



From Prescription to Patient: **NAVIGATING BARRIERS TO MEDICATION ACCESS**

Authored by Healthmap Solutions' Clinical Leadership Team

Medications are designed to improve health outcomes, but 20 to 30% of all new prescriptions are never picked up from pharmacies in the United States, and half of Americans prescribed chronic medications stop taking them within one year.¹⁻³ The reasons why people deviate from taking medications as prescribed are complex. Notably, difficulties navigating barriers to medication access contribute to these astounding statistics.

Medication access refers to a person's ability to obtain medications to treat their health condition(s). Obtainability is influenced by affordability and medication accessibility. For people with chronic kidney disease (CKD), access to essential medications is crucial to slowing CKD progression, improving clinical outcomes, reducing avoidable healthcare utilization as well as expenditures, and improving quality of life.

The pharmacy team at Healthmap Solutions (Healthmap) helps members with CKD and end-stage kidney disease (ESKD) navigate barriers to medication access. In the first half of 2025, 44% of Healthmap pharmacy referrals focused on reviewing insurance coverage and providing financial resources to overcome obstacles that arose "from the prescription to the patient."

Case Study*

Maya is a 70-year-old female with stage 4 CKD and hypertension who has been taking warfarin for many years due to a history of recurrent deep vein thromboses. She was recently admitted to the hospital for shortness of breath and diagnosed with a pulmonary embolism (PE). Since she developed a PE while on warfarin, her provider switched her to apixaban (Eliquis®), a brand-name-only direct oral anticoagulant that can be used in stage 4 CKD. Maya tells her Healthmap Care Navigator (CN) she is worried she won't be able to continue Eliquis® since it is expensive. Our CN suggests involving Healthmap's pharmacist, who can assess financial resources, and Maya agrees.

* Healthmap's pharmacy team receives multiple pharmacy consults every day. This case is representative of the many medication barriers faced by our members each day. Specific details were modified to protect member privacy.

Medication Affordability

Medication affordability is key to ensuring consistent access to prescribed medications without sacrificing other essential needs. Factors such as out-of-pocket costs, insurance coverage, availability of generic options, and healthcare policies impact medication affordability. According to a public opinion poll, 55% of Americans are worried about being able to afford prescription medications, and 31% say they have not taken their medicine as prescribed due to costs. Importantly, patients taking four or more prescriptions were more likely to report difficulty affording medications.⁴

Patients with CKD stages 3, 4, and 5 are typically prescribed six to eight medications, while those with ESKD have an average of 12 prescriptions.⁵ According to the United States Renal Data System's 2022 Annual Data Report, Medicare beneficiaries with CKD had drug costs that were three to six times higher compared to those without CKD. Additionally, the median annual out-of-pocket costs for covered medications were \$150 to \$200 more for those with CKD. Among commercially insured adults, the median out-of-pocket drug cost was more than tenfold higher for those with CKD.⁶ With recent advances in drug therapy for CKD, branded medications are a primary driver of cost for patients and health plans. Expensive medications reduce access and contribute to non-adherence. In the general population, medication non-adherence is estimated to cost the United States healthcare system \$100 to \$289 billion annually.⁷

Policies have attempted to expand drug coverage through Medicare Part D, Medicaid expansion, the Affordable Care Act, and the Inflation Reduction Act, but medication access barriers still exist. Prior authorizations, fulfillment of step therapy requirements, and formulary exception requests are designed to balance evidence-based treatments and healthcare costs. However, it can take time to complete the required paperwork in order for the insurance plan to determine coverage, which may delay access to medications. If coverage is obtained, copayment or coinsurance costs may deter patients from picking up medications from the pharmacy.

Our Healthmap CN conveys to Maya that Healthmap's pharmacist identified that Eliquis® is covered through her Medicare Advantage plan. Due to cost sharing, she is responsible for 30% of the cost of this preferred brand-name medication.

The Rise of Coinsurance

Prescription cost sharing refers to the way a health insurance plan divides the cost of medications between the patient and the insurer. Historically, medication copayments (a fixed cost) were the most common cost sharing offering. In recent years there has been a rise in the number of prescription plans offering coinsurance (a percentage of the cost of a medication). Linking out-of-pocket costs to a drug's list price can be beneficial for inexpensive generic medications, but for expensive brand-name medications, it may limit affordability.

Notably, Healthmap's pharmacy team identified four medication classes that posed significant financial barriers to access for those with kidney disease and other comorbidities in 2024 and the first half of 2025:

- **Sodium-glucose co-transporter 2 (SGLT2) inhibitors:** Medications for diabetes, heart failure, and/or CKD that have cardiovascular benefits.
- **Glucagon-like peptide 1 (GLP-1) receptor agonists:** Medications for diabetes and/or weight management with cardiovascular and kidney benefits.
- **Direct oral anticoagulants:** Non-warfarin blood thinners prescribed for non-valvular atrial fibrillation and/or treatment of thrombosis.
- **Combination inhalers:** Medications typically prescribed for COPD and/or asthma.

Healthmap's CN explains to Maya that Eliquis® has a list price of \$600 per month. Since she is responsible for 30% of the cost, her coinsurance will be \$180 per month until she reaches her \$2,000 out-of-pocket maximum. Her prescription insurance plan then pays the rest.

Navigating Coverage and Cost: The Healthmap Difference

Healthmap's pharmacy team reviews prescription insurance coverage and seeks resources to provide meaningful financial relief for those struggling to afford their medications.

- For Medicare beneficiaries like Maya, education is provided on Medicare's Extra Help Program, out-of-pocket caps on covered medications, and the Medicare Prescription Payment Plan.
- For Medicaid beneficiaries in states with monthly prescription limits, guidance is provided on which medications to fill through Medicaid prescription benefits and which to obtain with other medication savings offers.
- For patients with commercial insurance, manufacturer savings cards are often recommended.

Regardless of insurance coverage, resources on state-funded prescription assistance programs, manufacturer patient assistance programs, pharmacy discount offers, coupons, direct-to-consumer pharmacies, and charitable organizations are considered to help close affordability gaps in care. In addition, Healthmap collaborates with our members' providers to discuss options for lower-cost medications such as generic equivalents and therapeutic substitutions based on formulary coverage. By helping to navigate medication affordability challenges through individualized and coordinated care, patients are more likely to be adherent to their prescribed medications, which lowers the cost of care and improves quality of life.

Healthmap's pharmacist identified that Maya may be eligible for the Eliquis® patient assistance program. Healthmap's CN walked Maya through the program requirements and application process. Maya worked with her provider to complete the application and now has access to the medication at no cost.

Medication Accessibility

Drug Availability

Obtaining essential medications is increasingly threatened by drug availability and pharmacy accessibility. Drug shortages, manufacturing delays, and supply chain disruptions can limit access. Results of the “Pharmacy Next: Health Consumer Medication Trends” survey reveal 32% of respondents noted drug shortages affected their ability to access prescriptions.⁸ Since 2018, there have consistently been over 200 drug shortages at any given time. Many of these shortages persist for years, requiring providers to prescribe alternative medications.⁹ In the past few years, shortages that have impacted patients with CKD or ESKD have included angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), insulin, GLP-1 receptor agonists, and dialysis fluids, to name a few. Navigating drug shortages to prevent delays in treatment can be complex and time-consuming, so involving Healthmap’s pharmacy team can help ease this burden for patients and providers. If a medication is not available, Healthmap’s team collaborates with members and providers to discuss alternative medication options (both short-term and long-term) based on insurance coverage to overcome obstacles to accessing essential treatment.

Social Determinants of Health

Social determinants of health, such as health literacy, geographic proximity to a pharmacy, and transportation can influence medication access. Health literacy not only influences a patient’s ability to understand and properly use medications, but also their ability to obtain medications. Those with low health literacy may need Healthmap’s guidance to find a pharmacy, understand insurance coverage, request medication refills, and navigate medication access barriers. Through clear communication, patient education, and supportive services, Healthmap aims to improve health literacy and close prescription accessibility gaps in care.

Pharmacy Deserts

With increasing community-based pharmacy closures, 59% of Americans worry about obtaining medications close to home.⁸ About 5% of people in the United States live in a pharmacy desert, a community with limited or no access to a local pharmacy. Pharmacy deserts exist in all 50 states in both urban and rural areas.¹⁰ Similarly, about 5% of Healthmap’s members live in pharmacy deserts, making access to medications more challenging. In addition, limited or unreliable transportation can hinder a patient’s ability to pick up prescriptions. Healthmap’s pharmacy team provides tips on ways to improve medication accessibility. For example, connecting members with in-network mail-order pharmacies or local pharmacies that deliver medications to the home may eliminate the need to travel to a pharmacy, which improves access and saves time. For those who prefer to receive medications at a brick-and-mortar pharmacy, requesting longer refill durations such as 90-day supplies and synchronizing medication refills can reduce the frequency of trips to the pharmacy. Medication accessibility is key to medication adherence, and medication adherence is key to improving health outcomes.

Maya notifies her Healthmap CN that her local pharmacy is closing. She requests help finding another pharmacy that offers medication delivery. The CN works with Healthmap’s pharmacist to identify local brick-and-mortar pharmacies with delivery services as well as mail-order pharmacies that are in-network with her insurance plan. Then, the CN helps Maya navigate prescription transfer, requesting medication refill synchronization, 90-day medication supplies, and signing up for automatic refills.

CONCLUSION

Identifying and mitigating medication access barriers are vital components of value-based kidney disease management. At Healthmap Solutions, we empower patients with the tools, information, and support they need to navigate medication affordability and accessibility challenges that arise “from the prescription to the patient” to improve kidney care.

To learn more about how Healthmap Solutions can help your patients with kidney disease achieve better health outcomes, please visit www.healthmapsolutions.com



The road to better kidney health starts with Healthmap Solutions.

healthmapsolutions.com • 1-877-546-7004

REFERENCES

1. Fischer MA, Stedman MR, Lii J, Vogeli C, et al. Primary medication non-adherence: analysis of 195,930 electronic prescriptions. *J Gen Intern Med*. 2010 Apr;25(4):284-90.
2. IQVIA Institute for Human Data Science. Understanding the Use of Medicines in the U.S. 2025: Evolving Standards of Care, Patient Access, and Spending. April 2025. Accessed July 10, 2025.
3. Cutler DM, Everett W. Thinking outside the pillbox-medication adherence as a priority for health care reform. *N Engl J Med*. 2010 Apr 29;362(17):1553-5.
4. Sparks G, Kirzinger A, Montero A, et al. “Public Opinion on Prescription Drugs and Their Prices” Kaiser Family Foundation Polling. October 2024. Accessed July 10, 2025.
5. Cardone KE, Bacchus S, Assimon MM, et al. Medication-related problems in CKD. *Adv Chronic Kidney Dis*. 2010 Sep;17(5):404-12.
6. United States Renal Data System. 2022 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2022.
7. American College of Preventive Medicine. Medication Adherence Clinical Reference. 2011. Accessed July 10, 2025.
8. Wolters Kluwer Health. Pharmacy Next: Health Consumer Medication Trends. November 2024. Accessed July 10, 2025.
9. American Society of Health-System Pharmacists. Drug Shortage Statistics: January 2001 to March 2025. Accessed July 10, 2025.
10. Wittenauer R, Shah PD, Bacci JL, Stergachis A. Locations and characteristics of pharmacy deserts in the United States: a geospatial study. *Health Aff Sch*. 2024 Mar 16;2(4):qxae035.



Abigail Forte, PharmD
Pharmacist, Healthmap Solutions

Abigail Forte, PharmD is Healthmap's clinical pharmacist. Prior to joining Healthmap Solutions, her career focused on caring for patients as part of a multidisciplinary team before and after abdominal organ transplant. Abigail earned her PharmD from the University of Kentucky and completed residency training at Emory University Hospital. She is a member of the American College of Clinical Pharmacy. Her passions include

medication education, adherence, and access, as well as pharmacy service creation.



Stephanie Toth-Manikowski, MD, MHS
National Senior Medical Director, Healthmap Solutions

Stephanie Toth-Manikowski, MD, MHS is a double board-certified physician in internal medicine and nephrology. Dr. Toth-Manikowski serves as National Senior Medical Director at Healthmap and practices nephrology in Chicago. She earned her bachelor's degree in Biology with honors from Harvard College, her Doctor of Medicine from the University of Illinois Chicago College of Medicine, her Master of Health Science from the

Johns Hopkins Bloomberg School of Public Health, and her nephrology fellowship at Johns Hopkins. She is a member of the American Society of Nephrology and the National Kidney Foundation.



Lisandro Montalvo-Burke, MD
Medical Director, Healthmap Solutions

Dr. Montalvo is Healthmap's Medical Director in Puerto Rico. He is a board-certified nephrologist and has been practicing nephrology in Canovanas, PR at his private practice since 2005. He has served as an advisor and subject-matter expert for Quality Insights Renal Network 3 since 2014, and he is also an advisor for the Puerto Rico Emergency Preparedness and Response Activities Renal Coalition (PREPARAR-C).

He has held consulting positions with health plans and dialysis centers on the island and is an advocate for value-based care initiatives in the field of kidney health. Dr. Montalvo earned his bachelor's degree in psychology from the University of Chicago and completed his Doctor of Medicine degree, internal medicine residency, and nephrology fellowship at the University of Puerto Rico School of Medicine. He is a member of the American Society of Nephrology, Renal Physicians Association, National Kidney Foundation, and Sociedad de Nefrología e Hipertensión de Puerto Rico.



John Danziger, MD
National Medical Director, Healthmap Solutions

John Danziger, MD currently serves as Healthmap's National Medical Director. He received his undergraduate degree from the University of Pennsylvania, his medical degree from the Southwestern Medical School of the University of Texas, and a Master of Philosophy from Cambridge University in England, before completing his nephrology fellowship at Beth Israel Deaconess Medical Center in Boston. He is an

assistant professor at Harvard Medical School and is active in patient care, medical education, and clinical research. He lives with his family in Brookline and enjoys swimming and rock climbing in his free time.



Howard Shaps, MD, MBA
Chief Medical Officer, Healthmap Solutions

Howard Shaps, MD, MBA is a board-certified emergency medicine physician with more than 15 years of healthcare management experience and currently serves as Healthmap's Chief Medical Officer. Additionally, he has extensive experience leading Quality, Care Management, and Utilization Management teams. He previously served as Deputy Chief Medical Officer at Centene Corporation, where he had direct oversight

of medical management and supported the policy, vendor management, and clinical strategy teams. Before joining Centene, he was Deputy Chief Medical Officer for WellCare Health Plans, responsible for medical management, policy, and value-based care programs. Howard earned his bachelor's degree in Psychology from the University of Michigan, his Doctor of Medicine from the Boston University School of Medicine, and his MBA, with distinction, from the University of Louisville College of Business. He is also a diplomat of the American Board of Emergency Medicine.