


POLICIES TO HELP PATIENTS PAY LESS FOR THEIR MEDICINES



America's biopharmaceutical companies agree that, for too many Americans, the health care system is not working and needs to change. While medical innovation has made the United States a world leader in the discovery of new medicines, these treatments won't benefit patients who can't get them.

There are no easy solutions, but patients need real leadership from everyone involved in our health care system to make it work better. That's why our companies are calling for everyone in the health care system to join us in supporting common-sense reforms to make insurance work like insurance and ensure that patients can access and afford the medicines their doctors prescribe.

WE BELIEVE THE FOLLOWING POLICIES ARE THE BEST WAY TO ACHIEVE THESE GOALS AND MAKE SURE THAT *PATIENTS PAY LESS* FOR THEIR MEDICINES.

1. Share the Savings:

On average, pharmaceutical companies rebate 40 percent of a medicine's list price back to health insurance companies and middlemen like pharmacy benefit managers. Right now, these rebates and discounts aren't reaching patients at the pharmacy counter. They stay with the health insurers and pharmacy benefit managers. That's not right, and it needs to change. If insurance companies and middlemen don't pay the full price for medicines, patients shouldn't have to either. These rebates and discounts must be shared with patients at the pharmacy counter.

2. Make Coupons Count:

In some cases, health insurance companies are not allowing the coupons manufacturers provide to patients to count towards deductibles or other cost-sharing burdens, meaning patients could be paying thousands more at the pharmacy than they should be. We need to end this practice and ensure that patients are getting the full benefit of programs meant to help them afford their medicines.

3. Offer Lower, More Predictable Cost-Sharing Options:

Actual spending on medicines is growing at the slowest rate in years. Unfortunately, it doesn't feel that way for patients. Insurers are increasingly using high deductibles, coinsurance and formulary tiers that result in patients paying more for their medicines out of pocket. Patients should have more choices when it comes to their medicine coverage. Health insurers should offer at least some health plan options that exclude medicines from the deductible and offer set copay amounts instead of forcing patients to pay an amount based on the full list price of their medicines.

4. Cover Medicines from Day One:

Insurers are increasingly requiring patients to pay high deductibles before receiving coverage of their medicines. This can lead to patients rationing or not taking their medicine at all and suffering devastating consequences to their health. Patients should have at least some of their medicine covered by their insurance from day one.

Learn more at [PhRMA.org](https://www.phrma.org)