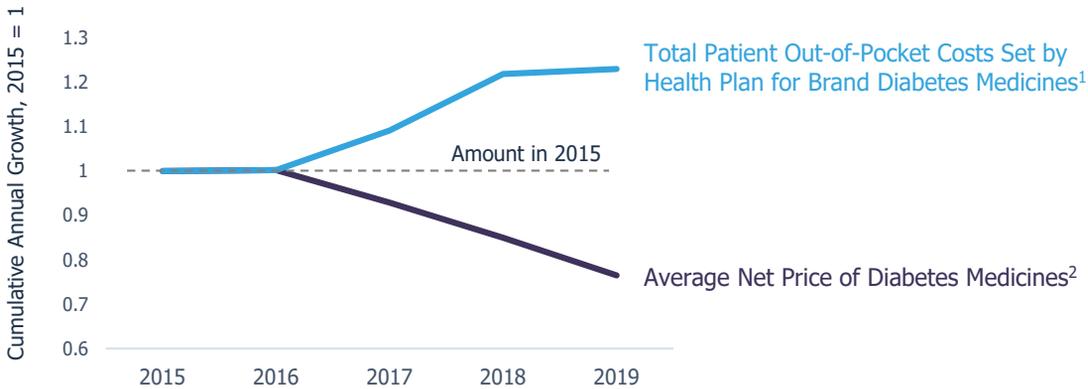


Insurers Shift Medicine Costs to Patients with Chronic Illnesses Like Diabetes

Insurers are asking patients to pay higher out-of-pocket costs for brand diabetes medicines by shifting cost sharing to deductibles and coinsurance, rather than fixed copays. Meanwhile, net prices for these medicines are declining.



Note: Diabetes net price data includes both brand and generic medicines.

As someone who has been a Type 1 diabetic since I was 15, I can tell you that those with chronic conditions are paying more for coverage and getting less.”

– Jackson Ross, Patient with Type 1 Diabetes, Arizona

Although health plans and pharmacy benefit managers often negotiate large rebates that reduce the cost of diabetes medicines for the plan, patients with deductibles and coinsurance often do not benefit from these savings. Manufacturer cost-sharing assistance plays an important role in helping ensure patients with diabetes can access the medicines they need.

Patients with deductibles and coinsurance taking brand diabetes 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 diabetes medicines saved an average of \$488 in 2019. Without this assistance, their average out-of-pocket costs would have been more than **2x higher**.¹

TOTAL COST SHARING SET BY HEALTH PLAN

\$780

FINAL ANNUAL OUT-OF-POCKET SPENDING

\$347

\$488

●—● SAVINGS FROM USE OF COST-SHARING ASSISTANCE

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.