ACCESS | Patient Support Services Congress

The Patient Support Imperative: Redefining Excellence for the Future

ConnectiveRx

Chris Dowd
Senior Vice President, Market Development with ConnectiveRx

Steve Randall
Chief Technology Architect with ConnectiveRx

Executive Summary

Chris Dowd, Senior Vice President, Market Development, and Steve Randall, Chief Technology Architect, both with ConnectiveRx, provided their expertise to the Patient Support Services Congress audience. With both offering long-term experience in pharmaceutical access and technology, the following are combined key challenges and trends for this area currently and into the near future.

1. Policy and Affordability Challenges: Significant impact of policy changes on patient affordability and access. The expiration of ACA subsidies by the end of the year could lead to a dramatic increase in premiums for 22 million Americans, with costs potentially doubling in some states. This underscores the urgent need for solutions to address affordability challenges for patients relying on these subsidies.

2. Executive Orders and Healthcare: Unprecedented number of executive orders issued, with approximately 15 directly impacting healthcare. These orders have introduced new dynamics, such as facilitating direct-to-consumer models for pharmaceutical pricing, which could potentially improve patient access to affordable medications.

3. Legislation and Litigation: Ongoing legislative and legal developments, such as the Inflation Reduction Act (IRA) and the "one big beautiful bill act." These measures include provisions like the $2,000 out-of-pocket cap for Medicare Part D patients and cost-smoothing mechanisms. However, low enrollment in these programs and gaps in implementation remain significant challenges.

4. Emerging Trends in Patient Access: Evolving landscape of patient access, with the introduction of pharmaceutical manufacturer owned portals as well as aggregators like TrumpRx, which aim to connect patients directly with pharmaceutical offers. While innovative, these developments raise questions about their long-term impact on affordability and access.

5. AI in Patient Outcomes and Hub Services: Transformative potential of artificial intelligence (AI) in improving patient outcomes and optimizing hub services. AI can be leveraged to enhance efficiency, streamline processes, and provide personalized support to patients, ultimately improving their overall experience.

6. AI Beyond Cost Savings: Steve Randall emphasized that the value of AI extends beyond cost savings. By analyzing data and identifying patterns, AI can help predict patient needs, optimize resource allocation, and improve the effectiveness of patient support programs.

In summary, there is a critical need for the pharmaceutical industry to address policy-driven affordability challenges and leverage innovative technologies like AI to enhance patient access and support services. By staying proactive and adaptive, the industry can navigate the evolving landscape and better serve patients.

Introduction

The pharmaceutical patient support landscape is undergoing significant change as organizations address new operational challenges and evolving patient expectations. Traditional support models are being reassessed as patients increasingly demand personalized, accessible experiences akin to consumer technology. However, innovation in patient support services remains restricted by pre-existing factors.

This report, based on insights from the recent Patient Support Services Congress, analyzes key trends and themes identified by industry experts. The following five areas highlight opportunities for organizations to enhance patient support effectiveness and build competitive advantages in a complex healthcare environment.

Patient Experience Personalization and Journey

The industry is moving away from one-size-fits-all models toward individualized experiences tailored to patient demographics, disease complexity, and communication preferences. Success requires engaging patients across multiple channels—text, email, phone, and portals—while ensuring HIPAA compliance and maintaining human touch at critical moments.

Early Cross-Functional Collaboration

Effective patient support programs increasingly rely on early collaboration between legal, compliance, business teams, and external partners throughout the program lifecycle. Centralized governance teams are replacing siloed approaches, enabling rapid experimentation and scalability.

Organizational Structure and Resource Optimization

Companies are reevaluating patient support organizational models, balancing in-house and outsourced approaches based on therapeutic complexity, patient demographics, and technology needs. This shift requires new hiring criteria, professional development, and resource allocation strategies.

Patient Access and Administrative Burden Management

Prior authorization complexity poses operational challenges for patient support teams and HCPs, creating barriers for patients. Organizations are optimizing first-time approvals, partnering with specialty pharmacies, and leveraging automation tools while maintaining relationship-based strategies.

AI Integration and Technology Transformation

The industry is adopting AI-powered patient support solutions, transitioning from pilots to scaled implementations. Success depends on maintaining "human in the loop" approaches, where technology enhances rather than replaces human empathy in patient care.

This report offers strategic insights for patient support professionals, examining shifts in models, strategies, and technology. It provides actionable frameworks for improving patient experiences, streamlining prior authorization processes, and building sustainable competitive advantages in a complex healthcare environment.

1 Patient Personalization and Journey

Pharma's Patient Experience Revolution: From One-Size-Fits-All to Hyper-Personalized Care

The pharmaceutical industry is undergoing a fundamental transformation in how it approaches patient support services, moving away from standardized, one-size-fits-all models toward highly personalized patient experiences that meet individuals where they are in their healthcare journey.

This shift represents more than just a technological upgrade—it's a complete reimagining of how pharmaceutical companies can better serve patients navigating complex specialty therapies and rare diseases.

"Our patients are in the rare disease space... it is hard to make sure that everything is individualized, but also making sure that you're able to broadcast to the larger group," explained a patient services professional from a gene therapy-based biotech. "How do you make sure that each patient feels like you are talking directly to them while you're still marketing to your entire group?"

This challenge reflects a broader industry struggle: balancing the need for scalable programs with the growing demand for personalized patient experiences. The stakes are particularly high in specialty pharmaceuticals, where patients often face complex treatment regimens, significant financial barriers, and emotional challenges that require nuanced support.

The complexity extends beyond just rare diseases. As one industry expert noted, "A patient who's in their 20's and has never been on a specialty therapy, is a much different engagement model than a patient in their 50's who is in a third line of treatment for a specialty disease."

Meeting Patients Where They Are

One of the most significant challenges in personalizing patient experiences is understanding and adapting to diverse communication preferences and life circumstances. The traditional approach of calling patients every 48 or 72 hours, as mandated by many standard operating procedures, is increasingly seen as outdated.

One expert stressed that segmenting those patients, potentially through AI, and calling them after business hours or on the weekend would be more helpful.

This shift toward more sophisticated patient segmentation can help companies tailor their outreach strategies based on patient demographics, disease burden, previous therapy experience, and communication preferences. Some patients prefer text messages, others want portal communications, and still others need traditional phone calls—but at times that work for their schedules.

Technology as an Enabler, Not a Replacement

The integration of artificial intelligence and automation technologies is emerging as an enabler of personalization, but industry leaders emphasize that technology must augment rather than replace human interaction.

"AI augments, it does not replace, it does not replace the human touch that you still need in complex disease states," said an executive from a large pharma company. "It does not replace the handholding that patients require when they're trying to get onto these complex therapies."

This perspective reflects a growing consensus that successful patient experience personalization requires a careful balance between technological efficiency and human empathy. Companies are finding success in using AI to handle administrative tasks, while preserving human resources for high-touch patient interactions.

Successful personalization depends heavily on having access to clean, comprehensive, and timely data. However, many pharmaceutical companies struggle with data integration across multiple systems and partners. This challenge is particularly acute for companies with open distribution models, where patient data may be scattered across multiple specialty pharmacies, hubs, and healthcare providers.

The solution, according to industry experts, lies in establishing robust data governance frameworks and ensuring real-time data access. Field reimbursement teams, for instance, need immediate access to patient status information before walking into healthcare provider offices.

The Future of Patient Experience

Looking ahead, industry leaders see several key trends shaping the future of patient experience personalization:

- **24/7 Accessibility:** Patients increasingly expect round-the-clock access to information and support, similar to other consumer experiences. "Imagine the world where patients can get answers 24/7," suggested one executive. "I'm in my bed at night, just been diagnosed, I've been given a certain product or medication that I need to take and I'm not sure what it's going to cost, but somebody is there at that point in time to help me."
- **Proactive Intervention:** Rather than waiting for patients to encounter problems, companies are developing predictive models to identify potential friction points and intervene proactively.
- **Omnichannel Integration:** The future lies in seamless integration across multiple communication channels, allowing patients to interact via their preferred method while maintaining continuity of care.

Key Takeaways

- Personalization is a competitive necessity, but must balance scale with individualization
- AI augments, never replaces human touch
- Traditional communication models are outdated, 24/7 accessibility is the new standard

2 Early Cross-Functional Collaboration

Breaking Down Silos Enables Better Collaboration for Patient Support Programs

Patient support programs operate in an increasingly complex regulatory environment while facing mounting pressure to deliver measurable value to patients and healthcare providers. This sets the stage for cross-functional collaboration from the earliest stages of program development, resulting in more effective, compliant, and patient-centric outcomes.

Traditional approaches to patient support program development often followed a linear model: business teams would design programs, then hand them off to legal and compliance for review and approval. This sequential approach frequently led to delays, costly redesigns, and missed opportunities.

"If we don't have alignment across all the stakeholders, we will see delays on projects, persistency issues with our patients, compliance issues, and just inefficiencies," explained a senior corporate counsel director at a specialty pharma.

The stakes are particularly high given the breadth of responsibilities involved. Patient services teams must build programs, manage onboarding and access support, handle prior authorizations, provide ongoing education and adherence support, coordinate financial assistance, and respond to shifting access landscapes. Meanwhile, legal teams evaluate frameworks including anti-kickback statutes, false claims regulations, and privacy requirements while drafting agreements and partnering with compliance to create written standards.

A Framework for Effective Collaboration

Industry leaders have developed practical frameworks for fostering early cross-functional collaboration. Three key principles were put forth that have proven successful from a compliance perspective:

- Lead with Curiosity: Look at programs with a fresh eye, not a rote view. Don't make assumptions, but if you are, assume positive intent.
- Align on Risk Profile: Teams must understand the bigger picture, including whether initiatives align with brand plans, strategic imperatives, and organizational risk appetite.
- Start Together, Stay Together: Rather than sequential handoffs, teams should remain engaged throughout the program lifecycle.

One in-house counsel for a mid-size gene therapy focused pharma emphasized the importance of understanding before educating. "My goal is always to understand and to educate. I want to understand what the business is trying to do. What's the goal? Why does this matter? And then the second piece is on me to educate what potential risks might be."

A detailed example of how early collaboration worked in practice during the development of a genetic testing program was shared. Given the high-risk nature of genetic testing from a regulatory perspective, the program required extensive cross-functional coordination from the outset.

The collaboration began with standing meetings where legal participated in marketing, patient services, and sales team meetings every other week. This regular engagement allowed legal to understand business objectives and educate teams on potential risks before specific program decisions were made.

For the genetic testing program specifically, early legal involvement was crucial for several reasons:

- Data Privacy Considerations: The program involved collecting, sharing, and analyzing sensitive genetic information. Early conversations addressed what data would be collected, how it would be formatted (individual vs. aggregated), who could access it internally, and what could be done with it.

- Vendor Integration: Legal needed to be involved in vendor selection and contract negotiations to ensure monitoring and auditing requirements were built into agreements from the beginning, rather than added as afterthoughts.

- Ongoing Monitoring: The team recognized that decisions made during program design weren't final. Plan for evaluation and flexibility to re-visit when or if something isn't working.

One of the key insights emerging from successful cross-functional collaboration is that program development isn't linear. Teams must be prepared for continuous iteration and improvement.

This also includes after launch evaluation. One pharma implemented a structured approach involving patient services, legal, privacy, compliance, and market access teams. They hold two major meetings annually—year-end and mid-year—to discuss wins, areas for improvement, current state, and future priorities.

These meetings include senior leadership for visibility while also involving paralegals and junior staff to provide real-time exposure to risk assessments and budget discussions.

Early cross-functional collaboration isn't just about avoiding compliance issues—it's about creating better programs that serve patients more effectively. When legal and compliance teams understand business objectives from the beginning, they can help identify creative solutions rather than simply saying no.

Key Takeaways

- Sequential handoffs are costly and ineffective
- Understanding must precede education
- Program development requires continuous iteration

3

Organizational Structure and Resource Optimization

How Companies Are Rebuilding Operations to Flexible In-House and Outsourced Models

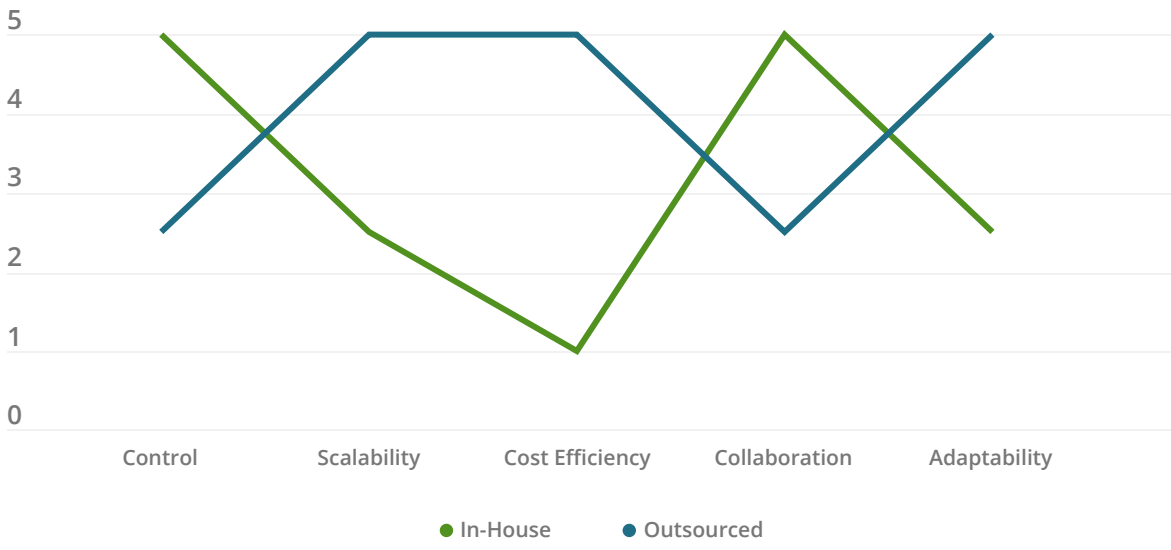
As companies grapple with complex therapeutic areas, evolving patient expectations, and the integration of artificial intelligence, organizational leaders are rethinking traditional models to create more agile, efficient, and patient-centric structures.

This transformation is particularly evident in how companies are approaching the age-old question of insourcing vs. outsourcing, the evolution of job roles, and the strategic deployment of technology to enhance rather than replace human capabilities.

The decision between insourcing and outsourcing patient support functions is no longer a simple cost calculation. Instead, industry leaders are developing sophisticated frameworks that consider therapeutic complexity, patient demographics, and strategic control requirements.

"There are a lot of pros and cons to both models," a large pharma executive said. "It really comes down to the complexity of the therapy and one size does not fit all. You have to consider what therapeutic area you're in. Is it a rare disease? And what types of patient demographics are you working with?"

For example, cell therapy patients must undergo apheresis procedures, navigate complex



treatment protocols, and complete post-infusion monitoring periods. For these patients, and patient support professionals, planning and access are extremely challenging.

One large pharma professional has developed a framework for determining optimal organizational structure based on patient journey analysis. The approach focuses on identifying critical intervention points where human touch is most valuable.

"When do we bring it in? Do we buy it? Do we build it? Do we kind of do a hybrid model?" said the executive. "I see it as identifying throughout that patient journey where are the challenges? Where are things happening where the patient or the HCP or both need arms wrapped around them and held tight to help them get through to access that therapy."

The key question is determining who should be touching the patient and the HCP at these critical times? In complex therapies, it may be internal people vs. a service provider.

For less complex scenarios, the calculus changes. Larger scale, less high touch situations lend to more automation, more digital patient outreach and less case navigators.

The Evolution of Hybrid Models

The industry is moving beyond binary insourcing vs. outsourcing decisions toward sophisticated hybrid models that optimize different functions based on their specific requirements and strategic importance.

In practice, this means looking at benefit investigations, prior authorizations, or an in-source team, but also leveraging outsource partners and vendors to get access to available technology.

Field-based functions present particular considerations. "When you think about your field market access team, whether it's a field reimbursement team or whatever, you have to evaluate what other field functions exist in your organization and who's interacting with who," one expert explained. "Because the number of people that talk to an account is critical."

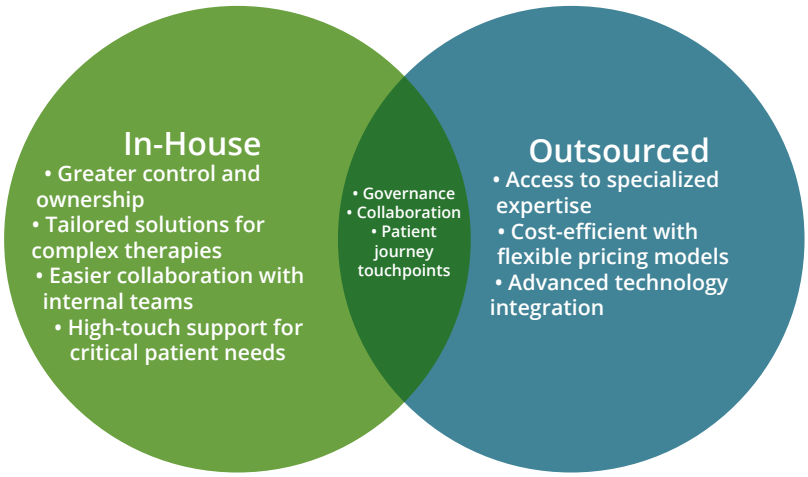
A critical consideration in organizational structure decisions is the ongoing investment required for in-house capabilities. Experts emphasized that insourcing isn't a one-time decision but requires continuous commitment and improvement. This includes adding enhancements, building integrations, continuous evaluations and iterations.

As organizational structures become more sophisticated, the relationship with vendor partners also evolves. Companies are looking for partners who can adapt and grow with their changing needs rather than providing static services.

Key Takeaways

- Map critical patient touch points for strategic control
- Organizational agility and flexibility are essential
- Move beyond binary insourcing vs. outsourcing decisions
- Partnership strategy must enable transformation

Advantages to In-House vs. Outsourced Models



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Patient Access and Administrative Burden Management

Barriers to Patient Access Persist, But Pharma is Driving Innovative Solutions

The numbers paint a sobering picture of healthcare's administrative crisis. Recent polling of patient support professionals revealed that administrative burden on staff ranks as the single most frustrating aspect of prior authorization processes, outpacing even unresponsive patients and abandoned applications. The proliferation of portals, systems, and processes has created overwhelming fragmentation.

"There's always a portal for everything," noted one patient support expert, capturing the frustration felt across the industry. This fragmentation forces healthcare staff to navigate multiple systems, each with different requirements, login credentials, and submission processes.

Healthcare providers must also determine whether to submit prior authorizations via fax, electronic systems, or phone calls, often varying by payer and product. This decision-making process alone consumes valuable time that could be spent on patient care.

The administrative burden isn't just about efficiency—it's about human resources stretched to their breaking point. Patient support teams find themselves caught between the need to provide personalized care and the reality of overwhelming paperwork requirements.

"We know we are one of many drugs," an executive explained, highlighting how administrative complexity affects provider relationships. "The more we can help those offices and arm them with the information they need for a first time pass approval through that PA process, the more likely they will continue to engage and help keep their patients."

This administrative overload has created a cascade effect throughout the healthcare system. When offices struggle with complex submission processes, they may delay or abandon prior authorization attempts altogether, directly impacting patient access to needed therapies.

Prior authorization has emerged as perhaps the most significant administrative burden facing patient support teams. The process, designed to control costs and ensure appropriate medication use, has evolved into a complex maze of requirements that varies significantly across payers and therapeutic areas.

The administrative burden is particularly acute in specialty medications, where prior authorizations are virtually guaranteed. "Most of the new drugs coming out are in the specialty market and they will always have a prior authorization,"

said one expert. "They may need a medical letter of medical necessity, and triggering those processes to be streamlined is very important."

Technology: Solution or Additional Burden?

While technology promises to alleviate administrative burdens, implementation challenges often create new complications. The integration of AI and automation tools requires careful consideration to avoid adding layers of complexity rather than reducing them.

The challenge lies in ensuring that technological solutions actually reduce administrative work rather than simply digitizing existing inefficiencies. Organizations are finding success by focusing on specific pain points, such as optical character recognition (OCR) technology to eliminate manual data entry from faxed enrollment forms.

"As much as we hate faxed enrollment forms, they are still around and many offices still prefer them," one large pharma executive noted. "How can we simplify that process rather than having a data entry function? How can we leverage OCR technology to take that information and pull it in?"

One large pharma executive offered "no regret moves" where organizations can implement AI or automation immediately:

First is around automating operational processes. "Much of what we've been doing has been highly manual. How do we start to look at automating parts of our operation to shrink down the amount of time that it takes to do a task that allows that patient to get on therapy more quickly?"

The second area centers on empowering frontline staff with better information. "How do we make those that are on the frontline talking to our customers and patients smarter? How do we arm them with the information about a patient or a customer before they go in and talk to have a better conversation?"

While technology is important, one expert emphasized the importance of building strong relationships with healthcare provider offices. "One of the largest areas we focus on is that we collaborate well with the HCPs and then see what we can do on our side compliantly to help speed processes along."

The key lies in identifying which administrative tasks truly require human intervention and which can be automated or eliminated entirely. Successful organizations are finding that strategic automation allows staff to focus on high-value activities like patient counseling and provider relationship building.

Key Takeaways

- Administrative Burden is the Top Frustration Point
- Relationship Building with HCP Offices is Critical
- Automate Manual Processes to Focus on High Value Activites

5

AI Integration and Technology Transformation

From Streamlining Operations to Enhancing Patient Engagement, AI is Enabling Pharma Companies to Reimagine the Patient Journey

The pharmaceutical industry has long been characterized by its reactive approach to patient care, often constrained by resource limitations and manual processes. However, AI offers a paradigm shift, enabling a proactive, resource-abundant model that prioritizes patient-centricity. By leveraging AI, pharmaceutical companies can create omnichannel experiences that meet patients where they are—whether through voice, text, chat, or web applications.

A strategic partnership leader at an agentic healthcare communications platform company, highlights the potential of AI to address critical gaps in patient support. "Healthcare has been reactive for decades. The promise of AI is to move into a proactive world, creating experiences for patients, healthcare providers, and caregivers to access information in the way they want," the leader explained. This shift is particularly significant in addressing the challenges patients face, such as navigating complex therapies, understanding insurance benefits, and adhering to treatment regimens.

Practical Applications of AI in Patient Support

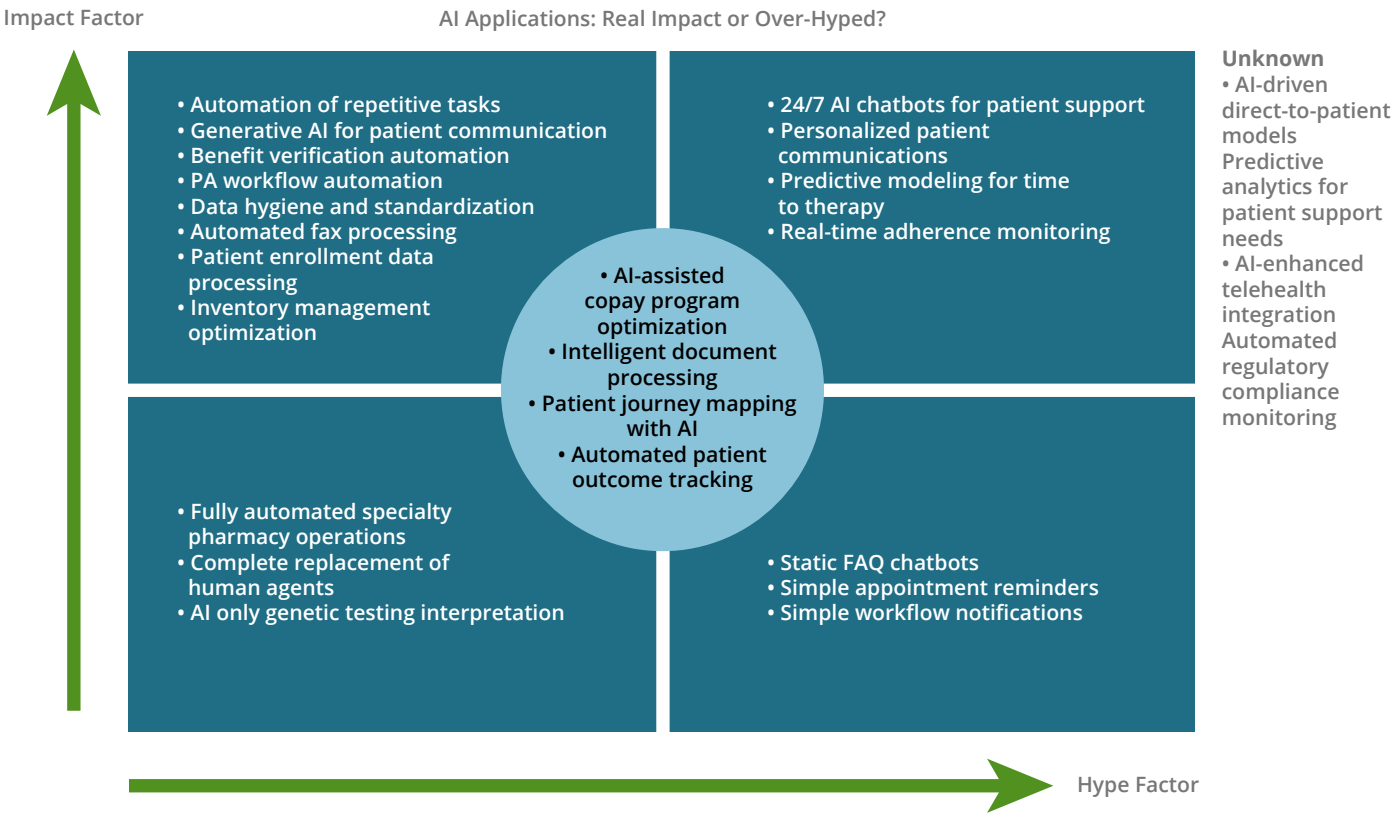
AI's impact on patient support is already evident in several key areas:

1. Data Analytics and Insights Generation
AI-powered tools are revolutionizing how pharmaceutical companies analyze and utilize data. Sanofi's head of patient services for general medicines, emphasized the role of AI in generating actionable insights. "AI can mine through vast amounts of data, such as chart notes, to answer questions and uncover insights that would take months to research manually." This capability not only accelerates decision-making but also transforms patient support teams from cost centers into insight-generating engines.

2. Automation of Routine Tasks
Automation is another area where AI is making significant inroads. Tasks such as benefit verifications, prior authorizations, and data entry—traditionally time-consuming and labor-intensive—can now be streamlined through AI-driven solutions. For instance, optical character recognition (OCR) technology, enhanced by AI, can extract and process information from faxed enrollment forms, reducing the burden on human staff. "By automating these manual tasks, we allow employees to focus on what truly matters—providing personalized support to patients," explained an executive from Bristol Myers Squibb.

3. Personalized Patient Engagement
AI is also enabling more personalized and effective patient engagement. By analyzing patient attributes such as age, disease burden, and behavioral patterns, AI can tailor interactions to meet individual needs. One panelist envisions a future where AI helps identify how patients prefer to be contacted—whether through SMS, phone calls, or other channels—and customizes outreach accordingly. This approach not only improves resource utilization but also enhances the overall patient experience.

4. Real-Time Support and Accessibility
One of the most compelling applications of AI is its ability to provide real-time support. Pa-



tients often have questions outside of traditional business hours, and AI-powered chatbots and virtual assistants can fill this gap. One example shared was of a patient who turned to ChatGPT for guidance on handling a specialty medication while traveling, underscoring the need for pharmaceutical companies to ensure their content is discoverable and accurate across platforms.

Challenges and Considerations

While the potential of AI is immense, its integration into patient support is not without challenges. One major hurdle is ensuring the quality and accuracy of data. Clean, real-time data is essential for AI to deliver meaningful insights and recommendations. Additionally, stakeholder management can be complex, as AI implementation often requires significant upfront investment and collaboration across teams.

Another consideration is the balance between automation and human touch. While AI can handle routine tasks and provide initial support, it cannot replace the empathy and expertise of human professionals, particularly in complex or emotionally charged situations. "AI augments; it does not replace," said one expert. "Our North Star is always helping the patient, and that requires a combination of technology and human compassion."

Moreover, companies must be prepared to adapt their operating models. Some advocate for the creation of new functional areas and centers of excellence dedicated to advanced technologies. "Asking an operations lead to manage AI as a side gig can get you started, but if you are going all in, you need to invest in dedicated roles and resources."

The seasonality of reauthorization presents opportunities for pharmaceutical companies to demonstrate the value of AI in addressing real-world challenges. By leveraging AI to streamline benefit verifications and prior authorizations, companies can reduce delays and improve patient outcomes. However, collaboration with payers and other stakeholders will be essential to fully realize these benefits.

Key Takeaways

- Leverage AI for Proactive Care
- Automate Routine Tasks
- Enhance Personalization
- Invest in Data and Technology

The Patient Access Leader's 2026 Planning Playbook:

Hubs as Revenue Protection: Rethinking Patient Access in the Era of IRA, PBMs, and Intensifying Competition

The access landscape is shifting. Specialty drugs still dominate, but the programs designed to help patients start and stay on therapy are under more strain than ever. As a result, what was once considered a support function is now central to a brand's survival.

Hub services can no longer be viewed as nice-to-have extras or back-office costs. In today's market, they're a revenue protection strategy. Every prescription that doesn't convert to a therapy start isn't just a missed chance – it's lost income, poorer patient outcomes, and an opening for competitors.

The Inflation Reduction Act (IRA) and its so-called "pill penalty," as well as aggressive PBM practices and escalating gross-to-net pressures, have changed the economics of access. The challenge for pharmaceutical leaders is no longer whether to invest in hubs, but how to evolve them into smarter, leaner, and more strategically aligned operations that safeguard revenue.

Why Hubs Still Matter Even as Margins Tighten

Specialty medications now account for more than half of new drug approvals and spending. For many patients, moving from prescription to treatment isn't simple. Specialty drugs often require refrigerated storage, complicated injection protocols, and insurance appeals that can stretch on for weeks. This is exactly why the hub model has become indispensable, even as drug makers face relentless pressure to trim costs.

The drop-off data is grim. According to IQVIA, out of every 100 new prescriptions for a specialty medicine:

- 44% are not filled due to lack of insurance coverage.
- 14% are lost to prior authorizations (PAs) or plan restrictions.
- 5% disappear because of distribution limitations.
- 7% fall away for other reasons.
- Only about 30% of prescriptions ultimately get filled.

The Patient Access Leader's 2026 Planning Playbook

So how do access leaders win when hub budgets are flat – or even shrinking? The answer lies in ruthless prioritization, smart use of technology, and aligning hub strategy to brand revenue goals.

• Preserve the non-negotiables.
Some hub services are mission-critical: benefit verification, prior authorization support, copay assistance, and patient onboarding. These must be protected, even if other functions are pared back.

• Automate labor-intensive processes.
Labor-intensive processes like benefit verification or prior authorization tracking can increasingly be automated. Electronic benefit verification, real-time PA status updates, and integrated payer portals reduce delays while lowering operational costs.

• Leverage AI for predictive interventions.
AI tools can identify patients who are at risk of abandonment, flag incomplete PA submissions, or anticipate payer denials – allowing case managers to intervene before income is lost.

• Optimize copay strategies.
Copay support remains one of the most effective tools to prevent pharmacy-level drop-off. Optimizing design, messaging, and deployment can make the difference between therapy initiation and abandonment.

• Align messaging to each stakeholder.
Patients, prescribers, and pharmacies each encounter different barriers. Effective hubs tailor outreach and support to the decision-makers at each hurdle point.

The challenges surrounding specialty access make it clear that hub programs are not optional – they're essential. By reducing coverage denials, guiding providers and patients through payer requirements, and preventing therapy abandonment before it starts, hubs get patients on the path to treatment. From the moment a prescription is written, coordinated and proactive support is the only way to overcome PBM restrictions, pharmacy drop-offs, and insurance denials. Without it, patients get lost in the cracks – and brands lose income.

From Cost Center to Competitive Differentiator

For years, patient access services were seen primarily as a compliance requirement or a necessary expense. Today, forward-thinking manufacturers are reframing the investment as a market advantage.

And the competitive landscape has shifted. A brand is no longer competing solely against therapeutic alternatives. It is also vying against:

- Biosimilars, which put downward pressure on price and erode market share.
- Direct-to-consumer access models, which promise patients faster and simpler pathways to therapy.
- Other manufacturers' patient support experiences, which can determine whether a prescriber stays loyal or switches scripts.

What happens in the first 24 hours after a prescription is written often decides whether a patient stays on therapy. Delays with benefit verification, prior authorization, or pharmacy communication can undermine patient confidence and frustrate prescribers. The brands that move quickly keep patients engaged, reinforce confidence with physicians, and secure revenue that might otherwise slip to competitors who act more quickly.

What's Different About Planning for 2026

Looking ahead to 2026, patient access leaders face a radically different set of planning assumptions than in years past.

- Economic constraints: The IRA has introduced new pricing pressures, including gross-to-net compression that squeezes available budgets for patient support. Meanwhile, PBMs continue to deploy aggressive tactics that limit coverage or push patients toward preferred alternatives.
- R&D shifts: Because of the IRA's pill penalty, investment is increasingly directed toward specialty biologics rather than small-molecule drugs. This only amplifies the complexity of access.
- Environmental volatility: Ongoing payer consolidation, evolving

In a crowded market, differentiation comes down to how efficiently and effectively a brand can move patients from script to therapy.

policy landscapes, and distribution channel disruptions mean past playbooks can no longer be relied upon.

The bottom line: patient access leaders must plan for structurally different conditions, not temporary turbulence. What worked five years ago will not work in 2026.

Elements of Competitive Positioning in Access

In a crowded market, differentiation comes down to how efficiently and effectively a brand can move patients from script to therapy. The leading access organizations will focus on:

- Experience as retention: Both patient and HCP experience drive long-term brand equity. Frustrating access journeys can undo even the best clinical profile.
- Speed to therapy start: Time to initiation is an objective, measurable differentiator. Brands that reduce delays will win loyalty from prescribers and patients alike.
- Flexibility in workflows: The ability to rapidly adjust hub processes in response to new payer restrictions or channel shifts will separate resilient brands from those left scrambling.
- Scalable partnerships: Creating hub relationships that flex with demand – growing when volume is high and scaling back when it slows – helps brands stay resilient without piling on fixed costs, even as market conditions shift.

In today's environment, patient access is inseparable from revenue protection. Specialty therapies may offer breakthrough clinical value, but without efficient, strategically designed hubs, too many prescriptions will never reach the patient.

For 2026, leaders must shift from thinking like operators to thinking like strategists. That means aligning every element of hub design with the ultimate goal: protecting income by ensuring patients start and stay on therapy. Brands can't afford to see patient access as just paperwork. The ones that succeed will be those that build smarter hubs – tools that don't just improve efficiency, but actively protect revenue.

Getting started on prescriptions should feel easy for patients. So should staying on them.

Let's make it that way.

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