Copay Savings Programs for Prescription Drugs: Who Saves and How Much?

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GoodRx Research

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In an effort to make expensive brand drugs more affordable, some pharmaceutical companies offer copay savings programs. From drug advertisements to doctor’s offices, these programs continue to be touted as one of the best ways to save on expensive drugs.

It is widely thought that these programs are easy to access and are only for people with insurance. But the largest database of copay savings programs, compiled by the GoodRx Research Team, tells a different story.

In this paper, we discuss the pros and cons of copay savings programs, highlight how these programs affect the uninsured population, and use our robust data to reveal the following takeaways about copay cards:

- Almost 70% of copay savings programs are hard to access.
- Nearly 40% of copay savings programs are available for uninsured patients.
- Program eligibility isn't always clear.
- Copay savings programs are available for some generic drugs.
- Average savings for copay savings programs tend to be higher for insured patients.
- Expensive-to-treat conditions like diabetes, psoriasis, and HIV have the largest number of copay savings programs.
- Certain manufacturers, such as Pfizer and Bausch, offer more copay savings programs than others.
- Copay savings programs are evolving with the rise of high-deductible health plans.

What are copay savings programs, anyway?

Copay savings programs (also known as copay cards) are discount programs offered by drug manufacturers for patients to save on their medications.

Pharmaceutical manufacturers have been marketing copay savings programs for their expensive brand-name drugs since the mid-2000s. In 2009, there were fewer than 100 coupons available for patients to use on brand-name drugs, but in 2011, this number jumped to up to nearly 400 coupons. Now, these numbers have almost doubled, with over 700 pharmaceutical manufacturer copay savings available in 2019. What’s more, use of these coupons has increased by more than 50% since 2010.

Although copay savings programs exist for several different reasons, in theory, they are designed to make expensive brand-name drugs more affordable for customers. And lowering costs helps patients remain adherent (stick to) their treatment regimen. In fact, research has shown that patients who use copay savings programs are 12% to 19% more adherent to their medication. At the same time, these programs help drug manufacturers because they increase the number of people filling their brand drugs.
The GoodRx copay savings program database

The GoodRx copay card database, curated by the GoodRx Research Team, currently lists 657 copay savings programs. We scrape savings information by visiting a manufacturer’s website and searching for available copay savings programs for a particular drug. We collect any valuable information for the patient who may be trying to use this particular copay savings program, such as:

- Who is eligible to use the program (insured, not insured, government insured)
- How to sign up for the program and how savings are applied
- The maximum savings per fill
- How many fills or uses the program is good for
- The program’s expiration date

In many cases, this information is not clearly stated on the manufacturer’s website, and we investigate further by calling the program to find out the exact enrollment requirements. We regularly update programs and add new programs as we add new drugs to the GoodRx drug database.

All of this information is listed on the GoodRx website, making it easier for patients to see if a savings program exists for their drug. This database also breaks down attributes for each savings program — a feature that is unique to only the GoodRx database and can serve as an accurate resource to understand copay savings programs, how they are used, and how they can help patients.

Our key findings from researching copay savings programs

After gathering data for the GoodRx copay savings program database, some of the main things we discovered were who was eligible to save and how patients accessed these programs. Many programs are available for uninsured patients, not just the insured. Also, navigating how to sign up and apply savings for some programs is not easy. In fact, some programs make this process complicated and hard to understand.

Many copay savings programs are difficult to use

In an effort to understand how easy these programs are to access, GoodRx measured each copay card’s “barriers to access.” These barriers include how much personal information a patient must share during sign-up, any pharmacy restrictions, and if a doctor (MD) authorization
is required to use the program. The barriers we identified are listed below.

### Barriers to Access Defined

<table>
<thead>
<tr>
<th>Barrier to access</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>No information required</td>
<td>Copay savings programs that did not require any patient information to sign up for the program. This included download and print coupons and eVoucher coupons.</td>
</tr>
<tr>
<td>Program enrollment with patient information required</td>
<td>Copay savings programs that required patients to provide basic information such as name, address, email address, and phone number to enroll.</td>
</tr>
<tr>
<td>Program enrollment required (second step)</td>
<td>Copay savings programs that required patients to provide basic information such as name, address, email address, and phone number to enroll and required them to activate their copay savings program before use.</td>
</tr>
<tr>
<td>Additional patient information required</td>
<td>Copay savings programs that required at least one or more of the following: tax documents/proof of income, personal medical info, insurance info, doctor info, a HIPAA form, and a code sent to the patient’s email to verify it was them before printing.</td>
</tr>
<tr>
<td>Pharmacy restrictions</td>
<td>Copay savings programs that required patients to fill their prescription at certain pharmacies in order to apply the copay savings on their prescription.</td>
</tr>
<tr>
<td>MD authorization required</td>
<td>Copay savings programs that required patients to have their doctor fill out a form and sign off in order to enroll in the program.</td>
</tr>
</tbody>
</table>

Almost 70% of savings programs are “hard to access”

All told, 67% of the programs we looked at have at least one barrier to access. The number of programs that have each barrier are detailed below.
In total, savings programs for 111 drugs (16.9% of programs in the database) have at least two barriers to access, while savings programs for 45 drugs (6.8%) have three barriers to access. Xiaflex, for instance, requires that patients enroll with personal information, enter in additional patient information (like tax documents, proof of income, insurance status, and personal medical information), and obtain an official MD authorization.

MD authorization can be one of the more difficult parts of enrollment in a savings program. Programs for 45 drugs (6.8%) require an MD authorization in order to sign up. In general, patients are required to talk with their physician about the copay savings program and fill out forms to be faxed to the program for approval. This process can be cumbersome for the patient since it is likely the physician has never heard of the program, and the patient may have to explain it to them.

According to Ana María López, MD, MPH, FACP, president of the American College of Physicians, “there are so many [copay savings programs] and [they are] very variable; it's hard for a physician or office to keep track of it all.”
Cards aren’t the only way to save — but other methods can be difficult to use, too

While it may seem that these savings programs only come in a card version, there are actually eight different ways that patients can access a program. Other options include rebate programs that require patients to pay upfront, a preloaded card that patients can present at the pharmacy, and more. Not surprisingly, some of these methods are easier for patients to access than others.

To be sure, coupons are by far the most common mode for patient savings, and the easiest to access. Patients can download coupons to a mobile device or print them from a computer to use at the pharmacy. Savings for 533 drugs (81% of programs in the database) are accessed through a coupon or a card.

As far as other mechanisms, the electronic voucher is designed to be easy to use since no enrollment is required. These are simply drug discounts that are automatically applied at the pharmacy counter. However, this method can be confusing to customers because they are relying on the pharmacy staff to apply a discount, and it may or may not always occur.

Some of the most challenging mechanisms for patients include bin numbers, rebates, free products, checks sent directly to providers, and preloaded cards. These types of mechanisms
typically require an explanation of benefit (EOB), which is sent to a patient from their insurer explaining how a healthcare claim was processed. The patient then must submit the EOB to the copay savings program so their eligibility can be approved. After that, the copay savings program will provide a reimbursement either on a physical preloaded card, check, or rebate. The preloaded card and check options usually have restrictions, such as only being able to use them at the doctor’s office to pay for the medication.

The most commonly used among the more challenging mechanisms is the bin number. Savings for a total of 59 drugs are accessed through a bin number, a number that pharmacists apply at the pharmacy counter to know who to bill for your claim. The application process for these types of programs usually requires submitting lengthy application forms with detailed insurance information. In addition, the patient often must speak to someone over the phone about their eligibility.

Some copay savings programs will issue a bin number for your savings after determining you are eligible for the program. They will supply this number and your information to the pharmacy directly, and the discount will be applied.

**Copay savings programs have limits**

Depending on the copay savings program, the program may be good for one use, several uses, or an unlimited number of uses. We found that over 74% of copay savings programs were good for either 12 uses or had no limit for the number of uses.
The number of uses is important when it comes to determining how helpful the program will be for the patient. It’s ideal if the patient is on a very expensive drug but has unlimited uses for the drug’s copay savings program. However, that same program may also have a maximum yearly savings. So if the patient uses the copay savings twice, but reaches the $40,000 yearly max, then the copay savings program isn’t useful anymore.

Use limits are a way for a copay savings program to restrict how often and how much the patient saves on their drug.

Savings programs aren’t just for the insured

It is widely thought that copay savings programs are only for patients filling prescriptions with insurance. As stated in a report by the Pharmaceutical Care Management Association, “By definition, copay promotions target only those who already have prescription drug coverage.
(i.e., those who pay copays). These programs are not means-tested or designed to help the poor or uninsured."

But that's a huge misconception. In fact, GoodRx research found that almost 40% of copay savings programs are available for uninsured or cash-paying customers. Since most people are under the impression that copay savings programs are only for insured customers, the programs may be grossly underused.

**Uninsured patients are eligible for 36% of all copay cards**

GoodRx categorized the different populations of people who are eligible for copay savings programs. We identified eight different groups of people, one of which was uninsured patients. In sum, there are 236 copay savings programs available for those who are uninsured, which is 35.9% of the total number of programs we looked at.

**Drugs with Copay Savings Programs, by Eligible Population**

Note: Total number of drugs with copay savings programs is 657. HDHP is defined as high deductible health plan.
Average monthly savings for copay savings programs tend to be higher for insured patients.

We determined the value of copay cards for both insured and uninsured individuals during 2019. For uninsured individuals, 50% of copay savings programs have a value of at least $100 per month. Meanwhile, 50% of copay savings programs for insured patients are valued at $250 per month or less.

Since the average annual cost of brand-name drugs in 2017 was $6,798, it would be most beneficial to see an annual copay savings value for that amount or more. A savings program would need to save the patient at least $567 per month in order to cover that yearly cost. Unfortunately, only 25% of coupons for insured patients cover that annual amount, but the number is even lower for uninsured patients: only 5%.

In general, patients using insurance can save an average of $658 a month with a savings program, while patients paying cash can save an average of $189 a month.

So how does this look on a drug level? Below are some examples detailing the savings breakdown for uninsured and insured individuals for some expensive drugs.
It's important to note the cash price for these brand drugs to better understand how much a patient may have to potentially pay out of pocket if they have insurance or not. Many of the programs only offer 50% off the cash price or less. If you are uninsured, more than likely it will be even less than that.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Cash price</th>
<th>Savings insured</th>
<th>Savings uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welchol</td>
<td>$826.53</td>
<td>$150</td>
<td>$25</td>
</tr>
<tr>
<td>Multaq</td>
<td>$816.89</td>
<td>$700</td>
<td>$150</td>
</tr>
<tr>
<td>Fycompa</td>
<td>$598.76</td>
<td>$108</td>
<td>$60</td>
</tr>
<tr>
<td>Farxiga</td>
<td>$598.68</td>
<td>$378</td>
<td>$150</td>
</tr>
<tr>
<td>Symbicort</td>
<td>$426.05</td>
<td>$200</td>
<td>$100</td>
</tr>
<tr>
<td>Safyral</td>
<td>$264.50</td>
<td>$125</td>
<td>$100</td>
</tr>
</tbody>
</table>

Eligibility requirements for copay savings programs aren’t always clear

You would think that a copay program’s website would be the best place to find the most accurate information on enrollment, savings, and restrictions. But this isn’t always the case. In fact, we found missing or unclear information on almost 40% of the websites for companies offering these programs. Typically, this missing information included eligibility criteria that helps the patient understand if they qualify.

The best way to go about obtaining this information, if it is not detailed clearly on the website, is to call the customer service number for the savings program. Unfortunately, this isn’t always helpful either.
For the 40% of programs that had unclear information on their website, the GoodRx Research Team called the customer service line to fully understand the program. In many cases representatives refused to speak about the program unless we could show enrollment status. In other cases, representatives were not able to answer simple eligibility questions. Not only did this make it hard for research purposes, but this confusion ultimately harms the patient. If patients are unable to clearly understand the program, they may give up and pay out of pocket, or skip their drug altogether — and neither option is good for them.

Copay savings programs for brand drugs with a generic may be driving up insurance costs

About a quarter of brand drugs with a copay savings program have a generic available

Popular drugs like Zoloft, Airduo, and Viagra all have generics available, but they still offer a copay card for the brand drug. Why does this matter? Because these programs could be driving costs up for everyone.

A 2016 study showed that savings programs for 23 brand drugs with generic counterparts drove up overall costs by $6 million to $24 million per year. This is likely because these programs
steer patients to more expensive brand-name drugs in lieu of the lower-cost generics that are available. This results in the patient’s health plan paying more to cover the higher-priced brand drug and could affect premiums for everyone on that health plan — and the country as a whole.

Some generic drugs also have a copay savings program available for them, though these programs only make up a small percentage (0.9%) of total programs. Some manufacturers have an authorized generic available and have a separate copay savings program for the authorized generic for their brand drug. An authorized generic has the same formulation as its brand, but without the brand label. Copay savings programs for generics exist because even the generic is expensive and copay savings programs can help.
Generic Drugs With Copay Savings Programs

<table>
<thead>
<tr>
<th>Generic drug</th>
<th>Cash price</th>
<th>Maximum copay savings for insured patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imatinib</td>
<td>$13,150.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Abiraterone</td>
<td>$11,762.90</td>
<td>$500.00</td>
</tr>
<tr>
<td>Trianex*</td>
<td>$1,093.53</td>
<td>$1,093.53</td>
</tr>
<tr>
<td>Fluticasone/salmeterol</td>
<td>$419.70</td>
<td>$25.00</td>
</tr>
<tr>
<td>Epinephrine (EpiPen)</td>
<td>$413.90</td>
<td>$25.00</td>
</tr>
<tr>
<td>Epinephrine (Adrenaclick)</td>
<td>$300.70</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Note: *Trianex is a branded generic drug.

Brand drugs without a generic have higher restrictions than brand drugs with a generic

GoodRx compared copay programs for brand-name drugs with a generic versus brand-only drugs to evaluate any differences in ease of access. We found that savings for brand-only drugs are harder to access than brand drugs with a generic counterpart. Overall, 20.2% of brand drugs have more than one barrier to access, compared to 7.5% of brand drugs with generics.

Only 5.6% of brand-name drugs with a generic require patients to submit additional patient information in order to complete their copay card enrollment. Conversely, 18.3% of patients are required to submit additional information to enroll in programs for brand-only drugs. As mentioned previously, additional patient information means the copay card program asks for one or more items in addition to basic information.

Brand-only drugs are also more likely to require authorization from a provider, with 8.1% of them stipulating the requirement and only 3.1% of brand drugs with generics requiring one.

Drugs treating diabetes, psoriasis, and HIV have the largest number of copay savings programs
Out of all conditions, type 2 diabetes, psoriasis, and HIV have the largest number of copay savings programs.

- 44 drugs for type 2 diabetes have copay savings programs (6.7% of programs in the database), and 7 of those drugs have a generic drug available.
- 29 drugs for psoriasis have copay savings (4.4% of programs in the database), with 7 of those drugs having a generic.
- 27 drugs for HIV have copay savings programs (4.1% of programs in the database), with 6 of them having a generic available.

**Top 10 Conditions With the Most Copay Savings Programs**

- Diabetes type 2
- Psoriasis
- HIV
- Acne
- Prenatal vitamin
- Rheumatoid arthritis
- Breast cancer
- Eczema
- COPD
- Hypertension

Total number of copay savings programs is 657.
It is no surprise that diabetes tops the list. Diabetes brand medications are some of the most expensive on the market, and many of them lack generics. So it makes sense that manufacturers would offer copay savings programs to help reduce out-of-pocket costs.

In general, conditions with more copay savings programs tend to have more expensive medications.

Some manufacturers offer more copay savings programs than others

Out of the 164 manufacturers that offer copay savings programs, Pfizer has the greatest number of drugs with programs (39).

We also looked at the top 10 manufacturers that offer the most copay savings programs and how many barriers to access their copay savings programs had. Genetech has the highest percentage (87.5%) of copay savings programs with multiple barriers to access. In comparison, Allergan offers the same amount of drugs with copay savings programs as Genentech, but only 25% of its programs have multiple barriers to access.

### Top 10 Manufacturers With Copay Savings Programs

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Number of drugs with copay savings program</th>
<th>Average savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bipi</td>
<td>13</td>
<td>$637</td>
</tr>
<tr>
<td>2 Aytu</td>
<td>16</td>
<td>$209</td>
</tr>
<tr>
<td>3 AbbVie</td>
<td>17</td>
<td>$737</td>
</tr>
<tr>
<td>4 Gilead</td>
<td>17</td>
<td>$517</td>
</tr>
<tr>
<td>5 Janssen</td>
<td>21</td>
<td>$808</td>
</tr>
<tr>
<td>6 Genentech</td>
<td>23</td>
<td>$1,635</td>
</tr>
<tr>
<td>7 Allergan</td>
<td>23</td>
<td>$260</td>
</tr>
<tr>
<td>8 Novartis</td>
<td>25</td>
<td>$1,319</td>
</tr>
<tr>
<td>9 Bausch</td>
<td>36</td>
<td>$1,242</td>
</tr>
<tr>
<td>10 Pfizer</td>
<td>39</td>
<td>$702</td>
</tr>
</tbody>
</table>

Note: Average savings are the same whether the patient uses insurance or not.
Copay savings programs are evolving with the rise of high-deductible health plans

High-deductible health plans (HDHPs) have become increasingly common with employer-sponsored insurance. HDHPs are health plans that have low monthly premiums but a high deductible.

As a reflection of this, copay savings programs have adapted. In 2019, a few copay savings programs either specified a separate copay savings program for patients with an HDHP or specified a different amount saved if they had an HDHP. One program specifically had increased savings for patients who had a HDHP.

Considering the increasing trend of HDHPs, copay savings programs created specifically for them are likely to continue.

How insurers have reacted to copay savings programs

Copay savings programs help patients save on expensive medications, but they can present challenges to other players in healthcare. Insurance plans may view them as a way for patients to avoid cost-sharing, and insurers and pharmacy benefit managers (PBMs) see them as increasing costs for plans and contributing to premium increases. They have begun to speak out against copay savings programs and create their own programs in response to them.

Insurers and PBMs generally oppose copay programs

Insurers and PBMs (pharmacy benefit managers) are two groups advocating against copay savings programs. PBMs are companies that work on behalf of insurers to negotiate prescription drug benefits with manufacturers and pharmacies. They claim that copay programs increase overall costs.

PBMs use a formulary tier system to place drugs on separate tiers for employer-sponsored health plans. Kaiser surveys employers each year on their offered health benefit plans, and in 2019 they found that 84% of plans being offered had four or more tiers in 2019, which is a steep increase from only 3% of plans having four or more in 2004. Tier one drugs are often lower-cost generic drugs and have a low copay for insured patients. As you go up the tiers, the copay amount paid by the patient will also increase.

Insurers have used this tiered system to guide patients into using lower-cost generics and away from more expensive brand-name drugs by placing the brand drugs on a higher tier (and thus requiring a higher copay from the patient).
PBM s use their tiered system to negotiate with manufacturers for lower drug prices. They can do this by threatening to put an expensive drug on a higher tier. This means patients will be less likely to fill it since it will have a higher copay. However, drug manufacturers can get around this with copay savings programs since they offset the high copays for the patients. For this reason, copay savings programs allow drug companies to avoid tier placement altogether.

So how do these copay savings programs affect overall costs? Patients using copay savings programs are choosing a more expensive brand name drug in lieu of a lower-cost alternative or generic. This results in the patient’s health plan paying more to cover the higher-priced brand drug. Some argue that doing this increases premiums for everybody, since the PBMs still have to pay the higher cost for the brand coverage.

Accumulator and maximizer programs aim to make sure patients still pay their out-of-pocket costs

Recently, some PBMs and health plans have created accumulator and maximizer programs to help counteract what they view as the negative effects of copay savings programs. Since an insurer cannot tell if a copay is being paid by the patient or a savings program, a patient can reach their out-of-pocket maximum without contributing their share.

To prevent this from happening, some drug plans use copay accumulator programs that restrict copay savings programs from counting towards a patient’s deductible. Other plans may use maximizer programs, which is when the insurer increases the copay amount to include the coupon value and also will not count it towards a patient’s deductible.

Copay maximizer programs set the copay amount for a patient based on what a manufacturer’s copay savings program maximum benefits are. So instead of having a copay based on the list price of a drug, they determine the copay based on how much the manufacturer’s copay savings program will cover. For example, if a manufacturer has a savings program for $18,000, then the expected copay will be $1,500 per month for the patient. Most PBMs have private companies that manage these maximizer programs for them and require patients to enroll in the program separate from their sponsored plan.

This is different from most accumulator programs, which are offered directly to a sponsored plan by PBMs. If a patient is not aware that their plan requires them to enroll into the separate maximizer savings program, they are required to pay that amount out of pocket. Sponsored plans with these kind of maximizer programs are likely to be high-deductible plans that declare specialty drugs “non-essential,” which means that although they may still be covered, they aren’t held to out-of-pocket maximum limits set by the Affordable Care Act.

Some companies have gone a step further. United Healthcare forbids enrollees from using copay savings programs for some drugs, and Express Scripts, a PBM, has dropped drugs from
its preferred formulary (list of drugs they will cover) if there are copay savings programs available for the drugs.

Advocates say these types of programs can hurt patients since they may not realize that their health plans have implemented them. The Federal AIDS Policy Partnership wrote a letter to the Texas Department of Insurance stating that they found the accumulator programs and maximizer programs damaging and lacking transparency. Drug plans do not make it clear if these programs affect all drug classes, or only some, and also the naming of these types of programs varies greatly with no uniformity which makes them impossible for patients to identify. In response, advocate groups in some states that oppose these programs have outlawed accumulator and maximizer programs in order to protect the patient from unexpected out-of-pocket costs.

In 2019, the Centers for Medicare & Medicaid Services (CMS) made a ruling that insurance plans could not have accumulator programs for a brand drug that did not have a generic available. This ruling was intended to keep accumulator programs from affecting patients who relied heavily on manufacturer copay savings programs’ contributions to their deductibles.

However, a more recent ruling clearly goes in the opposite direction. The Department of Health and Human Services finalized a rule in their Notice of Benefit and Payment Parameters for 2021 that allows insurance plans to have accumulator programs. This means that an insurance plan does not have to count manufacturer copay savings programs’ payments towards a patient’s deductible.

Summing it all up

The number of copay savings programs has been increasing since the early 2000s, and their terms, ease of access, and savings amounts continue to change. While it was previously thought that these programs were for insured individuals only, GoodRx data shows otherwise: Almost 40% of existing programs are offered to uninsured individuals.

Not all copay savings programs are created equal, however. While savings programs exist for the uninsured, these patients tend to save less than insured patients. And even though a large portion of copay savings programs are simply a download and print away from accessing, many others have multiple hoops to jump through before you get to your savings.

Just like we suggest that people shop around for their prescription drugs, we also encourage patients to do their research when it comes to copay savings programs. Make sure to look for eligibility restrictions, monthly or yearly savings maximums, and use restrictions. These are key factors when considering a copay savings program.
As we found in our research, as many as half of copay savings programs’ websites do not always include all of this information. It’s important for patients to know what to look for and to take the initiative to call programs that don’t showcase this information on their website.

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Co-contributors: Amanda Nguyen, PhD Jeroen van Meijgaard, PhD

Methodology:

GoodRx curated the data for the copay savings program database by searching over 2,000 drug names online to find available copay savings programs. Based on information found on the drug’s manufacturer website, information about the copay savings program was collected and added to the GoodRx database. If the website was not clear on information pertaining to the copay savings program (such as use limits, maximum savings, or eligibility) then we called the manufacturer to try to get more information. We made over 200 phone calls to verify or collect missing information.

Availability of copay savings programs, barriers to access, use restrictions, maximum savings, and lowest payment: This GoodRx analysis uses the GoodRx Copay Savings Program database. For each drug, GoodRx identified whether a copay savings program was available (as of December 2019), the eligible populations for the program (i.e., uninsured, Medicare, Medicaid, Tricare, and commercially insured), the available mechanisms for the program (i.e., coupon, bin number, rebate, electronic voucher, program enrollment, free product, check sent directly to provider, and preloaded card), whether there were any use restrictions on the program, and the amount of savings available to each eligible population.

GoodRx identified five barriers to access to copay savings programs: program enrollment requirements that include personal patient information, program enrollment requirements as a second step, additional patient information requirements (including tax documents, proof of income, insurance information, doctor information, HIPAA form, and email verification codes), pharmacy restrictions, and MD authorization requirements.

GoodRx identified two forms of savings available through copay savings programs: maximum savings and/or lowest payment. Some copay savings programs listed both, while others only listed one form of savings. We include both savings measures in this analysis.

Drug costs: The average and median cash prices for drugs with copay savings programs are based on a representative sample of U.S. prescription fills (not GoodRx fills) and come from several sources, including pharmacies and insurers. The reported prices are based on average cash prices, the so-called “usual and customary” prices or cash prices at the pharmacy (not including insurance copays or coinsurance). All cash prices listed on this article are based on
data for 2019. The cash prices presented are based on the most common quantity for a 30-day supply.

The average and median copay for drugs with copay savings programs are based on data for commercially insured patients, covering over 115 million lives.

**Medical conditions**: The number of copay savings programs available by medical condition is based on the on-label use(s) for each drug.