



COMPETITIVE INTELLIGENCE

Competitive Landscape

RETAILMYMEDS



Differentiation Map | Market Positioning | RetailMyMeds



Executive Summary

RetailMyMeds occupies a genuinely unique position in the pharmacy technology landscape: it is 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 competitive landscape is not empty — it is *adjacent*. Platforms exist for prescription routing from the employer side (Apaly Rx), pharmacy profitability coaching and analytics (DiversifyRx/UGO Rx), full pharmacy management (PioneerRx), wholesale negotiation and network services (Cardinal Health/Outcomes), procurement optimization (SureCost), cash pricing intelligence (Prescriptive), and consumer-facing disruption (Amazon Pharmacy, Cost Plus Drugs). But none of these tools route specific underwater prescriptions to mail-order fulfillment on the pharmacy's terms. competitive categories break into five groups: (1) Prescription Routing from the employer/payer side, where Apaly Rx is the primary entrant; (2) Pharmacy Profitability Coaching & Software, led by DiversifyRx; (3) Pharmacy Management Systems, dominated by PioneerRx; (4) Wholesale/Network/PSAO services, anchored by Cardinal Health's Outcomes and LeaderNET platforms; and (5) Emerging Disruptors — Amazon Pharmacy, Mark Cuban Cost Plus Drugs, and the broader direct-to-consumer pharmacy movement. Each category addresses pharmacy economics from a different angle. None addresses the specific problem RetailMyMeds solves. primary risk is not a single competitor but the gradual addition of prescription routing features to existing pharmacy management systems. PioneerRx already offers profitability reporting and has documented APIs that enable third-party integrations. If a PMS vendor adds native mail-order routing, the bolt-on value proposition narrows. The defense is execution speed, pharmacy association relationships, founder credibility, and the two-year window before PBM reform takes full effect in 2028.¹

Market Categories

PRESCRIPTION ROUTING (EMPLOYER/PAYER SIDE)

Platforms that route prescriptions to the lowest net-cost fulfillment channel on behalf of self-funded employers, brokers, and TPAs. The buyer is the employer, not the pharmacy. These tools optimize for plan cost — which can steer prescriptions *away* from independent pharmacies when retail fill is more expensive than mail-order or specialty fulfillment.

PHARMACY PROFITABILITY COACHING & SOFTWARE

Coaching programs, membership communities, and analytics software that help pharmacy owners improve profitability through revenue diversification, KPI optimization, and business strategy. The approach is educational and analytical — showing pharmacies where to improve, not executing the improvement.

PHARMACY MANAGEMENT SYSTEMS

Full-stack pharmacy software handling workflow, dispensing, billing, inventory, DIR fee reporting, and profitability analytics. These are the operating systems of independent pharmacies — the platform everything else plugs into.

WHOLESALE / NETWORK / PSAO

Organizations that negotiate PBM reimbursement rates, DIR fee terms, and network access on behalf of member pharmacies through collective bargaining power. They operate at the macro level — improving rates across all prescriptions.

EMERGING DISRUPTORS

Consumer-facing platforms that bypass traditional pharmacy distribution through direct-to-patient fulfillment, transparent pricing, and logistics scale. They threaten independent pharmacies by commoditizing the dispensing function.

Apaly Health / Apaly Rx

PRESCRIPTION ROUTING (EMPLOYER/PAYER SIDE)

Apaly Health is a healthcare technology platform founded in 2018 by Jerry Beinhauer, MD, based in Tampa, Florida. The company originally focused on direct contracting between self-funded employers and healthcare providers. On **September 30, 2025**, Apaly launched **Apaly Rx** — a dynamic prescription routing solution targeting GLP-1 medications specifically.² Rx ingests plan rules, member eligibility, and cost responsibility, then dynamically routes each prescription across plan-approved, Apaly-administered fulfillment channels to identify the lowest net-cost option. Apaly administers fulfillment, bills plan charges through claims, and automatically pays pharmacies. When paired with Apaly's Advanced Primary Care (APC+) program, sponsors get clinician-led intake, evidence-based cardiometabolic pathways, and coaching to ensure GLP-1 therapy is medically appropriate before routing to lowest-cost fulfillment. closed a **\$2.4M seed round** in February 2024, led by 412 Venture Fund (Pittsburgh), with additional funding in December 2024 from 412 Venture Fund, FirstMile Ventures, and Ikigai Growth Partners.³ The company partners with multiple Fortune 500 companies collectively supporting **150,000+ members**, with plans to onboard eight additional Fortune 100 clients. They are now targeting mid-market employers (500–5,000 employees).

Pricing: Not publicly disclosed. Likely PEPM (per employee per month) or performance-based, given the employer-facing model. Contact required.

Threat Level:

HIGH

Their Strengths

- First mover in dynamic GLP-1 prescription routing with a launched product (September 2025)
- Fortune 500 client base with 150,000+ covered members validates employer demand
- APC+ clinical integration adds medical appropriateness screening — differentiates from pure cost-optimization tools
- Venture-backed with seed funding and a clear expansion roadmap into oncology and autoimmune biologics
- Employer-facing model aligns with the self-funded employer trend toward pharmacy spend control

Gaps (RetailMyMeds Advantage)

- Routes prescriptions to “lowest net-cost” channel, which frequently steers *away* from independent pharmacies — Apaly is a potential threat to the same pharmacies RetailMyMeds serves

- Still seed-stage (no Series A announced) — limited runway relative to the enterprise sales cycle
- Enterprise pricing model (likely PEPM or performance-based) excludes the independent pharmacy as a buyer entirely
- No pharmacy-facing value proposition — pharmacies are a fulfillment channel, not a customer
- GLP-1-only focus at launch; broader drug category expansion is planned but unproven

DIFFERENTIATION

Apaly Rx is the philosophical opposite of RetailMyMeds. Both route prescriptions, but for different buyers with different goals:

- **Buyer:** Apaly sells to self-funded employers and brokers. RetailMyMeds sells to independent pharmacy owners.
- **Optimization target:** Apaly minimizes employer Rx spend. RetailMyMeds eliminates pharmacy Rx losses.
- **Routing direction:** Apaly routes away from the highest-cost channel (often retail). RetailMyMeds routes away from the pharmacy for unprofitable scripts only.
- **Patient relationship:** Under Apaly, the employer controls. Under RetailMyMeds, the pharmacy preserves the relationship.
- **Pricing:** Apaly is enterprise custom. RetailMyMeds is \$275/month flat.

strategic frame: RetailMyMeds lets pharmacies proactively route their own underwater prescriptions *before* a platform like Apaly does it for them — and ensures the pharmacy keeps the patient relationship.

DiversifyRx / UGO Rx

PHARMACY PROFITABILITY COACHING & SOFTWARE

DiversifyRx is led by Dr. Lisa Faast, PharmD — a multi-store pharmacy owner since 2005, speaker, podcast host (“Becoming a Pharmacy Badass”), and CEO. She runs one of the largest independent pharmacy coaching groups in the country, built around the “6 Pillars of Pharmacy Profitability”: Cash-Based Revenue, Non-PBM Revenue (goal: grow from typical 5–10% to 20%), PBM Optimization (90%+ of pharmacy revenue), Marketing, KPI Optimization (inventory turns, expense ratio, gross margin, net profit), and Operations.⁴ **UGO Rx** is a cloud-based pharmacy analytics platform that helps owners visualize performance, compare metrics against the broader UGO community, and identify profitability improvement areas. Features include KPI dashboard monitoring, Medicare Part-D database search for newly covered medications and NDCs bypassing therapeutic restrictions, dispensing pattern and reimbursement trend analysis, peer benchmarking, and prescription profitability identification. UGO Rx is also listed as a connected vendor within PioneerRx's integration ecosystem.⁵ tiers include **Essentials** (entry-level digital), **Unlimited** (full access to courses, live office hours, monthly mastermind calls, custom marketing requests, event discounts), and **Inner Circle Mastermind** at **\$2,500/month** with recurring 1-on-1 strategy sessions with Dr. Faast.

Pricing: UGO Rx: promotional \$50/month off for first 6 months (full pricing not public). Inner Circle Mastermind: \$2,500/month. Essentials and Unlimited tiers not publicly priced.

Threat Level:

LOW

Their Strengths

- Strong community and brand loyalty — “Pharmacy Badass University” creates identity and belonging among independent pharmacy owners
- Holistic approach covering six pillars of profitability, not just one dimension
- UGO Rx software provides actionable analytics with peer benchmarking against community pharmacies
- PioneerRx integration via connected vendor status expands distribution
- Dr. Faast's personal brand and multi-store ownership experience creates credibility with the target audience
- Annual Pharmacy Profit Summit creates a recurring revenue event with sponsor relationships (Fagron, others)

Gaps (RetailMyMeds Advantage)

- Coaching model requires the pharmacy owner to implement strategies — RetailMyMeds's software executes automatically
- UGO Rx can identify which prescriptions lose money but does not route them — it surfaces the problem without solving the fulfillment logistics
- Inner Circle at \$2,500/month is 9x the cost of RetailMyMeds for a coaching relationship rather than an operational tool
- Revenue diversification approach (add new services) does not directly address the bleeding on underwater prescriptions that continue every day
- Scalability limited by coaching capacity — Dr. Faast's personal time is the bottleneck at the Inner Circle tier

DIFFERENTIATION

DiversifyRx and RetailMyMeds answer different questions:

- DiversifyRx: “How do I make more money?” (add new revenue streams)
- RetailMyMeds: “How do I stop losing money on every third prescription?” (eliminate existing losses)

pharmacy could use both. DiversifyRx teaches pharmacies to diversify revenue; RetailMyMeds plugs the leak on underwater prescriptions. The tactical difference: DiversifyRx requires the owner to learn and implement. RetailMyMeds is software that a pharmacy technician operates. In sales conversations, position RetailMyMeds as the complement to coaching — “You're working on growing revenue. We stop the bleeding while you do.”

PioneerRx (Red Sail Technologies)

PHARMACY MANAGEMENT SYSTEMS

PioneerRx is the **most-installed independent pharmacy software** in the United States, used by **6,000+ independent pharmacies**. Parent company RedSail Technologies serves approximately 12,000 pharmacies reaching 10 million+ patients monthly across brands including PioneerRx, BestRx, Axys, PowerLine, TransactRx, Emporos, and QS/1.⁶'s profitability features include a DIR estimator and profit report (factoring in estimated DIR/GER fees per payer profile), Rx Advanced Search for custom data sets, reimbursement prediction tools, and scheduled custom reporting. These tools help pharmacies *see* which prescriptions are unprofitable — but PioneerRx does **not** offer prescription routing to external mail-order fulfillment. BestRx (a sibling brand under RedSail) offers mail-order pharmacy software, but for pharmacies operating their own mail-order business, not for routing to third parties.'s API capabilities are particularly relevant to RetailMyMeds: the **Enterprise API** allows third-party custom integrations, the **Real-Time Prescription Universal API** transmits prescription details in real-time based on customizable events (fill, adjudication), **RxQuery** lets third parties query Rx information, and **RxComplete** lets third parties update PioneerRx when an Rx is sold. Existing integrations include SureCost, UGO, WebbRx Accounting, Cigo Tracker, RTasks, and LSPedia.⁷

Pricing: \$499/month (1 user), \$1,999/month (10 users), \$6,999/month (100 users), \$19,999/month (1,000 users). Implementation: \$5,000–\$50,000+. No free trial.

Threat Level:

MEDIUM

Their Strengths

- Dominant market position — 6,000+ independent pharmacies is approximately 32% of the ~19,000 independent pharmacies in the US
- Comprehensive profitability reporting with DIR estimator, reimbursement prediction, and custom analytics
- Documented APIs (Enterprise, Real-Time Prescription Universal, RxQuery, RxComplete) that third-party tools can integrate with
- RedSail Technologies parent company provides enterprise backing and multi-brand ecosystem
- Already integrates with profitability-focused tools (UGO, SureCost) — demonstrating willingness to partner with bolt-on solutions

Gaps (RetailMyMeds Advantage)

- Does **not** offer prescription routing to external mail-order — the core function RetailMyMeds provides

- Pricing starts at \$499/month for a single user and scales to \$19,999/month for 1,000 users — significantly more expensive than RetailMyMeds for a broader but less focused toolset
- Implementation costs of \$5,000–\$50,000+ create high switching costs but also high barriers to initial adoption
- Profitability features show the problem but do not solve it — identifying underwater prescriptions without routing them leaves the action gap for RetailMyMeds to fill
- No public mention of HL7/FHIR support, which may limit integration flexibility with non-pharmacy health systems

DIFFERENTIATION

PioneerRx is the most important relationship in the competitive landscape — not because it competes with RetailMyMeds, but because it is the ideal **integration partner**. PioneerRx's Real-Time Prescription Universal API could feed prescription data directly into RetailMyMeds, enabling automatic identification of underwater prescriptions at the point of adjudication. PioneerRx already integrates with UGO and SureCost, proving the partnership model works. *threat scenario*: PioneerRx builds native routing features. The defense: routing is operationally complex (managing multiple mail-order pharmacies, patient communication, refill scheduling) and outside PioneerRx's core PMS competency. RetailMyMeds should pursue integration *before* PioneerRx considers building it internally.

Outcomes / Cardinal Health

WHOLESALE / NETWORK / PSAO

Cardinal Health's pharmacy services division operates two major platforms relevant to independent pharmacy profitability. **OutcomesMTM** (launched April 2021) combines the legacy OutcomesMTM clinical network, mscripts (digital patient engagement), and TelePharm (telepharmacy) into a unified platform supporting **23 million patients** and **60,000+ pharmacy sites** nationwide.⁸ The customer is the payer, who reaches patients through pharmacies for medication therapy management (MTM) services. Pharmacies earn revenue by completing MTM interventions. **LeaderNET** is Cardinal Health's largest PSAO, serving nearly **5,900 locations** (25% growth since 2019).⁹ LeaderNET performs collective negotiation of PBM contract terms including reimbursement rates, network participation, dispensing fees, value-based payment initiatives, and DIR fee management. An Advisory Panel of independent pharmacy owners reviews contracts. The platform includes EQuIPP dashboard access and Reimbursement Consulting Services., these platforms represent Cardinal Health's strategy to be the comprehensive partner for independent pharmacy economic health — from wholesale purchasing power to reimbursement negotiation to clinical revenue generation.

Pricing: PSAO membership typically tied to wholesale purchasing relationship. MTM interventions paid per completion. No publicly disclosed standalone pricing.

Threat Level:

LOW

Their Strengths

- Massive scale — 5,900 PSAO locations and 60,000+ pharmacy sites gives Cardinal Health collective bargaining power no individual pharmacy can match
- Multi-layered value: wholesale pricing, reimbursement negotiation, MTM revenue, DIR fee management, and telepharmacy in one relationship
- Advisory Panel model (pharmacy owners reviewing contracts) builds trust with independent pharmacy audience
- EQuIPP dashboard provides quality metrics that tie into value-based reimbursement — increasingly important as payer models evolve
- Brand trust of Cardinal Health — the second largest pharmaceutical wholesaler in the US

Gaps (RetailMyMeds Advantage)

- Operates at the macro level (better rates for all prescriptions) — cannot address individual prescriptions that remain underwater even after collective negotiation

- PSAO model creates dependency on Cardinal Health's wholesale relationship — pharmacies may feel locked in
- MTM revenue opportunities are payer-directed, not pharmacy-directed — the pharmacy executes interventions at the payer's request, limiting autonomy
- No prescription-level routing or loss elimination capability — the gap RetailMyMeds fills
- Enterprise complexity: navigating Cardinal Health's partner ecosystem requires scale that individual independent pharmacies may lack

DIFFERENTIATION

Cardinal Health operates at the macro level (negotiate better rates for all prescriptions). RetailMyMeds operates at the micro level (identify and route specific underwater prescriptions). These are complementary — a pharmacy can be a LeaderNET member AND use RetailMyMeds. Cardinal Health's PSAO negotiates the best rates it can, but there will always be prescriptions that remain underwater even after negotiation. That is where RetailMyMeds steps in. sales conversations: “Your PSAO negotiates better rates across the board. We handle the prescriptions that are *still* underwater after negotiation.”

Prescriptive Health

PHARMACY PROFITABILITY COACHING & SOFTWARE

Prescriptive Health offers PrescriptivePRO, an AI-powered pharmacy pricing platform that helps pharmacies optimize cash pricing for cash-paying customers. The platform has been **NCPA-recommended since 2022**, which provides significant credibility with independent pharmacies.¹⁰ Prescriptive reports that pharmacies using their AI Pricing achieved a **54% gross profit margin** in 2023 versus the **21% industry average** — a compelling performance claim if validated. platform focuses specifically on *cash-paying* customers — patients who pay out of pocket rather than through insurance. This is an important distinction: Prescriptive optimizes what pharmacies charge when there is no PBM involved. RetailMyMeds addresses the insured prescriptions where the PBM dictates reimbursement and the pharmacy has no pricing power.

Pricing: Not publicly disclosed.

Threat Level:

LOW

Their Strengths

- NCPA recommendation since 2022 provides institutional credibility with the independent pharmacy audience
- AI-powered pricing optimization is a defensible technology moat
- 54% gross profit margin claim (vs. 21% average) is a powerful sales statistic
- Cash pricing focus addresses a growing market as patients increasingly pay out of pocket

Gaps (RetailMyMeds Advantage)

- Cash-only focus — does not address PBM-insured prescriptions, which constitute 90%+ of independent pharmacy revenue
- Does not route prescriptions to mail-order fulfillment — different mechanism entirely
- Cash pricing optimization becomes less relevant as transparency tools (GoodRx, Cost Plus) compress cash margins

DIFFERENTIATION

Prescriptive optimizes cash pricing for cash-paying customers. RetailMyMeds routes insured prescriptions that are underwater due to PBM reimbursement. Different problem, different mechanism, different patient population. Zero functional overlap.

SureCost

PHARMACY MANAGEMENT SYSTEMS

SureCost is a pharmacy procurement optimization platform serving **1,600+ pharmacies**. Founded by Calvin Hunsicker — a pharmacist — the platform centralizes purchasing across **350+ distributors and manufacturers**, saving pharmacies 2–5% annually through vendor optimization, contract compliance, and rebate capture.¹¹ SureCost integrates with PioneerRx and other pharmacy management systems. platform addresses the *buy side* of pharmacy economics — reducing what pharmacies pay for drugs. Even with the best purchasing optimization, some prescriptions will still be underwater due to PBM reimbursement rates that fall below acquisition cost regardless of how cheaply the drug was purchased.

Pricing: Not publicly disclosed.

Threat Level:

LOW

Their Strengths

- 1,600+ pharmacy customer base demonstrates market traction
- Founded by a pharmacist — same credibility dynamic as RetailMyMeds
- 350+ distributor/manufacturer network creates purchasing power for individual pharmacies
- PioneerRx integration provides distribution through the dominant PMS
- 2–5% annual savings is a measurable, provable ROI

Gaps (RetailMyMeds Advantage)

- Buy-side optimization only — does not address the reimbursement side where PBMs dictate payment below acquisition cost
- Cannot solve the fundamental problem of prescriptions reimbursed below cost, regardless of how cheaply the drug was sourced
- No prescription routing or mail-order coordination capability

DIFFERENTIATION

SureCost reduces acquisition cost (the buy side). RetailMyMeds addresses reimbursement (the sell side). When a prescription is reimbursed below acquisition cost, even the best purchasing cannot make it profitable — that prescription needs to be routed, not purchased more efficiently. These tools are complementary: a pharmacy using SureCost to minimize acquisition costs AND RetailMyMeds to route prescriptions that remain underwater is optimizing both sides of the equation.

Amazon Pharmacy & Cost Plus Drugs

EMERGING DISRUPTORS

Amazon Pharmacy launched in November 2020, leveraging Amazon Prime's **100 million+ members**. In October 2025, Amazon launched prescription vending machines in select US cities. For 2026, Amazon became the exclusive home delivery pharmacy for some employer plans, replacing Express Scripts. Amazon's logistics infrastructure (same-day delivery in areas covering 77.6 million Americans) and brand trust make it a long-term disruptive force, though it is not yet profitable in pharmacy.¹² **Mark Cuban Cost Plus Drugs (MCCPDC)** is a public benefit corporation (founded 2022) selling medications at manufacturer cost + 15% markup + \$5 dispensing fee + \$5 shipping fee. Self-described as an “un-PBM,” MCCPDC operates a network of nearly **7,000 pharmacies** via the Team Cuban Card and built a 22,000 sq ft compounding pharmacy in Dallas. MCCPDC has stated that “without independent pharmacies, the business model is not executable” — acknowledging the symbiotic relationship while simultaneously pressuring PBM reimbursement rates with its transparency model.¹³ platforms represent the force that is commoditizing prescription fulfillment. As mail-order and direct-to-consumer channels grow (the mail-order pharmacy market is projected at **\$144.72 billion** with a 17.2% CAGR through 2032),¹⁴ independent pharmacies must make strategic decisions about which prescriptions to fill in-house and which to route.

Pricing: Amazon: integrated into Prime membership and employer plan contracts. Cost Plus: manufacturer cost + 15% + \$5 dispensing + \$5 shipping.

Threat Level:

MEDIUM

Their Strengths

- Amazon: unmatched logistics infrastructure, 100M+ Prime member base, employer plan contracts replacing traditional PBM fulfillment
- Cost Plus: transparent pricing model that builds consumer trust and pressures PBM opacity
- MCCPDC's 7,000-pharmacy network demonstrates independent pharmacy participation in alternative models
- Both are building consumer brand awareness that could shift patient expectations about pharmacy pricing and convenience

Gaps (RetailMyMeds Advantage)

- Amazon Pharmacy is not yet profitable — pharmacy economics are harder than retail logistics
- Neither platform helps independent pharmacies manage their existing prescription economics
- Amazon's presence is primarily urban; independent pharmacies are strongest in rural and

underserved areas

- Cost Plus's transparency model actually further compresses margins on non-Cost Plus prescriptions at retail
- Consumer-facing platforms do not address the pharmacy-to-mail-order routing workflow that RetailMyMeds provides

DIFFERENTIATION

Amazon and Cost Plus are macro forces that make RetailMyMeds *more* necessary, not less. As fulfillment becomes commoditized and patient expectations shift, pharmacies need tools to strategically decide which prescriptions to keep (profitable ones that maintain the patient relationship) and which to route (underwater ones that drain cash). RetailMyMeds is the tool that enables that strategic decision. intriguing possibility: Cost Plus Drugs could become a fulfillment channel for RetailMyMeds routing. If a prescription loses money at retail but Cost Plus can fill it at transparent pricing, routing to Cost Plus fulfillment while keeping the patient relationship at the local pharmacy creates value for both platforms.

ScriptPro

PHARMACY MANAGEMENT SYSTEMS

ScriptPro has provided pharmacy automation (robotics + software) for over 30 years. Their robotic dispensing systems fill **30–60%** of daily prescription volume, serving independent, chain, hospital, supermarket, and government pharmacies. The company reports a **96%** user satisfaction rating.¹⁵ Its value proposition is operational efficiency — fill faster, more accurately, with less labor. It does not address prescription-level profitability decisions or routing. ScriptPro is not a competitor to RetailMyMeds in any functional sense.

Pricing: Hardware + software bundles. Pricing varies by pharmacy size and robotics configuration. Typically requires capital investment.

Threat Level:

LOW

Their Strengths

- 30+ year track record in pharmacy automation
- 96% user satisfaction demonstrates product reliability
- Hardware + software combination creates high switching costs and recurring revenue
- Broad market coverage across pharmacy types (independent, chain, hospital, government)

Gaps (RetailMyMeds Advantage)

- Solves speed and accuracy, not profitability — filling prescriptions faster does not help if the pharmacy loses money on each fill
- No prescription routing, profitability analytics, or mail-order coordination
- Hardware-dependent model requires capital investment that cash-strapped independents may not justify

DIFFERENTIATION

ScriptPro is operational automation. RetailMyMeds is economic intelligence. ScriptPro helps you fill 200 prescriptions a day instead of 150. RetailMyMeds helps you stop losing \$3,000 a month on the 40 of those prescriptions that are underwater. No overlap.

RxBenefits

PRESCRIPTION ROUTING (EMPLOYER/PAYER SIDE)

RxBenefits, founded in 1995 in Birmingham, Alabama, is America's first “Pharmacy Benefits Optimizer” (PBO). With **500+ employees**, the company serves employee benefits consultants and self-funded employers by creating a marketplace to compare PBM offers and layer in proprietary cost containment strategies.¹⁶ is entirely employer/payer-facing. It does not serve pharmacies directly and does not help pharmacies route underwater prescriptions. Like Apaly, it sits on the opposite side of the transaction from RetailMyMeds — optimizing what employers pay, not what pharmacies receive.

Pricing: Not publicly disclosed. Enterprise model.

Threat Level:

LOW

Their Strengths

- 30+ year track record in pharmacy benefits optimization
- 500+ employees and established relationships with major benefits consultants
- PBM marketplace model creates transparency for employers evaluating pharmacy plans

Gaps (RetailMyMeds Advantage)

- Entirely payer-facing — no pharmacy-facing value proposition
- Cost containment for employers can compress pharmacy reimbursement further
- No prescription-level routing, profitability tools, or mail-order coordination for pharmacies

DIFFERENTIATION

RxBenefits is on the employer side of the equation. RetailMyMeds is on the pharmacy side. They serve different customers with different goals. No functional overlap, but RxBenefits's cost containment activities can indirectly worsen pharmacy reimbursement — making RetailMyMeds more necessary.

Positioning Matrix

The competitive landscape can be mapped along two axes: **who is the buyer** (pharmacy vs. employer/payer) and **what is the value** (loss elimination vs. revenue generation). RetailMyMeds occupies the **pharmacy-facing, loss-elimination** quadrant — alone.

Competitor	Buyer	Value Prop	Tier	Threat
RetailMyMeds	Pharmacy	Loss elimination	\$275/mo	—
Apaly Rx	Employer	Loss elim. (em- ployer)	Enterprise	High
DiversifyRx/UGO	Pharmacy	Revenue generation	\$50– \$2,500/mo	Low
PioneerRx	Pharmacy	Operations (PMS)	\$499– \$19,999/mo	Medium
Outcomes/Cardinal	Pharmacy (PSAO)	Rate negotiation	Wholesale- tied	Low
Prescriptive	Pharmacy	Revenue gen. (cash)	Not public	Low
SureCost	Pharmacy	Buy-side savings	Not public	Low
Amazon Pharmacy	Consumer	Disruption	N/A	Medium
Cost Plus Drugs	Consumer	Disruption	Cost + 15%	Medium
ScriptPro	Pharmacy	Automation	Capital in- vest.	Low
RxBenefits	Employer	Cost containment	Enterprise	Low

Key differentiators that define RetailMyMeds' position:

- **Pharmacy-facing, not employer-facing:** The pharmacy is the customer, not the cost center. This is the fundamental distinction from Apaly Rx and RxBenefits.
- **Operational, not analytical:** RetailMyMeds routes prescriptions — it does not just show dashboards. PioneerRx, UGO Rx, and Prescriptive show data. RetailMyMeds acts on it.
- **\$275/month — accessible pricing:** An order of magnitude below PioneerRx (\$499+) and DiversifyRx Inner Circle (\$2,500). Affordable for cash-strapped independents seeing ROI in 30–45 days.
- **Founded by a pharmacist:** Arica Collins has owned Dyer Drug Co. since 2008. She built RetailMyMeds from firsthand experience with below-cost reimbursements. That credibility cannot be manufactured — and it resonates with pharmacy owners evaluating tools built by tech companies vs. practitioners.
- **Mail-to-retail routing (unique):** No other identified platform coordinates the routing of specific underwater prescriptions from retail to mail-order fulfillment while preserving the patient relationship at the originating pharmacy. This is the whitespace.

Strategic Recommendations

Pursue PioneerRx Integration Before They Build It Internally

PioneerRx's documented APIs (Real-Time Prescription Universal API, RxQuery, RxComplete) make technical integration feasible. PioneerRx already integrates with UGO and SureCost, proving the bolt-on partnership model works. A RetailMyMeds integration would give PioneerRx's 6,000+ pharmacies a direct path to route underwater prescriptions — something PioneerRx cannot do natively. *risk*: if RetailMyMeds does not integrate, PioneerRx may eventually build routing features internally, eliminating the integration opportunity and creating a competitor with 32% market share. Move first.

Differentiate From Apaly on the Buyer, Not the Mechanism

Apaly Rx and RetailMyMeds both route prescriptions, but they serve opposite sides of the transaction. Apaly optimizes for the employer's benefit; RetailMyMeds optimizes for the pharmacy's benefit. In sales conversations, the frame should be: “Platforms like Apaly Rx route your patients' prescriptions away from you to save their employer clients money. RetailMyMeds lets *you* decide which prescriptions to route — and you keep the patient.” This positions Apaly as a threat that RetailMyMeds defends against.

Position as the Complement to DiversifyRx, Not the Competitor

DiversifyRx's Pharmacy Badass University has an engaged community of pharmacy owners actively seeking profitability solutions. These are warm leads for RetailMyMeds. The positioning: “DiversifyRx helps you add new revenue streams. RetailMyMeds stops the bleeding on existing prescriptions while you build those streams.” Explore a referral partnership or co-presentation at the annual Pharmacy Profit Summit. Dr. Faast's audience is RetailMyMeds's ideal customer profile.

Lead With the GLP-1 Routing Story in Every Conversation

Every independent pharmacist in America knows the GLP-1 problem: 95% of pharmacists who dispense them report losing money.¹⁷ GLP-1s account for 6.5% of all US prescriptions and are the single largest source of below-cost fills.¹⁸ Apaly Rx launched specifically targeting GLP-1 routing from the employer side. RetailMyMeds should own the pharmacy-side GLP-1 routing narrative before the window closes. Create a dedicated one-page GLP-1 routing brief: per-prescription loss, routing solution, ROI at \$275/month. This is the entry point for prospects not yet ready for the full platform conversation.

Build the Data Moat Before Competitors Realize It Exists

As RetailMyMeds scales, anonymized prescription routing data across clients becomes an industry benchmarking asset: which PBM contracts are most toxic, which drug categories drive the deepest losses, which routing strategies recover the most margin, which mail-order partners deliver the best outcomes. This is the same “data moat” pattern that powers category leaders in adjacent

verticals.competitor has this data because no competitor is doing prescription-level routing from the pharmacy side. The earlier RetailMyMeds scales, the deeper the moat becomes — and the harder it is for a PMS vendor to replicate the routing intelligence even if they build the feature.

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. No single competitor does exactly what RetailMyMeds does. Apaly Rx routes prescriptions but for employers, not pharmacies. DiversifyRx coaches pharmacies but on revenue diversification, not loss elimination. PioneerRx manages pharmacy operations but does not route underwater prescriptions. Cardinal Health negotiates better rates but cannot eliminate losses on individual scripts. SureCost optimizes purchasing but cannot fix reimbursement. Amazon and Cost Plus are disrupting consumer expectations but are not pharmacy-facing tools. risk is not disruption from a single competitor but the gradual addition of routing features to existing PMS platforms — particularly PioneerRx, which has the market share (6,000+ pharmacies), the API infrastructure, and the profitability data to build something adjacent. The defense is threefold: (1) execute the PioneerRx integration before they build internally, turning them from a potential threat into a distribution channel; (2) build the data moat through routing intelligence that only improves with scale; and (3) leverage Arica's credibility as a practicing pharmacist who built the tool from lived experience — a trust signal that no PMS vendor or venture-backed startup can replicate. The window is the next two years, before PBM reform takes full effect in 2028.¹ Pharmacies need solutions *now*.

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ABOUT THIS DOCUMENT

This competitive intelligence document was prepared using publicly available data, product documentation, investor disclosures, and industry market research. It is intended for internal strategic use by RetailMyMeds leadership.

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Date February 2026

