How Insurers Divert Co-Pay Support Meant for Patients

When insurers make co-pays unaffordable for patients, drug manufacturers often fill the gap, providing co-pay support directly to patients. But **through programs called "accumulators" and "maximizers," these same insurers have devised ways to take that support for themselves** or block it from counting toward patients' deductibles. In many cases, patients are stuck with surprise costs.

Co-Pay Diversion Programs in Employer-Sponsored Health Plans

68% / 56%

In 2020, 68% and 56% of commercially covered lives have accumulators and maximizers* respectively, as part of their benefit design[a]

24%

24%** of firms with 1,000 or more workers had a co-pay accumulator program in place in 2021[b]

* The data came from MMIT's 2020 survey of 50 managed care plans with 127.5 million covered lives. These figures show the share of covered lives in plans that have accumulators and maximizers as part of the benefit design. However, individual plan sponsors can choose not to implement them, so the actual share of lives could be lower than the figures shown above.

**Note: Estimate is statistically different from estimate for all other firms not in the indicated size category. ($P < 0.05$).

Who Do These Programs Affect the Most?

Accumulators and maximizers place a disproportionate burden on **historically marginalized communities, further exacerbating gaps in health equity.** In an analysis controlling for differences in age, gender, existing health disparities, household income and other variables:[c]

1. Non-white patients were as likely as white patients to use co-pay cards, but were...

31%

more likely to be exposed to accumulators***

27%

more likely to be exposed to maximizers***

2. Patients exposed to high drug cost burden are significantly more likely to be exposed to a maximizer or accumulator program, regardless of disease.

***This was an analysis of 172, 374 patients.

IQVIA® Longitudinal Access and Adjudication Data (LAAD) linked to Experian™ Marketing Solutions LLC consumer data between Jan 1, 2019, and Sep 30, 2021. Identified unique patients with commercial insurance, ≥1 pharmacy claim (within prespecified therapeutic areas) and sufficient paid cost data. Patients designated as co-pay card users were classified into 4 cohorts following prespecified rules (Accumulators, Maximizers, Traditional, Unknown). Multivariable logistic/multinomial regression examined associations of race and ethnicity with co-pay card usage/CAP prevalence, respectively, adjusting for age, gender, household income, patient state of residence, PBM, state-level CAP policy, and prior year annual drug cost. All analyses assume a 2-tailed significance test, $P < 0.05$.

Janssen Believes

Patient assistance belongs to patients alone.

Unaffordable cost sharing and overly restrictive formularies create barriers to access that must be addressed.

Insurance design that exacerbates racial and socioeconomic health disparities must be reformed.

a. MMIT Data and Drug Channels Institute. *"Co-pay Accumulator and Maximizer Update: Adoption Accelerating As Pushback Grows."* November 17, 2020. https://www.drugchannels.net/2020/11/co-pay-accumulator-and-maximizer-update.html, Accessed November 1, 2022.

b. Kaiser Family Foundation, *2021 Employer Health Benefits Survey*, Section 13: Employer Practices, Telehealth and Employer Responses to the Pandemic, Figure 13.19. https://files.kff.org/attachment/Report-Employer-Health-Benefits-2021-Annual-Survey.pdf, Accessed November 1, 2022.

c. Ingham M et al. Assessment of prevalence and patient characteristics of patients using co-pay cards and those enrolled in co-pay adjustment programs. *J Manag Care Pract*. 2022 Oct;28(10-a):S108. Presented at AMCP Nexus Conference, October 13, 2022.

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