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Managing Prescription Drug Costs 2023-24

Navigate today's pharmacy benefits efficiently, effectively and ethically

MARCH 2024

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Executive Summary

The Cost of Health Insurance Remains a Huge Concern

Any administrator of an employer-sponsored healthcare plan will tell you that the rising cost of healthcare, and prescription drugs in particular, is a source of anxiety with each new plan year. Recent research conducted by Aimed Alliance, the Alliance for Patient Access, and the HR Research Institute reveals that nearly nine out of 10 HR professionals indicate that the cost of offering affordable health insurance to employees is a large concern for their employer.

Rising costs will continue to be a challenge in 2024. In their recent report on 2024 healthcare trends, PwC's Health Research Institute projects a 7% increase in medical costs in the coming year for both individual and group markets. This is a notable uptick compared to the projected medical cost trends of 5.5% in 2022 and 6% in 2023.

While there are multiple reasons for this increase, pharmacy costs—including the growing demand for specialty drugs (high-cost medications for individuals with chronic conditions)—contribute to these rising costs.

Specialty Drug Costs are Increasing

The U.S. Department of Health and Human Services reports that drug spending is largely driven by a relatively small number of high-cost products. In fact, the cost of specialty drugs totaled $301 billion in 2021, up by 43% just since 2016.

The rising costs of specialty drugs is attributable to a variety of factors such as increases in research and development for new treatments, and improved access to care resulting in a growing number of health care consumers being diagnosed with chronic conditions. Furthermore, because pharmacy benefit managers (PBMs) are not required to disclose how they set prices, negotiate, or receive rebates with pharmaceutical companies and health plans, these middlemen often play a key role in increasing specialty drug costs.

About the Survey

HR.com's "Managing Prescription Drug Costs 2023" survey ran from late August to early December 2023. The survey gathered 191 responses from HR professionals across diverse industries in the United States from education to wholesale. Of those, 181 respondents qualified to take the whole survey.

The participants represented a broad cross-section of employers providing health insurance coverage to their employees. Employer respondents included small businesses with more than 50 employees to enterprises with 1,000 or more employees.

All qualified respondents reported being moderately familiar (11%), familiar (31%) or highly familiar (58%) with the details of their organization's health insurance plans and programs.

Moreover, one study reports a notable increase in the percentage of health plan members taking at least one specialty drug, rising from 3.5% in 2020 to 4.0% in 2022.

Trends in Managing Prescription Drug Costs

Navigating this evolving environment proves challenging for employer-sponsored healthcare plans. On the one hand, they want to ensure their employees can access necessary care and medications while, on the other hand, they must also find ways to control escalating costs. Simultaneously, employees pay their health plan premiums expecting their health insurance will be readily available when needed.

Some employer health plans have turned to alternative funding programs (AFPs) to help lower these costs. When partnering with an AFP, the health plan “carves out” specialty drug coverage, steering enrollees to the AFP. The AFPs then work with the enrollee and health plan to identify alternative sources to procure the enrollee’s prescription drugs (see Key Definitions on page 7). Although this might appear to be a cost-effective way of managing specialty drug costs for the employer, there are several potential problems associated with carving out specialty drug coverage and sourcing medications through “alternative sources.” Unfortunately, employees living with a health condition too often find themselves caught in the middle.

Therefore, it is essential employers gain a deeper understanding of the emerging trends in managing prescription costs—particularly those related to specialty drug costs—and how these trends impact employers and employees. The survey on which this report is based was designed to explore alternative funding programs, examining how employers perceive and utilize them, with the overarching goal of addressing misconceptions, misunderstandings, and inaccuracies surrounding these programs. Some key findings from this survey are listed below.

Our Major Research Findings

Major Finding 1

The cost of health insurance is a major concern for most employers offering health insurance coverage.

- Almost nine out of 10 respondents (88%) say that the cost of offering *affordable* health insurance to employees is a large concern for their employer.
- The extent of cost concerns varies slightly by company size with small (92%), mid-size (84%), and large employers (88%) consistently expressing concerns with health care costs.

Major Finding 2

Alternative funding programs are still unfamiliar to many employers, but about one-third say their employers have used them or are considering doing so in the future.

- Nearly half (46%) of respondents say they've heard of alternative funding programs, or AFPs (see definitions on page 7 for more information).
- Over half (54%) of employers that are self-insured are familiar with alternative funding programs.
- Over two-thirds (67%) of respondents say that they have not used an AFP and are not considering doing so; of those, 58% had never heard of an AFP.
- 16% percent are using AFPs today and another 15% say they are planning to or are considering using these programs in the future.
- Over a quarter (28%) of self-insured employers are using AFPs compared to only 16% overall.

Major Finding 3

Many employers believe that without drug manufacturer assistance, employees could not afford specialty drugs.

- Almost six out of 10 (59%) respondents agree that without drug manufacturer assistance, employees might not be able to afford specialty drugs.
- However, four out of five (82%) also believe that drug manufacturers use copay assistance to steer patients toward high-cost drugs.
- Over half (53%) agree that charitable assistance programs are an effective way to reduce plan prescription drug costs.

Major Finding 4

Most respondents do not use a copay accumulator program in their health plan.

- Seven out of 10 (69%) respondents do not leverage a copay accumulator program.
- Larger employers and those that are self-insured are more likely to use a copay accumulator program.

Major Finding 5

Despite laws that prohibit the importation of prescription drugs into the U.S., most respondents incorrectly believe that doing so is a safe and ethical way to lower drug costs for health plans.

- Four out of five (82%) survey respondents agree that getting prescription drugs from Canada or Europe is a safe and ethical means for reducing drug spending for employer health plans.
- Almost nine out of 10 (88%) respondents say that their internal compliance team has not raised concerns about using AFPs, which may import drugs from outside the U.S.

KEY DEFINITIONS

It's helpful to define some key terms and concepts that inform this discussion of managing prescription costs.

Alternative Funding Program: Third-party vendors help manage employer-sponsored healthcare plan's specialty drug spending. To lower employer costs, the third-party company advises employers to limit coverage for specialty drugs by carving out medications in the plan as "non-essential health benefits," leaving many patients without access to critical medicines (this is also called a "specialty drug carve-out" program). The third-party company then helps affected patients apply to copay and patient assistance programs. If the employee is eligible to receive their medication from a copay or patient assistance program, the health plan does not need to pay the cost, or pays a reduced cost for the medication. If the employee is not eligible for assistance programs, the third-party company typically determines if the medication can be imported at a lower cost from outside the U.S. If the employee is not eligible for any alternative source, the specialty drug can then be covered by the health plan as a regular pharmacy benefit. In some cases, the drug will not be covered at all.

Charitable Assistance Program: An uninsured individual is someone who does not have any health insurance. An underinsured individual is someone who has health insurance, but their health insurance does not cover the cost of their treatment, or has an unaffordable cost-sharing requirement. To help these individuals access prescription drugs to manage their health, non-profits and pharmaceutical companies have created charitable assistance programs, also referred to as **Patient Assistance Programs**. These programs provide free prescription drugs directly to consumers.

Chronic Diseases: Conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Six out of 10 adults in the U.S. have chronic medical conditions. Chronic disease is the leading cause of death and disability in the U.S.

Copay Accumulator Program: In this situation, a health plan accepts drug manufacturer copay assistance on behalf of plan beneficiaries but does not count this financial assistance towards the beneficiary's deductible or annual out-of-pocket limit. While some states have banned the use of copay accumulators, these laws typically only apply to state-regulated plans and not self-insured, employer-sponsored health plans.

Copay Assistance Program: Third-party assistance to help consumers meet their cost-sharing for one or more prescription drugs. This is only for individuals with commercial insurance.

Self-funded insurance plan: In this type of health insurance plan, the employer itself collects premiums from enrollees and takes on the responsibility of paying a portion of employees' and dependents' medical claims. These employers can contract for insurance services such as enrollment, claims processing, and provider networks with a third-party administrator, or they can be self-administered (also called "self-insured").

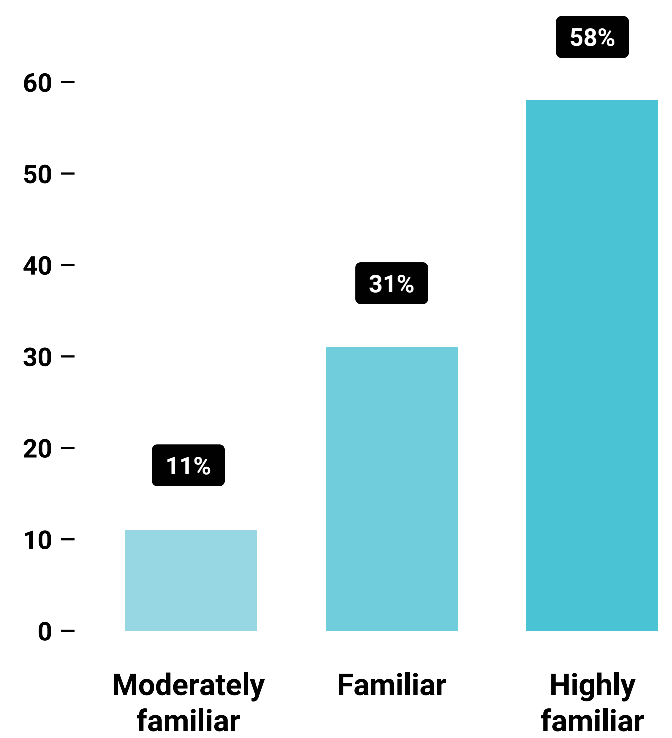
Specialty Drugs: Specialty drugs are high-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, multiple sclerosis, and hemophilia. "High-cost" can vary; under some plans it could be anything more than $350. Many of these drugs do not have generic equivalents available.

Please note that the findings and recommendations contained in this report are informational only. Nothing in this report should be construed as constituting legal opinions or advice. Please consult an attorney if you have questions about the legal requirements, rules, or regulations associated with any content discussed in this report.

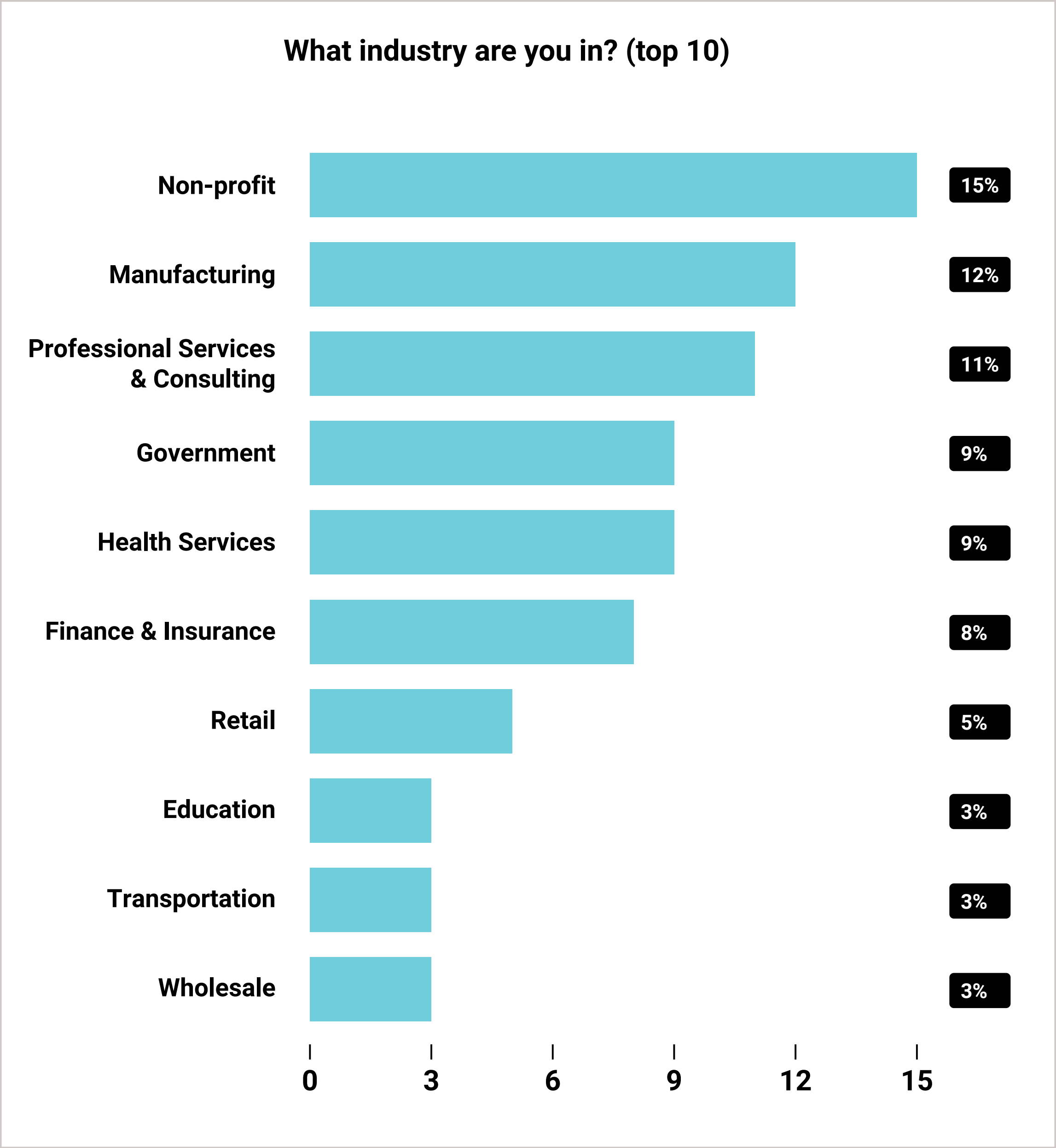
Respondents to the Survey

The participants in the survey on which this report is based represent a broad cross-section of employers with U.S. health insurance plans, ranging from small businesses with fewer than 50 employees to enterprises with 1,000 or more employees. All 181 qualified respondents reported being at least moderately familiar with their employer's health insurance plans and programs, as seen in the graph below.

How familiar are you with the details of your organization's health insurance plans and programs?

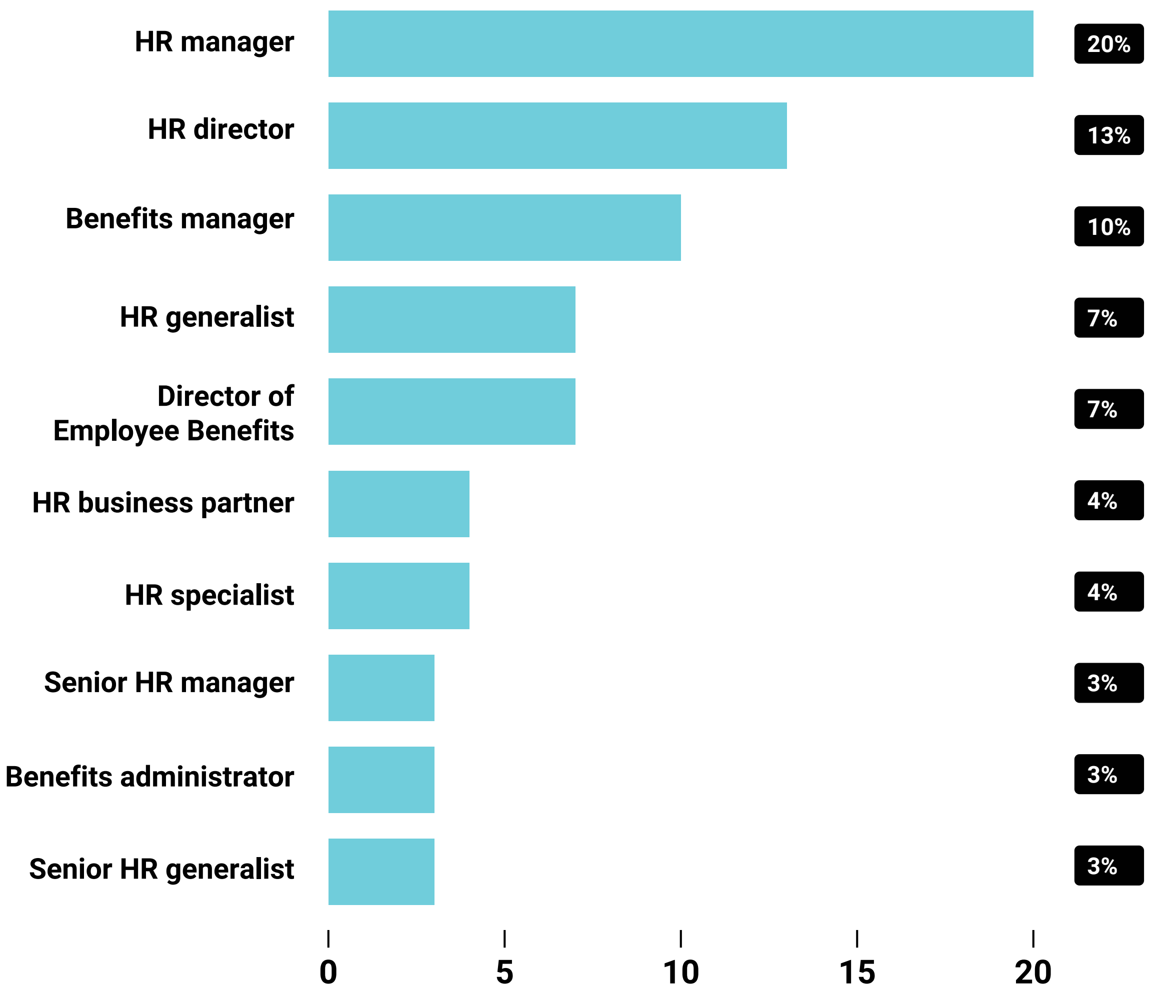


The respondents come from a wide range of industries, with the top ten being shown in the graph below.



The respondents represent a variety of positions, with the largest groupings being HR directors, managers, and benefits specialists.

What is your most recent HR job title? (top 10)



By organization size, one-third (33%) are small employers, 42% are mid-size, and a quarter (25%) are large employers.

How we define company size for this report

Small: 1 to 99 employees
Mid-size: 100 to 999 employees
Large: 1,000 or more employees

Healthcare Costs and Self-Funded Programs

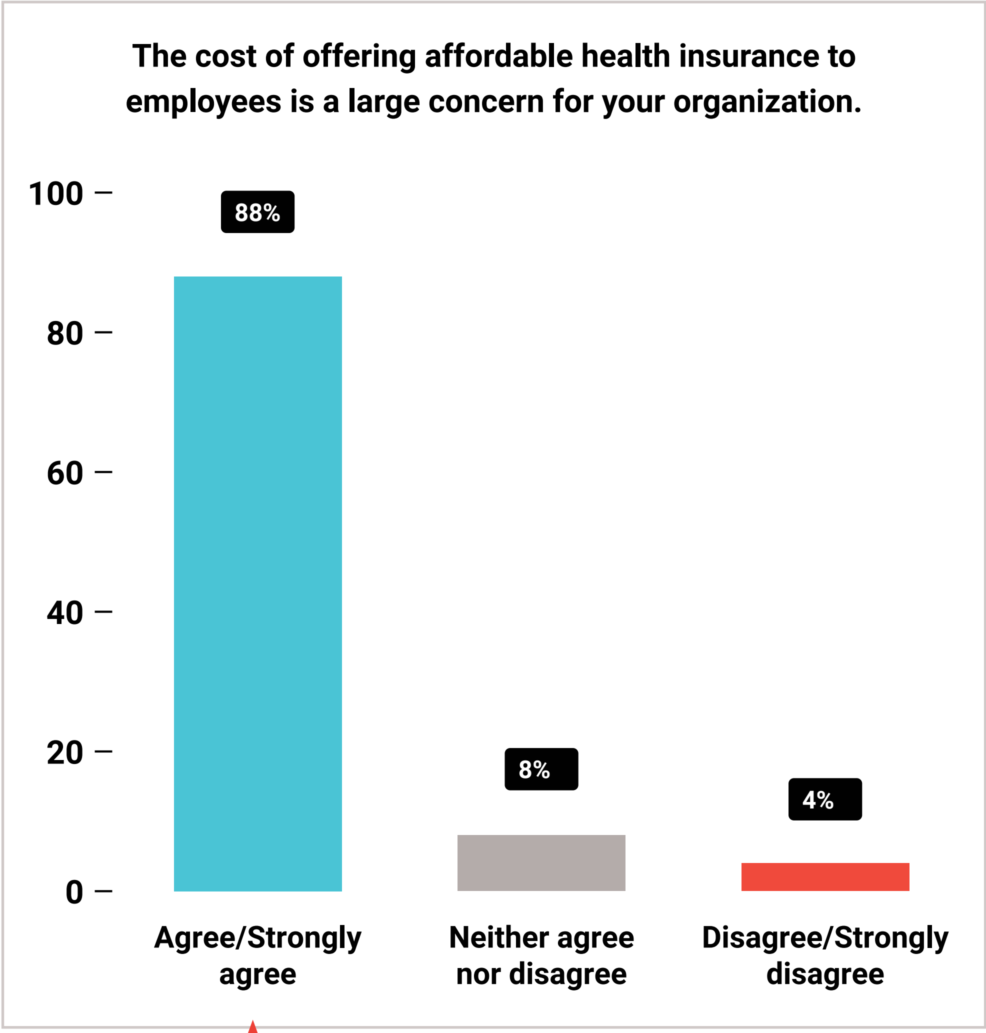
Finding: The cost of offering an affordable health insurance remains a large concern

Both employers and employees are concerned about the cost of healthcare. In 2023, the average per-employee cost of employer-sponsored health benefits rose by 5.2% to reach almost $16,000.

While increased costs may be partially attributed to rising inflation, a key contributor to increased costs was also increased costs of prescription drugs which rose approximately 8.4%. With health care costs not expected to lower any time soon, it makes sense that most of the respondents (88%) to our survey agree or strongly agree that the cost of health insurance is a large concern for their employer. Unsurprisingly, respondents from small companies (92%) were more concerned with increasing health care costs, compared to mid-size (84%) and large employers (88%).

According to research by Mercer, smaller employers[1] face bigger increases than do large employers, averaging 7.8% and costing $16,464 per employee compared to $15,640 at larger employers.

[1] The report defined "small employers" as those with 50 to 499 employees.



Nine out of 10 small employers agree that health insurance cost is a large concern.

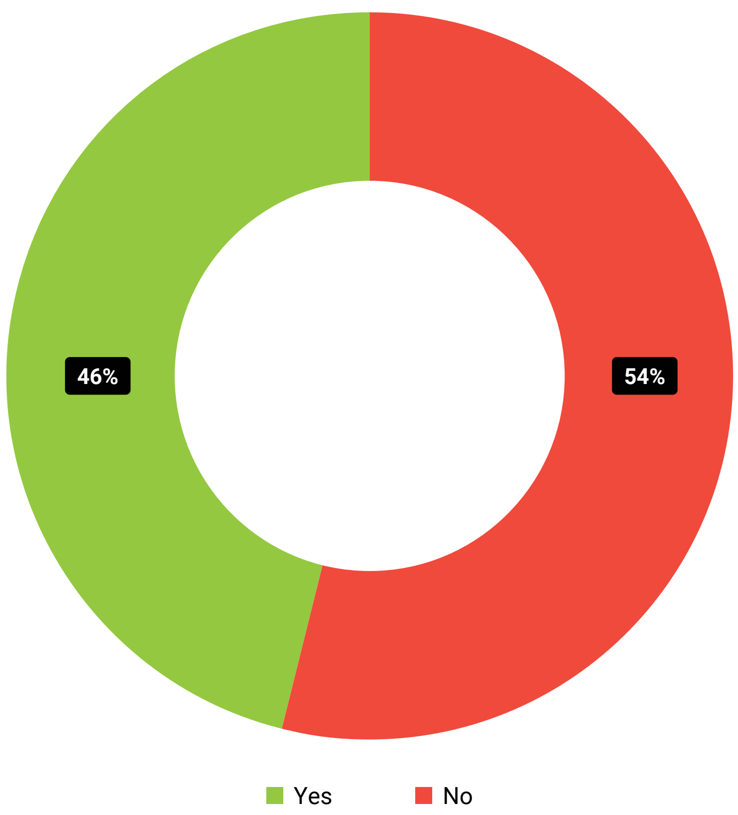
Finding: Many employers have turned to self-funding their health insurance programs

Self-funding, also called self-insuring, is when the employer – as opposed to a third-party insurer –collects premiums and pays employees' and dependents' medical claims. This can sometimes result in lower costs. Close to half (46%) of the participants responding to our survey say their employer has a self-funded health plan.

Defining Organization

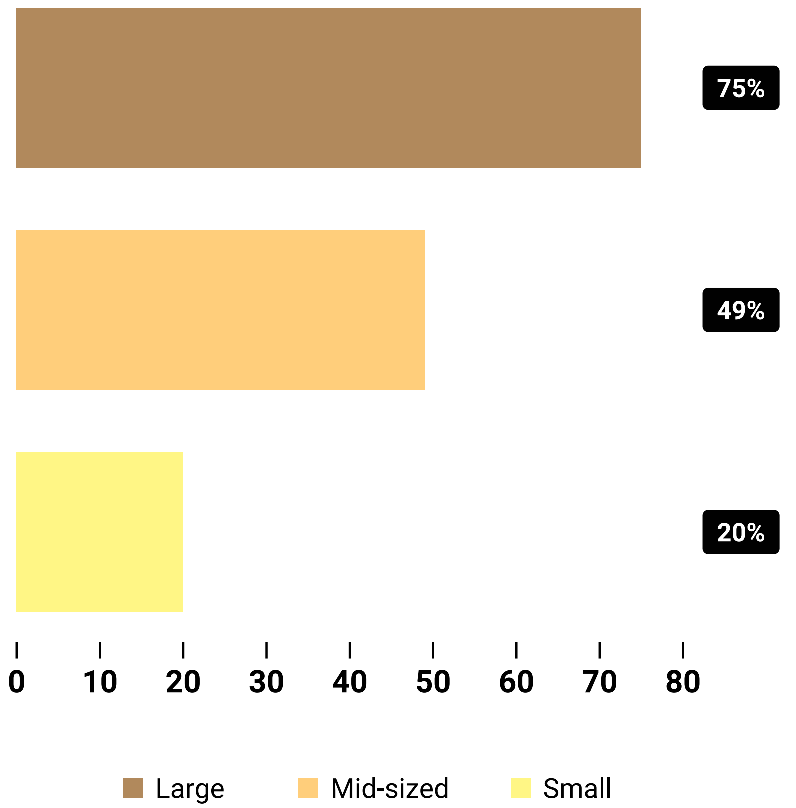
For the purpose of this report, an organization is an entity such as a company, an institution, or an association comprised of one or more people and having a particular purpose.

Does your organization have a self-funded health insurance program?



Self-funding does, however, turn out to be the option most widely used by larger employers. The survey found that three-quarters of large employers report having a self-funded plan compared to only 20% of small employers and 49% of mid-size employers.

Does your organization have a self-funded health insurance program?
(% saying yes) (organization size-wise)



Editor's Note: For the purpose of this graph, we removed those respondents who chose "Don't Know" and recalculated the data accordingly.

Employee Satisfaction with Health Insurance Programs

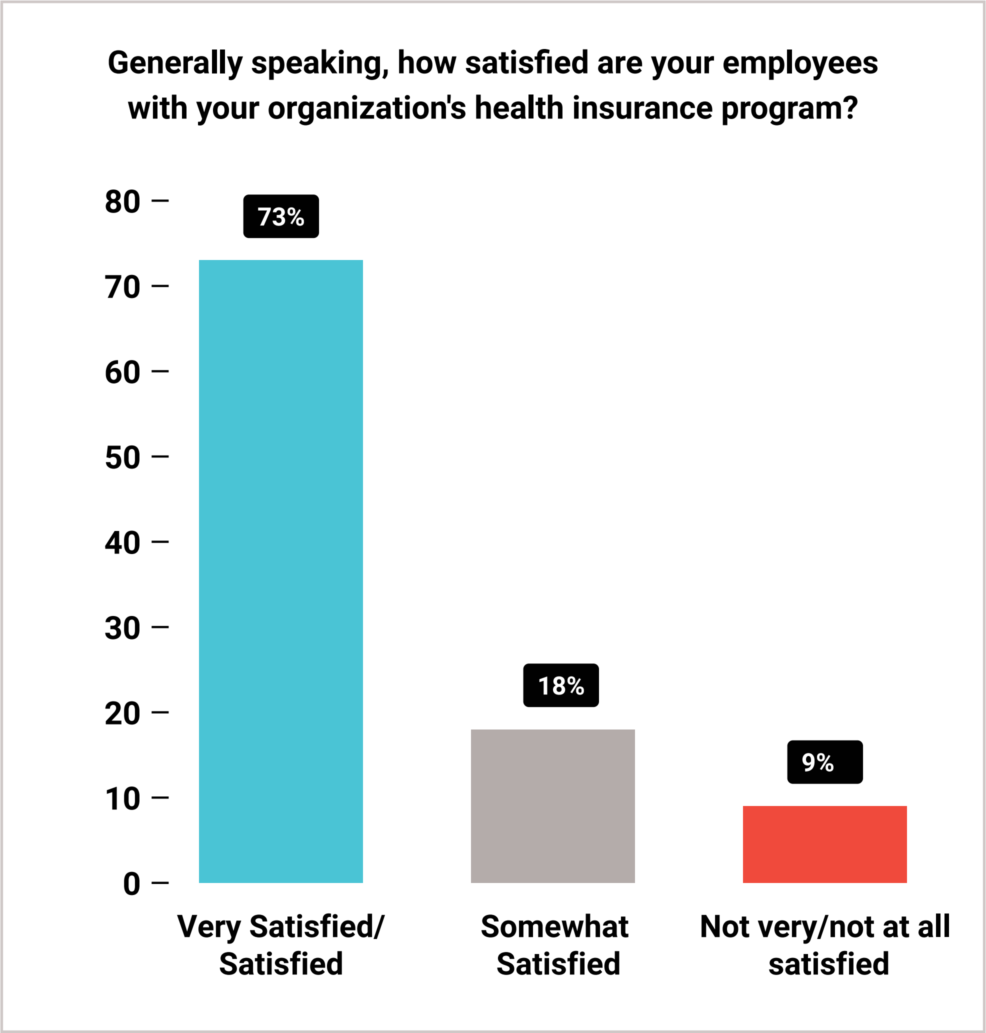
Finding: Most HR professionals believe employees are satisfied or very satisfied with their employer's health insurance program

By Size of Employer

Large employers report the lowest employee satisfaction, with only 66% saying their employees are very satisfied/satisfied. The numbers for mid-size and small employers tend to be larger, at 76% and 71% respectively.

The survey asked respondents to assess how satisfied they feel their employees are with the health plan being offered by their employer. Overall, seven out of 10 (73%) reported that they believed employees were satisfied (51%) or very satisfied (22%) with their current health plan coverage. Almost two out of 10 (18%) reported employees were only somewhat satisfied, and only 9% believed employees were not very satisfied or not at all satisfied with their health insurance coverage.

However, we must keep in mind that the employees themselves did not respond to this question. Although HR professionals may be able to make a fairly accurate assessment of employees' views, employees themselves may have a different perspective that has not been disclosed to their HR professionals.


Generally speaking, how satisfied are your employees with your organization's health insurance program?
80
70
60
50
40
30
20
10
0
73%
18%
9%
Very Satisfied/ Satisfied
Somewhat Satisfied
Not very/not at all satisfied

Awareness and Use of Alternative Funding Programs

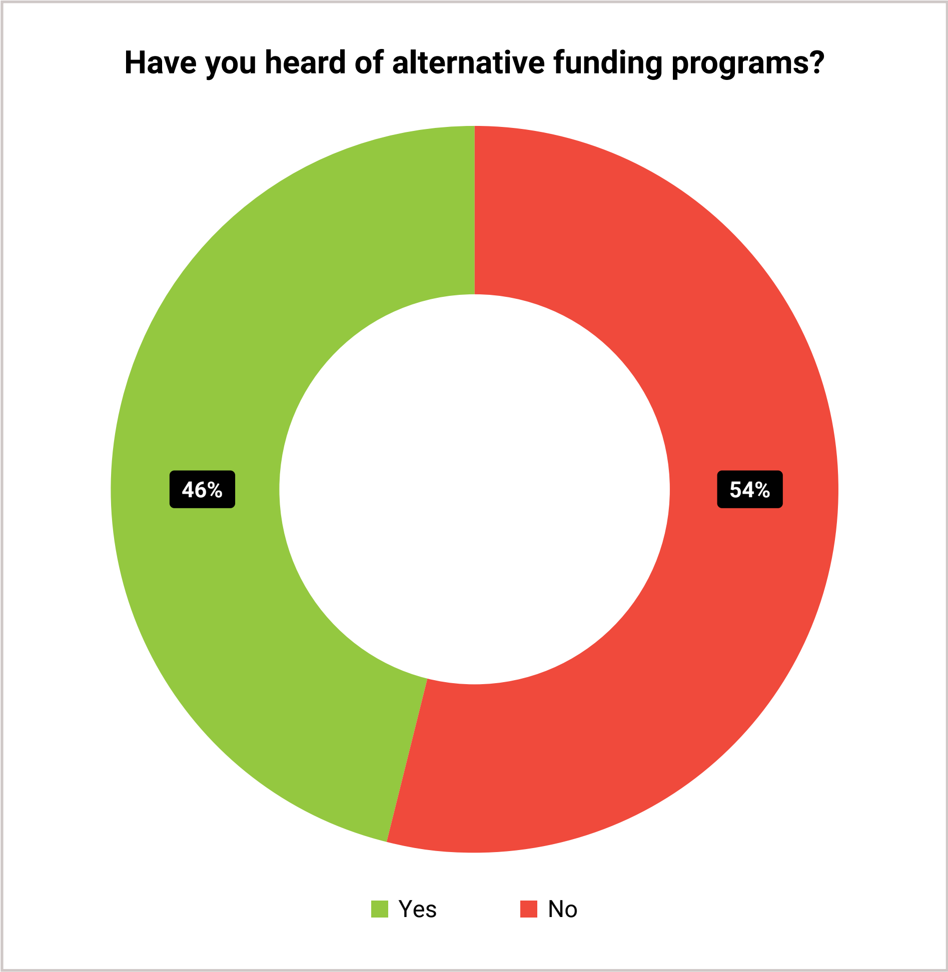
Finding: A little over half of respondents were unfamiliar with alternative funding programs

Given their concerns about affordability, employers are looking for ways to reduce health plan costs, especially in the area of prescription drug spending. Alternative funding programs, run by third-party vendors, have appeared in response to this need.

These programs are touted as being able to reduce specialty drug spend by identifying alternative sources to pay for the enrollee's prescription drugs. Alternative sources can include copay or patient assistance programs or the importation of prescription drugs from outside the United States.

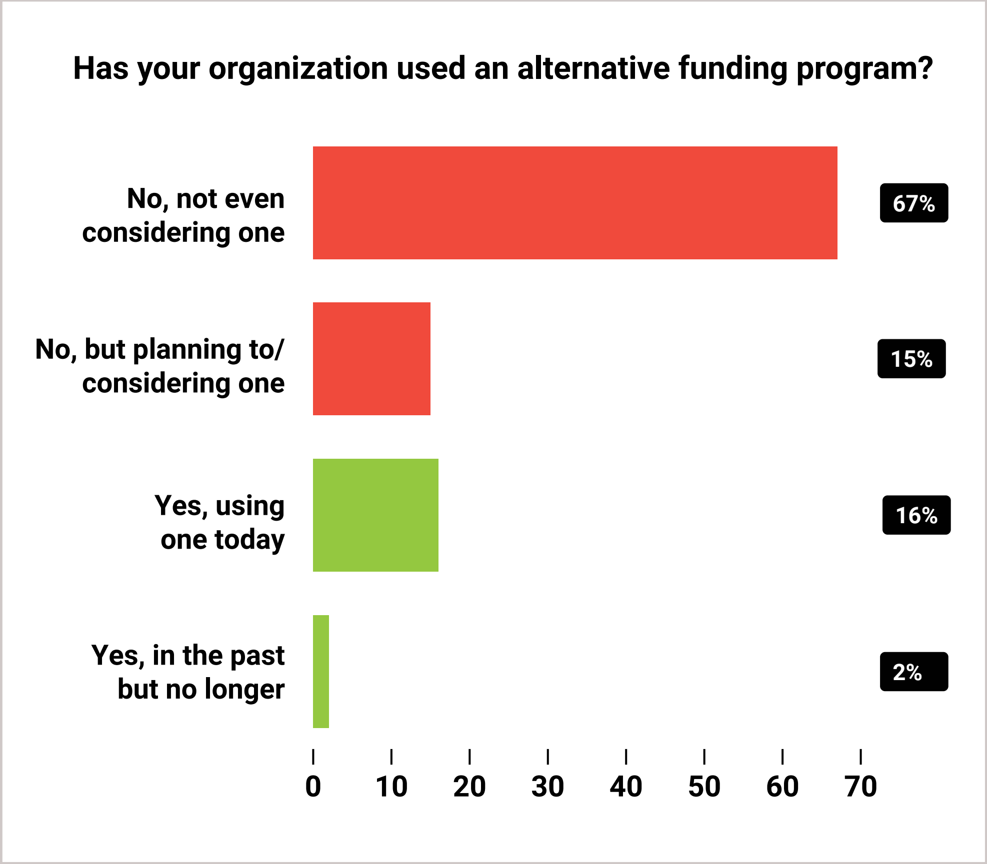
While alternative funding programs may seem like a solution to keep insurance costs down for employers, we believe it is often detrimental to the employees. Alternative funding programs often lack transparency as to how specialty drug coverage is impacted. As a result, unsuspecting employees may become unable to access their medications. For employees, this process can seem overwhelming.

While 54% of survey respondents overall say they have not heard of AFPs, 46% say they have. Self-funded employers were more likely than are fully-insured employers to have heard of AFPs.


Have you heard of alternative funding programs?
46%
54%
Yes
No

Finding: A third of employers have used an AFP or considering using one in the future

Self-funded employers are more open to using AFPs, with almost three out of 10 (28%) self-insured employers currently using them. The survey found that over two-thirds (67%) of respondents have not used an AFP and were not considering doing so in future years. However, nearly a third did report that they had used an AFP at some point or were considering or planning to use one in the future.



Editor's Note: For this question, 17% responded "Don't know." For the purpose of this graph, we removed those respondents and recalculated the data accordingly.

Opinions about Drug Manufacturers and Copay Assistance

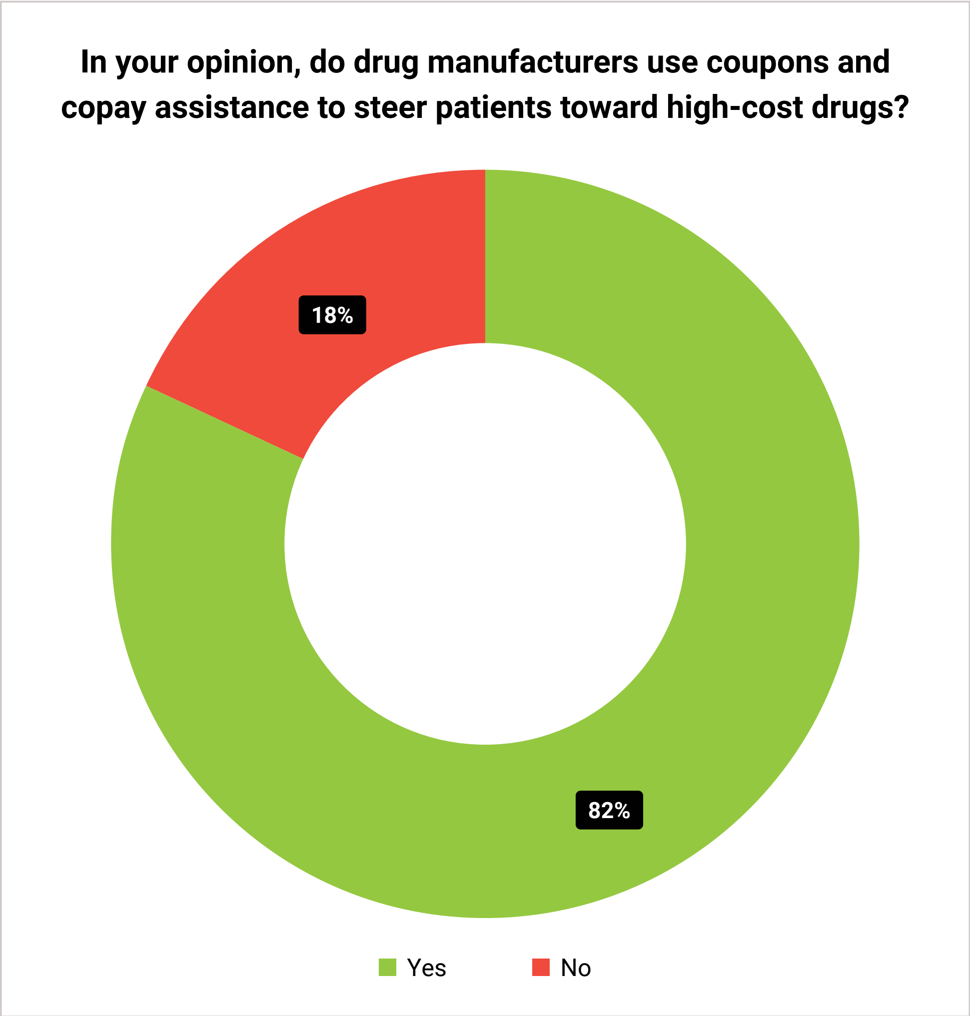
AFPs target an array of third-party programs to lower employer prescription drug spending. Targeted programs often include drug manufacturer copay assistance and charitable assistance programs from non-profits and drug manufacturers.

Finding: Eight out of 10 employers believe that drug manufacturers use copay assistance to steer patients toward high-cost drugs

Given the high cost of specialty drugs, many drug manufacturers offer copay assistance in the form of direct reimbursement to the consumer or specialty drug pharmacy. The majority of survey respondents (82%) believe that drug manufacturers provide copay assistance to drive the use of more expensive drugs.

Employees May Take a Different View

Employer perspectives in this regard can be inconsistent with the lived experiences and perspectives of enrollees with chronic conditions who rely on such assistance. For instance, a 2023 study found that consumers viewed copay assistance programs positively as they decreased consumers' need to take additional medical debt to afford their medications. The same survey found that consumers considered this support particularly beneficial during the beginning of the COVID-19 pandemic. The paper that resulted from that study and published in the Journal of Managed Care & Specialty Pharmacy states, "removing access to these programs may result in further debt and/or loss of savings for patients, especially for those using specialty medicines."

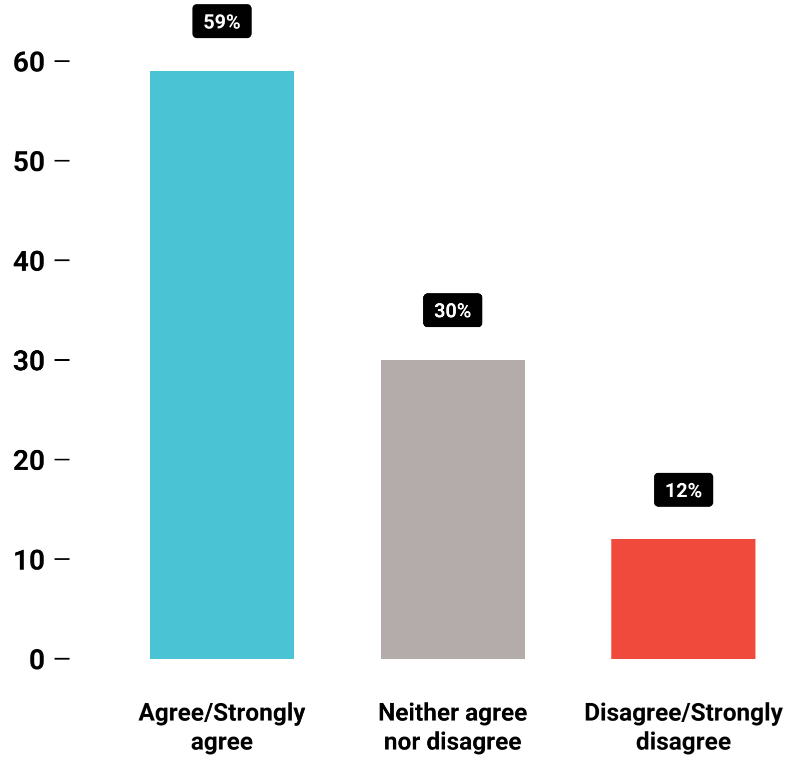


Editor's Note: For this question, 30% responded "Don't know." For the purpose of this graph, we removed those respondents and recalculated the data accordingly.

Finding: Almost three out of five respondents agree that without drug manufacturer copay assistance, employees might not be able to afford specialty drugs

Almost three out of five agree (35%) or strongly agree (24%) that without copay assistance some employees wouldn't be able to afford their medication. This suggests that many employers would like to help employees get such assistance to ensure that access to medically necessary prescription drugs is affordable for employees.

Without drug manufacturer copay assistance programs, some employees in your organization would not be able to afford and access their medications.



Finding: A little over half of respondents agree that enrolling employees in charitable assistance programs is an effective way to reduce health plan costs related to prescription drug costs

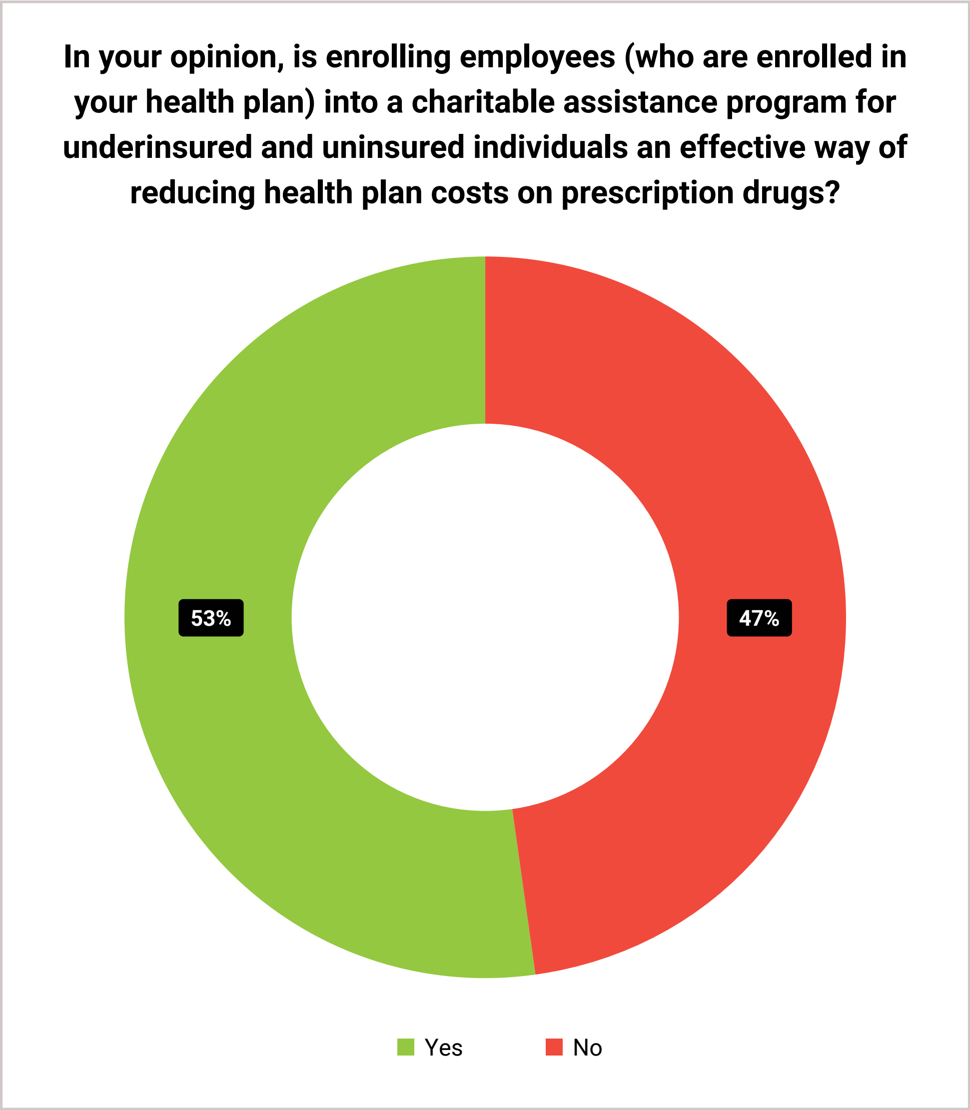
Over half (53%) of all respondents agree that enrolling employees in these programs is an effective way to reduce prescription drug costs. The percentage among organizations that self-fund is higher at 57%.

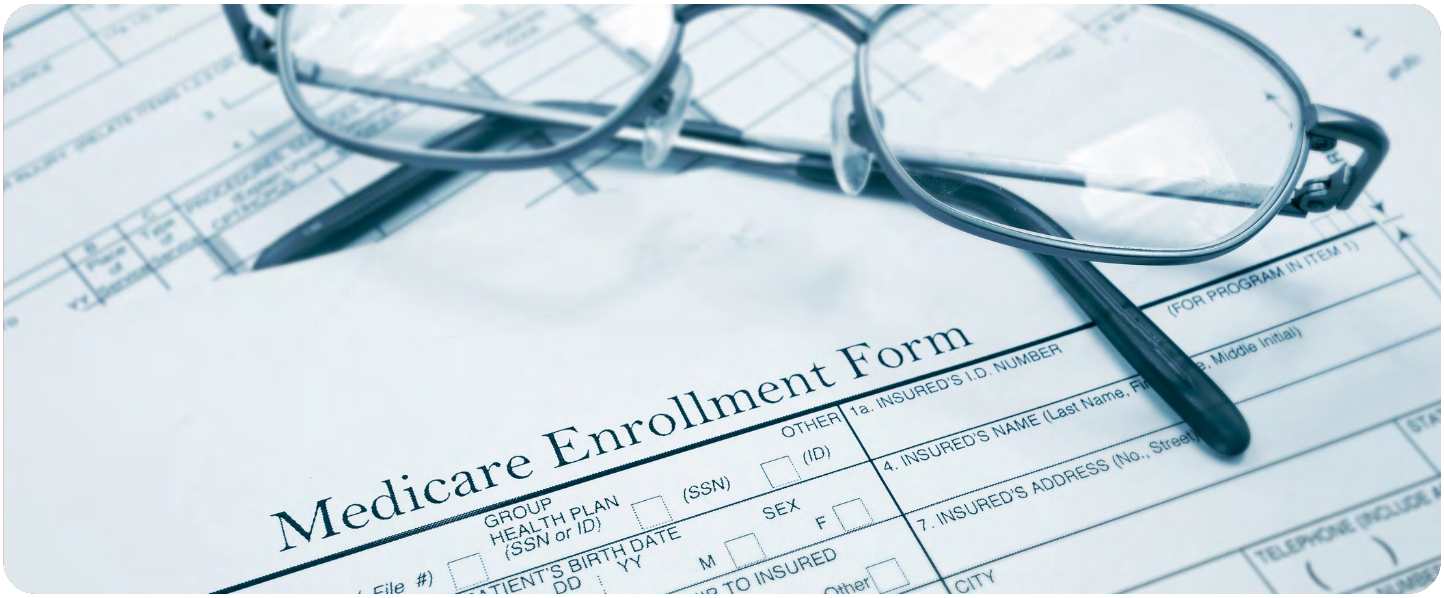
However, that number varies by the size of the employer. That is, among organizations that self-fund, small (57%) and mid-sized (75%) firms were somewhat more likely to consider this an effective cost-saving measure compared to large employers (40%). This indicates that respondents in smaller self-funded employers are more likely than those in large self-funded organizations to believe that enrolling employees in such programs is an effective way to reduce health plan costs related to prescription drugs.

The Implications for Patients

Given the increase in innovation in the field of pharmaceuticals, employees continue to have more options to treat conditions that were previously untreatable. However, the cost of this innovation often means high costs for consumers. As a result, consumers often utilize available charitable assistance programs to access their life-changing treatments.

All consumers deserve access to treatments that can help manage their condition and improve their quality of life. However, some consumers without health insurance or low-quality health insurance must rely on charitable assistance programs to receive “free” prescription drugs. Without these programs, underinsured or uninsured individuals would be deprived of access to life-changing treatments. These "free" prescription drug programs are not intended for individuals with commercial health insurance.

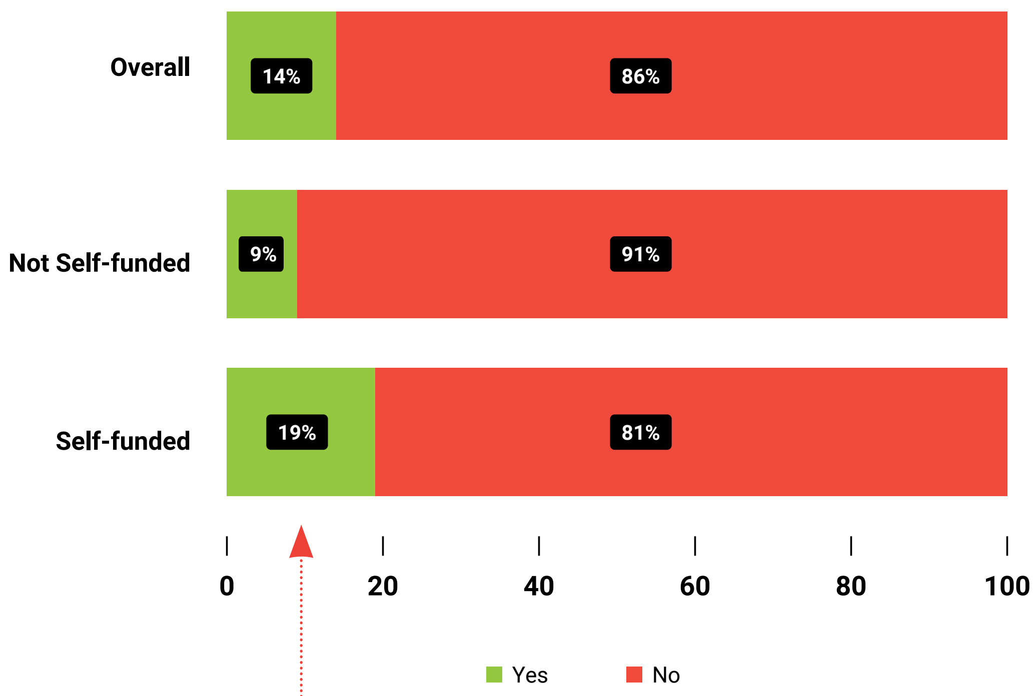

In your opinion, is enrolling employees (who are enrolled in your health plan) into a charitable assistance program for underinsured and uninsured individuals an effective way of reducing health plan costs on prescription drugs?
53%
47%
Yes
No


Medicare Enrollment Form

Finding: Compared to non-self-funded plans, self-funded employer plans are twice as likely to enroll employees in charitable assistance programs

The majority of respondents (86%) report that they do not use AFPs to enroll employees in charitable assistance programs. However, self-funded employers (19%) were twice as likely as those without self-funded plans (9%) to use AFPs. In fact, of those who do use AFPs, four out of five (79%) are employers with self-funded health plans.

Does your organization use specialty drug programs or alternative funding programs to enroll some employees in charitable assistance programs?



About a fifth of self-funded organizations enroll employees in charitable assistance programs

Finding: Nearly a third of respondents have a copay accumulator program in their health plan

The survey on which this report is based found that 69% of employers do not use a copay accumulator program. Smaller employers are least likely to use these programs (88%) compared to 62% and 60% of mid-size and large employers, respectively.

By Self-Funding

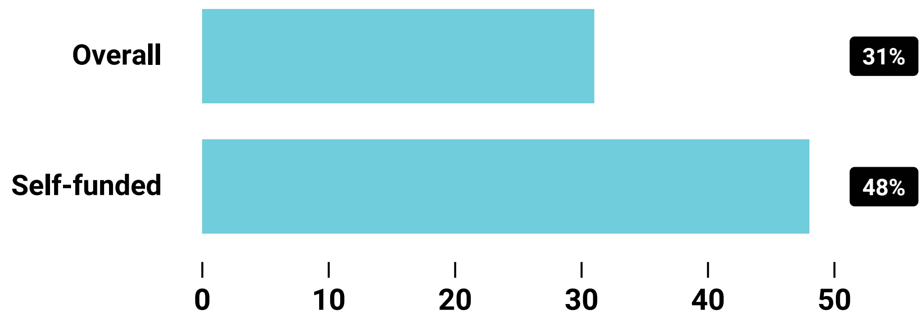
While some states have laws banning these programs, they typically only apply to state-regulated plans and not self-insured employer-sponsored health plans. Consequently, it makes sense that more self-funded health plans (almost half at 48%) take advantage of a copay accumulator program where this is legal, compared to only 16% of non-self-funded plans, which may be subject to a state law prohibiting the use of an accumulator.

Potential Negative Implications for Patients

Copay accumulator programs increase out-of-pocket costs for patients who have to pay more to reach their annual out-of-pocket limits. Such patients can pay unexpectedly high costs when the manufacturer's assistance is exhausted. At least one study has shown that such programs can result in lower medication adherence due to the sudden increase in patient costs.

Self-funded plans are considerably more likely to use a copay accumulator program

In areas where such programs are legal, does your organization's health plan include a copay accumulator program? (% saying yes)



Editor's Note: For this question, 25% responded "Don't know." For the purpose of this graph, we removed those respondents and recalculated the data accordingly.

Compliance Questions

Finding: Eight out of 10 employers incorrectly believe that getting prescription drugs from outside the U.S. would be safe and ethical for enrollees

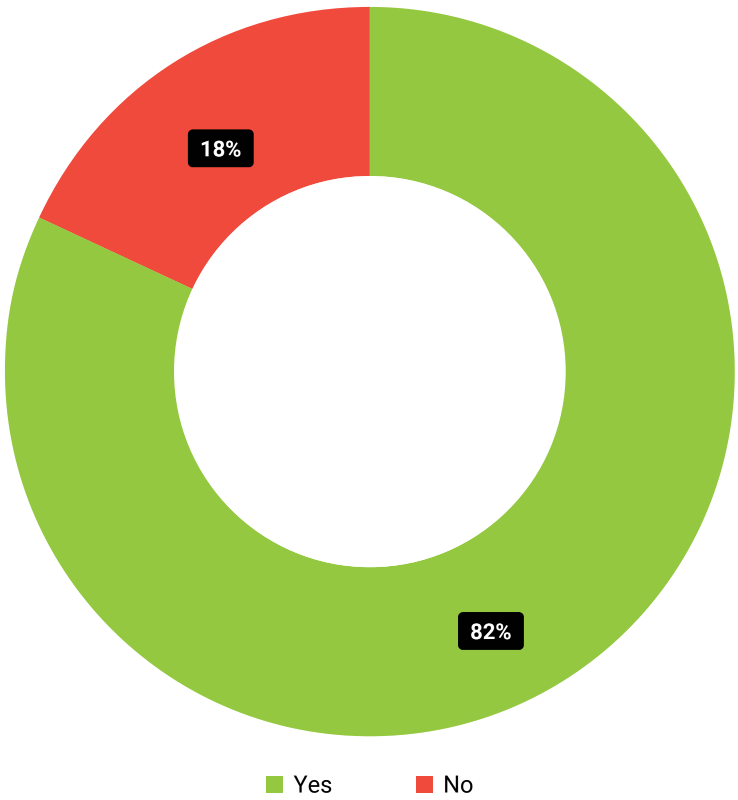
Understandably, both employees and employers are looking for ways to cut prescription drug costs. One path that some Americans are taking is purchasing their prescriptions from pharmacies in Canada or Europe.

While individual Americans can access international pharmacies under certain conditions set by the Food and Drug Administration (FDA), federal law does not permit entities– such as insurers or employer-sponsored health plans – to import medications on behalf of enrollees. Moreover, the FDA generally prohibits non-FDA-approved drugs from being imported into the U.S. To learn more about the permissible importation of prescription drugs, read Aimed Alliance's 2023 Letter to the FDA.

It's important to keep in mind that even though a prescription drug may come from an apparently reputable international pharmacy, it may not be clear where the drug was manufactured and the quality control in that facility as these drugs have not gone through the FDA's rigorous approval process. In addition to a lack of supply chain visibility, these drugs may take longer for the individual to obtain, delaying treatment and symptom relief.

Therefore, it's concerning that eight out of 10 (82%) survey respondents believe that getting prescription drugs from Canada or Europe is a safe and ethical means for reducing drug spending for employer health plans.

In your opinion, would getting prescription drugs from Canada and Europe be a safe and ethical method of reducing prescription drug spending for employer health plans?



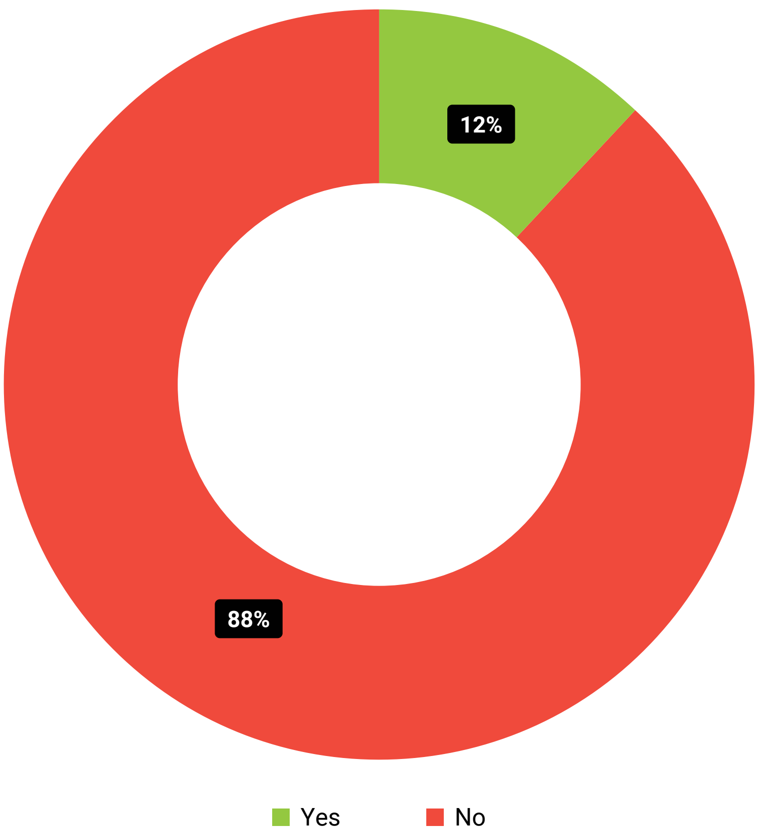
Editor's Note: For this question, 33% responded "Don't know." For the purpose of this graph, we removed those respondents and recalculated the data accordingly.

Finding: Relatively few compliance teams raise concerns about using AFPs

Eight out of 10 (88%) respondents reported that their internal compliance team has not raised concerns about using AFPs. For employers *currently* using AFPs, only 21% had their compliance teams raise concerns about the use of these programs.

Where such teams *have* raised concerns, the issues include federal health laws (e.g., ERISA), ethical matters, and general concerns about third-party partnerships. While compliance teams may be unaware of the risks of these programs, it does not mean there is no risk associated with these programs. Therefore, employers should cautiously consider the risk and impact on employees when partnering with an AFP.

Has your internal compliance team ever raised any concerns about using alternative funding programs?



Key Takeaways

While employers may be looking for alternatives to lower prescription drug spending, they should look at both the long-term and short-term risks of these programs and the impact on employees. Below are some alternative suggestions for how employers can better manage prescription drug costs.

- **Know your current coverage.** Because of the increasing complexity of pharmacy benefit management, some employers have AFPs in place and don't even know it. As an HR professional, you might not learn this until an employee tells you they're having problems. If your employer is participating in these programs, you are likely requiring your employees to step outside of their health insurance to get coverage for their specialty medications. This raises several potential issues that may impact employee retention, experience, and overall job satisfaction.
- **Optimize the Pharmacy Benefit Manager (PBM) contract.** Dig deep into your PBM contracts, unbundle them, and put back the pieces that make sense. Audit your plan to ensure your PBM contract is benefiting you and your employees.
- **Do your research.** Before engaging the services of a third-party vendor offering AFPs, do your research and ask questions. Find out what is and isn't included so that your plan provides affordable and comprehensive coverage to meet the needs of your employees.
- **Do a cost-savings analysis.** Before signing up with an AFP, examine the cost versus savings. This should include the disclosed administration fees as well as non-disclosed factors such as loss of rebates, patient cost share contributions, and changes in network discounts based on sales, volumes, and fees related to the communication of planned changes.
- **Benchmark.** Learn what other employers of similar size or in your industry are doing. Don't rely solely on insurance brokers, benefits consultants, or insurance carriers for your information because they each have their own point of view. Join an employer coalition, networking group, or industry association to speak to other employers about best practices for plan savings. Ask about their experiences – good or bad – and what to look out for.

- **Get legal advice.** Employee benefits are regulated on both the federal and state levels (e.g., ERISA, IRS, etc.). AFPs may raise a variety of legal issues that could constitute a breach of fiduciary responsibility under federal law. Reach out to your legal counsel to discuss the risk and unforeseen impacts of AFPs on employees and the employer. Get your legal and compliance teams involved early on in the contracting process so they can troubleshoot future problems.

- **Examine the impact on recruitment and retention.** Cost-reduction measures can have unintended consequences. If word gets out that someone in the company has a serious illness and the insurance won't cover treatment, it can hurt employee retention, employee experience, and your employer brand. Having a robust health plan is often key to attracting and retaining good employees.

- **Make sure employees get the most appropriate treatment for their condition.** Cutting specialty drug benefits may seem like an easy solution to rising pharmacy costs. However, the best way to reduce costs is to make sure the employee gets the most appropriate treatment for their condition. The highest cost in our healthcare system is when people are hospitalized and need additional care. So, getting the patient the right medication promptly could save employers money in the long run. Employers should also consider the negative impact that delays in care and/or inability to access care will have on the health of the employees and, in turn, on the health of your organization.

About Aimed Alliance

Established in 2013 and based in Washington, D.C., Aimed Alliance is a non-profit health policy organization that works to protect and enhance the rights of healthcare consumers and providers. Aimed Alliance achieves this mission by conducting legal research and analysis; developing sound, patient-centered policy recommendations; and disseminating its findings to inform policymakers and increase public awareness. Learn more about Aimed Alliance at aimedalliance.org or on X (formerly Twitter) at @AimedAlliance.

About Alliance for Patient Access (AfPA)

Founded in 2006, the Alliance for Patient Access (AfPA) is a health policy organization that advocates for policies that support clinical decision making, limit abusive utilization management techniques, and acknowledge each person's individual health care needs deserve to be met. Learn more about AfPA at allianceforpatientaccess.org.

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