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# DRUG BENEFIT NEWS

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## Payers Counteract Some Rx Coupon Programs, Partner on Others

Drug manufacturers' copayment subsidy coupons target a range of medications, from blockbuster statins such as Pfizer Inc.'s Lipitor to very expensive specialty drugs like Abbott Laboratories' rheumatoid arthritis medication Humira. And the response of health plans to these promotional programs should vary just as much, advised two pharmacy experts who spoke at a Nov. 5 audioconference sponsored by AIS.

There are several strategies health plans can adopt to lessen the effect of such promotions on utilization of high-cost, high-volume blockbuster medications, said Michael Cartier, executive vice president of Envision Pharmaceutical Services, Inc., a PBM, and George Van Antwerp, general manager of pharmacy solutions at Silverlink Communications, Inc. But for certain specialty drugs, health plans may take the opposite approach, partnering with drug companies to promote copay subsidy coupons that help members pay for costly treatments.

Copay subsidy programs likely are here to stay, Cartier says. "Since every [drug manufacturer with a product] in a competitive class has these copay subsidy programs, it's almost a requirement that they continue," he asserts. And from the drug company's perspective, adds Van Antwerp, the coupons serve as "virtual" samples — only less expensive to produce and with the added benefit of gathering patient clinical and demographic data.

Although the programs may improve adherence by reducing patients' financial burdens, the downsides for payers go beyond the increased costs from higher utilization of brand-name drugs. For example, if the coupon is for a large enough amount that the drug claim is not submitted, PBMs and insurers cannot perform cost- and clinical-management services such as checks for adherence and drug-drug interactions.

Among strategies health plans can adopt to counteract coupons targeted at oral solids:

- ◆ *Increase the difference in cost sharing* between generics and non-formulary drugs;
- ◆ *Make the consumer pay the majority* of the drug cost even with the coupon, such as by closing the formulary or implementing step therapy;
- ◆ *Ban coupon use* — particularly in tightly controlled retail networks or in mail-order pharmacies;
- ◆ *Push manufacturers* to adopt contracts that tie usage to adherence; and
- ◆ *Offer adherence rewards* to consumers.

Specialty medications, however, aren't the target of aggressive formulary management since most drugs have no competitors or generic versions, Van Antwerp says. In addition, many drugs are targeted to relatively rare conditions and often are quite costly. As a result, he contends, health plans should use different tactics in responding to coupons for these medications:

- ◆ *Continue to drive consumers* to a limited specialty network;
- ◆ *Partner with manufacturers* to allow coupons where it would be clinically appropriate and would help lower costs; or
- ◆ *Refuse to accept coupons* not provided by the specialty pharmacy directly.

Van Antwerp adds that "health plans should embrace specialty coupons that support cost-effective therapies, reduce copay burden and potentially impact adherence." Humira is one drug that "plans may choose to endorse," Cartier adds.

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*To purchase a recording of the Nov. 5 audioconference, please call (800) 521-4323 or visit [www.AISHealth.com](http://www.AISHealth.com), and go to the MarketPlace.*