VALUE PROPOSITION

GLP-1 Routing

RETAILMYMEDS

GLP-1 Economics | Prescription Routing | Pharmacy Profitability

PREPARED FOR **Arica Collins, PharmD**

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PREPARED BY **Matthew Scott**

The Problem

GLP-1 medications are the biggest growth category in pharmacy — and the biggest cash drain for independents. Ozempic, Wegovy, Mounjaro, and Zepbound now account for **6.5%** of all U.S. prescriptions[1] and drive over **80%** of dispensing revenue growth.[2] They have captured **56%** of the diabetes treatment market[3] and represent 21% of overall prescription cost for the Rx Collaborative after rebates.[4] Volume grew 78% from 2023 to 2024 alone[5] and shows no sign of slowing. Every pharmacy in America is filling more GLP-1 prescriptions this month than last month.problem: **95%** of independent pharmacies are losing money on every GLP-1 fill.[6] NCPA surveys confirm an average loss of **$37–$42 per 30-day supply**.[6,7] The mechanism is structural — wholesalers sell GLP-1s to pharmacies at WAC minus 2%, while PBMs reimburse at WAC minus 4% or lower.[8] That 2-point negative spread is baked into every fill. The average independent pharmacy now fills approximately **394 GLP-1 prescriptions per month** (67,601 annual Rx at 7% GLP-1 penetration).[9,1] At $37–$42 per fill, that is **$14,578–$16,548 in monthly losses** on the most in-demand drugs in America. And 86% of community pharmacies have turned patients away because they cannot afford to fill the prescription.[7]

Loss Per Prescription

The negative spread on GLP-1s is consistent across all major products. Wholesaler acquisition cost runs approximately WAC minus 2% — far tighter than the typical WAC minus 6% discount on standard brand-name drugs.[8] PBM reimbursement lands at WAC minus 4% or below. The result is a loss on every fill, confirmed by two separate NCPA surveys.

Drug	WAC	Acq. Cost	PBM Reimb.	Loss/Fill
Ozempic (semaglutide)	$969/month	~$950	~$930 or less	**$20–$40**
Wegovy (semaglutide)	$1,349/month	~$1,322	~$1,295 or less	**$27–$50+**
Mounjaro (tirzepatide)	$1,069/month	~$1,048	~$1,026 or less	**$22–$42**
Zepbound (tirzepatide)	$1,060/month	~$1,039	~$1,018 or less	**$21–$42**

NCPA SURVEY DATA

NCPA surveys confirm the loss is real and widespread: **95%** of respondents reported being paid an average of **$42 below acquisition cost** on GLP-1 fills.[6] An earlier NCPA survey found average losses exceeding **$37 per 30-day supply**.[7] **88%** of pharmacies have considered no longer filling GLP-1 prescriptions entirely.[7] On Medicaid contracts using NADAC reimbursement, the losses are even deeper — NADAC does not cover pharmacy costs on these products.[2]

Volume & Total Losses

- **The average independent pharmacy fills approximately 394 GLP-1 prescriptions per month.**

There are **18,960** independent pharmacy locations in the U.S., representing 35% of all retail pharmacies.[9] The average independent fills **67,601 prescriptions per year** (5,633/month), up from 59,644 in 2023.[9] At 7% GLP-1 penetration (up from 6.5% in September 2025),[1] that yields approximately 394 GLP-1 fills per month per pharmacy.$37 per fill, that is **$14,578/month** in losses. At $42 per fill, it is **$16,548/month**. Annualized, a single independent pharmacy loses between **$174,936 and $198,576** filling GLP-1 prescriptions it cannot refuse without losing patients. Across all 18,960 independents, the aggregate GLP-1 loss is **$3.3–$3.8 billion per year**.[69]

> NATIONAL CONTEXT
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> Nationally, 7.1 billion retail prescriptions were dispensed in 2024.[5] GLP-1 prescription volume grew **587%** from 2019 to 2024 and **78%** from 2023 to 2024 alone.[5] Five GLP-1 drugs now account for 21% of overall prescription cost for the Rx Collaborative — up from just 1% in 2020.[4] Retail pharmacies handle 54.72% of all GLP-1 dispensing.[3]

ROI at $275/month/month

RetailMyMeds pays for itself when a pharmacy routes **7–8 GLP-1 fills per month** — roughly **2%** of GLP-1 volume.

Scenario	Fills	% Vol.	Loss/Fill	Saved/Mo	Cost	Net/Mo
Conservative	8	2%	$37	$296	$275	**+$21**
Moderate	20	5%	$37	$740	$275	**+$465**
Aggressive	40	10%	$42	$1,680	$275	**+$1,405**

BREAKEVEN

Breakeven occurs at just **7–8 routed fills per month**. At the lower NCPA-reported loss of $37/fill, 8 routed fills yield $296 in avoided losses against a $275 subscription — breakeven plus $21. At the higher $42/fill loss, only 7 fills are needed (7 × $42 = $294). That is **2%** of the average pharmacy's GLP-1 volume.

MODERATE CASE — THE DEFENSIBLE PITCH

The moderate scenario is the most defensible for decision-making: 20 fills routed per month out of ~394 GLP-1 fills (a 5% routing rate) at the conservative $37/fill loss. That yields **$465/month in net savings** — **169% annualized ROI**. The subscription pays for itself in roughly **11–12 days** each month. The remaining 18–19 days are pure recovered margin.

AT $42/FILL

At the higher $42/fill loss reported in the updated NCPA survey: the conservative scenario (7 fills) yields +$19/month, the moderate scenario (20 fills) yields **+$565/month**, and the aggressive scenario (40 fills) yields **+$1,405/month**.

The Solution

RetailMyMeds identifies the prescriptions that are bleeding your pharmacy and routes them to mail-order — while you keep the patient.

1. **Identify**: RetailMyMeds flags every prescription where PBM reimbursement falls below your acquisition cost — starting with GLP-1s, the largest single source of below-cost fills.
2. **Route**: Unprofitable prescriptions are coordinated through mail-order fulfillment. The medication ships to the patient or back to your pharmacy. You manage the entire process from

a single dashboard — multiple patients, multiple prescriptions, multiple refill dates, multiple mail-order pharmacies.

3. **Retain**: The patient's trusted pharmacist remains their point of contact. The patient never leaves your care. You stop losing money on their prescription. The relationship stays intact.

PRICING

$275/month. Flat rate. No per-claim fees. No percentage of savings. Managed by a pharmacy technician — does not require pharmacist time. Most pharmacies see ROI within **30–45 days**.

PROVEN RESULTS

Wyatt Walker, PharmD (Walker's Pharmacy, Livonia, LA) documented reducing medication orders by tens of thousands of dollars per month using RetailMyMeds.[10] The platform was built by Arica Collins, PharmD — owner of Dyer Drug Co. in Albany, Kentucky since 2008 — from firsthand experience with below-cost reimbursements. This is not a technology company guessing at pharmacy problems. It is a pharmacist's solution, built from inside the pharmacy.

Market Context

The GLP-1 volume surge is accelerating — and every new fill deepens the loss.

FDA Shortage Resolution

The FDA declared the semaglutide shortage resolved on February 21, 2025.[11] Compounded alternatives — which had grown into a $1 billion market[12] — began winding down under FDA enforcement. Patients are transitioning back to branded products (Ozempic, Wegovy), driving *more* volume through retail pharmacies at the same negative reimbursement rates. Novo Nordisk's self-pay pricing at $350/month (NovoCare) is designed to capture former compounding patients — but pharmacies still lose on every PBM-adjudicated fill.

Growth Drivers

Medicare coverage of GLP-1s for obesity expanded in late 2025, dramatically increasing the eligible population.[13] New indications — cardiovascular risk reduction, obstructive sleep apnea — are expanding the treatable population further.[14] 40% of GLP-1 prescriptions currently go unfilled due to cost barriers;[15] as prices drop, that latent demand unlocks. IQVIA projects spending on obesity drugs alone could reach **$60 billion by 2029**.[5] Every one of these new prescriptions flows through a pharmacy that loses money filling it.

Apaly Rx — Employer-Side Routing

Apaly Health launched Apaly Rx in late 2025, targeting GLP-1 routing from the *employer/payer* side.[16] Their product routes prescriptions to the lowest net-cost channel for plan sponsors — self-funded employers and commercial health plans. This validates the routing concept at the market level but serves a different buyer with a different problem. Apaly optimizes for the payer. RetailMyMeds optimizes for the pharmacy. The two are complementary, not competitive.

PBM Reform Timeline

The PBM Reform Act was signed into law on February 3, 2026 as part of the Consolidated Appropriations Act[17] — mandating 100% rebate pass-through and delinking PBM compensation from drug prices. But key provisions do not take effect until **2028**. Pharmacies cannot wait two years for reform to fix their cash flow. They need operational solutions *now*.

> TAKE ACTION NOW
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> You are losing $14,000–$17,000 every month filling GLP-1 prescriptions at a loss. That number grows with every new patient, every Medicare expansion, every formulary shift. RetailMyMeds stops the bleeding for $275/month — less than the loss on 8 fills. Schedule a 15-minute demo at **retailmymeds.com** and see exactly which prescriptions are costing you money and how to route them today.

Sources

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ABOUT THIS DOCUMENT

This value proposition brief was prepared using NCPA survey data, Drug Channels analysis, IQVIA prescription data, and public market research. All statistics are cited from published sources.

Prepared For	Arica Collins, PharmD — RetailMyMeds
Prepared By	Matthew Scott
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