Highlights from MMIT's March 2021 "Copay Accumulators and Maximizers: Payer Management Approach" Survey performed for PhRMA

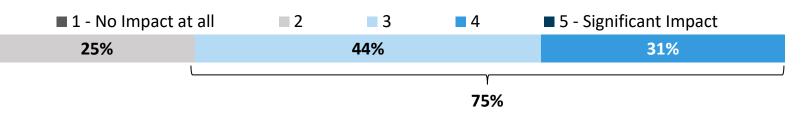






3.1

Concern with Copay Accumulators' potentially negative patient impacts



Question: On a scale from 1-5, how much of an impact do you expect the following factors have on plan sponsors' decision to not utilize a Copay Accumulator (1= no impact at all; 5= significant impact)? (Displayed to respondents having a Copay Accumulator program)

Highlight: Payers' Rationale as to Why Plan Sponsors Have Not Opted into a Copay Accumulator (n=16)

"Increased cost to employees; many employers feel cost-shifting has maxed-out; this would be a surprise bill in many cases as the accumulator is difficult to explain/message around in employee communications; worries around drug adherence for sickest employees - leading to higher costs on the medical side."

Question: Please elaborate on the top reason as to why plan sponsors have not opted into a Copay Accumulator. Please explain the rationale as to why this is the top reason. (Displayed to respondents having Copay Accumulator program)

Survey Field Dates: 02/09/2021 - 02/19/2021. 20 payers surveyed cover 93.7M commercial lives. For more information of MMIT's survey capabilities, please visit https://www.mmitnetwork.com/our-solutions/

Highlight: Payers' Rationale of Patient Impact Caused by Copay Accumulators (n=20)

"Copay accumulators (without maximizers) could potentially impact medical utilization spend if adherence drops off; employees who are used to spending \$5 per script being asked to spend \$1000 per script could easily decide to abandon, leaving the potential for increased ER utilization, hospital readmits; etc...."

"Patients may become less adherent to medications with copay accumulator adjustment programs in place due to the fact they may have to pay more out of pocket, lessening compliance."

Question: Please briefly describe any other patient impacts that Copay Accumulators would have on plans offered by your organization. Please consider step-edits, clinical/utilization management requirements, non-medical switching, as well as potential impacts on medical utilization spend.

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