The impact of accumulators on co-pay programs
The impact of accumulators on co-pay programs

Specialty medications, a $318 billion industry representing 41% of the overall pharmaceutical market spend, can be both life-changing and expensive for patients.

To help afford the high costs associated with specialty medications, many patients have turned to co-pay savings programs that biopharma companies make available for some prescriptions. According to Access Market Intelligence, 42% of retail prescriptions support patients through co-pay savings programs, which save patients $261 on average. (Access Market Intelligence — Co-Pay Accumulators, 2018.)

High-deductible health plans make co-pay programs important to medication affordability

The costs for specialty medications and the increased adoption of high-deductible health plans have led to co-pay coupon programs becoming an essential support tool for some patients. RxCrossroads engaged Symphony Health Analytics to better understand the impact of high-deductible health plans (HDHPs) on co-pay card utilization. As Figure 1 indicates, co-pay cards can dramatically help with affordability under HDHPs, especially at the beginning of the year when deductibles reset. If the deductible reset is higher one year to the next, it can take longer to meet and leave patients with escalating out-of-pocket expenses. Co-pay cards can help stabilize these expenses.
The rise of accumulator programs
In 2018, pharmacy benefit managers (PBMs) began launching accumulator programs. These programs target co-pay-utilizing, specialty-drug patients and require them to pay more for select specialty therapies. The accumulator programs are marketed to employers as cost-saving tools that make patients pay a “fair share” for specialty medications. The net effects: targeted patients pay more for healthcare, participating employers save money on healthcare expenses, and PBMs potentially get a new revenue stream.

What are accumulator plans?
Co-pay accumulator plans do not allow the co-pay dollars covered under a co-pay program to be applied toward a patient’s HDHP deductible or out-of-pocket maximum. This can be particularly impactful on drugs treating specialty and/or chronic conditions for which a generic equivalent is not available. As a result, some patients may never reach their annual deductibles, which could lead to higher medication abandonment rates and poorer health outcomes.

Patient misunderstandings and higher costs
According to qualitative research from RxCrossroads by McKesson, accumulator programs are sometimes called things like “co-pay protection programs” by the PBMs and can be misunderstood by patients who are not aware of the actual impact on them. As seen in Figure 2, Patients can think these “protection” programs are a health plan benefit or a medication support tool. The full impact may not be understood until after the patient fills a prescription and is hit with higher out-of-pocket costs. Accumulator programs, as seen in Figure 3, add another layer of complexity to high-deductible health plans, potentially confusing patients even more about how their health plans work.
Which plans?
PBM–pharmacy combinations have announced they are participating in accumulator programs. These payers ask pharmacies to provide reporting on biopharma companies’ co-pay savings programs. This communication is enabled after the secondary claim has been paid and the patient discount applied. However, not all plans within a PBM may have chosen to participate — making patient identification more difficult. Often, co-pay accumulator plans are self-funded, high-deductible plans.

Which products?
Currently, accumulators may particularly impact specialty products across therapeutic categories, especially products that do not have a generic equivalent available. As such, a patient does not have a lower-priced alternative.

How is RxCrossroads addressing accumulators?
RxCrossroads developed a proprietary predictor, seen in Figure 4., that forecasts the potential accumulator impact for approximately a dozen chronic/specialty therapeutic categories. RxCrossroads can predict with up to 80% accuracy the percentage of patients impacted within a specific brand. Across therapeutic categories, RxCrossroads’ data suggests that nearly 5% of patients may be impacted, which could significantly increase as plans reset in 2019. Data across programs is leveraged to uncover current and future trends through RxCrossroads’ Accumulator Intelligence Database™. This accumulator engine will continue to get “smarter” over time, allowing biopharma companies to continue to support patient needs.

There is also variance in disease states. To date, RxCrossroads is not seeing the impact in retail products, although that is something that will continue to be monitored.

What can biopharma companies do?
Keep patients informed — Biopharma co-pay program sponsors can keep patients aware of accumulator plans to ensure patients make more informed health plan coverage decisions.

Build the support strategy — Next, brands can better predict a patient’s likelihood of being impacted by using tools and analytics, collect additional required patient information at enrollment into the co-pay program, and then proactively educate the patient.

Connect patient with alternative payment options — Brands may choose to provide patients with an additional reimbursement option.

Is my brand(s) impacted?
To find out how your brand may be impacted by accumulator plans, depicted in Figure 5., contact your RxCrossroads team to schedule an accumulator assessment analysis. Once this analysis is in place, your RxCrossroads account team can work with you to help build the best approach to respond to these market challenges.

Percent of Patients Impacted by Therapeutic Class*

*Based on patients supported by RxCrossroads by McKesson

©2019 McKesson Corporation. All rights reserved. MLS-409450