GoodRx

Guide to Successful Copay Programs

The GoodRx Yellow Paper Series

Actionable Insights for Pharma Leaders

Guide to Successful Copay Programs

Contents

CHAPTER

Why GoodRx?

GoodRx was founded in 2011 to help Americans get the healthcare they need at prices they can afford. In 2010, GoodRx co-founder and co-CEO Doug Hirsch tried to fill an alarmingly expensive prescription from a doctor and decided to shop around for a lower price. He quickly realized that Americans lacked a one-stop destination for prescription discounts and prices.

That experience was the spark that started GoodRx, and today over 70,000 U.S. pharmacies accept GoodRx. The company built its brand, reputation, and customer loyalty over the last decade, along with a healthcare platform that reaches its audience at unparalleled scale, serving the needs of over 100 million unique annual visitors and 865K healthcare providers with awareness, access, and adherence solutions.

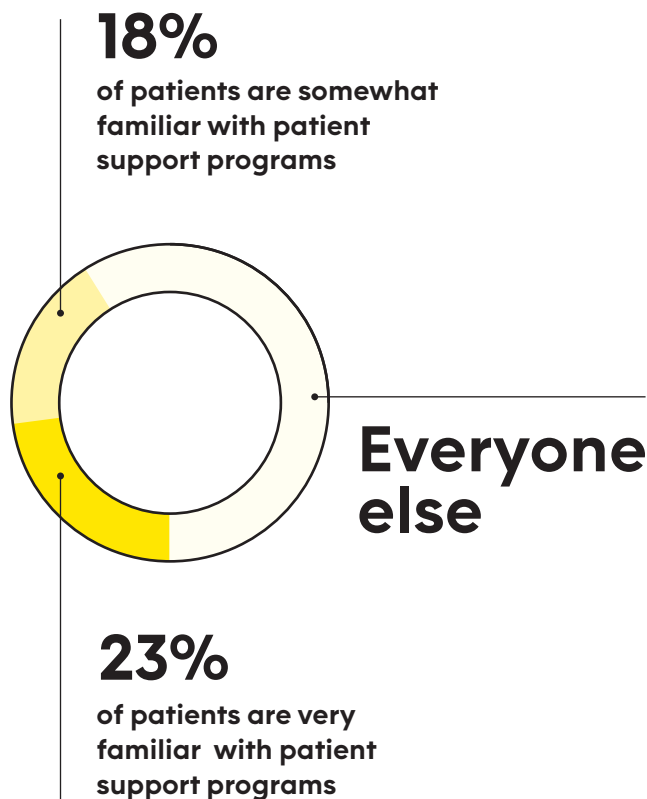**Awareness**

Access

Adherence

Why a <mark>copay guide?</mark>

To help with patient adherence and health outcomes, many pharmaceutical companies offer generous copay assistance to eligible patients on certain medications. A **2021 survey** showed that pharma companies spend over five billion dollars annually on copay assistance and patient support programs in the U.S., yet only 3% of patients actually use them.[1] "Why the low usage? Lack of awareness is one clear factor—fewer than one-fourth (23%) of patients said they were extremely or very familiar with patient support programs, while another 18% said they were somewhat familiar."[2] There is a lot of room for improvement, and GoodRx aims to help pharma manufacturers reach *many* more patients to take advantage of their existing resources.

GOODRX

Reach
Awareness
Utilization
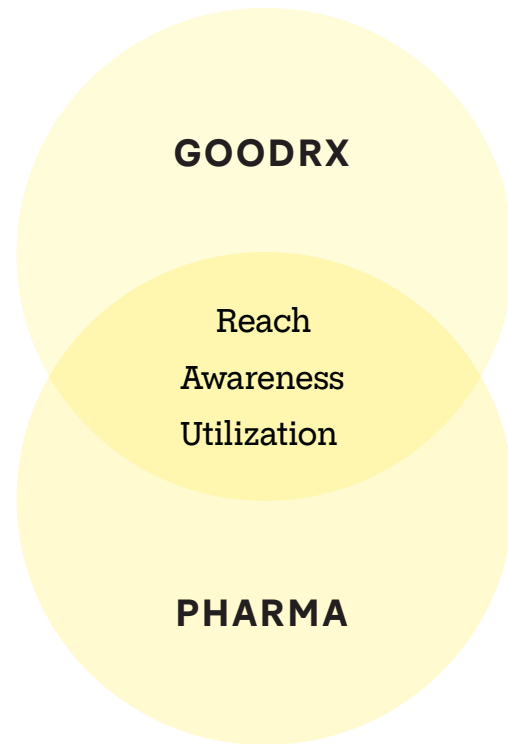
PHARMA

GoodRx and its pharma partners have common goals for copay support programs.

18%

of patients are somewhat familiar with patient support programs

Everyone else

23%

of patients are very familiar with patient support programs

Low awareness of patient support programs limits utilization.

While copay assistance programs may be familiar to those who work in pharma and other areas of healthcare, that's far from the case for those consumers we need to reach and support: The people who have been prescribed the medications they need and may have difficulty affording them. GoodRx's Pharma Manufacturer Solutions business unit partners with pharma companies to boost the reach, awareness, and utilization of their existing copay and patient support programs, and this *Guide* shares what we've learned to help deliver the greatest value to the greatest number of eligible patients.

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[1] "Pharmas' return on $5B spent yearly on patient support programs? Only 3% are using them: survey," *Fierce Pharma*, July 6, 2021, https://www.fiercepharma.com/marketing/pharmas-return-5-billion-spent-yearly-patient-support-programs-only-3-use-survey
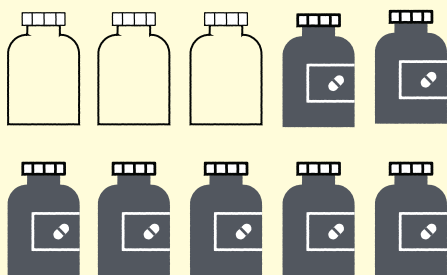[2] *Ibid.*

Why now?

Out-of-pocket costs are still the greatest barrier to patients starting and staying adherent to their prescribed treatments.

Despite the growth of GoodRx, pharma copay assistance and patient support programs, and other drug assistance programs and charitable foundations, significant patient access and affordability issues have persisted. The pandemic, high-deductible health plans (HDHPs), inflation, and health disparities have made things worse for most Americans. Additionally, the sheer complexity of retail and specialty drug access, cost-sharing, and affordability has increased for patients regardless of insurance status.

So much so that a recent **Kaiser Family Foundation study** found that "about three in ten adults report not taking their medicines as prescribed at some point in the past year because of the cost. This includes about one in six (18%) who report they have not filled a prescription, about one in five (21%) who took an over-the counter drug instead, and 13% who say they have cut pills in half or skipped a dose."[3]

3 in 10 adults
say they haven't taken their medicines as prescribed due to cost.

18% Not filled a prescription

21% Taken an over-the counter drug instead

13% Cut pills in half or skipped a dose

29% Did at least one of the above
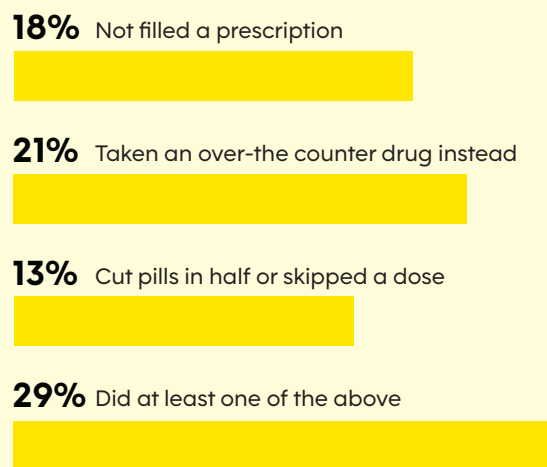
To learn more about GoodRx awareness, access, and adherence solutions, click here.

[3]Hamel, et al., *Public Opinion on Prescription Drugs and Their Prices,* Kaiser Family Foundation, April 5, 2022, https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/

GoodRx

1 Understanding the patient-provider medication cost conversation

Back in 2020, researchers sent a **survey** [4] to 300 primary care physicians, 300 gastroenterologists, and 300 rheumatologists, who were randomly selected from the American Medical Association Masterfile of all U.S. physicians. The goal of the survey was to see if these providers could ==accurately estimate== a patient's out-of-pocket (OOP) costs for medication.

The providers were presented with a hypothetical scenario that involved a drug that would cost $1,000 per month without insurance. A summary of the patient's private insurance information was provided, and providers were asked to estimate the drug's out-of-pocket cost at four time points between January and December, using the plan's four types of cost-sharing: Deductibles, co-insurance, copays, and out-of-pocket maximums. Information about each of these was provided to each physician as part of the insurance summary.

So, how did they do? Not very well.

The survey had a 45% response rate, and 371 providers met the inclusion criteria. But of those qualifying, only 21% could accurately estimate out-of-pocket drug costs for the hypothetical patient, even with all that information in hand.[5] Of course, if you're a provider, or a healthcare marketer, or almost anyone else working in healthcare or the insurance industry, you may not be surprised by that.

21%

**of doctors could accurately estimate out-of-pocket drug costs for the hypothetical patient**

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[4] Sloan, Caroline E., Lorena Millo, Sophia Gutterman, and Peter A. Ubel. 2021. "Accuracy of Physician Estimates of Out-of-Pocket Costs for Medication Filling." *JAMA Network Open* 4 (11): e2133188, https://doi.org/10.1001/jamanetworkopen.2021.33188
[5] *Ibid.*

GoodRx

HCPs uncertain about patient out-of-pocket (OOP) costs

Another OOP-related survey[6] conducted by GoodRx in 2022 found that **62% of physicians and 53% of all prescribers (MDs, PAs, and NPs) did not discuss medication costs with patients because they simply were not sure how much the medication would cost their patients**. This survey also found that 64% of physicians said they spoke with their patients about the cost of medications less than 50% of the time. In addition, 54% of physicians said their patients don't ask about the cost of medication, which is why they don't discuss it.

Percent of HCPs who know the costs of medications they prescribe to their patients

62% of Physicians

53% of All Prescribers
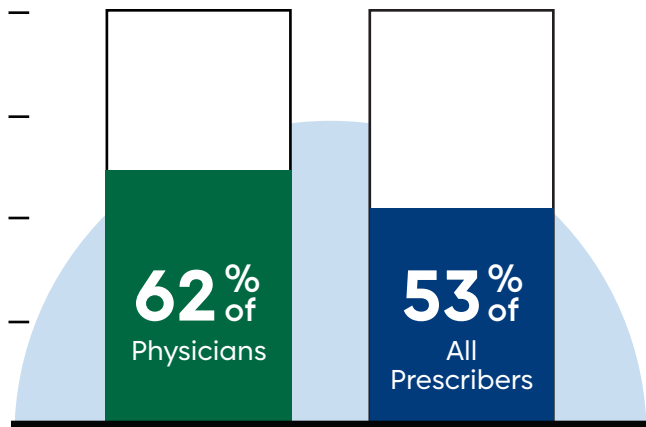
Insurance cost sharing is notoriously difficult to understand, and often confusing even for those that deal with it every day. And it's not part of the core curriculum during a physician's many years of training. One result of this complexity is that patients without OOP expectations arrive at the pharmacy only to experience 'sticker shock' that often leads to **prescription abandonment**. That's a bigger

problem than many pharmaceutical marketers understand or acknowledge, but it's costing them plenty in terms of market share and lost revenue, even as it endangers the health of far too many patients.

Improving out-of-pocket cost transparency

To help address the issues of prescription abandonment, lack of information, and limited access to savings offers, GoodRx has developed a wide range of custom solutions and partnerships for both retail and specialty medications. For example, the electronic network operated by one partner enables many physicians to see the OOP costs of medications as the provider selects a product to prescribe for a patient, right in the physician's electronic health record (EHR).

But when that patient doesn't have insurance, the physician is shown the cash price of the medication at pharmacies through the GoodRx network. This enables a discussion about the cost of medication using data about real-world drug prices, thereby enabling a better discussion about affordability and cost limits with the patient, even before the prescription is created.

GoodRx

Of course, many providers use the GoodRx platform regularly as they engage with patients, often at the moment of prescribing and other pivotal moments of care. So, instead of guessing about a medication's cost they can simply use the GoodRx site to inform their conversations with patients. This also creates an excellent opportunity for pharma marketers to message providers about a variety of topics through a platform they already trust and use frequently. Some providers even share information with their patients from the GoodRx website to help patients become aware of affordability solutions such as embedded copay cards offered by drug manufacturers.

Patient-provider communication is key

Keep in mind that one-third of Americans have trouble paying their medical bills even when they have insurance. Encouraging frank, fact-based discussions about cost between providers and their patients may improve the ability of prescribers to select appropriate medications for their patients that the patient can better afford.

When both provider and patient work as a team to gain access to cost-saving opportunities such as manufacturers' savings offers, everyone wins.

Also, this teamwork has an impact on refills, not just new prescriptions. **A GoodRx analysis**[7] from 2020 suggested that 33.2% of GoodRx fills were newly adherent, meaning they would not have been filled without GoodRx.

33.2%
of GoodRx fills were newly adherent.

Especially in our current economic climate, concerns about out-of-pocket drug costs can be top of mind for many patients. GoodRx is an important resource for both the provider and their patients, connecting them for accurate, transparent, fact-based conversations about medication affordability. To learn more about the ways GoodRx can help your brand participate in and support these important cost conversations, **click here**.

[7] "The GoodRx Effect: How GoodRx Is Changing the Economics of Healthcare," GoodRx, June 15, 2021,
https://www.goodrx.com/corporate/business/the-goodrx-effect-how-goodrx-is-changing-the-economics-of-healthcare

GoodRx

2 Why copay and financial assistance for patients is necessary

Years ago, insurance companies often asked patients to pay only a small portion of the total cost when their healthcare provider prescribed a medication for them. But as the price of newer medications increased each year, more employers offered high-deductible health plans (HDHPs), and specialty medications became significant contributors to an insurer's costs, the amounts of typical copayments required of patients (copays) began to climb.

Copay amount affects patient behavior

Insurers also found that they could steer patients toward both generic drugs and drugs that they preferred in a particular class (proton pump inhibitors, for example) if they varied the copayment required for a particular drug. Generics often required a small copay, or no copay at all, while a non-preferred, specialty drug might require a copay of $250 or more. This amount was enough to force most patients to ask their healthcare provider to prescribe an alternative or, unfortunately, to cause some patients to not fill their prescription at all.

A **2017 study by the IQVIA Institute for Human Data Science** found that 8% of patients abandoned prescriptions when the copay was under $10, and 14% abandoned their Rx when the copay was almost $30. Almost 30% of patients walked away from their prescription when the copay was between $50-$75, and when the copay amount was $250 or more an eye-popping 69% of patients abandoned their prescription.[8]

Increased cost-shifting to patients

At the same time, employers and other customers of insurance companies found that they could reduce the amount they were required to pay for health benefits if they participated in this process of shifting costs away from the insurer to the patient – a practice that was especially attractive to employers who self-insured for healthcare.

Copayments became a way for insurance companies and employers to shift costs to employees and patients, lower their share of medication costs, and obtain better pricing from drug companies during the negotiating process.

While this benefited employers and insurance companies, patients often found themselves forced to shoulder a cost burden that was unattractive, or in many cases, unmanageable.

69%
of patients abandoned their prescriptions
when the copay was over $250.

[8]Campbell, Holly. n.d. "69 Percent of Patients Abandon Medicines When Cost Sharing Is More than $250." Accessed May 17, 2022, https://catalyst.phrma.org/69-percent-of-patients-abandon-medicines-when-cost-sharing-is-more-than-250

GoodRx

## Copay programs address patient out-of-pocket costs

So, rather than see patients fail to take their prescribed medications, pharma companies decided to help patients pay for these out-of-pocket costs, and copay assistance programs were born. At first, these programs often took the form of a copay card, similar in size and appearance to credit cards. Manufacturers would give these cards to their salesforces, who in turn would give them to medical practices. Sales reps began to spend significant portions of their selling time telling healthcare providers and support staff about their copay offers and ensuring that their top-prescribing offices had a ready supply of cards. These in-person interactions were mostly absent during the pandemic, and post-COVID medical offices have very limited time and space to store and distribute physical copay cards on behalf of manufacturers.

Soon, many companies expanded their copay assistance distribution network to include pharmacies, and consumer-facing brand and manufacturer websites offered to send cards directly to patients who requested them. If a prescriber wished to prescribe a product, and the patient was willing to take it, the drug's brand team would often do whatever it took to ensure that the copay amount didn't stand between the patient and a filled prescription, at least for commercially insured and cash-paying patients.

Copay assistance can be a win-win

Manufacturers have generally found that their investment in copay assistance helps both the patient and the manufacturer's bottom line, because these programs dramatically reduce the rate of prescription abandonment. The 2017 IQVIA study referenced above found that the

abandonment rate for new patients if a copay coupon was not available was 31%, while the abandonment rate for new patients when a copay coupon was available was only 12%.[9] Differences like that offer strong evidence that copay assistance programs are a good investment for most brand teams and can help many patients with affordability.
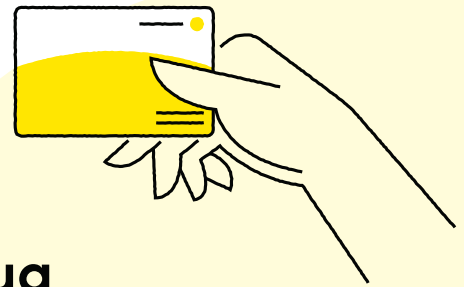
Drug abandonment rate
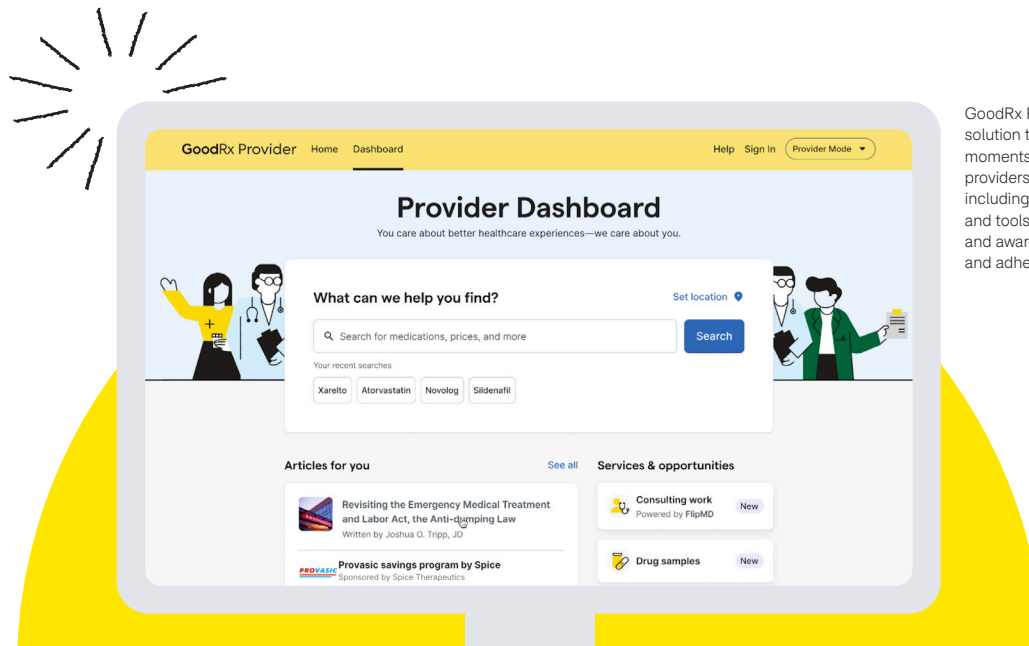
31%
When copay coupon was NOT available

12%
When copay coupon WAS available

GoodRx

GoodRx Provider is a point-of-care solution that supports HCPs at pivotal moments. **Provider Mode** supports providers with point-of-care resources including in-depth drug information and tools for patient education and awareness, medication access, and adherence.

Many physicians and other licensed prescribers are increasingly aware of whether a specific brand offers copay assistance through sales reps, in-office collateral and copay cards, their electronic health record (EHR), and the GoodRx platform. Our platform includes GoodRx Provider, a point-of-care solution for healthcare providers (HCPs) that reaches them at pivotal moments, with activity and engagement highest during the patient treatment window – weekdays from 7 AM to 4 PM.

Provider Mode supports providers with point-of-care resources including in-depth drug information and tools for patient education and awareness, medication access, and adherence.

However, copay assistance is not available to beneficiaries of government programs, such as Medicare and Medicaid, specifically because copay assistance programs are considered a direct inducement to buy a specific product. There is sparse data available about the effect that the availability of copay assistance has on a prescriber's selection of a medication for a patient, however given the

impact of copay on prescription abandonment one cannot ignore the fact that copays are likely to be discussed by patients and providers.

GoodRx has created a range of solutions that help *patients* learn about and access copay assistance programs offered by pharma companies, and its upcoming collaboration with **RxVantage** also makes it easy for *healthcare providers* to connect with manufacturers using the GoodRx platform. The core idea that manufacturers must keep in mind is that anything that has a significant impact on the number of patients filling prescriptions for their products cannot be ignored. Copay assistance is squarely in that camp. Given that, the question for most manufacturers becomes how to best design and administer their copay offers and programs, and how to ensure that both patients and providers are aware of these important opportunities to save.

3 Who makes use of copay offers?

Years ago, before health benefit designs began to shift more of the cost burden for prescription drugs to patients, many thought of copay assistance much like a manufacturer's cents-off coupon for a grocery store item:
They may save you a few bucks, but were they worth it?

That's certainly not the case today. With patient copays often reaching three digits per product, a much larger group of healthcare consumers are now happy to use copay assistance offers.

In fact, without them, many people would either actively ask their healthcare provider to prescribe a different product, or unfortunately go without their medication. A 2019 **poll by the Kaiser Family Foundation** found that nearly 1 in 4 Americans taking prescription drugs found it difficult to afford their medications, and many more are now attracted by the thought of saving money, even if affordability isn't a true barrier to taking their medications.[10]

... and many more are now attracted by the thought of saving money, even if affordability isn't a true barrier to taking their medications.

Profile of a copay user

As of year-end 2020, US patients' out-of-pocket (OOP) exposure on prescription drugs totaled approximately $91 billion per year, with copay coupons offsetting $14 billion of that amount, according to industry supplier **ConnectiveRx**.[11] But who is using these programs? Industry data on this isn't widely available, but a **2022 study** of more than 1,000 respondents by Wong & Jinnett[12] , published in *The Journal of Managed Care Pharmacy*, found that copay assistance users had a mean age of just over 62, with women making up just over half of users (52%). Fifty percent of copay users were retired, while 27% were employed full time and 10% employed part time.

Insurance coverage varied considerably for copay assistance users in that study. Thirty-three percent had employer-sponsored insurance, while 13% had an individual health insurance policy. Only 3% of survey respondents reported having no health insurance. Only 14% of respondents reported using copay assistance at a specialty pharmacy.

In terms of household income, 23% reported an annual household income of at least $100,000, while 33% reported a household income of between $50,000 - $100,000. Twenty-four percent reported a range of $25,000 - $50,000, and only 15% reported less than $25,000.

[10]Mar 01, Published: and 2019. 2019. "Poll: Nearly 1 in 4 Americans Taking Prescription Drugs Say It's Difficult to Afford Their Medicines, Including Larger Shares Among Those with Health Issues, with Low Incomes and Nearing Medicare Age." *KFF* (blog). March 1, 2019. https://www.kff.org/health-costs/press-release/poll-nearly-1-in-4-americans-taking-prescription-drugs-say-its-difficult-to-afford-medicines-including-larger-shares-with-low-incomes/
[11]"Copay Utilization Continues to Increase Amid Pandemic." n.d. accessed May 19, 2022. https://www.connectiverx.com/thought-leadership/copay-utilization-continues-to-increase-amid-pandemic
[12]Wong, William B, and Kimberly Jinnett. 2022. "Patient Perspectives and Use of Copayment Assistance during the COVID-19 Pandemic." *Journal of Managed Care & Specialty Pharmacy*, April 1–7, https://doi.org/10.18553/jmcp.2022.21343

Average copay assistance user

User household income

23%
$100K +

33%
$50 - $100K

24%
$25 - $50K

15%
>$25

User occupation

50%
Retired

27%
Full Time Employee

10%
Part Time Employee

User mean age of 62 with 52% being women

Users who have insurance coverage

33%
Employer Sponsored

13%
Individual

3%
None

14%
Copay Assistance

Users' ethnicity

88%
non-Hispanic White

4%
Black/African American

3%
Hispanic/Latino

2%
Asian/Pacific Islander

Figure 1: Characteristics of people who use copay assistance.

Perhaps the most surprising statistic from this large survey was that 88% of copay users reported their ethnicity as non-Hispanic White. Only 4% of respondents were Black/African American, 3% Hispanic/Latino, and 2% Asian/Pacific Islander. This may indicate a significant opportunity to increase utilization of copay assistance programs in non-white communities and underserved populations, and through that, improved adherence to therapies and improved health outcomes.

What we see at GoodRx

Data from GoodRx users often mirrors or closely parallels the data from the Wong and Jinnett study, which may be expected considering more than 100 million people visit GoodRx each year. For example, our data show that approximately 70% of visitors to the GoodRx website are over the age of 55.

What surprised us as we examined our own data was that more than 80% of individuals visiting the GoodRx site have a new prescription or refill in-hand when they visit our platform. We also discovered that the platform attracts an incredible **10 times more traffic** than pharma manufacturer's own drug websites[13] . This suggests that patients are more likely to seek a trusted, convenient, and aggregated source when they want to save, rather than trying to navigate individual manufacturer's product websites or general health information sites.

We also found that many patients are hungry for health condition and drug information in addition to copay assistance. **Patient Navigator** is a personalized experience on GoodRx.com that guides high-intent patients searching for branded drugs to manufacturers' offerings. Patient Navigator can segment patients based on insurance status and other factors, and guide them to patient assistance, education, copay support, and other appropriate services a manufacturer offers to help patients 'navigate'

their health journey. Pharma companies can integrate their offerings, such as copay cards, cash programs, and patient assistance programs into the solution's workflow to achieve improved access for brand drugs. Approximately 30% of visitors who land on a price page engage with a Patient Navigator. And between 30-40% of visitors who engage with a Patient Navigator download a copay card when one is available.

The audience for copay assistance offers today is evolving, and this will continue as economic conditions and the cost of healthcare also continue to change.

> There is certainly room to grow the volume and diversity of people who take advantage of copay assistance.

But there is certainly room to grow the volume and diversity of people who take advantage of copay assistance, as noted by one of the most surprising facts to emerge from the Wong & Jinnett study: 72% of patients surveyed had never used a copay assistance offer! This often surprises pharma brand managers and patient access leaders, who are exposed to these offers so often they think everyone must be using them. As you'll see later in this *Guide*, increasing awareness and utilization of your brand's copay assistance offers – by meeting patients where they are – may be one of the most beneficial things you can do to help patients start, and stay, on therapy.

72%
of patients had never used a copay assistance offer

4 Anatomy of a healthy copay assistance program

Copay assistance programs can ~~vary dramatically~~ for many reasons, including the amount of support typically needed by patients and the financial support a brand can afford to offer. The details of each brand's support program may also evolve over time based on a variety of factors that include typical payer coverage for the product, the brand's place in the competitive marketplace, and patient needs. It's important that pharmaceutical manufacturers monitor each of these and adjust each brand's copay program as needed.

Below are some considerations a manufacturer and brand team should keep in mind to ensure their copay assistance program meets the needs of patients, providers, their brand, and their company.

common channels of distribution. However, just because it's easier for the manufacturer doesn't make it necessarily appropriate for patients and caregivers. Successful pharmas align the offer with the patient and the brand and look for synergies only after they're certain they won't underdeliver to either stakeholder.

One size does not fit all

One potential mistake for manufacturers is standardizing their copay assistance across various brands and therapeutic areas in which the company is active. This may occur in large companies because there is often a strong push to standardize in the name of consistency, cost efficiencies, and ease of program review and management. In smaller companies, standardization may be due to a lack of resources to manage a broad range of programs and specific offerings for each patient population. In either case, it can be a problem.

Copay offers are as unique as the brands that offer them and the patients that need them, so developing similar offerings to make them easier to manage and review ignores these unique needs. It's sensible to use a common copay claims processor and administrator, and

Customize offers based on patient types

Even companies that understand how to customize offers for each of their brands may fail to customize each brand's copay assistance offerings based on the types of insurance that typically cover various patient types. Again, a desire for simplicity may reduce the brand's ability to help appropriate patients start and stay on their therapy.

Patients that have good prescription drug coverage often have no need for copay assistance, and they may not even qualify for it. So, why offer it to them, and unnecessarily take on the cost of a copay benefit? If you partner with your supplier to design a program that considers the insurance coverage of individual patients and put business rules in place to vary your offerings based on that coverage, you

can effectively spread the same amount of assistance over a larger number of patients. Those who need more assistance can receive it, while those that need less will receive less. This can go a long way toward making sure your copay assistance program remains viable and available to the patients that need it most, for longer.

Mind the gap between generic and brand out-of-pocket costs

In the last year, more than 865,000 healthcare providers across all specialties have used the GoodRx platform for information and tools related to health conditions, generic and branded medications, and affordability and adherence

Consider variable copay offers to align with insurance and other differences among patients.

support for their patients. In addition to collecting and analyzing real-world data from our platform and other sources, GoodRx researchers conduct formal studies with providers and patients on a regular basis.

Recent insights from an analysis of patient drug costs across specialties shows interesting disparities in cost of branded versus generic medicines. Average out-of-pocket (OOP) costs for branded prescriptions are higher than for comparable generics in the same category, but **the factor by which they are more expensive varies across specialties** (see Figure 2). For example, the OOP cost gap in rheumatology, neurology, and cardiology/pulmonology is much wider than in other specialties. This insight may provide opportunities for pharma manufacturers to look more closely at the specialties aligned with their portfolios and ensure that their **patient assistance programs**

account for different levels of financial need in different therapeutic categories.

Support key moments in the patient's journey

For many brands, the first few fills are the greatest challenge to overcome. If that applies to your brand, it may make sense to focus your copay assistance on the first fill, or the first few refills, rather than offering the same amount of assistance regardless of the duration of therapy.

In other cases, the patient may 'start strong' and remain adherent for several cycles, but then fall off therapy later,

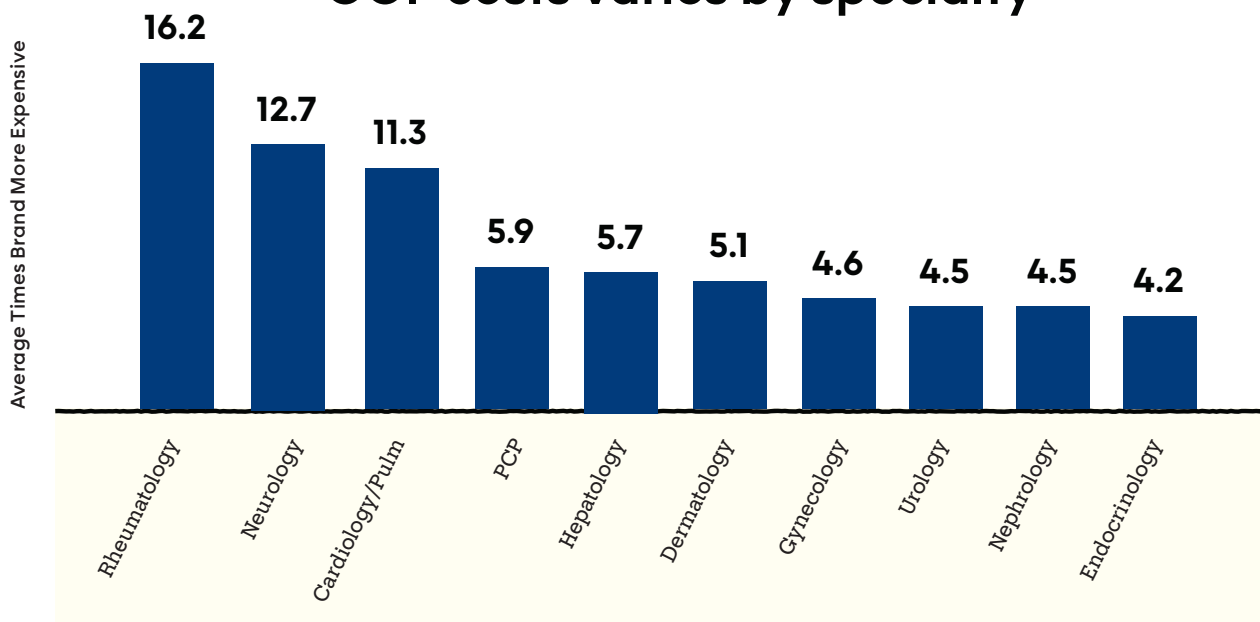## Gap between brand and generic OOP costs varies by specialty

Figure 2: GoodRx analysis finds a large gap in out-of-pocket (OOP) costs between branded and generic drugs, and the gap is uneven across specialty categories.

Methodology: GoodRx review of prescriptions written from June 2020 to June 2021 with at least one refill.

perhaps because they don't understand that medication for a chronic condition is needed long term. For those patients, a copay program designed to incent later fills may make more sense and encourage the patient to remain adherent longer.

The takeaway is that a brand team must understand the key points in the treatment cycle when patients tend to stop taking their therapy as prescribed by their provider. Many patients fail to continue therapies that are truly helpful simply because they think they're no longer needed. Knowing the characteristics of your brand and its patients – and tailoring the brand's copay assistance program to meet those needs – may make a big difference for both the patient and the brand.

Remain focused and flexible

Too often, brands offer the same programs to all eligible patients in the country, even when needs may vary by geography. If your brand is disadvantaged in a particular geography but stronger in another due to variations in payer relationships and coverage, then it may make sense to adapt your copay offering based on geography.

For example, a major payer in the Southeast moves your brand to a lower tier of drug preference even as a major payer in the Northwest puts you in a more preferred tier.

There's a tendency by many brand managers to offer the same program nationwide, but those patients in the Southeast are likely to need more of your help. And that help is likely to make a bigger difference for them, and for your brand.

Get the word out

Many pharmaceutical marketers think that both prescribers and patients know about the copay assistance they're offering, but that's often not the case. Providers are busy, and often don't take the time to offer information about your copay assistance program even as they prescribe your brand for their patients. To help remedy that, ensure your product and companion copay information is front-and-center with providers when accessing HCP-focused content on the GoodRx platform.
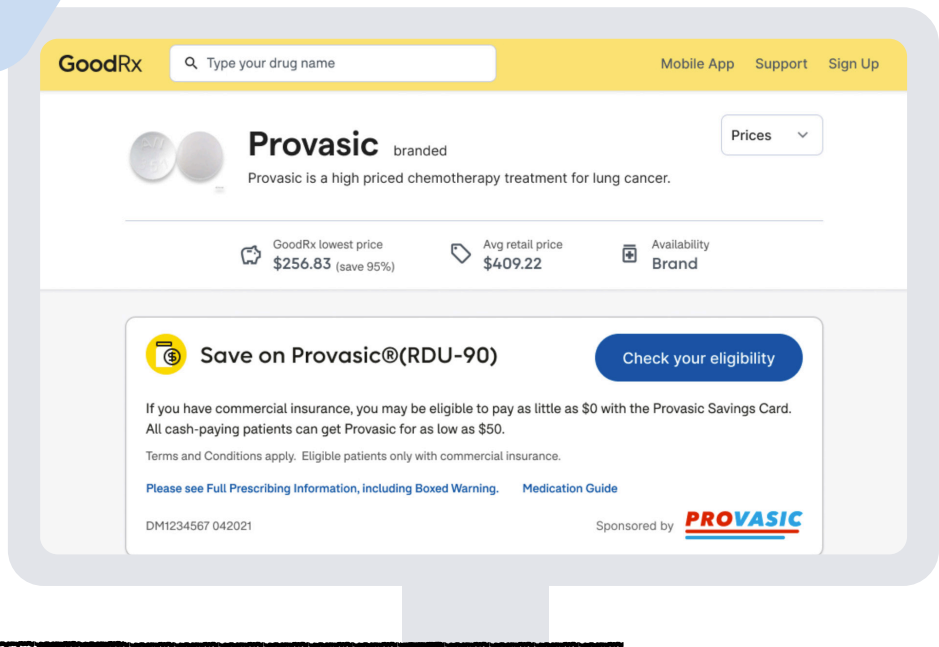
The next chapter in this *Guide* provides specific strategies to increase awareness and utilization of your brand's copay program.

Understand the key points in the treatment cycle when patients tend to stop taking their therapy as prescribed.

Find some help

There are reputable industry consultants that can assist pharma companies and their brand teams to design and optimize their copay assistance programs. While GoodRx doesn't offer copay program design services, our account management teams have worked with many successful programs and are available to discuss copay best practices and solutions to increase awareness and utilization.

**Click here
to contact GoodRx about
improving results for
your copay programs.**

GoodRx

Q Type your drug name

Mobile App   Support   Sign Up

Provasic   branded

Prices ▾

Provasic is a high priced chemotherapy treatment for lung cancer.

GoodRx lowest price
$256.83 (save 95%)

Avg retail price
$409.22

Availability
Brand

💰 Save on Provasic®(RDU-90)

Check your eligibility

If you have commercial insurance, you may be eligible to pay as little as $0 with the Provasic Savings Card. All cash-paying patients can get Provasic for as low as $50.

Terms and Conditions apply. Eligible patients only with commercial insurance.

Please see Full Prescribing Information, including Boxed Warning.   Medication Guide

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5 How to increase copay program awareness

One of the riskier aspects of an economy under inflationary pressure is that many patients fail to fill new prescriptions. Others may begin to reconsider the need for their existing medications, and a portion might engage in dangerous behaviors such as trying to stretch their medication supply by skipping doses. These are high-risk behaviors for patients, and they also limit pharma marketers' ability to achieve their revenue goals.

Therefore, marketers across the industry may be looking to review and revamp their copay assistance programs to help address these issues. As part of these reviews, a fundamental question to ask is,

"Do patients and providers even know that my brand *has* a copay assistance program?"

Low awareness may limit utilization

Pharmaceutical marketers may have skewed perceptions when it comes to awareness of copay assistance programs. Because copay programs are so widely discussed by those who work in the industry, marketers might naturally assume that almost 'everyone' knows about these programs

and seeks them out. After all, who wouldn't want to save money and let a product's manufacturer lower their out-of-pocket costs?

Yet that's not the case at all. In fact, a **2021 Phreesia survey**[14] of more than 6,300 patients found that almost three out of five have little to no knowledge of prescription brands' patient support programs, with almost half saying that they are 'Not at All Familiar' with them. In the study report, the sponsor called out one example in which nine out of 10 qualified patients taking an unidentified, branded pharmaceutical were not using the brand's copay card – even though 53% of those patients said they would be very likely to use it if they had one. While copay assistance programs may be familiar to those of us who work in pharma and other areas of healthcare, that's far from the case for those we need to reach and support: The people who have been prescribed the medications they need and may have difficulty affording them.


9 of 10 patients were not using a copay program

53% would use a copay card if they had one
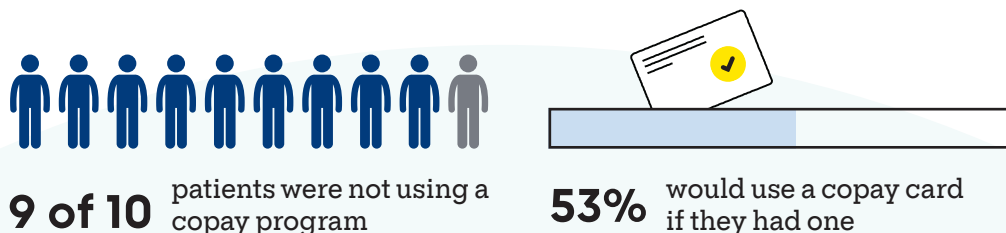
[14]Sanderson, S, *Industry Perspectives: Expanding Awareness of Patient Support Programs*; Phreesia Life Sciences; accessed on May 4, 2022, at https://engage.phreesia.com/rs/867-GML-252/images/Phreesia%20Industry%20Perspectives%20Patient%20Support%20Programs.pdf

GoodRx

Make it easy for providers to recommend

Marketers can do several things to help address this general lack of understanding, such as focusing on healthcare provider awareness of copay programs in the messages that sales representatives deliver; making deliberate changes to promotional materials to put greater emphasis on patient support; and increasing copay messaging in online advertising that targets providers and patients. GoodRx also understands the need for marketers to raise awareness among providers and patients, and has developed a range of awareness products and engagement opportunities that may be useful to systematically increase awareness and utilization of manufacturers' copay programs.

For example, many pharma marketers are surprised to learn that approximately **four out of five healthcare providers have recommended GoodRx to their patients**[15], which makes sense considering that the company has 88% awareness with U.S. HCPs.[16] Engaging with HCPs using our enhanced GoodRx Provider offerings can be an effective way to increase awareness of your copay assistance programs with prescribers, and subsequently, their patients. Last year, we saw ten times more traffic to the branded drug price pages on GoodRx.com than for similar copay program content on the top 100 pharma brand.com websites.[17] In addition to increasing awareness, it is important to reduce enrollment friction and increase eligibility transparency to ensure patients understand if they qualify.
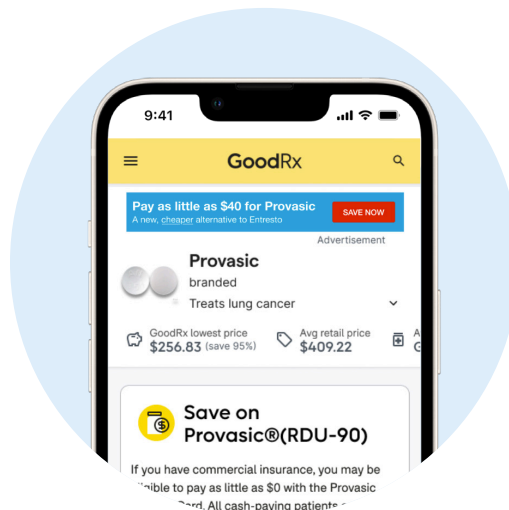
Partner with GoodRx to help drive up to

10x more traffic

than pharma manufacturers' own drug sites

GoodRx

Broad awareness requires large scale

Successful pharma marketers know that scale matters. Because GoodRx has over 100 million unique annual visitors, featuring your brand's copay offer – especially when patients search for your brand – could mean the difference between a filled prescription and one that is abandoned at the pharmacy. GoodRx leverages this scale to drive enrollment of qualified patients into manufacturers' copay programs, hubs, and other support services. API integrations with leading service providers enable real-time patient qualification and enrollment. And this all happens seamlessly within the GoodRx platform, minimizing the friction of site-switching and decreasing drop offs.

In addition, when GoodRx qualifies a patient, it reduces reversals and rejections at the pharmacy due to ineligibility.

If your 2022 objectives include finding better ways to support patients and achieve your brand's forecast, lowering the copay barrier may be a welcome addition to your plan. But as we've seen, a copay assistance program doesn't work if doctors and patients don't know it exists or find it difficult to enroll.

To learn more about the ways GoodRx can help you increase awareness of your brand's copay assistance offerings, click here.

When Brand X implemented the GoodRx Integrated Copay Card, claims initially doubled, then grew 19% month-over-month for new and continuing patients.
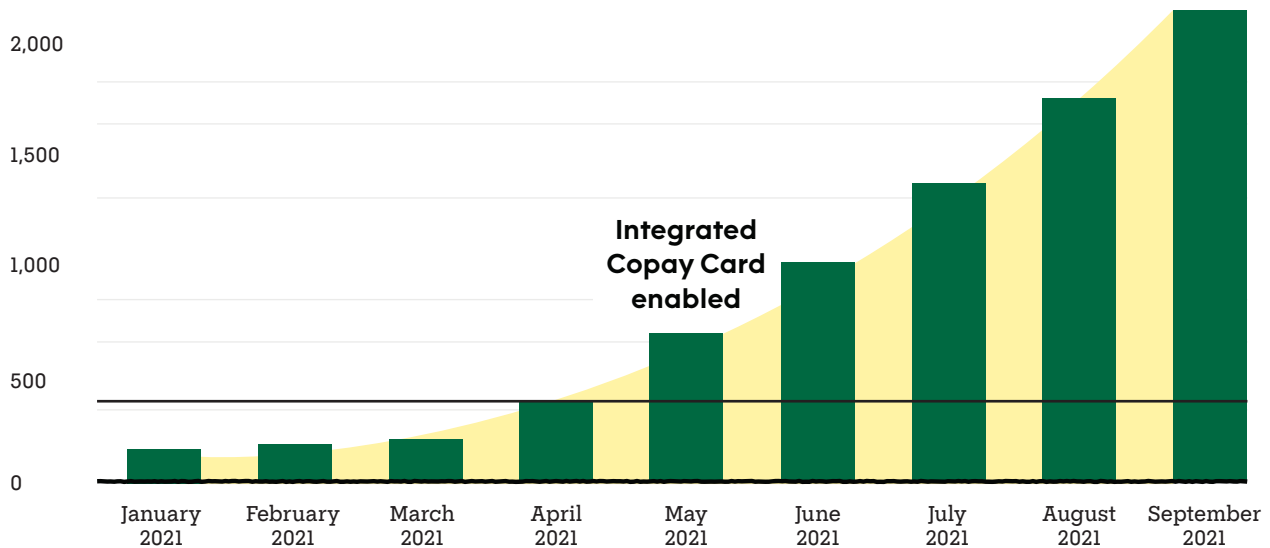

Figure 3: The GoodRx Integrated Copay Card provides real-time adjudication and easily connects to copay card vendor APIs, so GoodRx can deliver cards directly to patients on the GoodRx web platform and in-app. Across all brand programs, GoodRx has seen consistent growth of manufacturers' copay card redemptions at a rate of 19% month-over-month.

6 Best practices to distribute your copay program to patients

As detailed in the previous chapter, ensuring that healthcare providers and patients are aware of your program is one of the most important elements when providing this type of financial support to patients. <mark>Many providers won't remember</mark> that you offer this type of assistance, and most won't remember the details, including the best ways for patients to access it.

In addition, patients may need copay assistance if they're going to start and continue therapy with your product – yet many may struggle to find and use the programs you offer. Proactively addressing these gaps is critical, and here are some ways to do that.
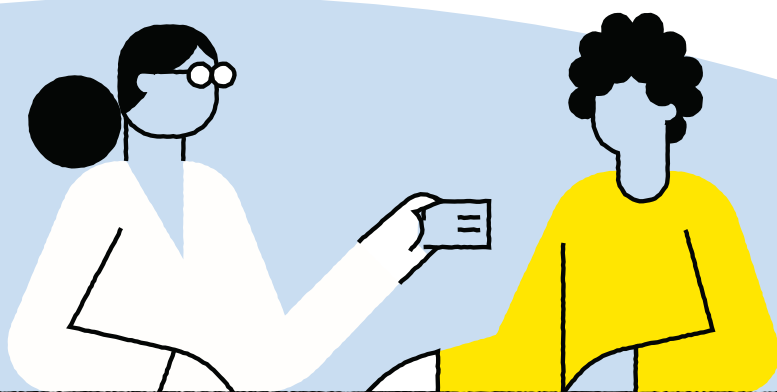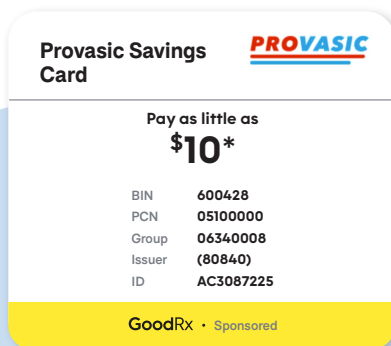
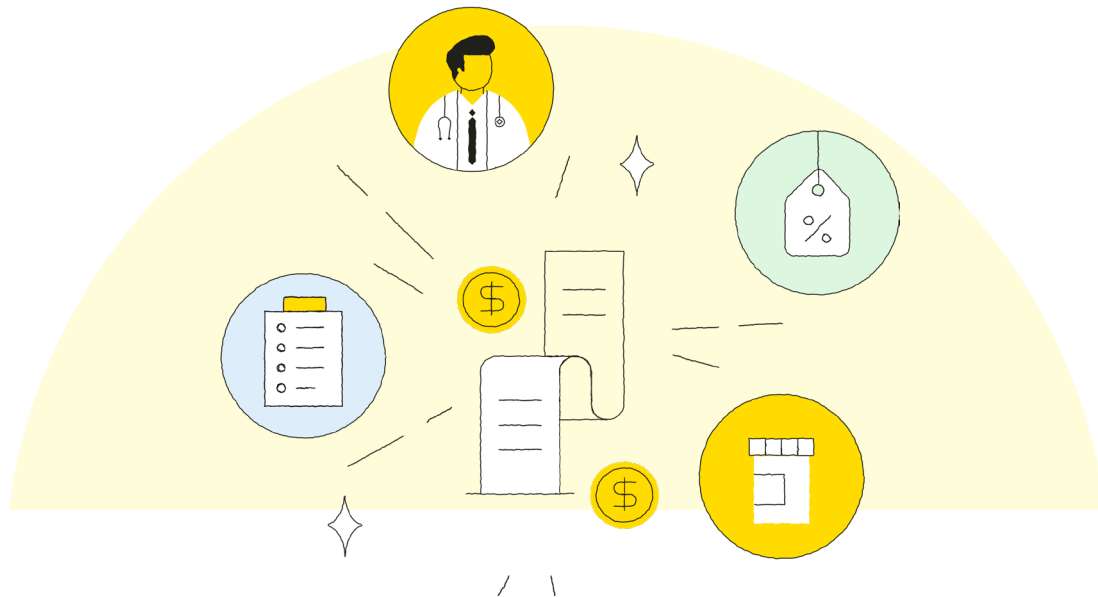## Traditional copay cards – ask offices first

Copay assistance initially took the form of plastic cards distributed in physician's offices, and that's still a tried-and-true method of providing access to copay programs. It's not as common today, of course, as many offices no longer see pharmaceutical sales representatives. Even if they do, many don't want to store and manage an inventory of physical copay cards (or samples).

So, the first thing to do is to train your sales representatives to ask whether the office wants to distribute physical copay cards before they are shipped to the office or dropped off. Many representatives fail to have that basic conversation, and the result can be a stack of valuable copay cards gathering dust, or even worse, thrown into the trash.

One of the most effective things you can do to maintain an ongoing conversation with an office about your product is to engage the staff in repeated conversations about your copay offer, because it both serves a useful purpose – gauging the need for more cards – and acts as

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PCN	05100000
Group	06340008
Issuer	(80840)
ID	AC3087225

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a conversational springboard into topics such as product efficacy, differences with competing products, and other topics necessary to increase a provider's understanding and confidence in your brand. For a properly trained representative, every copay conversation is an opportunity to reinforce clinical messaging and uncover customer needs.

Pharmacy distribution

While GoodRx focuses on digital distribution of its clients' copay offers, we also recommend pharmacy distribution of these offers. It's important to ensure that pharmacists are aware of and can access your copay offers because they are often the primary contact when a patient is making a 'fill or abandon' decision about your product. So, if your company policy allows for pharmacy access to traditional copay offers, it's worth considering broadening access for eligible patients.

That said, consider educating pharmacists to check GoodRx.com for manufacturer copay assistance offers for

any customer who may be eligible. Also ensure that your product has appropriate offers available on your brand.com website, for pharmacists and patients to access. Service-oriented pharmacists will often check the web for a copay offer for their patient, and many turn to GoodRx as their one-stop shop instead of trying to remember where to find individual offers from various manufacturers. Busier pharmacies may simply tell patients to check online for an offer. In those cases, it's a lot easier to train pharmacists to recommend one site for all their patients than asking them to remember your site. Just make sure your offers are current and always available via GoodRx.com.

Electronic delivery (web, apps, and EHR)

Almost all manufacturers have their copay assistance offers on their websites, yet it's surprising how few patients visit these sites to find and make use of a copay offer. A complementary approach to boost reach is to make your offer available in the most-searched place for copay information on the web, GoodRx.com.

Physicians and other healthcare providers can also be reached while within their workflows using solutions that make it easy to help their patients with medication affordability. Many practices keep the GoodRx website bookmarked for quick and easy searches for offers. GoodRx also has a relationship with the largest network for e-prescription traffic that enables a prescriber to examine the patient's prescription benefits plan in real time, via their electronic health record (EHR). If the patient is insured by a participating pharmacy benefits manager (PBM), the prescriber will see which drugs are preferred for that patient. However, if a patient is paying cash or not insured by a participating PBM, the provider is shown assistance offers available through GoodRx. Through this type of system, your copay assistance offer can work together with the payer agreements you've negotiated, while also helping to ensure that cash-paying patients can afford your therapy.

Other promotional opportunities

If you are a brand manager, you are probably investing in a range of branded promotional activities, and each one of these provides an opportunity to link to your brand's copay assistance information. Consolidating the information online for all the company's brands, including at **GoodRx.com**, will make it easier for the patient, provider, and their staff. It's important to communicate clearly and consistently about patient eligibility requirements, the steps to enroll, and what to expect from the program.
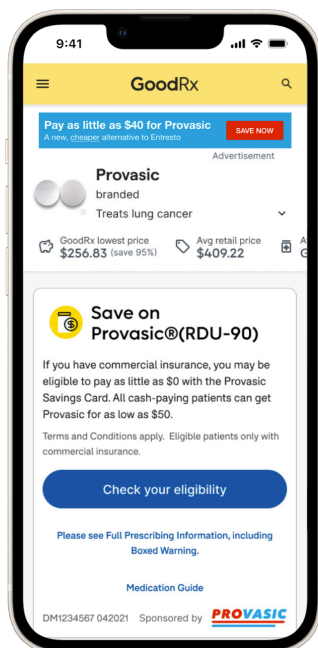
Consider educating pharmacists to check GoodRx.com for manufacturer copay assistance offers for any customer who may be eligible.

Pharma's premier partner for ==awareness==, ==access== & ==adherence solutions==

GoodRx Pharma Manufacturer Solutions proactively partners with pharmaceutical companies to improve patient access and affordability of prescription medications, particularly ones with the highest patient out-of-pocket costs. The goal of GoodRx is to be the leading healthcare platform that enables manufacturers to support providers and patients along their journeys toward improved health.

Click here to learn more or contact us at **pharma@GoodRx.com**

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