

Strategy	Description	Stakeholder/Role	💰 Cost-Shift	🏠 Unintended Consequences	📈 Trend
Alternative Funding Schemes	Behind-the-scenes companies help health plan sponsors take advantage of drug manufacturer patient assistance programs to provide specialty medicines to patients for free	Operated by third-party organizations or outside vendors who retain as much as 30% of the savings Used by plan sponsors, usually employers who fund their own health coverage Although insured beneficiaries have paid premiums that include drug coverage, plan sponsor excludes coverage of certain specialty drugs and the outside vendor helps patients circumvent traditional coverage via assistance programs	Plan sponsors no longer have to pay for medicines, shifting the cost to the drug manufacturer, who may rescind patient assistance when they are aware of the third party intervention Eligible members may also drop their commercial coverage and enroll in Marketplace or Medicaid plans	Patients may have to wait a substantially longer amount of time to obtain necessary treatments, resulting in adverse consequences and emergency service utilization	Increasing adoption since 2020 ↑
Copay Accumulator Adjustment Programs (CAAPs)	Value of a manufacturer's copay support/assistance contribution is excluded from the patient's annual deductible and out-of-pocket maximum obligations	Operated by PBMs or the health plans themselves Used by health plans	Reduce the plan's expense by shifting a greater share of prescription costs to patients and manufacturers Plan effectively captures the value of two deductibles	Patients may face unmanageable costs, as they do not reach their deductible and must pay out-of-pocket throughout the benefit year; Emotional distress can occur when the changes are made with little to no notice from their insurer Financial burden may lead patients to forgo medication use or seek care in the high-cost emergency and hospital settings	Adoption has plateaued →
Copay Maximizers	Patient's out-of-pocket obligations are set to equal the maximum value of a manufacturer's copayment program	Operated by PBMs or the health plans themselves and used by the health plan Plans must deem certain specialty drugs to be "non-essential health benefits;" these drugs are still covered by the plan but not subject to the ACA requirements and can be removed from the out-of-pocket maximums required by the ACA To avoid high costs, the patient must enroll in a separate copay maximizer program	Reduce the plan's cost by shifting drug costs to manufacturers; Maximum value of copay assistance is applied evenly throughout the benefit year Typically shield patients from significant (or any) out-of-pocket exposure	Patients avoid some of the adherence and affordability problems of accumulators but may still face greater financial burden and administrative burden navigating insurance issues	Adoption is increasing and has overtaken that of CAAPs ↑

*As of May 2024

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CCSC is supported by charitable donations from founding supporter Takeda, and additional support from BioMarin, Biotechnology Innovation Organization, Bleeding & Clotting Disorders Institute, CSL Behring, Genentech, Inc., Gulf States Hemophilia and Thrombophilia Center, Louisiana Center for Bleeding and Clotting Disorders, Sanofi, and Spark Therapeutics. Copay Accumulator Adjustment Program (CAAP) Outreach is supported by AbbVie, Inc. Copyright 2024 © National Bleeding Disorders Foundation. All rights are reserved.