CRA Insights

Life Sciences

CRA Charles River Associates

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Cash-pay is no longer a side channel

Direct-to-consumer (DTC) and cash-pay models are not simply creating another access route, they are beginning to influence payer strategy, employer benefit design, manufacturer pricing decisions, and patient-facing commercialization.

Why the insured-channel model is under pressure

The rise of cash-pay access is not just creating another route to prescription medicines. It is beginning to reshape the economics of the insured channel itself.

For decades, prescription drug access in the United States has been largely payer-mediated: health plans and pharmacy benefit managers determined which products were covered, what patients paid, and what utilization controls applied. But that model is under pressure. As health benefit costs remain elevated, employers are increasingly exploring non-traditional plan designs. At the same time, manufacturers are building cash-pay and direct-to-consumer pathways that offer patients a more visible, predictable price outside traditional reimbursement.

The result is more multimodal access. Insurance remains the dominant channel, but public cash prices, manufacturer-direct fulfillment, telehealth prescribing, and government-backed price-transparency tools are beginning to influence how payers design benefits; how manufacturers think about launch, pricing, and access strategies; and how patients navigate access.

GLPs show how cash-pay is moving from workaround to access strategy

Cash-pay disruption will not affect every therapeutic area equally. The early pressure is concentrated in categories where coverage is variable, demand is consumer-sensitive, and patients may be willing to pay directly when insurance access is restricted – weight management being the clearest example. The shift here is two-sided: some payers and employers are limiting coverage exposure, while manufacturers and intermediaries are building pathways around those limits.

Three cash-pay routes are emerging around GLPs:

- **Manufacturer-direct access, e.g., NovoCare and LillyDirect.** In this model, manufacturers create branded cash-pay pathways that allow patients to access therapy outside traditional insurance coverage. The upside is greater control over price visibility, fulfillment, and the patient relationship; the tradeoff is that public cash prices can become visible reference points that payers may use in rebate and net price discussions.
- **Telehealth intermediaries, e.g., Ro, Hims & Hers, and similar platforms.** These platforms sit between patients and manufacturers by combining virtual evaluation, prescribing, product selection, and delivery into one consumer-facing workflow. They can make access feel faster and easier than navigating coverage, but they also fragment utilization data and pull demand outside the insured benefit.
- **Price-transparency and government-facilitated purchasing tools, e.g., TrumpRx.** While these models may not address the full patient journey, they do make cash prices more visible and make it easier to compare product prices. Their strategic impact is focused on the public benchmarks that could influence payer negotiations, employer benefit design, and patient expectations.

For pharmaceutical manufacturers, the strategic issue is not whether these pathways will replace insurance, as they likely will not. Rather, the question is how quickly these pathways will begin to shape expectations inside the insured channel around price visibility, benefit flexibility, patient experience, and employer choice. Ultimately, pharmaceutical companies will need to develop more nuanced pricing and access strategies that balance across these pathways in the US, while accounting for their broader global pricing and access implications.

How will cash-pay change the market access equation?

Market shift	Strategic consequence
Cash-pay will be category-specific, not universal	The greatest impact will be in coverage-variable, consumer-sensitive categories where patients are willing to pay directly. Acute, life-threatening, or highly complex therapies are more likely to remain anchored to the insured channel.
Payers and employers need more modular benefit designs	Viable cash-pay alternatives reduce the assumption that members will remain in standard coverage pathways. Flexible riders, customized utilization controls, and reimbursement for cash-pay purchases may become payer tools for retaining employers and members.
Public cash prices may reset negotiation anchors	Once cash prices are visible, payers could use them as benchmarks in rebate and net price discussions. Manufacturers will need to weigh incremental cash-pay volume against potential pressure on reimbursed-channel margins.
Comparable products face higher price sensitivity	In categories where products are viewed as clinically substitutable, cash-pay prices become shared reference points.
Manufacturers need patient-facing infrastructure	Demand generation is expanding beyond the prescribing HCP. Patient education, onboarding, fulfillment, adherence. support, and service experience can become meaningful differentiators in a cash-pay environment.
Claims and care-continuity blind spots will grow	Cash-pay transactions often sit outside payer claims infrastructure, limiting visibility into treatment history, adherence, and prior therapy use. As cash-pay volume grows, the market may need better mechanisms to reconcile insured and non-insured utilization data.

Cash-pay has gone from a workaround to a market access strategy

Cash-pay is not replacing the insured channel; it is exposing where it falls short. As more patients encounter visible prices, direct fulfillment, and consumer-oriented access routes, payer, employer, and manufacturer strategies will need to evolve. The next market access playbook will not be built around a single dominant channel – it will be built around managing the friction among competing channels.

About CRA's Life Sciences Practice

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