

Ask the Expert

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Q: Recently I received a notice from my pharmacy benefit manager (PBM) stating that the amount paid by my factor manufacturer assistance program does not count toward my deductible and copay. Is this correct?



A Unfortunately, yes. Health plans, specifically high-deductible plans offered by self-insured employer groups, have implemented one of two programs designed to drive savings by ensuring that patients personally share in the cost of healthcare. The programs are often called either an “Accumulator Adjustment Program” or a “Copay Maximum Allowance Program.”

Q Why were these programs implemented?

A The PBMs argue that a patient who has no “skin in the game” will potentially choose higher-cost drugs and get unnecessary tests, procedures, and labs. PBMs also worry that a manufacturer’s copay assistance programs can be used to incentivize patients to choose non-preferred drugs (such as the manufacturer’s) without considering cost, because the patients’ out-of-pocket cost would be zero.

Q But this means that our costs are higher, or that we may not be able to get the drug we want or need. What is NHF’s position on these programs, and what is it doing to help patients?

A NHF sees the value of using cost reduction programs or other mechanisms aimed at lowering payer costs only when generic alternatives are available or the medications are considered low value (not necessary). NHF strongly feels that adopting these programs for patients who use high-cost or high-value (lifesaving) drugs with no generic alternatives, and who have high-deductible plans, have the reverse effect—leading to increased costs for both patients and payers.

NHF is partnering with National Alliance of Healthcare Purchaser Coalitions, a national nonprofit 501(c)(6) that is a membership organization of purchaser-led healthcare coalitions (self-insured employer groups or institutions), to produce and deliver a webinar to its member agencies including self-insured employer groups. The webinar will explain the unintended consequences that cost reduction programs may have on people affected by chronic conditions requiring high-cost, specialty therapies with no generic alternatives. —

