

# A/B Landing Pages

RETAIL MY MADS

| Segment-Specific Messaging | Copy & CTA Variants | Test Plan

## Overview

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RetailMyMeds needs to target pharmacy owners with messaging that speaks to their specific pain point. The Pharmacy Qualification Scorecard identifies three natural audience segments based on which financial pressure is most acute. Each segment gets a dedicated landing page with tailored headline, statistics, copy, and CTA — all funneling into the same Wix qualification form (the scorecard flow).

This document provides the complete copy, A/B test variants, and implementation notes for **3 segment-specific landing pages**. Companion HTML reference designs have been delivered alongside this spec.

## Segment A: GLP-1 Loss Leader

### Target Audience

Pharmacies filling high volumes of Ozempic, Wegovy, Mounjaro, and Zepbound. GLP-1 prescriptions are the fastest-growing drug category (78% volume growth 2023–2024) and represent 6.5% of all U.S. prescriptions. These pharmacies have the volume — but every fill costs them \$37–42 out of pocket.

### Headline Variants

#### VARIANT A — PAIN-FORWARD

You're Losing \$14,000+ Every Month on GLP-1 Prescriptions

#### VARIANT B — SOLUTION-FORWARD

Stop Losing Money on Every Ozempic, Wegovy, and Mounjaro Fill

### Sub-headline

Every GLP-1 fill costs you \$37–42 out of pocket. RetailMyMeds stops the bleeding for \$275/month.

### Stat Bar (4 metrics)

95%	\$37–42	394	8 fills
Losing money on GLP-1s	Loss per fill	Avg fills/month	Breakeven with RMM

### Pain Points (Problem Section)

#### STRUCTURAL LOSS ON EVERY FILL

Wholesalers sell GLP-1s at WAC minus 2%. PBMs reimburse at WAC minus 4% or lower. That negative 2-point spread means you lose money before the patient walks out the door.

#### VOLUME IS EXPLODING

GLP-1 prescriptions grew 78% from 2023 to 2024. They account for 80% of dispensing revenue growth and 56% of the diabetes market. The losses compound every month.

### TURNING PATIENTS AWAY ISN'T THE ANSWER

88% of pharmacies have considered not filling GLP-1s. 86% have turned patients away. But refusing to fill means losing the patient entirely — and every other prescription they bring.

### Key Numbers

\$14,578	\$198,576	\$3.8B	56%
Minimum monthly GLP-1 loss per pharmacy	Maximum annual loss per pharmacy	Aggregate annual loss across all independents	Of diabetes market now GLP-1s

### ROI Table

Scenario	Fills	Savings/Mo	Net/Mo	ROI
Conservative (2%)	8	\$296	+\$21	8%
Moderate (5%)	20	\$740	+\$465	169%
Aggressive (10%)	40	\$1,680	+\$1,405	511%

Breakeven: just 8 routed fills per month — 2% of the average pharmacy's GLP-1 volume. The subscription pays for itself in 11–12 days.

### Social Proof

**95%** of independent pharmacies are losing money on every GLP-1 prescription they fill.  
NCPA Member Survey, 2024

### CTA Variants

CTA VARIANT A — SCORE-FOCUSED

See Your Pharmacy's GLP-1 Loss Score

CTA VARIANT B — ACTION-FOCUSED

Stop Losing \$174,000+ Per Year

## Segment B: MFP Cash Flow Crisis

### Target Audience

Pharmacies dispensing Medicare Most Favored Nation drugs (Cycle 1 active January 2026). Every MFP prescription creates a \$722.55 per-transaction cash flow gap. At 15 transactions per week, that's \$10,838/week in working capital tied up waiting 21–30 days for manufacturer refunds.

### Headline Variants

#### VARIANT A — PAIN-FORWARD

Medicare's New Pricing Is Draining \$10,000+/Week From Your Pharmacy

#### VARIANT B — SOLUTION-FORWARD

Route MFP Prescriptions. Keep Patients. Recover \$5,400+/Week.

### Sub-headline

The Most Favored Nation program went live January 2026. Every MFP prescription you fill creates a \$722.55 cash flow gap — and you wait 21–30 days for the refund.

### Stat Bar (4 metrics)

<b>\$722.55</b> Per-transaction gap	<b>10 drugs</b> Active in Cycle 1	<b>15 more</b> Coming in 2027	<b>30.3%</b> Considering closing
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### Pain Points (Problem Section)

#### CYCLE 1: ACTIVE NOW (JANUARY 2026)

10 drugs including Eliquis, Jardiance, Xarelto, and Januvia. Discounts range from 38% to 79% off list price. Januvia hit hardest at 79%. You front the cost and wait 21–30 days for CMS to refund the difference.

**CYCLE 2: COMING JANUARY 2027**

15 more drugs including Ozempic, Wegovy, and Trelegy Ellipta. Ozempic drops to \$274/month — a 71% discount from ~\$1,000. This is where GLP-1 and MFP exposure compound.

**THE WORKING CAPITAL DRAIN**

At 15 MFP transactions per week, you're floating \$27,000/month in manufacturer refund receivables. Industry-wide, that's \$500 million/month in cash pharmacies don't have.

**Key Numbers**

<b>\$10,838</b>	<b>\$46,476</b>	<b>\$500M+</b>	<b>21–30 days</b>
Weekly cash flow impact (15 transactions)	Annual margin loss per pharmacy	Industry monthly float in refund receivables	Average refund wait time

**ROI Table**

<b>Scenario</b>	Fills	Savings/Mo	Net/Mo	<b>ROI</b>
<b>Route 5 MFP/week</b>	20/mo	\$3,613	+\$3,338	<b>1,214%</b>
<b>Route 8 MFP/week</b>	32/mo	\$5,780	+\$5,505	<b>2,002%</b>
<b>Route 12 MFP/week</b>	48/mo	\$8,671	+\$8,396	<b>3,053%</b>

Every MFP prescription routed eliminates a \$722.55 working capital gap. Routing half of 15 weekly transactions recovers \$5,400+/week.

**Social Proof**

**30.3%** of independent pharmacies are considering closing in 2025. MFP Cycle 1 makes it worse.  
NCPA Member Survey, January 2025

**CTA Variants****CTA VARIANT A — SCORE-FOCUSED**

**Calculate Your MFP Exposure**

CTA VARIANT B — ACTION-FOCUSED

**Don't Wait for Reform. Route Now.**

## Segment C: DIR Fee Squeeze

### Target Audience

Pharmacies hit hardest by DIR fee reform and below-cost reimbursement. DIR reform moved assessments to point-of-sale, but PBMs lowered base reimbursement to offset. The result: reimbursement fell from AWP minus 4–11% to AWP minus 18–26%. Express Scripts contracts go as low as AWP minus 26.3%.

### Headline Variants

#### VARIANT A — PAIN-FORWARD

Your Reimbursement Dropped 15 Points. Your Costs Didn't.

#### VARIANT B — SOLUTION-FORWARD

Stop Absorbing the PBM Margin Squeeze. Route Unprofitable Rx.

### Sub-headline

DIR fee reform moved assessments to point-of-sale. Reimbursement fell from AWP minus 11% to AWP minus 26%. The squeeze is real — and it's getting worse.

### Stat Bar (4 metrics)

AWP-26%	40.8%	3.7%	96.5%
Current reimbursement	Paid below cost	Revenue absorbed by DIR	Say viability threatened

### Pain Points (Problem Section)

#### DIR FEE REFORM BACKFIRED

Congress intended point-of-sale DIR to bring transparency. Instead, PBMs lowered base reimbursement to offset the change. You absorbed the 2023 retroactive clawbacks AND the 2024 point-of-sale compression simultaneously.

**BELOW-COST FILLS ARE THE NORM**

40.8% of independent pharmacies are now paid below acquisition cost on more than 40% of their Medicare Part D prescriptions. You're paying to give drugs away.

**1,800 PHARMACIES ALREADY GONE**

Between December 2020 and November 2023, 1,800 retail pharmacies closed. The DIR squeeze, combined with MFP and GLP-1 losses, is accelerating closures in 2026.

**Key Numbers**

<b>96.5%</b> Say PBM reimbursement threatens viability	<b>80.3%</b> Report declining financial health in 2024	<b>30.3%</b> Considering closure in 2025	<b>1,800+</b> Pharmacies closed since 2020
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**ROI Table**

<b>Scenario</b>	Fills	Savings/Mo	Net/Mo	<b>ROI</b>
<b>Conservative (2%)</b>	8	\$296	+\$21	<b>8%</b>
<b>Moderate (5%)</b>	20	\$740	+\$465	<b>169%</b>
<b>Aggressive (10%)</b>	40	\$1,680	+\$1,405	<b>511%</b>

Every below-cost prescription you route is one fewer fill where you're subsidizing the PBM's margin. Breakeven at just 8 fills/month.

**Social Proof**

**96.5%** of independent pharmacists say PBM reimbursement threatens their pharmacy's viability.  
NCPA Member Survey, January 2025

**CTA Variants****CTA VARIANT A — SCORE-FOCUSED**

[Check Your Pharmacy's Profitability Score](#)

CTA VARIANT B — ACTION-FOCUSED

**Stop Subsidizing PBM Margins**

## A/B Test Plan

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Each landing page has two testable elements: the **headline** and the **CTA button text**. This creates a 2x2 matrix per segment (4 variants). Test one element at a time to isolate the effect.

### Headline Strategy

**Variant A (Pain-Forward):** Leads with the loss, the problem, the crisis. Designed to trigger loss aversion. Example: "You're Losing \$14,000+ Every Month on GLP-1 Prescriptions."

**Variant B (Solution-Forward):** Leads with the fix, the action, the outcome. Designed for owners who already know they're losing and want the answer. Example: "Stop Losing Money on Every Ozempic, Wegovy, and Mounjaro Fill."

### CTA Strategy

**Variant A (Score-Focused):** Frames the CTA as getting personalized data. Lower commitment feel. Example: "See Your Pharmacy's GLP-1 Loss Score."

**Variant B (Action-Focused):** Frames the CTA as taking action to fix the problem. Higher urgency. Example: "Stop Losing \$174,000+ Per Year."

### Recommended Test Sequence

1. **Week 1–2:** Run Headline A vs. Headline B across all 3 segments with CTA A fixed. Measure click-through rate (CTR) on primary CTA.
2. **Week 3–4:** Lock winning headline. Run CTA A vs. CTA B. Measure form completion rate.
3. **Week 5+:** Lock winning combination. Run segment performance comparison — which segment converts highest? Shift ad spend accordingly.

### Metrics to Track

- **Primary:** Form completion rate (started form → submitted step 5)
- **Secondary:** CTA click-through rate (page view → clicked primary CTA)
- **Tertiary:** Time on page, scroll depth, bounce rate

## Implementation Notes for Kevin

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## WIX INTEGRATION

Each landing page should be a separate Wix page (e.g., [retailmymeds.com/glp1](http://retailmymeds.com/glp1), [retailmymeds.com/mfp](http://retailmymeds.com/mfp), [retailmymeds.com/dir](http://retailmymeds.com/dir)). The primary CTA button on each page should link to the same Wix qualification form (the 5-step scorecard flow documented in the Wix Form Spec). Add a hidden field or URL parameter to the form to track which landing page the lead came from.

## UTM TRACKING

Use UTM parameters on all links driving traffic to landing pages:

?utm\_source=[source]&utm\_medium=[medium]&utm\_campaign=rmm\_[segment]

Example: [retailmymeds.com/glp1?utm\\_source=linkedin&utm\\_medium=paid&utm\\_campaign=rmm\\_glp1](http://retailmymeds.com/glp1?utm_source=linkedin&utm_medium=paid&utm_campaign=rmm_glp1)

## TRAFFIC SOURCES BY SEGMENT

**GLP-1 page:** Target via pharmacy trade publications (Drug Topics, Pharmacy Times), LinkedIn ads to PharmD/RPh titles, and retargeting pharmacies that visited the main site.

**MFP page:** Target via NCPA and state association email lists, conference follow-ups, and any content about Medicare pricing reform.

**DIR page:** Target via PBM reform discussion groups, pharmacy owner forums, and LinkedIn thought leadership content about reimbursement compression.

## FORM HIDDEN FIELDS

Add these hidden fields to the Wix form to enrich lead data:

landing\_page\_segment = "glp1" / "mfp" / "dir"

headline\_variant = "A" / "B"

cta\_variant = "A" / "B"

## Sources

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1. NCPA 2024 Digest — Independent pharmacy financial benchmarks
2. NCPA Member Survey, January 2025 — Viability and closure data
3. Three Axis Advisors — MFP per-transaction shortfall analysis (2025)
4. CMS Medicare Most Favored Nation Program — Drug pricing data (2026)
5. Drug Channels Institute — DIR fee growth and reimbursement compression data
6. IQVIA — GLP-1 prescription volume and growth data (2024)
7. Truveta Research — GLP-1 market penetration analysis
8. RetailMyMeds Pharmacy Qualification Scorecard — Scoring model and ROI calculations

### ABOUT THIS DOCUMENT

This A/B landing page spec documents segment-specific messaging, copy variants, and test plans for the RetailMyMeds pharmacy qualification funnel. Companion HTML reference designs are delivered alongside this PDF.

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