

Responding to Meteoric Rise in Health Care Costs

- Shifting health care coverage expenses to employees
 - Many plans offer High-Deductible Health Plans (HDHPs) only
 - Deductibles up to \$8,700 per person or \$17,400 per family
 - Co-Insurance
 - High tiered placement for specialty drugs
 - Accumulator Adjustment Programs



Accumulator Adjustment Programs target manufacturer copay assistance programs available for specialty drugs by no longer allowing them to count towards a member’s accumulator, believing that drug manufacturers use them to steer patients to higher cost drugs, rather than lower-cost generic equivalents.

Accumulator Adjustment Programs may actually result in higher costs to the payer when rolled out as a one-size-fits-all solution.

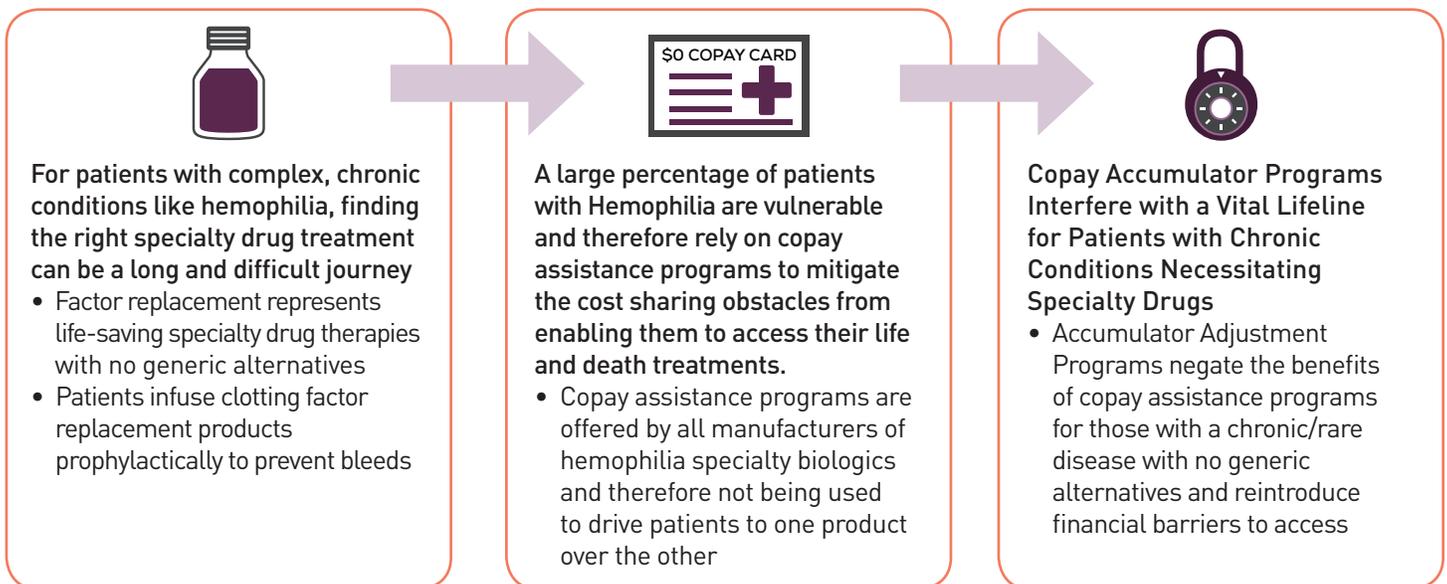
Unintended Consequences

This one-size-fits-all approach is short-sighted when applying the same ideology to life-saving specialty medications that have no generic alternative.

Legislative Action

Some states have implemented copay accumulator adjustment bans, with others expected to follow; and CMS has issued the annual Notice of Benefit and Payment Parameters (NBPP) final rule, beginning January 1, 2020, stating insurers may not implement these programs for specialty drugs which have no generics; and while they may implement the programs if there are generics, they cannot penalize patients if the generic is ineffective.

Copay Assistance Mitigates Patient Cost Burden, but Accumulator Adjustment Programs Reintroduce Financial Barriers to Access



Let the Data Speak

In a large literature review that analyzed over 160 abstracts and publications on patient adherence trends with higher cost-sharing, the conclusion was that increasing patient cost sharing had a direct correlation with decreased adherence.

Even the Pharmacy Benefit Management Institute conceded this point:

“Plan sponsors must develop effective strategies beyond higher cost-sharing for managing specialty drug spend, given the detrimental effect that further copay increases for specialty drugs are likely to have on medication adherence.”

For those with rare diseases such as hemophilia, whose total cost of care exceeds the six-figure range annually, >85% of which is attributed to the prophylactic use of replacement clotting factors with no generic alternatives, non-adherence will almost always produce unintended consequences (i.e., increased ER visits, joint bleeds/damage, missed workdays, etc.), and result in much higher costs to the payer than the perceived ‘savings’ from this cost sharing shift.

CRITICISM: Copay cards drive patients to higher cost drugs

FACT: Many chronic disease patients, such as those with hemophilia, have no generic equivalents available.

CRITICISM: Copay cards may circumvent formulary

FACT: Copay cards cannot circumvent the formulary if a prior authorization process or preferred drug list is in place.

National Hemophilia Foundation has been working to communicate the urgency for payers and employers to consider the implications the accumulator adjustment programs will have on patients with chronic diseases that have no generic alternative therapies: namely, a net negative for all parties involved.

For more information, visit www.CCSCHemo.com

For questions or inquiries contact:

Kollet Koulianos, MBA
Vice President Payer Relations
309.397.8431
kkoulianos@hemophilia.org

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CCSC is supported by charitable donations from founding supporter Takeda, and additional support from Bayer AG, Pharmaceuticals, BioMarin, CSL Behring, Genentech, Inc., Hemophilia Alliance, Novo Nordisk, Inc., Sanofi Genzyme, and Spark Therapeutics.

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