Designing Patient Support That Performs

A strategic guide for emerging biopharma

START

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Introduction

Bringing a novel therapy to market is only one of the crucial challenges that universally weigh on Emerging Biopharma companies (EBPs). In tandem with the product lifecycle, between diagnosis and sustained treatment there lies a complex patient journey shaped by reimbursement requirements, affordability barriers, provider confidence, education gaps, and the day-to-day realities patients and caregivers face once therapy begins.

For EBPs, the stakes of managing this journey are high. Many are launching in rare disease or specialty categories with limited brand recognition, constrained budgets, and intricate treatment pathways. In that sensitive environment, patient support cannot be treated as a downstream function. It plays a central role in whether patients start therapy promptly, stay on treatment, and ultimately receive the benefit a therapy was designed to deliver.

A thoughtful patient support strategy can also strengthen commercial performance. When support is aligned to the moments that matter most, it can reduce friction, improve the patient and provider experience, support persistence, and generate the evidence needed to inform future optimization. It can also build confidence with prescribers who need assurance that patients can move through the access and treatment process with clarity and consistency.

This eBook explores four priorities for designing patient support initiatives that perform:

- Understanding the patient treatment journey and where patients drop off
- Using education more strategically across the journey
- Planning proactively for affordability barriers
- Applying data and analytics to optimize support and demonstrate value

Together, these proficiencies help organizations make more informed decisions, focus investments where they matter most, and build a stronger commercial foundation from launch onward.

Chapter 1: Mapping the patient treatment journey

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Your company's novel therapy may be on track for FDA approval, but approval is not the same as patient access, and patient access does not guarantee outcomes. In the gap between a prescription decision and a patient's first dose lies an often complex journey that manufacturers must navigate with precision.

For EBPs, this can be especially challenging. Brand recognition may be limited, budgets are often constrained, and patients may encounter barriers at multiple points along the treatment journey. Identifying those moments where patients are most likely to experience delays, frustration, or drop-off is the first step toward building support programs that improve access and outcomes.

That is why mapping the treatment journey matters. A clear view of the patient journey reveals where patients need support most and where missteps can occur. It helps organizations identify where delays, handoff failures, or poorly timed interventions cause patients to drop out of the funnel. It also helps teams understand the experience through the perspectives of patients, caregivers, and healthcare professionals, rather than through assumptions alone.

The stakes are measurable. Rare disease diagnostic odysseys can stretch beyond six years. In oncology, treatment delays of just four weeks have been linked to higher mortality. Prior authorization friction continues to interfere with treatment access, and many patients abandon therapy when those barriers become too difficult to navigate.

Patient support strategies grounded in a clear understanding of the treatment journey can help patients start therapy sooner and stay on treatment longer. For emerging brands, that creates an important opportunity. Without legacy systems or one-size-fits-all program models to work around, emerging biopharma teams can design patient support around the realities of their specific population and pathway.

Where the journey breaks down

The most useful journey maps are grounded in real signals, not anecdotes. Hub and CRM notes, specialty pharmacy activity, prior authorization outcomes, benefits verification results, and engagement touchpoints can all help clarify where barriers are occurring. Where available, claims, electronic health records, and lab events can add even more context.

Mapping the patient treatment journey

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Across many treatment journeys, three stages in particular present the greatest risk for patient drop-off:

Access and affordability

Insurance requirements can create delays before treatment begins. Prior authorizations, step edits, site-of-care restrictions, and benefit design complexities can slow progress and create confusion for both providers and patients.

Treatment initiation

Even after approval, the path to first dose may include additional steps such as pharmacy coordination, scheduling, pre-administration testing, and patient preparation. When these handoffs are fragmented, patients can lose momentum and trust.

Ongoing support

Persistence often erodes quietly during the first three to six months of therapy. If organizations wait too long to recognize that erosion, the opportunity to intervene may already be gone.

These are the moments where patient support can have the greatest impact.

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Using support services to reduce friction

Once the journey is mapped, drop-offs often cluster in a small set of predictable places. That makes it possible to pair high-friction moments with targeted interventions that reduce delays and prevent drop-off.

Insurance rules continue to slow patient care. Physicians frequently report delays tied to prior authorization requirements, and these challenges can be especially difficult for unfamiliar or complex therapies. Payer-specific prior authorization templates, clear medical criteria checklists, reimbursement best-practice guides, and early benefits checks can all help improve first-pass approval rates and shorten cycle times.

Therapy-specific considerations matter, too. For infused or office-administered products, payer requirements around prior authorization, site of care, or step therapy may determine where and when treatment can begin. Guidance that is aligned to these realities helps providers navigate the process more efficiently.

Even after approval, starts can stall. The period between approval and first dose often involves additional coordination that patients may not be expecting. This gap can extend for weeks, especially for newer therapies that require pre-administration testing, distribution coordination, or specialized pharmacy involvement. EBPs can reduce this friction through centralized scheduling, starter kits or bridge fills where appropriate, and day-one patient education that helps people understand what comes next.

After treatment begins, ongoing support becomes critical. Adherence and persistence can decline for many reasons, including side effects, administrative burden, life disruptions, financial concerns, or uncertainty about what to expect next. Proactive interventions such as text reminders, symptom check-ins, nurse callbacks, caregiver guides, and appointment-preparation tools can help patients remain engaged and supported during the earliest months of treatment.

From journey visibility to commercial value

Without strategic support at the moments that matter most, even breakthrough therapies can struggle to reach patients and may fall short beyond initial treatment initiation. Persistence in the first three to six months helps shape product value, supports provider confidence, and contributes to the real-world evidence that can inform future payer discussions and contracting decisions.

The goal is not to build the largest support program at launch. It is to focus first on the highest-leverage opportunities. Start by identifying the areas where patients currently experience the most friction. For many organizations, that means prior authorization cycle times, time from approval to first dose, or early discontinuation rates.

From there, select interventions with intent. A targeted, well-designed response to specific barriers often delivers more value than a broad program that tries to solve everything at once. Establish a scorecard early, and track a focused set of metrics each month, such as prior authorization first-pass rate, approval-to-start days, and 90-day persistence. That creates a practical foundation for improvement and gives internal stakeholders a clearer view of what is working.

Understanding the patient journey is the starting point. Once friction points are visible, organizations can make better decisions about how to influence the journey earlier and support patients more effectively, beginning sooner than later which might require more resources overall.

Chapter 2: Rethinking patient education across the journey

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Once organizations understand where patients are likely to encounter friction, the next question is how to engage them more effectively at the right time. For many emerging biopharma companies, patient education remains underused as a strategic lever.

Too often, education is treated as a downstream support function that begins after a prescription is written. Given the demands of launch planning, many organizations prioritize access, reimbursement, and operational readiness; and while those investments are important, strong access strategies can still fall short when education starts too late in the journey.

When executed strategically, patient education can support disease awareness, build provider confidence, accelerate treatment starts, and improve persistence over time. It can also make the treatment experience clearer for patients and caregivers navigating complex therapies.

Starting earlier matters

Traditionally in healthcare, patient education begins after the prescription decision. For established brands, that approach may perform reasonably well. For EBPs, launching novel or specialty therapies, that approach often leaves too much to chance. By the time a treatment is under consideration, providers may have already formed opinions, and patients may already feel uncertain about what the therapy involves or whether it is right for them.

Pre-prescription education brings the conversation forward. It can be especially valuable in rare disease and specialty categories, where patient communities are often small, informed, and closely connected. Early education helps patients and caregivers better understand disease progression, recognize when treatment conversations may be appropriate, and engage more meaningfully with providers.

In these communities, peer-to-peer awareness can amplify the impact of educational efforts. When patients share information and experiences within trusted networks, awareness can spread in ways that feel more credible and relevant than traditional outreach alone.

Pre-prescription efforts may include disease awareness campaigns, patient ambassador initiatives, community portals, symptom-tracking tools that help patients prepare for clinical visits, and educational materials that explain what to expect when seeking specialty care. These efforts help patients identify appropriate treatment options more efficiently while building trust among patients, caregivers, and prescribers.

Further, pre-prescription education does not replace post-prescription support. It raises expectations for how that support should perform.

Rethinking patient education across the journey

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Why old education models fall short

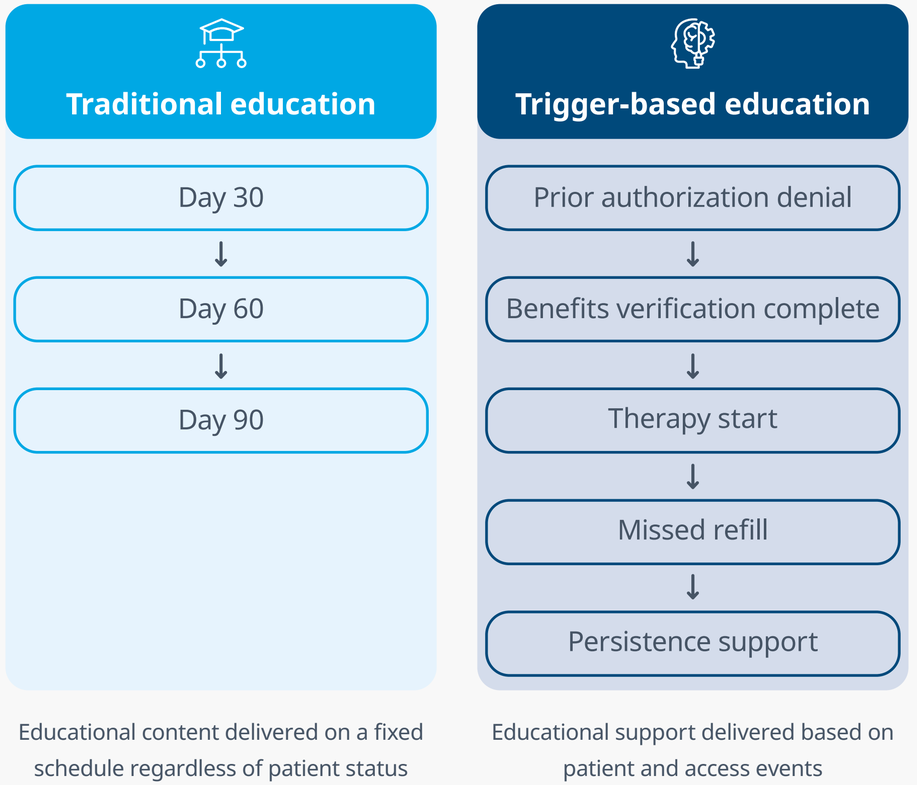
For years, many patient support programs relied on engagement maps built around time since prescription. Materials might be sent on day 30, day 60, or day 90, with each touchpoint focused on topics such as treatment progress, side-effect management, or adherence.

These models are still common, but they often do not reflect how patients actually move through treatment. Real-world journeys are not linear. One patient may face prior authorization delays that keep therapy from starting for weeks. Another may begin treatment quickly but encounter side effects in the first two weeks. A third may experience uncertainty during refill or reauthorization.

When educational material is sent according to a calendar rather than a patient's current context, it can feel disconnected from the reality of care. Case managers know this problem well. Few things erode confidence faster than discussing treatment materials with a patient who has not yet received therapy.

Deliver education based on what patients are experiencing, not simply how much time has passed.

From time-based education to trigger-based education



Educational content delivered on a fixed schedule regardless of patient status

Educational support delivered based on patient and access events

Rethinking patient education across the journey

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Smarter education follows real signals

Leading organizations are moving toward trigger-based education that responds to patient, provider, and access signals across the journey.

Instead of assuming that all patients need the same content on the same schedule, these models use operational and behavioral data to identify moments when education can provide the greatest value. A prior authorization denial may trigger content for field reimbursement managers or office staff on appeals, bridge options, or alternative funding resources. A missed refill after a period of adherence may trigger outreach focused on persistence support. A benefits verification result may signal the need for cost, access, or onboarding education.

These programs draw from a range of inputs, including benefits verification outcomes, pharmacy claims, patient support interactions, provider engagement, and patient-reported information. More advanced models may also incorporate factors such as insurance type, treatment stage, prescribing patterns, demographic context, and other signals that help determine which content to deliver, when, and to whom.

The result is education that feels more timely, more relevant, and more aligned to the actual experience of treatment.

Content design still matters

Even with sophisticated targeting, content design remains critical. Patients and caregivers navigating complex therapies often face information overload. Materials that are too technical, too dense, or too dependent on clinical language can create more burden rather than reduce it. They can also shift the work of explanation to nurses, case managers, or other support staff.

Effective educational content prioritizes clarity and accessibility. It should use plain language appropriate to the patient population and focus on the information people need to make informed decisions and navigate treatment with confidence.

Representation matters as well. Educational materials are more effective when they reflect the diversity and lived experience of the communities they are meant to serve. Imagery, scenarios, and examples should feel authentic and relevant to patients and caregivers who are trying to understand what treatment may look like in their own lives.

When content is accessible, relevant, and representative, it is more likely to support understanding, engagement, and sustained participation in treatment.

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Measure education against outcomes

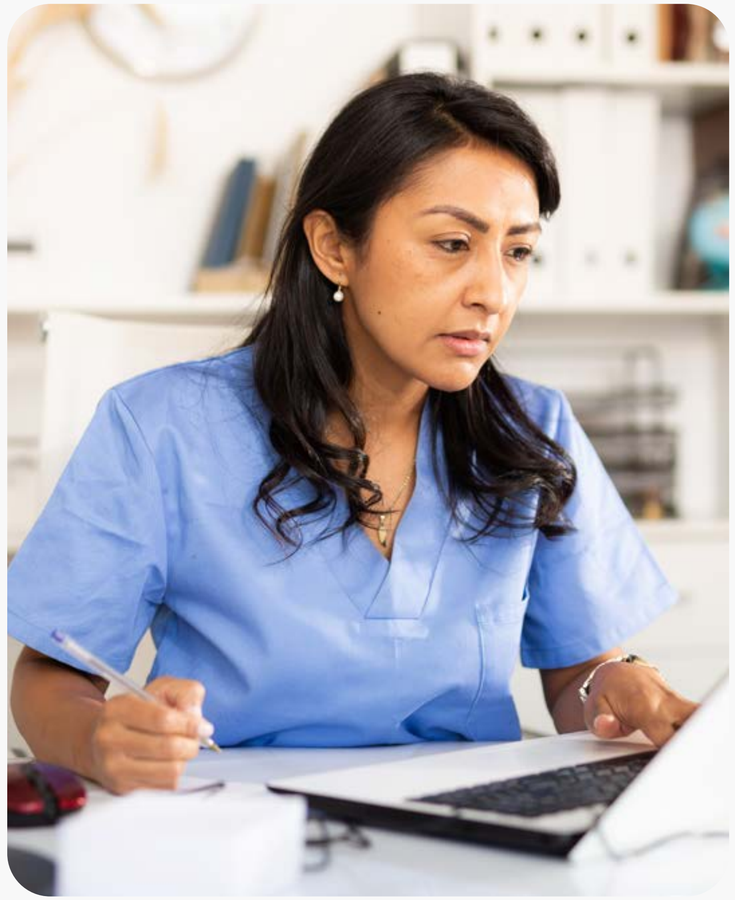
As education strategies become more sophisticated, measurement becomes more important. The strongest programs do not evaluate educational activity in isolation. They connect engagement to operational and treatment milestones.

Website visits, content downloads, or patient support enrollment can be analyzed alongside events such as benefits verification completion, time to first fill, and persistence over time. This helps organizations see where patients are most likely to encounter delays or drop-off and where educational interventions may have the strongest influence.

For EBP teams operating with limited resources, this level of measurement is especially valuable. It helps determine which educational approaches appear most closely associated with improved treatment initiation or persistence, helping teams prioritize the highest-impact interventions.

The key is to define success metrics early and design the data strategy around them from the start.

Education works best when it is connected to the patient journey, responsive to real-world context, and measured against outcomes that matter. From there, the next challenge is addressing one of the most persistent barriers between being prescribed a therapy and starting it: affordability.



Chapter 3: Planning proactively for affordability

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Affordability has become a quiet but decisive force in treatment initiation and persistence. High deductibles, increasing coinsurance, and more sophisticated payer cost-management tactics have made out-of-pocket costs a major source of abandonment. Patients may receive a prescription and still be unable to start or continue therapy once cost realities set in.

Manufacturers have responded with copay assistance and other affordability support, but payer tactics must continue to evolve. Accumulator programs prevent manufacturer copay assistance from counting toward a patient's deductible or out-of-pocket maximum. Maximizer programs are structured to extract the full value of manufacturer support. In both cases, patients and manufacturers are carrying the burden while payers maintain their position.

For emerging biopharma companies, affordability needs to be planned as a commercialization priority from the outset. A reactive approach can lead to inefficient spending, avoidable drop-off, and mid-year disruption.

Start with strategy

Before designing an affordability program, organizations need a clear understanding of the conditions patients are likely to face.

Key questions include:

- What payer tactics will patients encounter?
- What out-of-pocket costs will different patient segments face?
- How do patients in this therapeutic area respond to high costs?
- What forms of support are most likely to help them move forward?

With answers to those questions, teams can begin to map the access journey with greater accuracy. Claims data and benefits verification insights for similar products can help quantify accumulator and maximizer exposure, identify patterns in benefit design, and anticipate where cost-related barriers are most likely to appear.

Patient cost sensitivity also varies. A copay amount that may be manageable in one therapeutic area could be a meaningful barrier in another. This makes segmentation essential. Patients do not all need the same support, and simplified affordability models can lead to overspending on some segments while underserving others.

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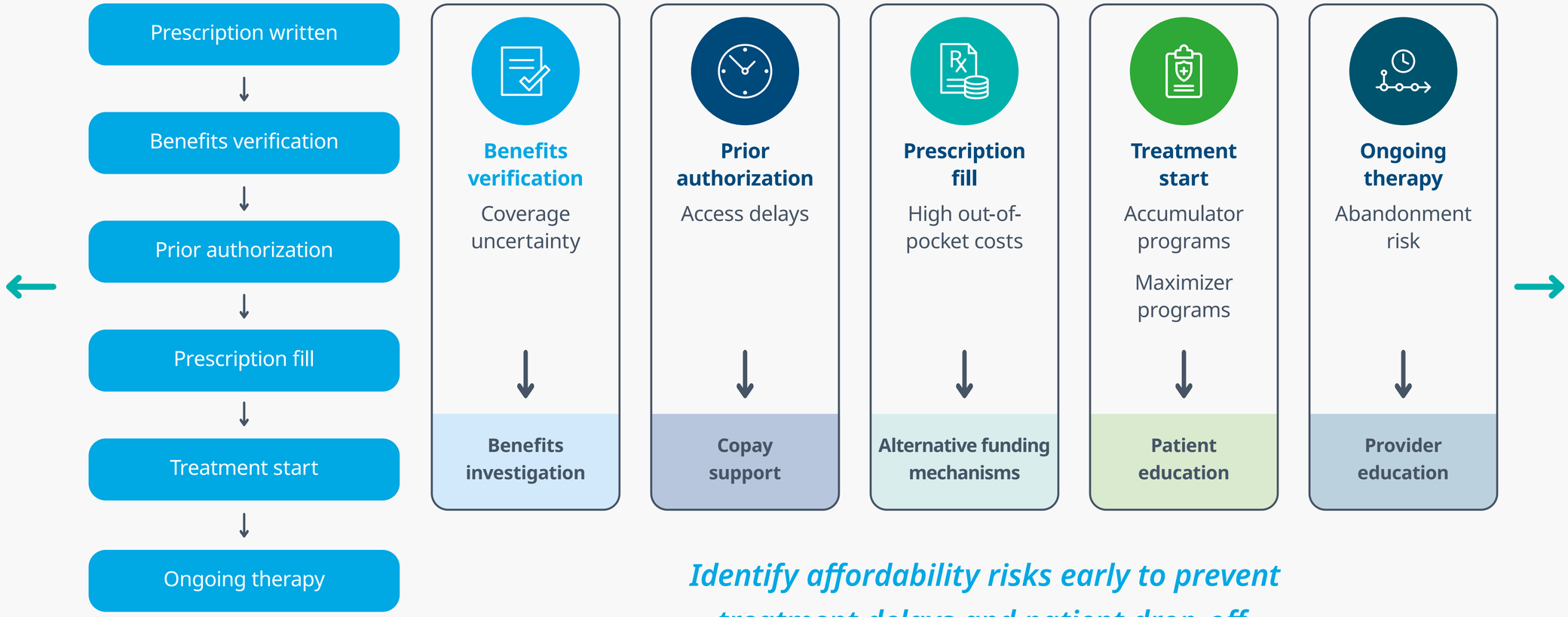
Where affordability barriers can impact access visual flow



Identify affordability risks early to prevent treatment delays and patient drop-off.

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Identify risk early

When managing accumulators and maximizers, waiting to see what happens can become expensive quickly. If an organization discovers accumulator exposure only after patients have already used traditional copay mechanisms, value has already been lost. If support budgets are built on assumptions that later prove inaccurate, mid-year changes can create confusion for providers and disruption for patients, and increase the risk of abandonment.

The better approach is to use benefits verification data and adjudication patterns to identify at-risk patients as early as possible. Early visibility creates more flexibility. It may allow a patient to be routed toward a more appropriate funding mechanism without delaying treatment. It may allow support teams to explain the process to provider offices before issues emerge at the pharmacy counter.

Smart funding mechanisms can also help. Patient debit cards funded by the manufacturer, for example, may reduce accumulator exposure while creating a more auditable trail. These tools can function as patient-controlled funds that pharmacies may be less likely to treat as traditional manufacturer assistance.

Design benefit strategies carefully

Affordability support should be structured with enough flexibility to address real patient need while protecting program integrity. That may involve tiered caps aligned to risk profile, business rules that vary by pharmacy or geography, dynamic lookback periods, or different support levels depending on benefit design.

Higher caps may make sense for patients in more traditional plans where support directly helps them meet genuine cost barriers. More conservative caps may make sense for maximizer situations where additional spending does little to benefit the patient and primarily increases payer extraction.

Payer tactics shift over time, often on an annual basis. That means affordability strategies should not be treated as static. Regular optimization reviews are necessary to understand how accumulators, maximizers, and benefit designs are changing and whether current program rules still serve patients effectively.

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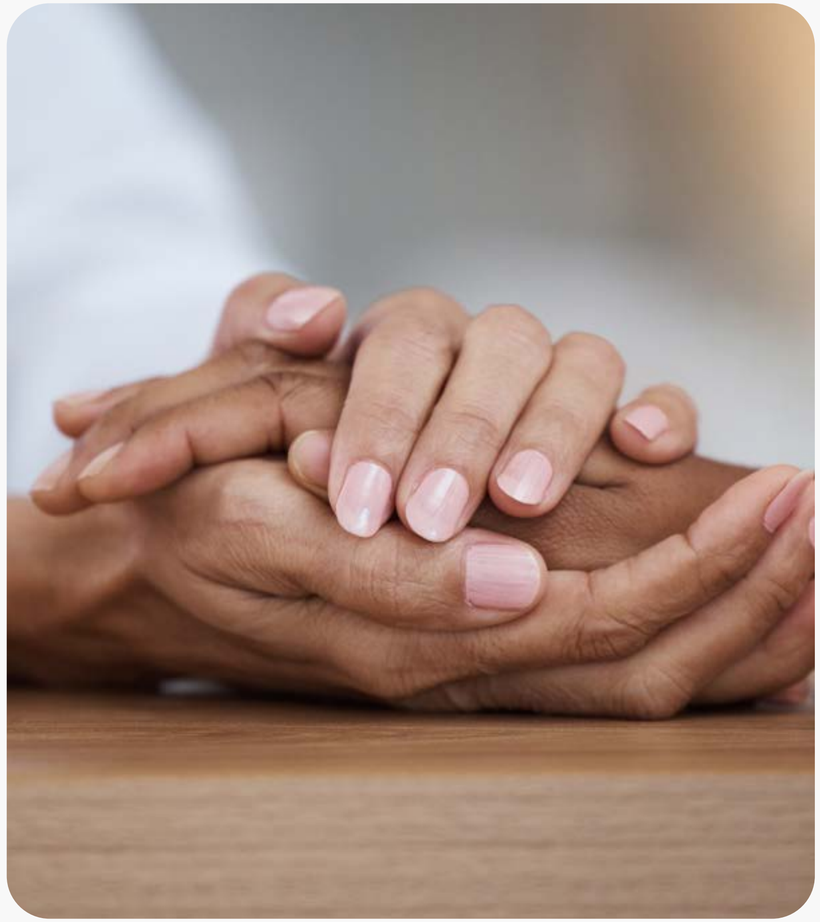
Affordability and patient support are closely linked

Affordability cannot be separated from the broader patient support experience. Patients need clear guidance on what support is available, when to use it, and how to address pharmacy or insurance friction when it arises. Provider offices and reimbursement teams need practical education on how to frame support appropriately and reduce avoidable friction at the point of access.

When affordability programs are designed early, governed carefully, and connected to the actual dynamics patients are facing, they can protect access while improving operational efficiency. They can also help preserve resources by ensuring support is directed where it delivers the greatest value.

For EBPs, the goal is not to match the size of a large pharmaceutical affordability program. It is to plan intelligently, segment support appropriately, and align the design to how patients will actually encounter cost barriers in the market.

Once those support structures are in place, data becomes essential for understanding what is working, where programs should adapt, and how to demonstrate their value over time.



Chapter 4: Using data to optimize support and prove value

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For many emerging biopharma leaders, one of the most difficult moments comes a few months after launch, when performance does not match expectations and the reasons are unclear. Abandonment may be higher than projected. Persistence may vary across segments. Provider uptake may be uneven. By the time routine reporting surfaces the problem clearly, the opportunity for early course correction may already be gone.

That uncertainty is costly. For organizations working with small teams and limited budgets, it is especially difficult to defend investments or make confident adjustments without a clear view of where patients are dropping off and why.

Data can close that gap. When used well, it helps organizations understand patient behavior earlier, design smarter support strategies, optimize programs as conditions change, and demonstrate commercial value to internal stakeholders and investors.

Use multiple analogs when no direct benchmark exists

When a company is first-to-market in a rare disease or with a first-in-class therapy, traditional benchmarking often falls short. There may be no close comparator, or no single analog that answers every strategic question.

A more useful approach is to identify multiple analogs with similar launch dynamics, even when they come from different therapeutic areas. One analog may help inform pricing strategy and copay design. Another may offer insight into adherence and persistence patterns. A third may reveal distribution channel considerations.

A fourth may help clarify whether patients are likely to need high-touch support, digital-first engagement, or a hybrid model.

This kind of multi-analog thinking helps EBP teams use data more strategically. It supports decisions that are grounded in patterns and evidence, even when the therapy itself is new to market.

Make limited data go further

Emerging organizations often do not have years of proprietary data to draw from, which makes every available signal more important. Linking patient support program data with broader healthcare datasets can significantly expand what organizations are able to see and understand.

Enrollment patterns, benefits verification outcomes, and adherence trends within a patient support program can be combined with broader market views to benchmark performance and clarify where a brand stands relative to similar launch conditions. Additional sources such as lab data may help identify undiagnosed patient populations, while social determinants of health data can provide needed context around transportation challenges, income constraints, care access, and other external pressures that shape treatment behavior.

This multi-source approach to benchmarking helps organizations focus resources where they can have the greatest impact. It also gives smaller companies access to a stronger analytical foundation without requiring the infrastructure of a much larger enterprise.

Using data to optimize support and prove value

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Three practical ways data can improve patient support

PREDICT AND INTERVENE

Data can reveal where patients are most likely to drop off and which patients may be at greatest risk of discontinuation. That allows teams to intervene earlier with the right support, whether that means nurse outreach, digital reminders, reimbursement help, financial assistance, or a change in engagement model.

It can also surface the effect of payer tactics such as accumulators and maximizers before those dynamics show up more dramatically in abandonment or persistence trends.

INFORM PROGRAM DESIGN

Data helps organizations design support programs that fit actual patient need rather than broad assumptions.
It can clarify whether patients would benefit from a concierge model, a digital-first model, or a hybrid approach. It can help identify underdiagnosed populations, quantify where provider education should be concentrated, and show whether certain interventions are underused or underperforming.

When teams can see how different patient segments respond, they are better positioned to reallocate resources toward higher-impact efforts.

DEMONSTRATE VALUE

Emerging biopharma teams often need to justify patient support investment to leadership, board members, or investors. Data makes that case stronger. Metrics such as fill rates, time to therapy, persistence, and approved starts can help show the relationship between patient support and commercial performance. That gives management a more credible basis for continued or expanded investment.

Clear evidence also helps shift internal conversations. Instead of defending patient support as a cost center, organizations can show how it contributes to treatment initiation, continuity, and launch performance.

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Governance matters from the start

As data strategies become more sophisticated, governance becomes more important. Smaller organizations are not exempt from regulatory and compliance expectations simply because they are lean. Without dedicated infrastructure, it can be easy to misstep by using data beyond the scope of consent, misunderstanding what can be shared, or failing to establish compliant processes for storage and analysis.

That is why governance should be built into program design from the beginning. Appropriate data use, consent requirements, policy guardrails, and compliant systems all need to be addressed early so that insight generation can continue over time without creating added risk.

Optimizing with discipline

The organizations that make the most of limited resources are often the ones that use data with the greatest discipline. They define a clear set of questions, connect the right data sources, establish meaningful KPIs, and use those insights to refine support over time.

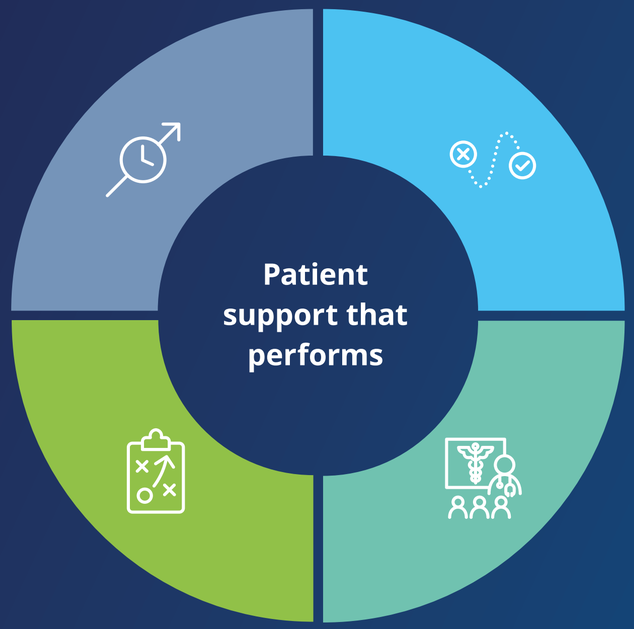
That discipline makes patient support more sustainable, more targeted, and easier to defend. It also creates a stronger foundation for long-term commercial success because the program evolves based on what patients and providers are actually experiencing.

When data, access strategy, affordability planning, and education all work together, patient support becomes a practical engine for better outcomes. It helps organizations move beyond launch execution alone and into continuous improvement.

Conclusion: Build for the moments that matter

Use data continuously
Optimize support programs and demonstrate value.

Map the journey
Understand where patients encounter friction and drop off.



Plan for affordability
Reduce barriers that delay therapy initiation and continuation.

Educate strategically
Deliver education when patients need it most.

Better access • Better experience • Better outcomes

Conclusion: Build for the moments that matter

For EBPs, patient support is often one of the clearest opportunities to improve the treatment experience while strengthening commercial performance. The challenge is deciding where to focus first.

The answer begins with visibility. Organizations need a clear view of the treatment journey and the moments where patients are most likely to encounter friction. From there, they can use education more intentionally, address affordability barriers earlier, and apply data to optimize support and demonstrate value.

This does not require building the largest program. In many cases, the most effective approach is more focused than expansive. Start with the areas where drop-off is most likely. Prioritize the interventions that are most likely to improve access, initiation, or persistence. Measure outcomes consistently and refine the program based on what the data shows.

For organizations launching in complex, high-stakes markets, that level of focus can make a meaningful difference. It can help patients move through the treatment journey with fewer barriers and greater confidence. It can help providers trust that support will be there when they prescribe. And it can help emerging brands use limited resources with greater precision and impact.

Patient support works best when it is designed around real patient needs, connected to real-world signals, and managed with clear strategic intent. When those elements are in place, support becomes more than an operational function. It becomes a measurable driver of access, experience, and long-term value.

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