

# My prescription costs what?! Pharmacists offer tips that could reduce your out-of-pocket drug costs

Sujith Ramachandran, Associate Professor of Pharmacy Administration, University of Mississippi

Published: December 16, 2025 8:42am EDT



Out-of-pocket costs to fill prescriptions can vary widely.

*Malte Mueller/Stop via Getty Images*

Even when Americans have health insurance, they can have a hard time affording the drugs they've been prescribed.

About 1 in 5 U.S. adults skip filling a prescription due to its cost at least once a year, according to KFF, a health research organization. And 1 in 3 take steps to cut their prescription drug costs, such as splitting pills when it's not medically necessary or switching to an over-the-counter drug instead of the one that their medical provider prescribed.

As pharmacy professors who research prescription drug access, we think it's important for Americans to know that it is possible to get prescriptions filled more affordably, as long as you know how before you go to the pharmacy.

## **Cost of copays ranges widely**

When you have health insurance and have to pay for a prescription drug at the pharmacy, you're usually covering the cost of your copay. This is the amount patients or their caregivers are expected to pay after insurance covers the rest of the tab.

If you get your health insurance through Medicaid, the government program that covers low-income Americans and people with disabilities, you should not have to pay anything at all to obtain prescription drugs. If there is a copay, it should be low – probably less than US\$5.

And if you're insured through Medicare, the government program that mainly covers people who are 65 and older, or get your coverage through a private health insurance company, it's important to understand what to expect when you visit a pharmacy.

Most private insurance companies charge US\$5 to \$50 for prescription drug copays. The copays are tiered based on what the drug costs. Brand-name and specialty medications have higher copays; older generics have lower copays.

Some generic drugs and vaccines may even require no copay at all. While a copay is a flat fee, it can change over the course of the year based on whether or not you have met your deductible. The deductible is the amount of money you have to pay out of pocket before your insurance starts covering your prescriptions. Before your deductible is fully paid, you may be responsible for the full cost of your medications. After you've met your deductible for the year, you will only be required to pay the copay.

As newer, more expensive drugs enter the market, cost-sharing at the pharmacy has increasingly shifted from a copay to coinsurance.

In contrast with a flat copay, coinsurance means your insurance company will cover a certain percentage of the drug's cost, and you'll pay the rest. Since the patient's share is based on a percentage of the medication's price, coinsurance often results in higher out-of-pocket costs than copays do.

## **New help for patients with Medicare coverage**

Two new government programs could help make prescription drugs more affordable for millions of older Americans.

Starting in 2026, people who are insured through Medicare will pay no more than \$2,100 out of pocket on prescription drugs over the year. That cap may be much lower than \$2,100 due to a quirk in Medicare's rules. Prescriptions filled after someone has paid the maximum allowable amount will cost them nothing at all.

In addition, the government launched the Medicare Prescription Payment Plan in 2025. This program, which is available to people over 65, helps spread what patients spend out of pocket on prescription drugs throughout the year, making that expense more predictable and easier to budget for.

Early data indicates that very few Americans are enrolled in the Medicare Prescription Payment Plan. Patients insured through private companies do not have similar opportunities.

## **Coupons and discount cards**

What if you can't afford a copay for your prescription drug?

Before giving up on ever getting it, ask the pharmacist about your options.

It may be worth trying to use a free online tool, such as RxAssist, sponsored by the Robert Wood Johnson Foundation, or a discount card from GoodRx, which is a publicly traded company.

GoodRx cards are free. They help people compare local pharmacy prices and to locate coupons that make prescriptions more affordable.

GoodRx works by searching for the lowest available price for the prescription at various pharmacies. Other copay coupons provided by the drug manufacturer may also work similarly by lowering the cost of the medication. On some occasions, the cash price at the pharmacy may actually be cheaper than the copay, and the pharmacist should be able to help you navigate these options.

Here's what you should know before giving GoodRx a try:

1. GoodRx collects individual data on patients, raising significant privacy concerns.
2. Some pharmacies do not accept GoodRx. You may have to visit more than one pharmacy to be able to activate its discounts.
3. These cards may make the most sense for uninsured or underinsured patients, but do not always help those who have insurance because you might not get a better price. What's more, if you use a discount card, the amount you pay may not count toward your insurance deductible for the year.

You should weigh the caveats closely depending on your circumstance.



Your pharmacist can help you navigate the various discount offerings.

*CG Tan/E+ via Getty Images*

## **Prescription assistance programs**

Prescription assistance programs provide another cost-saving tool for Americans.

Drugmakers, nonprofits and government agencies sponsor those programs, which help patients who are uninsured or underinsured – even if they are on Medicare – fill prescriptions either at a discount or for free.

These programs include manufacturer-specific programs as well as charitable pharmacies like Dispensary of Hope, NOVA Scripts Central and the Patient Advocate Foundation. Qualifying criteria vary for these programs, but typically you must have a low income and be a citizen or a legal U.S. resident.

The Patient Access Network Foundation and RxAssist, two nonprofits that help Americans pay their medical bills, also offer helpful tools to identify programs that could work for you.

Assistance from these programs could cut your copay or even provide a prescription drug at no cost.

Separately, the Trump administration announced in November 2025 that a new White House prescription drug pricing program will soon begin to connect consumers to companies that have agreed to sell certain prescription drugs at a big discount.

Many experts don't expect the program, known as TrumpRx, to help people who have health insurance. Instead, it could be most likely to help those with no insurance at all. The new government program is slated to begin to roll out in 2026.

## Direct-to-consumer models

Beyond coupons and assistance programs, a more radical shift is in the works: direct-to-consumer platforms and cash-payment models.

In 2025, several manufacturers offered to sell medications directly to patients on websites and patient portals at cash prices. For example, the drug manufacturer Eli Lilly is offering its popular weight-loss medication, Zepbound, on its website.

These websites have out-of-pocket costs that can run upward of \$300 a month, making them too high for many, if not most, Americans to afford. And insurance companies have so far refused to cover them.

To be sure, the systems underlying these programs are still being built. We believe that the Trump administration would need to make a bigger effort to make it easier for millions of Americans to be able to afford filling their prescriptions.

Sujith Ramachandran received funding from Robert Wood Johnson Foundation, and provides consulting services for the National Community Pharmacists Association for work related to this topic.

Adam Pate does not work for, consult, own shares in or receive funding from any company or organization that would benefit from this article, and has disclosed no relevant affiliations beyond their academic appointment.

This article is republished from The Conversation under a Creative Commons license.