

## Talking Points in Opposition to New Hampshire HB 443

- HB 443 would completely ban patients in New Hampshire from receiving copayment assistance from a pharmaceutical manufacturer.
- Copay coupons provide a valuable source of assistance for many commercially-insured patients, especially those who are struggling to afford the increasing out-of-pocket costs associated with insurance coverage for their medications.
- Changes in insurance design have resulted in many patients facing very high cost-sharing—including coinsurance rates as high as 40%—which puts their ability to stay on a needed therapy at risk. It is also becoming increasingly common that patients must meet a deductible before any prescription drug coverage applies.

### **Changes in insurance design and higher cost-sharing for prescription medicines have led to increased financial burden for many patients.**

- Increased cost-sharing for prescription medicines, including higher copays and the growing use of coinsurance and pharmacy deductibles, have created affordability challenges for many patients, particularly those with chronic illness.
- Patients who must meet a deductible before their medicines are covered have lower adherence to drug therapies and higher prescription abandonment rates than patients who have coverage for medicines without having to reach a deductible.<sup>i</sup>
- The share of all commercial health plans requiring a deductible for prescription medicines doubled from 23% in 2012 to 46% in 2015.<sup>ii</sup>
- In exchanges created by the Affordable Care Act, almost three out of four (73%) silver exchange plans included drugs in the deductible in 2016, up from 63% in 2014.<sup>iii</sup>

### **By reducing the out-of-pocket burden for commercially-insured patients, copay coupons improve access to prescription medicines, helping patients to stay on the medicines they need.**

- As cost-sharing for prescription medicines has increased in recent years, so has the share of patients who use copay coupons. However, the overall share of commercially-insured patients who use copay coupons remains small.
- In 2015, 5.9% of commercial patients used a copay coupon when filling a prescription, compared to 3.7% in 2010.<sup>iv</sup>

**Patients using copay coupons for specialty medicines commonly face very high cost-sharing burdens.**

- Patients commonly face high cost-sharing for specialty medicines—including coinsurance as high as 40%—and in many cases, generics or alternative treatment options may not be available. Copay coupons are crucial for helping these patients access the medicines they need.
- Patients who utilize copay coupons for specialty medicines have much higher out-of-pocket costs compared to patients that do not utilize copay assistance.<sup>v</sup>
  - On average, 48% of patients who use a copay coupon when filling a prescription for a specialty medicine have cost-sharing between \$51-\$250 before utilizing the coupon, and another 18% of patients have cost-sharing higher than \$251 before utilizing the coupon.
  - Approximately 90% of patients who do not utilize copay assistance when filling a prescription for a specialty medicine have cost-sharing under \$100.

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<sup>i</sup> IMS Health. Emergence and Impact of Pharmacy Deductibles: Implications for Patients in Commercial Health Plans. 2015. [http://www.imshealth.com/it\\_IT/thought-leadership/ims-institute/briefs/emergence-and-impact-of-pharmacy-deductibles-implications-for-patients-in-commercial-health-plans](http://www.imshealth.com/it_IT/thought-leadership/ims-institute/briefs/emergence-and-impact-of-pharmacy-deductibles-implications-for-patients-in-commercial-health-plans)

<sup>ii</sup> *Ibid.*

<sup>iii</sup> Avalere Health. PlanScape®: Benefit Design Insights on 2016 Exchange Plans, December 2015

<sup>iv</sup> Amundsen, Copay Card Utilization Deep Dive, Slide 21

<sup>v</sup> Zitter, Co-pay Offset Programs Utilization Analysis from Claims Data Deck, November 2016, Slides 11-12.