

IMPACT OF CO-PAY ACCUMULATOR ADJUSTOR PROGRAMS ON SPECIALTY DRUG USE

HOW THESE PROGRAMS AFFECT
REFILL ADHERENCE AND DISCONTINUATION

BACKGROUND AND OBJECTIVE

When Co-pay Accumulator Adjustor Programs (CAAPs) are used by self-insured employers and health plans, co-pay card support is not applied to member deductibles.

The impact of CAAPs on specialty drug use, specifically autoimmune treatment, is unknown.

The objective of this study was to assess the impact of a CAAP on refill adherence and discontinuation for patients on autoimmune specialty drugs.

METHODS

The CAAP's effect was assessed by comparing 2 groups of health plan enrollees:

PPO enrollees

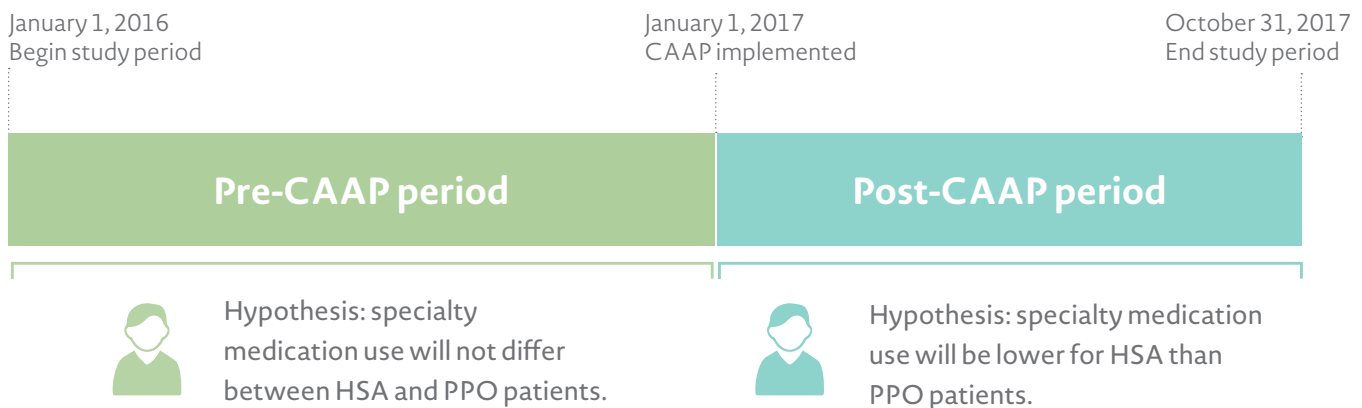
Patients should have low OOP co-payments regardless of co-pay savings card assistance.

HSA enrollees

Patients will have to pay the entire deductible on their own and cover specialty medications after exhausting co-pay savings card assistance.

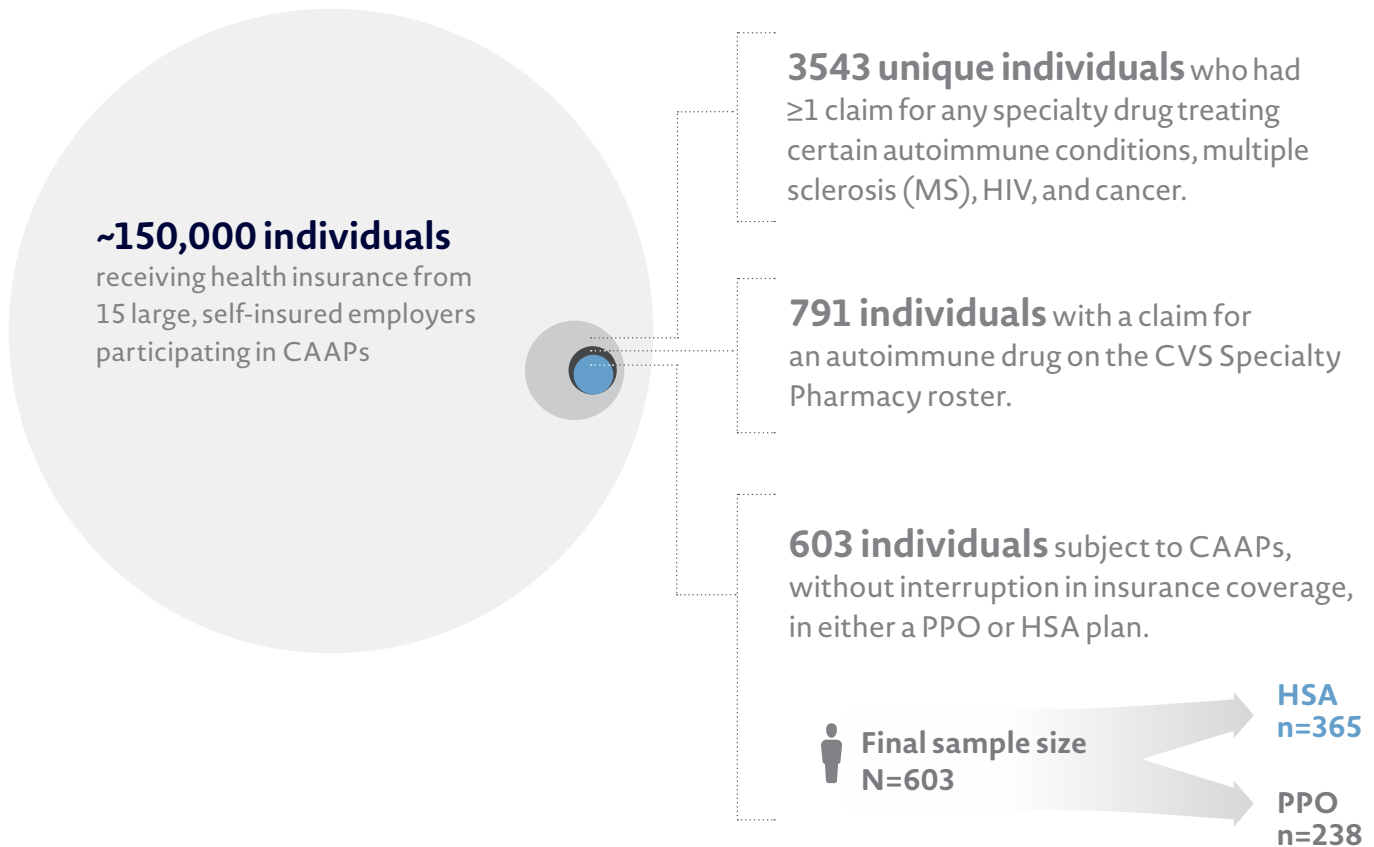
Two time periods were examined in this study

The study timeframe was January 1, 2016 through October 31, 2017, with the CAAP starting on January 1, 2017.



HSA=health savings account; OOP=out-of-pocket; PPO=preferrred provider organization.

Sample selection



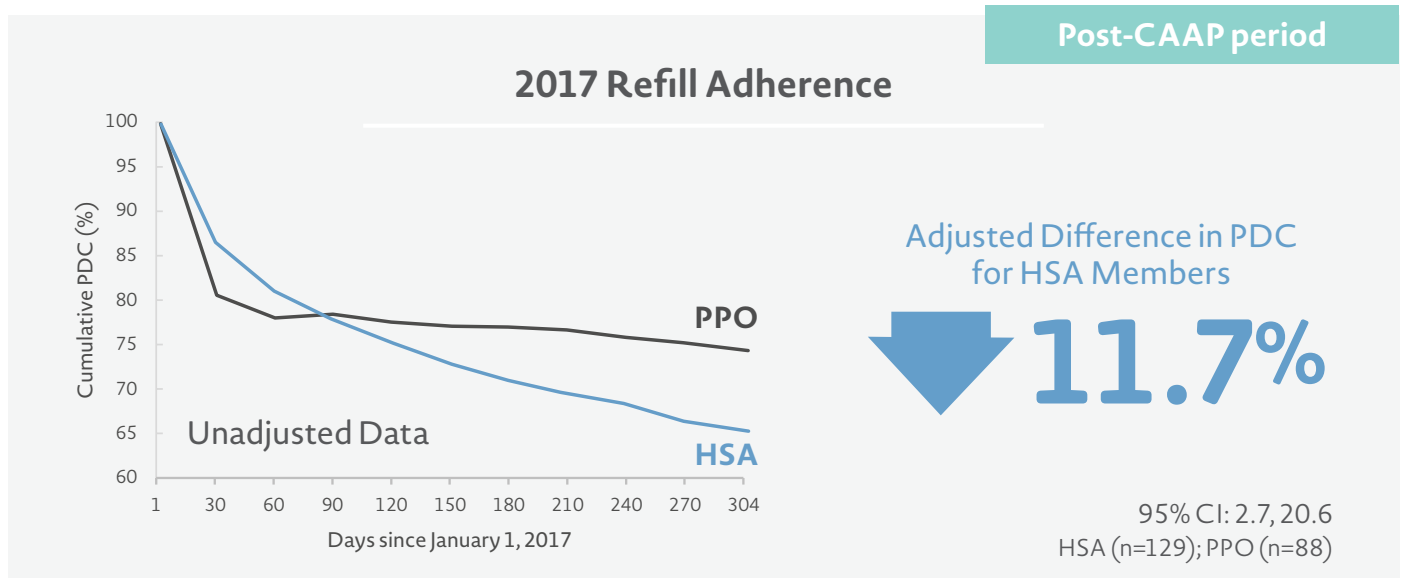
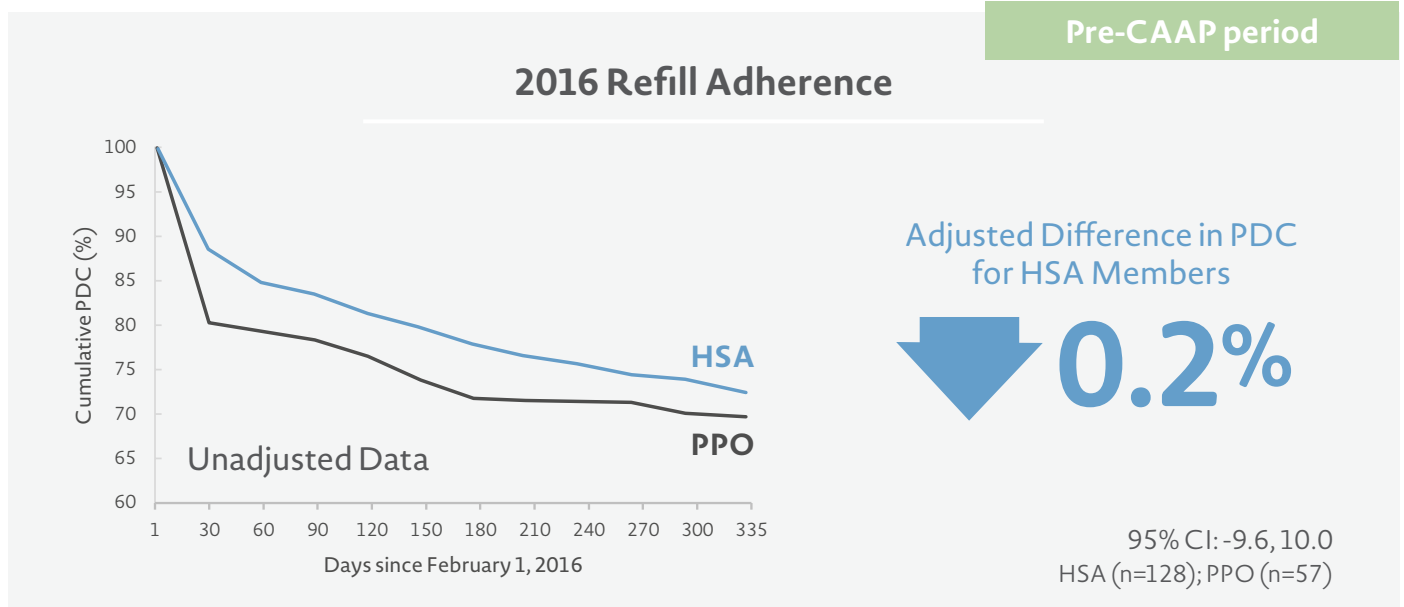
Outcomes

The outcomes measured in this study are defined as follows:

- Relative to index dates, which were set as February 1, 2016 (pre-CAAP) or January 1, 2017 (post-CAAP)
- Refill adherence, defined as proportion of days covered (PDC), measured as number of days with drug supply divided by number of elapsed days since index date
- Absolute discontinuation rate, measured as percentage of patients who discontinued (≥ 60 -day gap in drug supply) with no evidence of treatment restart or switching in the post-CAAP period
- Regression models were fit over trends to adjust for patient age, gender, ZIP code-level estimated mean household-adjusted gross income, and drug identity

RESULTS: REFILL ADHERENCE

Ten months after CAAP implementation, adjusted PDC or refill adherence was lower for HSA enrollees vs PPO enrollees



CI=confidence interval.

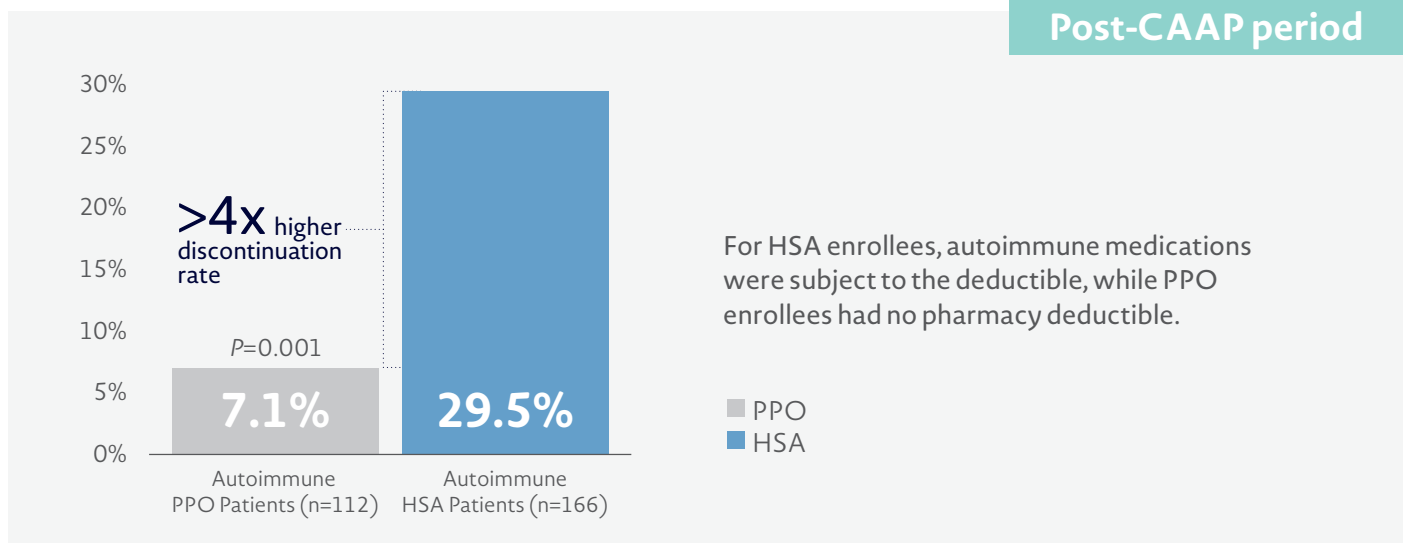
Sample includes only active users with positive days supply on start date (eg, January 1, 2017). Adjusted linear regression models controlled for patient age, gender, ZIP code-level estimated mean household-adjusted gross income, and drug identity.

Limitations:

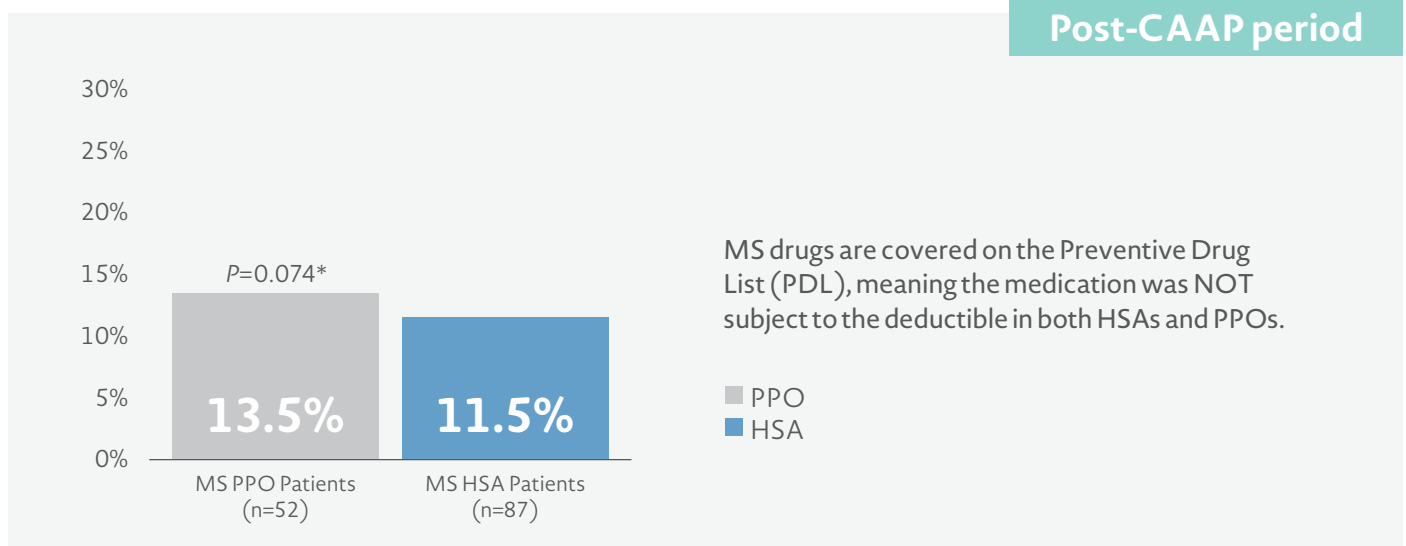
- Conclusions regarding medical resource utilization or costs cannot be generated because only pharmacy claims were available in the data
- Data limitations prevent the identification of underlying patterns of medication use
- Residual confounding cannot be ruled out

RESULTS: ABSOLUTE DISCONTINUATION

Post-CAAP, absolute discontinuation rates were significantly higher for patients with autoimmune disorders enrolled in HSAs vs those enrolled in PPOs



For MS patients, however, post-CAAP absolute discontinuation rates did not significantly differ for patients enrolled in HSAs vs those enrolled in PPOs



Limitations:

- Conclusions regarding medical resource utilization or costs cannot be generated because only pharmacy claims were available in the data
- Data limitations prevent the identification of underlying patterns of medication use
- Residual confounding cannot be ruled out

*Comparison between coverage groups with MS.

Sample is identical to treatment discontinuation analysis. Final outcomes were measured relative to the earlier date of October 31, 2017 and the end of a patient's insurance coverage. Continuation was detected when a patient continuously refilled without a 60-day gap. Switching was detected when a patient filled a prescription for a new drug. Restarting was detected when a patient had a gap of >60 days between end of supply and subsequent treatment. Absolute discontinuation was detected when the patient exhausted the supply for >60 days and did not switch or restart.

LIMITATIONS

Limited generalizability and conclusions around utilization patterns and cost of medication

- Data for this analysis do not provide information whether the patient actually took the medication once the claim was filed
- Only pharmacy claims are available in the data, therefore no conclusions regarding medical resource utilization or costs can be drawn
- Data limitations preclude identification of the underlying medication use patterns
- Although the post-CAAP HSA vs PPO differences are consistent with expectations, and the pre-CAAP analysis strengthens the association, residual confounding cannot be ruled out

Generalizability is limited due to:

- Small sample size with only those on specialty medications for autoimmune diseases
- The patient sample being drawn from a group of 15 self-insured employers
- Only a single CAAP being observed for 10 months after implementation

CONCLUSIONS

CAAPs have the potential to negatively affect autoimmune specialty drug use.

Autoimmune patients enrolled in HSAs had lower PDC and significantly higher discontinuation vs PPO enrollees post-CAAP implementation.

Discontinuation is not significantly affected by CAAPs when the medication is not subject to deductibles.

Patients with MS who were enrolled in either an HSA or PPO did not experience a difference in absolute discontinuation rates.

CAAPs may not affect medications on the PDL, which are not subject to deductibles, as much as they may affect specialty medications subject to deductibles.

Reference: Bruce W. Sherman, Andrew J. Epstein, Brian Meissner, Manish Mittal. The Impact of a Copay Accumulator Adjustment Program on Autoimmune Specialty Drug Use. Poster presented at Academy of Managed Care Pharmacy (AMCP) Nexus; October 22-25, 2018, Orlando, Florida.