

The Pharmaceutical Art of Supporting Patients

A review of pharmaceutical patient support programmes, 2025–2026

By Harella A Halevy

Abstract

In 2025–2026, pharmaceutical patient support programmes moved beyond treatment reminders toward helping patients understand their diagnosis, treatment options, and day-to-day disease management. This review examines award-winning programmes, regulatory frameworks, patient trust data, and independent research across Western Europe, the UK, Central and Eastern Europe, Israel, and Canada. In every setting, the most effective programmes avoid generic adherence messaging in favour of clear communication, intuitive visual design, digital tools, and support tailored to critical points in the care journey. Yet provision remains uneven, often concentrated around high-value therapies rather than patient need across the disease continuum. Israel stands out, regulating patient support as non-promotional, information-based services required before product launch. The evidence suggests the greatest value of contemporary patient support lies not in loyalty or adherence alone, but in making treatment understandable, accessible, and practical for the people who depend on it.

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1. The silence after the prescription

Something specific happens the moment a consultation ends. The door closes, what was said is mostly forgotten, and the person who has just been handed a diagnosis walks into a car park with no idea what happens on Tuesday. And...silence (or anxiety, sometimes indifference).

That silence has historically been filled with the least imaginative thing available: a reminder. Take your pill. Refill your prescription. Here is a text message.

What's striking about the work that surfaced in 2025 and 2026 is how little of it reminds anyone of anything. It is, overwhelmingly, *material*: films, cookbooks, maps, websites. The industry has begun to recognise that the problem is often not that patients forget, but that too many things are never properly explained.

2. Case Studies

2.1 Western Europe and the UK: explaining, not reminding

Two industry award programmes give a useful window onto what pharma chose to be proud of across 2025 and 2026: the PM Society Awards and the Communiqué Awards, each judged by its own panel of practitioners. Every entry is written by the team that made the work, so treat the winners as a record of intent, not evidence of effect, and read them that way.

The problem you can name. Sandoz had an unglamorous one: fungal nail infection takes months to clear, and patients give up when their toenail looks identical in week six. FCB Health London built an animated campaign around Ted, a tortoise, restaging *The Tortoise and the Hare* to tell patients and pharmacists the same thing: slow and steady wins the nail. Nothing about this is clinically sophisticated. The barrier was psychological, and the intervention was a cartoon reptile that names what the patient is actually feeling.

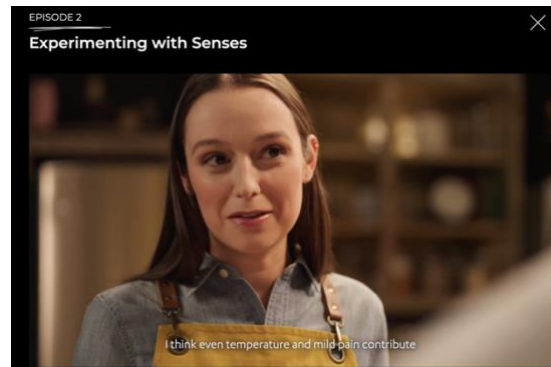


SANDOZ: Slow and steady wins the nail

Comprehension as the deliverable. Acute lymphoblastic leukaemia is the most common childhood cancer, affecting over 30,000 children a year, and its protocols run for years and read like tax law. Servier's POLARIS, with Syneos Health Communications, converts that journey into a visual roadmap and interactive site, co-created with clinicians and shaped by patient feedback, carrying emotional and nutritional tools alongside the medical content. Bronze.

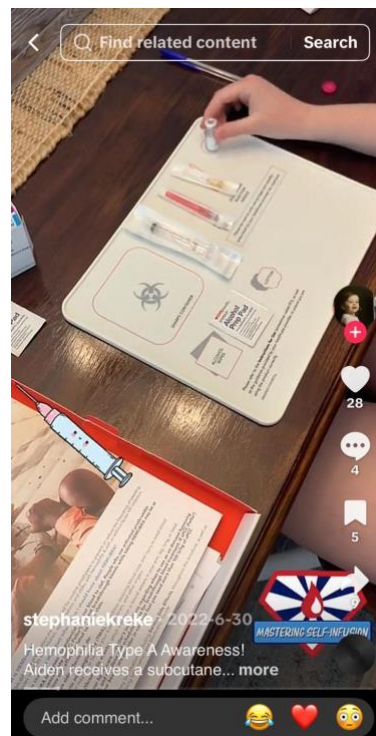
Consider what that is: a support programme where the deliverable is comprehension. No app to log into. No adherence score. A family that can see where they are on the map. The person behind this international PSP is the Israeli Zohar Shalev, a mother of a childhood cancer survivor.

Cooking your way back to taste. Cancer treatment can strip out a patient's sense of taste entirely, turning food – and the appetite and nutrition riding on it – into a daily defeat. Johnson & Johnson's *Tasting Notes*, with 21GRAMS, is a video recipe platform built with Grant Achatz, the three-Michelin-starred chef who lost his own sense of taste to cancer, and oncology dietitian Abbey Reiser. It won the 2026 Patient Support Gold. It doesn't medicalise the problem; it hands people recipes and tricks to make eating a pleasure again.



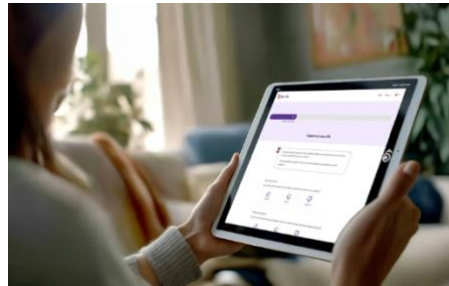
J&J: Tasting Notes

Meeting people where they already are. Genentech's haemophilia A work, "Tokking Their Language," won a 2025 Gold on the premise that Gen Z spends about three seconds on a healthcare product website, so the team rebuilt the information on TikTok instead, at one point even deploying an 1980s disco performer to sing the dosing options. The Communiqué Awards, judged by a separate panel, rewarded this instinct.



Genentech: Tokking Their Language

Putting the appointment into words. For people with chronic myeloid leukaemia (CML), the fatigue and emotional weight that shape daily life rarely survive into a ten-minute consultation. Novartis, with Inizio Evoke Comms, distilled 767 validated quality-of-life questions into a short digital tracker that helps patients name what actually matters before they see their clinician; a third of early users came away requesting follow-up appointments.



Novartis: CML QoL Tracker

Two award juries, judged apart, reached the same verdict: the bottleneck is comprehension.

2.3 Eastern Europe: the region quietly leading the way

At the Pharmaceutical Market Excellence Awards in November 2025, Excellence in Engagement through Digital Channels and New Technology went to *Be Ready: Harnessing Social Media, AI, and Data to Drive Fertility Awareness and Empowerment* – from Gedeon Richter, the Hungarian pharmaceutical company, with the agency Foundry3. The consumer campaign, “Be Ready, Whenever You’re Ready,” lives at fertilitychoices.com and addresses something almost nobody discusses with women until it’s late: the relationship between age and fertility, in a Europe where the average age at first birth happens well over the 20s. The judges called it “modern health communication at its best”.

Central and Eastern European work rarely surfaces in these award rounds, which makes a Hungarian company taking a top patient-communication prize genuinely notable. And it does something a pill-centred support programme can’t: rather than nudging patients to stick with a treatment, it closes a gap in *knowing* – getting information to people early enough to act on it. Patient communication as prevention, not adherence.



2.4 Israel: the country that makes you first get it signed

Everywhere else in this review, the line between support and promotion is drawn by an industry code and policed after the fact. Israel drew it in advance, in law, and put a civil servant at the door.

Advertising prescription medicines to the public is prohibited outright. What the Ministry of Health did instead, as part of an explicit “empowering the patient” agenda, was open two narrow, licensed channels. Procedure 134 (2014) governs disease awareness campaigns. Procedure 137 (2015, amended 2016) titled, in its full unromantic glory, *Rules for improving informed use and adherence to prescribed*

medicinal treatment through non-commercial information governs everything a patient support programme actually does.

Read what Procedure 137 permits, because it is a startlingly precise description of a PSP: a call centre giving information about the disease, the medicine, and how to use it correctly, with the operator helping the patient monitor side effects; and home visits providing personalised training in appropriate use, alongside reporting of any adverse drug reaction that may be related to the product. Services are normally delivered by a third party. If the marketing authorisation holder wants to run them directly, it must submit a written justification to the ministry and obtain consent.

Two things Israel did that nobody else quite did. It made the legal test *non-commercial information* – not “not misleading,” not “balanced,” but non-commercial, assessed by a regulator before launch. And it folded in accessibility: patients with disabilities are legally entitled to the information, making adherence support a condition of the treatment succeeding at all, rather than a “adding value”. The programme is not a favour. It is part of the medicine.

There is a measured reason this matters, and it comes from Israel’s own data. Under the WHO M-POHL network, a national survey of 1,315 Israeli adults measured digital health literacy on a validated 0–100 scale. Israel’s mean, 62.7, sat almost exactly on the pan-European average of 62.3 – but the average hides the shape of the problem. About 62.5% of the Israeli sample scored at inadequate or not-fully-adequate levels of digital health literacy, the same proportion found across Europe, and the two variables most strongly associated with a low score were economic hardship and low perceived social status.

The people least equipped to use a digital patient programme are, once again, the poorer and lower-status — the same people Procedure 137’s accessibility clause is meant to protect, and much the same profile as those who struggle with a printed leaflet.

The tension is unresolved. Israeli media carries pharma-sponsored disease-information hubs – mainstream news portals host standing sections on lung cancer and metastatic breast cancer built with industry, and critics have argued, since at least 2022, that “awareness” functions as a legal route to send consumers toward company websites in a market where advertising the drug is forbidden. Israel has not solved the problem. It has made someone sign for it.

3. What Patients Say

Two things are true at once and refuse to reconcile. Patients engage warmly with individual programmes, but they don’t trust the industry running them.

CISCRP’s 2025 Perceptions and Insights Study, 12,887 respondents worldwide, found trust in pharmaceutical companies sitting well below trust in government research bodies, regulators and independent clinicians. In the 2021 wave, the most common reason given by low-trust respondents, cited by 65% of 2,946 of them, was that pharmaceutical companies only want to make money. A French survey of 838 respiratory patients found 48.3% trusting the industry, 35.5% actively distrusting, with distrust concentrated among women, the economically inactive, and people who couldn’t name their own disease.

Read that last clause twice. The people least likely to trust the sponsor are precisely the people a support programme exists to reach. And they overlap heavily with the 43% of adults who can’t parse a health leaflet.

Patients resolve the trust question the sensible way: they take the cookbook and ignore the logo. Which suggests the strategic error isn't that patients are suspicious. It's that so many programmes are designed as though the brand is the gift.

4. Discussion

4.1 Support follows price, not need

The single most useful piece of independent research in this field is a cross-sectional census. Grundy and colleagues, publishing in *CMAJ* in 2023, catalogued every manufacturer-sponsored patient support programme attached to a prescription drug in Canada. Of 2,556 marketed drugs from 89 companies, 256 (10%) had one.

Ninety percent of medicines come with nothing. And the study found a strong correlation between a drug's price and whether it had a support programme at all, which the authors read as evidence of a commercial motive operating alongside patient care.

Sit with that. The parent of a child with leukaemia gets a beautifully co-created roadmap. The pensioner on an ancient generic antihypertensive — the person most likely to be among the 43% of adults who cannot read a standard health leaflet, most likely to be non-adherent, and least likely to be in a clinical trial — gets a folded piece of paper. Patient support, as currently constituted, is a feature of expensive drugs. It is not a feature of illness.

This is the finding that reframes everything in Section 2. The creative work is excellent. It is also, structurally, allocated by commercial value rather than by need.

Common Characteristics of Notable Patient Support Programmes, 2025–2026

- **They solve a real patient problem.** The strongest programmes address specific moments of confusion, uncertainty, or difficulty—not simply missed doses.
- **They prioritise understanding over reminders.** They transform complex medical information into clear, practical, and usable support.
- **They make treatment easier to navigate.** They help patients and families understand care pathways, manage daily challenges, and prepare for meaningful conversations with healthcare professionals.
- **They meet patients where they are.** They use relevant language, formats, and platforms to make information accessible and engaging.
- **They build trust through useful information.** They separate support from promotion by focusing on what patients need to know rather than what companies want to communicate.

5. Conclusion

The 2025–2026 record suggests that some of the most notable patient support programmes have begun to recognise what patients have long experienced: the prescription is only the beginning.

The harder part is the parent trying to understand a complex treatment protocol, the woman who did not know fertility was time-sensitive, the teenager who will not visit a corporate website, or the

patient whose treatment has changed the experience of eating. The strongest programmes reviewed here succeed because they identify a specific human problem and create support around it.

Israel's approach is different: it requires sponsors to demonstrate, before launch, that patient support is non-commercial information. It is a regulatory response to a question that remains unresolved elsewhere: how can patients receive useful support while maintaining trust in the organisations providing it?

Whether these programmes change adherence outcomes remains an open question. Whether patients need clearer, more accessible, and more practical information does not.

Patients continue to accept useful resources while remaining cautious about industry motives. They take the cookbook, follow the roadmap, and use the information—but they do not confuse support with trust. Given the history, that may be the most realistic foundation on which patient support can be built.

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* A caution worth keeping: none of these are randomised trials. They are award entries, written by the people who made them. Good communication is not evidence that it worked. It is, however, better than a leaflet in a car park.

**A note on sourcing. *Sources produced or funded by companies that sell patient support services have been excluded*. Much of the available literature on patient support is produced by companies that design and operate patient support programmes. Their enrolment statistics, spend estimates and effectiveness claims are excluded here. What remains is award juries, peer review, regulators and patients.