

POV

Navigating the Not-So-Direct Path to Access – A Pharmacist's Perspective

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This article navigates the patient journey and challenges of access to drugs/therapies from the pharmacist's perspective. It reviews the gamechanging Direct-to-Patient model—a holistic patient-first ecosystem that redefines experiences and circumvent the middlemen.

Today's patients are more active stakeholders in their healthcare journey. Based on their experiences as consumers, they expect more personalized, convenient, and transparent care. Yet, they find themselves navigating a myriad of challenges that can make accessing quality healthcare daunting.

The reality is that the healthcare system wasn't built for the modern patients or therapies.

As a pharmacist and someone who's helped scale pharmacy and integrated telehealth operations from the ground up, I've seen how frustrating it is for patients and providers to navigate today's access barriers. The system is fragmented, slow, and opaque. It's time for something better.

Why the Traditional Model No Longer Works

The traditional pharmacy model has too many hands in the process—Pharmacy Benefit Managers (PBMs), Hubs, wholesalers, insurers, PBM-affiliated pharmacies—all adding friction between the patient and their prescribed therapy. Patients wait weeks for prior authorizations (PAs) to process. Coverage denials lead to therapy or pharmacy switches. Formularies dictate treatment, not providers.

Meanwhile, Hubs are often cumbersome, offering little visibility and inconsistent, fragmented support.

What used to be a straight path from prescription to therapy has become a maze.

As someone deeply invested in improving patient health outcomes, I've had numerous conversations with patients, healthcare providers (HCPs), and pharmaceutical manufacturers who echo that these barriers can significantly impede access, affordability, and adherence.

"The healthcare system wasn't built for modern therapies. As a pharmacist, I know we can do better. Direct-to-Patient models can offer transparency and navigate government pressures."

The Current Role of PBMs and Barriers to Transparency and Growth

Pharmacy Benefit Managers have not been transparent about pricing negotiations or formulary management, leading to inefficiencies and financial losses for manufacturers. Duplicate discounts, ineligible rebate claims, and convoluted pricing structures create revenue leakage and undermine trust between manufacturers and PBMs, mainly impacting patients and their ability to access treatments.

Vertical integration between PBMs, insurers, and pharmacies has also raised concerns about conflicts of interest and anti-competitive practices, further complicating pricing transparency. While regulatory scrutiny is increasing, manufacturers cannot afford to wait for policy changes to address these challenges. Instead, they must proactively explore new strategies that offer direct, transparent pathways for patients.



Industry & Government Pressures Demand New Ways to Empower Patients

The pharmaceutical industry is also facing its own challenges in the current landscape. Pressures from government pricing regulations create a need for new solutions. One opportunity is to adopt Direct-to-Patient (DTP) and Direct-to-Consumer (DTC) models.

These models allow pharma companies to bypass intermediaries like Pharmacy Benefit Managers (PBMs) and wholesalers, reducing costs and improving efficiency. By offering competitive pricing directly to consumers, companies can enhance accessibility and build stronger customer relationships. This approach addresses pricing pressures and meets the growing consumer preference for direct purchasing, creating a more transparent and streamlined supply chain.

Besides price transparency and lowering costs, the concept of "patients as consumers" is finally becoming a reality as manufacturers seek to meet the evolving expectations of today's healthcare marketplace.

With patients expecting more convenience, information, and engagement, Direct-to-Patient (DTP) models have emerged as a game-changing approach to meet these demands. They offer faster access to therapy and cut out the middlemen.

A Unique Perspective: Pharmacy + Telehealth

Having led both high-growth pharmacy operations and telehealth programs, I've witnessed firsthand how patient expectations and access models are rapidly evolving. Patients want speed, visibility, and personalized support. They want to access care on their own time—with clear guidance, real-time updates, and a frictionless path forward.

But there is a misconception of what DTP is. It isn't simply home delivery—it's a reimagined, fully connected model that gives manufacturers control over the access journey while creating a seamless, personalized experience for patients.

Direct-to-Patient isn't synonymous with telehealth, either. It's an ecosystem of patient choice where an HCP interaction can be virtual or in person, ondemand or scheduled, during standard business hours or a weekend. The ideal DTP model offers high visibility, customization, on-demand fulfillment, and a better experience for both patients and providers.

When successful, it gives patients' the ability to: Access care through a virtual provider or their regular physician Streamline the pharmacy experience with an eRx (electronic prescription) Skip the traditional Hub process and initiate therapy without delay Choose same-day delivery and set convenient refill schedules Review insurance coverage or opt for a transparent cash-pay option all in one digital experience Seamlessly access adherence and cost-saving tools

For providers, DTP simplifies their role. There's no paperwork backlog or prolonged back-and-forth with a call center or Hub. Once the prescription is written, the digital pharmacy handles the rest, verifying benefits, facilitating affordability, managing fulfillment, and supporting adherence—all while providing realtime data and insights to the manufacturer.

This isn't just a new distribution method—it's a smarter, faster, patient-first ecosystem.



The Path Forward: A New Standard for Patient-Centric Commercialization

The limitations of traditional models are undeniable, and without decisive action, the challenges facing manufacturers will only intensify. The way forward is clear: prioritize transparency, efficiency, and direct patient engagement.

Manufacturers must transition from outdated systems to models that align with today's realities. It's time for the industry to adopt a new mindset that strengthens revenue growth and ensures therapies reach patients faster and more effectively.

From a pharmacist's perspective and an advocate for patient access, I am proud to be on the front lines at EVERSANA as we lead this change, offering a turnkey solution that replaces outdated Hubs with smarter, digital-first pathways that actually work.

We work alongside the manufacturer to ensure DTP programs flex around each patient's needs and align with the appropriate therapy. Whether it's a fully digital experience or a hybrid that starts in a "brick-and-mortar" clinic, we help manufacturers navigate all delivery and access channels.

We are focused on closing the gaps and delivering:

- Benefit transparency and cash-pay options
- Same-day shipping and scheduled refills
- Adherence reminders and refill coordination
- Inventory visibility and on-demand clinical support

For patients who are ready to pay, we can bypass insurance altogether. For those needing help, we facilitate PAs and appeals proactively, not reactively.

The Future is Direct—and Personal

We are entering a new era of commercialization. DTP is not a niche solution—it's the future of how brands will engage, support, and retain patients. It's faster, more transparent, and built for the real-world in which patients live. It allows manufacturers to directly understand patient coverage, choice, and adherence to their products.

As pharmacists and healthcare innovators, we must lead this change. The technology is here, as is the demand. And the opportunity to transform access—for good—is right in front of us.

Let's deliver the care patients expect—and deserve.

