Editorial

The Rubik's Cube of Manufacturers' Coupons: Making the Case for Sneetches

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Abstract

Description

Asthma maintenance inhalers are inordinately expensive, inhibiting patients from affording their medication and compromising compliance and adherence and optimal health outcomes. The objective of this article was to examine and highlight the competitive world and challenged opportunity of manufacturers' coupons discounting the inordinate cost of respiratory inhalers and asthma treatment. The cost of asthma treatment, in particular the cost of respiratory medicines, even with health insurance, can be prohibitive (upwards of $700 per month for one inhaler). Medication costs restrict medication access. Compliance and adherence suffer attested by monthly maintenance inhalers being filled less than 50% of the time. Pharmaceutical manufacturers of branded drugs competitively offer and market discount programs designed to help offset out-of-pocket medication (copay or coinsurance) costs. However, these programs vary depending on the manufacturer and are contingent on the parameters of individual insurance plans and their respective pharmacy benefit managers (PBMs). In an attempt to gain market advantage, manufacturers, coupons frequently change criteria making the opportunity of savings for patients and prescribing clinicians difficult to discern, implement and sustain.

Keywords

medication access; medication cost; compliance; adherence; asthma treatment; manufacturer coupons; drug insurance; drug benefit plans; insurance benefits; brand drugs; generic drugs; asthma; drug therapy

> And I've heard of your troubles. I've heard you're unhappy.
> But I can fix that. I'm the Fix-it-Up Chappie.
> I've come here to help you. I have what you need.
> And my prices are low. And I work at great speed.
> *The Sneetches* by Dr. Seuss[1]

Dr. Seuss had it right in describing the competitive marketing between 2 leading pharmaceutical manufacturers in the respiratory world, GlaxoSmithKline (GSK) and AstraZeneca (AZ). Like the Sneetches who tried to one-up each other by placing and removing a star on their bellies, these companies have gone back and forth between offering and taking away discount drug coupons for the past 2 decades.

Branded manufacturers want to play in the sandbox of the less expensive generics, as they account for roughly 90% of all prescriptions written.[2] However, there have been few or no generic medications (or devices) in the respiratory space for many years. As respiratory medications are costly, the companies' alternating marketing choreography and incentive strategies have looked something like **Figure 1**.[3]

Manufacturers' discount programs are designed to help offset out-of-pocket medication costs (copay or coinsurance). Without these incentives, the cost of respiratory medicines, even with health insurance, can be prohibitive (upwards of $700 per month/$8000+ per year) for many patients.[3] This financial burden largely accounts for why maintenance inhalers are

Figure 1. Pharmaceutical companies engage in an alternating marketing choreography of costly respiratory medications.

filled <50% of the time.[4] The terms and conditions of these discount programs are intricate, confusing to patients, and contingent on the vagaries of an individual's health plan.

Furthermore, terms and conditions can change without warning, creating a renewing layer of complexity. Due to a lack of insight into how insurance plans and coupons are configured, many providers opt not to present or promote these coupons, thereby impacting affordability and hindering medication access.

Current Global Initiative for Asthma (GINA) guidelines recommend daily Inhaled Corticosteroid Combination/Inhaled Long-Acting Beta2-Agonist (ICS/LABA) as first-line treatment for moderate-to-severe asthmatics.[5] When compared to dual therapy, triple therapy (ICS/LABA/ Long-acting Muscarinic Antagonist [LAMA]) is associated with significantly fewer asthma exacerbations and increased asthma control.[6] Trelegy, a triple therapy introduced by GSK in 2017, carries an indication for asthma and COPD. In 2020, AZ launched Breztri, a comparable triple therapy, indicated for COPD. Unlike dual therapy, branded triple therapy medications are promoted by manufacturer's coupons. The following is not an endorsement of either drug but merely illustrates in part the metronome of the drug marketing/promotion movement.

Trelegy's $0 copay card allowed many commercially-insured patients to obtain this $685 medication (average retail cost for 100/5 dosage) for $0.[3] However, in January 2022, details of how the discount cards worked changed and changes varied between companies. A deluge of patients complained that the copay card had stopped working, and they could no longer afford their medication. Although GSK continued to offer a "$0 copay," an annual monetary cap had been placed on their card.

The 2022 GSK coupon imposed an extra step requiring patients to "activate the card" via phone or website. The coupon paid a maximum monthly savings of $500 of the drug's retail cost between January 1, 2022, and March 31, 2022. Subsequently, the drug cost the patient $150 in each of these months and cost $200 per month after that. According to the specifics of a commercially-insured patient's plan, the entire retail cost of the medicine month-to-month could be applied to the deductible.

For AZ's Breztri (retail average, $741 per month for 160/4.5 dosage)[3], a patient had a maximum savings limit of $595 per 30-day supply. As with GSK, the cost was applied to the patient's deductible. Unlike GSK, for Breztri, there was no preliminary step of "activation" necessary for the patient. The physical coupon sufficed at the pharmacy. The "eligible" commercially insured patient with no restrictions, ie, step-edit, prior authorization, or national drug code (NDC) block, paid as low as $0 for each 30-day supply and as low as $40 for those with restrictions. Once the deductible was met for either of the drugs, the patient paid $0 for the remainder of the year.

How can a provider or a patient with a copay card know what the final cost of the drug will be at any given time? The obscurity of seeing

through the cataract of an individual's insurance plan's parameters (formulary design, deductible, and residual) and differences in pharmacy pricing or the willingness of pharmacists to participate and facilitate a manufacturer's coupons often leave these resources underutilized.

In day-to-day practice, providers are not just faced with two discount programs to understand and navigate but a plethora of programs for most branded drugs, each with their own rules and stipulations.

While manufacturers may be commended for having discount programs, pharmaceutical companies are motivated by self-interest. The primary goal of these discount programs is not to save patients money but to get them to utilize these therapies earlier, consequently selling more drugs (read, more profit). If manufacturers wanted to simplify discount programs, they would take on barriers posed by insurance companies and their associated pharmacy benefits managers (PBMs), formulary design, the existence and size of deductibles, and how the discount programs are applied, etc.

A conscientious provider is motivated to help patients afford (comply and adhere) to their medication regimens and achieve optimal health outcomes. A Rubik's cube solution is predicated on where one starts. Clinicians hold the medication Rubik's cube every time they prescribe but remain puzzled to understand the twists and turns to help mitigate costs for a patient.

Like Sneetches, manufacturers wish to insert a star (a coupon) representing their drug and their company's largesse into patients' healthcare. This aide is one that patients want and desperately need, but the Sneetches—the manufacturers, insurance companies, PBMs, and pharmacies—make coupons cumbersome and complicated to use.

A better way is to simplify the process:

- Challenge insurance companies and pharmaceutical companies to conform to a standard or minimize the rules that serve as impediments.
- Embed discount programs in electronic medical records revealing each coupon's caveats and directly linking coupons to the pharmacies.
- Allow coupons to be used within Federal insurance programs.

Until then, these precious resources exist in a miasma.

Conflicts of Interest

The author declares that he has no conflicts of interest.

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