

POV

Affordability Is No Longer a Copay Problem. It's an Access Strategy.

Why manufacturers need a more intelligent, connected, and patient-first model for the next era of access

A patient picks up a prescription. The pharmacist runs the claim — and an accumulator adjustment wipes out the copay assistance the patient was counting on. The prescription stays at the counter. That moment is where affordability programs are tested, and it's happening more often than most manufacturers can see.

For years, affordability was treated as a support function — necessary, but downstream. A patient hits an out-of-pocket barrier, and a copay or assistance program closes the gap.

That model isn't enough anymore. IQVIA reports that more than 98 million new-to-therapy prescriptions went unfilled in 2023 — and once a prescription's out-of-pocket cost passes $250, more than half of patients walk away without it.[1] Patient friction points have multiplied, and manufacturers are being asked to protect access while managing brand economics. Affordability programs now need to do more than help patients pay. They need to reveal where access is breaking down, whether support dollars are being used effectively, and how affordability investments are influencing patient outcomes and Gross-to-Net performance.

Affordability can no longer sit at the end of the patient journey as a one-time transaction. It must be designed as part of a broader access strategy — connected to financial support, patient engagement, data, fulfillment, and continuous optimization. This is the strategic premise behind EVERSANA's broader affordability vision: bringing together Intelligent Copay capabilities and EVERSANA DIRECT™-enabled access pathways to reduce friction, improve visibility, and create a more seamless path from prescription to therapy.

The Rules of Access Have Changed

Traditional affordability programs were built for a different access environment. Manufacturers designed a copay program, established eligibility and benefit rules, launched the program, and monitored utilization. When the model worked, patients received meaningful support and brands reduced cost-related abandonment.

The environment has changed. Patients now contend with high deductibles, shifting payer requirements, accumulator and maximizer programs, alternative funding models, specialty pharmacy complexity, and fragmented digital experiences. Manufacturers, meanwhile, face greater scrutiny around affordability spend, program efficiency, and Gross-to-Net exposure.

> ***"Affordability can no longer sit at the end of the patient journey as a transaction. It needs to operate as part of a broader access strategy."***

Traditional Affordability	Modern Affordability
Reactive support	Proactive access strategy
Fixed benefit structure	Dynamic program design
Utilization monitoring	Performance intelligence
Copay-focused	Connected to access, fulfillment, and persistence
Limited visibility	Data-driven optimization

The standard is shifting from affordability as a benefit to affordability as an intelligence-driven access strategy – and the stakes are real: manufacturers now spend more than $20 billion a year on copay assistance alone.[2] For manufacturers, that means combining smarter copay design with more connected pathways to therapy — an approach EVERSANA is advancing through innovative access models that help organizations strengthen patient access, optimize affordability investments, and maintain greater control over program spend.

The Real Question: Whether Support Is Working Smarter

For years, the industry asked whether patients can afford therapy. That question still matters, but manufacturers also need to understand:

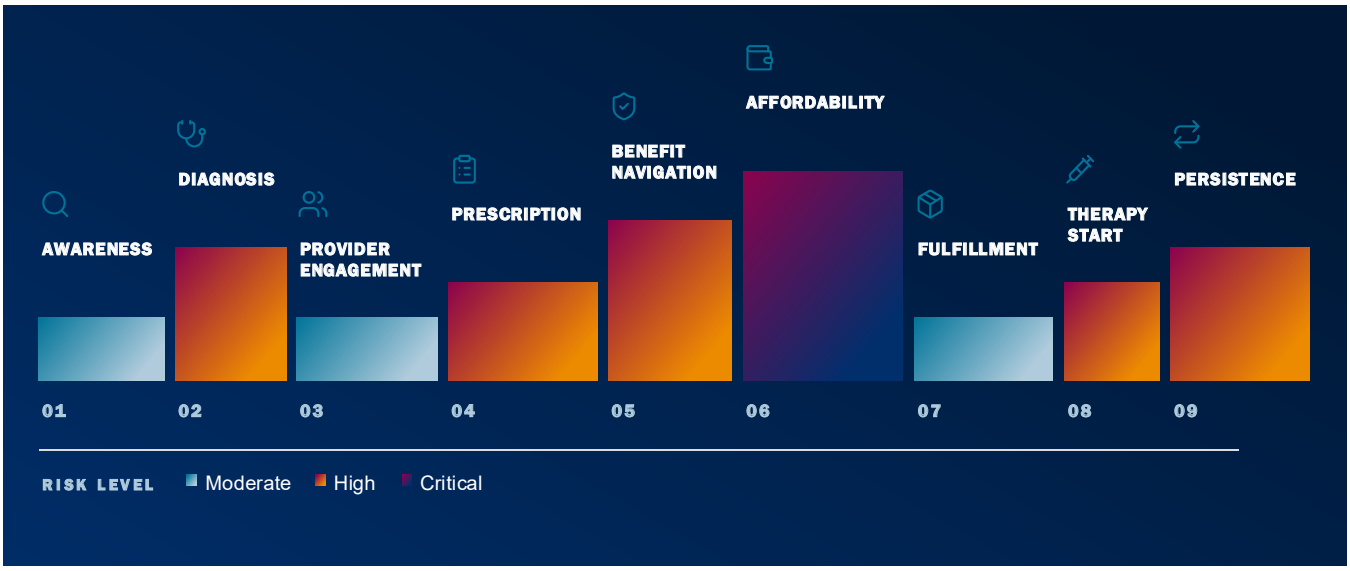
- Are affordability dollars reaching the patients they were designed to support?
- Are programs adapting as payer dynamics change?
- Where are patients getting stuck between prescription, access, fulfillment, and persistence?
- Are assistance programs helping improve therapy initiation and continuity?

These questions move affordability beyond patient support and into the broader commercial strategy conversation.

Affordability sits at the intersection of patient experience, access execution, data visibility, and Gross-to-Net performance. When designed intentionally, it can reduce friction, preserve access, improve therapy continuity, and help manufacturers make better decisions about where and how to invest.

Intelligent Affordability Requires More Than a Copay Card

Intelligent affordability starts with smarter copay design. Instead of treating affordability as a fixed benefit structure, manufacturers need programs built around patient need, payer variation, brand objectives, and market dynamics. EVERSANA's Intelligent Copay approach reflects this shift by helping manufacturers move beyond traditional copay administration toward a more dynamic model built around marketplace-style



adjudication, data transparency, program safeguards, and Gross-to-Net optimization.

Affordability becomes real when a patient arrives at the pharmacy and a claim is adjudicated. In that moment, payer requirements, patient eligibility, and financial support all intersect to determine whether therapy moves forward or another barrier appears.

Manufacturers need a more flexible and transparent approach to adjudication. As payer and pharmacy dynamics shift, they need better visibility into how claims are routed and evaluated. As affordability programs become more sophisticated, manufacturers are increasingly exploring marketplace reimbursement dynamics to identify opportunities to improve program efficiency and maximize the impact of affordability investments. The right model can help reduce unnecessary spend and strengthen oversight without creating new barriers for eligible patients who need support.

Safeguards matter as well. Fraud, waste, and abuse affect the sustainability of the program itself. Recent industry disruptions have reinforced the importance of affordability infrastructure that includes redundancy and flexible adjudication pathways to help maintain patient access when unexpected events occur. Every dollar lost to inefficiency is a dollar that cannot support a patient, improve access, or inform future investment.

The next generation of affordability must be both patient-first and performance-oriented.

Direct Access Changes the Affordability Conversation

Affordability is only one part of the patient access journey — and it cannot be optimized in isolation.

Direct access models are increasingly important because patients do not experience healthcare in neat, isolated steps. They experience connected — or disconnected — moments across awareness, diagnosis, provider engagement, prescription, benefit navigation, affordability, fulfillment, therapy start, and persistence.

Manufacturers that engage patients earlier, connect affordability with patient services and fulfillment, and create a more coordinated path from prescription to therapy start will be best positioned for the future. Doing so improves visibility into the access journey and helps identify friction before it results in abandonment.

Cost is rarely the only challenge. Patients may also need help understanding options, navigating coverage, finding the right fulfillment pathway, completing enrollment, and staying engaged over time. Without visibility into those moments, manufacturers cannot fully understand — or improve — the access experience.

The Next Era Will Reward Integration

Most manufacturers have already invested in affordability programs, patient services, digital engagement, data platforms, and access support. The challenge is that these capabilities are often disconnected.

Each function may perform well on its own. But when the broader system is fragmented, manufacturers may still lack the visibility and control needed to understand what is working, where patients are being lost, and how performance can improve.

The next era will reward models that connect affordability, patient services, digital engagement, direct access pathways, and actionable analytics. Manufacturers need to learn from every interaction and apply those insights to the next one. Affordability programs must adapt, not simply administer.

That is the difference between affordability as a cost center and affordability as a strategic access lever.

A New Standard in Affordability

The next era of affordability will not be defined by programs that simply spend more. It will be defined by programs that work smarter — optimizing investment, reducing friction, improving transparency, supporting faster therapy starts, strengthening persistence, and protecting the patient experience.

That shift requires three core principles:

ONE

INTELLIGENT: Programs need smarter design, flexible adjudication, transparent analytics, and safeguards that help ensure support is used effectively — the foundation of EVERSANA's Intelligent Copay approach.

TWO

CONNECTED: Affordability should be embedded into broader access pathways that connect patient engagement, patient services, fulfillment, data, and access support across the journey.

THREE

PATIENT-FIRST: Optimization should never come at the expense of the patient experience. The goal is to help the right patients access and stay on the right therapy in a way that is sustainable for patients and manufacturers.

Affordability is no longer just a copay problem. It is an access strategy, a data strategy, a patient experience strategy, and, increasingly, a Gross-to-Net performance strategy.

Manufacturers that continue to treat affordability as a downstream transaction risk reacting to complexity only after it has affected access, adherence, and brand performance.

Those that reimagine affordability as a connected, intelligent, and patient-first access model will be better positioned to navigate what comes next.

The question is no longer whether affordability programs are working. It is whether they are working hard enough — and smart enough — for the market patients and manufacturers face today.

For manufacturers ready to find out, that conversation starts with a clear view of where the program stands today — and where it's leaking value.

Authors:

Graham Lane, *Senior Vice President, Patient Services*

Deanna Horner, *Executive Vice President, Enterprise DIRECT Strategy*

References:

1 Source: IQVIA Institute for Human Data Science, *The Use of Medicines in the U.S. 2023: Usage and Spending Trends and Outlook to 2027* (May 2023), View Report.

2 Long, M., Salaga, M., & Pestaina, K. (2024, October 24). *Copay adjustment programs: What are they and what do they mean for consumers?* KFF. https://www.kff.org/health-costs/copay-adjustment-programs-what-are-they-and-what-do-they-mean-for-consumers/

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