

Patient Support Programs: New Approaches and Top Priorities



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Forward

In this progress report, AssistRx shares insights on the current state of patient support programs (PSPs) across the specialty, specialty-lite and retail pharmaceutical spaces. Specifically, this report focuses on:

- Aligning on the industry’s varying frames of reference across PSP models and technologies.
- Exploring new approaches to delivering PSP services and when it’s time to make a change.
- Highlighting top priorities life sciences organizations should have on their radar in 2025.

By empowering you with the facts, you can make informed decisions on the investments that will make the biggest impact on your patients, their caregivers and healthcare providers (HCPs), while meeting your organizational goals.

Part 1

Know The Facts: Varying Frames of Reference

Introduction

As PSP offerings evolve and new technologies come to market to meet the needs of specialty pharma's changing landscape, frames of reference become an important opportunity for alignment. It has become more difficult for life sciences organizations to know the facts about which solutions best support access, affordability and adherence while delivering the best value for their patients and HCPs.

In this section, we define some of the industry's most impactful concepts, capabilities and technologies as you review which option is right for you and your stakeholders.



PSP Models: Outsourced vs. Insourced vs. Hybrid and Pros and Cons of Each

Life sciences organizations' PSPs often operate as outsourced, insourced or hybrid based on the delineation of patient support responsibilities between the life sciences organization's staff and technology versus their PSP vendor(s) staff and technology.

Technology solutions can include the program's systems, such as CRM, or e-services like e-benefit verification (e-BV) or e-prior authorization (e-PA). Talent solutions are often live, person-to-person interactions between PSP staff with patients, caregivers, HCPs, payers, etc.

Outsourced models — models that have both technology and talent aspects of a PSP managed by a vendor(s) — have been the most popular choice for life sciences organizations over the past decade.

Over recent years, many life sciences organizations are increasingly weighing the costs and benefits of taking some or all PSP operations in-house to gain more control over patient and HCP experiences and have better access to program data. This is referred to as insourced PSP models.

Often, the organizations that consider their PSP model as “insourced” do not insource every PSP component. For example, while the life sciences organization may build an in-house CRM, they may still integrate a PSP vendor's technology like e-coverage tools. This type of model is a hybrid, rather than a truly insourced model.

PSP Model Definitions

HUB MODEL	Outsourced	Insourced	Hybrid
	Life sciences organizations contract with a third-party PSP vendor(s) to outsource all PSP services.	Life sciences organization’s internal teams and technology execute all PSP services.	A combination of the two. Life sciences organizations contract with a vendor to outsource some tech- or talent-based PSP components.
BEST FOR	<ul style="list-style-type: none">Organizations lacking existing internal infrastructure or resources. Building the technology infrastructure or hiring/maintaining staff is fiscally infeasible.Organizations who are risk averse to the regulatory and compliance risks accompanying PSP maintenance.Organizations seeking a vendor having superior technology and/ or a wider breadth of expertise in PSP operations.One-off therapies nearing the end of their lifecycle and portfolios of therapies that can be supported with similar services.	<ul style="list-style-type: none">Organizations able to invest deeply in technology infrastructure to support optimized patient and HCP experiences.Organizations able to onboard, train and retain enough quality PSP staff to best meet the needs of patients and HCPs.Organizations with the resources to account for expected and unexpected volume fluctuations.Established blockbuster therapies or a portfolio of established therapies.	<ul style="list-style-type: none">Organizations looking for more control over frontend, brand-centric customer experiences.Organizations seeking robust program data without years-long infrastructure builds.Organizations that want to utilize the latest technology advancements to differentiate their patient and HCP experiences.Both large and small organizations offering therapies across the drug lifecycle. Most therapies are complex and require high-touch patient/HCP support.

Factors to Consider When Choosing a PSP Model

To choose the best model to meet program needs, life sciences organizations need to align their goals for their PSP and which model most efficiently meets those goals. They must also carefully evaluate their PSP’s ability to remain compliant and uphold quality patient and HCP experiences.

Internal Assessment

- Organization’s risk tolerance for regulatory and compliance requirements.
- Internal technology and staffing resources available to support the model.
- Patient, HCP and specialty pharmacy workflows to ensure the chosen model meets these stakeholders where they are and causes the least amount of friction.
- Prioritization of patient journey visibility.

Vendor Assessment

When selecting a PSP model, life sciences organizations choosing a hybrid model should seek a vendor that:

- Offers interoperable, configurable and scalable technology.
- Has relevant experience and expertise.
- Prioritizes the life sciences organization’s best interests — even if that means eventually moving the PSP to an insourced model.

AHEAD OF THE CURVE WITH ASSISTRX

AssistRx supports all three models. Whether outsourced, hybrid or insourced, we consult our clients on the model that will work best for them and result in the best patient and HCP experiences.

Our technology is interoperable and rapidly configurable, resulting in faster implementations. With Advanced Gateway, a single API that quickly and easily deploys Advanced eServices like Advanced Benefit Verification (ABV), eMedical Benefit Verification (eMedBV) and Advanced Prior Authorization (APA), life sciences organizations can streamline their programs and accelerate access for outsourced, insourced or hybrid programs.

Our people are experts in managing these models and consulting on how to evolve programs throughout the therapy lifecycle. With extensive therapy expertise and the ability to power talent with technology, AssistRx PSP staff deliver quality support regardless of the PSP model.

Technology-first PSP Providers: Where They Differ and How to Evaluate Your Options

Over the past two years, terms like “digital hub,” “digital intake” and “digital front door” appear in almost every specialty pharma trade article. It’s no longer a differentiator to incorporate a digital, technology-first approach into your PSP — it’s a mandate, both from consumers and life sciences organizations.

Depending on the article, these terms vary in what they mean in the context of patient services.

A digital hub can range from a “hub-lite” solution — where technology is layered onto traditional reimbursement services but still relies heavily on backend support — to a fully integrated model driven by automation. In a true digital hub, tasks like BVs and PAs are managed through interoperable technology, with talent intervention reserved for the most high-touch, complex cases.

Digital intake typically refers to the digitizing the process of gathering information from patients or HCPs. Digital intake tools capture information electronically, using apps, online forms or other digital channels, rather than paper mailed or faxed forms.

Digital front door is a broader term that encompasses all the digital access points patients and HCPs might use — such as portals, websites, telehealth platforms and more. It serves as the entryway to patient services, often combining access, affordability and engagement tools into one streamlined experience.

Different Takes on Digital Hub

Several organizations offering a digital hub model — digital pharmacies, alternate specialty-lite pharmacies, hub-lite providers and non-dispensing pharmacies — claim to use this approach. Essentially, they use a digital, technology-first approach that reduces manual processes, automates therapy initiation tasks and meets consumer demand for digital experiences, thereby accelerating speed to therapy, creating smoother patient and HCP experiences and reducing PSP investment and costs.

Yet, the actual delivery among these models differs greatly.





Digital Hub Models

Digital Pharmacies	Alternate Specialty-lite Pharmacies (ASLs)	Hub-lite Providers	Non-dispensing Pharmacies
<ul style="list-style-type: none">• Leverage an e-commerce model that leans on patients to self-serve.• Often include telehealth services.• Are usually cash-payment focused.	<ul style="list-style-type: none">• Dispense therapy like a specialty pharmacy but focuses on technology to speed the process.• Deploy services like e-BV, but data accuracy and reach across payer-covered lives may be limited and/or rely on staff in the background.• Leverage a single pharmacy entity, which may create concern for steerage.	<ul style="list-style-type: none">• Like ASLs, use technology to deliver mostly reimbursement support services like e-BVs, e-PAs and electronic affordability services.• Rely on legacy technology, which is difficult to evolve without costly system and process changes.	<ul style="list-style-type: none">• Hold a HIPAA Covered Entity status, which allows them to share and gather information with other covered entities.• Facilitate greater visibility and accelerate access.• Once they receive a prescription, kick off automated e-BVs, e-PAs and affordability programs, then transfer the live prescription to a dispensing pharmacy.

How to Know Which Hub-lite Model is Right for Your Program:

First, life sciences organizations need internal alignment on what is most important to their PSP, then vet which option will most effectively meet their goals while remaining compliant and upholding quality patient and HCP experiences.

Decision-makers should ask themselves:

-  What is my organization's risk tolerance? Is my organization willing to take on the risk of having PHI data in-house?
-  What internal resources can support my chosen model? Will we need to build resources or should we choose a vendor-supported model?
-  What percent of my patient population am I willing to lose visibility to? And which model facilitates the most visibility?
-  What are my current patient and HCP population workflows and will the model meet them where they are?

Life sciences organizations do not need to make these decisions in a vacuum. A good PSP partner will counsel you, help you weigh the pros and cons and determine what's best for your patients, your HCPs, your program and your organizational goals.

Only AssistRx has the perfect balance of tech + talent to deliver innovative digital hub models that meet HCPs and pharmacists in their workflows and patients in their lifeflows.

AHEAD OF THE CURVE WITH ASSISTRX

Choosing the right model for your program requires a PSP provider that truly delivers technology-first solutions. AssistRx's CoAssist and Advanced Access Anywhere solutions are digital, technology-first solutions that facilitate access and affordability in real time, while meeting HCPs and pharmacies in their workflows and patients and caregivers in their lifeflows.

CoAssist

Kick off access in the EHR

CoAssist is a true tech-first patient access and fulfillment solution for specialty-lite and retail therapies. Triggered from the EHR, automated therapy initiation solutions drive fulfillment to the best affordability option for the patient's prescribed therapy.

Specialty-lite and retail brands need an innovative pharmacy model to meet the unique needs of the product and patient and healthcare provider (HCP) populations.

CoAssist meets these needs and delivers informed access and improved outcomes through fully automated therapy initiation and fulfillment, patient-focused access to prescribed therapy, and configurable support throughout the product lifecycle.

Advanced Access Anywhere

Kick off access at the pharmacy

Advanced Access Anywhere (AAA) is a first-of-its-kind solution that delivers rapid therapy initiation and enrollment into available support programs at the point of the pharmacy claim.

AssistRx combines its proprietary technology with its network of more than 63,000 pharmacies nationwide to eliminate the enrollment form, accelerate speed to therapy and facilitate access from anywhere. HCPs simply electronically prescribe to a pharmacy, the pharmacy submits the claim, and the patient receives their medication and access to available support services — all in minutes and without an enrollment form.

AAA is the answer for brands seeking more PSP enrollments, faster dispenses and greater visibility to the patient journey.

AI: Use Cases in PSPs and How to Vet “AI-powered” Technology

A recent Deloitte market dynamics report asserted that artificial intelligence (AI) wouldn’t move forward significantly in the specialty pharma space. However, life sciences organizations are seeing how it has significantly transformed other sectors and are strategizing how they can deploy it in their PSPs to create efficiencies, better patient/HCP experiences and improve outcomes.

AI is broadly considered to drive efficiency gains across most PSP services and improve service quality. However, in specialty pharma, there are significant concerns around data privacy and protections. Compounding the issue is a large variety of frames of reference of what AI is and how it’s powered.

Different Takes on AI-powered Solutions

AI is an advanced technology designed to mimic human intelligence, enabling systems to perform tasks such as decision-making, problem-solving and learning from experience. AI can deliver accurate information, but it requires a significant amount of historical data to do so. Thus, AI effectiveness can vary across PSP use cases. For example, AI is an ideal technology for automating repetitive, manual tasks, as well as identifying and predicting trends to inform next-best-action. However, AI may not be the best option for services that rely on up-to-date, accurate information directly from the source of truth.

An AI-powered personalization platform, AllazoHealth, an AssistRx solution, uses AI and patient-level data to target patients with the right message at the right time via the right channel — at scale — improving patient uptake, visibility and outcomes.

AI Applications in PSPs

When considering if and where to integrate AI into PSP service offerings and/or operations, life sciences organizations should consider the following use cases:

Operational Efficiency	Patient Coverage Determination	Personalized Patient Engagement	Conversational Intelligence
Automations in PSP systems streamline processes and reduce manual efforts. Leveraging AI in these systems can take PSP operations to the next level. For example, AssistRx’s CRM, CaseAssist, uses AI to power case progression and next-best-action decisions, further improving efficiency and refocusing staff on people, rather than tasks. Replacing the human element with AI, however, may not be advisable — at least for the foreseeable future. Many of today’s patients are not yet comfortable with AI interaction (e.g., chatbot). Empathetic talent with specialty therapy expertise may be better suited for this use case.	Many PSP providers tout AI as the optimal approach for completing benefit verifications (BVs). Though AI can be leveraged to identify patient coverage, this method relies on large quantities of historical data to predict coverage status. Because AI requires large data sets, an AI-powered coverage return may have risk for inaccuracies. In many instances, it is more effective to leverage direct connectivity with payers, pharmacy benefit managers (PBMs) and other data sources to perform BVs. Solutions like AssistRx’s ABV and eMedBV deliver real-time, accurate pharmacy and medical BV results in seconds — directly from the source of truth.	AI can use a 360-degree view of patient data to precisely predict points of drop-off and pain points requiring intervention, as well as personalize patient communications and evolve outreach in accordance with patient need. For instance, AllazoHealth, an AssistRx solution, is an AI-powered personalized patient engagement platform that securely and compliantly uses identified patient data to determine the optimal content, channels, timing and cadence for each and every patient to meet them where they are and give them the support they need, right when they need it. Integrating AI into PSPs can increase initiation, adherence and health outcomes while optimizing program performance, costs and efficiencies.	For PSPs that facilitate inbound and/or outbound customer touchpoints, AI can provide valuable insights into patient and HCP dynamics, including sentiment analysis and trending needs or preferences. AssistRx’s Advanced Conversational Intelligence (ACI) solution can be incorporated into PSPs to capture conversation themes and recurring pain points and flag specific terminology — such as payer-specific activity or competitor therapy trends — to drive strategic, data-driven decisions that improve program performance and patient and HCP experiences.

Is AI Right for Your Program?

Determining whether AI makes sense for your PSP depends on several considerations specific to AI’s utility, your unique program goals and your organization’s level of comfort with possible compliance risk.

- **Meeting program goals:** Consider which objectives AI is aiming to achieve and whether other technologies are better suited to those goals. While AI is full of possibilities, it requires clearly defined utility and quality data. When AI fails, some vendors supplement it with manual intervention, effectively underdelivering on AI’s promises and even falling short on set objectives.
- **AI data sources:** AI requires extensive, robust data sets that are multi-threaded and avoid human biases. The right partner will have an extensive understanding of available data, data connectivity across systems and maintenance of data quality to achieve successful application.
- **Data privacy and regulations:** In our highly regulated space, safeguarding protected health information is critical. Because AI is a relatively new technology, laws at both the federal and state level are constantly evolving. Compliance with these laws requires expert monitoring and dedicated resources. For risk-averse organizations, it is critical to vet a PSP vendor’s ability to navigate the landscape through both human expertise and agile, secure technology.

How to Vet Solutions for True AI Application

Ask for specifics about the methodology that powers the AI application.

Example: What data sources are used to determine, for example, patient coverage or patient adherence risk? What is the workflow and what tools are used along that workflow?

Ask what parts of the process are automated versus manual.

Example: Do patient plan details still populate if a BV determines the plan requires a prior authorization (PA)? Is the PA automatically kicked off or does an agent need to initiate it?

Ask when and where talent is used in the AI application, if any.

Example: What is the methodology for stratifying patients and then deploying the appropriate touchpoints? Where does technology power the process and where do people come in?

AHEAD OF THE CURVE WITH ASSISTRX

AssistRx constantly evaluates new technologies that improve patient and HCP experiences. For example, to overcome accuracy concerns for BVs, AssistRx utilizes direct connectivity with payers/PBMs, rather than AI reliant on historical claims data. With this method, our ABV tool returns real-time identification and verification of a patient’s comprehensive pharmacy benefit coverage data, improving transparency, informed decision-making and primary adherence.

To empower our staff to focus on people, rather than systems, we leverage AI within our PSP technology to drive “next-best-action” decisions. Our ACI solution uses AI and speech analytics to deliver visibility into customer dynamics and actionable insights to optimize patient experiences and program performance.

By the Numbers

Integrating AllazoHealth, an AssistRx solution, into PSPs across immunology, cardiology and rare disease therapies improved patient outcomes and program performance through:

16%
increase in therapy initiation rate

18.8%
increase in days on therapy

7.3%
decrease in therapy discontinuation rates

25%
lower spending on program operations

Part 2

Know The Facts: Evolving Patient Support Program Approaches

Introduction

Today's consumers demand personalized, real-time and on-demand services from entities delivering goods and services — and healthcare is no exception. In our rapidly evolving technology and regulatory landscape, life sciences organizations need innovative, nimble ways to deliver essential access, affordability and adherence services. The right PSP partner proactively seeks new solutions and approaches to deliver differentiated customer experiences, increased visibility, rapid configurability and the ability to evolve along the therapy lifecycle.

In this section, we detail the market factors contributing to large program/portfolio transitions from legacy PSP vendors and evolving, technology-first models delivering for specialty-lite and retail-distributed therapies.



Emergence of DTC in Healthcare: Why It's Happening and Alternative Options

As access challenges continue to increase and costs of channel intermediaries continue to rise, more life sciences organizations are exploring DTC models. A handful of the world's top pharmaceutical life sciences organizations have already adopted this approach, driven by several key factors.

There are four market dynamics driving life sciences organizations to adopt DTC models:

Payer Activity

Frequent payer policy changes, payer utilization management tactics, alternative funding programs (AFPs) and copay accumulators and maximizers have made it difficult to predict whether a patient will be covered for a therapy at the point of prescription and ongoing treatment. Many life sciences organizations face access challenges so unpredictable that it's less costly for the organization to offer the therapy at cash, assuming the patient and/or HCP already attempted to secure coverage through insurance.

Cost of Channel Intermediaries

The gross-to-net squeeze is getting ever tighter. Life sciences organizations must account for increasing distribution service agreement fees for distribution, rising rebates and other expenses associated with getting therapies from the manufacturing facility to the patient. For organizations manufacturing low-WAC therapies, these intermediary costs may outweigh the benefits, making a DTC model a more viable and cost-effective option.

Evolving Drug Pipeline

The industry is seeing an increasing number of therapies that do not require a traditional in-office physician visit — such as weight-loss medications, sexual health treatments and hair loss therapies — making them well-suited for DTC models. Additionally, the specialty pharma space is approaching one of the largest waves of therapies approaching loss of exclusivity (LOE, or the “patent cliff”) we've ever seen. Once generics become available, brand-name therapies may be disadvantaged by less favorable coverage or pharmacy counter switching. A DTC model allows many life sciences organizations to maintain patient access, retain market share and create seamless patient and HCP experiences.

Loss of Data Visibility

When prescriptions are sent to retail, life sciences organizations typically lose insight into the patient journey unless the patient is enrolled in copay or other support program. This lack of visibility makes it difficult to track who has received the therapy, how much inventory remains, whether pharmacy teams check for copay assistance and whether patients are refilling or abandoning their prescriptions. As such, it's difficult for life sciences organizations to make informed decisions to improve program performance.

Defining the DTC Model

A DTC model usually leverages a consumer platform, telemedicine and pharmacy service providers to connect patients directly with telemedicine prescribers who prescribe a therapy to be shipped to patient’s home by pharmacy service provider or picked up at a local pharmacy.

Advantages of the DTC Model

In addition to cutting out the costs of the middleman, this consumer-focused model empowers patients to bypass in-person doctor appointments and trips to the brick-and-mortar pharmacy. Patients can consult a physician at their convenience and have prescriptions shipped directly to their homes or picked up at a local pharmacy.

While these platforms allow patients to use their insurance benefits, many still pay out-of-pocket (OOP) due to the current payer landscape. This is particularly effective for high-demand therapies like weight-loss therapies, where life sciences organizations anticipate that due to high demand, patients will attempt insurance coverage first and turn to the DTC platform when denied.

Challenges and Risks

DTC models come with a level of risk that must be carefully managed. Telemedicine vendors and prescribers must adhere to federal and state laws, including professional board regulations, to ensure compliance. Additionally, life sciences organizations must navigate evolving and complex legal frameworks such as anti-kickback statutes and data privacy regulations, ensuring that e-prescriptions are securely transmitted while safeguarding patient privacy.

Alternative Models

For lower WAC therapies or those nearing LOE, alternative models provide automated and real-time access, affordability and fulfillment solutions that maintain visibility into the patient journey while ensuring compliance and market sustainability.

AHEAD OF THE CURVE WITH ASSISTRX

CoAssist: A Digital Hub Solution

CoAssist enables HCPs to simply e-prescribe to CoAssist Pharmacy from within their EHR, kicking off CoAssist’s proprietary Advanced eServices like eConsent, Advanced Benefit Verification (ABV), Advanced Prior Authorization (APA), eEnrollment, eCopay and ePAP screening and enrollment and more. By intaking the prescription as a covered entity, CoAssist can automatically trigger these Advanced eServices without requiring HCPs to leave their workflow.

CoAssist also features a select pharmacy network — including commercial, free drug and consignment pharmacies — to uphold the clinical decision, support access for all patient coverage types, facilitate visibility to the patient journey, and deploy the necessary technology and expertise to evolve the program alongside the therapy lifecycle.

For one life sciences organization challenged with long turnaround times (TATs), CoAssist significantly improved performance:

- Improved PA decision TAT by 39 percent
- Delivered 50 percent of PA decisions within one hour
- Accelerated speed to therapy from 12.2 days to 3.7 days

Life sciences organizations need a partner that can provide the solutions that best support all their patient and HCP populations. By combining technology-first solutions that meet patients, HCPs and pharmacies in their workflows with data-driven talent expertise, AssistRx optimizes program performance and delivers differentiated experiences.

Advanced Access Anywhere

Another option that supports these types of therapies is kicking off automated and real-time access and affordability solutions at the point of the pharmacy claim.

A first-of-its kind solution, AssistRx’s Advanced Access Anywhere (AAA) triggers proprietary Advanced eServices at the point of the pharmacy claim. Combining proprietary technology with a 63,000+ nationwide pharmacy network, AAA accelerates speed to therapy and facilitates access from anywhere.

3.7 days

CoAssist improved speed to therapy from 12.2 days to 3.7 days

With AAA’s streamlined pharmacy claim submission process:

- HCPs prescribe the therapy and provide patients with a service card to take to the pharmacy.
- The pharmacy submits the claim, which instantly triggers AssistRx’s Advanced eServices — including eConsent, ABV, APA, eEnrollment, eCopay and ePAP screening and enrollment and more.
- Patients are automatically enrolled in affordability programs, such as copay assistance, patient assistance programs (PAP) or quick-start programs — in seconds.

24 hours

98% of patients received their medication within 24 hours

For one life sciences organization with a retail antiviral therapy, AAA addressed low patient enrollment and lack of prescription visibility by:

- Triggering Advanced eServices in under seven seconds.
- Reducing dispense TAT to minutes.
- Ensuring 98 percent of PSP-enrolled patients received therapy within 24 hours.

With only 30-40 percent of patients typically enrolling in a PSP, AAA provides visibility into the remaining 60-70 percent, allowing life sciences organizations to optimize access strategies and drive better outcomes.

PSP Vendor Transitions: When to Consider Transitioning Partners and Best Practices

Switching PSP vendors has traditionally been a significant undertaking for life sciences organizations, making them reluctant to change vendors unless significant issues arise. Sticking with their chosen vendor has generally been more cost-effective, so once a PSP is operational, organizations prefer to minimize service disruptions — especially when the vendor supports their portfolio of therapies.

As the specialty pharma space shifts toward new technologies and service models that are disrupting other sectors, many believe traditional PSP vendors will fall behind due to legacy technology that is difficult to update.

Today, more frequent large program transitions are driven by several factors:

<i>Traditional PSP vendors' inability to evolve alongside changing market needs due to legacy technology, infrastructure and other factors.</i>	<i>Emergence of new players with innovative technology, causing organizations to rethink their vendor partnerships.</i>
<i>Higher instances of remote workforces post-COVID, sometimes leading to lower staff quality, resulting in inconsistent patient and HCP experiences that do not represent the brand as intended.</i>	<i>Higher scrutiny of PSP investments at the c-suite level, prompting organizations to reexamine their programs.</i>

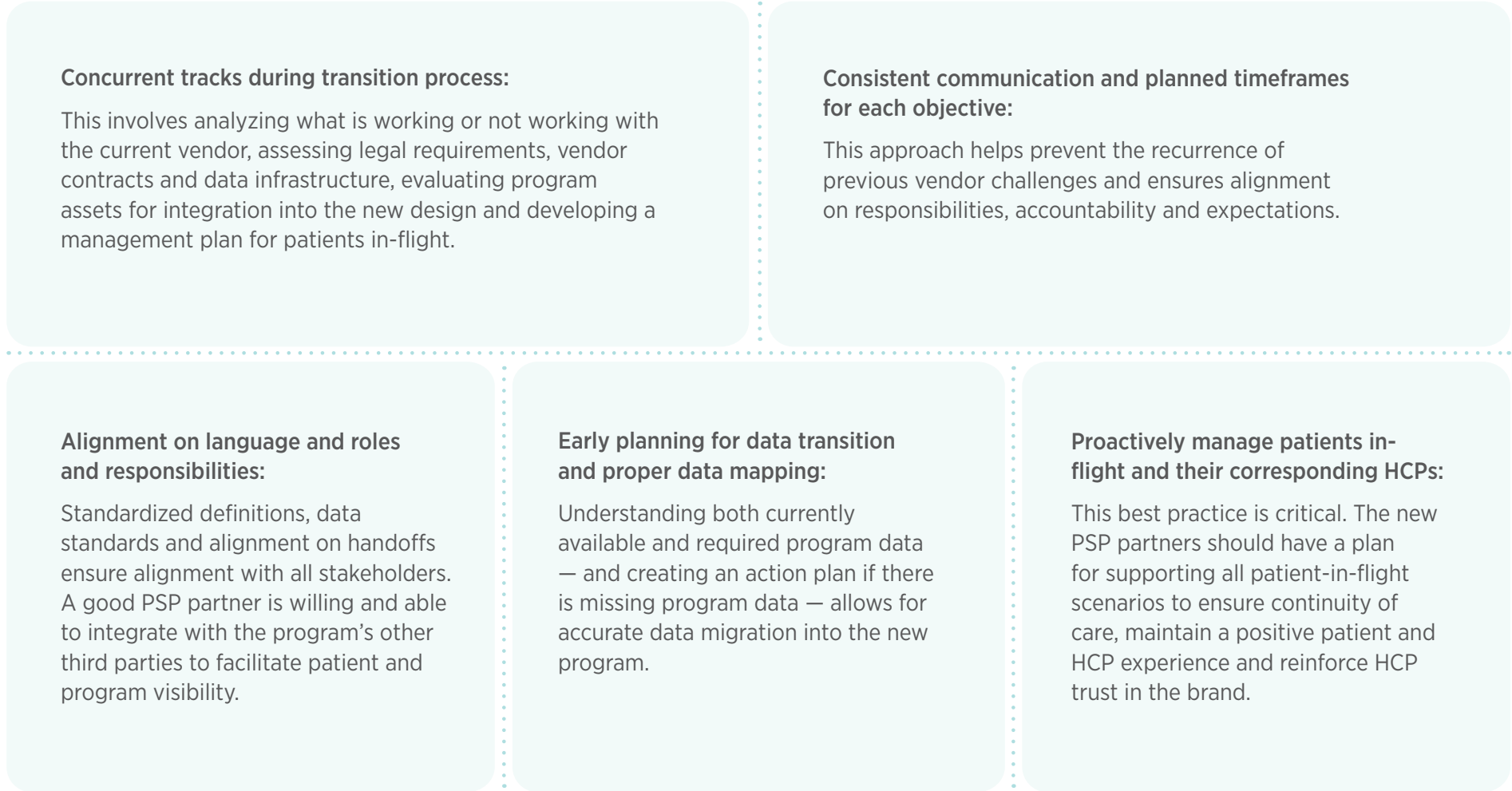
How to Know When It's Time to Consider a New PSP Vendor

Here are several questions to consider:

Is your program responsive to changes in regulatory policy?	Can you flex your program to better control patient and HCP experiences?	Is your PSP vendor going beyond delivering data to deliver data insights?	Is your program evolving with your therapies along their lifecycle?
<p>Healthcare policy — especially regarding pharmaceutical pricing and government-funded programs — is a recurrent focus for state and federal legislatures. Factors like Inflation Reduction Act (IRA) impacts, copay accumulators and maximizers and alternative funding programs (AFPs) are top of mind for many market access leaders. Your PSP vendor should arm your program team and your organization's decision makers with the latest insights on how new or changing regulatory policies will impact your program, patients and HCPs.</p> <p>A true PSP partner will deliver a proactive strategy for your program, plus a consultative approach to utilizing the right balance of technology and talent to ensure your program is responsive and configurable to the changing market and regulatory landscape.</p>	<p>The organizational lift and infrastructure required to insource a PSP can make hybrid models more appealing. These models can be built through staffing — splitting responsibilities between in-house staff and vendors — or through technology, using vendor tools like modular e-BV/e-PA solutions that integrate with internal systems.</p> <p>The right PSP partner can easily integrate into whichever PSP model works best for your program's goals. AssistRx's Advanced Gateway, for example, utilizes a single API integration to rapidly lead to ongoing program optimization.</p>	<p>Today's life sciences organizations are hungry for data — and data analysis. However, a barrage of data from multiple vendor sources can make data ecosystem management and data interpretation difficult.</p> <p>During program design, your PSP vendor should consult on how to capture, validate, standardize, analyze and evolve program data to make informed decisions. They should confirm your data is representative of the whole, help you identify the meaningfulness of your data and arm your teams with behavior-changing proof points that lead to ongoing program optimization.</p>	<p>As your therapies mature and approach LOE, PSP budgets and services must evolve. Market share erosion can make large FTE models or field teams unsustainable, prompting a shift toward more scalable, self-serve solutions. Access, affordability and adherence programs may also need to adapt to stay competitive.</p> <p>Your PSP vendor should guide this transition from day one. Program infrastructure must be nimble, rapidly configurable and capable of scaling talent or rolling talent off when needed. The right partner combines reconfigurable technology, dynamic reporting and lifecycle expertise to proactively align your PSP with shifting market and regulatory demands.</p>

Best Practices for Program Transitions

More than 60 percent of AssistRx’s clientele have transitioned from other PSP vendors. Through this experience, we have developed comprehensive transition playbooks and best practices to ensure a seamless transition. Best practices include:



AHEAD OF THE CURVE WITH ASSISTRX

AssistRx brings extensive experience in program transitions across various therapeutic areas, program sizes and life sciences organization partner profiles. This includes transitions for both single therapies and large portfolios, therapies in the first six months post-launch, as well as those at the end of their lifecycle. We have successfully partnered with both small, emerging biotech organizations and top 10 pharmaceutical companies.

One example involved transitioning a client with eight high-volume therapies across three PSPs, covering access, affordability and adherence services.

Challenge

Previous vendor had missing and unorganized data; 1K patients in-flight.

AssistRx Solution

- Transitioned 3.7M patients’ data.
- Partnered with previous vendor to obtain missing data points.
- Brought in additional storage space and resources to rapidly transition historical data into our CRM.

Results

In the first 4 months, AssistRx conducted 16K BVs, 3K+ referrals and successfully transitioned all 1K patients.

By the Numbers

In under four months, for a client with eight high-volume therapies, AssistRx:

3.7M

transitioned 3.7M patients’ data

16K

conducted 16K BVs

3K+

conducted 3K+ referrals

1K

successfully transitioned all 1K patients

Part 3

Know The Facts: Life Sciences Organizations' Top Priorities

Introduction

Life sciences organizations' priorities are always evolving. Sometimes priorities change cyclically, and sometimes they change in response to completely new challenges in the market. Knowing which market dynamics may have significant impacts on PSPs — and why — ensures your PSP stays ahead of the curve and is ready to address pressing demands. Often, keeping an eye on what's coming is difficult for life sciences organizations to achieve due to their limited lens of the market. A good PSP partner has a wide breadth of experience and takes a proactive approach to monitoring the market and providing insights.

In this section, we identify the latest payer trends, market dynamics and technology requirements driving change in the specialty pharma space and how life sciences can tackle these priorities head-on.



Payer Utilization Management Tools: How to Navigate Changing Strategies

As payer and PBM strategies evolve, life sciences organizations must stay ahead of payer utilization management trends that impact access and affordability. As we progress into 2025, we anticipate continued payer activity around alternative funding programs (AFPs), copay accumulators and maximizers and restrictive PA requirements. While accumulator programs have declined due to state legislation bans, maximizers and AFPs are increasing as payers seek cost-saving alternatives. Regardless, utilization management tools' impact on patient access, affordability and adherence is significant, and it's critical for life sciences organizations to review how these tools work and how they can be mitigated.

AFP Trends

AFPs remain a significant challenge, especially for certain high-cost, specialty therapies. Under this model, a payer — usually an employer-sponsored plan — excludes a specific therapy from their formulary, often impacting high-cost therapies used in complex disease states. As a result, patients covered by the plan may appear uninsured for that particular therapy. The AFP vendor works to enroll patients into a PAP to cover the cost of the therapy. Similarly, specialty benefit managers offer their expertise to employer plans, helping them reduce costs by recommending restrictive coverage strategies for certain high-cost disease states. These strategies also often result in “uncovered” patients.

As more patients are found uninsured, life sciences organizations’ PAPs experience higher patient volume, requiring PSPs to be agile through the right balance of technology and talent.

Copay Accumulator and Maximizer Trends

According to Drug Channels Institute, more than 40 percent of commercially insured patient lives are in plans that utilize a copay accumulator or maximizer, with maximizers outpacing copay accumulators due to a combination of payer savings and PBM profits.

There are new technologies and approaches designed to mitigate accumulators and maximizers, but there is no silver bullet. Payers are savvy — enrolling self-funded and fully funded plans proactively to reduce financial exposure. Meanwhile, more than 20 states have taken action against copay accumulators, but the majority of covered lives remain impacted, and these laws do not directly prohibit maximizers.

Prior Authorization Trends

Regarding PAs, we’re seeing significant shifts in payer behavior due to PA-related legislation and payer response to lost revenue due to IRA impacts. Some payers are lightening PA requirements in response to state and federal regulations and Centers for Medicare & Medicaid Services (CMS) efforts to improve efficiency, timing and transparency. These regulatory changes aim to streamline PA processes and reduce delays, easing the administrative load on HCPs. However, some payers are simultaneously increasing clinical documentation and step edit requirements while reducing PA approval periods in an effort to recoup revenue lost from Medicare patients under the IRA.

How to Vet a Potential PSP Vendor

While there is no singular silver bullet to address these trends, a PSP that takes a multi-threaded approach to evolving market and regulatory trends enables programs to take proactive measures to ensure access and affordability for their patients.

When evaluating a vendor, life sciences organizations should ask:

How do you track and respond to payer utilization management trends?	How are your programs addressing specialty carveouts?
What strategies do you use to mitigate copay accumulators and maximizers?	What data and insights do you provide to proactively mitigate these trends?

The right partner should be able to demonstrate not only strong technology solutions, but also the ability to provide talent-based interventions when needed.

How AssistRx's Advanced eServices Mitigate Payer Utilization Management Strategies:

ABV: returns real-time patient pharmacy coverage in seconds

eMedBV: returns real-time patient medical coverage in seconds

APA: returns accurate PA question set for real-time submission, with decisions returned in minutes

Copay accumulator and maximizer and AFP monitoring and proactive patient alternative coverage support

AssistRx combines advanced technology and talent expertise to address the growing challenges in payer utilization management, including copay accumulators, copay maximizers and AFPs. Our multi-threaded approach is designed to ensure that patients maintain access to their therapies, while supporting life sciences organizations' PSP performance and brand goals.

Addressing Changing PA Challenges

AssistRx's Advanced Prior Authorization (APA) solution is designed to streamline the PA process and reduce the burden on HCPs. Key features include:

- Direct connectivity with payers/PBMs to populate the correct PA form fields.
- Presentation of only relevant form fields, including pre-populated fields based on information already entered in the workflow.
- Proactive letters of medical necessity integrated within the workflow.
- Document upload feature for submitting supporting documentation.
- Supplemental digital PA library with over 20,000 forms.

If the necessary PA forms are unavailable or if HCPs need additional support, our talent offramp of specialty pharma experts step in and assist. Case managers are regionally aligned to:

- Track regional payer trends in coverage and PA requirements.
- Monitor PA and appeal approval/denial rates per payer.
- Capture and share best practices for PA approval.

We actively keep clients informed of payer changes, update our PA library and CRM system with PA updates and engage in proactive educational outreach to HCP offices.

Addressing AFPs

For AFPs, AssistRx uses our Advanced eServices to identify patients likely to be affected by these programs:

- **Advanced Benefit Verification (ABV)** provides comprehensive coverage data in seconds, enabling quick identification of affected patients.
- **Advanced Clinical Data** delivers historical clinical information to further refine identification of targeted patients.

These tools work together to quickly pinpoint at-risk patients, who are then flagged in our CaseAssist CRM for immediate intervention. For example, when we identified a patient lost coverage for our client's therapy due to an AFP, we flagged the patient's payer in CaseAssist and proactively offered alternative payment methods to the patient and all other patients covered under that plan to prevent claims from being rejected by the PBM.

In addition to managing AFPs, we closely monitor both our clients' and their competitors' PAP activities. This allows us to:

- Adjust strategies quickly in response to changes in PAP volume.
- Utilize Advanced eServices, such as eIncome Verification, to right-size eligibility and adjust processes efficiently.
- Perform ongoing ABV to ensure the life sciences organization is the payer of last resort and convert covered patients to commercial script.
- Proactively bring business rule recommendations if a competitor adjusts their PAP eligibility.

Addressing Copay Accumulators and Maximizers

AssistRx addresses the challenges posed by copay accumulators and copay maximizers with a multi-threaded approach, which includes:

- Monitoring targeted disease states and therapies, identifying adjudicated claims and affected plans.
- Performing proactive remediation by using key indicators and our ABV solution to identify patients at risk before they are affected by accumulators or maximizers. These patients are flagged in CaseAssist CRM for immediate support.
- Supporting impacted patients by offering alternative coverage options, such as debit cards for claim processing or checks for reimbursement of OOP expenses.

The Role of Tech + Talent in PSP Partnerships

The success of a PSP partner relies on a technology and talent approach. At AssistRx, our automated tools like ABV and eMedical Benefit Verification (eMedBV) rapidly identify impacted patients and flag other potentially targeted patients. Our end-to-end eCopay and ePAP solutions facilitate real-time eligibility screening, enrollment and card/voucher generation, as well as dispense and ongoing monitoring for changes in coverage for PAP patients.

“ Our partnership with AssistRx patient solutions services is very exciting for our patients. AssistRx is one of the best! You have helped so many patients navigate coverage challenges and get access to our product. ”

- ONCOLOGY THERAPY CLIENT

However, technology alone isn't enough. Our team of experts provides critical access and affordability support like alternative coverage research (e.g., Medicare LIS screening, Medicaid navigation), third-party foundation research, and regional/local resources, such as transportation assistance or childcare. Additionally, our Advanced Insurance Assistance solution and its team of experts help patients navigate government, commercial and Healthcare Marketplace insurance coverage, including plan selection, applications and enrollment.

AssistRx also stays ahead of payer changes by proactively monitoring legislation and advising clients on the best actions to take. We identify patient advocacy groups to further assist patients, leveraging the right combination of technology and expertise to improve patient access and affordability.

Staffing Challenges: How to Attract and Retain Top-quality PSP Frontline Talent

While having top-quality PSP staff has always been a priority for life sciences organizations, the issue has emerged as a top concern as it becomes more challenging for patients and HCPs to navigate the industry’s growing complexities.

PSP staff that are empathetic, well-versed in overcoming access, affordability and adherence hurdles, and committed to transforming lives seem fewer and further between than ever before. Understanding how to partner with your PSP vendor to attract and retain these individuals will support brand differentiation throughout the program lifecycle. To learn how to create a high-quality PSP team, it’s important to first review which factors contributed to this challenge and then how to navigate them.

“ AssistRx has been awesome. Everybody I have talked to has been informative, polite and caring. This is really appreciated when you are going through a problem.”

- INFECTIOUS DISEASE THERAPY PATIENT

“ There is no way we could have navigated the process without your step-by-step guidance. Your patience and your kindness speak so well for your character and your sincere concern to help people.”

- UROLOGY THERAPY PATIENT

Factors contributing to PSP talent acquisition and retention:

Evolving Drug Pipeline and Growing Complexities

The pharmaceutical landscape is shifting, with the greatest growth expected in high-complexity — albeit from a small base — and medium-complexity medical benefit therapy segments. As more therapies require infusion regimens, weight-based titration, self-administration training and site-of-care coordination, PSPs must be equipped with highly skilled talent to navigate these complexities. Whether it’s call center or field-based nurse educators, specialty pharmacy or site of care liaisons, or even an empathetic voice to talk a patient through their affordability options, nothing can replace the human element.

As the science behind targeted therapies and life-saving medications advances, there will be an increased need for high-quality talent. PSP staff should have expertise in access and affordability services, the relevant disease state, method of administration, benefit design, stakeholder coordination and more. Clinical staff should hold even more specialized experience and even certifications in the relevant disease state.

Post-COVID Dip in Workforce Quality

While COVID-19 accelerated innovations in virtual patient support — such as HCP office support and remote administration training and first-dose observation — the transition to a remote work-force has in some instances created challenges with PSP quality and consistency in the patient and HCP experience.

In recent years, many life sciences organizations have encountered PSP vendors struggling to deliver a consistently high-quality experience for patients and HCPs as vendors adapt to remote or hybrid workforces to attract talent. Dips in quality could stem from remote employee work-stations, less effective virtual onboarding and training or lack of connection to the brand. As a result, some organizations are reconsidering their PSP vendors or even bringing key patient in-teractions in-house to regain control over service quality.

IRA and M3P Impact

The IRA introduces new complexities, particularly through the Medicare Prescription Payment Plan (M3P), also known as “smoothing,” which took effect on January 1, 2025. This voluntary program allows Medicare Part D enrollees to spread out their OOP therapy costs in capped monthly payments rather than paying large sums upfront at the pharmacy.

However, the opt-in nature of M3P creates an awareness gap among patients and HCPs. Additionally, if patients miss the enrollment period, they’ll miss the opportunity to benefit from the program when they most need it — at the beginning of the year.

While plan sponsors are responsible for educating patients on their options, life sciences organizations must proactively prepare and empower their talent to fill any gaps. This includes:

- Educating patients and HCPs on M3P enrollment options, processes and benefits.
- Tracking evolving educational efforts among other stakeholders, as well as payer responses to the IRA.
- Navigating alternative coverage options and third-party financial assistance programs.

These challenges amplify the need for highly trained PSP staff who not only possess deep expertise in patient benefit plans, alternative coverage options and third-party foundation assistance options, but who also bring empathy and care to every patient and HCP interaction.

What Life Sciences Organizations Should Expect from a PSP Vendor

A strong PSP vendor should act as a strategic partner, offering transparency, expertise and technology-driven efficiency.

Expectations include:



How to Vet a Potential PSP Vendor

When evaluating a vendor, life sciences organizations should consider the following questions:

Hiring and Talent Selection Process

- How does the vendor recruit and evaluate talent?
- Do they share insights on job descriptions, candidate assessments and interviews — especially for talent directly involved with the program?
- If it’s too early to confirm/meet assigned staff, does the vendor offer introductions to staff in similar roles or have a strong bench of qualified candidates?

Facility and Workforce Flexibility

- Does the vendor offer facility tours to evaluate office culture and infrastructure?
- Can the client choose the program’s location (onsite, remote or hybrid)?

Onboarding and Performance Management

- Is onboarding remote, onsite or hybrid? Can the client dictate the onboarding method?
- What QA methods are used, and how frequently are assessments conducted?
- Are there specific QA benchmarks required for staff to achieve in order to work in a remote or hybrid setting?
- How does the vendor structure performance management for remote/ hybrid vs. onsite staff?

Staff Tenure and Attrition Rates

- Can the vendor differentiate between wanted and unwanted attrition?
- What is the tenure of program staff at all levels, including contractors like field nurses?

Scalability and Program Evolution

- Can the vendor handle large volume fluctuations and how?
- How does the vendor evolve its program over the therapy lifecycle, such as technology integration and staffing strategy?
- Can the vendor demonstrate a proven track record of adapting programs for similar therapies?

AHEAD OF THE CURVE WITH ASSISTRX

To attract, retain and ensure delivery of top-quality PSP staff, AssistRx partners with life sciences organizations to ensure our talent meets and exceeds expectations with:

Hiring and Talent Selection Process

We facilitate full transparency and partnership in recruiting, interviewing, hiring, onboarding and training of PSP staff. Life sciences organizations can be as involved in this process as they would hiring an in-house staff.

An innovative staffing strategy to source quality talent from different sectors. Our AssistRx Advance program trains individuals with backgrounds outside of healthcare, but with strong customer service skills, equipping them with the industry and therapeutic knowledge needed for success in our PSPs.

Facility and Workforce Flexibility

We empower our clients to choose their program’s location among our six facilities across three states. Some clients prefer to house their program in multiple facilities.

Should clients opt for a hybrid workforce, we consult on performance benchmarks and QA requirements for staff to be considered eligible to work partially or fully remote. Additionally, we recommend all staff function fully onsite for at least the first 90 days.

Onboarding, Performance Management and Retention

Our workforce management system provides comprehensive quality scorecarding, including automated quality management, performance management, speech-to-text capabilities, associate desktop dashboards and analytics. Our systems perform call/ screen capture and escalate calls by embedding trigger words/phrases stated by the caller. Scorecarding is leveraged for one-on-one coaching and performance improvement at the employee and team level.

Continuous Learning and Career Development

Believing in professional and career development is essential to driving better outcomes for our team members, our programs and the patients we serve. AssistRx the Tech + Talent Transformation Lab, a learning resource designed to support career advancement by providing access to thousands of courses covering a wide range of topics. We also commit \$5k per employee per year in reimbursement for employee educational endeavors.

Scalability and Program Evolution

We leverage our leading technology to empower our talent. Our Patient Solutions CRM, CaseAssist, enables high-quality patient and HCP interactions by automating and running Advanced eServices — such as ABV, eMedBV, APA, eCopay and ePAP — in the background while talent engages with the patient or HCP. Our team members are rapidly armed with the information they need to have productive, value-add conversations with coverage information, PA requirements and PAP or copay eligibility statuses at their fingertips.

Scalability: How to Create Differentiated Patient and HCP Experiences at Scale

Consumer-driven industries have reshaped patient and HCP expectations around accessibility, speed and reliability for goods and services. The healthcare ecosystem is not immune to the “click, cart, buy and deliver” mindset pioneered by companies like Amazon. As patients and HCPs grow accustomed to streamlined digital experiences in other aspects of their lives, life sciences organizations’ PSPs need to evolve their access, affordability and adherence services in tandem.

Creating differentiated customer experiences within a highly regulated environment is no easy feat. Exacerbated by the gross-to-net squeeze, life sciences organizations need to balance brand experience with program efficiency. To do this, many organizations are integrating technology into both frontend and backend services — empowering patients and healthcare providers on the frontend and PSP staff on the backend.

Self-service frontend solutions can significantly scale operations. Many PSP vendors offer access, affordability and adherence solutions that enable patients and HCPs to fully self-serve. On the backend, interoperable and automated systems can streamline processes and reduce manual work taken on by FTEs. The extent to which these solutions can make a difference depends on whether they are technology-enabled versus technology-first.

Our Talented Team

1K+

patient solutions team members

90+

patient solutions field nurses

98%

patient satisfaction with clinical services

96%

patient satisfaction across all patient solutions services

95%

HCP satisfaction across all patient solutions services

Defining Technology-enabled Versus Technology-first

The real differentiator between technology-enabled solutions versus technology-first solutions lies in the ability to automate the process with technology, versus relying on human intervention to prop it up in the background. Technology-enabled solutions incorporate technology but often require talent intervention to complete a task or process. Technology-first solutions are fully automated, eliminating the need for talent intervention altogether.

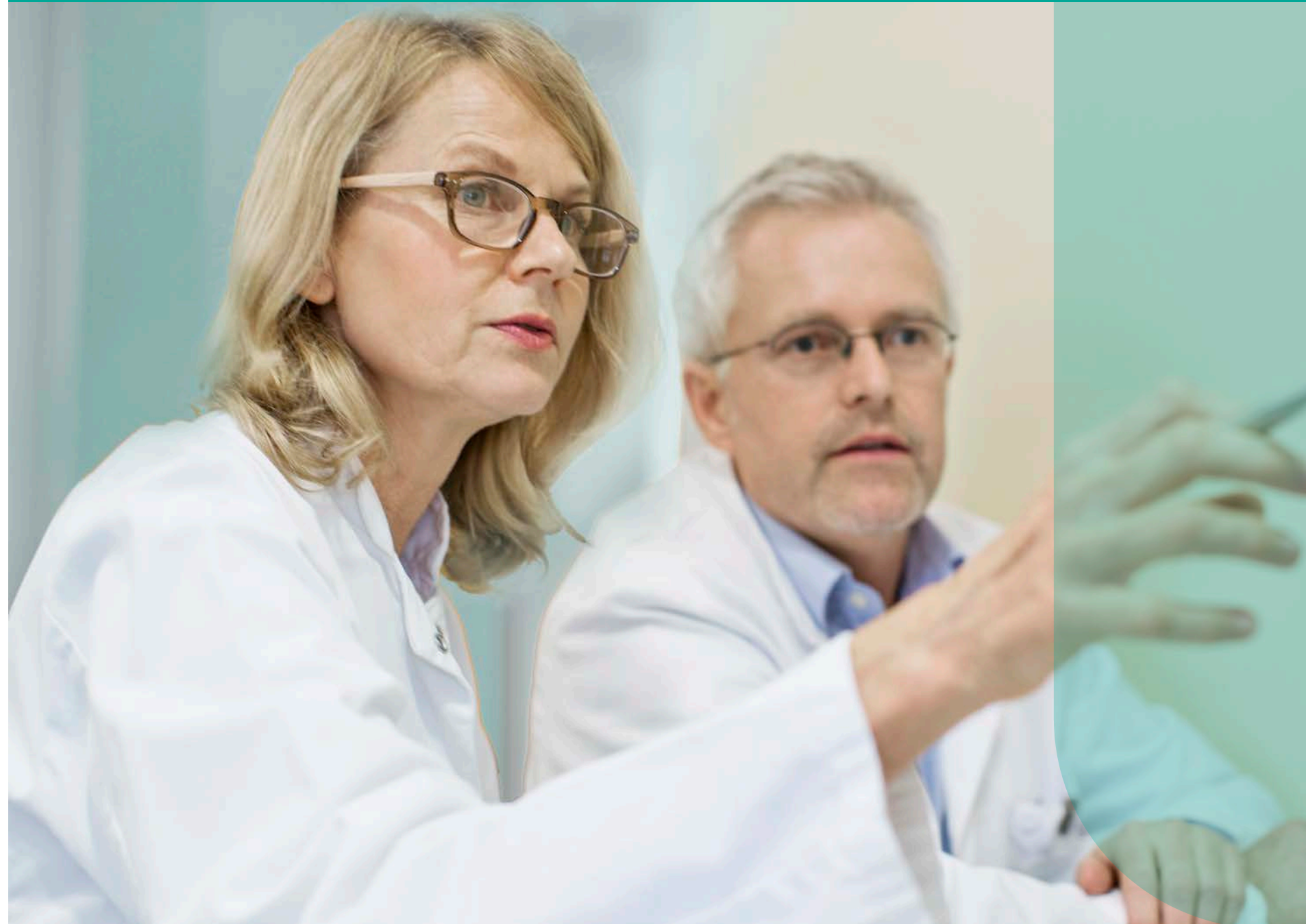
Here are examples of technology-first versus technology-enabled access, affordability and adherence solutions:

Access	Affordability	Adherence
<p>Many e-PA solutions are technology-enabled, meaning they serve up a digitized PA form — based on the therapy and the patient’s plan — to the HCP for completion and then manually follow up with the payer/PBM for PA status.</p> <p>In contrast, AssistRx leverages one of our proprietary technology-first Advanced eServices tools, APA, to fully automate the process. APA uses direct payer and PBM connectivity to automatically generate PA question sets — generating only relevant PA questions and response options from the correct PA form based on the therapy and patient’s plan, pre-populate fields with existing patient data, enable the HCP to submit the PA request in real-time directly to the payer/PBM through direct connectivity, and return payer/PBM decisions using that same connectivity. No talent intervention is needed to submit the form or follow up with the payer/PBM for PA decisions.</p>	<p>There are technology-enabled solutions that power life sciences organizations’ copay assistance and PAPs. Tools like e-consent, e-BV and e-enrollment can support self-serve screening but usually also require manual submission of patient insurance plan information and/or income statements.</p> <p>AssistRx’s technology-first eCopay and ePAP solutions automate the eligibility screening, enrollment and copay/voucher generation process through Advanced eServices like eConsent, ABV, eMedBV, eIncome Verification and eEnrollment. Screening and enrollment are completed in real-time, so patients and HCPs can self-serve in seconds and PSP staff can focus their efforts on delivering value-add engagement while eCopay/ePAP run in the background.</p>	<p>Technology-enabled virtual adherence efforts usually appear technology-first in the frontend, but all the scheduling, tracking and reporting are still handled manually by agents on the backend. Technology-first solutions like AssistRx’s Advanced Clinical Education solution integrates directly with the PSP’s CRM to power self-serve appointment scheduling and re-scheduling, automate clinical resource assignments based on schedules and zip codes, and generate automated visit reminders and follow-up communications with patients and HCPs.</p> <p>Technology-first solutions automate processes, reduce reliance on manual work and ensure direct connectivity to data sources — reducing human error and allowing more time for agents to deliver empathy to patients. However, leveraging technology-first solutions doesn’t mean excluding the human component altogether. Some PSPs will always require manual support, whether due to HCP and patient preferences, specific disease states or other complex cases that demand hands-on processing.</p> <p>Rather than replacing talent, technology-first solutions should empower the people supporting your program. Advanced eServices like ABV and APA — when integrated into the PSP CRM — can run manual tasks on the backend, automate case progression, identify patient eligibility in real-time and serve patient coverage data in real-time. This allows PSP staff to focus on high-value, patient-centric conversations rather than focusing their time on administrative work.</p>

AHEAD OF THE CURVE WITH ASSISTRX

AssistRx continuously innovates to enhance speed, efficiency, scale, accuracy and redundancy across our PSPs. Unlike solutions that rely on historical claims data or predictive analytics, AssistRx ensures unparalleled accuracy through direct connectivity to payers and PBMs — providing real-time, up-to-date data straight from the source.

Our multi-threaded approach layers multiple data sources and algorithms to deliver the most accurate outcomes while protecting clients from potential data source outages. With deep experience in digital transformation, AssistRx has successfully transitioned programs across various therapeutic areas and scales, from single-therapy programs to portfolios with self-serve access channels. In one multi-therapy program, electronic enrollment reduced missing information by 61 percent within 30 days, and across all programs, 50 percent of enrollments began technology-first — allowing PSP staff to focus on patients requiring high-touch support.



Closing

The specialty, specialty-lite and retail pharmaceutical spaces are evolving faster than ever before. To stay ahead of the curve and deliver best-in-class experiences for patients, caregivers and HCPs, life sciences organizations need to be empowered with knowledge on varying frames of reference for innovative delivery models and technologies, new approaches to delivering PSP services, and the priorities life sciences organizations have for their programs.

As examined in this report, the right balance of technology innovation and talent expertise — combined with nimble, responsive capabilities and a forward-thinking, consultative partnership — will deliver optimized PSP performance and improved patient outcomes.

With a vision to transform lives through access to therapy, AssistRx consistently partners with our clients to deliver this balance to increase uptake, gain visibility and improve outcomes.



Informed access. Improved outcomes.

AssistRx has engineered the perfect blend of technology and talent to provide an intelligent therapy initiation and patient support solution to improve patient uptake, visibility and outcomes. Our solution integrates technology and therapy expertise to advance patient therapy in a more efficient and effective manner—delivering informed touchpoints that simplify a complex system to enable better results for today's patients.



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