Policy Updates on Accumulators, Maximizers, AFPs and Beyond

Kevin Herwig
Health Policy Manager
HIV+Hepatitis Policy Institute

Copay Congress
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Summary of Plan Sponsors' Tools for Accessing Manufacturer Patient Support Funds to Offset Drug Spending

COPAY ACCUMULATOR

- Exclude a manufacturer's copay support from patient's deductible
- Patient responsible for full value of deductible
- Plan can capture the value of two deductibles
- Typically offered directly by the plan's PBM

COPAY MAXIMIZER

- Patient's out-of-pocket obligation set to maximum value of copay support
- Patient incurs minimal out-ofpocket costs
- Plan can capture the value of a drug's copay offset program (less vendor fees)
- Typically offered by a thirdparty vendor partnered with the plan's PBM

ALTERNATIVE FUNDING

- Coverage eliminated for selected specialty drugs. PAP pays for full drug cost.
- Patient incurs minimal out-ofpocket costs
- Plan can capture a drug's list price value (less vendor fees)
- Typically offered by a thirdparty vendor unaffiliated with the plan's PBM

PBM = pharmacy benefit manager

Source: Drug Channels Institute research. This chart appears as Exhibit 134 in The 2024 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers



DRUG CHANNELS INSTITUTE

An HMP Global Company



Comparing Plans: Traditional vs Maximizer vs Accumulator

Patient Insurance Max Out of Pocket: \$6,500

Copay Program: \$0 copay up to \$20,000

Annually

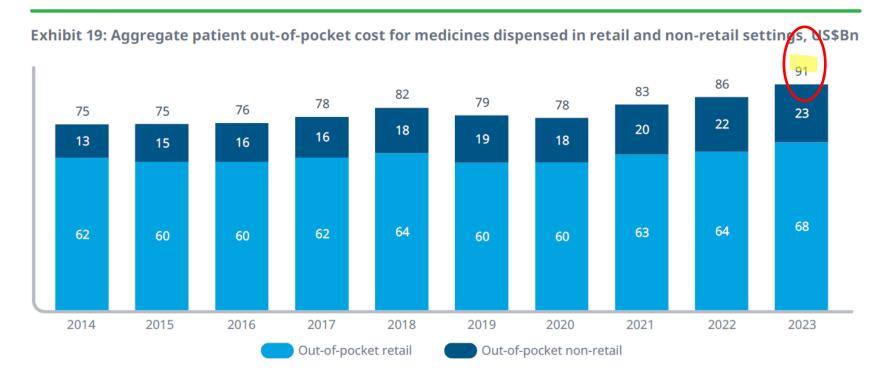
Traditional	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cost Share	\$4,500	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,500
Copay Funds	\$4,500	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,500
Patient ROOP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Maximizer	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cost Share	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$20k
Copay Funds	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$20k
Patient ROOP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Accumulator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cost Share	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$2,000	\$2,000	\$0	\$0	\$0	\$0	\$0	\$26,500
Copay Funds	\$4,500	\$4,500	\$4,500	\$4,500	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20k
Patient ROOP	\$0	\$0	\$0	\$0	\$2,500	\$2,000	\$2,000	\$0	\$0	\$0	\$0	\$0	\$6,500

PATIENT OUT-OF-POCKET COSTS

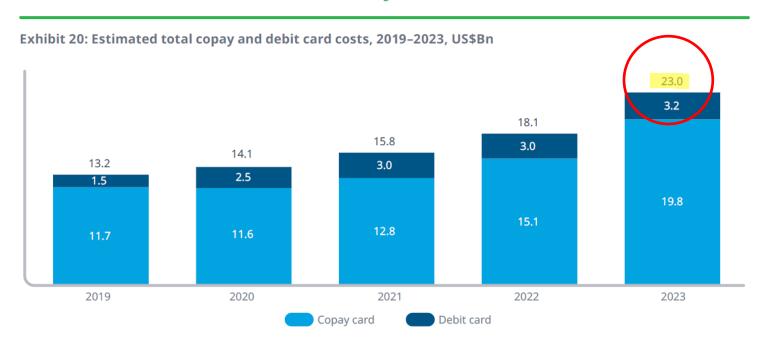
Out-of-pocket costs in aggregate reached \$91Bn in 2023, an increase of \$5Bn, with most of the increases in retail drugs



Source: IQVIA LAAD Sample Claims Data, CMS National Health Expenditures, Dec 2023; IQVIA Institute, Mar 2024.

PATIENT OUT-OF-POCKET COSTS

Manufacturer copay assistance offset patient costs by \$23Bn in 2023 and \$84bn over the last five years



Source: IQVIA LAAD 3.0 Claims Data, Xponent PlanTrak Projected Data, IQVIA US Market Access Strategy Consulting Analysis, Dec 2023.

Copay accumulator and maximizer programs accounted for \$4.8 Billion of copay assistance in 2023, more than double the amount attributed to these programs in 2019.



Court Strikes Down HHS Rule that Allowed Insurers to Not Count Copay Assistance Copay Assistance for Drugs Must Now Count in Most Instances

WASHINGTON (October 2, 2023) – In a major victory for patients who depend on prescription drugs, Judge John D. Bates of the U.S. District Court for the District of Columbia <u>struck down</u> a Trump administration federal rule that allowed health insurers to not count drug manufacturer copay assistance towards a beneficiary's out-of-pocket costs.

The <u>case</u> was brought against the U.S. Department of Health and Human Services by the <u>HIV+Hepatitis Policy Institute</u>, <u>Diabetes Leadership Council</u>, <u>Diabetes Patient Advocacy</u> <u>Coalition</u>, and three patients who depend on copay assistance and whose insurers implemented "copay accumulator" policies.

Next Steps on Copay Assistance

2020 NBPP now in effect

- Preamble: Copay assistance must count as cost-sharing for brands without generic
- Regulation: Accumulators may be allowed for brand name drugs with a generic alternative, if permitted by state law

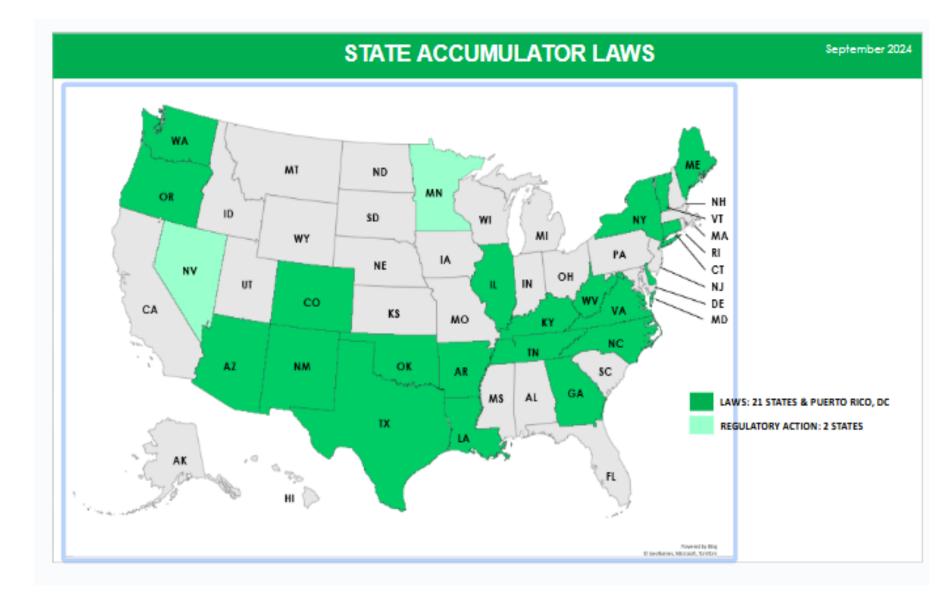
Federal Government

- This administration has said it will issue a rule clarifying definition of cost-sharing
- ► In meantime, will not enforce court decision

Federal & State Enforcement Needed

- Nevada & Minnesota are enforcing 2020 NBPP
- Congressional & State legislation







Nevada DOI now enforcing 2020 NBPP

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

Prescription Drugs (cont.)

- Issuers <u>must</u> include a separate tier (Tier 1) for Zero Cost Share Preventive tier in the Prescription Drug Template per NRS¹.
- Per Civil Action No. 22-2604 (JDB), HIV & Hepatitis Pol'y Inst. v. U.S. Dep't of Health & Hum. Servs., the Division is enforcing prior guidance to allow the exclusion of Rx coupons from cost-sharing limits **only in situations** where a generic is available.

¹NRS 689A.0418(9), NRS 689B.0378(10), NRS 689C.1676(9)

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https://doi.nv.gov/uploadedFiles/doinvgov/Content/Insurers/Life and Health/ACA Plans/PY25 NVMED %20Filing%20Guidance FINAL.pdf







Xavier Becerra before the House Committee on Energy and Commerce April 17, 2024. (House Committee on Energy and Commerce livestream)

Becerra repeatedly said in the hearing HHS would comply with the law and protect Medicare beneficiaries.

"This issue has absolutely nothing to do with the Medicare program," said Sarraille.

Copay accumulators and maximizers are not used by Medicare patients, he explained. Under the anti-kickback statute, usage of coupons on a federal program beneficiary is illegal.





PRESS RELEASE

April 2, 2024

Contact: Jen Burke jburke@hivhep.org (301) 801-9847

Federal Government Refuses to Enforce Copay Assistance Court Victory, But Moves to Stop Scheme of Classifying Drugs as "Non-Essential Health Benefits"

Will Also Issue Rule to Close Loophole for Large Group & Self-funded Plans

Washington DC... As part of the <u>final 2025 Notice of Benefits and Payment Parameters rule</u> issued today, the federal government completely ignored the D.C. District Court <u>decision</u> that struck down the rule allowing insurers not to count copay assistance for prescription drugs as part of patient cost-sharing. However, they do move to stop a new scheme that insurers and employers are engaged in: classifying certain drugs as "non-essential health benefits." In the final rule, CMS states that all covered drugs in excess of a state benchmark are essential health benefits.



HIV+Hepatitis Policy Institute <a> ©HIVHep · Sep 26

We ID'd 150+ Employers/Insurers using Vendors that designate Certain #Rx's as "Non-Essential Health Benefits" & pocket #CopayAssistance meant for #Patients. Biden-Harris admin said they'll issue rule to end this but clock is ticking #ProtectACA. Full list: bit.ly/3XdBkXw

- ✓ Bank of America
 - ✓ Chevron
 - ✓ Citi
 - ✓ Delta
 - ✓ Hilton
 - ✓ Home Depot
 - ✓ NewsCorp
 - ✓ Target
- ✓ United Airlines

- ✓ Carnegie Mellon
 - ✓ Duke
- ✓ George Washington
- ✓ New York University
 - ✓ Ohio State
 - ✓ Texas A&M
- ✓ University of Connecticut
 - √ Villanova
 - ✓ Yale

- ✓ Catholic Diocese of Columbus
 - ✓ Cleveland Clinic
 - ✓ New York Teamsters
 - ✓ Screen Actors Guild
 - ✓ State of Connecticut
 - ✓ State of Delaware
 - ✓ State of New Mexico
 - ✓ Mendocino County, CA
 - ✓ Orange County, FL



- Please note that manufacturer copay assistance may still be available to you without the plan or administrator's support; however, if you do not consent to SaveOnSP monitoring your pharmacy account, any costs not covered by manufacturer copay assistance may be your responsibility.
- Any payments made by you or the drug manufacturer for these specialty medications will not
 accumulate toward your out-of-pocket maximum. Additionally, copayments for these medications
 will continue even after you've met your plan's out-of-pocket maximum.

SaveOnSP Drug List

Effective as of July 1, 2024

The specialty medications included in the copay assistance benefit drug list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. The specialty medications included on this list will have a 30 percent coinsurance, which may be subject to change. By completing the manufacturer copay assistance program's enrollment process and consenting to SaveOnSP monitoring your pharmacy account, your final cost will be reduced. Specialty

medications will be filled through your approved specialty pharmacy.





Please call 800-683-1074 to participate. Once you've completed the manufacturer copay assistance program's enrollment process and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be reduced.

Abrilada Actemra Adalimumabadaz Adbry Adstiladrin Alecensa Alunbria Alymsys

Avvakit Bafiertam Balversa Benlysta Betaseron Biktarvv Bimzelx

Arcalyst

Austedo

Avonex

Bosulif Braftovi Brixadi Brukinsa Bylvay

Cabometyx Calquence Camzyos Cayston Cerdelga Cholbam

Cibingo Cimzia Columvi Cometriq Complera Copaxone Copiktra Cosentvx Cotellic Crysvita Cuvrior Cyltezo Cystadrops

Daybue Dojolvi Doptelet Dovato Dupixent

Edurant Egrifta Elrexfio Empaveli Enbrel Entyvio Epkinly Erivedge Exkivity

Gilotrif Glatopa Gocovri Granix Haegarda Halaven Harvoni Hulio Hyrimoz Ibrance Iclusig Idacio IDHIFA Ilaris Ilumya

Fasenra

Filspari

Fintepla

Firdapse

Fotivda

Fulphila

Fylnetra

Fylnetra

Galafold

Gattex

Gavreto

Genvova

Genotropin

G

Imbruvica Imcivree Increlex Ingrezza Inlyta Ingovi Inrebic Intelence lwilfin

Jakafi Javpirca Joenja Juluca Juxtapid Jynarque

Kalbitor Kalydeco Kesimpta Kevevis Kevzara Kineret Kisgali Kisqali Femara Co-Pack Koselugo

Ledipasvir/Sofo sbuvir Lenvima Litfulo Livmarli Lonsurf

Logtorzi Lorbrena Lumakras Lumryz Lupkynis Lynparza Lytgobi

Mayzent Mekinist Mektovi

Nerlynx Neulasta Neupogen Ngenla Ninlaro Nivestym Nourianz **Nplate** Nubega Nucala Nuplazid Nutropin Nyvepria

SaveOnSP Drug List

Ocaliva Odefsev Ravicti Odomzo Rebif Oasiveo Oiiaara Rinvoa Olpruva Olumiant Omnitrope Omvoh

Onurea Opsumit Orencia Orenitram Orfadin Orgovvx Orladevo Orserdu Otezla Oxbryta Oxervate

O

Palynziq Pemazyre Phesgo Pifeltro Pigray Plegridy Ponvory Prezcobix Procysbi Prolia Promacta Pulmozyme Pyrukynd

Ozurdex

O Qinlock

HIV drugs

Hepatitis C drugs

https://networkhealth.com/__assets/pdf /pharmacy/saveon-drug-list.pdf

Radicava Retevmo Rolvedon Rozlytrek Rukobia Rydapt

Scemblix Selzentry Serostim Signifor Silig Simponi Skyclarys Skyrizi sodium oxybate Sofosbuvir/Velp

atasvir Somavert Sotyktu Sovaldi Sprycel Stelara Stimufend Stivarga Strensig Stribild Sublocade Sucraid Syfovre Symdeko Symtuza Synagis

Tabrecta Tadlig Tafinlar **Tagrisso** Takhzvro Taltz Talzenna Tasigna Tavalisse

Tavneos Tazverik Tecentria Tegsedi Thalomid Tibsovo Tobi Tremfva

Trikafta Triumea Trugap Tukysa Turalio **Tymlos**

Udenyca

V Valchlor Vanflyta Vegzelma Venclexta Verzenio Vijoice Viracept Vistogard Vitrakvi Vizimpro

Vosevi Votrient Vowst Voxzogo Vumerity Vyjuvek Vyleesi Vyndamax Vyndagel

Welireg

Xalkori Xeljanz Xembify Xermelo Xolair Xospata **Xpovio** Xtandi

Yuflyma Yusimry

> Zarxio Zejula Zelboraf Zeposia Ziextenzo Zokinvy Ztalmy Zynyz

Next Steps on Non-EHB Loophole

- Individual market & small group plans
 - All covered drugs are EHB
 - Maximizers & some AFPs no longer allowed
- Large group & self-funded plans
 - ▶ This administration has said it will issue a regulations to do this
 - But was not included in draft 2026 NBPP
 - ► EHB loophole remains open
- Non-EHB loophole must be closed & copay assistance must count
 - Otherwise maximizers could be changed to accumulators, which are even worse for patients





PRESS RELEASE

October 4, 2024

Contact: Jen Burke jburke@hivhep.org (301) 801-9847

Biden-Harris Administration Sides with Insurers & Fails to Take Steps to Lower Patient Costs for Prescription Drugs

Promised Rules Not Included in Notice of Benefit & Payment Parameters
Proposal

Washington DC... In a shock to patients who are struggling to afford their prescription medications, the Biden-Harris administration has failed—again—to take steps to lower how much Americans pay for their drugs and instead, by their inaction, are continuing to allow big insurers and PBMs to profit from billions of dollars of drug manufacturer copay assistance that is meant for patients, not for insurers or PBMs.

In the <u>2026 Notice of Benefit and Payment Parameters rule</u> proposed today, although they state they still intend to do it, the administration failed to include promised new regulations on whether copay assistance will count as part of patient cost-sharing <u>and</u> that all drugs covered by large group and self-funded plans are to be considered essential health benefits.

"Every day these rules are delayed is another day that insurers and PBMs are pocketing billions of dollars meant for patients who are struggling to afford their drugs," commented **Carl Schmid, executive director** of the **HIV+Hepatitis Policy Institute**. "Coming from an administration that prides itself on supporting patients and lowering their prescription drug costs, this is a huge disappointment. While they have gone on record that they will issue these rules, the clock is ticking and there isn't much time left."

Thank you!

https://hivhep.org/copay-accumulator-litigation/

Kevin Herwig kherwig@hivhep.org

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