



# Shuffling the Pack

Co-pay cards and loyalty/CRM programs are always a hot topic. We asked stakeholders to address the issues, and, as **Larry Dobrow** finds, a big disconnect still divides them

**N**ot getting enough strident debate from your local sports-radio station? Disappointed how the exchange of ideas and opinions on the internet so rarely baits the participating parties into incivility? Then assemble a handful of individuals from organizations scattered up and down the healthcare food chain, and ask them to weigh in on co-pay cards and loyalty/CRM programs.

Their takes aren't divergent so much as borderline unrelated; sometimes the responses make one wonder if the two sides are even talking about the same topic. To briefly sum up: Manufacturers are big fans of such programs, which they say bolster patient product loyalty, provide clarity for information-overloaded physicians and help keep prices low. But payers/insurers couldn't dislike these programs more unless they were affiliated with the Kim Jong-un regime, given their belief that they mess with their carefully devised formularies and lure patients away from less expensive products.

As for agencies and in-house marketers, they're less rigid in their thinking than the other interested parties to this debate, but ultimately they side with the folks who are paying their bills (which is to say the manufacturers, most of the time).

Amid all this back-and-forth, we thought it could be instructive to turn over the forum to a trio of the industry's smarter (and less easily baited) minds, one each from the manufacturer, payer/insurer and agency/marketing worlds. Here, then, are their measured takes on the state of co-pay cards and loyalty programs, circa-April 2013.

**THE MANUFACTURER**

John Hosier, group director-marketing for Eisai’s primary care, GI and CNS divisions, doesn’t get all the fuss. In his mind, the type of co-pay and couponing plans his company and its competitors offer succeed at keeping drug costs within the arena of reason. He also notes how such plans often allow physicians to prescribe newer therapies that are more effective than the older ones favored by payers.

“When the best therapy is the most expensive, we can’t allow cost to be a deterrent,” he says. “Programs like this help maintain affordability. They become a way to pass savings to the patient efficiently.”

What worries him is the type of conversation that lumps all kinds of loyalty programs and co-pay cards—he prefers the phrasing “savings cards” to the latter—together. Where the debate veers off track, he suggests, is in assuming that there can be a single “right” answer.

“What some people forget is that there’s not any one solution that works all the time,” he notes. “It depends on the disease state. It depends on whether you’re dealing with an older or a younger population. It depends on whether there are few [product] alternatives or multiple alternatives with generics.”

So rather than over-press his case, Hosier provides a blueprint for the future. While he believes current programs ultimately do what they’re supposed to, he gets more animated when discussing their next iteration. Five years ago, the idea was to create a single card/program/whatever that would help the largest number of patients, covering a broad swath of the patient population. Before long, thanks to advances in smartphone technology and data-fueled relationship marketing, cards and programs will be more easily customizable.

“We’ll be able to push out different offers to different patients,” Hosier predicts, “It won’t be one-size-fits-all. And as we continue to see migration to mobile devices, we’ll be able to continue the conversation: ‘Okay, the patient filled that first script, but it’s day 28 and they haven’t filled a second one.’”

**THE PAYER**

Like Eisai’s Hosier, Laurie Amirpoor, VP, clinical and specialty pharmacy for the pharmacy services division of WellPoint, says that her company’s take on co-pay cards and loyalty programs is motivated by getting the most appropriate therapies to patients at the best price. Where she diverges from him, is in her belief that co-pay subsidies and coupons provide only temporary relief.

“They don’t guide patients to drugs that are less expensive,” Amirpoor says. “It’s good to provide help to patients with financial hardships, but [these programs] inappropriately and unexpectedly can make patients spend more in the future.”

She disagrees with the manufacturer approach on an almost philosophical level. Manufacturers believe that if they don’t offer financial relief, patients won’t be able to avail themselves of certain products, mostly pricey biologicals. But why, she asks, must those products be priced at a point where coupon or co-pay relief is necessary?

This line of thinking has led to some jousting with drug manufac-

urers. While the conversations rarely get nasty—“it’s more adversity than animosity,” Amirpoor says—the disconnect between the two parties over co-pays and similar programs is rarely bridged.

Still, the difficulty in assessing newer (and more expensive) products often causes headaches. “When a drug first goes out on the market, it [often] hasn’t been studied against ones that have been available for a while,” Amirpoor continues. “How can you tell me that it will be more effective than a drug that’s been working for 10 years?”



***“They don’t guide patients to drugs that are less expensive”***

— Laurie Amirpoor

Some payers have limited or even prohibited the use of coupons. While WellPoint has disarmed them by refusing in some cases to cover an older brand (witness the public dropping of Lipitor from the insurer’s formulary last year in a dozen states, after it went generic), WellPoint hasn’t taken that step and has no plans to do so.

“Our members come first and that wouldn’t be a good solution for [them],” Amirpoor stresses. To that end, expect the company to continue to use an outcome-based formulary: “We don’t give our committee members any information about cost. We never have.”

**THE AGENCY**

As president of McCann TL Managed Markets, one of the preeminent firms that specializes in managed markets, Kim Wishnow-Per reads all the literature about co-pay cards and loyalty programs, tapping a circle of trusted experts for their opinions on such programs. She is as informed about the topic as anyone in the business. And yet when asked to side with either the manufacturers or the payer/insurers, she tells a pair of anecdotes involving her family.

“My sister is a physician, a dermatologist. There are a lot of generics available, but she has a brand she likes to use, because she feels it’s most effective. Until the manufacturer came out with a co-pay card, she couldn’t use that brand,” Wishnow-Per recalls. “My mother is a senior and was on [Novartis BP med] Diovan, and was switched to a generic without anyone telling her. It was a \$5 difference and she was willing to pay the \$5, but that choice was taken away from her.”

So yes, Wishnow-Per tends to come out strongly pro-co-pay cards and loyalty programs, which informs the work her company does on behalf of its clients. “I believe [the programs] are a necessary marketing tool for pharma companies to use,” she says. Where her company comes in, then, is crafting messaging for physicians and everyone else that takes the financial aspect into account.

As Wishnow-Per adds, “The messages used to be all about safety and efficacy and tolerability, but now you’ve got cost and coverage, too.” ■



**SkillSets**

Looking for a good **co-pay/loyalty programs** partner? Check out our showcase of companies with the right credentials – p59 to p63.