

November 14, 2017

Lieutenant Governor Nancy Wyman  
State of Connecticut Office of the Lieutenant Governor  
210 Capitol Avenue - Room 304  
Hartford, CT 06106

Dear Lieutenant Governor Nancy Wyman,

Thank you for the opportunity to comment on the Healthcare Cabinet's Pricing Work Group's preliminary recommendations. The Arthritis Foundation advocates on behalf of the approximately 663,000 people with arthritis in Connecticut and we are concerned with the proposed prohibition of manufacturer coupons. Many patients depend on payment assistance programs like manufacturer coupons to afford their medication. This is particularly true for brand name medications.

In Connecticut, pharmacists are required to dispense a generic medication if available, so patients are only receiving the brand name medication if medically necessary. A patient should be able to use payment assistance programs like manufacturer coupons for a medicine if, in a prescriber's best judgment, a specific brand name medication is the best choice to treat a patient's condition. Inflammatory forms of arthritis like rheumatoid arthritis are complex and difficult to treat. A drug that works well in one patient may not work in another patient with seemingly identical disease characteristics. Further, patients on biologic medications often must try several medications before finding one that works for them, so access to the full range of medications is critical. In some cases, a patient may have an allergy to an inactive generic ingredient or a specific-medical need (e.g., epilepsy) where a brand medicine must be used instead of the equivalent generic.

Payment assistance programs provide relief for many commercially-insured patients who are struggling with escalating out-of-pocket costs associated with insurance coverage for their medications. A recent Arthritis Foundation survey of 1,126 patients ranked affordability as the top priority for changing the healthcare system. That survey also indicated that 27% of patients who stopped taking their medication did so due to the high cost of prescription drugs. When a patient's share of prescription costs becomes too high, many patients skip doses or stop taking medication entirely, leading to higher medical costs down the road, in terms of hospitalizations, ER visits, and long-term health issues. Programs like co-pay coupons reduce the out-of-pocket burden for these patients, improving access to prescription medicines, and helping patients to stay on the medicines they need.

With recent changes in insurance design, now is not the time to disallow assistance that can be crucial for patients in accessing needed therapies. It is becoming increasingly common that patients must meet a deductible before any prescription drug coverage applies. As cost-sharing for prescription medicines has increased in recent years, so has the share of patients who use manufacturer coupons. Without a corresponding policy or program to shield patients from exorbitant out-of-pocket costs, prohibiting the use of these coupons could threaten their ability to stay on their medication.

Many of those living with chronic illnesses are facing significant co-pays for the medications that help them manage their disease, which in some cases are life-threatening. We respectfully ask you to not recommend prohibiting co-pay coupons. Thank you for your time and opportunity to comment.

Sincerely,

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State Policy Director

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