

The Impact of Patient Copay Accumulators and Maximizers on Out-of-Pocket Costs and Medication Persistence



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BACKGROUND

- Copay adjustment programs (CAPs), which include copay accumulators and maximizers, prohibit the application of copayment assistance program dollars to count toward a patient's out-of-pocket (OOP) deductible or OOP maximum.¹
- Research suggests that there are health equity differences in CAP exposure,² and that the use of these programs may lead to higher OOP costs for patients and lower adherence to medications.³

OBJECTIVE

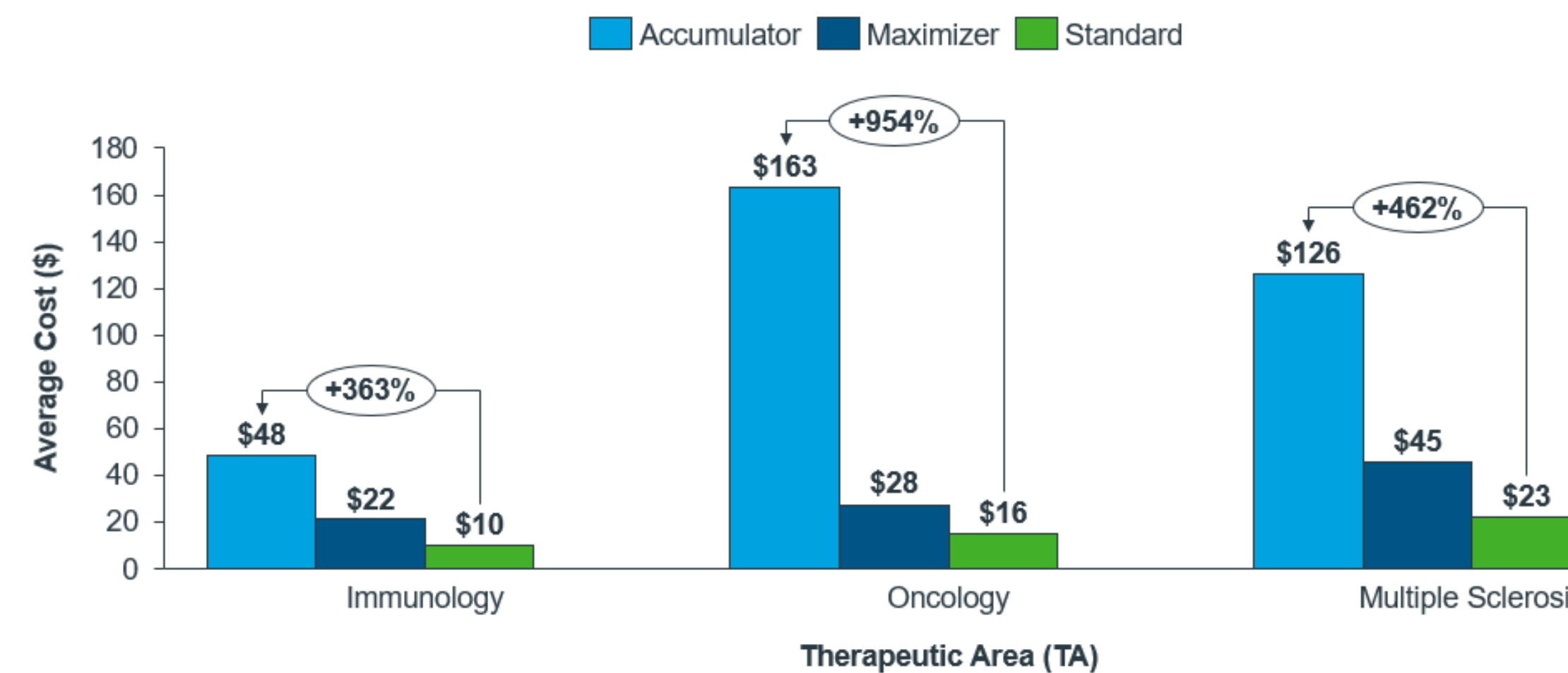
- This study assessed the impact of patient copay accumulators and maximizers on OOP costs, medication persistence and non-persistence, and compared findings to standard copay plans in 3 therapeutic areas within the commercial insurance space.

METHODS

- This study was a pooled, cross-sectional analysis, with data from IQVIA's Longitudinal Access and Adjudication Data linked to Experian consumer data between January 1, 2019, and December 31, 2021.
- Copay card flagging was used to help identify eligible patient cohorts.
- Patients were categorized into one of 3 copay cohorts:
 - Accumulators:** ≥ 3 prescriptions with: $>20\%$ of a drug's wholesale acquisition cost, or exceeding Affordable Care Act-mandated annual maximum, or decreasing copay card pay-as-little-as amounts, or unsuccessful manufacturer mitigation, shown as ≥ 2 prescriptions with equal and high copay card buydown amounts with minimal decreases in patient costs over time.
 - Maximizers:** ≥ 3 prescriptions at the same initial patient cost for a product within a therapeutic area (TA).
 - Standard copay plans:** Patients on a standard coinsurance or copay plan, or all other non-accumulator or maximizer patients.
- Medication persistence** (the percentage of days covered in the 365 days following the first medication in the study period), **non-persistence** (the percentage of patients who had to re-initiate therapy, attempt to reinitiate therapy, or discontinue therapy) and **average OOP** by claim and TA were analyzed for each cohort.

RESULTS

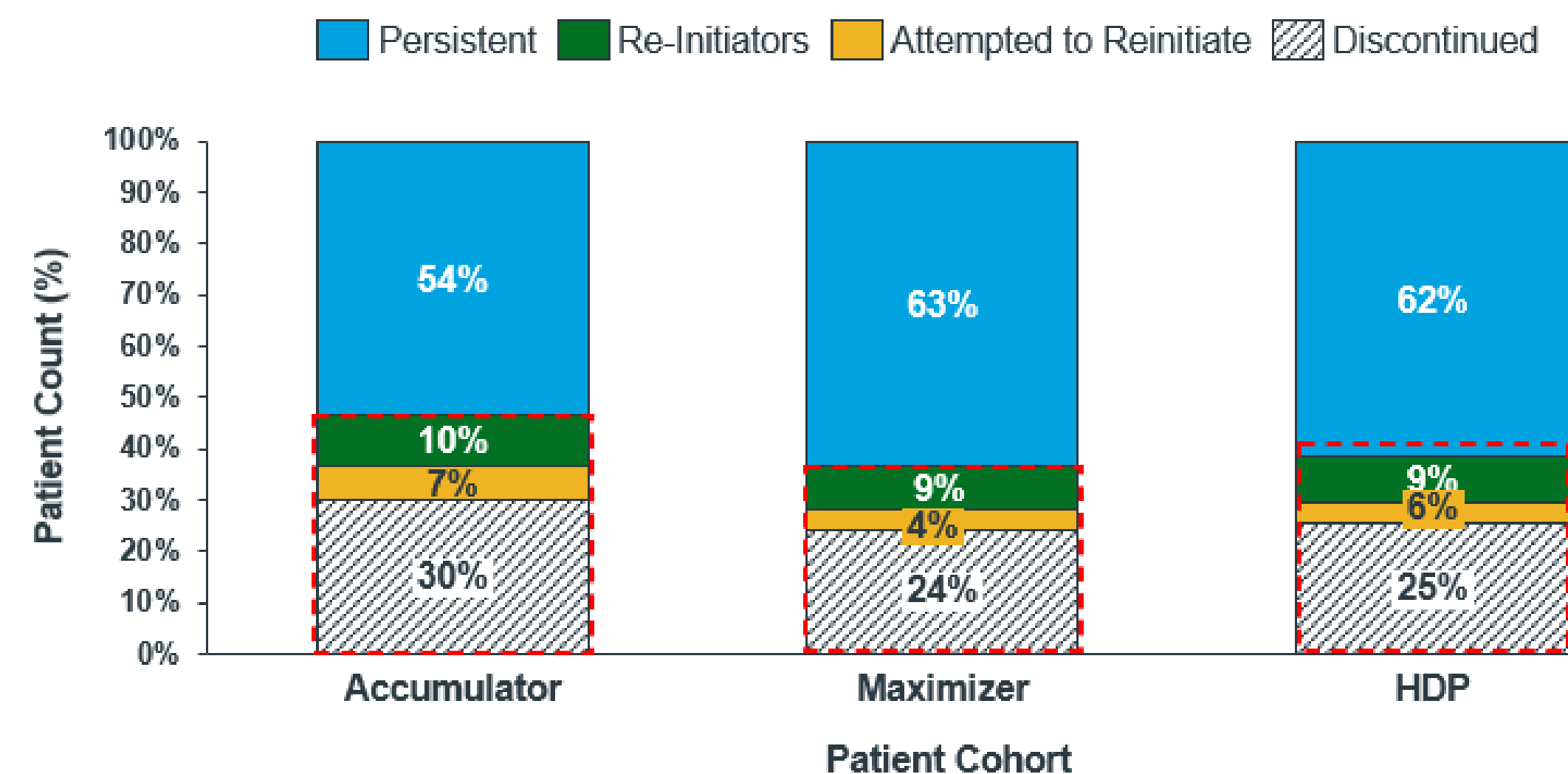
Figure 1. Average OOP Costs After Copay Assistance by Patient Cohort & TA



RESULTS (cont.)

- Of the 41,790 who met the selection criteria, 5,511 were categorized as accumulators, 2,544 were maximizers and 33,735 were standard patients.
- Across therapeutic areas, accumulator patients face OOP costs that are 4-10 times higher than standard copay patients (Figure 1).
- Accumulator patients have a lower proportion of persistent patients compared to the standard cohort, 54% vs. 62% over 13 months (Figure 2).

Figure 2. Persistence and Non-persistence by Patient Cohort



CONCLUSIONS & DISCUSSION

- The analysis indicates that accumulator patients experience higher OOP costs and less medication persistence compared to patients with standard benefit designs.
- These findings suggest that the implementation of copay accumulators leads to higher costs and adverse patient outcomes in the commercial insurance space.

REFERENCES

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