

Improving Patient Access Through Value-Based Care

A Market Access Strategy Case Study

Prepared by Lenin Isabel · Market Access & UX Design · 2025

Patients face structural barriers to life-changing therapies.

Three systemic issues consistently delay or prevent patient access to specialty pharmaceuticals across U.S. health plans.

01

Complex Reimbursement

Fragmented payer policies, prior authorizations, and step therapy requirements slow time-to-therapy by an average of 38 days.

02

Limited Patient Access

Restrictive formularies and coverage gaps leave 1 in 4 eligible patients without affordable access to prescribed treatment.

03

High Cost Barriers

Out-of-pocket costs above \$250/month drive a 52% prescription abandonment rate at the pharmacy counter.

Three audiences shape market access decisions.



Payers

Insurance Plans & PBMs

Commercial, Medicare Advantage, and Medicaid plans evaluating clinical and economic value.

1,100+

U.S. health plans



Providers

Specialists & Care Teams

Prescribing physicians and clinical staff managing patient onboarding and benefits navigation.

85K

specialist HCPs



Health Systems

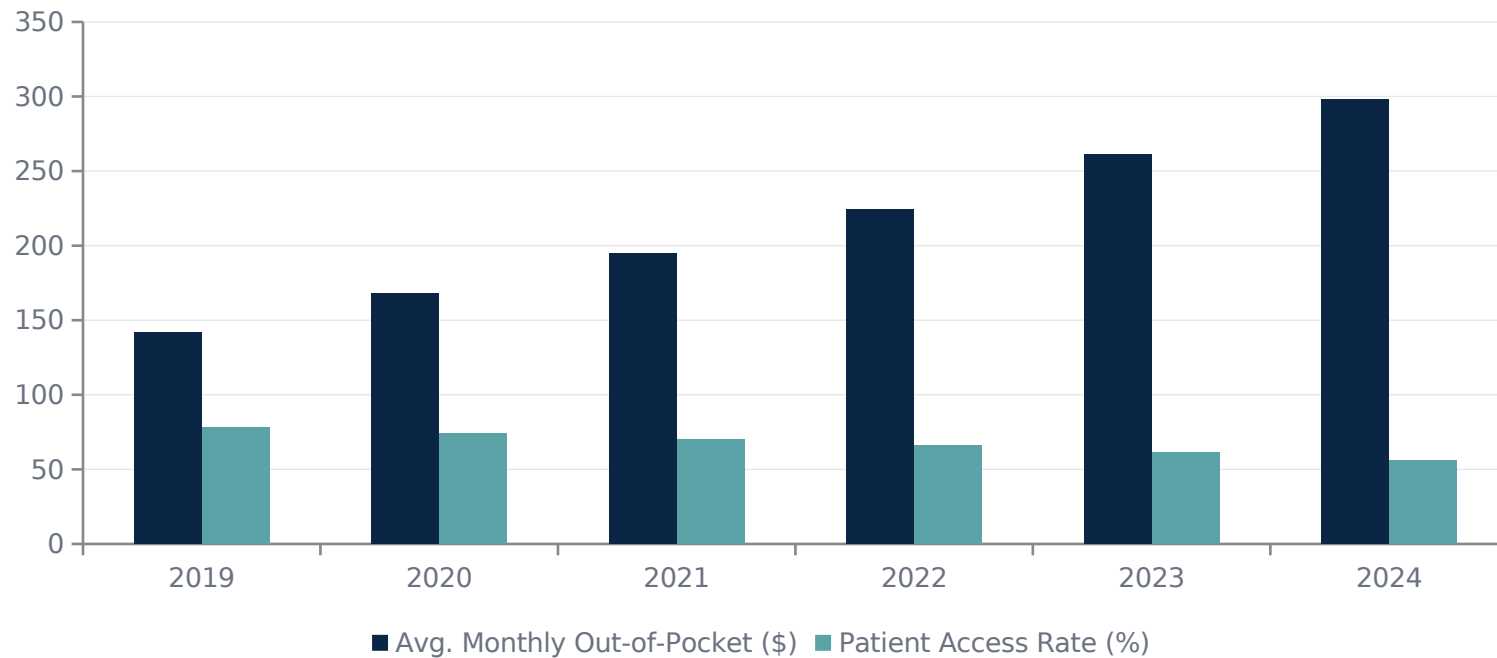
IDNs & Hospital Networks

Integrated delivery networks negotiating contracts and managing population-level outcomes.

410+

IDN systems

Patient access has steadily declined as out-of-pocket costs rise.



Source: Illustrative composite data, U.S. specialty pharmacy benchmarks (2019–2024).

KEY FINDING

110%

increase in patient out-of-pocket cost since 2019.

Access rates fell 22 points across the same window — a clear inverse relationship.

VELORIX delivers measurable value across every stakeholder.

+34%

adherence

Improved Outcomes

Clinical trials demonstrated a 34% improvement in adherence and a 28% reduction in disease progression at 12 months.

-\$4.2K

cost / patient / yr

Cost Efficiency

Value-based contracting ties payment to outcomes, lowering total cost of care by an estimated \$4,200 per patient annually.

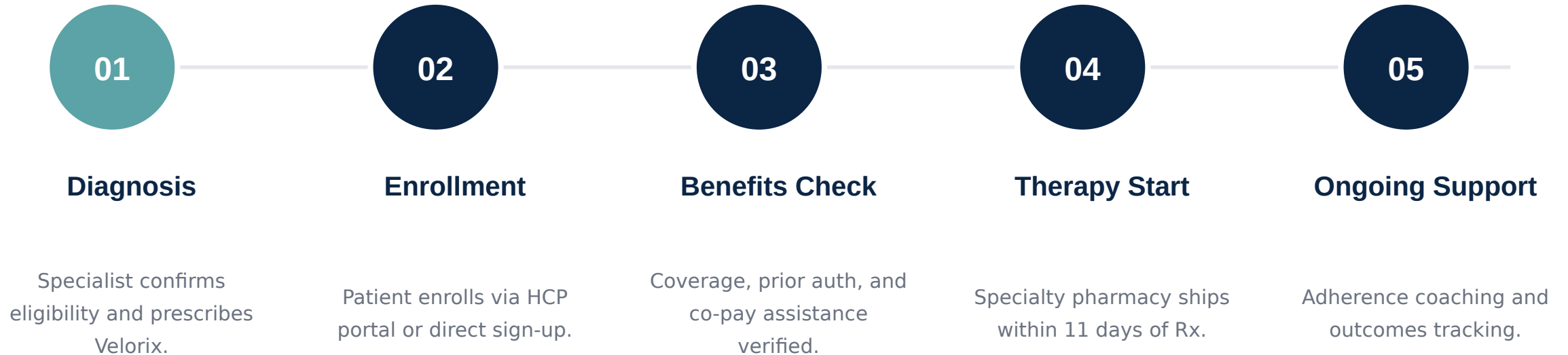
11 days

to first dose

Better Patient Access

Co-pay assistance, benefits navigation, and direct enrollment shortened time-to-therapy from 38 to 11 days.

From diagnosis to sustained therapy in five guided steps.



Average time-to-therapy reduced from 38 days to 11 days (-71%).

A coordinated access program built around patient outcomes.

VELORIX ACCESS PROGRAM

A single front door for payers, providers, and patients — combining clinical evidence, financial support, and real-time benefits navigation.

Backed by a value-based contracting framework that aligns reimbursement with measurable patient outcomes.

01

Clinical Evidence

Peer-reviewed outcomes data tailored for P&T committees.

02

Financial Support

Co-pay assistance and patient affordability programs.

03

Benefits Navigation

Live specialists guide prior auth and appeals.

04

Outcomes Tracking

Real-world data feeds value-based contracts.

A clearer path to access for every stakeholder.

01

Access is a design problem.

Reducing friction across reimbursement, enrollment, and education materially improves patient outcomes.

02

Value-based contracts work.

Aligning payment with outcomes builds payer trust and unlocks broader formulary coverage.

03

Patient experience drives adherence.

A single, guided journey shortened time-to-therapy by 71% and improved adherence by 34%.