

# United States Senate

April 21, 2026

The Honorable Orice Williams Brown  
Acting Comptroller General of the United States  
U.S. Government Accountability Office  
441 G Street NW  
Washington DC, 20548

Dear Acting Comptroller General Brown,

We write to request that the Government Accountability Office (GAO) conduct a review of manufacturer prescription drug coupons and their impact on drug utilization and the commercial insurance market.

Pharmaceutical companies often offer coupons to privately insured patients in order to provide discounts on brand-name drugs even when lower-cost generic alternatives are available.<sup>1</sup> While these coupons often lower or eliminate the patient's copays in the short-term, in the long-term they could lead to the patient unnecessarily paying more for the brand-name drug.<sup>2</sup> Brand-name drug coupons can also lead to uncertainty about a patient's out-of-pocket costs from month-to-month, since pharmaceutical companies can change their coupon programs and patient eligibility rules for those programs at any time.<sup>3</sup> We are concerned that these coupons can enable drug manufacturers and pharmacy benefit managers to maintain high list prices and drive up costs for all patients through higher insurance premiums.<sup>4</sup>

Drug companies are often able to keep their drug prices outrageously high by setting their own list prices, and then offering copay coupons in order to help some patients afford those high prices. Companies also use drug coupons to increase drug sales for a particular brand-name drug and to steer patients away from lower-cost generics.<sup>5</sup> In fact, pharmaceutical companies earn as much as \$4 more in drug sales for every \$1 that they spend on prescription drug coupons.<sup>6</sup> Manufacturers are banned from offering these coupons to patients who are covered by Medicare

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<sup>1</sup> Leemore Dafny, Christopher Ody, and Matt Schmitt, *When discounts raise costs: the effect of copay coupons on generic utilization*. American Economic Journal: Economic Policy 9.2 (2017).

<sup>2</sup> Joseph S. Ross and Aaron S. Kesselheim, *Prescription-drug coupons—no such thing as a free lunch*. New England Journal of Medicine 369.13 (2013).

<sup>3</sup> Elisabeth Rosenthal. *He Needs an Expensive Drug. A Copay Card Helped – Until It Didn't*. KFF Health News. (Feb. 27, 2026), <https://kffhealthnews.org/news/article/expensive-drug-copay-card-discount-bill-of-the-month-february-2026/>

<sup>4</sup> Dafny, Ody, Schmitt. *When discounts raise costs: the effect of copay coupons on generic utilization*.

<sup>5</sup> Id.

<sup>6</sup> Id.

and Medicaid under anti-kickback laws, due to the fact that the coupons encourage doctors to prescribe more expensive drugs under public payers when cheaper versions are available.<sup>7</sup>

One reason why patients may use manufacturer prescription drug coupons is because it is difficult for the patient to determine which prescription drug option will be most affordable. Many patients do not know what they are expected to pay for a drug when they go to the pharmacy counter. One way that patients can get accurate and clinically appropriate information about their most affordable medication option is through an online real-time benefit tool, which shows providers and pharmacists real-time drug cost information, coverage information, and alternative medication options within electronic health record systems. The Consolidated Appropriations Act of 2021 required Medicare Part D plans to increase the use of these real-time benefit tools, and we seek information on how these tools are being used in private insurance plans as well as Medicare Part D.

To better understand the impact of prescription drug coupons and the availability of real-time benefit tools in the commercial insurance market, we request that GAO provide responses to the following questions:

1. Describe, to the extent that reliable data are available, the availability and characteristics of manufacturer prescription drug coupons for the highest expenditure prescription drugs in the commercial market. Examples of such characteristics could include whether the drug is single source or has generic equivalent or a biosimilar, whether the drug has a therapeutic substitute, the dollar value of the coupon, who is eligible to use the coupon, and the terms and conditions for the coupon.
2. Describe, based on evidence from published studies, how manufacturer prescription drug coupons can affect the use of a drug.
3. Describe how plan sponsors in the commercial market have responded to the use of manufacturer prescription drug coupons for the highest expenditure prescription drugs, including how coupons are considered in benefit design decisions and patient premium and cost-sharing calculations.
4. Describe the extent to which prescribers, patients, and pharmacists are able to access electronic real-time benefit tools in the commercial health insurance market.

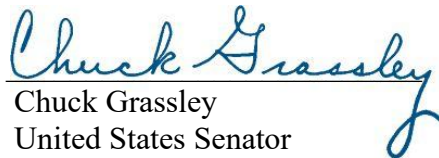
Thank you for your prompt attention to this request.

Sincerely,



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Margaret Wood Hassan  
United States Senator



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Chuck Grassley  
United States Senator

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<sup>7</sup> Daniel R. Levinson. *Manufacturer Safeguards May Not Prevent Copayment Coupon Use for Part D Drugs*. Department of Health and Human Services Office of the Inspector General, (Sept. 2014).