



Position Statement: Patient Assistance Programs

Boehringer Ingelheim is committed to ensuring that patient assistance programs remain a resource to patients who depend on assistance to receive their medications. We are concerned with proposals that would exclude or prohibit patient assistance programs, as these benefits help patients access and afford their medicines.

Background:

Boehringer Ingelheim Pharmaceuticals, Inc., based in Ridgefield, CT, is the largest U.S. subsidiary of Boehringer Ingelheim Corporation. Boehringer Ingelheim is one of the world's top 20 pharmaceutical companies. Headquartered in Ingelheim, Germany, the company operates globally with approximately 50,000 employees. Since its founding in 1885, the company has remained family-owned and today creates value through innovation for three business areas including human pharmaceuticals, animal health and biopharmaceutical contract manufacturing. Boehringer Ingelheim is committed to improving lives and providing valuable services and support to patients and their families.

Our goal at Boehringer Ingelheim is that no patient be denied access to our medicines because of cost and we are committed to doing the right thing for our patients, many of whom suffer from multiple chronic conditions. We support policies that move toward a value-driven health care system and advance solutions that enhance the healthcare marketplace to truly benefit patients, and we will continue to advocate for policies that will meaningfully benefit patients at a state and federal level.

Many patients depend on patient assistance programs that help them lower their out-of-pocket costs for medications. The Partnership for Prescription Assistance® (PPA) is a nationwide effort to provide a single point of access to more than 475 patient assistance programs, including nearly 200 offered by biopharmaceutical companies, that has helped more than 10 million patients access patient prescription programs since 2005.¹ The BI Cares Foundation Patient Assistance Program has provided free medicines for a total of 780,000 patients.²

For those patients in need of additional financial assistance, they generally have three main mechanisms to access assistance for their medications:

- Manufacturer co-pay assistance and coupon programs which help to offset patient out of pocket costs

¹ PhRMA. Access to Medicines. <https://www.phrma.org/advocacy/access/patient-assistance>

² BI. Patient Assistance Program. <https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program>



- Third party charitable organizations that have been granted authority by the United States Office of Inspector General (OIG) to provide patient assistance for approved disease states where there is an unmet need,³ and;
- Charitable Foundations

Recent actions by health plans and some state legislatures threaten patient access to crucial financial assistance with the misguided perception that organizations providing assistance do so for financial gain. Examples of proposed restrictions include use of “copay accumulator” programs whereby the copay assistance provided by manufacturers is excluded from patients’ share of costs counted toward the deductible and out-of-pocket limits. This restriction drives patients to products preferred by the payer, rather than the medicine preferred by patients and their physicians. It is estimated that copay accumulator programs are included in up to 20 percent of commercial medical insurance policies sold in 2018.⁴

Also troubling, California recently enacted a law (AB265) to limit the use of copay coupons and other discounts for certain branded prescription drugs.⁵ New Hampshire and New Jersey have considered similar legislation.

Patient Impact:

Boehringer Ingelheim is concerned that copay accumulator programs, state legislation limiting copay coupons, and any other policies that seek to limit manufacturer assistance will place an even greater financial burden on patients leading to a reduction in medication adherence. Numerous studies have shown that the reduction in medication adherence actually increases the cost of healthcare. For example, an April 2017 review in the *Annals of Internal Medicine* estimates that a lack of adherence causes nearly 125,000 deaths, 10 percent of hospitalizations and costs the already strained healthcare system between \$100–\$289 billion a year.⁶

As healthcare costs continue to grow, the focus should be on the real drivers of cost throughout our healthcare system, including the complicated supply chain and costs added by throughout the process. The current patchwork of misguided policy proposals around patient assistance is not the solution to rising costs and is not in the best interest of patients.

³ OIG. Notice of Modification of OIG Advisory Opinion No. 02-1. Mar. 3, 2017.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2017/AdvOpn02-1-mod.pdf>

⁴ Morning Consult, “Who Stole My Savings?” Jan. 4, 2018. <https://morningconsult.com/opinions/whos-stealing-my-savings/>

⁵ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB265

⁶ <http://annals.org/aim/fullarticle/1357338/interventions-improve-adherence-self-administered-medications-chronic-diseases-united-states>