

# Specialty Tiers: Restricting Access to Critical Medicines

Many insurance companies have increased patients' out-of-pocket costs beyond their regular premiums. Formulary restrictions and high co-pays can prevent patients from getting the treatments they need.

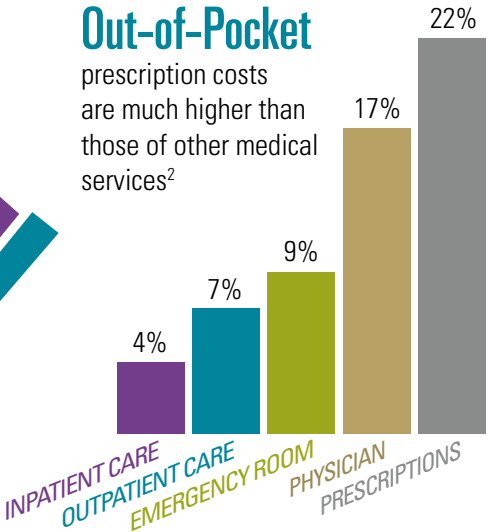
## Cost-Sharing Reduces Patient Access to Critical Medicines



Patients can be responsible for **Paying 1/2 the Cost** of specialty drugs<sup>1</sup>

### Out-of-Pocket

prescription costs are much higher than those of other medical services<sup>2</sup>



Patients with out-of-pocket expenses less than \$100 were

**7 Times More Likely**

to fill prescriptions than those paying \$250 or more<sup>3</sup>

## Specialty Tiers Are Becoming More Prevalent



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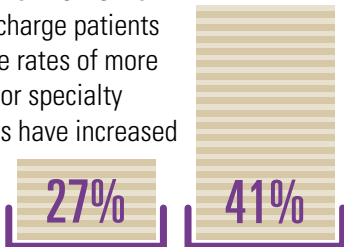
### Using Drugs to Discriminate—Adverse Selection in the Insurance Marketplace

By Douglas Jacobs, Sc.B., & Benjamin Sommers, M.D., Ph.D.

"...many insurers may be using benefit design to dissuade sicker people from choosing their plans."

N ENGL J MED 372:5 NEJM.ORG

The number of ACA Silver Plans that charge patients coinsurance rates of more than 30% for specialty medications have increased



from 27% of plans in 2014 to 41% in 2015<sup>4</sup>

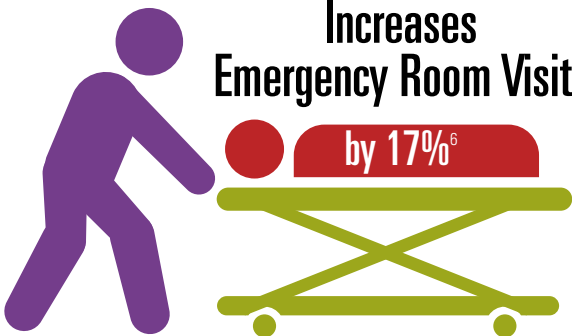
Specialty tiers can **triple the annual cost** of HIV drugs<sup>5</sup>



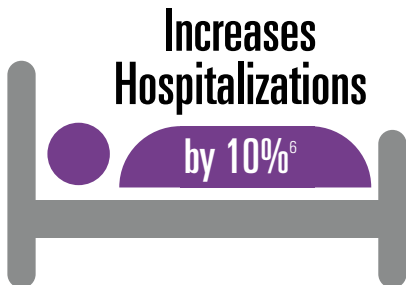
## Doubling Medication Co-Pays for Chronic Conditions



Reduces Use By 25% to 45%<sup>6</sup>



Increases Emergency Room Visits by 17%<sup>6</sup>



Increases Hospitalizations by 10%<sup>6</sup>

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