

## Responding to Meteoric Rise in Health Care Costs

- Shifting health care coverage expenses to employee
  - Many offering HDHP's only
  - Co-Insurance
  - High tiered placement for specialty drugs
  - Accumulator Adjustment Programs



In response to these cost shifting trends, pharmaceutical manufacturers began to offer copay assistance programs for many life saving specialty medications.

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 manufacturers use them to steer patients to higher cost drugs, rather than lower-cost generic equivalents.

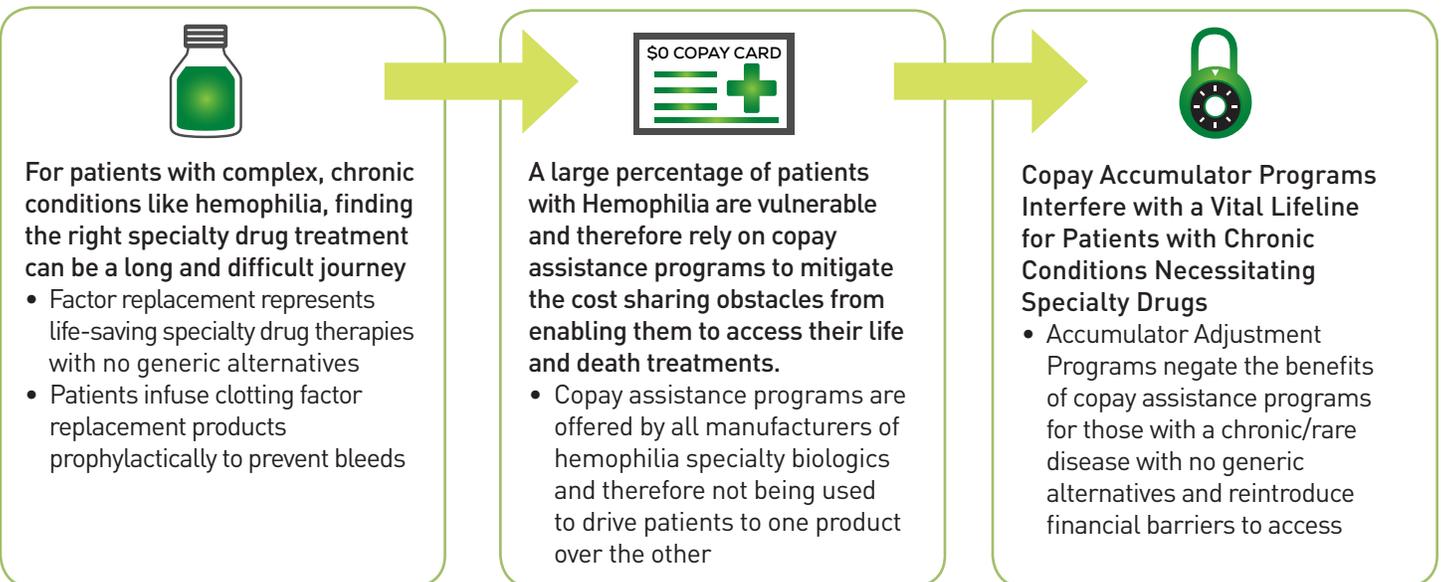
Accumulator Adjustment Programs may actually result in higher costs to the payer when rolled out as a one-size-fits-all solution.

*With an average annual household income of \$58,000, Americans rely on copay assistance programs as their sole means of accessing life-saving treatments.*

### 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.

## 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 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](http://www.CCSCHemo.com)

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**REFERENCES:** 1. How Patient Cost-Sharing Trends Affect Adherence and Outcomes <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278192/> 2. Pharmacy Benefit Management Institute 2012–2013 Prescription Drug Benefit Cost + Plan Design Report 3. Tarantino MD, Ye X, Bergstrom F, Skorija K, Luo MP. The impact of the economic downturn and health care reform on treatment decisions for haemophilia A: patient caregiver and health care provider perspectives. *Haemophilia*. 2013;19(1):51-58. doi: 10.1111/hae.12008 4. Zhou ZY, Koerper MA, Johnson KA, et al. Burden of illness: direct and indirect costs among persons with hemophilia A in the United States. *J Med Econ*. 2015;18(6):457-465. doi: 10.3111/13696998.2015.1016228

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