

PUBLIC POLL FINDINGS AND METHODOLOGY

Three quarters of Americans with health insurance coverage believe too many hurdles exist between patients and doctor-prescribed medicines

New Ipsos poll conducted with Novartis finds that 92% of patients believe that doctors should be making therapy decisions, not insurers

Topline Findings

Washington, DC, July 12, 2021 — A new Ipsos poll finds that three quarters of Americans with some form of health insurance believe too many hurdles stand between patients and the medicines prescribed by their doctor, with nearly one in three patients having experienced utilization management restrictions on their prescription medicines, including formulary exclusions, prior authorizations, step edits, and high out-of-pocket costs.

52% of Americans with health insurance are concerned about how out-of-pocket costs may impact their ability to access prescription medicines while just under half report being concerned that the medicines they need are not covered by their insurance plan.

Overall, one in five adults covered by health insurance say that they failed to pick up a doctor-prescribed medication from the pharmacy in the past year. The two most common reasons for patients abandoning their prescriptions were an inability to afford out-of-pocket expenses (co-pays, deductibles, and coinsurance) and insurance plans not covering the medicine prescribed. Importantly, among those who did not fill a prescription, half said that their health suffered as a result, with one in four being prescribed more medication (26%) and/or ending up in the emergency room (23%).

Nine in ten (92%) Americans believe that doctors – not insurers – should make therapy decisions and 84% of those surveyed support the notion of having insurance policies for medicines evaluated for fairness by an independent, non-biased third party.

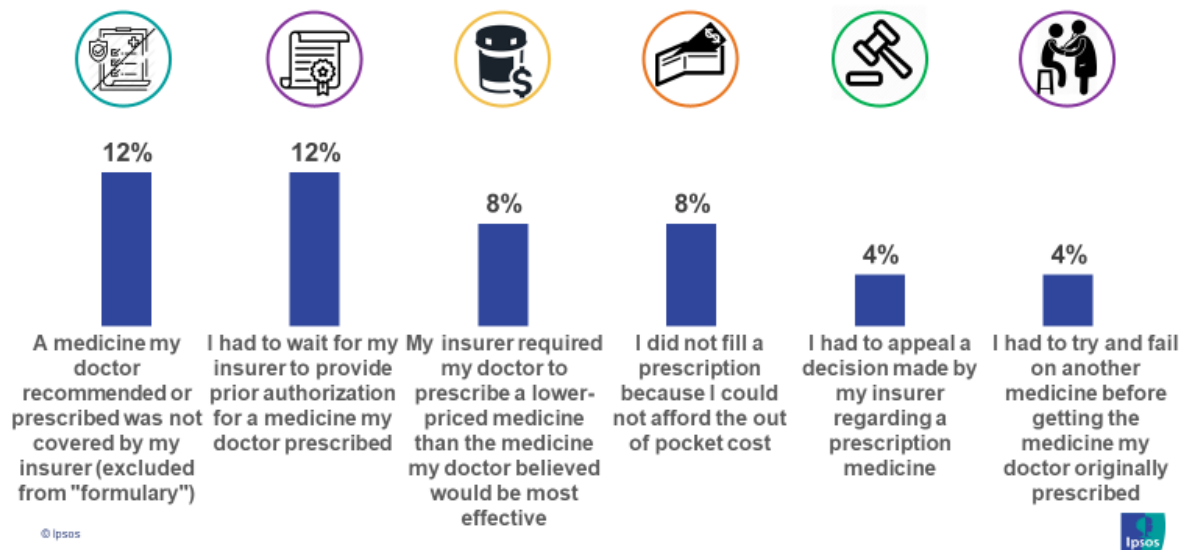
Detailed Findings

1. Two thirds of Americans with some form of health insurance coverage worry about their ability to access prescription medicines (67%). This is especially true for adults under the age of 35 (80% vs. 57% of those aged 55 and over), those in low-income households (74% of those with a household income less than \$50,000 vs. 62% of those earning at least \$100,000), and adults living in the South (72% vs. 59% of those living in the West).
 - This includes one in two Americans (52%) who report being concerned with how out-of-pocket costs may impact their ability to access prescription medicines – especially adults under the age of 35 (62%), those in low-income households (59% of those with a household income less than \$50,000), and adults in the Midwest (56%) and South (55%).
 - Just under half also worry that lack of insurance coverage will hinder their ability to access prescription medicines (48%). Once again, young adults (58% of those aged 18-34) and those living in the South (54%) are considerably more likely to worry about this compared to their demographic counterparts.

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- Getting authorization from their insurer before the cost of the medicine is reimbursed is a concern for more than two in five (43%). This figure jumps to at least 50% among young adults (54% of those aged 18-34), those in low income households (50%), those living in the South (50%), and non-White respondents (52%).
- Another 43% report being concerned with having to first try cheaper alternatives to the medicine prescribed before being allowed to receive the originally prescribed medicine. Here too, younger adults (54% of those aged 18-34), those in low income households (47%), those living in the South (47%), and non-White Americans (51%) are significantly more likely to report worrying about this.
- Fewer are concerned with lack of medicine availability, though more than a third worry about how this will impact their ability to access prescription medicines (35%). Adults under the age of 35 (46%) and those with a household income under \$50,000 (44%) are particularly likely to report being concerned.

30% of Americans with insurance have experienced barriers to accessing their prescription medicines.



2. Three in ten have experienced issues accessing prescription medication in the past year – and this jumps to 45% among both parents with children at home and those between the ages of 18-34.
 - This includes more than one in ten who say that a medicine recommended or prescribed by their physician was not covered by their insurer (12%) and another 12% who say they had to wait for their insurer to provide prior authorization for prescribed medicine.
 - Other access issues experienced include not filling a prescription due to an inability to afford the out-of-pocket costs (8%) and the insurer requiring a doctor to prescribe a lower-priced medicine than the one believed to be most effective (8%).

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3. One in five Americans (21%) say that they did NOT fill or pick up a prescription from the pharmacy that was prescribed to them (or someone in their household) by a doctor in the past year. Among those who did not fill or pick up a prescription, one in two (50%) say that their health suffered as a result of this.
 - Not being able to afford the out-of-pocket cost before deductible (28%) or the co-pay (16%) were among the most common reasons mentioned for not filling or picking up a prescription. Another 19% say they were unable to fill a prescription because their insurance would not cover the medicine, rounding out the top three reasons.
 - Those most vulnerable to suffering health consequences because they couldn't fill their prescription include: younger adults (59% of those between the ages of 18-34) and non-White respondents (63%).
 - Half of those whose health suffered say they needed to make another appointment with their physician (50%). One in four were prescribed more medications (26%) and/or ended up in the emergency room (23%).

75% feel as though there are too many hurdles standing between patients and the medicines prescribed by their doctor.



92% agree that doctors - not insurers - should determine whether a prescription medicine is clinically appropriate



89% believe keeping out-of-pocket costs low for people taking prescription medicines would make people healthier and lower overall healthcare costs



84% support the notion of having insurance policies for medicines evaluated for fairness by an independent, non-biased third party

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4. Three quarters of those with insurance coverage believe that too many hurdles stand between patients and the medicines prescribed by their doctor (75%). An even greater proportion agree that keeping out-of-pocket costs low for people taking prescription medicines would make people healthier and lower overall healthcare costs (89%).
5. There is consensus among Americans that doctors - not insurers - should determine whether or not a prescription medicine is clinically appropriate (92%). Among all surveyed, 84% support having insurance policies for medicines evaluated for fairness by an independent, non-biased third party. 72% also believe drug manufacturers and private insurance companies should negotiate prices based on assessments made by independent third parties. Older adults are significantly more likely to agree with both statements.

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These are the findings from an Ipsos poll conducted May 11 - 13, 2021 on behalf of Novartis Pharmaceuticals Corporation and Reservoir Communications Group. For the survey, a sample of 1,122 adults ages 18 and over from the continental U.S., Alaska and Hawaii was interviewed online in English. To qualify for the survey, respondents had to be covered by some form of health insurance. The poll has a credibility interval of plus or minus 3.3 percentage points for all respondents.

For full results, please refer to the following annotated questionnaire:

Full Annotated Questionnaire

S1. Are you currently covered by any form of health insurance, or are you uninsured? A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.

	Total (N=1,122)
Yes	100%

S2. What is the main type of health insurance that you have at this time?

	Total (N=1,122)
A plan through an employer	42%
Medicare	28%
A plan through a family member	10%
Medicaid	9%
A plan you purchased yourself from an insurance company or a state or federal marketplace	8%
VA/Tri-Care/Military	2%
A plan through school	-
Other	1%

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1. For each of the following, please indicate how concerned you are about its impact on your ability to access prescription medicines.

% Very/somewhat concerned

	Total (N=1,122)
The out of pocket cost you pay for medicines (the price you pay that is not covered by your insurance, e.g. copays, deductibles, coinsurance)	52%
Medicines you need are not covered by your insurance plan	48%
Getting authorization from your insurer before the cost of the medicine you need is reimbursed	43%
Being required to first try cheaper alternatives to the medicine prescribed by your doctor before being allowed to receive the originally prescribed medicine	43%
The lack of availability of medicines you need	35%

- A. The out of pocket cost you pay for medicines (the price you pay that is not covered by your insurance, e.g. copays, deductibles, coinsurance)

	Total (N=1,122)
Very concerned	21%
Somewhat concerned	31%
Not very concerned	30%
Not at all concerned	18%
Very/Somewhat concerned	52%
Not very/Not at all concerned	48%

- B. Medicines you need are not covered by your insurance plan

	Total (N=1,122)
Very concerned	19%
Somewhat concerned	29%
Not very concerned	31%
Not at all concerned	22%
Very/Somewhat concerned	48%
Not very/Not at all concerned	52%

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- C. Getting authorization from your insurer before the cost of the medicine you need is reimbursed

	Total (N=1,122)
Very concerned	15%
Somewhat concerned	29%
Not very concerned	37%
Not at all concerned	20%
Very/Somewhat concerned	43%
Not very/Not at all concerned	57%

- D. Being required to first try cheaper alternatives to the medicine prescribed by your doctor before being allowed to receive the originally prescribed medicine

	Total (N=1,122)
Very concerned	11%
Somewhat concerned	31%
Not very concerned	35%
Not at all concerned	22%
Very/Somewhat concerned	43%
Not very/Not at all concerned	57%

- E. The lack of availability of medicines you need

	Total (N=1,122)
Very concerned	13%
Somewhat concerned	22%
Not very concerned	38%
Not at all concerned	27%
Very/Somewhat concerned	35%
Not very/Not at all concerned	65%

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2. Have any of the following happened to you or your family over the past 12 months? Please select all that apply and answer regarding any kind of prescription medicine for any condition or illness.

	Total (N=1,122)
A medicine my doctor recommended or prescribed was not covered by my insurer (excluded from the "formulary")	12%
I had to wait for my insurer to provide prior authorization for a medicine my doctor prescribed	12%
My insurer required my doctor to prescribe a lower-priced medicine than the medicine my doctor believed would be most effective	8%
I did not fill a prescription because I could not afford the out of pocket cost	8%
I had to appeal a decision made by my insurer regarding a prescription medicine	4%
I had to try and fail on another medicine before getting the medicine my doctor originally prescribed	4%
None of these have happened to me or someone in my family in the past 12 months	70%

3. In the past 12 months, did you NOT fill or pick up a prescription from the pharmacy that a doctor prescribed to you or someone in your household for any reason?

	Total (N=1,122)
Yes	21%
No	79%

4. What was the main reason you did not fill or pick up the medicine?

	Did not fill Rx in P12M (N=218)
I couldn't afford the out-of-pocket cost before my deductible (such as co-pay or coinsurance)	28%
My insurance would not cover the medicine	19%
I couldn't afford the co-pay (fixed amount paid by patient for service covered by insurer)	16%
I was concerned about side effects or safety of the medicine	15%
My doctor said I didn't need that particular medicine anymore	12%
I couldn't understand how my prescription drug coverage works and gave up	3%
Other	7%

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5. Did your health suffer because of not taking the medicine(s) prescribed?

	Did not fill Rx in P12M (N=218)
Yes	50%
No	50%

6. Which of the following, if any, occurred as a result of not taking your prescribed medicine(s)?

	Health Suffered (N=94)
I needed to make another appointment with my physician	50%
I was prescribed more medications	26%
I went to an emergency room or other urgent care facility	23%
I had to have tests done (e.g. X-Ray, MRI, blood tests)	18%
Other	16%

7. Here are different views about healthcare. For each, please indicate if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

% Strongly/somewhat agree

	Total (N=1,122)
Doctors - not insurers - should determine whether or not a prescription medicine is clinically appropriate	92%
Keeping out-of-pocket costs low for people taking prescription medicines would make people healthier and lower overall healthcare costs	89%
It is unfair for the sick to pay more money in out-of-pocket expenses for their prescription medicines than those who are healthy	79%
Too many hurdles stand between patients and the medicines prescribed by their doctor	75%

- A. Doctors - not insurers - should determine whether or not a prescription medicine is clinically appropriate

	Total (N=1,122)
Strongly Agree	55%
Somewhat Agree	37%
Somewhat Disagree	6%
Strongly Disagree	2%
Strongly/Somewhat Agree	92%
Somewhat/Strongly Disagree	8%

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- B. Keeping out-of-pocket costs low for people taking prescription medicines would make people healthier and lower overall healthcare costs

	Total (N=1,122)
Strongly Agree	43%
Somewhat Agree	47%
Somewhat Disagree	9%
Strongly Disagree	2%
Strongly/Somewhat Agree	89%
Somewhat/Strongly Disagree	11%

- C. It is unfair for the sick to pay more money in out-of-pocket expenses for their prescription medicines than those who are healthy

	Total (N=1,122)
Strongly Agree	41%
Somewhat Agree	39%
Somewhat Disagree	15%
Strongly Disagree	5%
Strongly/Somewhat Agree	79%
Somewhat/Strongly Disagree	21%

- D. Too many hurdles stand between patients and the medicines prescribed by their doctor

	Total (N=1,122)
Strongly Agree	26%
Somewhat Agree	49%
Somewhat Disagree	21%
Strongly Disagree	4%
Strongly/Somewhat Agree	75%
Somewhat/Strongly Disagree	25%

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8. Here are some different ideas that have been proposed about prescription medicines. For each, please indicate if you strongly support, somewhat support, somewhat oppose, or strongly oppose the proposal.

% Strongly/somewhat support

	Total (N=1,122)
Having insurance policies for medicines evaluated for fairness by an independent, non-biased third party	84%
Requiring flat co-pays regardless of condition (e.g. cancer medicines and asthma medicines would have the same out of pocket cost)	77%
Having prescription drug manufacturers and private insurance companies negotiate prices based on an assessment of value by independent third parties	72%

- A. Having insurance policies for medicines evaluated for fairness by an independent, non-biased third party

	Total (N=1,122)
Strongly Support	29%
Somewhat Support	56%
Somewhat Oppose	13%
Strongly Oppose	3%
Strongly/Somewhat Support	84%
Somewhat/Strongly Oppose	16%

- B. Requiring flat co-pays regardless of condition (e.g. cancer medicines and asthma medicines would have the same out of pocket cost)

	Total (N=1,122)
Strongly Support	29%
Somewhat Support	48%
Somewhat Oppose	18%
Strongly Oppose	5%
Strongly/Somewhat Support	77%
Somewhat/Strongly Oppose	23%

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- C. Having prescription drug manufacturers and private insurance companies negotiate prices based on an assessment of value by independent third parties

	Total (N=1,122)
Strongly Support	23%
Somewhat Support	50%
Somewhat Oppose	21%
Strongly Oppose	7%
Strongly/Somewhat Support	72%
Somewhat/Strongly Oppose	28%

About the Study

These are the findings from an Ipsos poll conducted May 11 - 13, 2021 on behalf of Novartis Pharmaceuticals Corporation and Reservoir Communications Group. For the survey, a sample of 1,122 adults ages 18 and over from the continental U.S., Alaska and Hawaii was interviewed online in English. To qualify for the survey, respondents had to be covered by some form of health insurance.

The sample for this study was randomly drawn from Ipsos' online panel (see [link](#) for more info on "Access Panels and Recruitment"), partner online panel sources, and "river" sampling (see [link](#) for more info on the Ipsos "Ampario Overview" sample method) and does not rely on a population frame in the traditional sense. Ipsos uses fixed sample targets, unique to each study, in drawing a sample. After a sample has been obtained from the Ipsos panel, Ipsos calibrates respondent characteristics to be representative of the U.S. Population using standard procedures such as raking-ratio adjustments. The source of these population targets is U.S. Census 2018 American Community Survey data. The sample drawn for this study reflects fixed sample targets on demographics. Posthoc weights were made to the population characteristics on gender, age, race/ethnicity, region, and education.

Statistical margins of error are not applicable to online non-probability polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of plus or minus 3.3 percentage points for all respondents. Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following (n=1,122, DEFF=1.5, adjusted Confidence Interval = +/-4.8 percentage points for all respondents).

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