

STRATEGIC

Analysis

RETAILMYSMEDS

RetailMyMeds

| Independent Pharmacy Profitability

| Market Positioning



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Executive Summary

This report presents a strategic analysis of RetailMyMeds — its market position, competitive landscape, growth opportunities, and the industry forces shaping independent pharmacy profitability in 2026. It builds directly on the Independent Pharmacy Trends Report (December 2025),¹ which documented the structural pressures facing 18,960 independent pharmacies across a **\$103 billion** market.² The report identified a critical need: software platforms that deliver “intelligent routing and cash flow forecasting”¹ to help pharmacies survive the PBM reimbursement crisis. RetailMyMeds is precisely that recommendation — already built and operational. December, three developments have intensified the urgency. The Medicare Maximum Fair Price program took effect January 1, 2026, creating an estimated **\$10,838/week** cash flow shortfall per pharmacy on negotiated drugs.³ CMS initiated the third cycle of drug price negotiations, expanding scope beyond the original 10 drugs.⁴ And on February 3, 2026, the PBM Reform Act was signed into law as part of the Consolidated Appropriations Act — mandating 100% rebate pass-through and delinking PBM compensation from drug prices, effective 2028.⁵ The regulatory landscape is shifting, but the cash flow crisis is *now*. Pharmacies cannot wait two years for reform to take effect. They need operational solutions today.

KEY THEMES

- RetailMyMeds occupies a genuinely unique position in the pharmacy technology landscape: the only identified SaaS platform at the \$275/month price point that enables independent pharmacies to coordinate mail-order fulfillment for unprofitable prescriptions while retaining the patient relationship. No competitor does exactly this.
- The GLP-1 paradox is intensifying. These medications now account for over 80% of dispensing revenue growth⁶ yet remain net-negative for most independent pharmacies. Apaly Health has launched Apaly Rx⁷ targeting GLP-1 routing specifically — but from the employer/payer side, not the pharmacy side. The window for RetailMyMeds to own the pharmacy-facing GLP-1 routing narrative is open but narrowing.
- The WVIPA sponsorship validates the state pharmacy association distribution model.⁸ Replicating this across the 50 state associations — starting with the highest independent pharmacy density states (North Dakota, Mississippi, Montana)⁹ — represents a scalable, low-cost national distribution channel.
- PBM reform is coming but slowly. The PBM Reform Act of 2025⁵ does not take full effect until 2028. Independent pharmacies need solutions *now* — and RetailMyMeds is positioned to be that bridge.

RetailMyMeds

RetailMyMeds is a mail-to-retail cash flow management platform for independent pharmacies, founded by Arica Collins, PharmD — owner of Dyer Drug Co. in Albany, Kentucky (Clinton County) since September 2008. Kevin McCarron provides technology partnership for the platform. The company was registered as a Kentucky LLC in July 2021. core problem is existential: PBM reimbursement on certain prescriptions — particularly brand-name, specialty, and GLP-1 medications — has become net-negative for independent pharmacies. With **96.5%** of independent pharmacists reporting that PBM practices threaten their existence¹⁰ and **40.8%** being reimbursed below acquisition cost on over 40% of Medicare Part D scripts,¹⁰ the need for intelligent prescription routing is not a feature request — it is a survival mechanism.¹ solution is straightforward and effective: (1) identify prescriptions where the pharmacy is losing money; (2) route those prescriptions to mail-order fulfillment — shipped to the patient or back to the referring pharmacy — so the local pharmacy stops absorbing the loss; and (3) manage the entire coordination process through a single dashboard that handles multiple patients, multiple prescriptions, multiple refill dates, and multiple mail-order pharmacies. patient stays loyal to their local pharmacy. The pharmacy stops hemorrhaging cash. The platform is priced at **\$275/month**, with pharmacies typically seeing ROI within 30–45 days, and is designed to be managed by a pharmacy technician — not requiring pharmacist time. Note: *The Independent Pharmacy Trends Report (December 2025)¹ documented these market pressures in detail. Section 9.2 recommended that software platforms deliver “intelligent routing and cash flow forecasting” — RetailMyMeds is that recommendation, already built and operational.*

Strengths

- **Solves the #1 survival problem:** With 80.3% of independent pharmacists reporting declining financial health and 30.3% considering closure,¹⁰ RetailMyMeds addresses the most urgent pain point in a \$103 billion market.²
- **Cash flow orchestration, not just analytics:** Most pharmacy tools show you the problem. RetailMyMeds acts on it — scheduling and routing prescriptions to keep cash in-house rather than tied up in inventory waiting 30–60 days for PBM payment.
- **Founded by a pharmacist who lives the problem:** Arica Collins has owned Dyer Drug Co. since 2008 — the first owner outside the Dyer family in the pharmacy's 110-year history. She built RetailMyMeds from firsthand experience with below-cost reimbursements. That credibility cannot be manufactured.
- **Patient relationship preservation:** The pharmacy coordinates the entire mail-order process for the patient. The patient's trusted pharmacist remains their point of contact. This solves the fear that routing prescriptions elsewhere means losing the patient.
- **Accessible pricing:** At \$275/month, RetailMyMeds is affordable for cash-strapped independents — an order of magnitude below enterprise pharmacy management systems.
- **Association traction:** Sponsor of the West Virginia Independent Pharmacy Association (WVIPA),⁸ with presence at Tennessee and Pennsylvania pharmacy association events — validating the state-association distribution model.

- **Privacy positioning:** Not affiliated with a PBM or mail-order pharmacy, does not retain PHI. This independence is a differentiator in an industry where pharmacists distrust PBM-adjacent tools.
- **Industry visibility:** Featured on the TWIRx podcast (Pharmacy Podcast Network, September 2024, 2,155 downloads),¹¹ the Bottom Line Pharmacy Podcast (Sykes & Company, P.A.),¹² and the Cardinal Health podcast with Adam Robinson and Nicole McCleur.²⁵ Testimonial from Wyatt Walker, PharmD (Walker's Pharmacy, Livonia, LA) documented reducing medication orders by tens of thousands of dollars per month.

Market Context

- **~19,000 independent pharmacies, \$103B market (NCPA, 2024–2025)**

The independent pharmacy sector has stabilized at roughly 18,960 locations² despite 3,000+ chain closures in four years. Every one of these pharmacies faces the reimbursement crisis RetailMyMeds solves.

- **MFP: \$10,838/week cash flow shortfall per pharmacy**

The Medicare Maximum Fair Price program took effect January 1, 2026 with the first 10 negotiated drug prices.³ The delayed manufacturer refund mechanism compounds existing PBM timing pressure. A second cycle publishes September 2026 and a third cycle (expanded scope) has already been initiated.⁴ RetailMyMeds' order-scheduling logic directly mitigates this timing gap.

- **GLP-1 paradox: 80% of revenue growth, negative margins**

GLP-1 medications (Ozempic, Wegovy, Mounjaro) now account for 6.5% of all U.S. prescriptions⁶ and drive massive volume, but PBM reimbursement rates frequently fall below acquisition cost. Pharmacies lose money dispensing the most in-demand drugs in America. Intelligent routing of these high-cost, low-margin scripts is exactly what RetailMyMeds was built for.

- **PBM consolidation: top 3 control ~80% of market**

CVS Caremark, Express Scripts, and OptumRx dominate reimbursement rates.¹³ PBM-affiliated pharmacies now capture 68% of specialty drug revenue (up from 54% in 2016).¹³ Independent pharmacies need tools to compete not on negotiating power but on operational intelligence.

- **PBM Reform Act signed February 3, 2026**

The Consolidated Appropriations Act of 2026⁵ includes 100% rebate pass-through, PBM compensation delinking, semiannual reporting, and a ban on undisclosed patient steering. However, key provisions do not take effect until 2028. Pharmacies cannot afford to wait — they need cash flow solutions now.

- **DIR fee “double whammy” continues through 2026**

The 2024 CMS rule moved DIR fees to point-of-sale, but pharmacies are still absorbing the retroactive 2023 assessments simultaneously. AWP-minus reimbursement dropped from minus 4–11% to minus 18–26% — a massive cash flow compression.¹⁴ Every prescription RetailMyMeds routes away from in-house fill reduces DIR fee exposure.

- **Mail-order pharmacy: \$144.72B market, 17.2% CAGR through 2032**

The mail-order channel is growing aggressively.¹⁵ RetailMyMeds turns this competitive threat into a tool — independent pharmacies use mail-order strategically rather than losing patients to it.

Opportunities

STRATEGIC OPPORTUNITIES

- **State pharmacy association replication:** The WVIPA sponsorship⁸ validates the distribution model. North Dakota (highest independent pharmacy density per capita),⁹ Mississippi,¹⁶ and Montana¹⁷ are logical next targets. Each association provides credibility, membership access, and speaking opportunities at annual conferences.
- **GLP-1 routing as a dedicated value proposition:** GLP-1 prescriptions are the single largest source of below-cost fills for independent pharmacies. Positioning RetailMyMeds with a specific GLP-1 routing message — separate from the broader platform pitch — creates a focused entry point that resonates with the most immediate pain pharmacies are experiencing.
- **MFP crisis as accelerant:** The Medicare Maximum Fair Price cash flow shortfall is a new problem as of January 2026 — and it compounds with each subsequent negotiation cycle. RetailMyMeds' order-scheduling intelligence directly addresses this timing gap. A concise market brief quantifying the MFP impact becomes a marketing asset, conference handout, and talking point.
- **Consulting package expansion:** Position RetailMyMeds not only as software but as a full prescription economics consulting service. Independent pharmacies need guidance on hybrid fulfillment strategy — the software is the tool, but the consulting relationship drives retention and expands the value per client.
- **Data aggregation opportunity:** Anonymized prescription routing data across RetailMyMeds clients could become an industry benchmarking asset — which PBM contracts are most toxic, which drug categories drive the deepest losses, which routing strategies recover the most margin. This is the same “data moat” pattern that powers Pricebook Digital's DataSource in the HVAC vertical.
- **Cross-referral with Mobile Clinic:** Independent pharmacies in rural Kentucky served by Mobile Clinic's routes are natural RetailMyMeds prospects. Both businesses address social determinants of health — access, affordability, and geographic barriers — creating a healthcare ecosystem play.

Scaling Challenges

- **Competitive landscape is heating up:** Apaly Health has launched Apaly Rx⁷ targeting GLP-1 prescription routing from the employer/payer side. DiversifyRx¹⁸ offers pharmacy profitability coaching and software (UGO Rx). PioneerRx¹⁹ is the most-installed independent pharmacy management system and includes profitability reporting features. None do exactly

what RetailMyMeds does, but the category is attracting attention and investment.

- **Scaling beyond association sponsorship:** The WVIPA model works for initial distribution, but national adoption requires either a direct outreach capability, channel partnerships (GPOs, wholesalers, pharmacy management systems), or both. The path from sponsoring individual state associations to being a recognized national platform needs a defined strategy.
- **Industry visibility gap:** RetailMyMeds has podcast appearances and association presence, but no coverage in the major pharmacy trade publications (Drug Store News, Drug Topics, Pharmacy Times). Earned media in these outlets would significantly expand awareness among the target audience.
- **Web and brand presence:** The current website (Wix-based) and LinkedIn presence (set up as a personal profile rather than a company page) may underestimate the platform's capabilities to prospective clients evaluating multiple solutions. First impressions in B2B SaaS are formed in seconds.
- **PBM reform timing risk:** The PBM Reform Act of 2025⁵ introduces 100% rebate pass-through and delinking by 2028. If reform substantially improves reimbursement economics, the urgency of prescription routing tools diminishes. The strategic window for aggressive growth is the next two years — before reform takes full effect.

QUESTIONS FOR ARICA

1. What is the current pharmacy client count and monthly growth trajectory?
2. What does the typical client journey look like — from enrollment to first routed prescription to measurable ROI? How long before clients see results?
3. Is the consulting package model generating revenue independently, or is it bundled with the \$275/month software subscription?
4. What is the current competitive positioning strategy against tools like PioneerRx's profitability features and DiversifyRx's coaching model?
5. Has Arica considered the data aggregation opportunity — anonymized routing data across clients as an industry benchmarking asset?
6. What is the technology roadmap? Are there plans for API integrations with pharmacy management systems (PioneerRx, Liberty, Rx30) to automate identification of net-negative prescriptions?
7. What does the ideal engagement look like for strategic and technology support — and what are the most pressing priorities Arica would want addressed first?

Competitive Landscape

RetailMyMeds operates in a space adjacent to several pharmacy technology categories but occupies a specific niche that no identified competitor fills in the same way. The following maps the competitive landscape by category.

Apaly Health / Apaly Rx

PRESCRIPTION ROUTING (EMPLOYER/PAYER SIDE)

Routes high-cost medication prescriptions (starting with GLP-1s) to the lowest net-cost fulfillment channel. Ingests plan rules and member eligibility for dynamic routing.⁷

DIFFERENTIATION

Apaly Rx is employer/payer-facing and optimizes for plan cost. RetailMyMeds is pharmacy-facing and optimizes for pharmacy profitability. Different buyer, different value proposition, same drug category (GLP-1s). The risk: Apaly's routing decisions could steer prescriptions away from independents entirely.

DiversifyRx / UGO Rx

PHARMACY PROFITABILITY COACHING & SOFTWARE

Offers coaching, community (“Pharmacy Badass University”), and software (UGO Rx) focused on non-PBM revenue diversification — clinical services, supplements, and direct-to-consumer revenue.¹⁸

DIFFERENTIATION

DiversifyRx addresses profitability by adding new revenue streams. RetailMyMeds addresses profitability by eliminating losses on existing prescriptions. Complementary, not competitive — but both compete for the pharmacy owner's attention and budget.

PioneerRx (Red Sail Technologies)

PHARMACY MANAGEMENT SYSTEM

The most-installed independent pharmacy software in the country. Full PMS with workflow management, dispensing, billing, DIR fee reporting, and profitability analytics.¹⁹

DIFFERENTIATION

PioneerRx manages the entire pharmacy operation. RetailMyMeds is a bolt-on profit optimization tool. PioneerRx can show you which prescriptions are unprofitable; RetailMyMeds acts on that information by coordinating the routing. A PMS integration could make RetailMyMeds more powerful, not less relevant.

Outcomes / Cardinal Health

PHARMACY NETWORK & WHOLESALE

OutcomesMTM clinical network, LeaderNET reimbursement negotiations, and PSAsOs that negotiate DIR fees on behalf of member pharmacies.²⁰

DIFFERENTIATION

Cardinal Health is a wholesale/network play focused on collective negotiating power. RetailMyMeds is an operational tool that works regardless of which wholesaler or PSAO the pharmacy uses. Different layer of the stack.

SUMMARY

RetailMyMeds' competitive advantage is specificity. It does one thing — routes unprofitable prescriptions to mail-order while preserving the patient relationship — and does it at a price point (\$275/month) that enterprise platforms cannot match and coaching models do not address. The risk is not a single competitor but the gradual addition of routing features to existing PMS platforms. The defense is execution speed, association relationships, and the credibility of being built by a pharmacist who lives the problem.

Industry Update — Since December 2025

The Independent Pharmacy Trends Report (December 2025)¹ documented the structural pressures facing the sector. The following updates reflect developments since that report was published.

PBM Reform Act Signed Into Law (February 3, 2026)

The Consolidated Appropriations Act of 2026⁵ includes the PBM Reform Act of 2025, mandating: 100% rebate pass-through to employer plans, PBM compensation delinking from drug prices (effective 2028), semiannual reporting on net spending and spread pricing, and a ban on steering patients to PBM-affiliated pharmacies without disclosure. Arkansas has become the first state to ban PBM ownership of pharmacies (under legal challenge). Alabama, California, Colorado, Massachusetts, and Utah have all passed state-level PBM reform legislation.²¹ for RetailMyMeds: Reform validates the problem RetailMyMeds solves but does not eliminate the need. Key provisions take effect in 2028 — meaning pharmacies need operational solutions for the next two years at minimum. After reform, RetailMyMeds' value shifts from survival tool to optimization tool. The platform should be positioned for both phases.

MFP Cycle 1 Active, Cycles 2 and 3 Initiated

The first 10 negotiated Medicare drug prices took effect January 1, 2026.³ CMS publishes the second cycle in September 2026 and has already initiated the third cycle with expanded scope.⁴ Each cycle adds drugs to the negotiated list, compounding the cash flow shortfall for pharmacies that stock and dispense them. The delayed manufacturer refund mechanism creates a timing gap that grows with each cycle. for RetailMyMeds: The MFP crisis is a *recurring* accelerant, not a one-time event. Each new negotiation cycle creates fresh urgency for the exact cash flow management RetailMyMeds provides.

GLP-1 Supply Resolved, Volume Surging

The FDA declared the semaglutide shortage resolved in February 2025,²² ending the compounded alternative market and shifting demand back to branded products (Ozempic, Wegovy, Mounjaro). GLP-1s now capture 56% of the diabetes treatment market and account for 6.5% of all U.S. prescriptions.⁶ Volume is surging while margins remain negative for dispensing pharmacies. for RetailMyMeds: GLP-1 routing should be a dedicated talking point, not buried in the general platform pitch. Every independent pharmacist in America knows the GLP-1 problem. RetailMyMeds solves it.

Pharmacy Technology Market Growing

The pharmacy automation segment is projected to reach \$7.19 billion in 2025,²³ with 40% of pharmaceutical companies incorporating GenAI into 2025 budgets.²⁴ Independent pharmacies are investing in technology as a survival mechanism — not a luxury. for RetailMyMeds: The market is receptive to technology solutions. The \$275/month price point positions RetailMyMeds as the accessible entry point in a market where enterprise solutions price out independents.

How I Can Help

The preceding analysis identifies specific, actionable opportunities for RetailMyMeds. The following outlines concrete deliverables — each designed to produce a finished, usable work product, not a recommendation to produce one.

Growth & Market Positioning

MFP CRISIS RESPONSE BRIEF

The Medicare Maximum Fair Price program is creating a new, quantifiable cash flow crisis that compounds with each negotiation cycle. I would produce a concise market brief that quantifies the MFP impact across all three cycles (January 2026, September 2026, and the expanded third cycle), explains how RetailMyMeds' scheduling intelligence addresses the timing gap, and frames the platform as the operational solution pharmacies need while waiting for PBM reform to take effect in 2028. This becomes a marketing asset, a conference handout, and a talking point for association presentations — all in one document.

GLP-1 ROUTING VALUE PROPOSITION

GLP-1 medications are the single largest source of below-cost fills for independent pharmacies — and every pharmacist knows it. I would develop a focused GLP-1 routing message: a one-page brief that quantifies the per-prescription loss on GLP-1 fills, explains the routing solution, and provides a clear ROI projection at the \$275/month price point. This is a dedicated entry point for prospects who are not yet ready for the full platform conversation but are bleeding cash on GLP-1s today.

COMPETITIVE LANDSCAPE & DIFFERENTIATION MAP

Apaly Rx, DiversifyRx, PioneerRx, and Outcomes/Cardinal Health are all active in adjacent spaces. I would produce a detailed competitive analysis that maps what each tool does, where it falls short, and where RetailMyMeds' mail-to-retail routing is genuinely differentiated. The Apaly Rx entry into GLP-1 routing is particularly time-sensitive — understanding how their employer-facing model interacts with RetailMyMeds' pharmacy-facing model is important for positioning. The deliverable is a competitive intelligence document that informs sales conversations and product roadmap decisions.

Distribution & Partnerships

STATE ASSOCIATION REPLICATION PLAYBOOK

The WVIPA sponsorship validates the model. I would research the top 10 state pharmacy associations by independent pharmacy density — North Dakota, Mississippi, Montana, South Dakota, Nebraska lead⁹ — map their sponsorship structures, conference calendars, and membership sizes, and build a replication playbook: outreach templates, sponsorship tier recommendations, and a presentation deck that can be customized per state. The goal is to turn a single sponsorship into a repeatable national distribution channel.

TRADE PUBLICATION VISIBILITY STRATEGY

RetailMyMeds has no coverage in Drug Store News, Drug Topics, or Pharmacy Times — the three publications independent pharmacy owners read. I would identify the specific editors and columnists covering independent pharmacy profitability, draft a press angle tied to the MFP crisis and PBM reform timeline, and produce a submission-ready contributed article or case study pitch. Earned media in these outlets reaches the exact audience RetailMyMeds serves.

Platform & Technology

WEB & BRAND PRESENCE ASSESSMENT

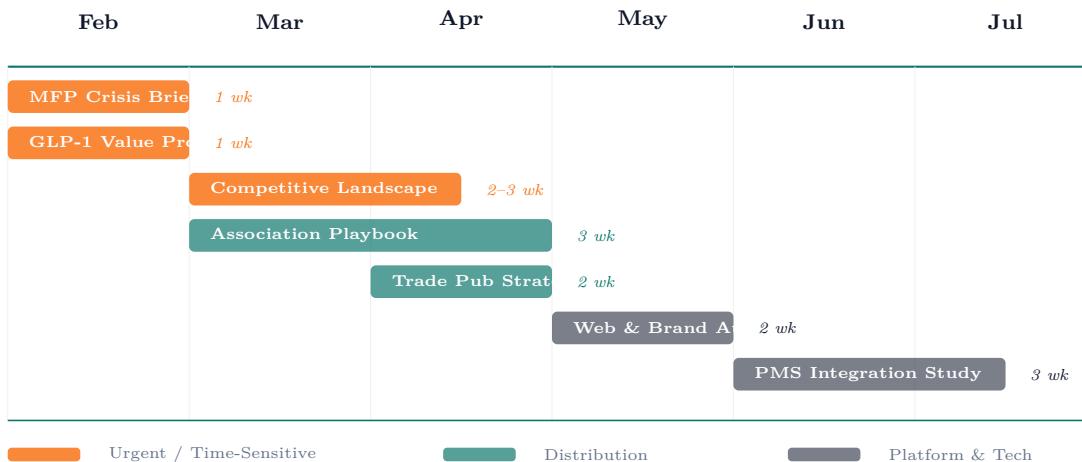
The current Wix-based website and LinkedIn presence may underestimate RetailMyMeds' capabilities to B2B prospects evaluating multiple solutions. I would audit the current digital presence against competitor sites (Apaly, DiversifyRx, PioneerRx), identify specific gaps in messaging, social proof, and conversion pathways, and deliver a prioritized list of improvements with mockups. This includes converting the LinkedIn personal profile to a proper company page with consistent branding.

PMS INTEGRATION FEASIBILITY STUDY

The highest-leverage technology play for RetailMyMeds may be integration with pharmacy management systems — automating the identification of net-negative prescriptions rather than requiring manual flagging. I would research the API capabilities of PioneerRx, Liberty Software, Rx30, and Micro Merchant Systems, assess integration feasibility and partnership requirements, and deliver a go/no-go recommendation for each platform with estimated development scope.

Proposed Timeline — 2026

The following timeline sequences seven deliverables across the first half of 2026, prioritized by urgency and market timing. The MFP Crisis Brief and GLP-1 value proposition are front-loaded because the cash flow crisis is active now and conference season begins in spring.



The MFP Crisis Brief and GLP-1 Value Proposition are front-loaded because the cash flow crisis is active and conference season begins in spring. The Competitive Landscape analysis follows immediately — the Apaly Rx entry into GLP-1 routing makes this time-sensitive. Distribution and technology items are sequenced after the market positioning work is in place.

ENGAGEMENT MODEL

Each deliverable is designed to produce a finished, usable work product — a market brief, a competitive analysis, an outreach playbook, a feasibility study. The format of engagement is flexible: project-based deliverables, a monthly retainer for ongoing research and strategic support, or a hybrid model that starts with the highest-priority items (the MFP Crisis Brief and GLP-1 value proposition are time-sensitive) and expands as value is demonstrated. The report is itself a sample of the work — produced from publicly available data, the December 2025 Trends Report foundation, and structured research into RetailMyMeds' market position. With access to Arica's proprietary client data, financials, and strategic priorities, the depth and specificity would increase substantially.

Next Steps

This report is a foundation for a working relationship. The following actions would begin that process:

1. **Review this report together** — Identify corrections, fill gaps in understanding, and surface priorities that this analysis may not have captured. Several of the questions in this document may reshape the strategic picture significantly.
2. **Prioritize the deliverables** — The proposed timeline sequences seven work products by urgency and market timing. Arica should identify which items are highest-value and whether the sequencing reflects her priorities. The MFP Crisis Brief and GLP-1 routing value proposition are time-sensitive; others can be reordered.
3. **Define the engagement structure** — Establish how ongoing strategic support works in practice — scope per deliverable, cadence of check-ins, and how Arica wants to receive and review work product.
4. **Begin with the urgent items** — The MFP Crisis Brief and GLP-1 Value Proposition are front-loaded because the cash flow crisis is active and conference season is approaching. Starting here delivers immediate, measurable value while establishing the working relationship.

RetailMyMeds is solving the right problem for the right audience at the right time. The independent pharmacy sector is under more financial pressure than at any point in its history, and the tools that help pharmacies survive this period will define the technology landscape for the next decade. The constraint is not the product — it is getting it in front of the 18,960 pharmacies that need it. December 2025 Trends Report documented the crisis. This report maps the path forward for the platform built to address it.

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About This Report

This report was prepared using publicly available information, industry market research, federal policy documents, and findings from the Independent Pharmacy Trends Report (December 2025). All market data is cited from published sources including NCPA, CMS, KFF, FTC, Drug Topics, Pharmacy Times, and industry market research firms. This is a draft document intended to initiate strategic discussion. Subsequent versions will incorporate Arica's feedback, proprietary client data shared in confidence, and targeted research on priority areas.

Prepared For Arica Collins, PharmD
Prepared By Matthew Scott
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