Leveraging Your Toolbox:
Strategies for Navigating 2026 Barriers
Accumulators, Maximizers & Alternative Funding Programs

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The following relevant financial relationships from the past 24 months have been identified and disclosed for the following faculty and planners of this CE activity:

- **Christi Miller, BS, CRCR**
  - Prescriber Plus

There are no relevant conflicts of interest to disclose for this presentation for the following planners and speakers of this CE activity:

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- **Tahsin Imam, PharmD**

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OBJECTIVES

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1. Describe how accumulators, maximizers, and alternative funding programs (AFPs) function as well as their impact on patient treatment access and affordability.
2. Recognize early indicators of treatment access barriers within insurance benefit structures and coverage investigations.
3. Explain workflow and communication strategies that may help minimize treatment delays associated with financial access challenges.
4. Discuss practical support strategies and patient assistance resources used to help patients navigate accumulators, maximizers, and AFPs.

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Agenda

- Understanding Access Barriers: Accumulators, Maximizers & AFPs
- Identifying Early Indicators in Coverage and Workflow
- Operational & Communication Strategies
- Supporting Patient Access and Navigation
- Case-Based Discussion & Key Takeaways

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Copay Maximizers

Goal of a Maximizer:

- Adjust a patient's monthly copay to match the maximum manufacturer assistance available, preventing those funds from applying toward the patient's deductible or out-of-pocket maximum.

Tactic:

- Payers use this strategy to shift a greater portion of drug costs to manufacturer assistance programs while preventing patients from progressing toward their deductible or out-of-pocket maximum.

Key Takeaway:

- Copay maximizers distribute manufacturer assistance over time but do not allow patients to progress toward their deductible or out-of-pocket maximum.

Fein AJ. Copay accumulator adjustment programs: implications for patients and providers. *Am J Health Syst Pharm*. 2020;77(13):1040-1042.

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Case Example: Self-Administered Drug (SAD)

With a copay maximizer

	Expenses covered by $4,000 copay card spread over 12 months	Patient out of pocket	What insurer pays	Amount applied to $7,000 deductible	Total Deductible paid
Jan	$333.34	$666.66	$0.00	$666.66	$666.66
Feb	$333.33	$666.67	$0.00	$666.67	$1,333.33
Mar	$333.33	$666.67	$0.00	$666.67	$2,000.00
Apr	$333.34	$666.66	$0.00	$666.66	$2,666.66
May	$333.33	$666.67	$0.00	$666.67	$3,333.33
Jun	$333.33	$666.67	$0.00	$666.67	$4,000.00
Jul	$333.34	$666.66	$0.00	$666.66	$4,666.66
Aug	$333.33	$666.67	$0.00	$666.67	$5,333.33
Sep	$333.33	$666.67	$0.00	$666.67	$6,000.00
Oct	$333.34	$666.66	$0.00	$666.66	$6,666.66
Nov	$333.33	$333.34	$333.33	$333.34	$7,000.00
Dec	$333.33	$0.00	$666.67	$0.00	$7,000.00
Total	$4,000.00	$7,000.00	$1,000.00	$7,000.00	

This example illustrates how a copay maximizer impacts patient cost progression over time.

- Patient is on a brand-name oncology medication with a $1,000 monthly copay
- Commercially insured with a $7,000 deductible
- Enrolled in manufacturer copay assistance with a $4,000 annual cap

Case example developed by presenters for illustrative purposes

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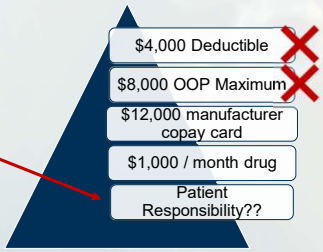
How a Copay Maximizer Impacts Patient Costs

- Month 1+ = $0
- The patient never meets deductible or out-of-pocket (OOP) maximum.
- Other healthcare services are subject to full cost-sharing



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Impacts of Copay Maximizers

- **Operational**
  - Increased administrative workload and variable labor costs
  - Staff burnout related to complex access and coordination challenges
- **Financial**
  - Increased risk of severe debt due to delayed patient cost accumulation
  - Potential impact on patient retention and continuity of care
- **Patient**
  - Reduced confidence in coverage and treatment affordability
  - Increased risk of delayed care or financial toxicity

Fein AJ. *Am J Health Syst Pharm*. 2020;77(13):1049-1063

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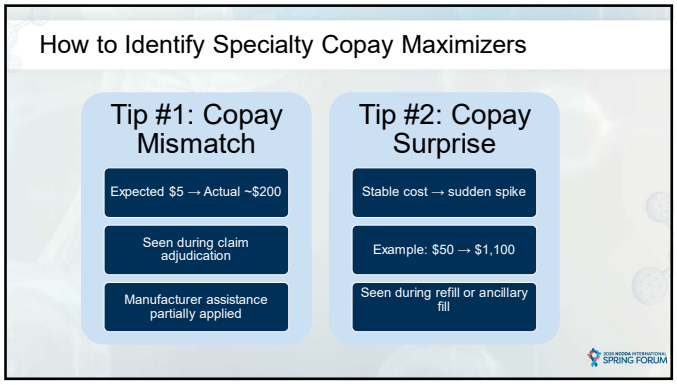
How to Identify Specialty Copay Maximizers
Tip #1: Copay Mismatch
Expected $5 → Actual ~$200
Seen during claim adjudication
Manufacturer assistance partially applied
Tip #2: Copay Surprise
Stable cost → sudden spike
Example: $50 → $1,100
Seen during refill or ancillary fill

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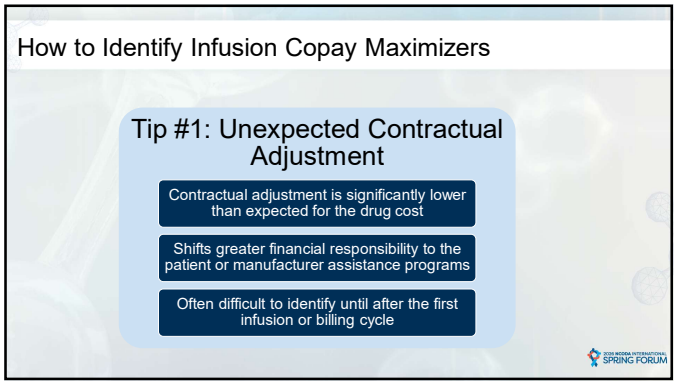
How to Identify Infusion Copay Maximizers
Tip #1: Unexpected Contractual Adjustment
Contractual adjustment is significantly lower than expected for the drug cost
Shifts greater financial responsibility to the patient or manufacturer assistance programs
Often difficult to identify until after the first infusion or billing cycle

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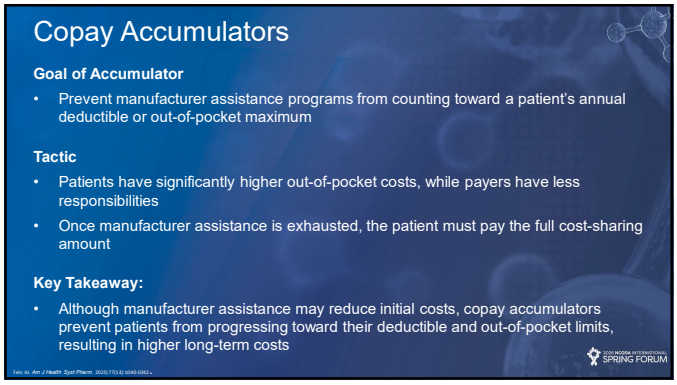
Copay Accumulators
Goal of Accumulator
Prevent manufacturer assistance programs from counting toward a patient's annual deductible or out-of-pocket maximum
Tactic
Patients have significantly higher out-of-pocket costs, while payers have less responsibilities
Once manufacturer assistance is exhausted, the patient must pay the full cost-sharing amount
Key Takeaway:
Although manufacturer assistance may reduce initial costs, copay accumulators prevent patients from progressing toward their deductible and out-of-pocket limits, resulting in higher long-term costs

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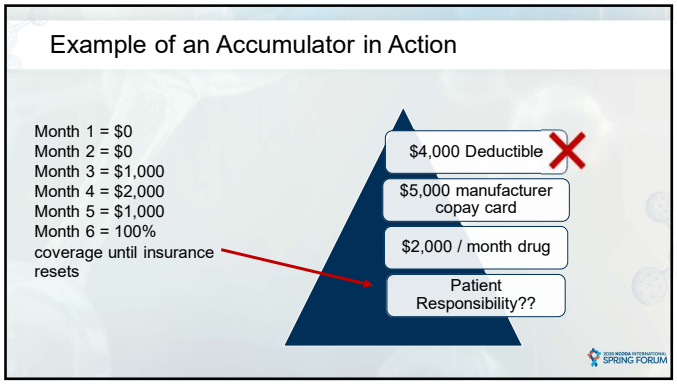
Example of an Accumulator in Action
Month 1 = $0
Month 2 = $0
Month 3 = $1,000
Month 4 = $2,000
Month 5 = $1,000
Month 6 = 100%
coverage until insurance resets
$4,000 Deductible
$5,000 manufacturer copay card
$2,000 / month drug
Patient Responsibility??
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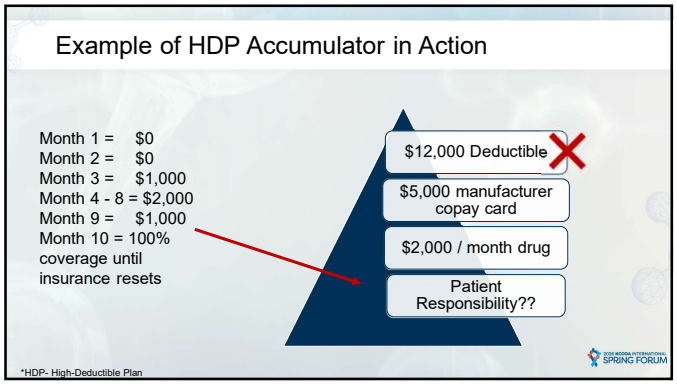
Example of HDP Accumulator in Action
Month 1 = $0
Month 2 = $0
Month 3 = $1,000
Month 4 - 8 = $2,000
Month 9 = $1,000
Month 10 = 100%
coverage until insurance resets
$12,000 Deductible
$5,000 manufacturer copay card
$2,000 / month drug
Patient Responsibility??
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*HDP- High-Deductible Plan

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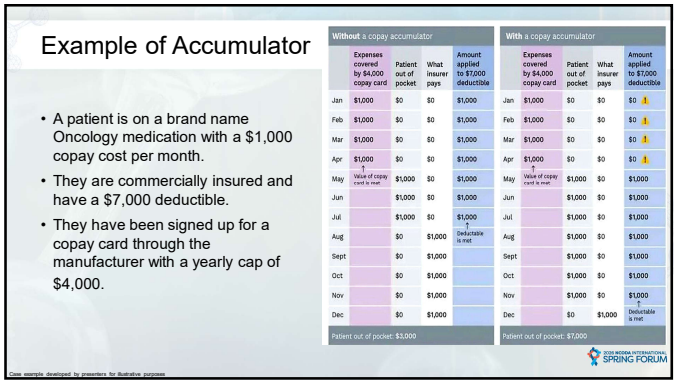
Example of Accumulator
A patient is on a brand name Oncology medication with a $1,000 copay cost per month.
They are commercially insured and have a $7,000 deductible.
They have been signed up for a copay card through the manufacturer with a yearly cap of $4,000.
Without a copay accumulator
With a copay accumulator
Expenses covered by $4,000 copay card
Patient out of pocket
What insurer pays
Amount applied to $7,000 deductible
Jan $1,000 $0 $0 $1,000
Feb $1,000 $0 $0 $1,000
Mar $1,000 $0 $0 $1,000
Apr $1,000 $0 $0 $1,000
May $1,000 $0 $0 $1,000
Jun $1,000 $0 $1,000
Jul $1,000 $0 $1,000
Aug $0 $1,000
Sept $0 $1,000
Oct $0 $1,000
Nov $0 $1,000
Dec $0 $1,000
Value of copay card is met
Deductable is met
Patient out of pocket: $3,000
Patient out of pocket: $7,000
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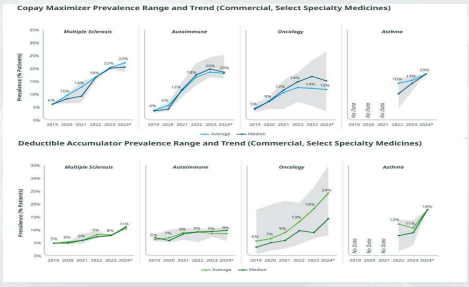
Copay Accumulators and Copay Maximizers Year by Year



*2024 data are projected estimates based on available data trends (IQVIA).

Glass R, et al. 2023 update: Six years of deductible accumulators and copay maximizers. IQVIA Institute for Human Data Science. Published: March 27, 2024

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Impacts of Copay Accumulators

Operational
- Variable labor costs
- Associate burn out
- Potential for worsened outcomes due to drug treatment abandonment
- Understanding legislative mandate changes

Financial
- Reimbursement uncertainty
- Increased bad debt
- Reduced patient retention

Patient
- Reduced medication adherence
- Uncertainty of care and affordability

1. Patel A, et al. *J Manag Care Spec Pharm*. 2024;30(9):909-916.
2. Fein AJ. *Am J Health Syst Pharm*. 2020;77(13):1040-1042.

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How to Identify Copay Accumulators

Tip #1: Deductible Not Processing
- Insurance does not pay until the deductible is met
- Manufacturer assistance does NOT apply toward deductible
- Patients may still owe significant upfront costs

Tip #2: Infusion Workflow Signal
- Authorization may appear approved without clear cost-sharing details
- Important to confirm if an accumulator is applied to the plan
- Ask proactively during benefit investigation

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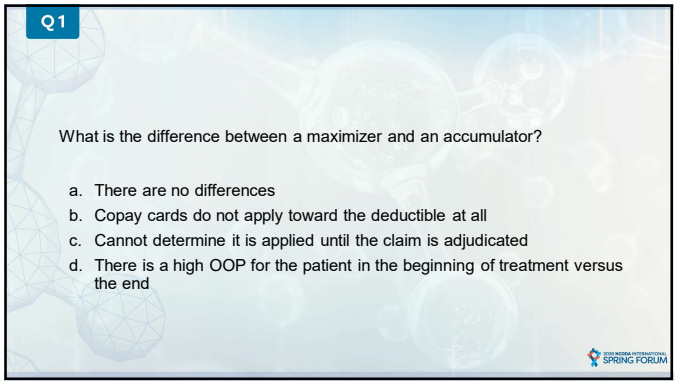
Q1
What is the difference between a maximizer and an accumulator?
a. There are no differences
b. Copay cards do not apply toward the deductible at all
c. Cannot determine it is applied until the claim is adjudicated
d. There is a high OOP for the patient in the beginning of treatment versus the end

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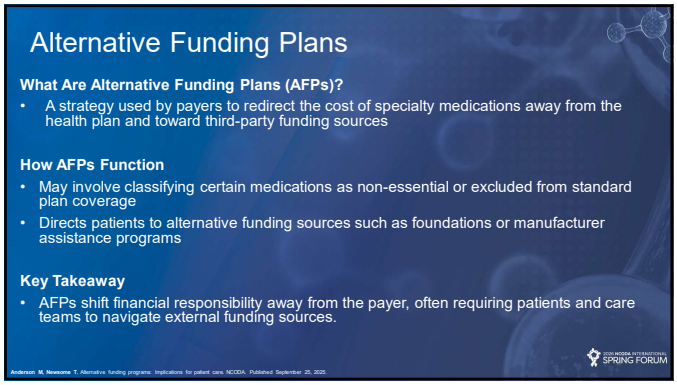
Alternative Funding Plans
What Are Alternative Funding Plans (AFPs)?
• A strategy used by payers to redirect the cost of specialty medications away from the health plan and toward third-party funding sources
How AFPs Function
• May involve classifying certain medications as non-essential or excluded from standard plan coverage
• Directs patients to alternative funding sources such as foundations or manufacturer assistance programs
Key Takeaway
• AFPs shift financial responsibility away from the payer, often requiring patients and care teams to navigate external funding sources.

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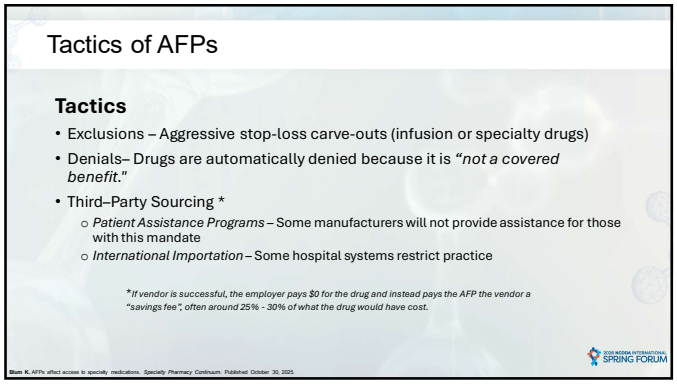
Tactics of AFPs
Tactics
• Exclusions – Aggressive stop-loss carve-outs (infusion or specialty drugs)
• Denials– Drugs are automatically denied because it is "not a covered benefit."
• Third–Party Sourcing *
o Patient Assistance Programs – Some manufacturers will not provide assistance for those with this mandate
o International Importation – Some hospital systems restrict practice
*If vendor is successful, the employer pays $0 for the drug and instead pays the AFP the vendor a "savings fee", often around 25% - 30% of what the drug would have cost.

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Patient Case: Self-Administrable

- JG is a 55 y.o. Male with non-small cell lung cancer metastatic to his brain.
- His disease had been well controlled since initiating lorlatinib in February 2020.
- In 2025, JG's commercial insurance plan removed lorlatinib from their formulary and contracted with an Alternative Funding Program (AFP) for coverage of all specialty medications.
- The AFP was ultimately unable to secure coverage of JG's lorlatinib.
- Due to the structure of insurer/AFP contracts, JG was unable to qualify for any external cost-savings or financial assistance.

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Example of AFP - Infusion

BACKGROUND

- Patient – Triple negative breast cancer - wanted to wait for insurance approval prior to starting treatment
- Treatment Plan – Neoadjuvant – Pembrolizumab, Paclitaxel, Carboplatin

PROCESS

- Denied (Non-Essential) → Denied (Outside of US pharmacy) → Appeal → Denied (Manufacture Assistance) → Denied (Medical Director)→ White Bag (Specialty Authorization) → Shipment Approval

  Total Turnaround Time From Medication Authorization to Shipment 48 business days.

PATIENT IMPACT

- Delay in Treatment by 48 days
- After starting treatment – Copay Accumulator was attached; however, the patient was not aware. Patient called stating they were no longer able to afford their medication

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Impacts of AFPs

Operational

- Variable labor costs
- Increased staff interventions and administrative burdens

Financial

- Drug acquisition cost risk
- Reimbursement uncertainty
- Increased bad debt
- Reduced patient retention

Patient

- Delay in treatment or treatment gaps
- Diminished clinical outcomes
- Uncertainty of care and affordability

Wong WB, et al. *J Manag Care Spec Pharm*. 2024;30(11):1308-1315.
Wurm K. *Spec Pharm Continuum*. 2025.

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Identifiers for Specialty and Infusion AFPs

Tip #1

- A referral to a third-party vendor when a PA is required
  - Vendor will ask if application to a patient assistance program has been completed
  - You will be asked if your site will accept medications from other countries

Tip #2

- Self-funded group payers have a high probability that an AFP is attached
  - Labeled as a non-essential health benefit
  - Multiple PA routes
    - Hospital Outpatient Department (HOPD), Specialty pharmacy, Pharmacy Benefits Manager (PBMs), and 3rd party initiators for disease state

Tip #3

- Prior Authorizations (PAs) may take exponentially longer to gain authorization or denial (45-60 days)
- Office, pharmacy or patient will call from 3rd party vendors to apply for manufacturer assistance programs

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Q 2

What payor group has a high probability that an AFP may be attached?

a. Affordable Care Insurance Plans
b. Self-funded group
c. Medicare Advantage
d. Medicaid

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AFPs Ripple Effect

Many manufacturers have implemented restrictions on PAP enrollment for patients enrolled in AFPs."

- Shifts in cost-share from manufacturers and insurances to the patient.
- Many manufacturers have implemented restrictions on PAP enrollment for patients enrolled in AFPS
- Patients have no idea they are enrolled in an AFP.
- Patients may **not** be eligible for grant/foundation assistance **if**:
  - The approved funding is not enough to cover more than 1-2 months.
    - Not eligible for grant funding with some commercial payers

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Blum K. AFPs affect access to specialty medications. *Specialty Pharmacy Continuum*. Published October 30, 2025.

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How did these models come into existence?

Non-Essential Health Benefit (EHB) Loophole

- Non-EHB loophole (Patient Protection and Affordable Care Act, 2022)
  - Regulatory gap that allows payers to bypass the ACA patient protections by reclassifying certain drugs as non-essential
- Many plans interpreted the law to mean any drug beyond the minimum list in the state's benchmark could be labeled **"non-essential".**
- Once a drug is deemed a non-EHB, out-of-pocket (OOP) protections no longer apply to its costs

1. Patient Protection and Affordable Care Act, 42 USC §18022.
2. AMCP. Copay accumulators and maximizers: Implications for patient access and benefit design.

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How did these models come into existence?

New Regulatory Corrections

- CMS codified that all prescription drugs covered by a plan are considered EHB and subject to ACA protections
  - Only applies to Individual and small group markets (Large and self-insured plans ERISA still utilize)
- Preemption of State Laws – meaning even if your state has banned copay accumulators, those bans often do not apply to "self-funded" employer plans governed by Employee Retirement Income Security Act (ERISA)

1. Centers for Medicare & Medicaid Services. HHS Notice of Benefit and Payment Parameters for 2025.
2. Employee Retirement Income Security Act (ERISA), 29 USC §1144.

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Third Party Administrators (TPA)

Accumulators

- PrudentRx
- SaveOnSP
- ScriptHero
- SHARx
- RXBenefits Specialty Solutions
- Various copay programs through the insurance

Alternative Funding Plans

- ImpaxRX
- PaydHealth
- PayerMatrix
- SHARx
- Script Sourcing

***List is not exhaustive and does not constitute endorsement.**

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Taking Action

EDUCATION

- Patients and healthcare service providers

Legislative Advocacy

- HELP Copays Act
- ALL Copays Count Coalition (ACCC)
- File grievances through your state's department of insurance or where the insurance is held

Strategic Operational Adjustments

- AI Strategies - (e.g., Prosper AI, Notable, Suki AI)
  - Recognizing and combating AI tactics
- Healthcare Service Strategy
  - Medical necessity exceptions
  - Utilize external reviews
  - Creation of internal department to help patients understand benefits and appeal exclusions

All Copays Count Coalition. https://allcopayscount.org
HELP Copays Act, H.R. 839 (119th Congress)

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Coordinated Communication Strategies

Pharmacy Team

- Identifies access barrier during benefit investigation
- **Communicates findings to:**
  - Nursing (treatment timing impacts
  - Billing/financial navigation (coverage strategy)

Nursing Team

- Adjust scheduling based on access delays
- Reinforces patient education and expectations

Billing/Financial Navigation

- Verifies payer requirements
- Initiates PAP, foundation or AFP pathways
- Coordinate with third-party vendors

Patient Communication

- Clearly explains:
  - Why cost is changing
  - What steps are being taken
  - Expected timeline

➡ **Key Principle**

Early, transparent communication reduces delays and patient abandonment

Example workflow adapted for oncology practice settings; institutional workflows may vary

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Patient Support Strategies & Workflow Integration

Patient Communication

- Explain coverage barriers and next steps clearly
- Set expectations for timelines and delays
- Provide ongoing updates

Care Team Coordination

- Pharmacy → identifies barriers
- Financial navigation → leads assistance process
- Provider → supports appeals/medical necessity

Operational Best Practices

- Standardize PAP/foundation workflows
- Use centralized tracking (EMR or tool)
- Document
  - Assistant type
  - Status and renewal timelines

➡ **Goal:**

Reduce delays, improve affordability, and maintain continuity of care

Example workflow adapted for oncology practice settings; institutional workflows may vary

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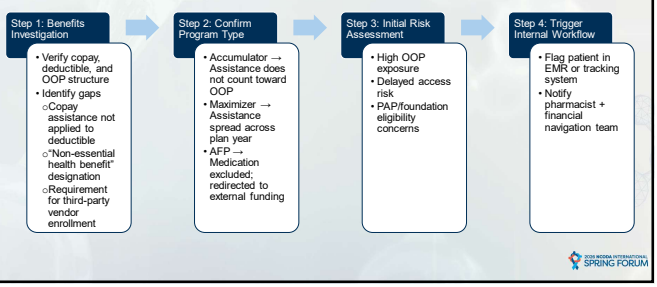
Workflow: Identifying Accumulators, Maximizers, & AFPs



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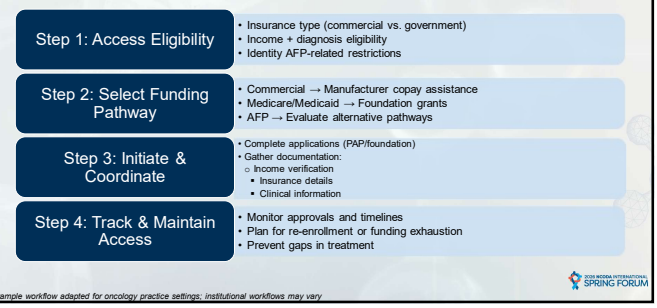
Workflow: Navigating Patient Assistance & Funding



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Escalation & Documentation to Minimize Delays

Escalation Pathways

- Step 1: Financial navigator review
- Step 2: Pharmacist intervention (clinical justification, appeals)
- Step 3: Provider involvement (medical necessity documentation)
- Step 4: External review / payer escalation

Example workflow adapted for oncology practice settings; institutional workflows may vary

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Escalation & Documentation to Minimize Delays (cont.)

Documentation Best Practices

- Documentation
  - Type of barrier (Accumulator, Maximizer, AFP)
  - Financial impact
  - Action taken (PAP, appeals, vendor enrollment)
- Track Electronic Medical Record (EMR) or centralized workflow tool

Internal Handoff Points

- Pharmacy
- Financial navigation

Provider

Goal

Prevent treatment delays and ensure continuity of car

Example workflow adapted for oncology practice settings; institutional workflows may vary

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Q3

What is the type of loophole used by AFPs?

a. Classifying drugs as Non-Essential
b. Affordable Care Act
c. Maximizers and Accumulators
d. State mandates

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SUMMARY

- Copay maximizers spread manufacturer assistance over time but do not help patients progress toward their deductible or out-of-pocket maximum
- Copay accumulators prevent assistance from counting toward cost-sharing, increasing long-term financial burden for patients
- Alternative funding programs (AFPs) redirect medication costs outside of traditional insurance pathways, often requiring additional coordination and navigation
- These benefit designs can create delays in treatment access, increase administrative burden, and impact patient affordability
- Early identification and coordinated, team-based workflows are critical to minimizing access barriers and supporting continuity of care

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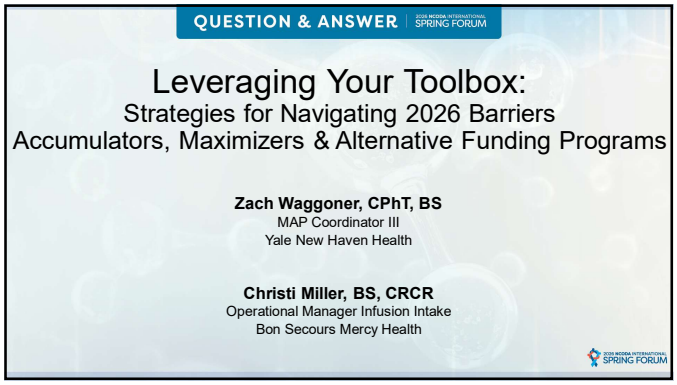
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ALIGNMENT IN ACTION
The Power of Integrated Oncology Care

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