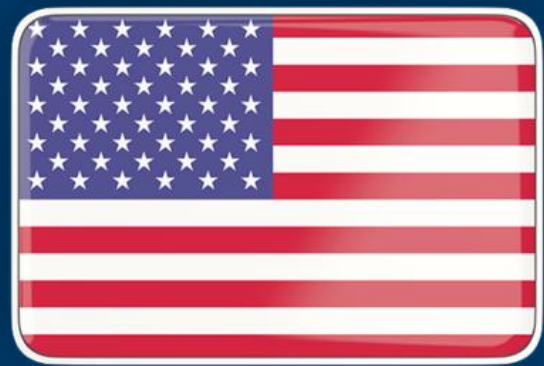


US Stakeholder Perspectives on Accumulators, Maximizers, and Alternative Funding Programs: Implications for Patient Affordability and Outcomes Research

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Objective(s)

- **High-cost specialty therapies can create significant financial burden for patients in the United States. Meanwhile, payers and employers often adopt copay accumulators, maximizers, and alternative funding programs (AFPs) as mechanisms to reduce plan spending, with an unclear impact on patient affordability and adherence.**
- **This research aimed to gather multi-stakeholder perspectives (payers, employers, patient advocacy groups, and key opinion leaders) on these programs and identify strategies for ensuring patient-centric, sustainable coverage in the US market.**

Methods

A qualitative, web-based survey was fielded via the Rapid Payer Response™ online portal (RPR®) over a three-week period in October–November 2024. The sample included 16 payers, 3 employer benefits service specialists, 2 patient advocacy group representatives, and 2 physician KOLs (**Table 1**).

Table 1. Survey respondents

Payers <i>Selected payers confirmed that they currently implement accumulators / maximizers and/or AFPs</i>	Large National Commercial MCO Pharmacy Directors (4)	99,000,000 total covered lives
	Large Regional Commercial MCO Pharmacy Directors (4)	24,900,000 total covered lives
	IDNs with Health Plans (4)	2,975,000 total covered lives
	PBMs (4)	159,000,000 total covered lives
Employer benefits service specialists	Benefits Service Specialist at a large healthcare system of hospitals (1)	
	Benefits Service Specialist at a large retail corporation (1)	
	Benefits Service Specialist at a large technology company (1)	
Patient advocacy group representatives	HIV patient advocate (1)	
	Autoimmune disease patient advocate (1)	
Physician KOLs	Oncologist (1)	
	Infectious disease specialist (1)	

Table 2. Definitions

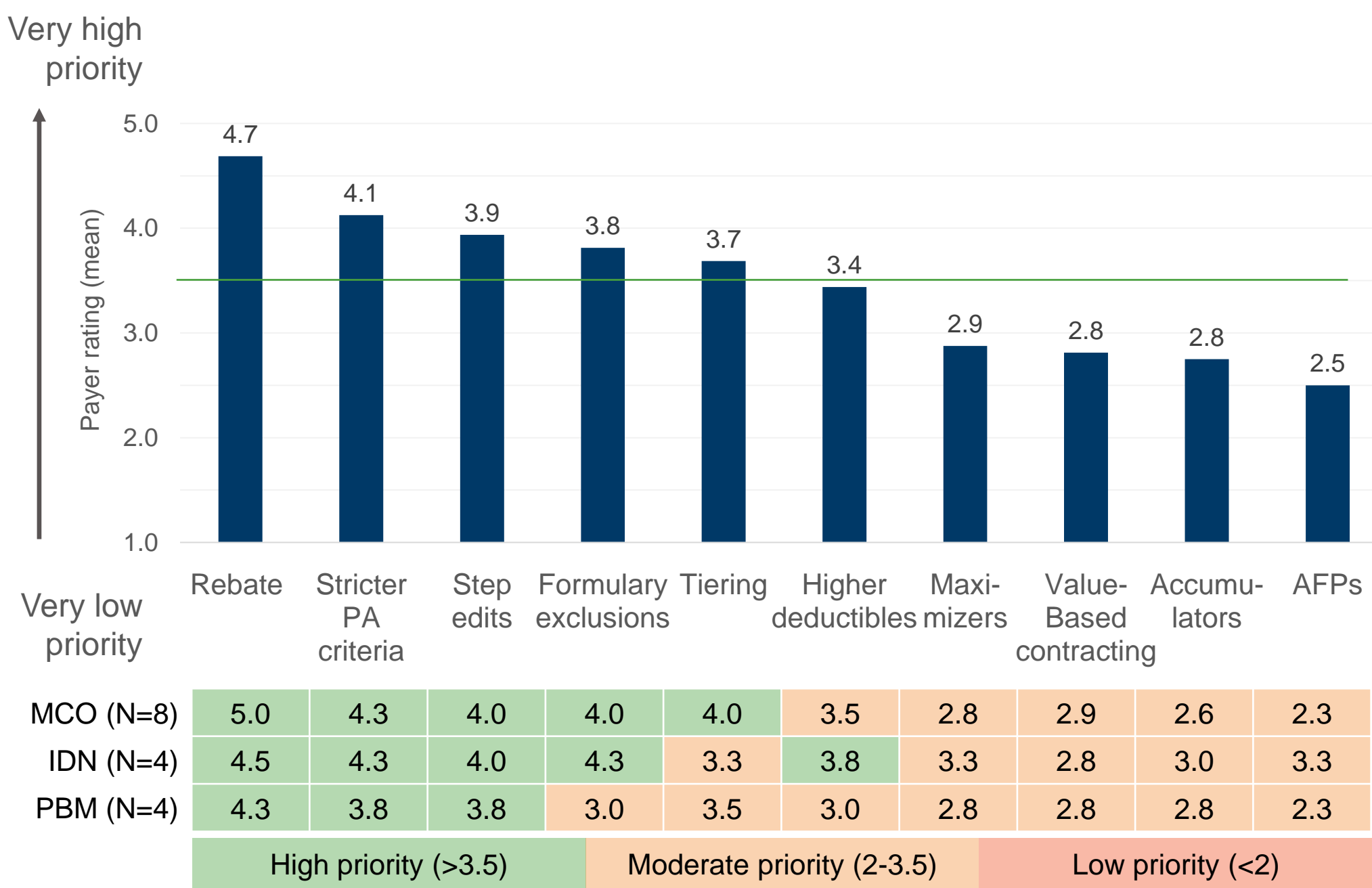
All survey respondents were asked to review the following definitions before answering the questions (**Table 2**):

Copay Accumulator (accumulator)	In accumulator programs, drug manufacturer financial assistance is applied towards a patient's drug cost as it is incurred throughout the year, but the financial assistance amount does not count towards the patient's deductible or out-of-pocket (OOP) maximum.
Copay Maximizer (maximizer)	A maximizer program sets an individual's cost-sharing amount to be the maximum value of the manufacturer's copay assistance, applied evenly throughout the year. Maximizers also include an accumulator component in that this assistance does not count towards the person's deductible and out-of-pocket maximum.
Alternative Funding Program (AFP)	AFPs exclude most or all specialty drugs from the plan's formulary, and the patient technically has no coverage for the specialty drug. A third-party carve-out vendor helps the patient apply for patient assistance funds from the manufacturer's charitable foundation.

Results

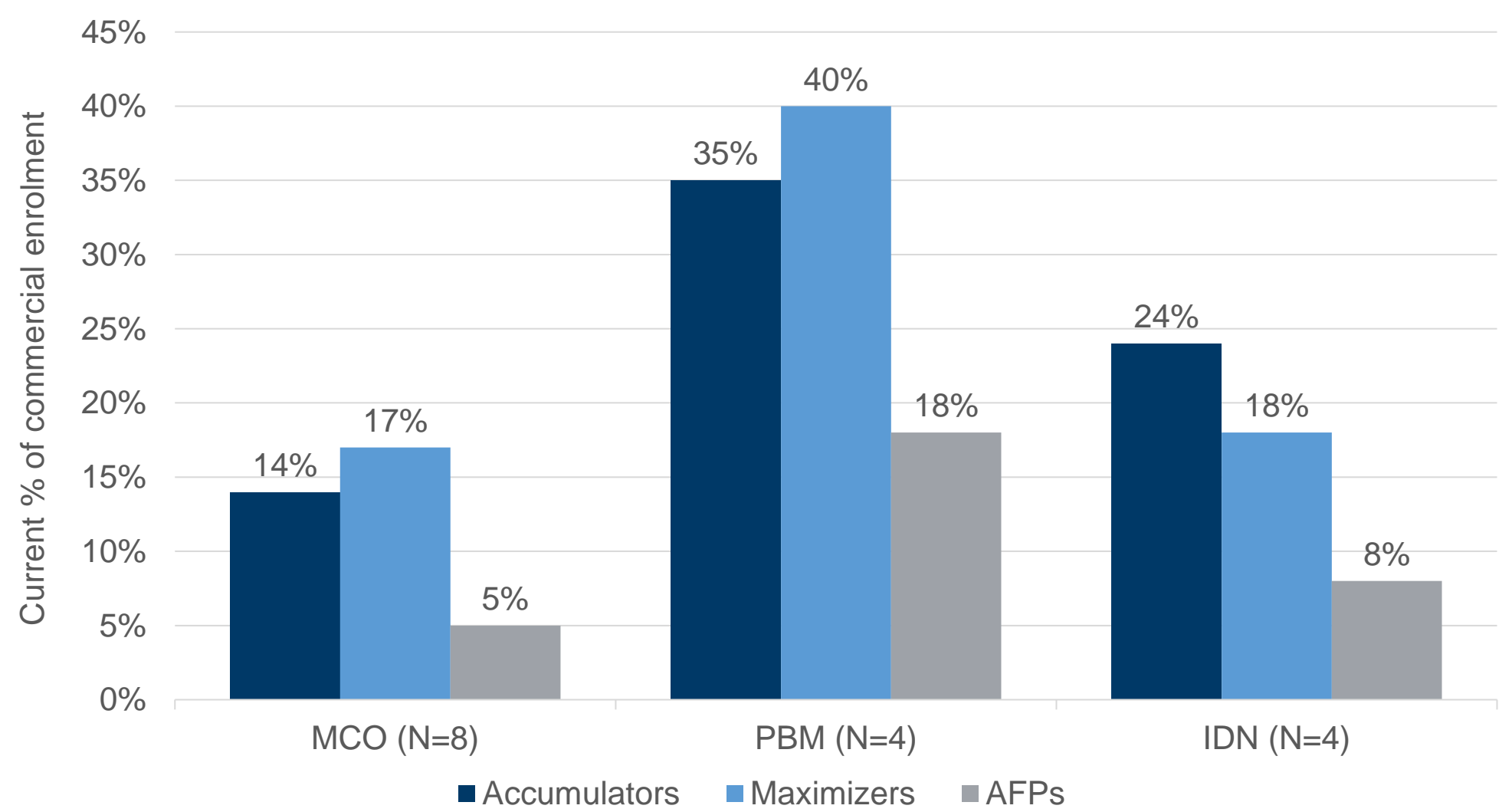
The survey results suggest that **payers** currently place higher priority on established cost containment tactics (stricter PA criteria, formulary exclusions, step edits, tiering) than on accumulators, maximizers, and AFPs (**Figure 1**).

Figure 1. Payer rating of level of priority for drug cost containment tactics.



Use of these programs varies based on plan types, state regulations, and organizational priorities (**Figure 2**). While use of accumulators and maximizers is expected to remain stable, most payers foresee an increase in AFP enrolment based on growing interest from employer sponsors, higher opportunity for cost savings than accumulators and maximizers, and because risk is diverted away from payers, employers, and patients.

Figure 2. Current proportion of payer commercial enrollment that is subject to accumulators, maximizers, and AFPs.



- Payers express that they are adopting state-specific approaches due to varying laws regulating accumulators and maximizers; desire for consistency across states is constrained by the complexity of state laws and the lack of federal policy.
- Payers are delaying significant changes and awaiting federal guidance from the CMS; uncertainty in the regulatory environment is affecting long-term payer planning.
- Increasing state prohibitions and advocacy efforts may lead to further restrictions on these programs; payers are monitoring developments to adapt their strategies accordingly.
- **Employers are not fully aware** of these programs, although they seek to understand how they impact patient affordability, adherence, and access, in line with their goal **to balance cost management with satisfaction and coverage adequacy**. They also seek user-friendly **education tools** to ensure employees understand cost-sharing responsibilities.
- **Patient advocacy groups** generally have a **negative perception** of these programs and view them as strategies by insurers to increase profits at the expense of patients. They highlight the current **lack of objective data** linking the programs to clinical and economic outcomes and are **pushing for legislation** to ensure copay assistance counts towards OOP maximums. Additionally, strict AFP income thresholds may disproportionately affect lower-income patients or those just above the cutoff, who lack full coverage yet do not qualify for third-party assistance.
- **Key opinion leader (KOL) perceptions were mixed**; the oncology KOL had a negative perception of accumulators and maximizers but viewed AFPs favorably due to their ease of navigation. The HIV KOL had a more positive perception of maximizers for spreading out costs over the year but viewed AFPs negatively due to income eligibility limitations and adherence issues. KOLs seek more readily accessible **resources to help patients** navigate these programs, and more clarity on payer switching policies and coverage limits.

Employers

Lack detailed understanding	Balance cost management with satisfaction and coverage adequacy	Need for more employee education

Patient Advocacy Groups

Negative impact on patients	Lack of data on clinical and economic impact	Advocacy for more state and federal level legislation

KOLs

Varies by therapy area and program type	Need for more patient resources

Conclusions

- This research highlights current stakeholder perspectives on accumulators, maximizers, and AFPs and underscores the need for further research on how these cost containment tactics impact patient affordability, treatment adherence, quality of life, long-term clinical outcomes, and health equity – especially given the disproportionate impact on lower-income patients.
- Payers underscore legislative uncertainty and minimal outcomes data; employers demonstrate limited awareness, hindering optimal benefit design; advocacy groups point to financial strain and equity concerns; and KOLs observe varied real-world impacts depending on disease area.
- There is potential to use robust study designs and real-world data to assess how these programs influence adherence, total cost of care, and value-based care metrics.
- The complexity and variability of these programs and their implementation create real-world “natural experiments” across different states and plan types. State-by-state dynamics are creating an opportunity for comparative, real-world experimental studies to assess outcomes in different legislative environments.
- For instance, some states have banned accumulators outright, while others permit them; measuring adherence and health outcomes in these different contexts can yield robust insights on how each cost-containment approach shapes both patient experiences and plan economics.



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