Guidehouse®

2026 Patient Support Programs Trends

As the way therapies are delivered continues to evolve, so too must the services that enable patient access.

Biopharma manufacturers are navigating heightened access complexity, rapid technological advancement, and significant policy uncertainty—forces that are increasingly reshaping how patient support services are designed and delivered. Guidehouse's 2026 Patient Support Programs Trends reflect this shift, portraying a sector that is in active transition as pharmaceutical companies modernize support services to keep pace with evolving patient, provider, and regulatory priorities.

Patient support programs (PSPs) are critical to therapy success, helping streamline access, support treatment delivery, and promote adherence across the patient journey. These programs span education, affordability, access, reimbursement support, and beyond, contributing to both clinical and financial outcomes.

Findings from our 2026 survey indicate that PSPs are undergoing a technology-enabled transformation with increased adoption of digital and automated capabilities, though progress remains uneven across organizations. Companies are experimenting with hybrid HUB operating models as AI adoption, direct-to-patient models, and execution maturity vary widely. Some manufacturers are bringing HUB capabilities in-house while continuing to seek out innovative external partners that can give them an edge over their competition. At the same time, looming policy and regulatory changes are expected to materially shape patient support strategies—amplifying the need for more flexible, resilient service models.

Guidehouse Patient Support Programs Survey

Guidehouse analyzed a 2026 survey of executives who oversee PSPs, market access, and trade and channel distribution at pharmaceutical firms. The makeup of the 35 individuals who responded to the survey is nearly identical to our 2025 survey. While the top services provided have largely remained the same, the way in which PSPs are administered has changed dramatically. Our report includes both quantitative survey data and free-form "Executive Perspective" responses from leaders who completed the survey.

Insights snapshot

TRENDS AND PRIORITIES

Access and affordability programs remain essential. Brands continue to prioritize enabling access and medication starts, including copay, prior authorization, and appeals support. Leaders are leveraging technology to remove early barriers for both patients and providers.

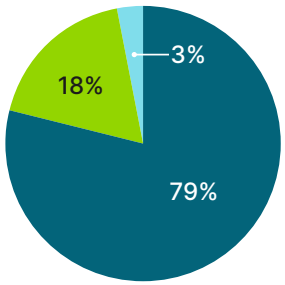
PAIN POINTS

Affordability, payer copay adjustment programs, and access/reimbursement support are seen as more challenging to operate today than in recent years. Survey respondents note that these challenges pose the greatest risk to continuity in the patient journey, explaining recent shifts to focus on top-of-funnel PSPs to reduce points of friction.

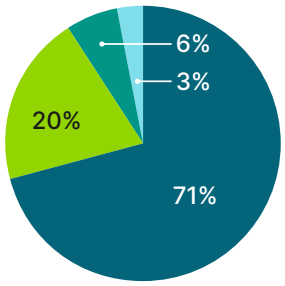
OPPORTUNITIES FOR GROWTH AND INNOVATION

Many organizations are leveraging AI and new digital health platforms to facilitate more services in-house and have greater influence and visibility into the patient experience. But AI's ability to automate reimbursement support may be impacted by challenges with payer-provider relations.

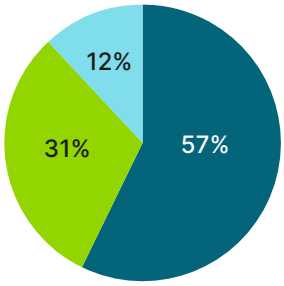
Pharmaceutical executive survey respondents



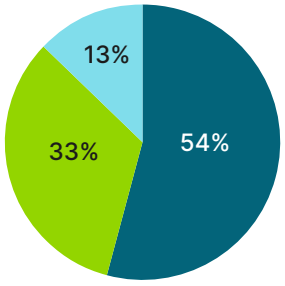
Title level
- Executive-level
- Senior leadership
- Program management



Business function
- Patient services
- Market access
- Trade and channel distribution
- Other



Portfolio size
- Small (1-2 products)
- Medium (3-10 products)
- Large (10+ products)



Organization size
- Small (<1,000 employees)
- Medium (1,000-5,000 employees)
- Large (5,000+ employees)

Trends and priorities

Access programs remain critical as regulations affect affordability

The most-used PSPs remain largely unchanged from last year's survey. Despite rapid change within the pharma industry itself, the challenges faced by patients remain largely the same. Drug affordability is still a paramount issue that will be further compounded by Medicaid coverage changes, which went into effect in 2026 after this survey was fielded.

As we reported in our 2026 Revenue Cycle Management Trends for provider organizations, a persistent tug-of-war between payers and providers over claims and prior authorizations continues to create reimbursement obstacles and patient care delays. That's reflected in our pharma survey, with the share of executives reporting dedicated account support as a top-used program up 10 percentage points from 2025.

Survey respondents reported higher utilization of their tech-enabled services in this year's survey compared to last, reflecting changes in patient and provider comfort with these services. Despite advancements in technical capabilities and adoption, some leaders have shared concern about implementation challenges and the internal scrutiny that can come with improved data access and enhanced visibility into the patient journey.

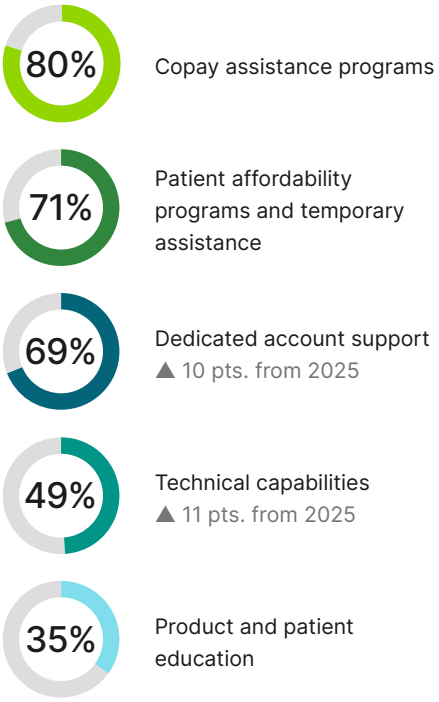
New regulations force PSP leaders to take action

Policies brought on by the Inflation Reduction Act (IRA)—including a redesign of Medicare Part D coverage and a cap on out-of-pocket spending—may ease cost burdens for some patients. However, they may also require affordability program changes and raise manufacturer and payer costs.

At the same time, new policies requiring pharmacy benefit managers to fully pass on rebates to health plans will put more pressure on manufacturers to decide whether PSPs are the right tool to fill access gaps—or if they should just reassess pricing. Further pressure could come from payers, who are likely to expand the copay accumulator/maximizer programs that prevent cost assistance programs from counting toward a patient's deductible or out-of-pocket maximum. They may also challenge affordability programs that undermine their formularies.

Together, these shifts are prompting brands to reassess both eligibility criteria and program priorities. Payers are more likely to favor more holistic approaches that go beyond cost containment to consider long-term improvements in adherence, patient outcomes, and economic factors that transcend single-year costs.

Most-used PSP services



Top regulatory changes impacting PSPs

1. Inflation Reduction Act and Medicare price-setting
2. PBM transparency and rebate reform policies
3. Changes to CMS reimbursement or benefit design (e.g., Part D)
4. **TIED**
   New FDA/OIG guidance and state-level copay accumulator/maximizer legislation

EXECUTIVE PERSPECTIVE

"We're adjusting affordability and assistance models to align with new pricing pressure and preparing teams to assist patients with changes in coverage rules. We'll be integrating those changes into HUB services, benefits investigation, benefits verification, and financial support pathways."

"Our organization is adjusting both our pricing and patient access strategies in response to the IRA. We are strengthening our patient support and affordability programs to mitigate potential access disruptions for Medicare beneficiaries, while closely monitoring utilization management trends such as prior authorization and step therapy. Internally, we are investing more heavily in data, analytics, and scenario planning to better understand downstream impacts."

"We are actively preparing for IRA-related impacts by stress-testing our patient support model against increased Medicare cost-sharing sensitivity and potential formulary disruption. Specifically, we are refining benefit investigation and affordability workflows to quickly identify IRA-driven coverage changes, adjusting copay and PAP eligibility strategies to remain compliant while minimizing patient drop-off, and investing in data visibility to flag access delays earlier."

"We're working very closely with our specialty pharmacies to understand how we can support and we're also involved in a lot of IRA policy reform work in DC."

"We're preparing for IRA by scaling up and exploring new channels such as direct-to-patient to cut out middlemen like PBMs."

Brands are insourcing HUB and patient support services

While 60% of respondents reported primarily using third-party partners for HUB services last year, just 37% do so today. Instead, organizations are increasingly moving toward insourced (23%) or hybrid (40%) HUB models, signaling a broader shift in how patient support capabilities are managed.

Beyond the HUB, there appears to be a general trend toward bringing more PSPs in-house. Many leaders are bringing key services in-house because they want to build closer relationships with patients and retain ownership of critical data.

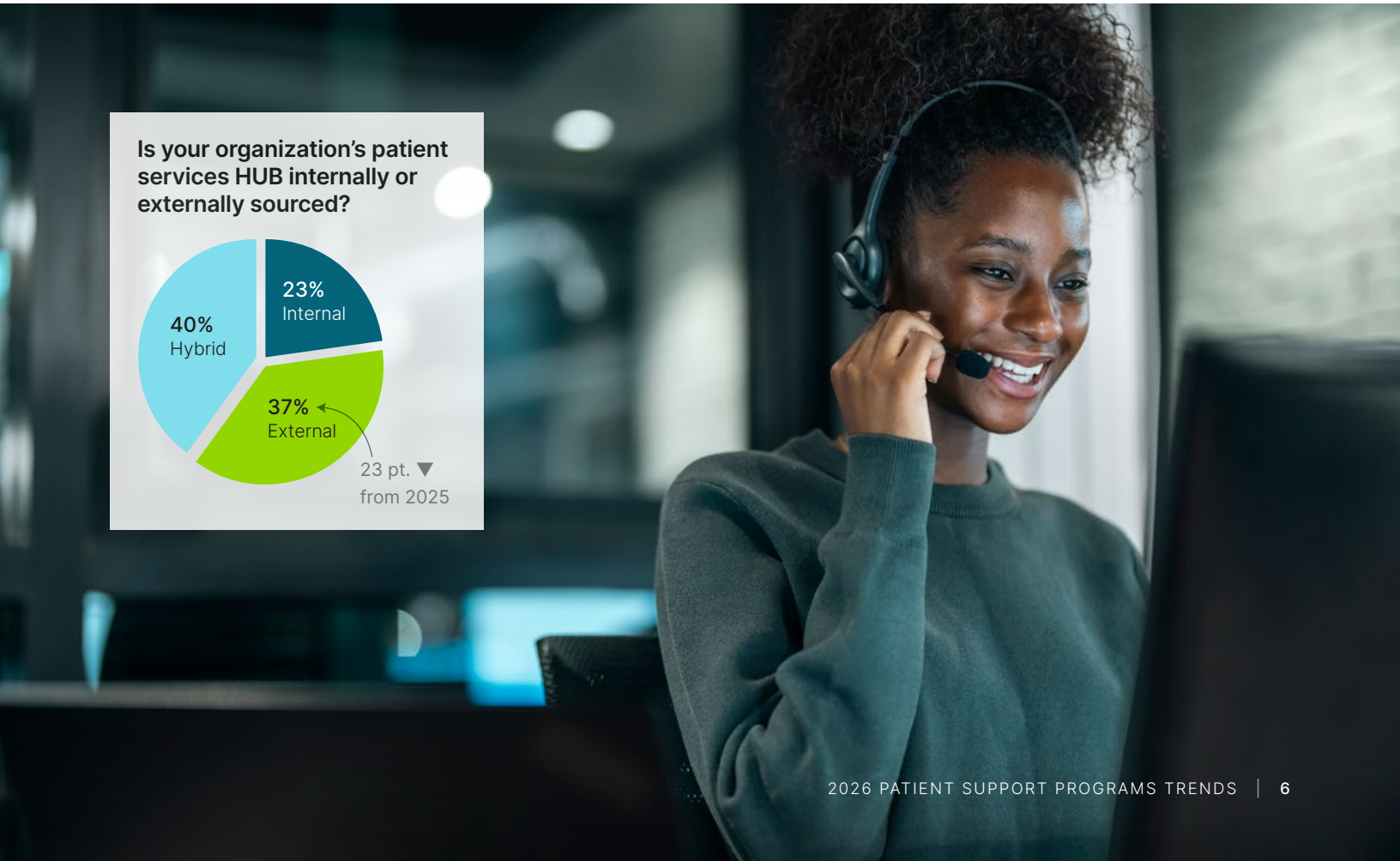
Though answers varied by organization size, respondents reported relying on partners for backend support and services that require speed, specialized expertise, or innovative technology applications, especially AI. Many leaders report seeking out partners that enhance patient experience but are beyond the scope of PSPs, such as lifestyle support functions like nutrition and dietitian access.

While several respondents noted that internal AI and technology advancements have allowed them to bring various services in-house, one respondent noted that external firms can still be more efficient—especially when it comes to foundation support, copay management, and specialty pharmacy services.

EXECUTIVE PERSPECTIVE

"I believe in-house HUBs are the future for manufacturers. Manufacturers have a desire to control the patient experience and ensure all their eligible patients receive education and access to all of their support offerings."

"I would say we will continue utilizing external vendors to get the job done efficiently. I also think the new tools, such as AI to track pre-call and post-call for patients, will be integrated deeply in the future."



Cost is king in helping patients start and stay on therapy

While patients face a variety of barriers to treatment access and adherence, none is more prohibitive than cost. A GoodRx survey found that 27% of Americans leave prescriptions unfilled due to cost—the top reason they fail to begin or adhere to treatment. Our survey confirms this: year-over-year, copay assistance programs and patient access and affordability programs remain the top services to help patients start or stay on therapy in our survey, for providers and patients themselves.

Leaders also pointed to the use of consumer data in service targeting and delivery services as a critical, relatively new lever for improving services. AI is helping brands micro-segment patient populations and hyper-personalize services, but adoption varies across brands due to legal and privacy concerns.

EXECUTIVE PERSPECTIVE

"Case management support—enabled by data and digital capabilities—is critical for high-cost cell and gene, rare disease, and orphan drug products."

Top services helping patients start and stay on therapy

89%	83%	66%	51%	TIED 46%
Copay assistance programs	Patient access and affordability programs	Consumer data and utilization by field teams	Reimbursement support	Dedicated account support and product/ patient education

Pain points

Leaders face challenges implementing complex PSPs

It's inherently difficult to serve populations facing care access challenges due to transportation obstacles or other issues. That's why leaders continue to say that these programs are hard to implement. Solutions for at-risk populations—as well as patient access and affordability programs—are more important than ever as cuts to entitlement programs challenge patients' ability to afford their therapies.

Technical capabilities moved from number 3 on this list last year to number 2, a possible signal of the emerging significance of AI-powered digital health tools and the challenges that manufacturers have had in implementing them at scale.

EXECUTIVE PERSPECTIVE

"We brought a lot of patient services in-house and are needing to expand our team and services to meet the demand and needs. Most of our products do not have a portal or an app."

"While programs for at-risk populations and adherence have room for improvement, other categories are higher priority."

Most challenging programs to implement

55%
Solutions for at-risk populations

49%
Technical capabilities

44%
Patient adherence programs

TIED
34%
Patient access and affordability programs and reimbursement support

31%
Copay assistance programs

Payer relations and data issues create challenges for the patient experience

Like providers, pharmaceutical leaders are increasingly dedicating time and resources to improving payer relations and facilitating access to treatment.

Sixty-five percent of leaders reported that copay accumulator and maximizer programs are disruptive to the patient journey—and helping patients with them has become a significant operational bottleneck. PSP leaders often struggle to identify compliant solutions that adequately support patients without increasing legal risk, as certain types of assistance may be perceived as encouraging workarounds to health plan rules. As these programs gain traction, manufacturers are being forced to reassess their affordability strategies, with potential implications for the overall effectiveness of patient support efforts. Similarly, an increasing tide of prior authorization denials are complicating manufacturer reimbursement support, affordability, and dedicated account support, causing bottlenecks to access, respondents say.

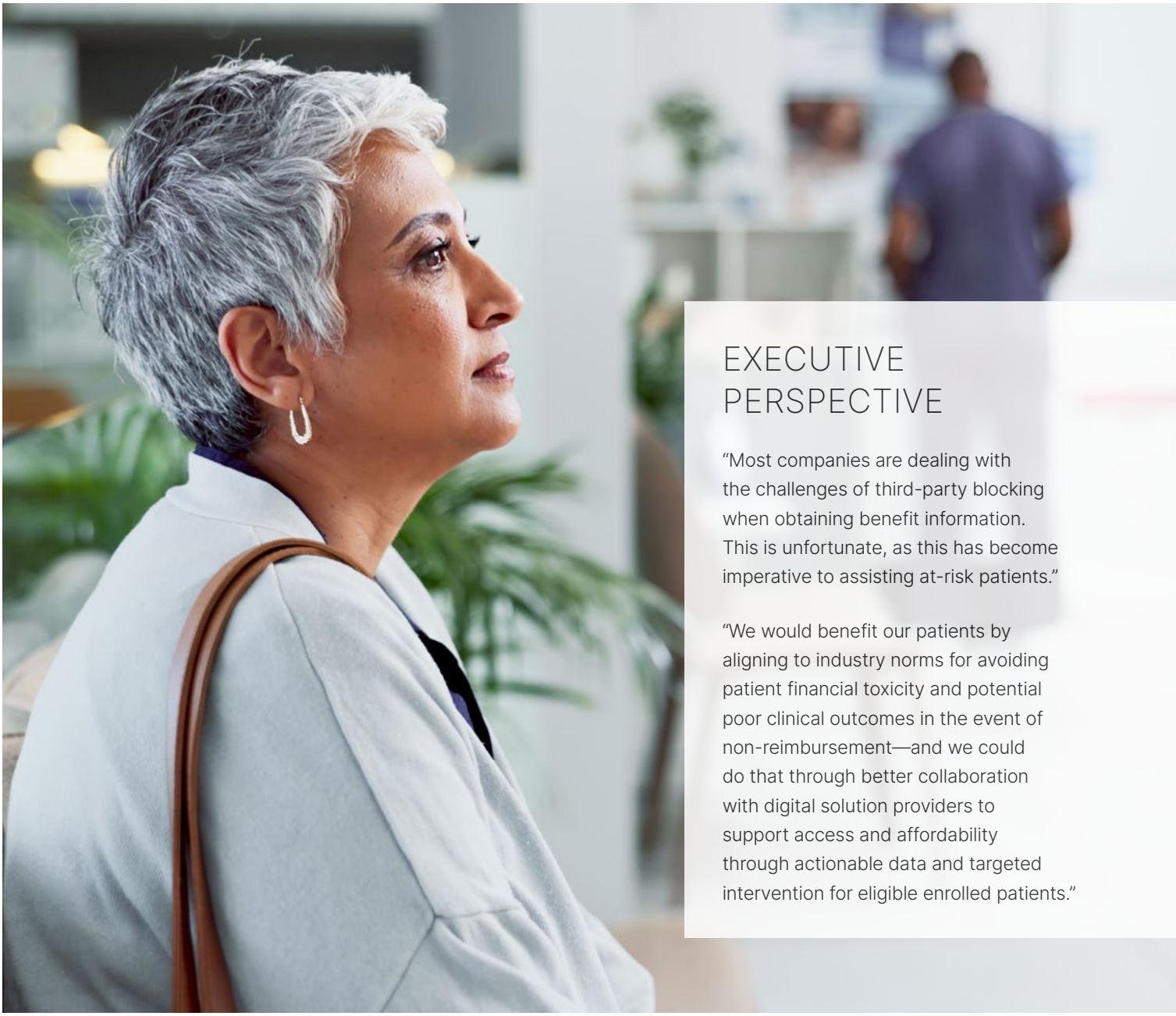
Internally, limited data interoperability and difficulty accessing timely, accurate vendor data were cited as the leading causes of program delays. While the industry is increasingly turning to AI to automate workflows and improve efficiency, these models are constrained if they cannot reliably ingest and integrate data. Governance challenges and a lack of standardization—also highlighted in our survey—further complicate teams' ability to embed AI into their workflows and scale its impact.

Top bottlenecks when underperforming

1. Assistance for patients with copay accumulator and maximizer programs
2. Patient affordability programs and temporary assistance
3. Reimbursement support
4. Dedicated account support
5. Solutions for at-risk populations

Top causes of PSP delays

1. Limited interoperability between core systems (EHR, HUB, etc.)
2. Data latency or inconsistent reporting across vendors
3. Slow change-control and governance processes
4. Misaligned incentives between manufacturers and vendors
5. Over-customization of programs and workflows



EXECUTIVE PERSPECTIVE

"Most companies are dealing with the challenges of third-party blocking when obtaining benefit information. This is unfortunate, as this has become imperative to assisting at-risk patients."

"We would benefit our patients by aligning to industry norms for avoiding patient financial toxicity and potential poor clinical outcomes in the event of non-reimbursement—and we could do that through better collaboration with digital solution providers to support access and affordability through actionable data and targeted intervention for eligible enrolled patients."

Opportunities for growth and innovation

Reimbursement workflow automation topped the list of innovative services that respondents said will power the future of patient support services, continuing a throughline of this survey report. Automating support services for prior authorization, billing, benefits investigation, and benefits verification has the potential to dramatically improve service efficiency and get patients the care they need faster. However, the extent to which these processes can be automated will vary by payer, and in some cases may depend on their relationship with treatment providers.

Telehealth services were also cited as a top benefit to both the patient and provider experience, with usage of these services now **three times higher** than before the COVID-19 pandemic. When combined with the growing adoption of direct-to-consumer product delivery and AI-powered health assistants, these services signal a significant shift in how patients access care—one that increasingly bypasses traditional health systems. Notably, 66% of survey respondents reported that they're implementing or piloting direct-to-patient programs.

Next-gen services that are enabling better experiences

For patients:

1. **TIED:** Automated prior authorization and billing support and automated benefits investigation/verification
2. Next-gen telehealth
3. **TIED:** Direct-to-consumer product/therapy delivery, omnichannel patient engagement, and dynamic patient journey mapping

For providers:

1. Automated prior authorization and billing support
2. Automated benefits investigation/verification
3. AI-driven program insights generation
4. Next-gen telehealth
5. AI-powered health assistants

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What it takes to achieve PSP success

PSPs are evolving from a set of discrete services into a strategic capability that shapes how patients access and adhere to treatments in an increasingly complex reimbursement environment. The findings in this year's survey suggest that success won't be defined solely by the quality of services provided but also by how effectively programs adapt to regulatory, payer, and market pressures.

To recap, here are several key actions leaders can take today:

- **Rebalance PSP investment upstream:** Prioritize real-time benefit verification, prior authorization acceleration, and affordability screening before therapy initiation to reduce avoidable drop-off.
- **Adopt a hybrid operating model:** Insource patient experience and data ownership while leveraging partners for AI, scale, and specialized capabilities.
- **Operationalize policy agility:** Establish cross-functional teams and scenario modeling to rapidly adapt PSPs to IRA, PBM reform, and evolving CMS rules.
- **Embed payer strategy into PSP design:** Tailor support models to payer-specific dynamics, including accumulators, step therapy, and PA requirements, to sustain access across demographics.
- **Expand beyond access to whole-patient support:** Layer in behavioral and lifestyle services that enhance adherence, improve long-term outcomes, and differentiate experience.
- **Tie PSP performance to measurable outcomes:** Track time to therapy, adherence, and access resolution to demonstrate value and guide continuous optimization.

As expectations continue to shift, PSP leaders are being challenged to rethink not just how support is delivered but how value is created, measured, and sustained. Those that take a more integrated, intentional approach will be better-positioned to adapt to ongoing change and build patient support models that are resilient, scalable, and fit for the future.

EXECUTIVE PERSPECTIVE

"Since implementing AI capabilities within our CRM platform, the direct impact on both patient and provider experiences has been highly positive. Having AI embedded directly into the system has significantly improved case visibility and workflow efficiency."

"We implemented AI-enabled analytics to aggregate and normalize data across HUB operations, payer interactions, and field teams. These tools surfaced bottlenecks, prioritized cases for intervention, and improved cycle times and first-pass resolution rates."

About Guidehouse

Guidehouse is a global professional services firm delivering advisory, technology, and managed services to the commercial and government sectors. With an integrated business technology approach, Guidehouse drives efficiency and resilience in the healthcare, financial services, energy, infrastructure, and national security markets. guidehouse.com/lifesciences

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