment programs," that block manufacturer coupons from counting towards deductibles and maximum out-of-pocket limits. This means patients could be paying thousands more at the pharmacy than they should be.

Many patients who have relied on this assistance to access their medicines have no idea that health insurers and PBMs are no longer counting coupons towards their out-of-pocket limits. This can result in unpleasant surprises at the pharmacy counter, where patients may face thousands of dollars in charges because manufacturer coupons don't count towards their deductible and maximum out-of-pocket limit.

The Solution: Make Coupons Count



States should enact laws that protect third-party cost-sharing assistance, including copay coupons, to help protect patients and enable them to better afford their medicines. Specifically, it will decrease patient out-of-pocket costs and reduce the risk of patients going without needed medicines. Fifteen states have already enacted legislation to address this issue, and we encourage other states to follow their lead to help patients pay less.

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