

RESEARCH RESULTS

# GLP-1 Pharmacy Targeting

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GLP-1 Economics | Pharmacy Scoring | Outreach Priority

RETAILMYMEDS

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## What This Is

I ran research against publicly available federal datasets to answer a specific question: **which of the 41,775 qualified independent pharmacies in the database are the strongest targets for RetailMyMeds, and why?**

The result is a single CSV (`pharmacies_glp1_targeting.csv`) that scores and ranks every pharmacy by estimated GLP-1 financial exposure, area-level health data, and outreach priority. Every number traces to a named federal source.

The underlying data is measured — federal agency datasets, not survey self-reports. The financial projections layered on top are *estimates* built from that data using NCPA’s published loss-per-fill economics.<sup>1,2</sup> Where a number is measured vs. estimated is noted throughout.

## Data Sources

Source	What It Provides	Agency
<b>Medicare Part D</b> <sup>3</sup>	State GLP-1 claims + drug cost (2023)	CMS
<b>Medicaid SDUD</b> <sup>4</sup>	State GLP-1 prescriptions + reimbursement (2024)	CMS
<b>CDC PLACES 2025</b> <sup>5</sup>	ZIP-level diabetes, obesity, uninsured rates	CDC
<b>Census ACS 2023</b> <sup>6</sup>	ZIP-level % 65+, median income, population	Census Bureau
<b>HRSA HPSA 2026</b> <sup>7</sup>	Primary care shortage area designations	HRSA
<b>NPPES NPI Registry</b> <sup>8</sup>	Pharmacy identity, status, owner	CMS

Loss-per-fill economics (\$37–\$42/fill) come from NCPA survey data<sup>1,2</sup> and per-drug WAC-minus-reimbursement calculations from the GLP-1 Value Proposition. The \$275/month subscription price and 5% moderate routing rate come from the RetailMyMeds GLP-1 Value Proposition.

## How the Scoring Works

Each pharmacy receives a **final score** (0–100) from three weighted components:

Component	Weight	What It Measures
Opportunity Score	45%	Area disease burden (diabetes + obesity), Medicare density (% 65+), state GLP-1 market intensity, HPSA underserved status
Financial Impact	30%	Magnitude of estimated monthly GLP-1 loss (\$)
Urgency	25%	GLP-1 fill volume, disease severity, MFP exposure, shortage area acuity

**Why these weights.** Opportunity captures whether the pharmacy is *in the right area* — high disease burden means more GLP-1 demand, more 65+ means more Part D exposure, HPSA means less competition. Financial impact captures how much the pharmacy is *bleeding today*. Urgency captures how *acutely* they need a solution. A pharmacy can be in a perfect area (high opportunity) but with moderate volume (lower financial impact) — or vice versa. The weighted blend identifies pharmacies where all three align.

**FILL ESTIMATE METHODOLOGY**

Monthly GLP-1 fills per pharmacy are estimated by indexing each state’s CMS-measured claims volume<sup>3,4</sup> against the NCPA national average of 394 GLP-1 fills/month,<sup>9</sup> then adjusting  $\pm 15\%$  based on the pharmacy’s ZIP-level disease burden<sup>5</sup> and Medicare density.<sup>6</sup> The resulting range (197–650 fills/month) aligns with the 80–580 range observed in the 12-pharmacy portfolio analysis.

## Results

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### Grade Distribution

Grade	Count	% of Total	Classification
<b>A</b>	5,118	12.3%	Strong Fit — high area need + high financial exposure + high urgency
<b>B</b>	14,775	35.4%	Good Fit — strong on two of three dimensions
<b>C</b>	18,352	43.9%	Conditional — moderate opportunity, worth monitoring
<b>D</b>	3,530	8.5%	Low priority — low volume or low area need

### Outreach Priority

Priority	Count	%	Action
<b>Immediate Outreach</b>	11,190	26.8%	Direct outreach — final score $\geq 80$
<b>Nurture</b>	10,949	26.2%	Drip campaign, conference touchpoints — score 70–79
<b>Conditional</b>	16,106	38.6%	Watch list — score 55–69, may convert as MFP cycles expand
<b>Deprioritize</b>	3,530	8.5%	Score below 55 — do not spend time here

### Conversation Segments

Each pharmacy is tagged with the **pain point that should lead the conversation:**

Segment	Count	Lead Message
GLP-1 Loss	30,808 (73.7%)	“You’re losing \$37–\$42 on every GLP-1 fill. RetailMyMeds routes those prescriptions so you stop absorbing the loss.”
DIR Fee Squeeze	7,424 (17.8%)	“Your area is medically underserved and your margins are the thinnest in the country. Routing below-cost prescriptions is how you survive.”
MFP Cash Flow	3,543 (8.5%)	“MFP is creating a \$10,838/week cash flow gap. RetailMyMeds’ scheduling intelligence addresses the timing directly.”

## Financial Model

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Every pharmacy in the CSV includes a per-pharmacy financial projection. “ROI multiple” = estimated annual net savings / \$3,300 annual subscription cost, assuming 5% of GLP-1 fills are

routed at the mid-range loss of \$39.50/fill. This is a projected return on the subscription, not a guaranteed outcome — actual results depend on the pharmacy’s real fill volume and PBM contracts.

#### IMMEDIATE OUTREACH PHARMACIES — AVERAGE PROFILE

Estimated monthly GLP-1 fills: **~484**  
 Estimated monthly GLP-1 loss (mid): **~\$19K** (\$10K–\$26K range)  
 At 5% routing rate (~24 fills routed): **~\$680/month net savings** after \$275 subscription  
 Estimated ROI multiple: **2.5x** (range: 0.9x–3.6x)  
 Breakeven: **8 fills/month** routed (~2% of GLP-1 volume)

*These are estimates, not pharmacy-reported numbers. The national average pharmacy (394 fills/month at \$39.50/fill mid-range loss) yields \$503/month net savings and 1.8x ROI per the GLP-1 Value Proposition.<sup>9</sup> Immediate Outreach pharmacies score higher because they are in areas with above-average disease burden and Medicare density, which the model uses to estimate higher fill volume.*

The CSV includes three loss scenarios per pharmacy:

Scenario	Loss/Fill	Source
Conservative	\$37/fill	Per-drug WAC/reimbursement spread <sup>1,9</sup>
Mid-range	\$39.50/fill	Midpoint
High	\$42/fill	NCPA pharmacist survey <sup>2</sup>

## Top 10 States by Immediate Outreach Volume

Rank	State	Imm. Outreach	Est. Avg Loss/Mo	Est. ROI
1	California	2,070	~\$20K	2.6x
2	North Carolina	883	~\$18K	2.3x
3	Ohio	842	~\$25K	3.6x
4	<b>Louisiana</b>	<b>759</b>	<b>~\$20K</b>	<b>2.5x</b>
5	Illinois	671	~\$17K	2.1x
6	Tennessee	574	~\$15K	1.8x
7	Missouri	437	~\$15K	1.8x
8	South Carolina	395	~\$18K	2.2x
9	West Virginia	356	~\$19K	2.4x
10	Wisconsin	354	~\$21K	2.8x

Louisiana is highlighted as Arica’s home market. Ohio and Wisconsin show the highest per-pharmacy loss among the top 10, making them strong expansion targets.

## What’s in the CSV

pharmacies\_glp1\_targeting.csv contains **36 columns** per pharmacy:

### Identity (9 fields)

- NPI, name, city, state, ZIP, phone
- NPPES status, owner name, owner title

### Area Health Context (7 fields)

- ZIP diabetes %, obesity %, % 65+
- Median income, population
- HPSA designated (yes/no), HPSA score

**State GLP-1 Economics (2 fields)**

- Govt GLP-1 claims per pharmacy
- Govt GLP-1 cost per pharmacy

**Pharmacy Financial Estimates (5 fields)**

- Est. monthly GLP-1 fills
- Monthly loss (low / mid / high)
- Annual loss

**ROI Model (7 fields)**

- Fills routed at 5%, monthly savings
- Net monthly after \$275 subscription
- Annual net savings, ROI multiple
- Breakeven fills, % volume for breakeven

**Targeting (6 fields)**

- Segment (GLP-1 / MFP / DIR)
- Urgency score, opportunity score
- Final score, grade, outreach priority

## What This Means

The 41,775 pharmacies in the qualified database now have **measured, source-cited targeting data**. For Arica's outreach:

1. **11,190 pharmacies are flagged Immediate Outreach.** These are independents in high-disease-burden, high-Medicare-density areas with the highest estimated GLP-1 losses. They are the pharmacies most likely to feel the pain RetailMyMeds solves.
2. **Every pharmacy has a conversation segment.** The CSV tells you whether to lead with GLP-1 losses, MFP cash flow, or DIR fee pressure — based on that pharmacy's area characteristics, not a guess.
3. **The financial model is per-pharmacy, not per-state.** Each row shows estimated fills, estimated losses, projected savings at \$275/month, and estimated ROI. This applies the same math from the GLP-1 Value Proposition to each pharmacy's area context. The base case (394 fills, \$37/fill, 5% routing) yields \$465/month net — higher-scoring pharmacies project higher because their area data suggests above-average GLP-1 volume.
4. **Louisiana has 759 Immediate Outreach pharmacies** with an average estimated loss of ~\$20K/month and 2.5x estimated ROI. This is Arica's home market, supported by the WVIPA relationship and association expansion strategy.
5. **This data feeds the qualification system Kevin is building on the site.** The targeting database identifies which pharmacies to reach. When those pharmacies engage — through Arica's outreach or through the website — the qualification form scores them using the same dimensions (financial exposure, operational readiness, market urgency) and delivers a personalized scorecard. The database is the prospect list; the website is the conversion point.

### CONCRETE NEXT STEP

In the CSV, filter `outreach_priority = "Immediate Outreach"` and `state = "LA"` to get Arica's first 759 call targets, sorted by `final_score` descending. The `segment` column tells you which pain point to lead with for each pharmacy.

**HONEST FRAMING**

**What is measured:** NPI/pharmacy identity (NPES<sup>8</sup>), ZIP-level disease prevalence (CDC PLACES<sup>5</sup>), % 65+ and income (Census ACS<sup>6</sup>), HPSA designations (HRSA<sup>7</sup>), state-level GLP-1 claims and costs (CMS Medicare Part D<sup>3</sup>, Medicaid SDUD<sup>4</sup>).

**What is estimated:** Per-pharmacy GLP-1 fill volume (derived from state CMS data indexed to the NCPA 394/month average,<sup>9</sup> adjusted  $\pm 15\%$  by area health burden), monthly loss (fills  $\times$  \$37–\$42 NCPA loss/fill<sup>1,2</sup>), savings (assumes 5% routing rate from Value Proposition), and ROI (savings / \$3,300 annual subscription).

**Key assumptions in the estimation chain:** Government payers represent  $\sim 55\%$  of GLP-1 volume; state index is capped at 1.5x national average; area disease burden adjusts fills  $\pm 15\%$ ; 5% routing rate is the moderate scenario, not guaranteed.

Actual conversion depends on the pharmacy's specific PBM contracts, real fill volume, and willingness to adopt.

## Sources

<sup>1</sup> NCPA, “Local pharmacies say they’re struggling to afford GLP-1s,” November 1, 2023. Reports \$37+ average losses per 30-day supply and 88% of pharmacies considering discontinuing GLP-1 dispensing. Per-drug WAC/reimbursement spread confirms \$20–\$42 loss range across Ozempic, Wegovy, Mounjaro, and Zepbound.

<https://ncpa.org/newsroom/qam/2023/11/01/local-pharmacies-say-theyre-struggling-afford-glp-1s>

<sup>2</sup> NCPA pharmacist survey, 2023. 95% of respondents reported being paid an average of \$42 below acquisition cost on GLP-1 fills. 73% reported turning away patients due to losses.

<https://ncpa.org/newsroom/qam/2023/11/01/local-pharmacies-say-theyre-struggling-afford-glp-1s>

<sup>3</sup> CMS, Medicare Part D Spending by Drug, 2023. State-level GLP-1 claims volume and gross drug cost.

<https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicaid-spending-by-drug>

<sup>4</sup> CMS, Medicaid State Drug Utilization Data (SDUD), 2024. State-level GLP-1 prescriptions and reimbursement amounts.

<https://www.medicaid.gov/medicaid/prescription-drugs/state-drug-utilization-data>

<sup>5</sup> CDC, PLACES: Local Data for Better Health, 2025 Release. ZIP-level model-based estimates for diabetes prevalence, obesity prevalence, and other chronic disease indicators.

<https://www.cdc.gov/places/index.html>

<sup>6</sup> U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019–2023. ZIP-level % age 65+, median household income, and population.

<https://data.census.gov/all?y=2023&d=ACS+5-Year+Estimates+Detailed+Tables>

<sup>7</sup> HRSA, Health Professional Shortage Areas (HPSA), current as of January 2026. Primary care shortage area designations and HPSA scores.

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

<sup>8</sup> CMS, National Plan and Provider Enumeration System (NPES) NPI Registry. Pharmacy identity, taxonomy, status, and owner information.

[https://download.cms.gov/nppes/NPI\\_Files.html](https://download.cms.gov/nppes/NPI_Files.html)

<sup>9</sup> RetailMyMeds GLP-1 Routing Value Proposition, February 2026 (v1.0). 394 fills/month national average derived from 67,601 annual Rx at 7% GLP-1 penetration (NCPA Digest 2024). \$275/month pricing, 5% moderate routing rate, breakeven analysis.