Making Coupons Count

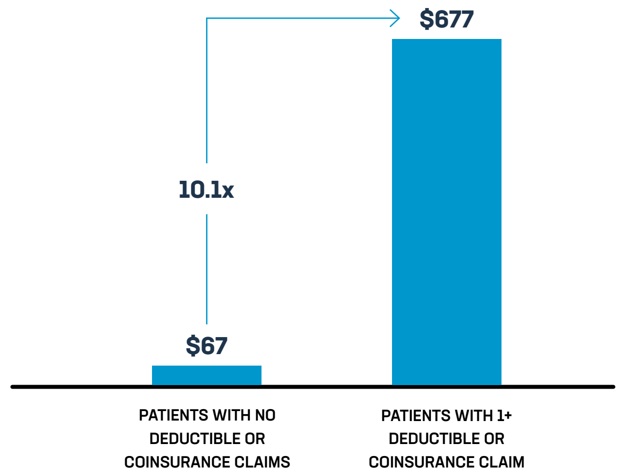
A Case Study for Patients with HIV

Despite having insurance, too many patients with HIV face high out-of-pocket costs for brand medicines. This is largely driven by insurer-imposed barriers that shift the cost of life-saving care onto patients.

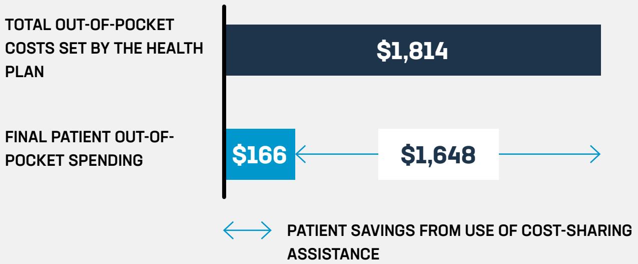
Patients with deductibles and coinsurance taking brand HIV medicines paid

10x more

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



Manufacturers and others have stepped forward to assist patients with programs like cost-sharing assistance, or copay coupons. This patient assistance helps address the inadequate coverage insurers provide.



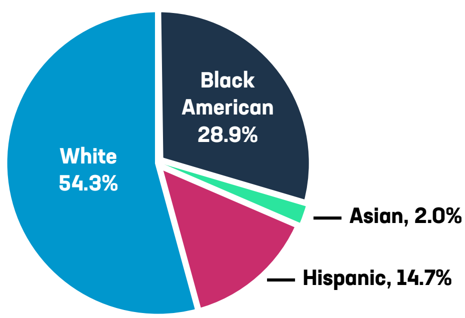
Without cost-sharing assistance, average out-of-pocket costs for patients taking brand HIV medicines in 2019 would have been

11x higher

Unfortunately, insurers have devised schemes that put barriers between patients and the assistance they need by barring patient assistance from counting toward deductibles and out-of-pocket maximums. These schemes – known as accumulator adjustment programs – make it more likely that patients will face higher costs and abandon a prescription at the pharmacy. This can exacerbate existing health disparities.

Nearly half of patients using coupons to access their brand HIV medicine are people of color

Coupon Use in 2020 for Brand HIV (non-PrEP) Medicine



Patient assistance would rarely be needed if insurers provided adequate coverage for medicines. Policymakers should tell insurers to stop blocking patients from paying lower out-of-pocket costs by making coupons count and sharing the savings with patients at the pharmacy.

Learn more at PhRMA.org/Cost

Source: PhRMA analysis of IQVIA data

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