

Nephron Research

Evolution of the Drug Channel

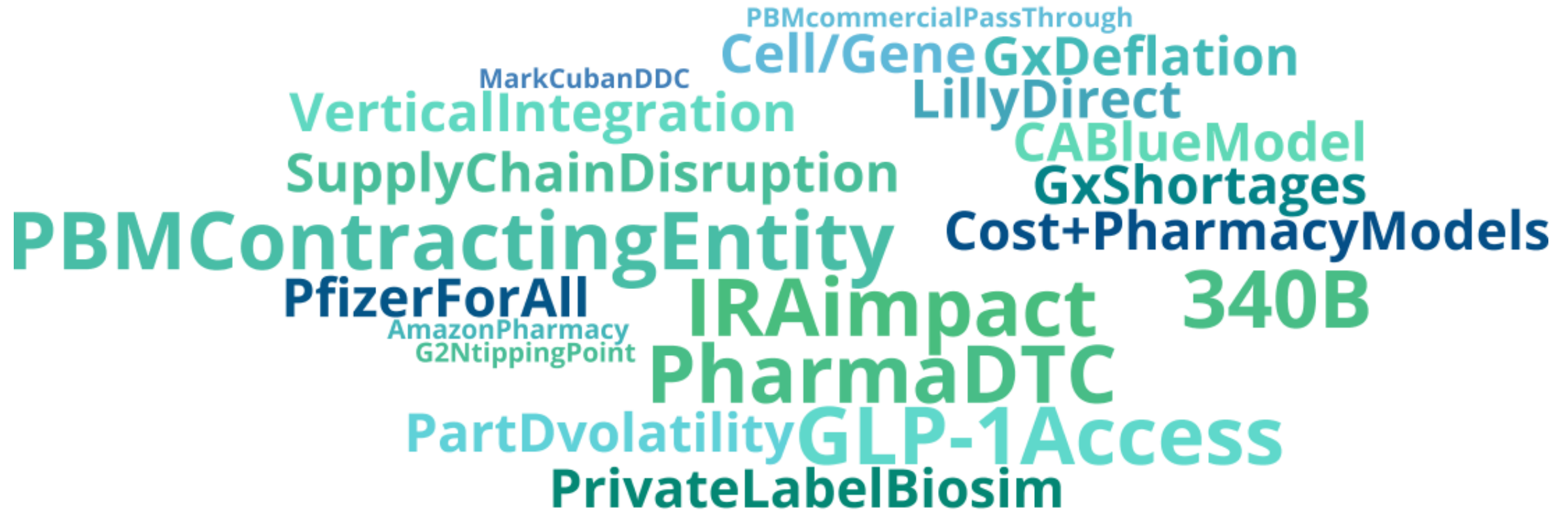
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The Pace of Disruption is Accelerating

Key drug channel innovations and disruptions impacting 2020-2024



Election Impact Far Greater Than Expected

2025 Characterized by the Disruptions We Did NOT Expect



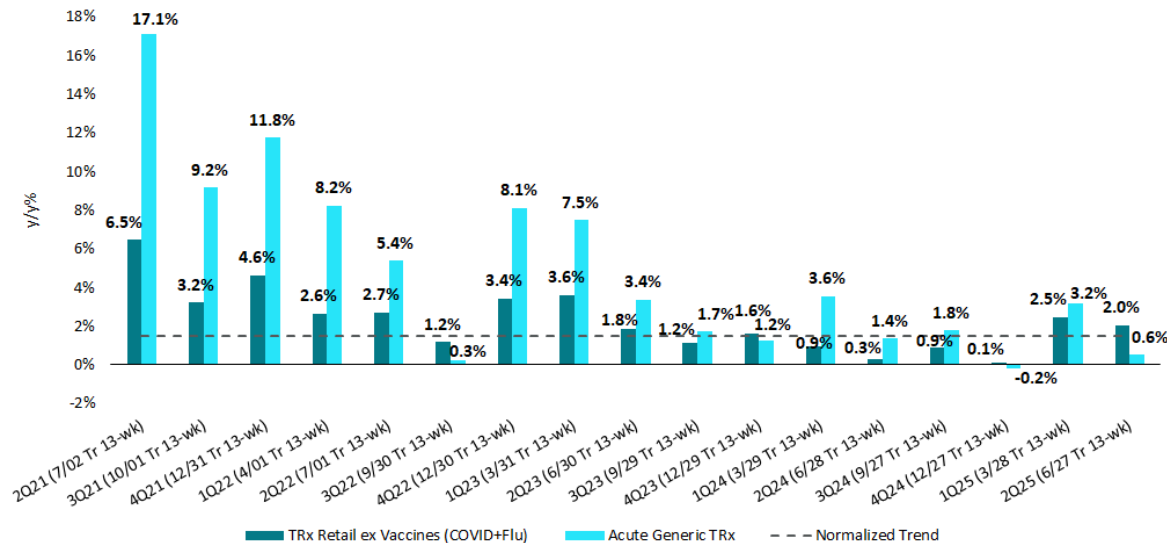
Fundamentals Remain Strong

Strong Organic Rx Trends: Volume

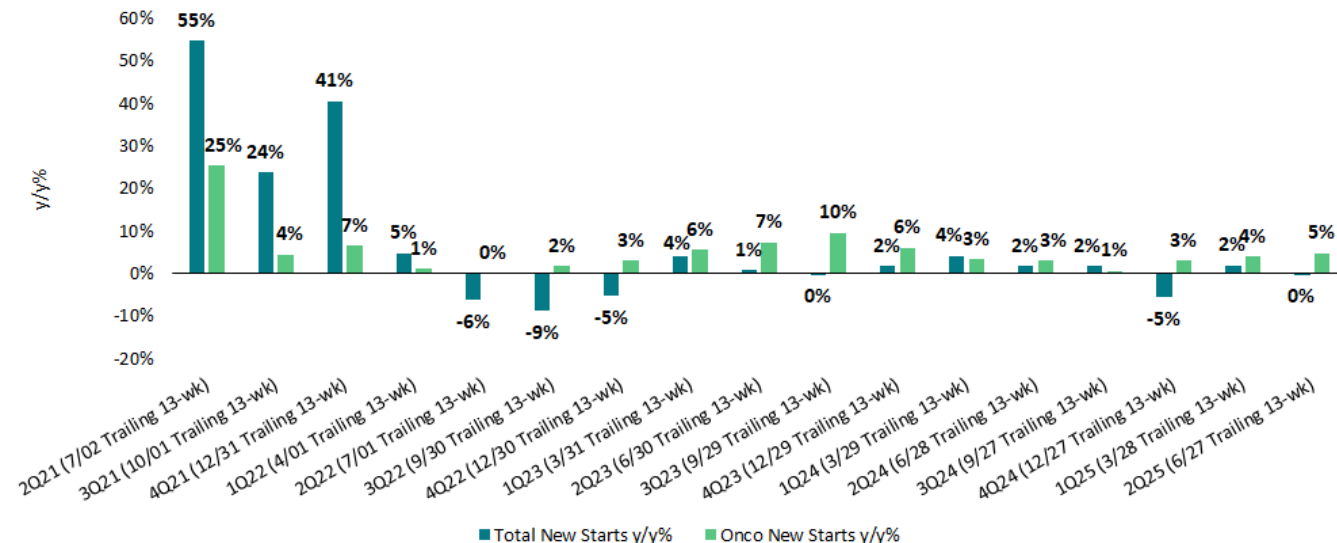
Nephron Rx Volume Tracker

- Retail Rx up Low-Single Digits: Sikud Acute Gx utilization
- Specialty Growth Driver: Oncology new therapy starts up 5% y/y

TRx Retail up LSD



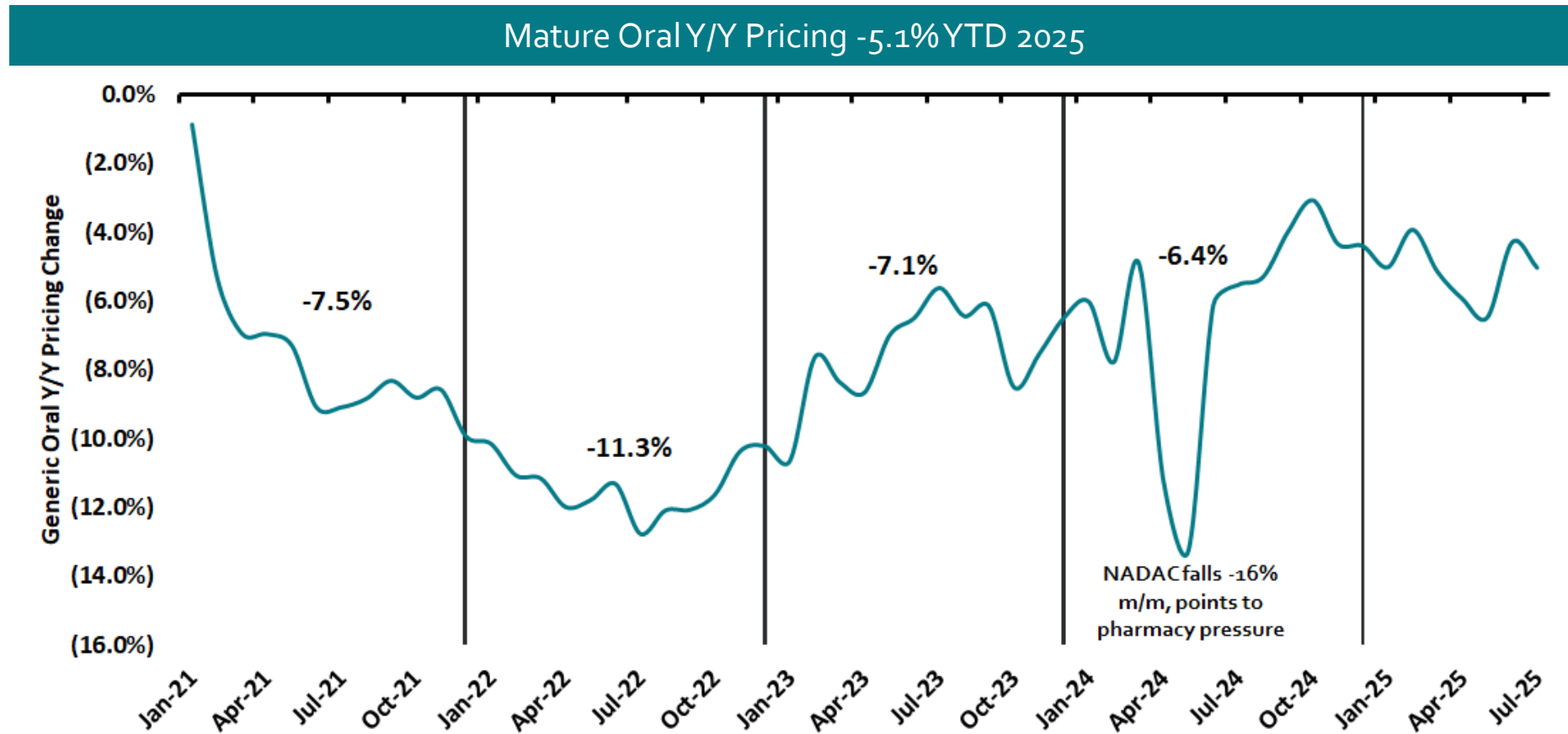
Oncology New Starts



Strong Organic Trends: Price

Nephron Gx Price Auditor

- Gx deflation is running mid-single digits, Bx inflation is running low-single digits



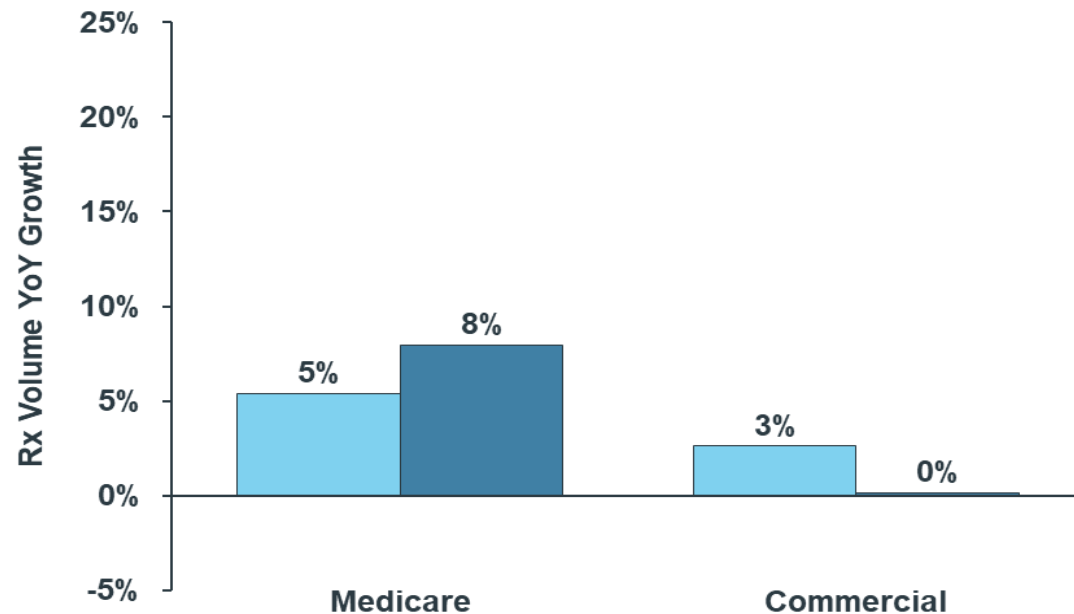
Impact of Initial IRA Part D Reforms

Medicare specialty acceleration

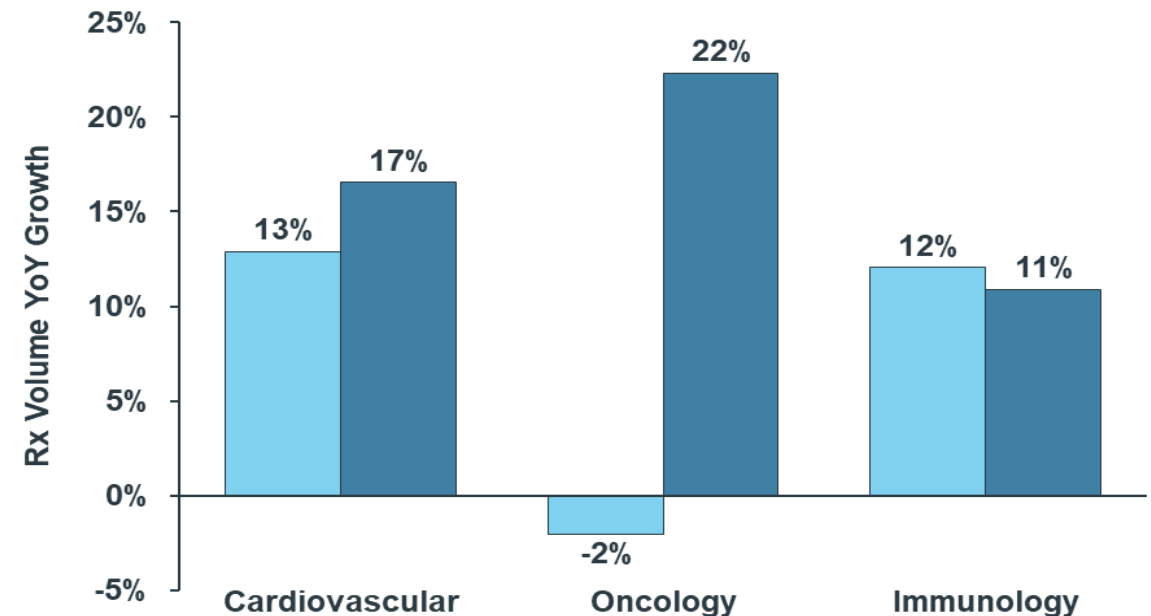
Y/Y Growth Rate Comparison – Medicare Part D Vs. Commercial

(Specialty TAs*; Medicare D & Commercial; LAAD Rx; Q1-Q3, 2022-2024)

2022 to 2023 2023 to 2024



Overall – Payer Channel



Medicare - Specialty TA's

Source: IQVIA US Market Access Strategy Consulting analysis; IQVIA LAAD Rx Data

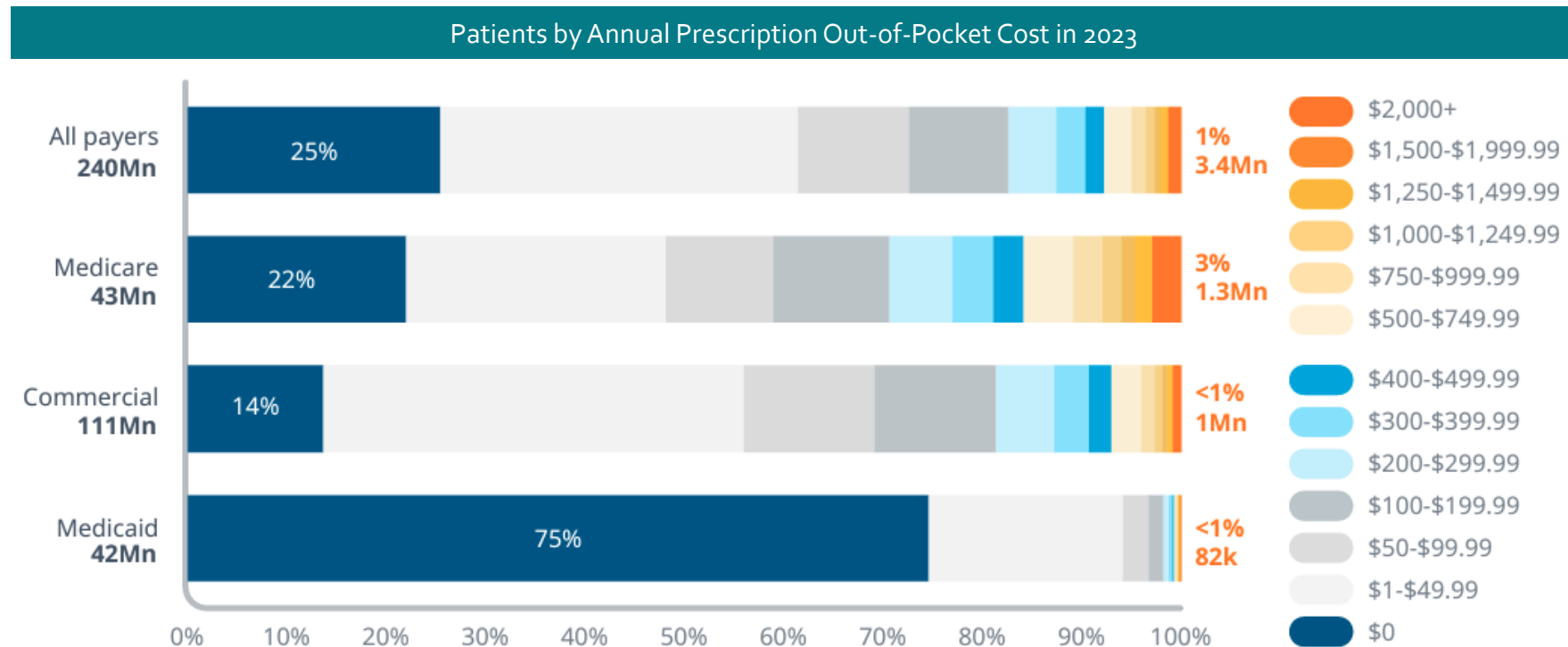
Note: *Specialty TAs include markets such as Oncology, Immunology, Lipid Regulators, MS, HIV Antivirals, Mental Health, Respiratory Agents, Pain, etc.

Note: Commercial 2023 to 2024 Rx Volume growth reflect loss of TRx capture when scripts move from Humira to biosimilar alternatives

Roughly 3% of Medicare Patients Reach OOP > \$2,000

Impact of IRA reforms on volume was assumed to be limited

- The impact appears to be greater than is suggested by OOP cost alone
 - Points to changes in manufacturer patient assistance programs
 - Abandonment levels are highest in oncology and immunology



Reduction in OOP = Expansion in PAP Opportunities

Volume expansion may reflect PAP multiplier + shift of patients from free goods to Part D

- Patient assistance programs extend twice as far in 2024, three times as far in 2025
 - Estimates of PAP funding range widely with product cost and program generosity but appear to average \$6,000-\$7,000 per beneficiary
 - New MOOP of \$3,250 in 2024 would enable manufacturers to extend benefits 2x patients in 2024, 3x in 2025
- We fully expect manufacturers will seek to reduce funding levels over time

Foundation name	Charitable disbursements, 2022 (billions)
Johnson & Johnson Patient Assistance Foundation Inc	\$4.6
Lilly Cares Foundation Inc	\$3.5
Genentech Patient Foundation	\$3.2
Novartis Patient Assistance Foundation	\$2.9
Bristol Myers Squibb Patient Assistance Foundation Inc	\$2.9
Astrazeneca Patient Assistance Organization	\$2.2
Pfizer Patient Assistance Foundation Inc	\$2.0
Sanofi Aventis Patient Assistance Foundation	\$1.8
Merck Patient Assistance Program Inc	\$1.7
Boehringer Ingelheim Cares Foundation Inc	\$1.0
Bayer Us Patient Assistance Foundation	\$0.6
Abbvie Patient Assistance Foundation	\$0.4
Total	\$26.9

Source: Drug Channels Institute analysis of ProPublica database of Form 990 filings, The 2024 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers



Unexpected

- Tariffs
- Most Favored Nation
- DoGE
- 340B Reform

Expected

- PBM Reform
- PBM Private Label
- Direct to Patient
- GLP-1 Access
- Compounding

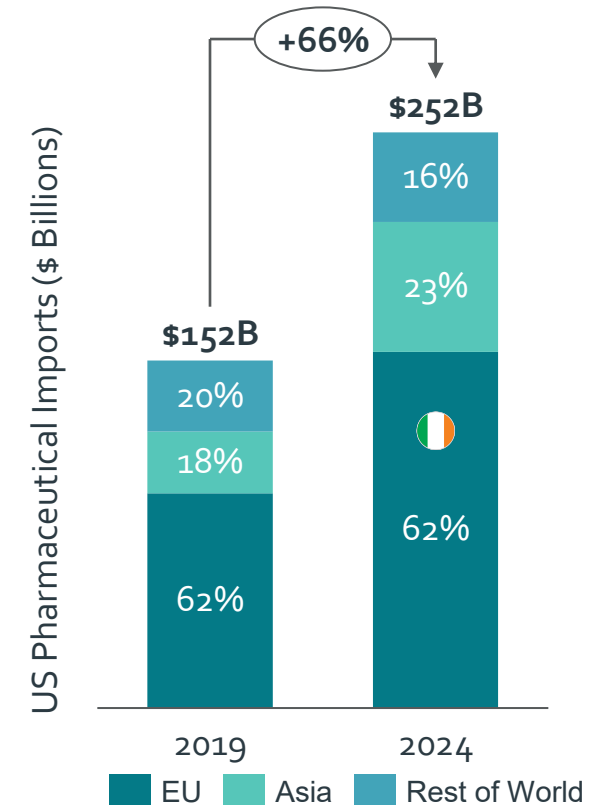
Potential Tariff Impact

Impact of Pharmaceutical Tariffs

Intended vs Unintended Consequences

- Proposals: Direct vs Reciprocal
 - Initial across the board “small” tariff on pharmaceuticals, phasing up to 150% and then 250% in 12-18 months
 - Reciprocal tariff on pharmaceuticals: reflective of foreign subsidies and taxes
- Intended Consequence: Key element of Trump economic agenda
 - Secure the US drug supply chain by onshoring production
 - Drive investment that leads to creation of US manufacturing jobs

US Pharmaceutical & Medicines Import by region



Impact of Pharmaceutical Tariffs

Proactive vs Reactive Responses

- Response: Differs Widely Between Brand and Generic
 - **Brand** manufacturers - strong incentives to work with administration
 - Lilly, Pfizer, JNJ, Novartis, Roche & Regeneron : early to commit to large investments ahead of tariffs
 - Looking to avoid draconian drug price cuts + position for action on 340B, payor reform, MFP
 - Generic manufacturers do not have pricing power
 - Decline in margins on higher input costs could drive exits
 - Drug channel increasingly positioned to benefit from price increases

Announced US
Manufacturing Expansion

+\$167B

Johnson & Johnson

MERCK

NOVARTIS

Lilly

AstraZeneca

BeiGene

Pfizer

Roche

Tariffs Open Items

Intended vs Unintended Consequences

- Impact on drug prices + ability to pass on tariffs
 - Intended consequence: increase prices to incentivize onshoring
 - Governed by government and commercial contracting
 - Admin likely to side with force majeure lawsuits
 - Drug channel increasingly positioned to benefit from increases
- Possibility of drug shortages
 - Particularly if extended from China to India and Europe
 - Variance across generic manufacturers based on production location
- Reality of onshoring pharmaceutical production
 - Press release vs reality TBD – 5+ year transition
- Reduction in reliance on China

Potential MFN Impact

Catalysts for Pharma/Provider/Distributor Concern

Trump Admin Executive Order on Most Favored Nation (MFN) Pricing

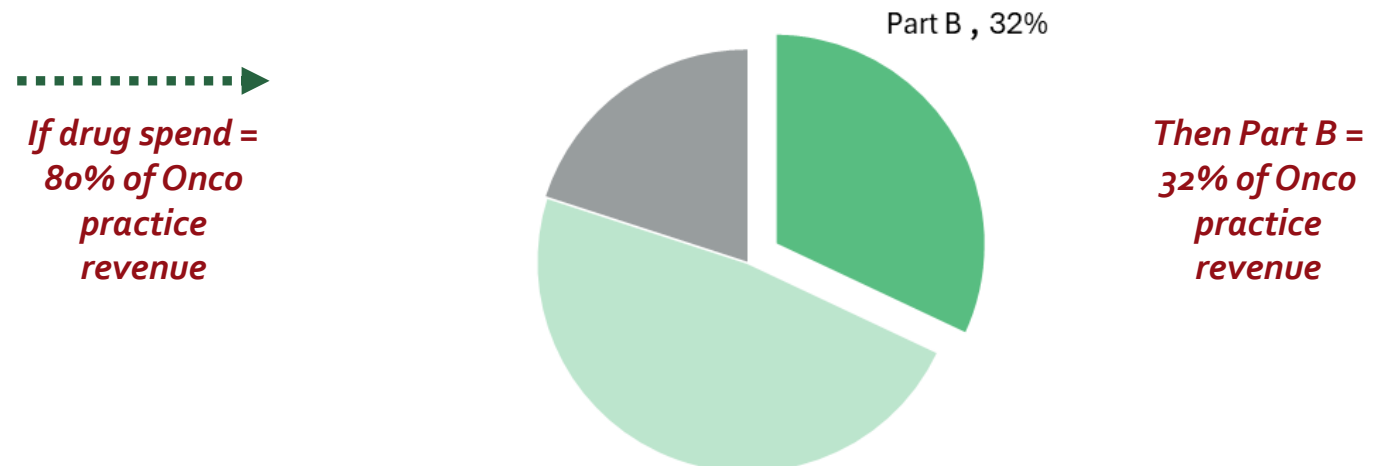
- **May 12th Executive Order (EO): Delivering MFN Drug Pricing to American Patients**
 - 17 Manufacturers received letters in July with a Sept 29th deadline to voluntarily comply with 'MFN targets'
 - June guidance targeted 59%-80% reductions
 - Administration could utilize HHS rulemaking, retaliatory tariffs, and other regulatory action to force hand
 - MFN via rulemaking – open to legal challenges, at minimum 6mo to final rule

Part B Share of Onco GROSS Drug Spend



Note: MedPAC data suggests Part B is 33% of total spec in 2024. We assume 40% of Onco spend for our model.

Part B Share of Onco PRACTICE Revenue



Note: Onco drug spend estimated at 80% of practice revenue. Drug revenue is far lower at large, diversified, practices where it can account for 70% or less of total revenue.

Evolution of the Drug Wholesaler














Distributor – Provider/MSO Alignment

MCKESSON

cencora

CardinalHealth

THE CIGNA GROUP

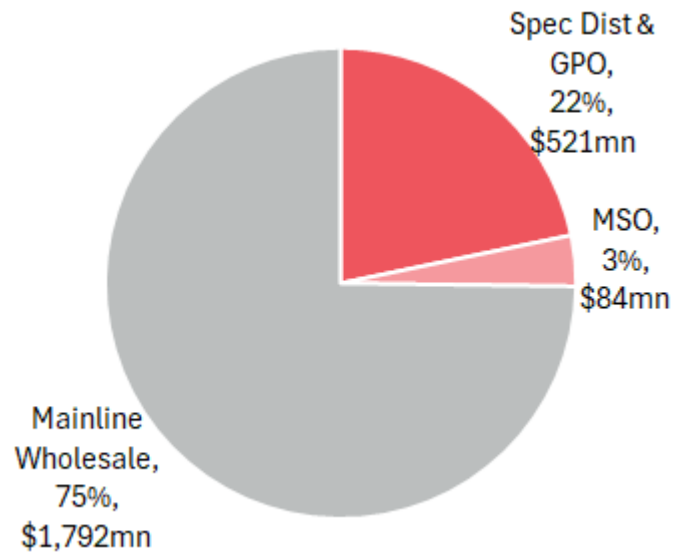
 SPEC DISTRIBUTION	<div>MCKESSON</div> <div>Onmark GPO</div>	<div>cencora</div> <div>Oncology Supply Besse Medical</div> <div>cencora</div> <div>Specialty GPOs</div>	<div>CardinalHealth</div> <div>specialty GPOs</div> <div>Specialty Networks™ <small>A Cardinal Health company</small></div>	<div>CuraScript SD</div> <div><small>By EVERNORTH</small></div> <div>matrix GPO™</div>
 PROVIDER MSO # PROVIDERS	<div>The US Oncology Network</div> <div>PRISM Vision Group</div> <div>3,280</div>	<div>OneOncology®</div> <div>United Urology Group</div> <div>RETINA CONSULTANTS OF AMERICA</div> <div>~2,000+</div>	<div>Navista™ <small>A Cardinal Health company</small></div> <div>Integrated Oncology NETWORK</div> <div>GI Alliance®</div> <div>~2,200</div>	
 SPEC PHARMACY	<div>Biologics</div> <div><small>By McKesson</small></div>			<div>Accredo</div> <div><small>By EVERNORTH</small></div>

Drug Wholesaler Profit Pools

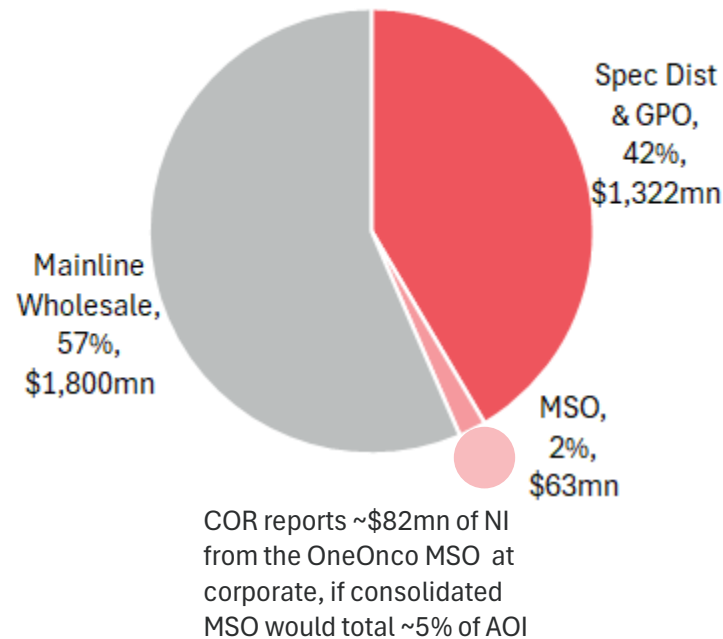
Specialty contributions vary widely across 'Big-Three' drug distributors

- US Oncology and recent acquisitions lead to greater MSO exposure at McKesson, at 14% of US Pharma op profit
- Cencora now consolidates Retina Consultants (2% of AOI), will not consolidate OneOnco until 2026 at earliest

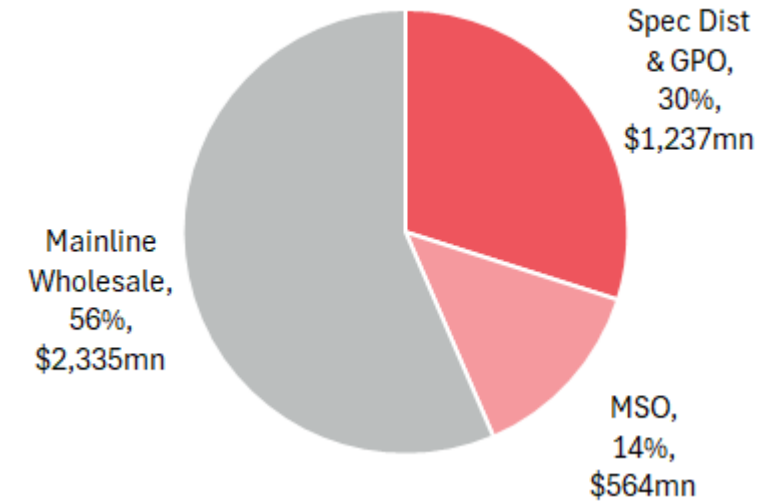
Cardinal Health 'Pharma' CY25 Op Profit Mix



Cencora 'Pharma' CY25 Op Profit Mix



McKesson 'Pharma' CY25 Op Profit Mix




Provider and Wholesaler Concerns

Trump Admin Executive Order on Most Favored Nation (MFN) Pricing

- **Disti Spec Distribution Concern:** Exposure of Wholesaling operations to reduced Mfr. Profitability
 - Secondary concern: exposure to manufacturer headwinds
 - **Concern:** If mnfr. margins are squeezed, disti mnfr. services growth may slow
 - **Offsets:** Drug distribution and GPO margins are subject to constant pressure, tested and defensible
- **Disti MSO Impact Concern:** MSO complexity + Limited Distributor Disclosure
 - MSO economics and financial flows are complicated, distributors provide limited disclosure
 - Primary concern is MSO reliance on Part B ASP+ reimbursement
 - **Concern:** If ASP is reduced to by 59%-80%, ASP+ reimbursement is reduced by a similar level if no provider offset
 - **Concern:** Reliance of distis on MSO expansion for specialty growth (we quantify MSO contributions within)
 - **Offsets:** Limited disti reliance on MSO profit, balanced MSO reliance on Part B, limited demo scope (30% of providers), exclusion for existing CMS models (50% of MSO providers), potential for provider offsets (as in 2020)

Unexpected Developments

2025 Characterized by the Disruptions We Did NOT Expect



Tariffs	<ul style="list-style-type: none">• Ultimate Form TBD• Domestic Investment Achieved
Most Favored Nation	<ul style="list-style-type: none">• Ultimate Form TBD• Concessions Yet To Be Achieved
DoGE	<ul style="list-style-type: none">• Disengage from Global Health• Increased Scrutiny of Medicare• Reduced Capacity of CDC, FDA, HHS, NIH
340B Reform	<ul style="list-style-type: none">• Reform is the Pharma 'Ask'• HRSA Could Move to CMS



Unexpected

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- Most Favored Nation
- DoGE
- 340B Reform

Expected

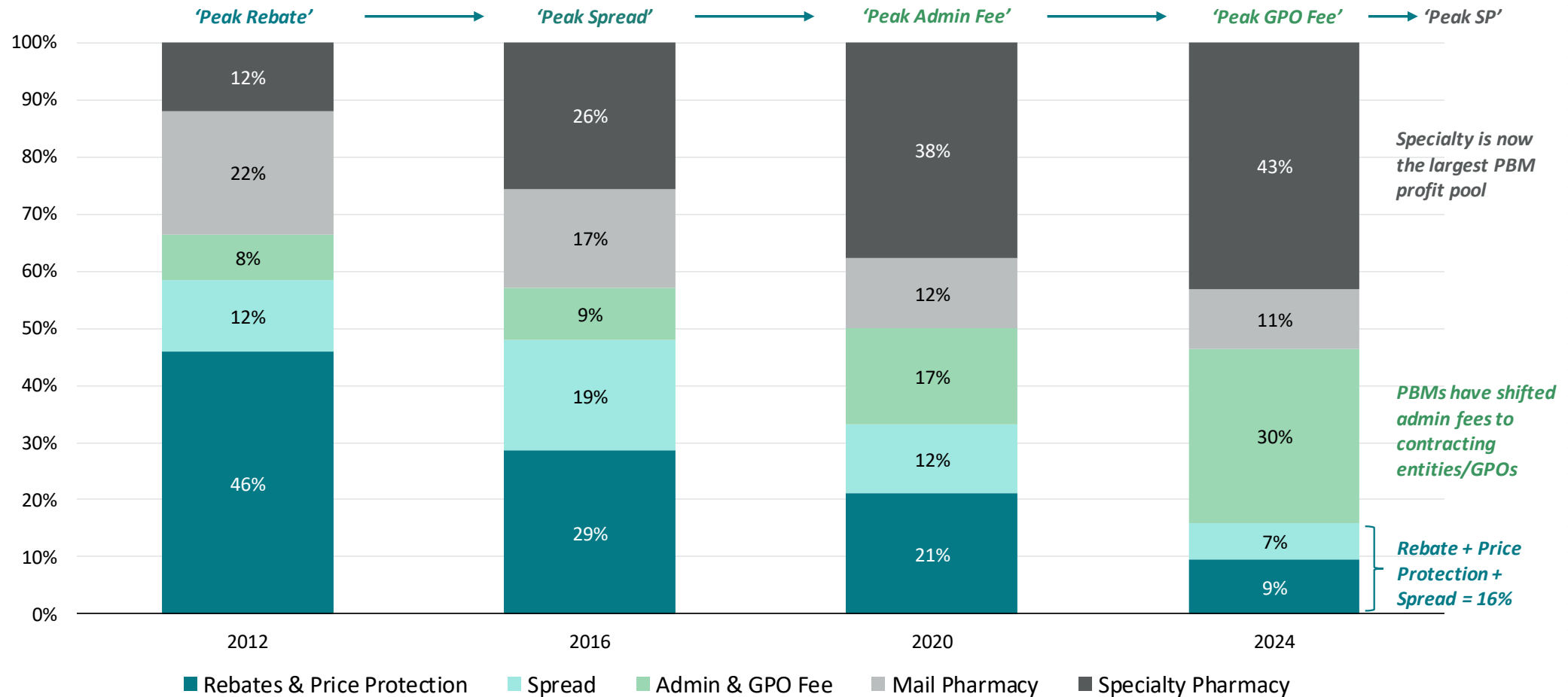
- PBM Reform
- PBM Private Label
- Direct to Patient
- GLP-1 Access
- Compounding

Outlook for PBM Reform

Commercial PBM Reforms + Specialty Pharmacy Divestiture Proposals

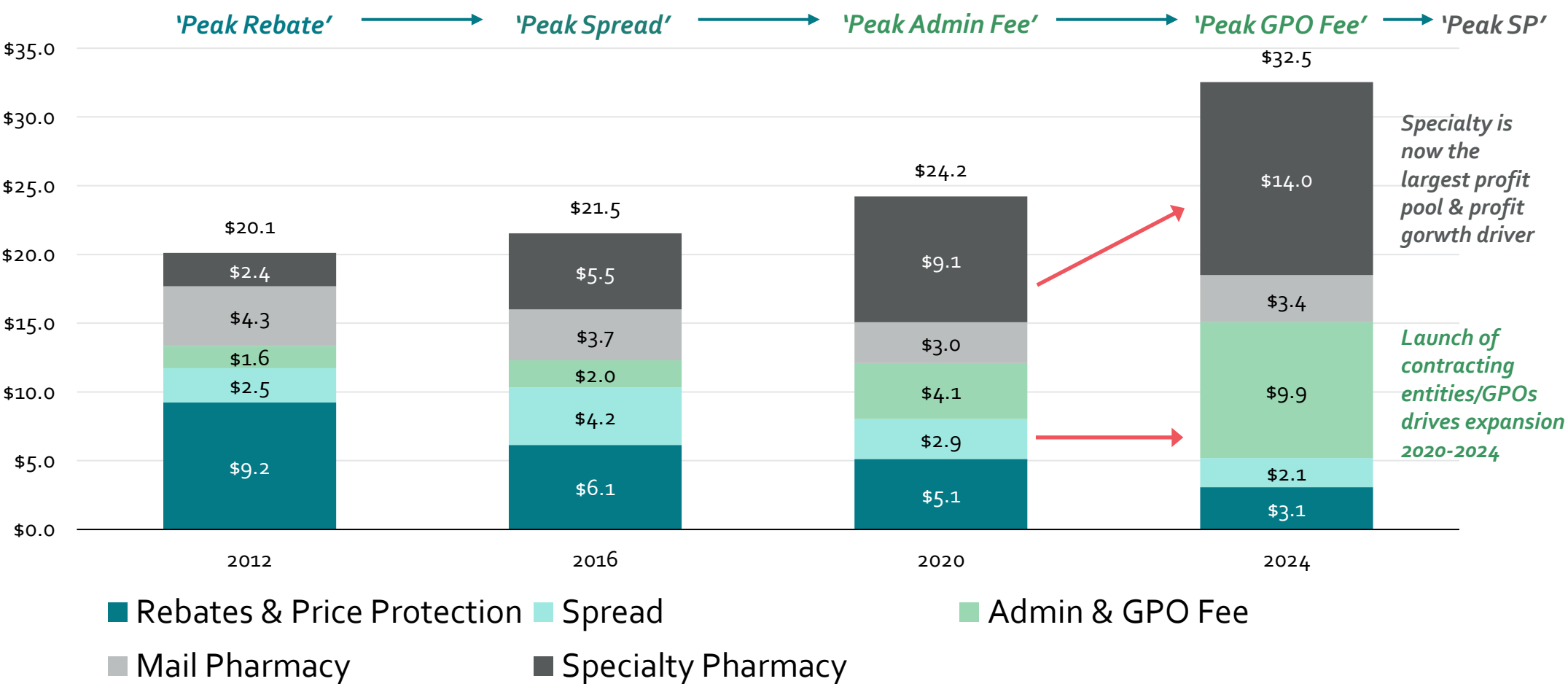
Nephron Research Profit Model

The decade long shift in PBM profit drivers accelerated 2018-2024



Nephron Research Profit Model

PBM Gross Profit Pools (Absolute Value, \$Billions)



Source: Nephron Research PBM Gross Profit Pool Model, March 2025

Commercial PBM Reforms Gain Momentum

After a close call in December, commercial reforms are likely to resurface in 2024

- PBM reform took an unexpected commercial turn in December 2024
 - The continuing resolution (CR) received broad bipartisan support and is a 2024 priority for key committees
- Language in the CR mandated PBM and GPO pass through of rebates and discounts
 - Stipulated 100% PBM and GPO rebate/fee/alt. discount to be passed through to the employer/sponsor – full transparency is both an opportunity and a risk for pharma manufacturers
 - PBMs required to provide detailed price reports to employer/sponsor, reviewed by OIG & HHS
 - We expect pass-through and transparency would catalyze competition among the big three
- PBM legislative reforms could be part of a year end bill
 - Nephron Policy team puts year end PBM reform probability at 60%

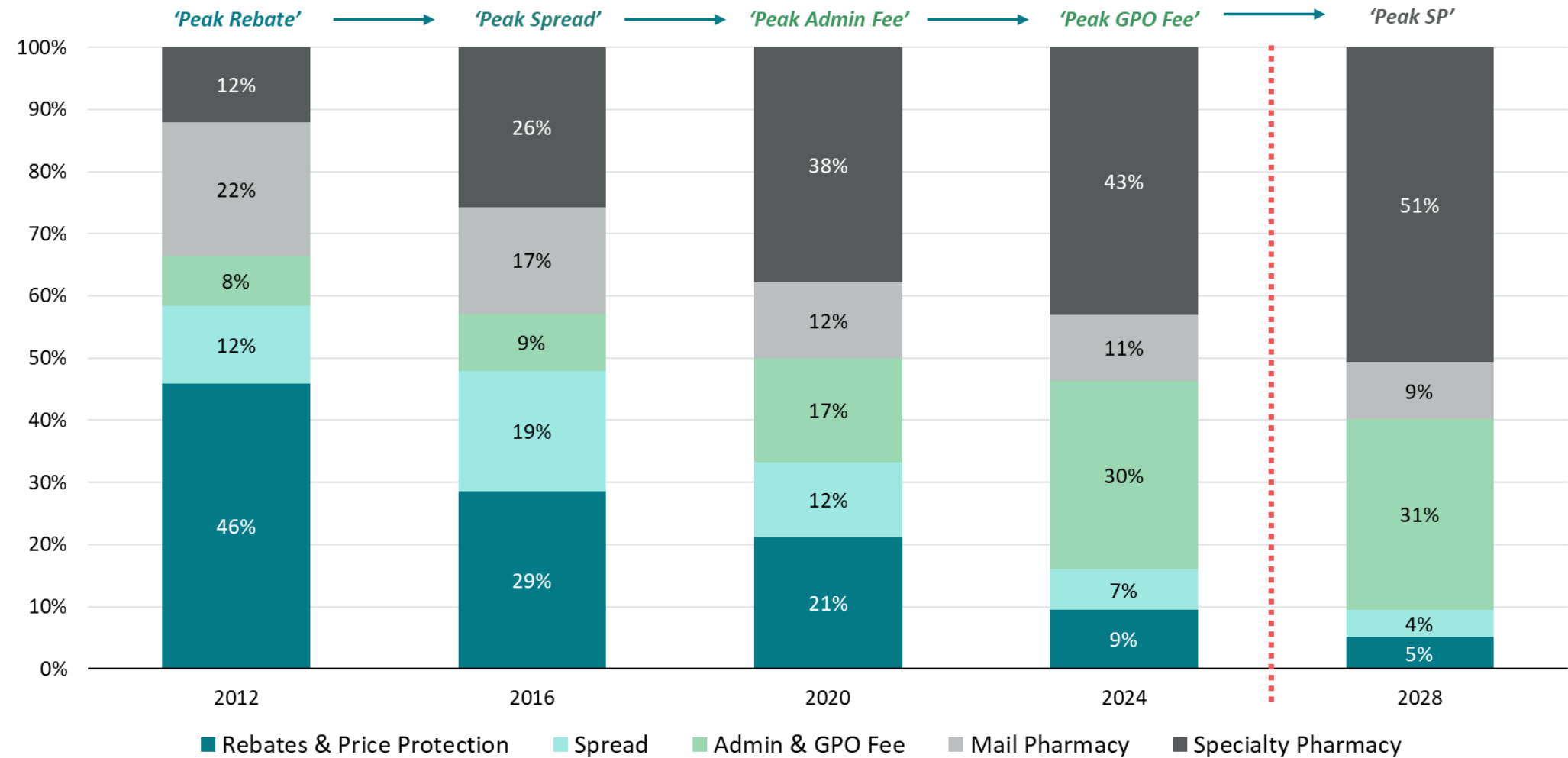
Payor/PBM Pharmacy Divestiture Bill

Hawley & Warren Call for PBMs to divest Pharmacy Ops

- Sen Josh Hawley (R-MI) and Elizabeth Warren (D-MA) introduced a bill in late 2024 that would require PBMs to divest pharmacy ops, including specialty and mail
 - Nephron Policy team puts probability of passage at 30% vs commercial proposals at 60%
- Forced divestiture by PBMs of pharmacies under the same ownership
 - Target a major source of profit for the integrated Payor-PBMs
- 21 states have enacted laws that restrict PBMs from steering patients to captive pharmacies
 - Impact of such state reg is limited by loopholes and exemptions in many states, also legal challenges ahead

Outlook to 2028

Specialty is the primary growth driver. the transition from rebates and spread to fees will continue. Employer/Sponsor capture of fee share is a key variable.

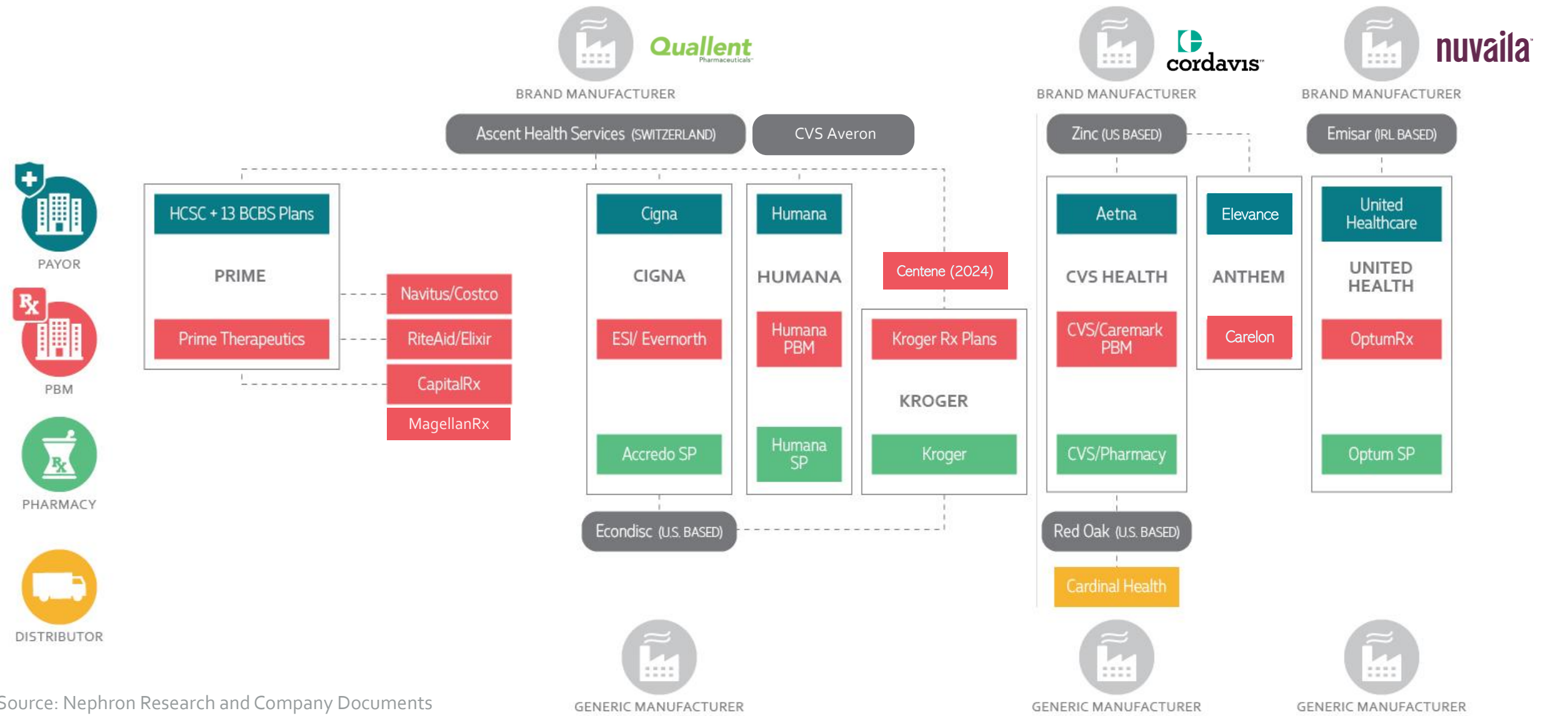


Source: Nephron Research PBM Gross Profit Pool Model, March 2025

PBM Biosimilar Playbook Emerges

Payor-PBM Contracting Entities/GPO Initiatives

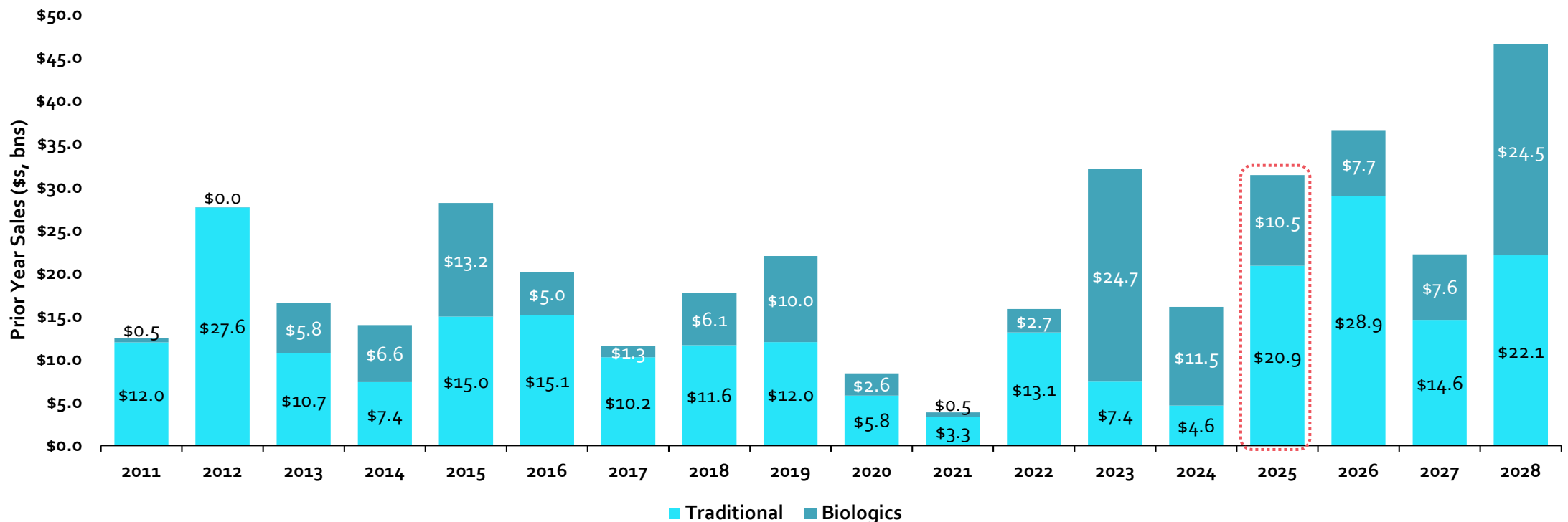
Recent Innovation: Biosimilar Private Label & GPO



Input: Generic and Biosimilar Conversion

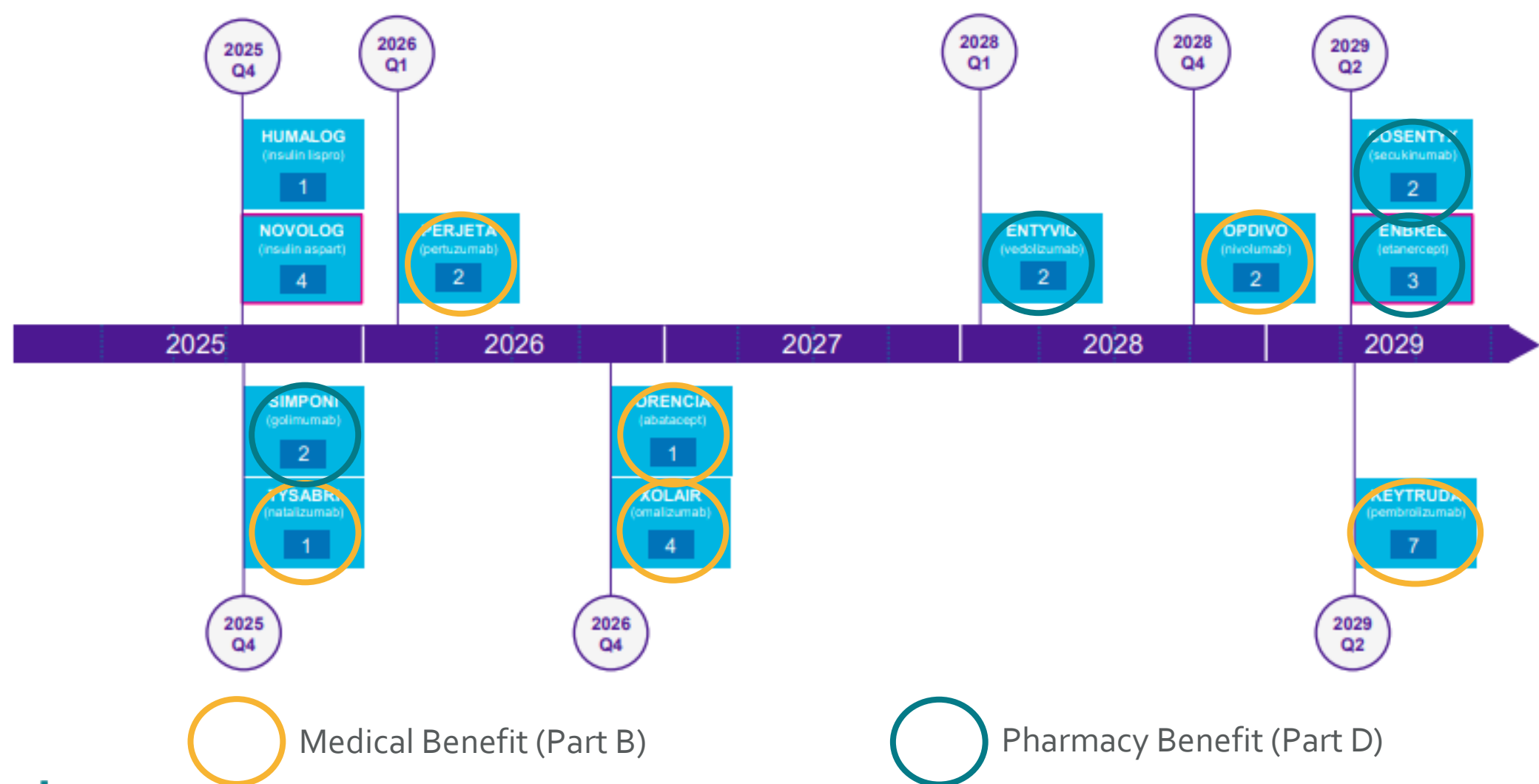
Bx to Gx conversion opportunity elevated 2025-2028

- Biosimilar and Generic competition expected to increase significantly over the next several years
 - Product LOE's in 2024 are projected to retain 72% of 2023 sales in 2025. Top headwinds include Eylea, Sprycel and Myrbetriq.
- There exists \$31.4bn in Bx sale conversion opportunity from 2025 LOE, up from \$16.1bn in 2024
 - Key products that contributed to 2024 sales facing LOE in 2025 include Entresto, Pomalyst and Farxiga



Biosimilar Opportunity

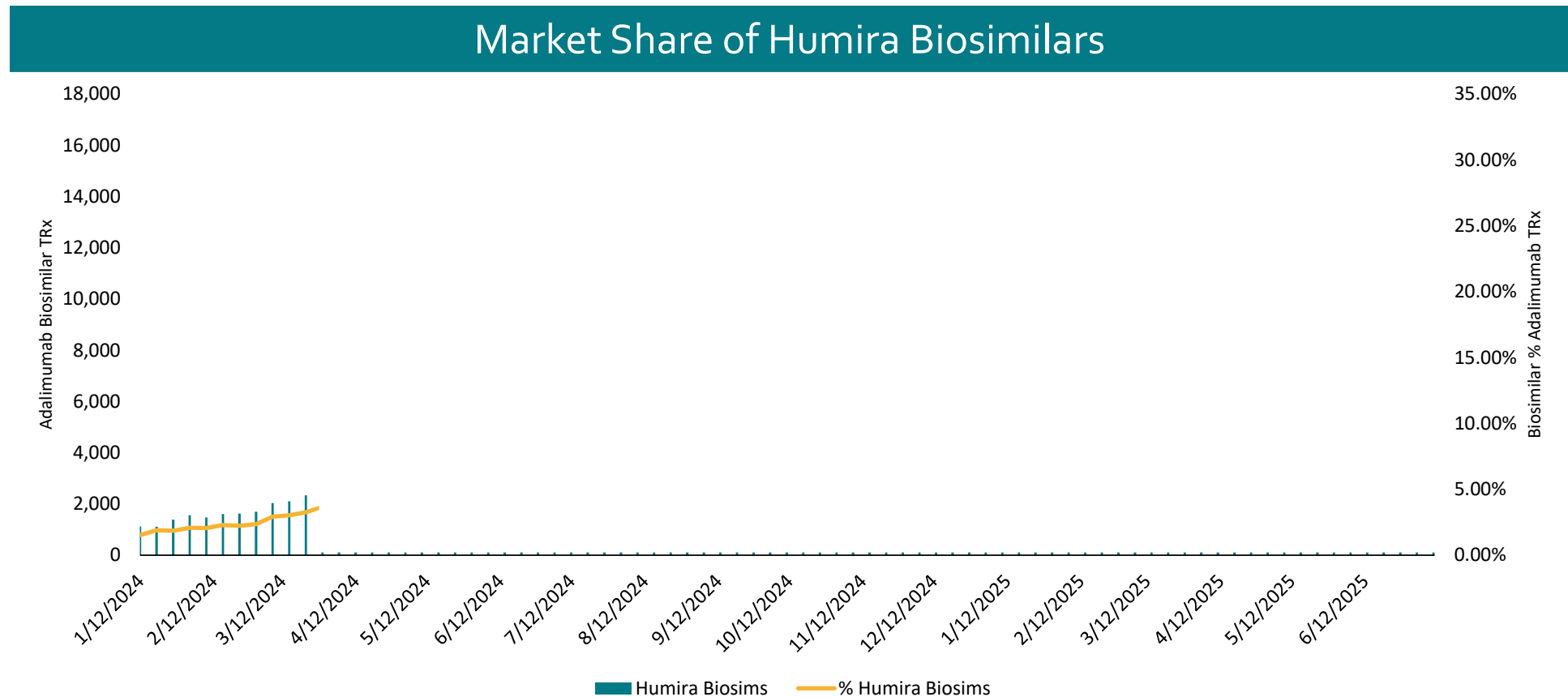
New Biosimilar launches by Channel: All eyes on Keytruda



PBM Biosimilar Playbook Emerges in 2023

Year 1: Rebate Maximization to maintain parity access

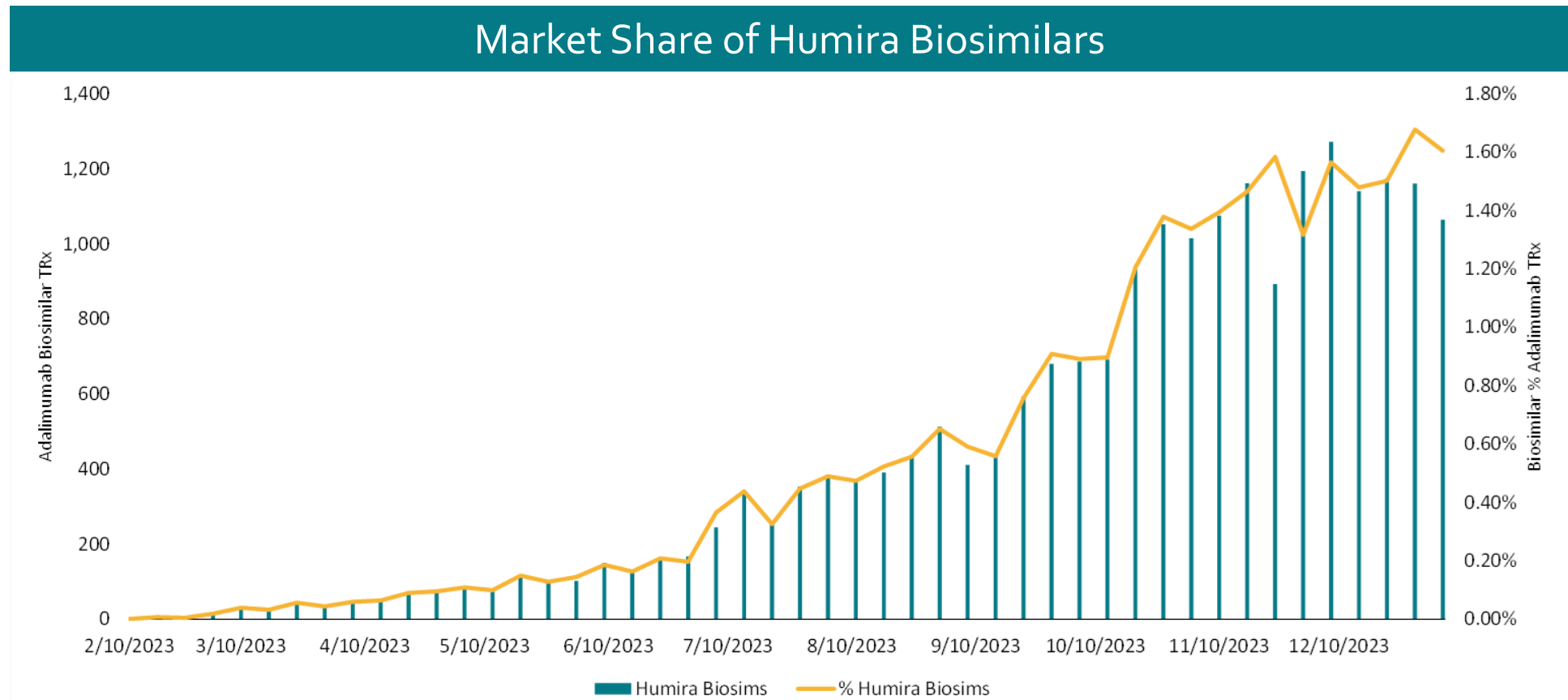
- Biosimilar Humira as proxy for manufacturer and PBM approaches to \$100bn in potential conversion



PBM Biosimilar Playbook Emerges in 2023

Year 1: Rebate Maximization to maintain parity access

- Biosimilar Humira as proxy for manufacturer and PBM approaches to \$100bn in potential conversion
 - Half of the top-25 spec drugs in US will see biosim or Gx competition before 2030



PBM Biosim Playbook Emerges 2023-2024

Year 2: Launch Private Label Biosimilar + Favorable Formulary Position

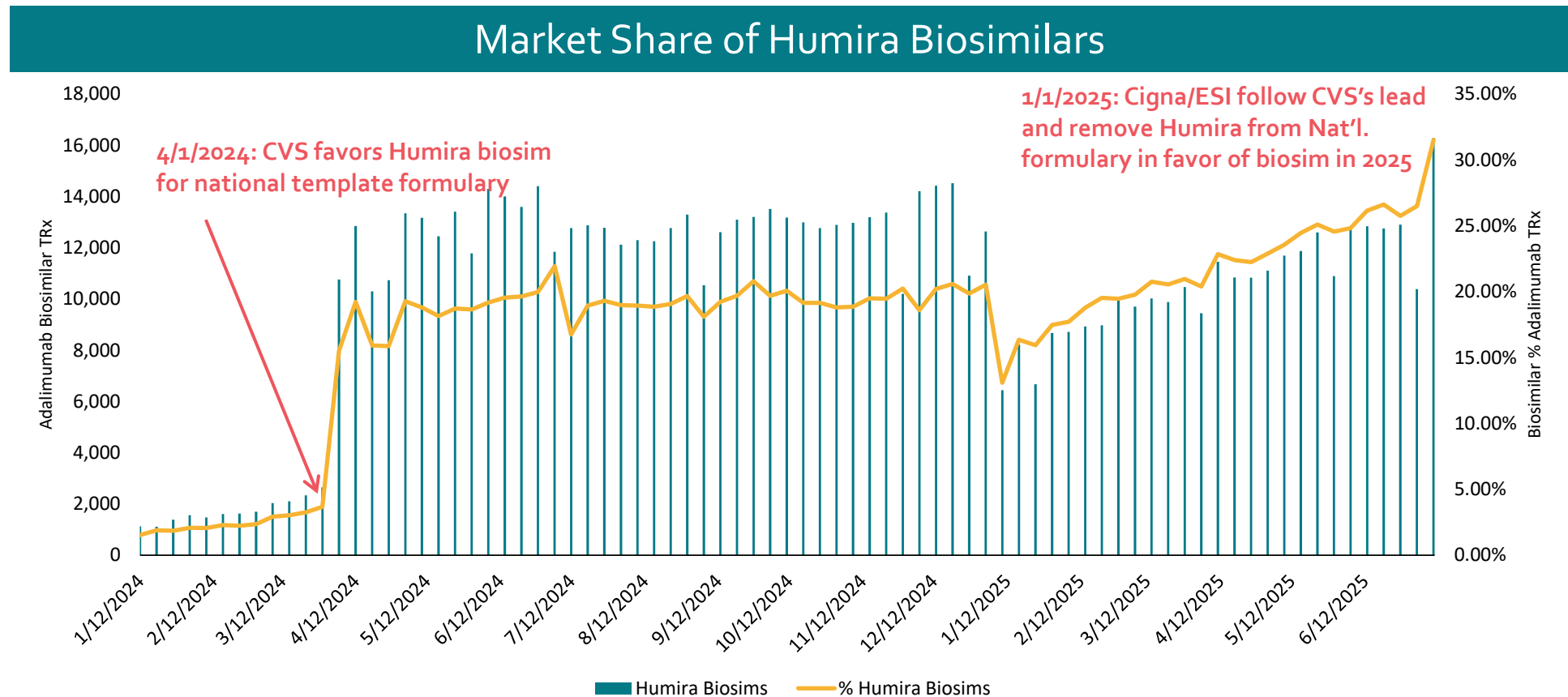
- CVS – Launched private entity Cordavis in Aug. 2023, a biosim subsidiary that will partner with mfrs.
 - Caremark national template formulary removes Humira in favor of co-branded biosim in April 2023
 - AbbVie also provides cobranded Humira to Cordavis – for formularies other than Nat'l template in 2023
 - For 2025, both CVS Caremark and Cigna/ESI have remove Humira in favor of biosimilars
- CI / Evernorth and UNH / Optum follow next with private entities Quallent and Nuvaia

Manufacturer	Product	Concentration	Interchangeable	Launch Date	Discount Low	Discount High	WAC	Formulary
AbbVie	Humira						\$6,922	
Amgen	Amjevita	Low		1/31/23	-5%	-55%		OptumRx, Prime, Navitus
Amgen / Nuvaia (Optum)	Amjevita	Low		1/31/23	-5%	-80%		OptumRx
Coherus	Yusimry	Low		7/1/23		-86%	\$995	SmithRx, RxPreferred
BI	Cyltezo	Low	Yes	7/1/23	-5%	-81%		Evernorth, Prime, CarelonRx
BI / Quallent (Evernorth)	Cyltezo	Low	Yes	2Q24		-46%	\$3,750	Evernorth
Viartis	Hulio	Low		7/1/23	-5%	-86%		
Fresenius Kabi	Idacio	Low		7/1/23		-5%	\$6,577	
Organon	Hadlima	High & Low		7/1/23		-85%	\$1,038	Prime, Centene
Sandoz	Hyrimoz	High		7/1/23	-5%	-81%		CVS
Sandoz / Cordavis (CVS)	Hyrimoz	High		4/1/24		>-80%		CVS
Celltrion	Yuflyma	High		7/1/23		-5%	\$6,577	Ventegra
Pfizer	Abrilada	Low	Yes	4Q23	-5%	-60%		
Teva	Simlandi	High	Yes	2024		-85%	\$1,038	Evernorth, CerpassRx
Teva / Quallent (Evernorth)	Simlandi	High	Yes	2Q24		-46%	\$3,750	Evernorth

PBM Biosimilar Playbook Emerges 2023-2024

Year 2: Launch Private Label Biosimilar + Favorable Formulary Position

- Conversion begins (for private label products)
 - CVS demonstrates the ability to drive material adoption
 - Improved outlook for biosimilar market but not necessarily biosimilar manufacturers



What Do PBMs Have to Offer Biosim Manufacturers?

This is the new biosimilar playbook

- It is our view that CVS/Cordavis, ESI/Quallent and Optum/Nuvaila are an acknowledgement that biosimilar alternatives would have failed to clear the Humira rebate wall under the status quo
 - If a manufacturer has come to the same conclusion, private label co-manufacturing offers alternative path to share
 - The manufacturer effectively trades biosim value to the PBM/sponsor in return for guaranteed share
- Evernorth/Quallant and Optum/Nuvaila will skip rebates maximization move straight to private label
 - Early read of 2025 formulary: Evernorth and Optum will move straight to private label biosim Stelara

Stelara Adds a New Wrinkle to the Humira Biosimilar Playbook



Stelara

What we know so far on Biosim Stelara launches

- The first biosimilar for Stelara launched in January 2025, 6 launched biosims soon after
- PBM Private entities and contracting decisions to date:
 - Optum has noted Nuvaila will partner with Amgen's (Wezlana), offering both High and Low WAC versions
 - Quallent (Evernorth) has stated expectations for discounts of at least 80%, but to date discount is only 46%
 - CVS (Cordavis) included Pyzchiva on their Standard Control Formulary in July, although have not formally announced
- IRA Negotiation Nuance: Stelara subject to MFP negotiation in 2026 but CMS could revisit
 - Given 9-mo window post Gx, could fall off before MFP kicks in 1/1/26, discount could likely run below 66%

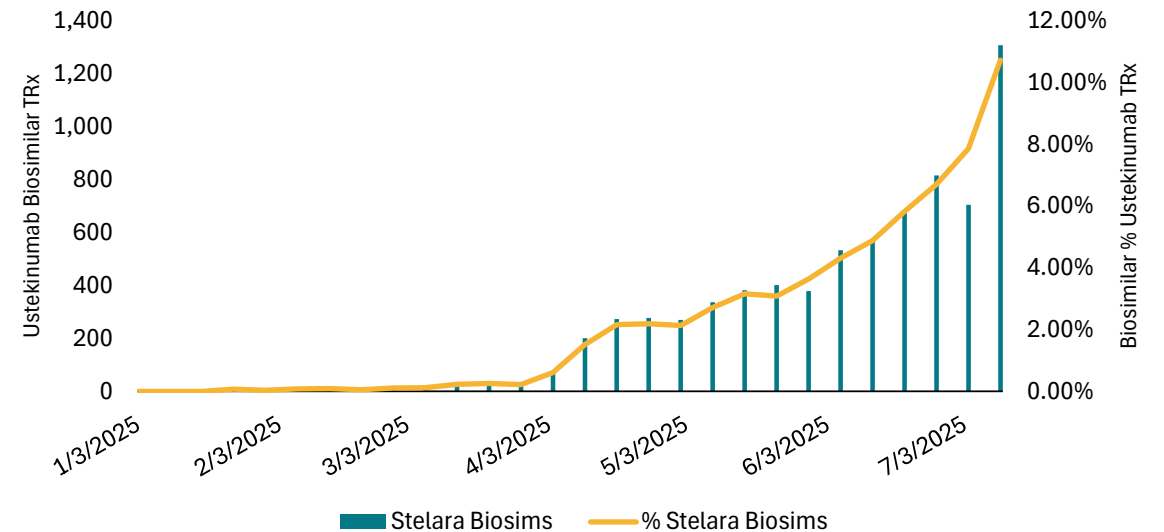
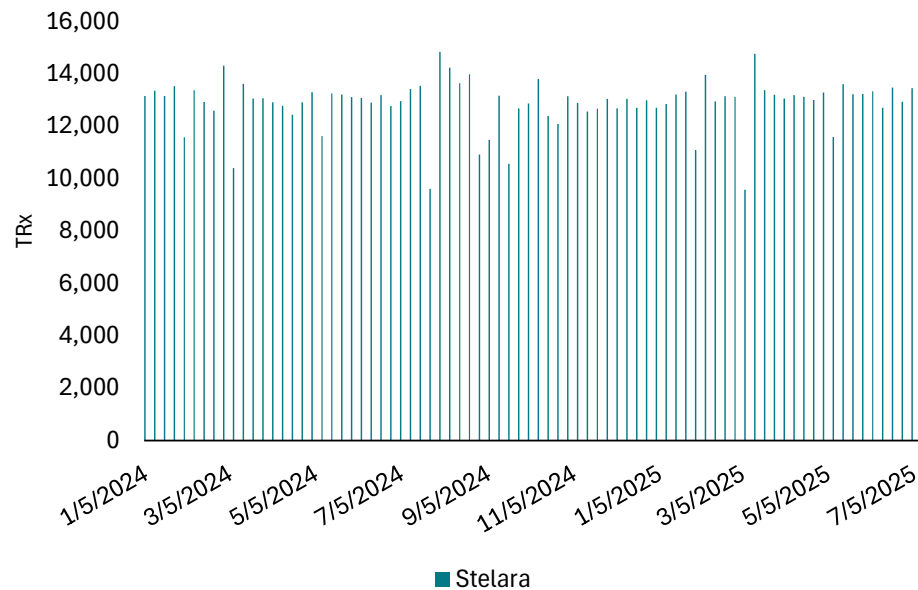
Manufacturer	Product	Concentration	Interchangeable	Launch Date	Discount Low	Discount High	WAC	Formulary
Johnson & Johnson	Stelara						\$27,842	Optum, Evernorth, CVS
Amgen	Wezlana	High & Low	Yes	1/1/25				
Amgen / Nuvaila (Optum)	Wezlana	High & Low	Yes	1/1/25	High WAC	Low WAC	\$5,569	Optum
Teva	Selarsdi	High & Low	Yes	2/21/25		85%	\$4,176	Evernorth, MedImpact, CarelonRx, Prime
Quallent	Ustekinumab-TTWE			Early 2025		46%	\$15,035	Evernorth
Sandoz	Pyzchiva	High & Low	Yes	2/22/25		85%	\$4,176	CVS
Cordavis	Pyzchiva	High & Low		2/22/25		85%	\$4,176	CVS
Fresenius	Otulfi	High & Low	Yes	2/22/25		87%	\$3,620	
Accord	Imuldosa	High & Low	No	TBD				
Biocon	Yesintek	High & Low	Yes	2/22/25		90%	\$3,000	Evernorth, CVS, Optum, MedImpact, Prime, Navitus
Celltrion	Steqeyma	High & Low	Yes	2/22/25		85%	\$4,176	Optum, Costco Member Rx, Prime, Navitus

Stelara

What we know so far on Biosim Stelara

- Stelara Biosimilar volumes as a percent of total Stelara volume: jumped to >10% in July 2025

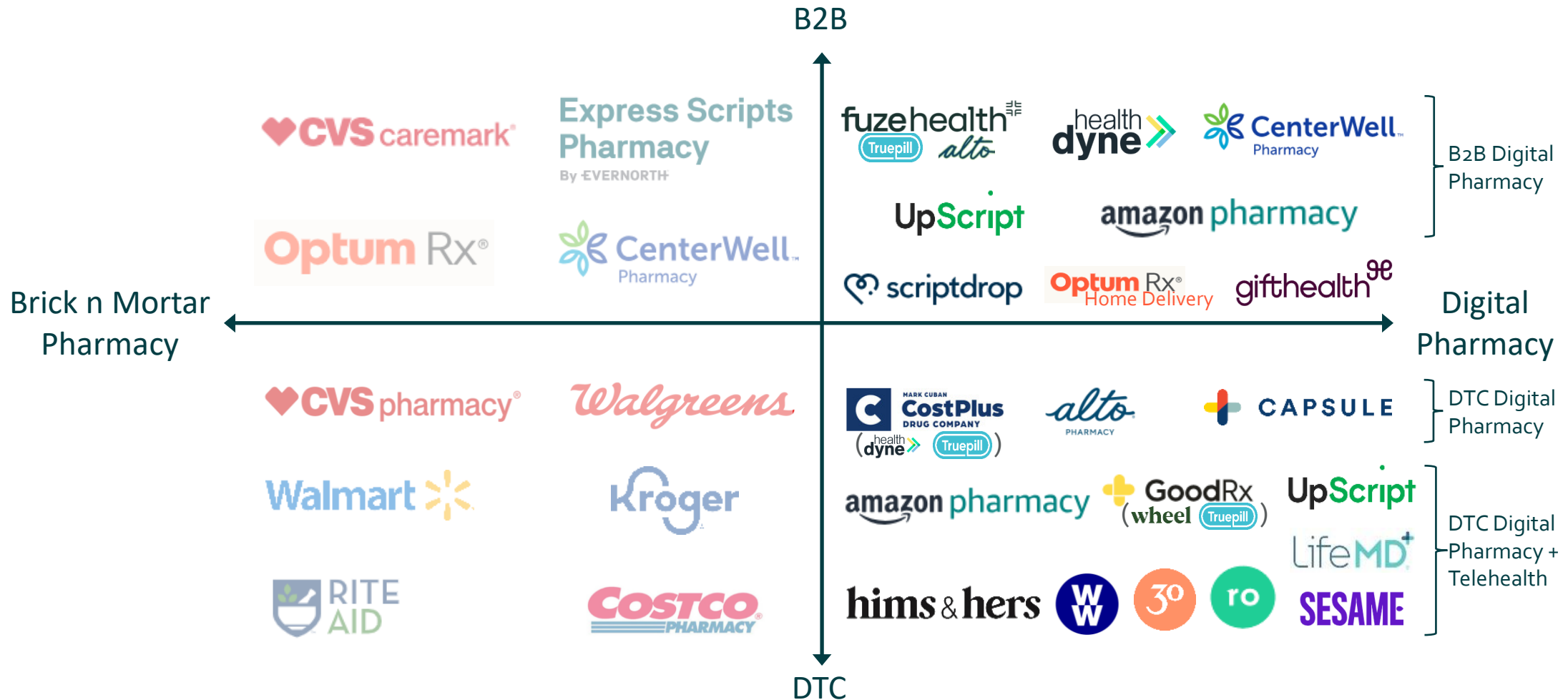
Market Share of Stelara and Ustekinumab Biosimilars



Manufacturer Direct-to-Patient

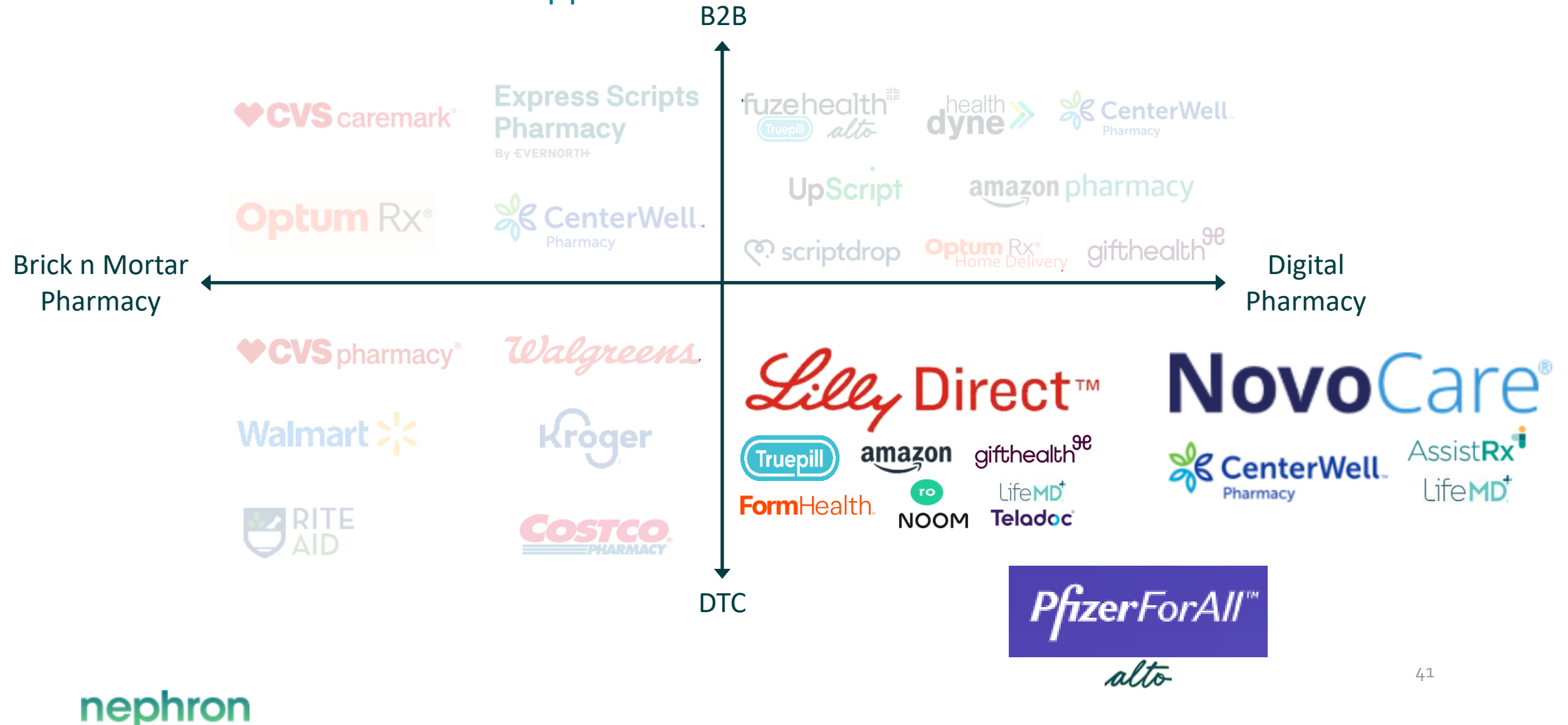
The Rise of Digital Pharmacy

Traditional Vs. Next Gen Solutions



The Rise of Digital Pharmacy

Pharma Direct-to-Patient Approaches



Addressing GLP-1 Access Issues

Payment and Drug Channel Implications: Near Term

- **Big Idea: Patient & Employer Need**
 - GLP-1 DTC programs as release valve
 - Near-term release valve given lack of commercial and Medicare coverage
- **Small Idea: Drug Channel Economics**
 - Siphon volume from Retail and Mail
 - Pharmacy cannot afford to lose volume given fixed cost structure
 - Siphon volume from Drug Wholesaler
 - Wholesalers continue to fulfill Truepill and Amazon, could shift over time
- **Big Idea on Balance of Power w/Payors & PBMs**
 - Publication of discounted price constrains PBM formulary
 - Inject pricing into the marketplace in 2024
 - Support development of alternative PBM models 2024-2027

LD vs NC: Address GLP-1 Access Issues

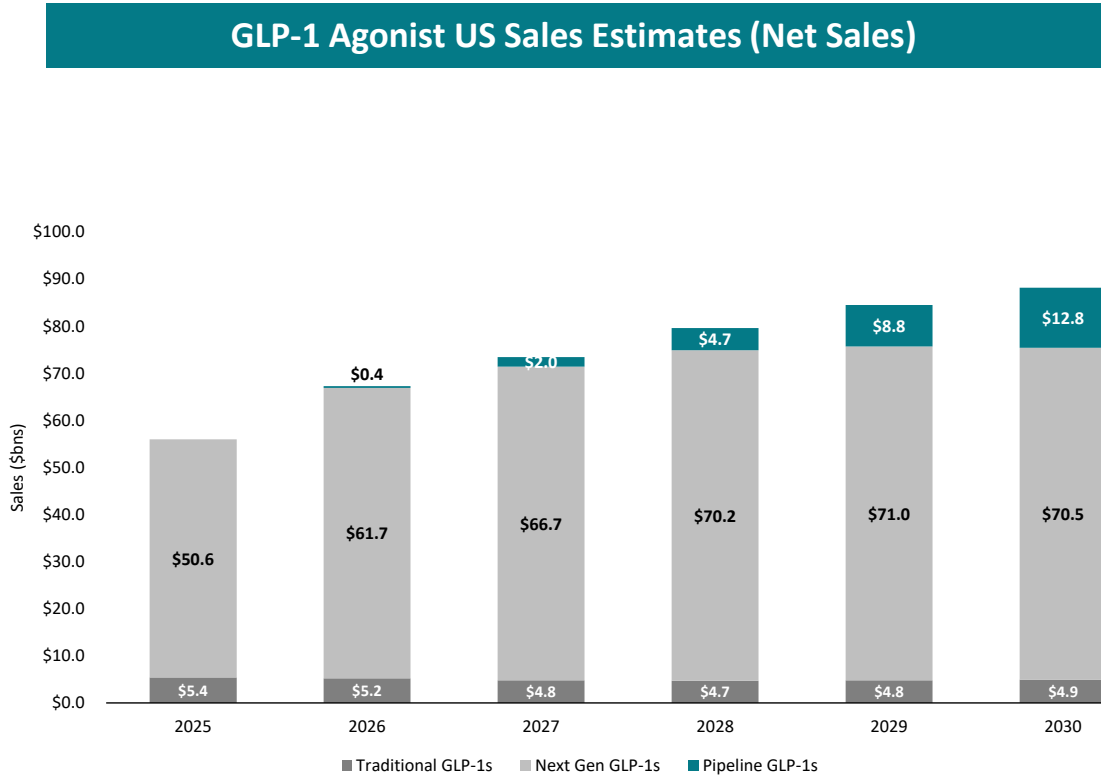
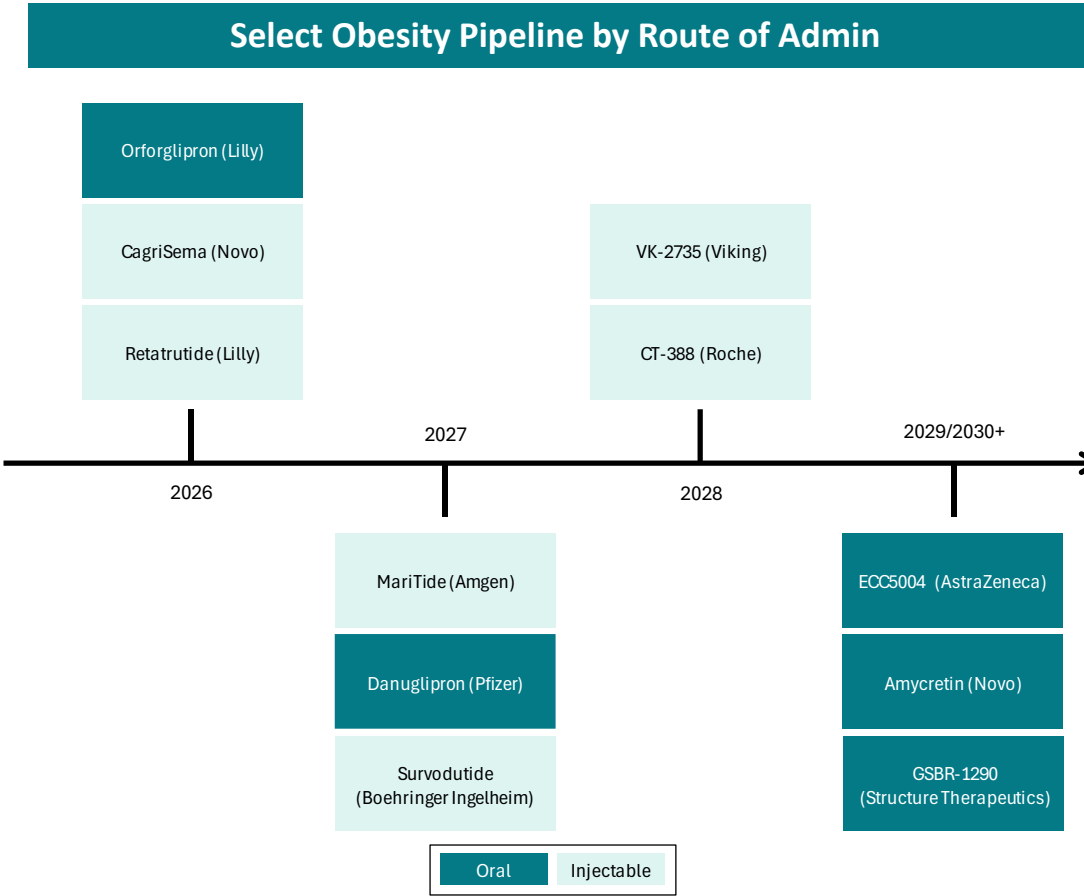
Payment and Drug Channel Implications: Long-Term

- **Big Idea: New approach to customer acquisition and brand marketing**
 - Pharma begins to consider CAC vs LTV instead of G2N
 - Capture anonymized data, leverage anonymized data (identify 340B dupes)
- **Mid Idea: Drug channel fulfillment economics and transparency**
 - Opportunity to reduce buy side discount captured by wholesalers (not the case today)
 - Opportunity to provide direct value to pharmacy and specialty/mail order (I.e.: Novo/CVS partnership)
- **Big Idea: DTC relationships could change the balance of power between pharma and PBM/Payor**
 - Publication of discounted price as a constraint on PBM negotiation
 - Develop direct DTC relationships, expand pharma enterprise brand value
 - Discounts, data and digital ties enable new PBM models

GLP-Access

Sizing GLP-1 Impact

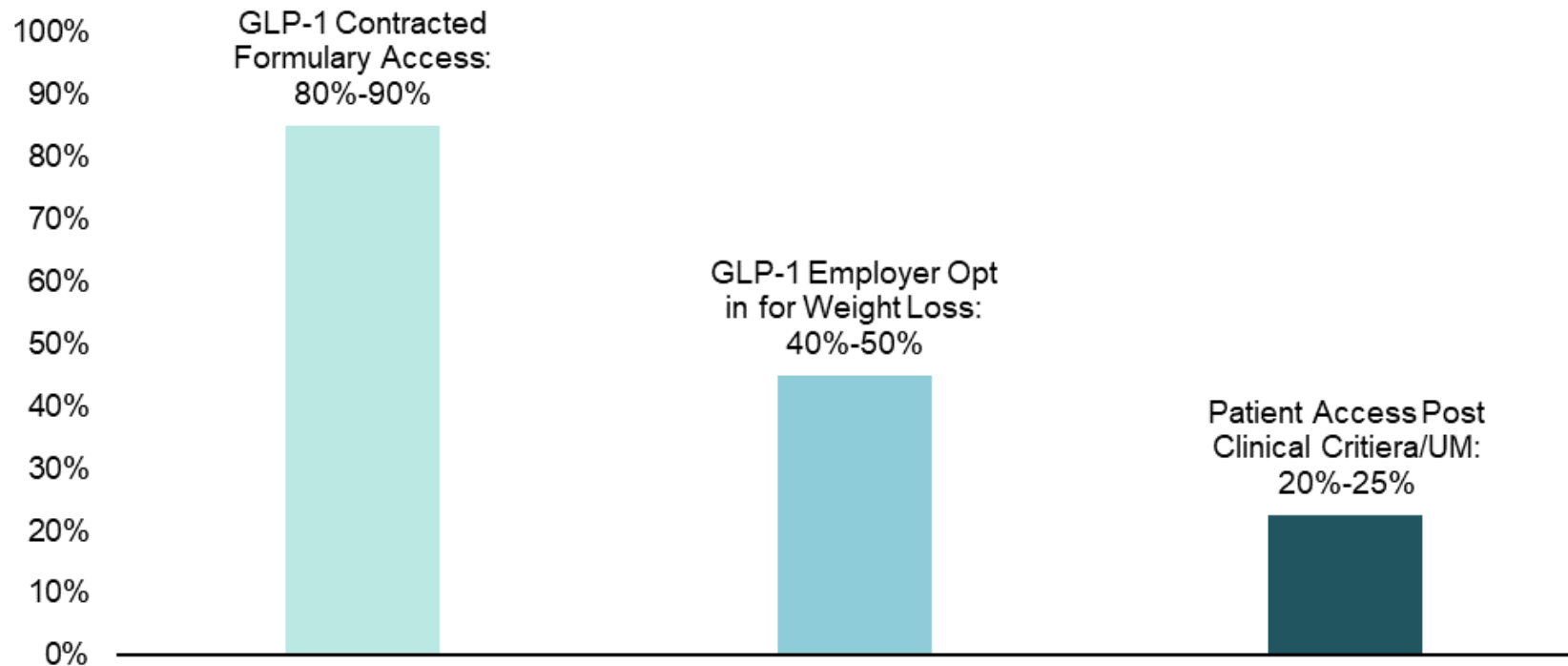
Next-Gen Pipeline Products could launch as early as 2026, ramp to >\$10bn by 2030



Payor/Employer Coverage

Wide disparity between PBM contracting, employer opt in and patient access

- GLP-1 mfrs. have contracted for 80-90% formulary access in weight loss, yet patient access to GLP-1 therapy remains closer to 20-25% (prior to supply constraints)



PBM GLP-1 Management Playbook

Access expansion via access limitation

- Balance Payor/Employer wants and fears
 - Broad access for diabetics + increasing utilization by 'newly' diabetic + increasing member/employee demand for weight loss
 - Payor/Employer fear of near-term trend growth, lack of mid to long-term benefit (given employee churn)
- Need for a weight loss 'solution' driving interest in broader programs
 - **Cigna** set up **EncircleRx** GLP-1 clinical program for management for diabetes, obesity and cardio w/Omada
 - **Optum** launched Optum Rx **Weight Engage**, weight management and wellness support program w/Calibrate
 - **CVS Caremark** launched **Transform Metabolic Health** supported by CVS Pharmacy, option for wide range of open to closed management inclusive of 100% employee pay
- Drive rebates/discounts, limit access, enroll in lifestyle modification
 - Focus on medical necessity standards for GLP-1 for weightloss to control utilization based on plan criteria
 - Ability to filter/prioritize/limit payor/employer access is as important as discount in managing trend
 - Mandated participation in lifestyle modification programs

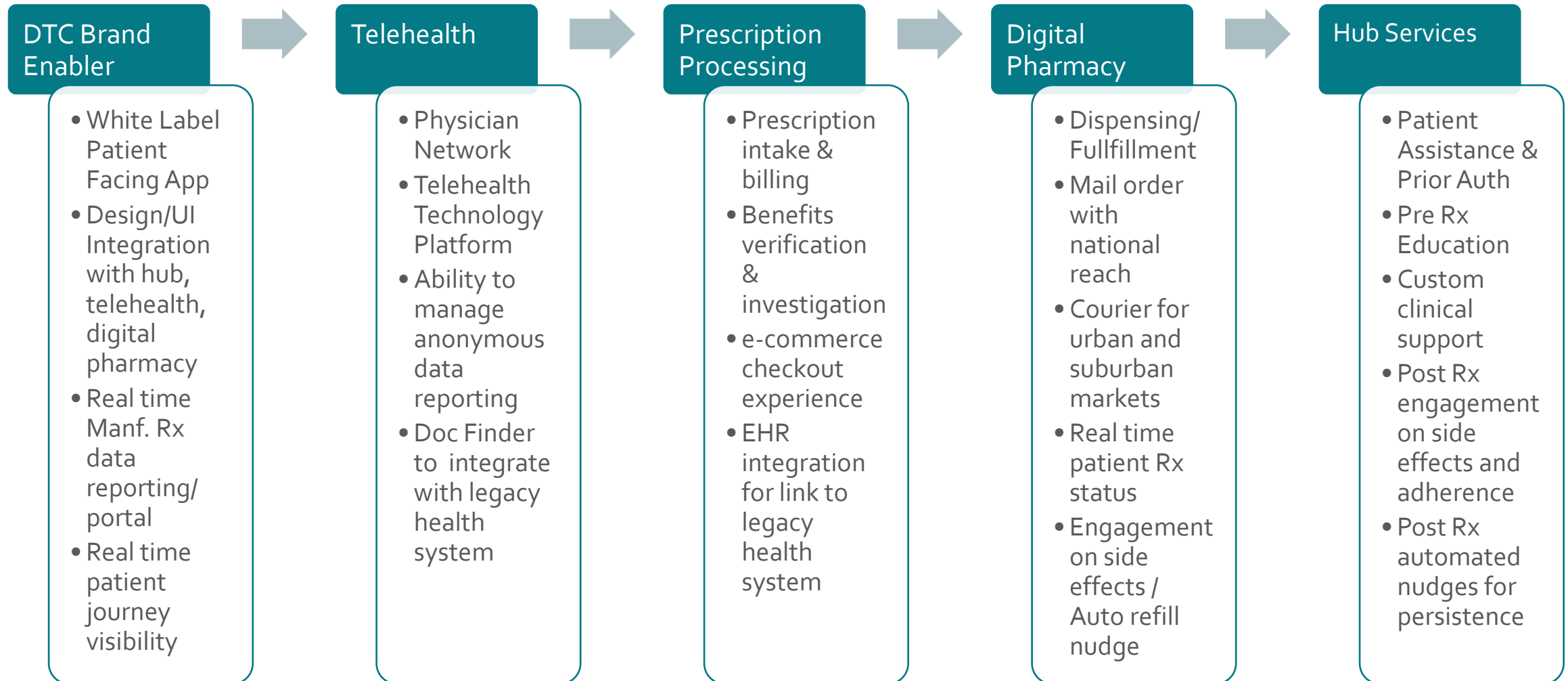
Dam Break: CVS Partners w/Novo Care

CVS Increases Wegovy Access on Formulary and at Pharmacy Counter

- Caremark PBM: CVS Caremark becomes first national PBM to prefer Wegovy 7/1/25
 - Expands availability for commercial customers
 - Driven by employer pressure and improved manufacturer supply rather than higher rebates
- CVS Pharmacy: CVS becomes first chain to join NovoCare network
 - Increases Wegovy availability for cash pay patients
 - Positions CVS to capture patients transitioning from compounded GLP-1s
- Strategic Implications:
 - CVS Caremark shifting from access-constraining to access-enabling programs
 - CVS notes formulary change won't materially impact PBM profitability as savings pass to members
 - Strategy may help CVS drive PBM retention and market share gains in 2025-2026
 - CVS Pharmacy obtains dispensing/service fee beyond what is earned under cost+
 - NovoCare pricing expected to expand to broader retail/independent pharmacy market

Building a DTC Offering: Functional Requirements

Functional Requirements



DTC Priorities

Wide range of approaches for a wide range of priorities

- Primary Considerations
 - Facilitate Rapid Treatment Starts
 - Lever digital technology to address Primary Care Shortage & Pharmacy Out-of-Stock
 - Release Valve for Employee Demand (outside benefit) + Sidestep PBM Trend Mgmt.
 - Reliably Supply Market
 - Pharmacy Out-of-Stock
 - Direct channel control and data
 - Optimize Affordability
 - Limited coverage, massive cash demand
 - Integration of hub and pharmacy
 - Maximize Gross-to-Net
 - Digital Pharmacy Direct Distribution
 - Alter Pharma-PBM Balance of Power
 - Enhance Consumer Experience
- Additional Considerations/Motivations
 - New approaches to brand value + get closer to the patient
 - New approach to patient CAC/LTV + data
 - New approaches to persistence/adherence
 - Inject market pricing
 - Alter Pharma/PBM balance of power + enable new PBM models

Q&A



Unexpected

- Tariffs
- Most Favored Nation
- DoGE
- 340B Reform

Expected

- PBM Reform
- PBM Private Label
- Direct to Patient
- GLP-1 Access
- Compounding

PBM Contracting Entity
PBMcommercialPassThrough
Cell/Gene GxDeflation
MarkCubanDDC
LillyDirect
VerticalIntegration
CABlueModel
SupplyChainDisruption
GxShortages
Cost+PharmacyModels
PfizerForAll
IRAImpact
340B
AmazonPharmacy
G2NtippingPoint
PharmaDTC
PartDvolatilityGLP-1Access
PrivateLabelBiosim

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