Defining Direct to Patient Programs

An overview of DTP: concept, strategy, and future outlook

Objectives

Direct to Patient (DTP) programs enable drug manufacturers to engage with patients outside of the traditional insurance pathway. These platforms are increasingly common as drug manufacturers, patients, and employers look for new ways to support access and affordability, provide increased optionality for patients, support growth, and address evolving regulatory dynamics.[1]

Launching DTP Programs

Drug manufacturers typically set up DTP programs by **partnering with vendors that operate third-party platforms**. These can be specific to individual brands or span across multiple products or therapeutic areas (e.g., Lilly Direct, PfizerForAll). DTP programs can also be integrated with telehealth services for prescription and delivery, or more complex hub services and higher-touch patient support. DTP vendors may operate as **dispensing or non-dispensing pharmacies**. Dispensing pharmacies are those that can process, adjudicate, and dispense medicines. Non-dispensing pharmacies cannot fulfill scripts; however, they can manage the patient and route scripts to the appropriate dispensing channel. In addition to selecting a DTP vendor, key implementation considerations include setting a **patient price** (linked to your payer access strategy) and **defining the brand positioning** (integrated with patient and physician marketing efforts).

Dispensing pharmacies

Eagle Pharmacy, amazon pharmacy, Truepill

Non-dispensing pharmacies

EVERSANA, asembia, EQUISCRIPT, BLINKRx

Non-Pharmacy

GoodRx

Patients navigate to the vendor website to download a card that can be presented at the pharmacy

Patient Journey & Experience

DTP programs provide patients with an **alternative route to access medicine;** and can also provide adherence and fulfillment services to minimize friction throughout the patient journey:

Diagnosis & Prescription	Successful Initiation	Treatment Continuation
A provider prescribes a medication and sends the script to the designated DTP pharmacy. DTP programs often rely on physician or patient awareness and advocacy to ensure the claim is routed through the program	DTP claims are adjudicated as cash pay and <u>not</u> through insurance. The patient can fill through the designated pharmacy and out-of-pocket cost may be lower than in the traditional insurance channels.	The patient remains on therapy and continues to fill through the DTP pharmacy. DTP programs often include adherence-improving features such as text alerts, auto-refills, and mail-order delivery

Strategic Considerations

DTP programs serve as a tool to help drug manufacturers achieve one or more of the following objectives:

Provide Optionality
Address patient journey disruptions or access challenges by providing an alternate Rx pathway

Support Growth
Unlock volume (particularly in markets in which demand has been constrained)

Address Regulatory Pressures
Support compliance with evolving regulatory requirements NEW

Viability and design of a DTP program are not only dependent on strategy, but other considerations including…

- Therapeutic Area
- Target Patients
- Brand Access
- Brand Lifecycle
- Current Net Price
- DTP Costs

Future Outlook

On May 12, 2025, President Trump issued an executive order mandating that Americans have access to the 'most-favored-nation' (MFN) price.[2] The White House followed up in late July with a fact sheet stating President Trump had issued letters to 17 leading drug manufacturers, setting a September 29 deadline to commit to MFN pricing. This led to a **swell of DTP-related announcements,** incl:

1. BMS publicly expanding its DTP offerings to Sotyktu (80% discount) and Eliquis (40% discount)[3]
2. Novartis launched a DTP platform to sell Cosentyx directly to patients (55% discount)[4]
3. Amgen launched a DTP program selling Repatha at a 60% discount[5]

While uninsured patients may see meaningful savings, those with insurance often *already* benefit from lower negotiated rates or copays than these DTP prices. This highlights a broader reality of DTP programs: the economics of designing these pathways is complex.

Stay tuned as we explore, in our next piece, the underlying economics that drive success – *and risk* – in DTP

Sources: [1] *"Why direct-to-consumer sales are unlikely to significantly lower drug costs", STAT, 2025,* [2] *"President Donald J. Trump Announces Second Deal to Bring Most-Favored-Nation Pricing to American Patients", The White House, 2025,* [3] *"Bristol Myers Squibb Builds on Eliquis® (apixaban) Direct-to-Patient Program, Announces New BMS Patient Connect Platform Offering Sotyktu® (deucravacitinib)", BMS, 2025,* [4] *"Novartis to launch Direct-to-Patient platform for Cosentyx® (secukinumab) in the US", Novartis, 2025,* [5] *Amgen Makes Repatha® Available Through AmgenNow, a Direct-to-Patient Program In The U.S.", Amgen, 2025*

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Direct to Patient Program Economics

Unlocking patient affordability

DTP Refresh

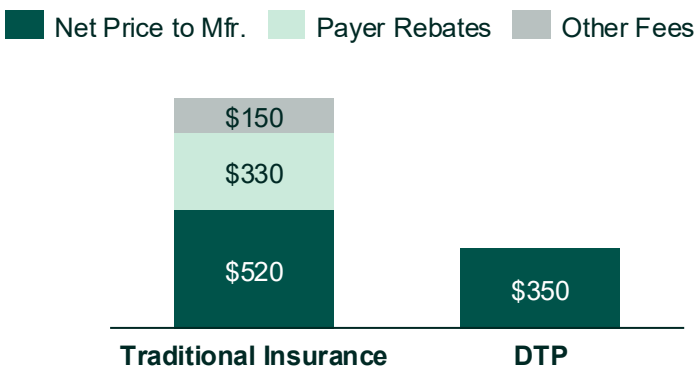
Direct to Patient programs are becoming a key strategic tool for drug manufacturers seeking to achieve one (or more) of the following:

1. Address patient journey disruptions or access challenges by providing a pathway *outside* of the traditional insurance path
2. Unlock volume (particularly in markets in which demand has been constrained in the traditional insurance pathway)
3. Address regulatory pressures

However, the economics of designing these pathways are complex – patient cost in DTP channels must strike a balance between affordability and market appeal, while sustaining investment in traditional insurance channels

Script-Level Economics

Illustrative Example, *$1000 List Price*



List Price	$1000	$350
Net Price	$520	
Patient OOP	$0-1000	

Key Considerations

The largest driver of drug pricing complexity within traditional insurance is the widening gap between list and net price

- For an illustrative $1000 drug, the realized net price ($520) is much lower, a product of significant investment in payer rebates and other patient support strategies (e.g., copay support)
- These investments function to unlock access and ease friction for patients – *reducing management and supporting affordability*

DTP pricing does not always guarantee the lowest cost for patients

- While some patients may pay up to list price through traditional insurance, benefit design, financial assistance programs, and quality of access can often drive out-of-pocket costs below what a DTP offer provides.

The Intersection of DTP with Traditional Insurance *(Payer Access)*

Despite the growing appeal of DTP as a strategic tool, a well-defined payer strategy remains essential to ensure broad patient access. Manufacturers will likely encounter constraints in managing potential linkages between the two channels – particularly as a public DTP price could undermine their ability to invest in affordability within traditional insurance pathways.

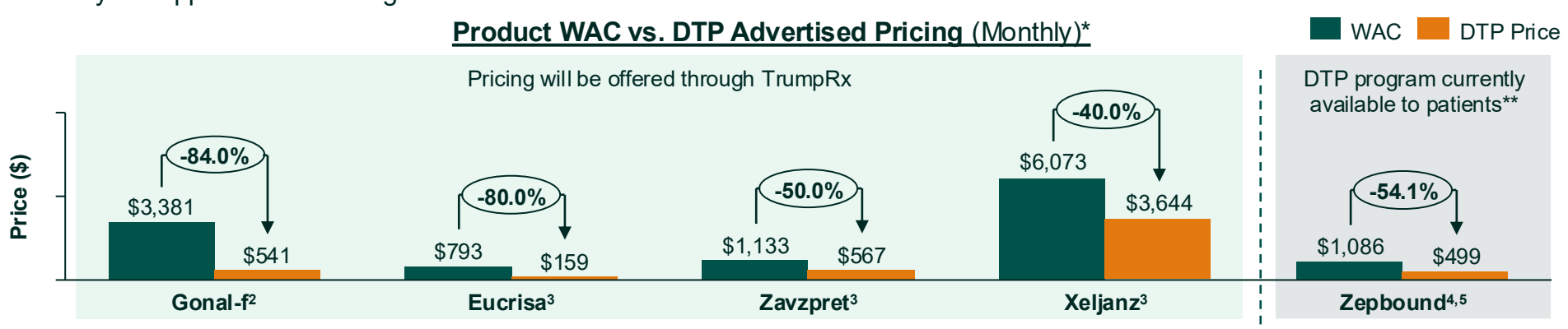
Potential Impact of DTP on Payer Strategy

If the DTP patient price is set *below* the net price realized by payers … → … payers will seek to increase rebates in the next contracting cycles… → … increasing rebates (especially without a commensurate improvement in patient access) will constrain manufacturers' ability to invest in other affordability offerings

Latest DTP Offerings

Many manufacturers, responding to evolving regulatory expectations, have introduced DTP programs offering discounts of 40–80%. Despite these sizable reductions, patient prices often remain high and varying, often opaque DTP eligibility requirements across products further constrain patient access. Consequently, in the short term, DTP programs may continue to function mainly as secondary or supplemental offerings.

Product WAC vs. DTP Advertised Pricing (Monthly)*



Coming up next: *how DTP can be integrated into manufacturers' affordability strategies as a cornerstone of an affordability Center of Excellence (COE)*

*Monthly WAC was derived for the following products: **Gonal-f**: 14-day cycle with a daily dosage of 75 IU; **Eucrisa**: 60-gram tube; **Zavzpret**: six 10-mg nasal spray devices; **Xeljanz**: 30-day supply assuming a daily dosage of 10 mg; **Zepbound**: four 10mg pens **Eli Lilly recently agreed to provide discounted prices of Zepbound through TrumpRx in mid-2026, offering Zepbound at $350 per month (~68% discount) *Sources:[1]"Anti Kickback Safe Harbors in Healthcare Vendor Deals", Arron Hall Attorney, [2] "EMD Serono Announces Unprecedented Agreement with U.S. Government…", EMD Serono, 2025, [3] "President Donald J. Trump Announces Second Deal to Bring Most-Favored-Nation Pricing to American Patients", [4] "How much should I expect to pay for Zepbound® (tirzepatide)?", Eli Lilly, 2025, [5]"Trump announces deals with Eli Lilly, Novo Nordisk to slash weight loss drug prices, offer some Medicare coverage", CNBC, 2025*

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Establishing Affordability COEs Using DTP

How direct to patient programs integrate into broader affordability strategy

Background

- DTP is continuing to grow as a strategy for manufacturers, due to govt pressures, providing optionality or as a way to drive volume
- As DTP doesn't always guarantee improved patient costs over other affordability strategies, it is essential to position it as part of a comprehensive affordability strategy rather than a standalone or reactive approach

Integration of DTP into Existing Affordability COEs

Historically, manufacturers have invested a significant amount in select types of patient savings programs. These programs have been working with other investments (payer rebates, contracting) to offset access hurdles due to increasing patient cost exposure

Examples of PSPs

1. **Covered Programs**
   - **Copay Card**
   - **eVoucher**
   - **Denial Conversion Program**
2. **Not Covered Programs**
   - **Bridge Program**
   - **OCC3 (Not Covered Copay Card)**
   - **Free Trial Program**
   - **Direct-to-Patient**

Affordability Levers

- Product Lifecyle
- Brand
- Volume
- Market
- Access
- TA

Manufacturers customize programs based on several considerations

DTP Programs should work in harmony with these levers, while not being duplicative or obstructive to other financial support strategies

Building an Affordability COE

Affordability is becoming increasingly complex, with more patients facing high deductibles, unpredictable cost sharing, and greater difficulty accessing affordable branded treatments. These changes have prompted greater regulatory and market scrutiny on patient costs, highlighting a broader organizational need to invest in an "Affordability Center of Excellence (COE)"; a dedicated, standalone team that oversees all affordability initiatives and provides brands with strategic guidance and specialized resources.

Current State

- **Complex payer coverage** (high patient cost-sharing, formulary restrictions)
- **Increasing** patient deductibles
- **Increased** regulatory and market **scrutiny** of patient costs

Affordability Center of Excellence

*There is a clear need for manufacturers to invest in a dedicated, **centralized team***

Value of the COE

- Address patient needs and tailor brand solutions to deliver a **comprehensive affordability strategy**
- Evaluate affordability levers, including DTP, to **optimize patient costs** while balancing program and brand economics
- Monitor **legislative and market shifts** and proactively implement affordability solutions that **support brand growth**

Future Outlook

- Manufacturers must adopt a more strategic, forward-looking approach to affordability, moving beyond traditional program structures and legacy patient support models
- Innovative, competitive access approaches are essential, as evolving market dynamics, policy shifts, access landscape changes, and payer behaviors reshape expectations for how affordability is delivered

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