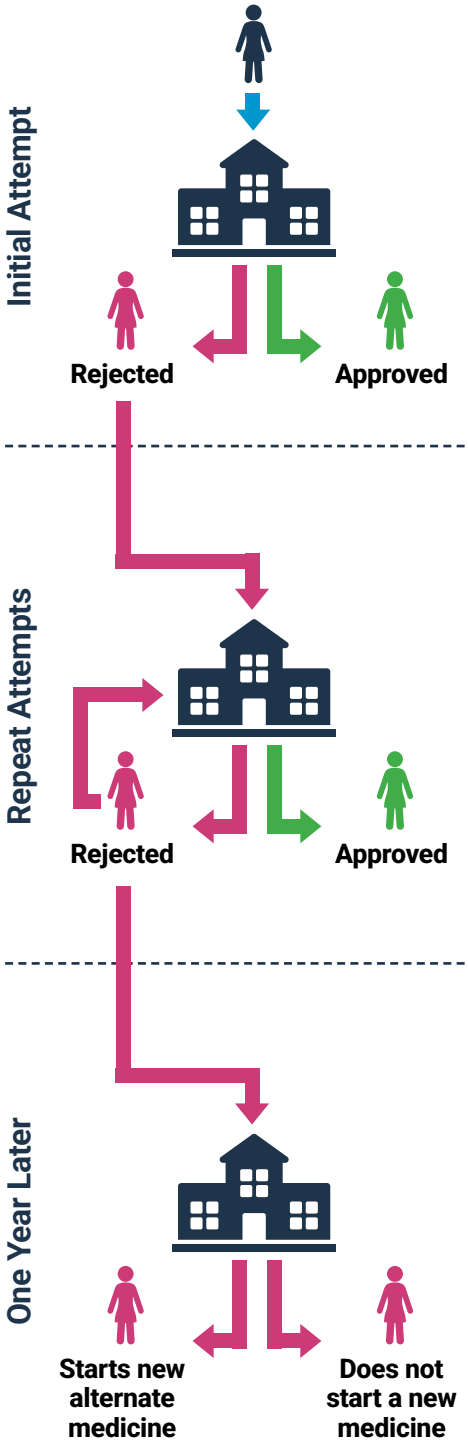
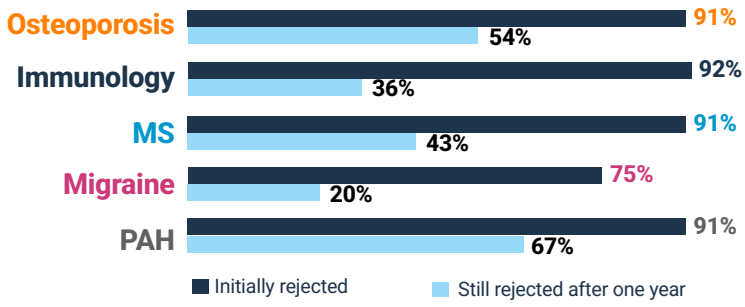
PBMs and Commercial Insurers are Blocking Prescription Access

Commercially insured patients face severe access barriers to their prescription medicines, with some patients not receiving treatment even one year after trying to fill their prescription for the first time. More than half of patients with osteoporosis and over 75% of patients with immunology, multiple sclerosis (MS), migraine, and pulmonary arterial hypertension (PAH) were initially denied their newly prescribed medicine, resulting in many of these patients waiting weeks or months to overturn a denial and fill their prescription. Most patients who were unable to overturn a denial never started any treatment. To address the access challenges for these patients, CMS needs to improve data reporting and enforce stricter oversight on formularies.

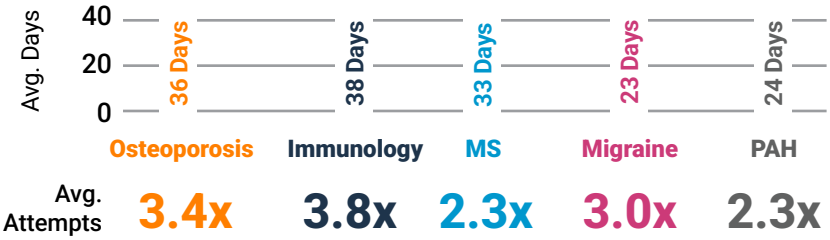
Patient's Journey to Filling a Medication



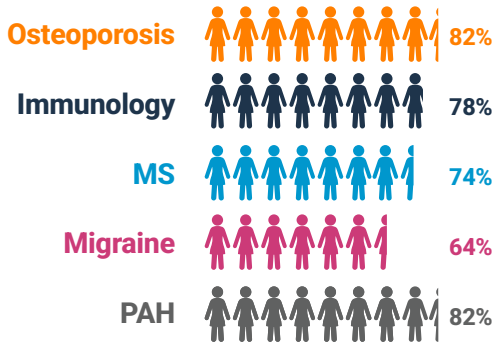
When a patient with a new prescription attempts to fill it at a pharmacy, between **20% to 67% of these patients never receive approval** for that medicine after a year of trying.



Patients who were initially rejected made an average of 3 to 4 attempts to overturn the denial before receiving their medicine. Some patients experienced **11 or more rejections** before receiving their medicine.



Of those who do not gain approval, **7 in 10 patients** did not start any new treatment for the condition.



IQVIA, 2025. The Impact of Formulary Controls on Commercial Insurer Patients in Five Chronic Therapeutic Areas.

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