

State of Drug Access, 2025

An In-Depth Analysis of Consumer Perspectives on Drug Pricing, Access, and Affordability

Executive Summary

In a year marked by continued inflation and growing scrutiny into drug affordability, RazorMetrics once again turned to the most important voice in healthcare: the member. Our 2025 State of Drug Access consumer survey captures firsthand insights into how Americans experience prescription pricing—what confuses them, what frustrates them, and what they expect from their physicians and plan sponsors.

This year's questions were designed to uncover what truly drives member behavior, from the exact dollar amount that triggers sticker shock to what happens when a drug is too expensive to fill. We asked how often prescribers help with costs, how members navigate (or avoid) digital tools, and what emotions surface when care is denied. The result is a rich, behavioral dataset that offers self-funded a clear map of where members get stuck—and where smart, seamless intervention can make a difference.

RazorMetrics doesn't just analyze the problem—we translate it into real-world, actionable solutions. The findings offer a compelling mandate: support prescribers in making cost-conscious decisions that improve outcomes, build trust, and deliver measurable savings for both members and plan sponsors.

Methodology

The annual survey is designed to capture the experiences of members across the U.S., with a focus on prescription drug affordability, behavioral responses to cost barriers, and interactions with healthcare providers and tools. The sample included people with diverse backgrounds from age, employment, income, gender, and education. In total, 28 questions, both closed- and open-ended, were used to identify patterns and pain points relevant to member experiences and outcomes.

Key Findings

These insights reveal both behavioral barriers and breakthrough opportunities for plan sponsors. Below are the most urgent themes from this year's survey.

Cost Barriers Are Common and Impact Behavior: 42% of members say they were prescribed a medication they couldn't afford in the past year. Over 11% have stopped a medication entirely due to cost.

Prescribers Are the First Line of Support: When faced with high drug costs, nearly half (47.2%) of members contact their doctor first. This far outpaces calls to insurers or use of discount tools.

Price Sensitivity Is Widespread: 84% report sticker shock below \$250, including a large proportion who react to prices under \$100.

Members Want Cost-Conscious Prescribing: 90% say they would be happy if their doctor switched them to a less expensive medication. 85.5% want prescribers to default to the lowest-cost option when clinically appropriate.

Confusion Hinders Adherence: Over half (53.1%) find it confusing to understand what they'll pay for a medication. Nearly half struggle to navigate apps, coupons, and discount options.

Polypharmacy Adds Risk, Stress, and Complexity: Members taking 5+ prescriptions describe the experience as overwhelming, exhausting, and confusing. They cite refill chaos, interaction worries, cost layering, and emotional fatigue.

Biosimilars are a Missed Opportunity: 81.7% are unfamiliar with the term, even though these drugs are increasingly common. Though awareness is low, interest in lower-cost alternatives is high, putting physicians in the best position to normalize biosimilar use and bridge the education gap.

Recommendations for Plan Sponsors

Support Prescriber-Led Cost Interventions

Members overwhelmingly trust their doctors to guide cost decisions. Empower prescribers with solutions that deliver savings insights without adding friction or changing their workflow.

Invest in tools that surface lower-cost options passively—no pop-ups, no extra clicks.

42% of members say they were prescribed a medication they couldn't afford in the past year. Over 11% have stopped a medication entirely due to cost.

Simplify the Member Experience

Half of respondents said they're confused about final prices, and nearly as many find discount tools difficult to navigate.

Reduce the noise. Centralize savings information in one clear, trusted channel—preferably tied to their trusted physician.

Promote Savings Programs with Clarity, Not Complexity

Only 30% of members say they have access to a drug savings program—and 31% aren't sure. That's a visibility problem.

Communicate savings options clearly and frequently, especially to older, lower-income members who benefit most.

Make Polypharmacy Simpler and Safer

Members on five or more meds describe the experience as exhausting and disorganized. Caregivers echoed the same.

flag opportunities for therapeutic consolidation and alignment—and support prescribers in reducing med burden where clinically appropriate.

**74% of members say
their opinion of their
health plan would
improve with a well-
designed savings
program.**

Drive Education Through Providers

When it comes to biosimilars and generics, trust lives with the prescriber—not with apps, flyers, or benefit portals.

Equip providers with clear messaging about biosimilars and affordability options so they can lead the conversation confidently.

Use Savings to Build Loyalty

74% of members say their opinion of their health plan would improve with a well-designed savings program.

Strategic affordability isn't just a cost-saver—it's a relationship-builder. Meet the moment with real value.

Conclusions

The 2025 State of Drug Access survey reinforces what prescribers already know: cost is a primary concern for members. The data affirms that when physicians are supported in making cost-conscious decisions, outcomes improve, adherence increases and both members and plan sponsors save. However, persistent confusion and digital fatigue suggest that member-directed tools alone are not closing the gap. This underscores the unique value of physician-directed approaches that reduce financial friction and improve adherence—without disrupting the point of care or the patient.

Demographics

Age distribution - The survey captured a balanced cross-section of age groups. The distribution of the age groups followed a typical bell curve, with the majority falling in the middle range (31-60) and fewer at the end points (under 30 and over 61). Respondents aged 31-60 represent ~60% of the survey population. Younger members under 30 made up ~16% of respondents, while members over 60 comprised ~24%. This distribution reflects a strong working adult-aged base.

Gender Distribution

The survey captured gender responses with a modest skew toward those identifying as female. This balance helps ensure that insights reflect gender-diverse experiences with affordability, medication adherence, and digital tool

Education Distribution

The survey included members across a wide educational spectrum—from those with only elementary schooling to those with advanced degrees. The largest groups had completed high school or some college, which is typical of the general population and provides valuable insight into health literacy and tool navigation.

Employment Distribution

Members reported a variety of employment statuses. Full-time employment was the most common, followed by retired, part-time, and self-employed individuals. This diversity is important, as employment status strongly influences drug coverage, income stability, and prescription access.

Education Level	
Elementary School	0.7%
Middle School	3.4%
Completed some high school	5.5%
High school graduate	25.1%
Other post high school vocational training	3.8%
Completed some college	21.4%
Associates Degree	9.0%
Bachelor's degree	20.1%
Master's degree	6.4%
Doctorate / PhD	4.0%
Completed some postgraduate	0.5%

Employment Status	
Retired	15.7%
Employed full-time	44.8%
Employed part-time	10.3%
Self-employed full-time	0.2%
Self-employed part-time	0.2%
Active military	6.9%
Inactive military/Veteran	7.5%
Temporarily unemployed	4.7%
Disabled/Permanently Unemployed	2.6%
Prefer not to answer	7.1%

Household Income	
Prefer not to say	1.2%
Low-income < \$50,000	51.8%
Middle-income (between \$50,000-\$99,999)	11.6%
High-income (between \$100,000-\$1 million+)	16.3%

Gender	
Female	42.6%
Male	57.4%

Age Range	
<20	1.9%
21-30	14.3%
31-40	21.6%
41-50	20.9%
51-60	17%
61-70	16.3%
>70	8%

Income Distribution

The income profile skewed toward middle- and lower-income brackets. These patterns reinforce the importance of cost-saving strategies across income levels, especially among members without employer-sponsored coverage. Household income varied significantly across respondents, with a strong showing from low-to-middle income brackets. Many respondents earn less than \$50,000 per year, underscoring the importance of affordability, cost transparency, and access to savings tools.

Analysis

The following section presents a question-by-question breakdown of our 2025 State of Drug Access survey, capturing both quantitative patterns and qualitative insights that reflect how real people experience the pharmacy counter. Each response is paired with implications that matter to plan sponsors, providers, and policymakers alike.

Our goal isn't just to report the data—it's to translate it into behavioral signals that help illuminate where members are getting stuck, and how strategic interventions can clear the path. The analysis offers a member-centered lens into the real-world impact of drug pricing complexity—and the clearest opportunities to solve it.

Q1: *When picking up your prescription, what price point gives you sticker shock?*

Less than \$100 (41.1%) - Four out of ten reported high price sensitivity. For this group, moderately priced prescriptions are a financial burden.

\$100 to \$250 (43.2%) - Most people reported up to \$250 as shocking, high enough to feel painful, but still within what people expect to pay.

\$250 to \$500 (10.2%) - A smaller group doesn't report sticker shock until prices reach a higher tier—suggesting better coverage, income, or tolerance.

\$500 to \$1000 (2.6%) - Very few tolerate prices this high

without shock, implying most consumers experience stress long before reaching this level.

Over \$1000 (2.9%) - A tiny fraction reports sticker shock only at extreme price points. These individuals may have chronic conditions requiring specialty meds or strong financial buffers.

Implications:

1. Price sensitivity is the norm: Over 84% feel sticker shock under \$250, emphasizing a systemic expectation of affordable prescriptions.
2. Cost is a barrier to adherence: When even common price points cause alarm, we risk widespread nonadherence—especially among vulnerable populations.
3. Demographic insight: Those reporting sticker shock below \$100 skew older (avg. age ~51) and lower income, often on fixed incomes. Higher shock thresholds correlate with younger, middle-income members with better coverage or fewer prescriptions.

Q2: *In the last 12 months, were you prescribed a drug that was too expensive?*

Yes (41.8%) - A striking number of people say they've been prescribed a drug they couldn't afford. This is not an edge case—it's a core issue affecting millions of members.

No (58.2%) - While a small majority avoided this issue, almost half of members faced an unaffordable prescription last year.

Implications:

1. Affordability remains a primary issue: Nearly half of all members face real financial barriers to accessing prescribed treatments.
2. Health behaviors are shaped by price: High drug costs may lead to skipped refills, reduced adherence, or DIY cost-cutting behaviors.
3. Demographic insight: Those answering "Yes" skew

slightly older (~49) and lower income—matching the profile of members on chronic medications with tighter budgets.

Q3: When your prescription is too expensive, what do you do about that?

Call my doctor for a less expensive alternative (47.2%) - The top response. Nearly half of members reach out to their prescriber—affirming the doctor’s role as a trusted cost navigator.

Talk to the pharmacist about a discount (17.9%) - Members view pharmacists as a practical resource at the point of sale, especially when action is needed fast.

Leave the script unfilled or ration medication (16.6%) - A troubling number of members skip or reduce their meds—this is a direct line to poor outcomes and higher downstream costs.

Call the insurance company (12.3%) - Few members engage their plan sponsor directly, suggesting either difficulty navigating benefits or low expectations of success.

Other (6.0%) - Includes discount cards, international sourcing, or online pharmacies were all alternative methods for those few who were determined to save money.

Implications:

1. Prescribers are the first call: This reinforces the importance of equipping physicians with cost-saving options that fit seamlessly into existing workflows.
2. Nonadherence is widespread: 1 in 6 members choose to ration or skip medication—often silently and without clinician awareness.
3. Demographic insight: Those who call their doctor skew male, average age ~49, and are typically low-to mid-income. Members who skip meds trend lower income and express more frustration with navigating support systems.

Q4: Do you have access to a healthcare app that helps with drug prices?

Yes (40.1%) - Members who answered yes may have included third-party apps as well as insurer-provided tools.

No (50.7%) - Over half of respondents report no access. This likely reflects a mix of unawareness, digital inexperience, or belief that their insurance handles it all.

Not sure (9.2%) - Uncertainty signals confusion—many members simply don’t know what qualifies as a drug pricing app or whether they’re already using one.

Implications:

1. Digital access isn’t digital adoption: Even when tools exist, members may not know about them—or understand how to use them.
2. Generational divide is real: Younger members are far more likely to use and recognize these tools. Older adults skew heavily toward “No” and “Not sure.”
3. Design for simplicity: To reach the 60% of members who are unaware or uncertain, solutions must reduce complexity and clearly communicate value.

Q5: If yes, do you get too many notifications from your healthcare app?

Too many notifications (31%) - A third experience alert fatigue. This is most common among middle-aged users balancing work, life, and tech overload.

No, the notifications are helpful (69%) - More than two-thirds of respondents find notifications useful—likely including refill reminders or price alerts that drive adherence.

Implications:

1. Notification fatigue is a design issue, not a user flaw: Members want help—but overcommunication risks disengagement.

- Age matters: Older members are more likely to not use apps at all. Younger users tend to engage—but still expect control over notifications.

Q6: *Is it confusing to figure out what the final price on your medication will be?*

Yes, it's confusing (53.1%) - Over half of all respondents say drug pricing is unclear—reflecting widespread frustration with opaque benefit structures and inconsistent pharmacy pricing.

No, it's clear (46.9%) - A slim minority feels confident in understanding medication costs—possibly due to fixed copays, strong insurance literacy, or trusted support.

Implications:

- Pricing opacity is a barrier: Even digitally capable members struggle to understand how much they'll pay until they reach the counter.
- Health literacy matters: Those with lower education or income are more likely to report confusion, underscoring the equity gap in cost navigation.
- Prescriber alignment opportunity: Tools that clarify out-of-pocket costs without altering provider workflow could significantly improve trust, adherence, and satisfaction.

Q7: *Do you find it difficult to navigate healthcare apps, drug discount websites, manufacturer coupon options, or discount pharmacies?*

Yes (47.7%) - Nearly half of all members report difficulty managing these tools, which suggests the system isn't just fragmented—it's overwhelming.

No (52.3%) - Slightly more than half feel comfortable navigating tech, likely due to experience, digital fluency, or fewer medication needs.

Implications:

- Tool overload is real: Members often face a maze of apps, cards, and coupons—without clarity on what works best.
- Simplicity sells: Members want fewer, more effective tools—not a wider menu of options. This is a usability challenge, not a motivation issue.
- Demographic insight: Those who report difficulty skew older, lower-income, and are more likely to be on multiple medications.

Q8: *If yes, what makes you feel frustrated about the process of searching for more affordable prescriptions? (open-ended)*

Key Themes:»

- Lack of a central, trusted source is a key pain point.
- Many members are overwhelmed by the number of apps, discount cards, and sources they're expected to consult. This friction discourages even the most motivated users from consistently price shopping.
- Education and awareness gaps are widespread.
- A large share of respondents said they didn't know how to look for savings or weren't sure what their options were. This isn't just a tech issue—it's a communications and benefits literacy issue.
- Digital tools are not universally intuitive.
- Some respondents expressed that even when apps or websites exist, they're confusing or difficult to use.
- Systemic inconsistency erodes confidence.
- Respondents noted that coverage rules and pharmacy pricing vary too often, making it hard to know what's actually going to be the lowest-cost option. This reduces motivation to shop because the outcome feels unpredictable.

- Frustration is especially high among younger adults, lower-income groups, and those with mid-level education.
- These groups are both highly impacted by cost and least equipped to navigate fragmented solutions, suggesting a need for highly accessible, low-effort interventions tailored to these populations.

Implications:

1. Simplify the experience—reduce choice fatigue and surface one clearly explained recommendation
2. Be communicated early and often, ideally through prescribers or trusted pharmacy staff
3. Avoid relying solely on app literacy—ensure solutions are low-friction and reach users wherever they are (email, SMS, pharmacy, or provider office)
4. Prioritize transparency and consistency so members aren't burned by switching one month and losing savings the next

Q9: *Would you be happy if your doctor changed your medication to a less expensive option?*

Yes (89.8%) - Nearly 90% of members would welcome a switch to a lower-cost drug—if their doctor recommends it.

No (10.2%) - A small group resists substitution, which may be due to past negative experiences or concerns about efficacy and side effects.

Implications:

1. Members are ready for change: Affordability is top of mind, and most trust their prescribers to guide that shift.
2. Prescriber role is critical: This isn't about bypassing doctors—it's about empowering them to make informed, affordable choices.
3. Demographic insight: The few who resist tend to be

older and more affluent, and may have an established routine and / or preferences for brand-name drugs.

Q10: *Does your doctor help you navigate high drug costs?*

Yes (40.4%) - Four in ten members say their doctor actively helps them address high medication costs.

No (59.6%) - The majority feel unsupported in this area, either because the conversation isn't happening or because their doctor lacks access to cost data.

Implications:

- Missed opportunity: Most members aren't getting proactive support on costs—even though they want it and frequently initiate those conversations.
- Prescriber insight matters: Physicians who discuss pricing build trust and improve adherence. But they need tools that work within their workflow.
- Demographic insight: Members who said “yes” tend to be older and have more complex medication regimens, making cost discussions more likely out of necessity.

Q11: *When picking up your prescription, would you rather use a discount card or your insurance and pay the copay that goes toward your deductible?*

Discount card (38.2%) - A significant portion would rather save money upfront—even if it means bypassing their insurance deductible.

Insurance and copay (61.8%) - The majority prioritize contributing toward their deductible, likely due to long-term cost considerations or employer incentives.

Implications:

- Value is subjective: Some members prioritize instant savings; others take a longer view. Transparency enables both.
- Member education gap: Many members aren't sure

how discount cards affect deductibles—creating confusion that undermines decision-making.

- Demographic insight: Discount card users skew younger and lower income. Those using insurance tend to be full-time employed with better benefit literacy.

Q12: *How do you view generic drugs versus brand-name drugs?*

I always prefer generics (53.2%) - Over half default to generics, recognizing the value and efficacy at a lower cost.

I prefer generics but sometimes get brand (32.0%) - This pragmatic group supports generics but may opt for the brand when coverage or a discount is available.

I prefer brand-name drugs (14.9%) - A small group resists generics.

Implications:

1. Generic acceptance is strong: Nearly 85% of members are open to generics, reducing friction for prescribers looking to lower costs.
2. Cost savings aligned with trust: Generics win when members trust the substitution process and provider guidance.
3. Demographic insight: Brand loyalty skews toward higher-income and older members.

Q13: *Do you trust that you're always paying the lowest price for your medications?*

Yes (30.6%) - Only about one-third of members believe they're getting the best possible price—indicating low confidence in the pricing ecosystem.

No (69.4%) - Nearly 70% do not trust that they're paying the lowest price, reinforcing the perception that drug pricing is arbitrary and opaque.

Implications:

1. Trust is eroding: Members feel they're being overcharged or that better deals are out there—if only they knew where to look.
2. Confidence ≠ Clarity: Even insured members doubt they're getting the best value, which leads to second-guessing and frustration.
3. Demographic insight: Distrust is strongest among middle-aged and lower-income members, especially those managing multiple prescriptions.

Q14: *Do you wish your provider would prescribe the lowest-cost medication automatically?*

Yes (85.5%) - An overwhelming majority want providers to choose the lowest-cost option by default—assuming it's safe and effective.

No (14.5%) - A minority prefer to stay involved in the decision.

Implications:

1. Support for auto-switching: Members are open to prescriber-driven cost optimization.
2. Prescriber-led savings are preferred: Members trust their physician more than digital tools or plan sponsors when it comes to substitutions.
3. Demographic insight: Support is highest among younger and lower-income members, while resistance is more common among older, brand-loyal individuals.

Q15: *If you or someone you know is taking 5 or more medications per month, how would you describe that experience? (open-ended)*

Key Themes:

- Overwhelming and confusing: Members describe the experience as “a full-time job,” citing confusion over dosages, schedules, and interactions.

- Financial pressure: Multiple prescriptions often mean multiple copays or out-of-pocket expenses—particularly painful for those on fixed incomes.
- Coordination challenges: Respondents note a lack of clear communication between providers and pharmacies, especially when multiple doctors are involved. Calls for streamlined processes, refill alignment, and clearer communication are common.
- Emotional fatigue: Many members express feeling “burned out” or “helpless” managing complex regimens. Caregivers use words like “exhausting,” “stressful,” and “frustrating,” to describe managing meds for loved ones.

Implications:

1. Polypharmacy is a systems burden: Members juggling five or more prescriptions are often left to coordinate care and manage risks on their own.
2. Adherence risks are elevated: Confusion and emotional fatigue can lead to missed doses, medication errors, or giving up entirely.
3. Caregivers are under-supported: Members caring for spouses, parents, or children with complex regimens face unique logistical and emotional strain that deserves targeted support.

Q16: *Please tell us more about the experience of taking 5 or more prescriptions.*

Key Themes:

- Medication confusion and overlap: Members report difficulty remembering doses, managing interactions, and keeping track of refills.
- Refill chaos: Unaligned refill dates and fragmented communication with pharmacies create constant administrative burden.
- Cost accumulation: While each drug may seem affordable, the total monthly spend adds up quickly. Even with insurance, the cumulative cost of multiple

meds becomes unsustainable for many.

- Desire for simplification: Respondents expressed interest in fewer pills, fewer trips to the pharmacy, and more proactive medication reviews.
- Doctor disconnect: Some feel their providers aren't fully aware of all the medications they're on—especially when multiple specialists are involved.
- Caregiver strain: Respondents caring for others describe the emotional and logistical load as “exhausting.”

Implications:

1. Members want fewer, more effective meds: Responses reflect a clear desire for deprescribing where safe and possible.
2. The system isn't designed for complexity: The current model assumes one or two prescriptions—not five or more. Members are forced to patch together solutions.
3. Adherence barriers compound: When cost, confusion, and refill logistics intersect, members are at high risk of nonadherence and medication failure.

Q17: *Do your doctors talk to you about all the medications you are taking to make sure they are necessary, effective, and are not causing any negative reactions?*

Yes (58.6%) - More than half say their doctors check in on medication necessity and effectiveness—this supports coordinated care and safety.

No (41.4%) - More than 4 out of ten members feel that these conversations aren't happening, leaving room for duplication, interactions, or unnecessary medications.

Implications:

1. Medication reviews are happening—but not universally: For more than 40% of members, no one's connecting the dots on polypharmacy.

2. Prescriber awareness is a safety issue: Unchecked med lists can result in side effects, nonadherence, adverse reactions, and dangerous duplications that all add up to excessive costs.
3. Demographic insight: Members with more complex regimens (age 60+, 5+ prescriptions) are more likely to report receiving regular med reviews.

Q18: *Have you had a prescription denied because of your health plan's prior authorization process? (Prior authorization is when your provider has to get approval from the health plan before the prescription is filled.)*

Yes (32.5%) - One in three members has experienced a prior auth denial, highlighting this as a major source of disruption and dissatisfaction.

No (67.5%) - The majority have not encountered denials, though this may reflect limited medication use, good formulary alignment, or provider interventions.

Implications:

1. Prior auth is a persistent pain point: The 32% affected often experience delays, stress, and added steps that can derail treatment.
2. Plan sponsor misalignment: Denials often come as a surprise, suggesting limited member education or inconsistent communication.

Q19: *If yes, how did you feel about that? (Refers to prior authorization denials in Q18)*

Key Themes:

- Frustration and anger: Members described feeling “angry,” “helpless,” and “defeated” after being denied a prescribed medication.
- Delays in care: Several respondents shared that prior auths caused long waits or required multiple back-and-forths with providers.
- Confusion and surprise: Many were unaware that

a prior authorization was required until at the pharmacy counter—creating both embarrassment and disruption.

Implications:

1. Negative emotional impact is high: Members feel betrayed when access is blocked—especially if they've already paid for a physician visit.
2. Prior auth isn't transparent: Many members don't understand the process or why their medication is denied. The result is confusion, not engagement.
3. Delays can cascade into abandonment: For some, the extra step becomes the breaking point—and the prescription goes unfilled.

Q20: *Does your health plan or employer help you save money on your medication by offering a drug savings program?*

Yes (30.2%) - Only about a third of members say they have access to a drug savings program.

No (38.8%) - The largest group reports that no such program exists—suggesting low awareness or actual gaps in benefit design.

Not sure (31.0%) - A striking number of members aren't sure whether a savings program is available, highlighting communication and transparency issues.

Implications:

1. Awareness is as important as access: Even when programs exist, members may not know about them or understand how to use them.
2. Plan sponsors face a communication gap: Members won't engage with programs they can't find, don't trust, or can't understand.
3. Demographic insight: Older and lower-income members are least aware of available programs—precisely the populations that stand to benefit most.

Q21: *Would you have a more favorable opinion of your health plan if it offered a drug savings program to you?*

Yes (74.3%) - A strong majority say their perception of the plan would improve with access to meaningful drug savings, demonstrating the value of offering a prescription program to members.

No (25.7%) - A minority reported that a program would not change their opinion.

Implications:

1. Drug savings = goodwill: Affordability is not just a clinical or financial issue—it's a relationship driver. Plans that help members save build trust and loyalty.
2. Member experience is shaped by price support: When members feel like their plan is helping reduce drug costs, their overall plan satisfaction improves.
3. Demographic insight: Favorability increased most among members under age 60, and among those who had previously abandoned prescriptions due to cost.

Q22: *For members who have access to a drug savings program, is it easy to use?*

Yes (57.8%) - Among those who know about and use a drug savings program, the majority find it easy.

No (42.2%) - Four out of ten report difficulty, pointing to usability issues, unclear instructions, or other complications.

Implications:

1. Good program design makes a difference: When savings are effortless, members will value them. When they're complex, adoption drops off quickly.
2. Demographic insight: Those who struggle with ease-of-use tend to be older or have lower incomes.

Q23: *What makes the drug saving program not easy to use?*

Key Themes:

- Confusing instructions and eligibility rules: Members feel unsure if they qualify, when and where to apply discount codes, or how savings are calculated.
- Too many steps: Requiring app downloads, form completion, or multiple confirmations discourages engagement.
- Poor digital experience: Websites or apps that crash, lag, or aren't mobile-friendly are especially problematic.
- Lack of guidance: Members often wish someone would walk them through it—either a pharmacist or physician.

Implications:

1. Complexity kills adoption: Programs that are hard to understand or use quickly lose member interest.
2. Guidance matters: Members want trusted intermediaries (like prescribers or pharmacists) to recommend and help them use programs.
3. Design for the lowest common denominator: If it doesn't work for the least tech-savvy member, it won't scale effectively.

Q24: *What would you change about your current drug cost saving options?*

Key Themes:

- Centralization and simplicity: Members want one place to compare costs, apply discounts, and track usage—rather than juggling apps and coupons.
- More transparency: Requests for “real prices,” “upfront costs,” and “no surprises” were common.
- Better integration with prescribers: Respondents want physicians to suggest or enroll them in savings programs directly.
- Automatic application of discounts: Members don't

want to hunt for coupons or manually enter codes; they want savings built-in.

Implications:

1. Members want seamless savings: The system shouldn't ask members to be experts in pricing or benefits. They want help, automatically applied.
2. There's a trust deficit: Many believe discounts are arbitrary or change too often to rely on. Predictability builds engagement.
3. Physician involvement is key: When savings tools are tied to the prescribing process, members are more likely to use and trust them.

Q25: **Has your pharmacy recently closed or changed?**

Yes (20.4%) - One in five members experienced a pharmacy closure or switch, an increasingly common issue tied to retail consolidation and financial pressures on pharmacies.

No (79.6%) - The majority have maintained access to their preferred pharmacy, preserving consistency in medication management.

Implications:

1. Pharmacy stability is eroding: A notable share of members is being forced to adapt to changes, increases in pharmacy deserts, and longer travel times to access medications.
2. Demographic insight: Pharmacy change disruptions are more common among members in rural areas.

Q26: **Does your pharmacy stock all the meds you need?**

Yes (79.5%) - Most members say their pharmacy consistently has their prescriptions in stock.

No (20.5%) - However, one in five report access issues—ranging from delays to chronic shortages of specific drugs.

Implications:

1. Access ≠ reliability: Even when a pharmacy is open, stock inconsistencies can affect adherence and outcomes.
2. Provider intervention may be needed: When drugs are out of stock, prescribers often need to find alternatives or reissue scripts—adding time and burden.

Q27: **Do you know what a biosimilar is?**

Yes (18.3%) - Fewer than one in five members are familiar with biosimilars, indicating a major gap in education around this cost-saving biologic drug alternative.

No (81.7%) - The vast majority do not recognize or understand the term, even though biosimilars are increasingly common in formularies.

Implications:

1. Awareness is critically low: Members can't request biosimilars if they don't know what they are.
2. Educational opportunity for prescribers: Physicians are in the best position to normalize biosimilar use, especially as more options hit the market.
3. Demographic insight: Younger, college-educated members are more likely to recognize the term.

Q28: **Do you have any experience taking or plan to take a GLP-1 (Ozempic, Wegovy, or similar)?**

Yes (13.5%) - A small but not insignificant group reports experience or intent to use GLP-1s.

No (86.5%) - Most members are not currently engaged with GLP-1s, though awareness is growing, especially around weight loss use cases.

Implications:

1. GLP-1 interest is growing: Though actual usage is low, demand is rising, and plan sponsors are grappling with costs and utilization management.
2. Education and access will shape adoption: Members often don't understand coverage rules, out-of-pocket costs, or eligibility—leading to frustration.
3. Demographic insight: GLP-1 usage is higher among members aged 31–50 and those with household income over \$75,000, mirroring national patterns in early adoption.

Critical Observations***Members Trust Prescribers to Help With Costs***

- 47.2% of members call their doctor when meds are too expensive.
- 90% would be happy if their doctor switched them to a cheaper option.
- 85.5% want prescribers to automatically prescribe the lowest-cost alternative.

>> Prescribers aren't just part of the solution—they're the gateway. But they need tools that don't slow them down.

Price Sensitivity Is High—Even at Low Thresholds

- 84% feel sticker shock below \$250
- 41% feel it under \$100

>> What seems “affordable” to some is a barrier to others. Small price gaps matter.

Cost Barriers Lead to Nonadherence

- 42% were prescribed a drug they couldn't afford
- 11.4% stopped a medication entirely due to cost

- 16.6% leave prescriptions unfilled or ration

>>The clinical plan breaks down at the pharmacy.

Confusion Undermines Member Action

- 53.1% say it's confusing to know what they'll actually pay
- 47.7% find tools and discount options hard to navigate
- 31% don't even know if their plan offers a savings program

>>Complexity is the enemy. Members want simple, trusted direction—from their prescriber, not a dozen disconnected apps.

Members Are Ready for Change—If It's Easy

- Members overwhelmingly support lower-cost prescribing
- Those who use savings tools value them—but many say they're too complex

>>There's high receptivity to change, as long as it doesn't ask members (or physicians) to jump through hoops.

Polypharmacy Adds Risk, Stress, and Complexity

Members taking 5+ prescriptions describe the experience as overwhelming, exhausting, and confusing

They cite refill chaos, interaction worries, cost layering, and emotional fatigue

Caregivers managing complex regimens for others are especially burdened

>>The more prescriptions someone takes, the more likely they are to fall through the cracks. Simplifying med regimens with deprescribing has outsized impact on safety, savings, and adherence.

Biosimilars Are a Missed Opportunity—For Now

- Only 18.3% of members know what a biosimilar is
- 81.7% are unfamiliar with the term—even though these drugs are increasingly common

>>Awareness is low, but interest in lower-cost alternatives is high. Prescribers are in the best position to normalize biosimilar use and bridge the education gap. When introduced with confidence and clarity, biosimilars can drive substantial savings for members and plan sponsors alike.

Recommendations for Plan Sponsors**Support Prescriber-Led Cost Interventions**

Members overwhelmingly trust their doctors to guide cost decisions. Empower prescribers with solutions that deliver savings insights without adding friction or changing their workflow.

>>Invest in tools that surface lower-cost options passively—no pop-ups, no extra clicks.

Simplify the Member Experience

Half of respondents said they're confused about final prices, and nearly as many find discount tools difficult to navigate.

>>Reduce the noise. Centralize savings information in one clear, trusted channel—preferably tied to their trusted physician.

Promote Savings Programs with Clarity, Not Complexity

Only 30% of members say they have access to a drug savings program—and 31% aren't sure. That's a visibility problem.

>> Communicate savings options clearly and frequently, especially to older, lower-income members who benefit most.

Make Polypharmacy Simpler and Safer

Members on five or more meds describe the experience as exhausting and disorganized. Caregivers echoed the same.

>>Flag opportunities for therapeutic consolidation and alignment—and support prescribers in reducing med burden where clinically appropriate.

Drive Education Through Providers

When it comes to biosimilars and generics, trust lives with the prescriber—not with apps, flyers, or benefit portals.

>>Equip providers with clear messaging about biosimilars and affordability options so they can lead the conversation confidently.

Use Savings to Build Loyalty

74% of members say their opinion of their health plan would improve with a well-designed savings program.

>>Strategic affordability isn't just a cost-saver—it's a relationship-builder. Meet the moment with real value.

Conclusion

The 2025 State of Drug Access survey highlights a clear mandate: members want affordable medications, trust their prescribers to help, and are overwhelmed by complexity in the current system. Affordability, trust, and clarity are the themes that emerged most frequently, and each intersects directly with how prescribers influence member behavior.

While point-of-care tools often disrupt workflows, this survey underscores the need for solutions that fit into the natural rhythm of clinical care. When physicians are empowered with pricing insights, the impact is felt system-wide—from improved adherence to significant cost savings for members and plan sponsors.

For drug cost containment to succeed, interventions must support—not burden—members. The survey findings validate that the path to better medication access and savings runs through the exam room, and that members are ready to follow their physician's lead when cost-saving alternatives are presented clearly, confidently, and without compromise to care.

ABOUT RAZORMETRICS

RazorMetrics creates cutting-edge pharmacy cost containment solutions to quickly and easily reduce drug spend. Its proprietary technology automatically initiates cost-saving opportunities through medication switching, deprescription, deduplication, and more—all while adapting to fit client's plan, preferences, and formulary. RazorMetrics conveniently plugs into prescriber's existing workflow, improving healthcare decisions while seamlessly reducing medication costs for members and plan sponsors. Based in Austin, TX, RazorMetrics supports self-funded employers, health plans, PBMs, and organizations to bring clarity, efficiency, and more value to their pharmacy benefits.



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