



Comprehensive
Care
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NATIONAL HEMOPHILIA FOUNDATION

NATIONAL HEMOPHILIA FOUNDATION on *Accumulator Adjustment Programs*

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.

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.

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

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



For patients with complex, chronic conditions like hemophilia, finding the right specialty drug treatment can be a long and difficult journey

- Factor replacement represents life-saving specialty drug therapies with no generic alternatives
- Patients infuse clotting factor replacement products prophylactically to prevent bleeds



A large percentage of patients with Hemophilia are vulnerable and therefore rely on copay assistance programs to mitigate the cost sharing obstacles from enabling them to access their life and death treatments.

- Copay assistance programs are offered by all manufacturers of hemophilia specialty biologics and therefore not being used to drive patients to one product over the other



Copay Accumulator Programs Interfere with a Vital Lifeline for Patients with Chronic Conditions Necessitating Specialty Drugs

- Accumulator Adjustment Programs negate the benefits of copay assistance programs for those with a chronic/rare disease with no generic alternatives and 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

For questions or inquires contact:

Kollet Koulianos, MBA
Senior Director Payer Relations
309.397.8431
kkoulianos@hemophilia.org

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Jointly sponsored by the



CCSC is supported by charitable donations from founding supporter, Shire, and additional support from Bioverativ and Genentech, Inc.

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