

## Copay Accumulators Overview

Many cancer patients struggle to afford the cost of their prescription drugs. To help with cost sharing, pharmaceutical manufacturers and charitable organizations may offer copay assistance. However, some enrollees are subject to copay accumulator programs which restrict how this assistance can be applied towards an enrollee's maximum out-of-pocket (MOOP) limit.

For a detailed example, please refer to ACS CAN's [Copay Accumulators Sample Scenario](#).

## How Do Copay Accumulator Programs Impact Patients?

For many patients, copay assistance is the only way they can afford the cost sharing required for their prescription drugs. Copay accumulator programs, however, prevent patients from fully benefiting from this assistance, shifting the financial responsibility from health plans to patients. When a health plan includes a copay accumulator program, the assistance the patient receives does not count towards their MOOP limit. As a result, it takes longer for the enrollee to reach their MOOP, and they pay more in cost sharing over the course of the year. Without a copay accumulator program, the enrollee would reach their MOOP sooner and spend less overall – savings that instead go to their insurer. Copay accumulator programs primarily benefit insurers – who avoid covering the costs that would otherwise count toward the MOOP – while patients continue to pay cost sharing throughout the year.

## How Do Copay Accumulator Programs Work at the Pharmacy?

Ordinarily, an enrollee presents a prescription at the pharmacy, the pharmacy fills the prescription and collects the individual's cost sharing (copayment or coinsurance). The pharmacy gets reimbursed by the enrollee's health plan for the remaining cost of the drug (minus the copayment the pharmacist collected).

When copay assistance is used, the pharmacy processes it as secondary coverage, and the health plan or pharmacy benefit manager (PBM), which manages prescription claims for the health plan, receives a claim listing the patient's and third-party's payment amounts separately.

When a health plan includes a copay accumulator program, the health plan/PBM excludes the third-party payment amount (copay assistance) from the MOOP. As a result, the patient pays more in out-of-pocket costs over the plan year.

## ACS CAN's Position

ACS CAN supports the use of copay assistance because many individuals would otherwise be unable to afford the cost sharing associated with their prescription drugs. Therefore, we oppose any legislative efforts to prohibit the use of copay assistance (and prevent such assistance from counting towards an individual's MOOP) unless the prohibition is limited to instances when a lower cost generic or interchangeable alternative exists and is covered by the patient's plan.

ACS CAN does not support copay accumulator programs unless the use is limited to instances when a generic or interchangeable alternative exists and is covered by the patient's plan/PBM.