

# **Diversion of Patient Copay Assistance by Insurers, PBMs & Third-Party Vendors**

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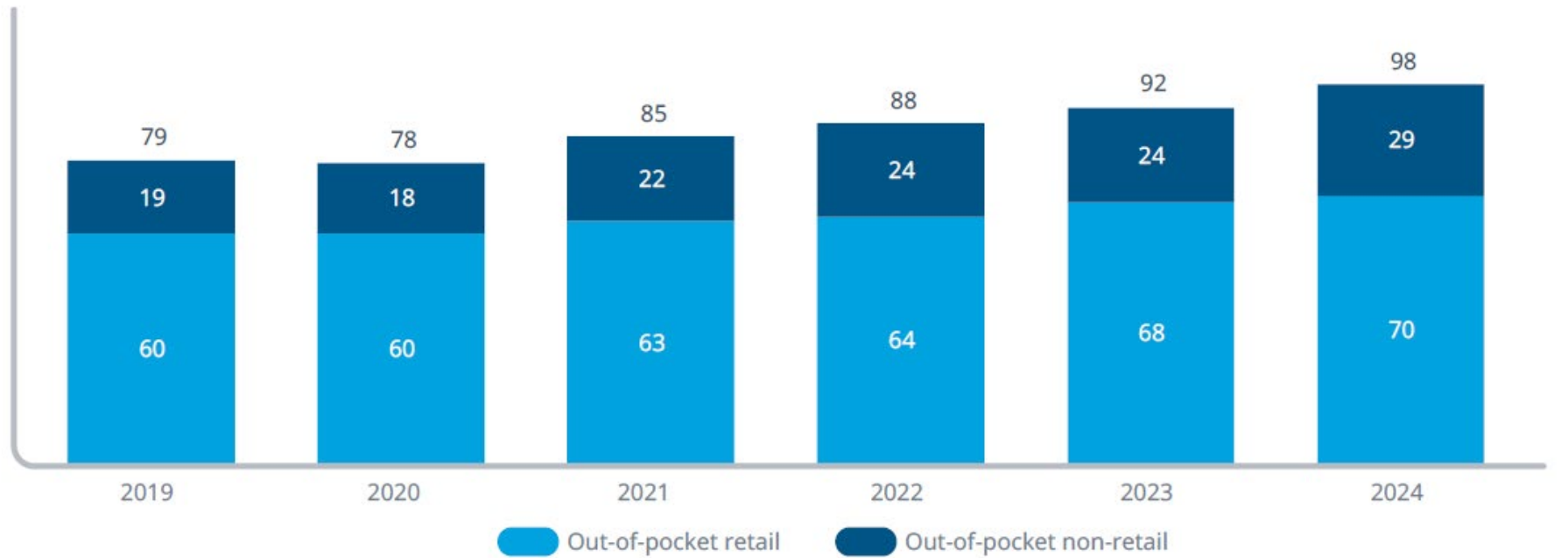
*NAIC Prescription Drug Coverage (B) Working Group  
May 12, 2025*



PATIENT OUT-OF-POCKET COSTS

Patient out-of-pocket costs in aggregate reached \$98Bn in 2024, an increase of \$6Bn, with most of the increase in non-retail drugs

Exhibit 23: Aggregate patient out-of-pocket cost for medicines dispensed in retail and non-retail settings, US\$Bn



Source: IQVIA LAAD Sample Claims Data, CMS National Health Expenditures, Dec 2024; IQVIA Institute, Mar 2025.

## Hospital Care vs. Prescription Drugs, Total Spending and Consumer Out-of-Pocket, 2022

■ Hospital care ■ Outpatient prescription drugs

For 2022, total U.S. spending on hospital care was \$949 billion **higher** than prescription drug spending.

However, consumers' out-of-pocket spending for hospital care was \$21 billion **lower** than consumers' out-of-pocket spending for outpatient prescriptions.

Billions

\$1,355.0

\$405.9

Total U.S. spending

Patient out-of-pocket cost  
as share of total spending

2.6%

\$35.4

14.0%

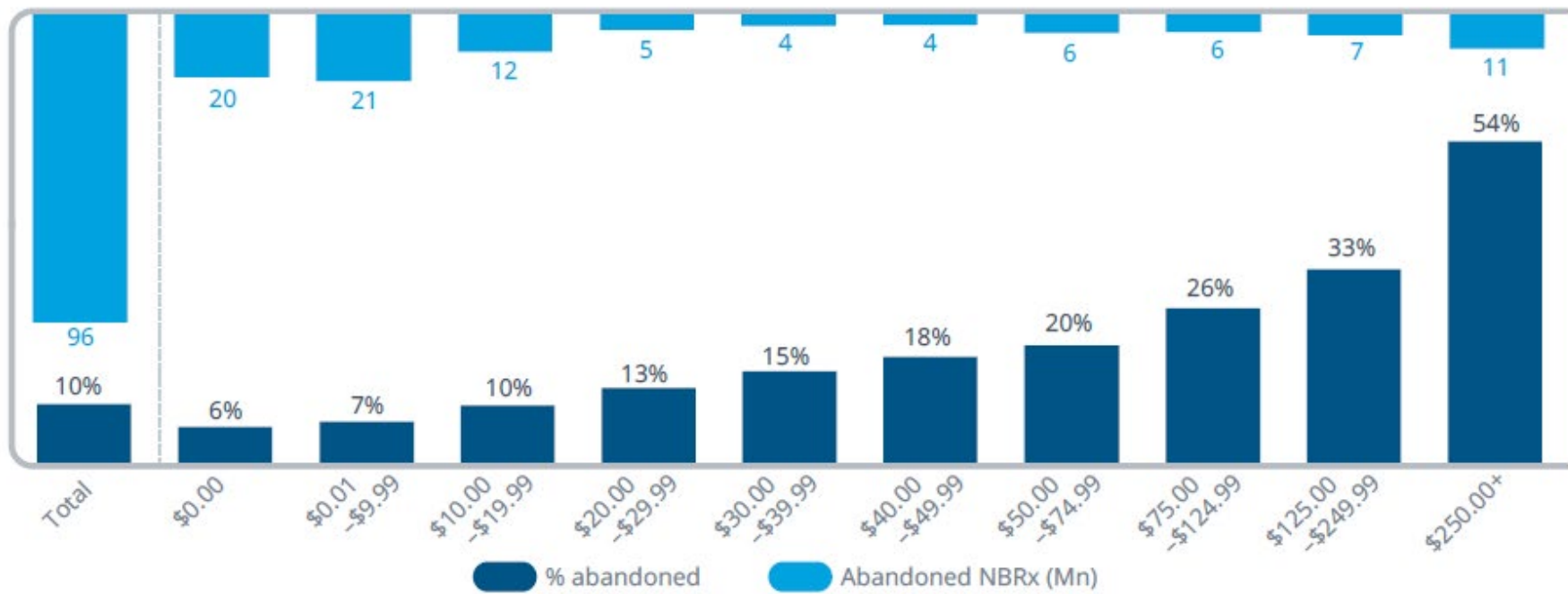
\$56.7

Total consumer  
out-of-pocket spending

Source: Drug Channels Institute analysis of National Health Expenditure Accounts, Office of the Actuary in the Centers for Medicare & Medicaid Services, 2023.  
Outpatient prescription drug figures exclude inpatient prescription drug spending within hospitals and nearly all provider-administered outpatient drugs.

# Patients starting new therapy abandoned 96Mn prescriptions at pharmacies in 2024 with increasing frequency as costs rise

Exhibit 36: 14-day abandonment of new-to-product prescriptions by final out-of-pocket cost in 2024, all payers, all products

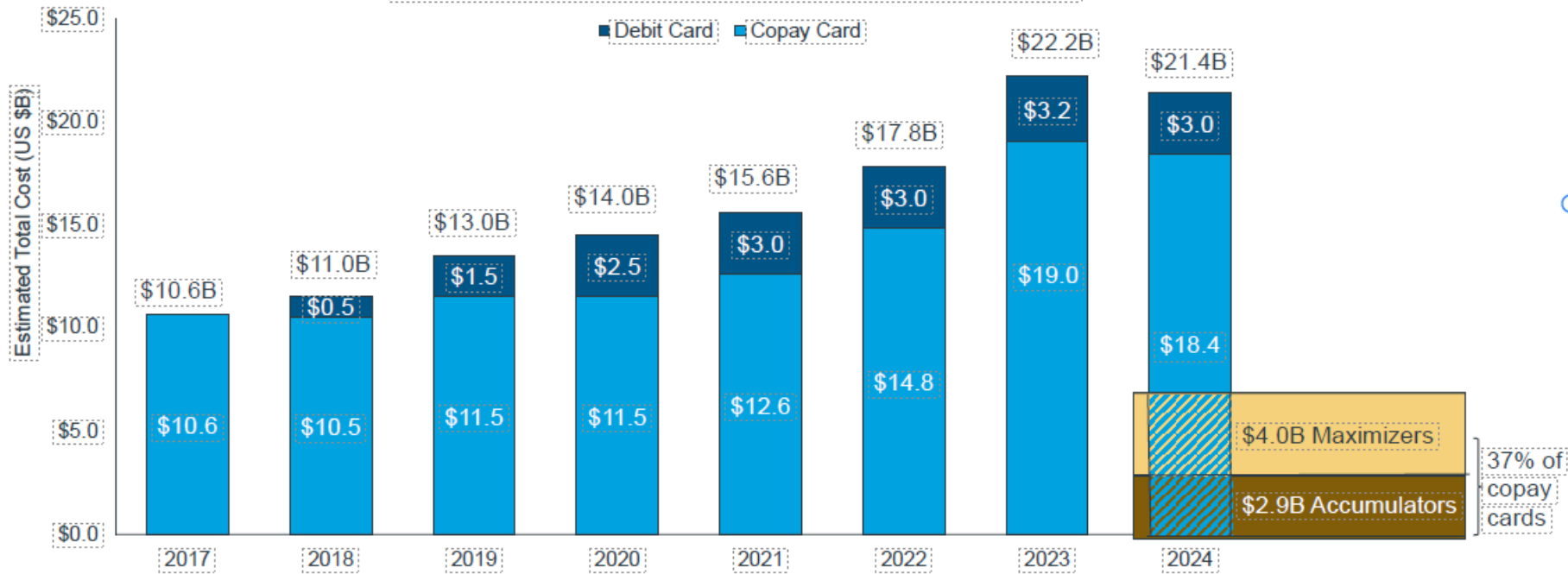


Source: IQVIA National Prescription Audit: New to Brand, LAAD Sample Claims Data, Dec 2024; IQVIA Institute, Mar 2025.

# Manufacturer copay cards bought down over \$21B of patient costs in 2024 with \$6.9B attributed to copay accumulator and maximizer programs

*Costs due to accumulators/maximizers grew from 22% in 2023 to 37% in 2024*

**Estimated Total Copay Cards and Debit Cost Trends**  
(All Brands; Commercial/Assistance)



Note: Estimate does not capture point-of-sale programs like denial conversion, eVouchers, and other non-traditional support  
Vaccines and Respiratory excluding flu excluded  
Source: IQVIA LAAD 3.0 Claims Data; Xponent PlanTrak Projected Data; IQVIA US Market Access Strategy Consulting Analysis

# Comparing Plans: Traditional vs Maximizer vs Accumulator

Patient Insurance Max Out of Pocket: \$6,500

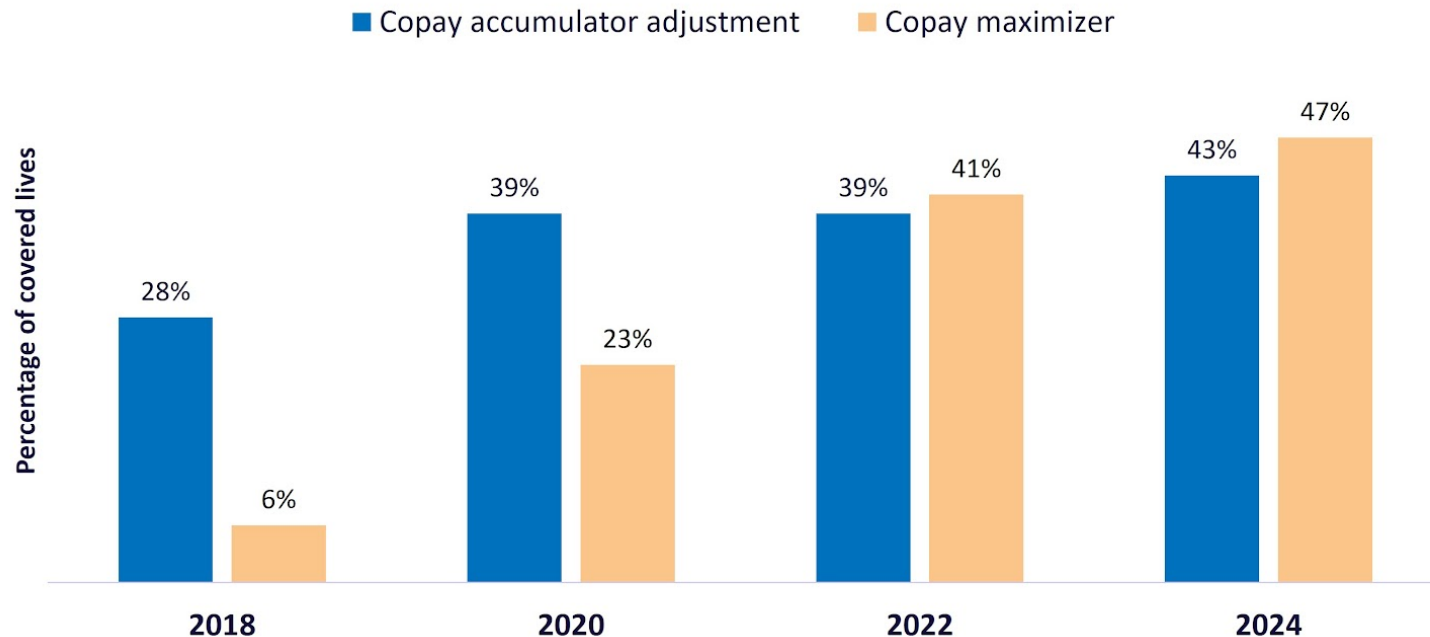
Copay Program: \$0 copay up to \$20,000  
Annually

Traditional	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cost Share	\$4,500	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,500
Copay Funds	\$4,500	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,500
Patient ROOP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Maximizer	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cost Share	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$20k
Copay Funds	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$20k
Patient ROOP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Accumulator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cost Share	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$2,000	\$2,000	\$0	\$0	\$0	\$0	\$0	\$26,500
Copay Funds	\$4,500	\$4,500	\$4,500	\$4,500	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20k
Patient ROOP	\$0	\$0	\$0	\$0	\$2,500	\$2,000	\$2,000	\$0	\$0	\$0	\$0	\$0	\$6,500

# Copay Accumulator Adjustment and Copay Maximizers, Implementation in Commercial Insurance, 2018 to 2024



Source: Drug Channels Institute analysis of MMIT data; Drug Channels Institute estimates. Sample for 2018 includes 49 PBMs and payers representing 147 million commercially insured covered lives. Sample for 2020 includes 50 PBMs and payers representing 127.5 million commercially insured covered lives. Sample for 2022 includes 35 PBMs and payers representing 121.5 million commercially insured covered lives. Sample for 2024 includes 35 PBMs and payers representing 121 million commercially insured covered lives.

Published on *Drug Channels* ([www.DrugChannels.net](http://www.DrugChannels.net)) on February 12, 2025.

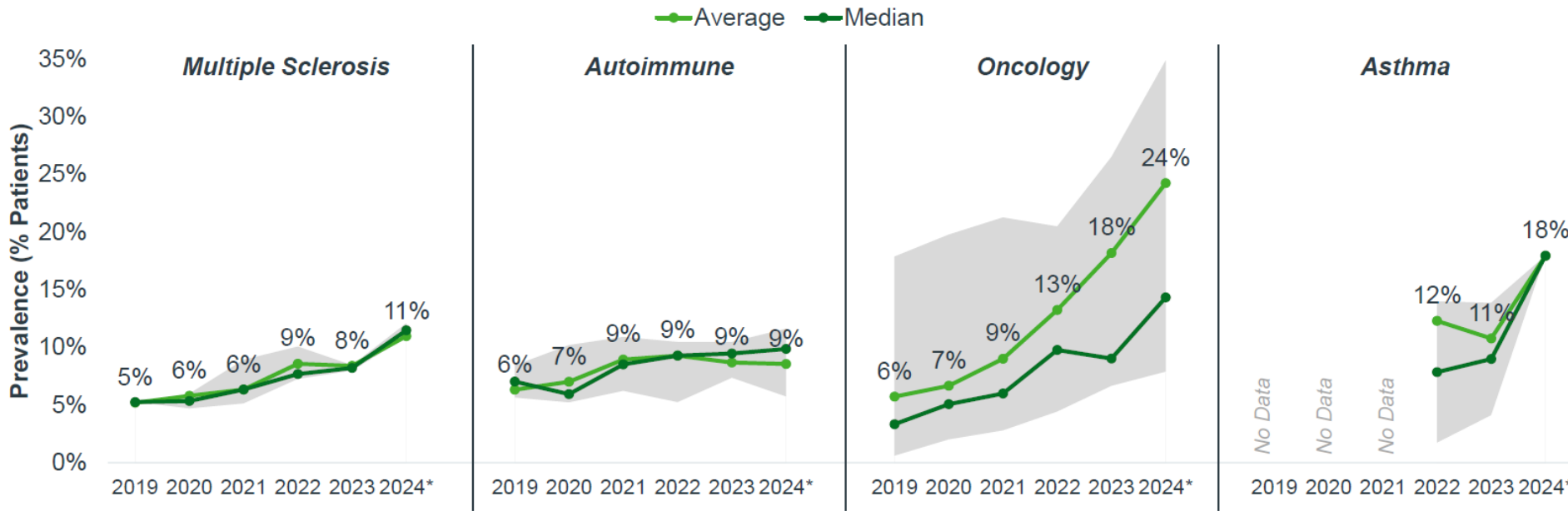


**DRUG CHANNELS INSTITUTE**  
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# Deductible accumulators continue to increase across specialty markets and are especially high among oncologics

**Deductible Accumulator Prevalence Range and Trend**  
*Commercial, Select Specialty Medicines*



\*2024 is predicted based on five months of data  
Note: Sample is limited to 21 self-administered, specialty brands and biosimilars; prevalence measured as a proportion of all support-program-using patients  
Source: IQVIA, US Market Access Strategy Consulting analysis



# ACA Law & Current Definition of Cost-Sharing

## ▶ **ACA Definition of cost-sharing:**

“deductibles, coinsurance, copayments, or similar charges; *and any other expenditure required of an insured individual* which is a qualified medical expense.”

- Does not indicate where money comes from

## ▶ **ACA regulations for cost-sharing**

“any expenditure required by *or on behalf of an enrollee* with respect to essential health benefits,” including deductibles, coinsurance, copayments, or similar charges”



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PATIENT  
ADVOCACY  
COALITION



## **Patient Groups File Suit to End Policy That Prohibits Copay Assistance from Counting Toward Patients' Out-of-Pocket Spending**

### ***Harmful Insurer & PBM Policy Increases Prescription Drug Costs for Patients***

WASHINGTON (August 30, 2022) – Today, the [HIV+Hepatitis Policy Institute](#), the [Diabetes Leadership Council](#) (DLC), and the [Diabetes Patient Advocacy Coalition](#) (DPAC), representing 42 million people, [filed suit](#) in the U.S. District Court for the District of Columbia challenging a federal rule that allows health insurers to avoid counting the value of drug manufacturer copay assistance toward patients' out-of-pocket cost obligations.



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## **Court Strikes Down HHS Rule that Allowed Insurers to Not Count Copay Assistance**

### ***Copay Assistance for Drugs Must Now Count in Most Instances***

WASHINGTON (October 2, 2023) – In a major victory for patients who depend on prescription drugs, Judge John D. Bates of the U.S. District Court for the District of Columbia [struck down](#) a Trump administration federal rule that allowed health insurers to not count drug manufacturer copay assistance towards a beneficiary's out-of-pocket costs.

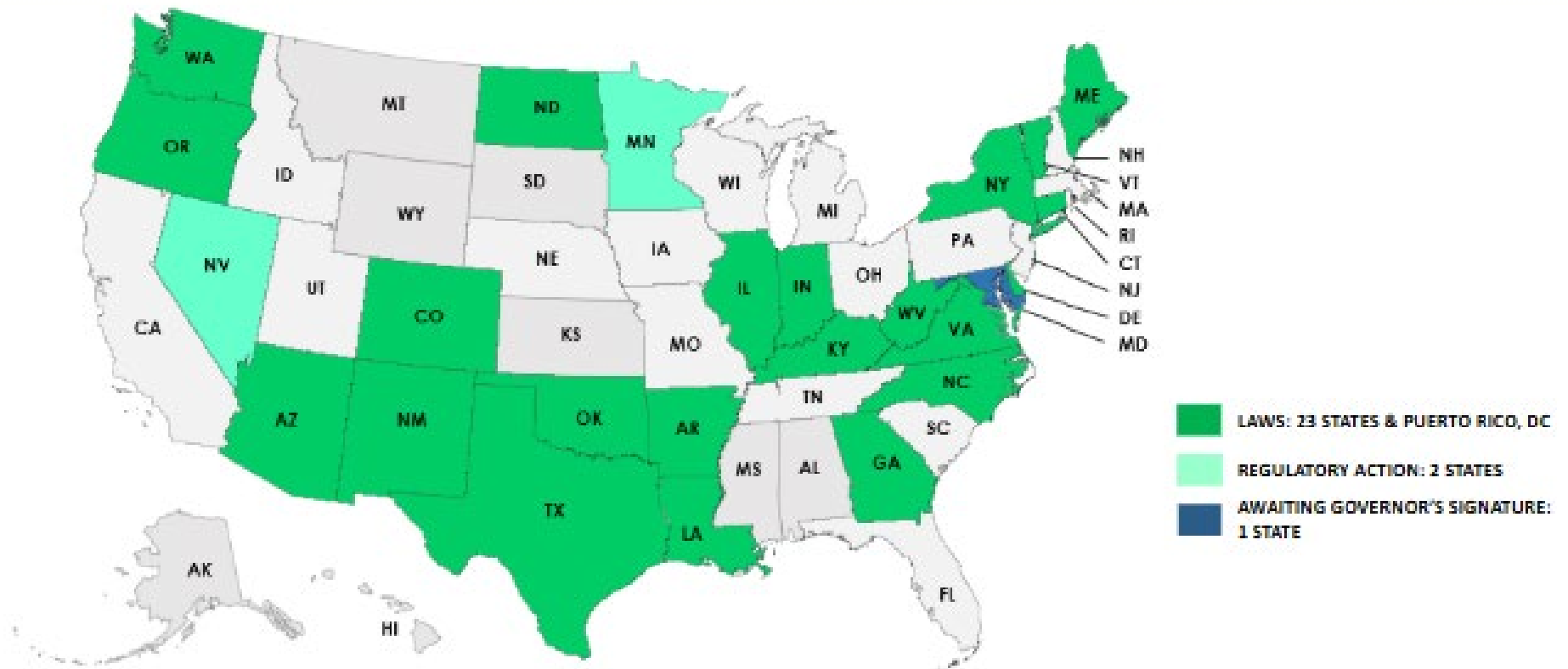
The [case](#) was brought against the U.S. Department of Health and Human Services by the [HIV+Hepatitis Policy Institute](#), [Diabetes Leadership Council](#), [Diabetes Patient Advocacy Coalition](#), and three patients who depend on copay assistance and whose insurers implemented “copay accumulator” policies.

# 2020 Notice of Benefits & Payment Parameters Rule

“Notwithstanding any other provision of this section, and to the extent consistent with state law, **amounts paid toward cost sharing using any form of direct support offered by drug manufacturers** to enrollees to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs that **have an available and medically appropriate generic equivalent** are not required to be counted toward the annual limitation on cost sharing (as defined in paragraph (a) of this section).

# STATE ACCUMULATOR LAWS

May 2025



Presented by: Big  
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# MS Patient Story

- Relies on co-pay assistance, previously applied to \$6,000 deductible, is now excluded, creating financial strain.
  - *When I visited the pharmacy, I was told that my deductible had not been met. To this day, I have not received any communication from BC/BS of Illinois regarding this issue.*
  - *Every time I speak with BC/BS, I feel ignored. They treat me like I am trying to avoid paying my deductible. I've had representatives imply that I'm attempting to get something for free.*
  - *Unfortunately, this situation has made me quite anxious. I have spent days on the phone trying to understand what happened.*
  - *Despite this ruling, I am still perplexed by the information I receive from insurance companies*

# Thank you!

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