

Healthcare Insurer Questioned on Diverting HIV, Hepatitis Copay Assistance

HIV+Hep advocates ask insurance regulators to investigate concerns at Highmark Blue Cross Blue Shield, including PrEP coverage.

May 8, 2026 By HIV+Hepatitis Policy Institute

Washington DC — The [HIV+Hepatitis Policy Institute](#) is asking insurance regulators in West Virginia, Pennsylvania, and Delaware to investigate Highmark Blue Cross Blue Shield for what we believe is an effort to profit by diverting copay assistance from drug manufacturers meant to assist patients and splitting the funds between itself and a third-party vendor.

Highmark, which provides health insurance to 7 million people, has teamed up with a vendor called Pillar Rx to run their “Copay Armor” program which “helps to leverage manufacturer assistance dollars.” While details of their plan are opaque, we know that enrollees in some Highmark commercial plans are charged 30 percent of the list price of the drug if they do not sign up for their program.

When a patient takes a “Copay Armor” drug, they usually get it for free, but this then facilitates Highmark and its vendors to collect, in some cases, thousands of dollars in copay assistance for each drug—assistance that is meant for patients who can’t afford their out-of-pocket costs. “Copay Armor” appears to be a program called a “copay maximizer,” which allows payers to ignore cost-sharing limits by designating certain drugs as “non-essential health benefits.” The federal government has outlawed this practice in the individual and small group markets. However, in the three states to whose regulators HIV+Hep sent letters, Highmark designates over 269 unique drugs as “Copay Armor” in its ACA and small group formularies.

Highmark’s “Copay Armor” list disproportionately affects specialty drug classes: multiple sclerosis agents (57.1% of unique drugs), hematological agents (32.6%), antineoplastics (28.9%), and anti-infectives (12.4%). Notably, 15 of 41 unique antiretroviral drugs (36.6%) are available through the program—including all four preferred first-line HIV regimens. For hepatitis C drugs, 5 out of 10 drugs, or 50%, are listed as “Copay Armor” drugs.

On top of it, West Virginia and Delaware law requires copay assistance to count towards patient cost-sharing obligations in those markets.

“While we do not know exactly what Highmark is doing, we are concerned after reviewing its public-facing formularies that they may not be in compliance with federal and state law and may be collecting more money for these drugs than is permissible. That is why we are asking state regulators to look into our allegations and take appropriate action,” commented Carl Schmid, executive director of the HIV+Hepatitis Policy Institute. “We also want to use this opportunity to remind the Trump administration that they can end these schemes once and for all by issuing a rule that requires copay assistance to count as part of cost-sharing and that all covered drugs must be considered ‘essential health benefits’ for the large group and self-insured markets.”

Highmark also uses its “Copay Armor” program in its [commercial formularies](#).

IQVIA estimates that in 2024, \$4 [billion](#) in copay assistance was diverted to copay maximizers.

“At a time when the American people are having difficulty in affording their healthcare, including prescription drugs, state and federal regulators must be doing everything possible to lower patient costs by ensuring copay assistance meant for patients stays with them,” added Schmid. “Diverting those funds to others, including payers, employers, and third-party vendors, hurts patients and just leads to higher drug prices for everyone.”

In addition to the use of the “Copay Armor” program, HIV+Hep is asking state regulators to investigate Highmark for what we believe is discriminatory benefit design by engaging in adverse tiering of antiretrovirals and failing to comply with no-cost PrEP coverage requirements.

HIV+Hep found that Highmark’s my Blue Access PPO Bronze 3800 plan puts all antiretrovirals, including low-cost generics, on high-cost tiers subject to 50% coinsurance while none are on the low-cost tier.

On preventive coverage, the complaint notes that Highmark previously listed an oral PrEP drug on a non-preventive tier before reversing course after it was raised in a public meeting by HIV+Hep. However, they have not made that change in their commercial plans, and it remains unclear whether all long-acting injectable PrEP is covered without cost-sharing or prior authorization.

The letters to regulators, which include details of “Copay Armor” drugs by class, can be viewed here: [West Virginia](#), [Delaware](#), and [Pennsylvania](#).

[This press release](#) was published May 7, 2026, by the HIV+Hepatitis Policy Institute, a national, nonprofit organization whose mission is to promote quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions