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Direct-to-Patient Pharma Platforms: DTC Disruption Models

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Executive Summary

The direct-to-patient (DTP) model is rapidly transforming U.S. pharmaceutical distribution. Major drugmakers from Eli Lilly to Pfizer and Novo Nordisk have launched **DTP platforms** that directly connect patients to care — integrating remote diagnosis, digital prescribing, and home delivery of medicines (www.galengrowth.com) (www.nasdaq.com). These initiatives (e.g. **LillyDirect**, **PfizerForAll**, **NovoCare**, and others) compress the typical “weeks-long” journey of appointments, prior authorizations, and pharmacy pick-ups into days or even hours (www.galengrowth.com). Patients can complete telehealth visits, get prescriptions, and receive medications or tests at home, often with pre-applied savings and information on affordability (www.nasdaq.com). One small vendor survey (ixlayer and the Digital Health Coalition, August–September 2025; 37 respondents, 20 completes) points in the same direction: **94% of responding pharma leaders** said they were running, planning, or exploring DTP programs, and about half expected DTP to be “standard practice” within five years (www.prnewswire.com) (www.mediapost.com).

These DTP platforms span multiple functions: virtual consultation, e-prescribing, digital pharmacy and fulfillment, disease education, and insurance/payment support. In several cases (Lilly, Pfizer) every element is in place, while others focus on key areas (e.g. Novo Nordisk on transparent pricing for GLP-1 drugs) (www.galengrowth.com). By removing intermediaries like PBMs and brick-and-mortar pharmacies, DTP programs can improve access for patients with chronic conditions (obesity, diabetes, migraine, etc.), enhance adherence through digital support and reminders, and increase pricing transparency (e.g. NovoCare’s flat pricing) (www.galengrowth.com) (www.nasdaq.com).

This report examines the rise of DTP pharma platforms through multiple lenses. We review the **historical context** of pharma distribution and telehealth, analyze data on adoption and market drivers, and delve into **case studies** of LillyDirect, PfizerForAll, NovoCare, AstraZeneca Direct, Boehringer Ingelheim Access, AmgenNow, and others. We assess operational considerations (partners, patient eligibility, pricing models) and outcomes (speed to treatment, patient satisfaction). We also explore perspectives of patients, traditional pharmacies/PBMs, regulators, and tech partners. Finally, we outline a **"DTC Pharmacy Disruption Playbook"** summarizing strategies employed by incumbents and entrants, and discuss future implications for healthcare. The analysis draws on industry press releases, surveys, news reports, and expert commentary, with inline citations.

Introduction

The U.S. pharmaceutical industry is in the midst of a **structural shift** from traditional, heavily intermediated supply chains to direct-to-patient (DTP) distribution. Historically, drugmakers have relied on a cascade of wholesalers, pharmacy benefit managers (PBMs) and retail pharmacies to get medicines to patients. Manufacturers focused on R&D and mass marketing (e.g. direct-to-consumer advertising) (www.galengrowth.com), while PBMs and insurers handled negotiations, and local pharmacies handled dispensing. This complex system kept drug prices high and often burdened patients with coverage hassles, delays, and fragmented care. As one industry leader noted, "a complex U.S. healthcare system adds to the burdens patients face when managing a chronic disease" (www.nasdaq.com).

Simultaneously, **consumer expectations have changed**. Americans now expect "retail-level speed, transparency, and convenience" in healthcare just as they get in e-commerce (www.emarketer.com). Telehealth adoption skyrocketed after the COVID-19 pandemic, with 32.3% of U.S. adults having used telehealth by 2025 (up from negligible pre-2020 levels) (www.emarketer.com). Physicians too incorporated telehealth into practice (71.4% of doctors reported weekly use in 2024 (www.emarketer.com)). These shifts laid fertile ground for pharma companies to build **digital "front doors"** directly into patient homes (www.galengrowth.com) (rockhealth.com).

In this environment, starting in 2024 large pharmaceutical firms began experimenting with DTP platforms. Unlike previous limited programs (e.g. specialty pharmacies for orphan drugs), these new efforts are wide-ranging, often illness-specific (targeting obesity, diabetes, migraine, respiratory viruses, etc.) and digital-first. For example, in January 2024 Eli Lilly launched **LillyDirect**, an "end-to-end digital healthcare experience" for patients with obesity, migraine, or diabetes (www.nasdaq.com). Pfizer followed in August 2024 with **PfizerForAll**, a portal for migraine, COVID-19, influenza and other treatments (www.nasdaq.com). By late 2025, a dozen major companies (AstraZeneca, Novo Nordisk, Amgen, Novartis, Boehringer, BMS, Roche etc.) had announced their own DTP programs (rockhealth.com) (www.fiercepharma.com).

This report provides an in-depth, evidence-based analysis of this trend. We first contextualize DTP platforms historically and survey data on their adoption. We then examine multiple examples in detail: the announcement, structure, and early impact of LillyDirect, PfizerForAll, NovoCare, AstraZeneca Direct, Boehringer Ingelheim Access, AmgenNow, Novartis Cosentyx DTP, and others. We explore outcomes like **time-to-treatment**, patient engagement, and pricing. We also consider the disruption to traditional channels:

how retail pharmacies and PBMs stand to be affected, and how government regulators and legislators are responding. Finally, we outline a “disruption playbook” drawing lessons from these initiatives and discuss future directions for medicine distribution.

Traditional Pharma Distribution and the Impetus for Change

The Traditional Supply Chain

For decades, U.S. drug distribution followed a linear chain: manufacturers sell to wholesalers, who supply retail pharmacies and healthcare providers. Consumers pay via insurance or out-of-pocket, often using coupons or assistance programs for expensive drugs. PBMs manage formularies and rebates, and prior authorizations and pharmacy inventory delays add paperwork to the process.

Retail pharmacy itself has evolved into a convenience business: chains like CVS, Walgreens and Walmart supplemented prescription services with general merchandise. However, online retail has also changed how many households shop for groceries and essentials, which is part of the context for digital prescription channels.

Why Direct-to-Patient Now?

Against this backdrop, pharma companies are motivated to **remove friction** and offer new value propositions. For patients, DTP platforms promise to streamline care: telehealth visits can be scheduled same-day (avoiding weeks-long waits), prescriptions are delivered to the home (free shipping), and support services (education, adherence tools, financial assistance) are integrated (www.nasdaq.com). As one market-research publication noted, “what once took weeks … can now be compressed into days, sometimes hours” on these platforms (www.galengrowth.com). For chronic conditions (e.g. diabetes, obesity) where compliance is critical, this may help improve adherence and outcomes. Platforms often include digital reminders and clinical support: for example, Lilly contracts with telehealth groups like 9amHealth and Form Health to offer ongoing coaching and adherence programs (www.galengrowth.com).

From the industry view, direct channels enable **greater control and data**. Manufacturers regain a “direct relationship” with patients, capturing their data (within privacy laws) and fostering brand loyalty. Offering transparent, flat pricing on cash-pay plans (as NovoCare and others have done) also creates a marketing advantage and can challenge rebate-based pricing models (www.galengrowth.com). Executives have framed DTP initiatives as necessary to innovate distribution: as Novartis put it, new “digital front doors” provide “new ways to reach patients more directly by removing barriers in the system” (www.novartis.com). Such moves also align with recent political pressures; for example, in July 2025 President Trump sent letters to 17 drugmakers whose terms included offering direct-to-consumer or direct-to-business purchasing models (www.whitehouse.gov) (www.axios.com).

Survey data confirm the momentum. An ixlayer survey conducted with the Digital Health Coalition between August and September 2025 (37 respondents, 20 completes; a small, vendor-run sample that should not be read as representative of the whole industry) found that **94% of respondents** are either running (43%), planning (30%), or exploring (21%) a DTP program (www.prnewswire.com). Only 6% had no interest in DTP (www.prnewswire.com). About half of respondents predicted DTP would become standard practice on most brands within five years (www.prnewswire.com). The top motivation was improving the **patient experience**; measuring success was often defined as accelerating "time to treatment" (www.fiercepharma.com) (www.prnewswire.com).

Patient sentiment is also favorable. Surveys have shown that consumers strongly desire simpler digital healthcare options. One study reported that 65% of Americans find coordinating care "overwhelming" and 73% feel the healthcare system is failing them (www.nasdaq.com). A related patient-focused survey indicated many Americans would view pharma more favorably if companies offered more online DTP services (www.fiercepharma.com). In practice, patients are already embracing telehealth and online pharmacies: by 2025, roughly **32% of U.S. adults** had used telehealth (www.emarketer.com), and according to industry analysts, about 45% of Amazon's customers are "extremely" or "very" interested in buying medications through Amazon Pharmacy (www.cosmico.org). GoodRx, the discount coupon app, now counts nearly **30 million** users annually across consumers and 1 million healthcare providers (markets.financialcontent.com), and has expanded into telehealth and digital pharmacy itself.

Table 1 below summarizes key statistics on pharma DTP adoption and consumer usage. It shows the overwhelming prevalence of DTP initiatives and the growing telehealth market.

Metric	Data & Source
Pharma companies with DTP programs	94% are running or planning DTP (43% running, 30% launching, 21% exploring) (www.prnewswire.com)
Believe DTP will be "standard practice"	~50% of pharma respondents (within 5 years) (www.prnewswire.com)
Telehealth adoption (US consumers)	32.3% of U.S. adults used telehealth in 2025 (www.emarketer.com)
Physicians using telehealth weekly	71.4% of U.S. doctors (2024) (www.emarketer.com)
Amazon Pharmacy interest	45% of Amazon customers "very/extremely" interested in it (www.cosmico.org)
GoodRx consumer users per year	~30 million adults (markets.financialcontent.com)
Eli Lilly weight-loss Rx via LillyDirect	25% of new Zepbound (GLP-1) scripts, Q1 2025 (www.axios.com)

Direct-to-Patient Platforms: Models and Mechanics

DTP platforms typically combine **telehealth services, online ordering, and fulfillment partnerships**. While implementation varies by company and therapy area, most encompass the following steps:

1. **Digital Front Door**: The patient arrives at a branded portal (e.g. LillyDirect.com or PfizerForAll.com) or partner site. Here they find information about specific conditions or medications, educational content, and portal links to initiate care (www.nasdaq.com). The site may include a **symptom checker** or provider finder.
2. **Clinical Intake & Telehealth/Diagnosis**: Patients are triaged by independent healthcare providers, either online or in some cases in person (via connected clinics). They may complete an online questionnaire, download test kits, or have a virtual visit. For LillyDirect and PfizerForAll, telehealth appointments are a built-in option: patients can consult licensed clinicians the same day, via video or phone (www.nasdaq.com). (NovoCare initially omits telehealth; patients obtain a prescription elsewhere and then use NovoCare to fill it.) The visit yields an e-prescription if the provider deems the medication appropriate. The independent practitioners involved can, but are not obligated to, prescribe medicines in each company's program.
3. **Prescription Fulfillment**: Once the prescription is written, fulfillment occurs through partner pharmacies. For LillyDirect, prescriptions flow to contracted pharmacy businesses (such as Amazon Pharmacy and Truepill) which dispense **select Lilly medicines** and ship them free to the patient (www.nasdaq.com). Through PfizerForAll, prescriptions (for Pfizer products or common OTC/treatment kits) can be sent to Alto Pharmacy or distributed via Instacart to local stores (www.nasdaq.com). In many models, patients can opt for home delivery or pickup at a preferred pharmacy. These fulfillment partners are vetted for authenticity and quality; Galen Growth notes that leveraging known entities like Amazon Pharmacy and Truepill helps ensure drug authenticity and reduces counterfeit risk (www.galengrowth.com).
4. **Payment & Affordability**: Payment flows can vary. **Insurance Integration**: Companies like Pfizer emphasize that patients can use existing insurance or pharmacy benefits via these platforms (www.nasdaq.com). For example, PfizerForAll explicitly works "within the existing healthcare system and through a growing network of partners" to remain compatible with PBMs and insurance plans (www.nasdaq.com). Boehringer's Access platform even allows use of commercial insurance or FSA/HSA cards for Spiriva (www.fiercepharma.com). Thus insured patients pay usual co-pays (and the platform auto-applies any savings cards) (www.fiercepharma.com). **Cash-Pay/Loyalty Programs**: Conversely, many DTP offerings target cash-paying patients with cash pricing. Lilly and Novo Nordisk, for example, have set flat cash prices on popular GLP-1 obesity drugs (Lilly's Zepbound and Novo's Wegovy/Ozempic) that undercut usual out-of-pocket costs. For instance, NovoCare launched in March 2025 at $499 per month for Wegovy pens—a >60% discount on list price (NovoCare's page now lists $349 per month, with a $199 introductory offer for new patients through December 31, 2026) (medcitynews.com) (www.mmm-online.com) — while Lilly has similarly slashed Zepbound prices for cash customers (noted below). AstraZeneca Direct lists Farxiga at 70% off (≈$181/mo) for cash buyers (www.fiercepharma.com). In general, DTP platforms automatically apply manufacturer coupons or support programs: LillyDirect automatically applies savings cards for eligible patients (www.nasdaq.com), and PfizerForAll consolidates co-pay supports in one place (www.nasdaq.com). Many cash-pay deals are guided by recent policy pushes (e.g. reducing drug prices) and effectively parallel the net prices insurers get from rebates (www.fiercepharma.com) (www.novartis.com).

5. **Patient Support and Follow-Up**: Beyond prescribing, platforms often include disease education and care management. LillyDirect offers educational resources for each condition (www.nasdaq.com) and access to support teams; PfizerForAll provides on-demand chat or information about coverage. Some programs add adherence tools: for instance, NovoCare supports patients with benefit verification, refill reminders, and access to live support from a case manager (www.novonordisk-us.com). Follow-up mechanisms ensure patients get refills (the pharmacy will initiate reorders or contact providers) (www.lilly.com). Over time, these platforms can register patient outcomes and interactions, feeding data back to the manufacturer (subject to privacy laws) for marketing or adherence analytics.

Key DTP Platform Examples: Table 2 below profiles major direct-to-patient platforms launched in 2024–2025, summarizing their scope and features. It highlights the wide variation in approach and pricing among companies.

Company / Platform	Launch	Highlights (Indications)	Pricing Model	Key Features/Partners
Eli Lilly – *LillyDirect*	Jan 2024	**Obesity** (Zepbound), **Migraine** (Emgality), **Diabetes** (Humalog)	Hybrid (supports insurance & cash; free home delivery)	Independent telehealth (9amHealth, Form Health); contracted pharmacies (e.g. Amazon Pharmacy, Truepill) fulfill prescriptions; Lilly affordability cards auto-applied (www.nasdaq.com).
Pfizer – *PfizerForAll*	Aug 2024	**Migraine** (Nurtec, etc.), **COVID-19** treatments, **Flu/Vaccines**	Hybrid (benefits-native; PBM-compatible)	Same-day telehealth (UpScriptHealth); home delivery or local pickup via Alto Pharmacy & Instacart; vaccine scheduling (Flu, RSV, pneumococcal); consolidated support/savings services (www.nasdaq.com).
Novo Nordisk – *NovoCare*	Mar 2025	**Obesity** (Wegovy), **Diabetes** (Ozempic)	Cash-pay (flat pricing)	Online pharmacy (through CenterWell) ships all Wegovy dose pens; telehealth partners added in April 2025 (Ro, LifeMD, and Hims & Hers; Novo ended the Hims & Hers collaboration in June 2025) for prescribing; Wegovy offered at launch at $499/month (about 37% of the $1,349 list price, i.e. roughly 63% off) for uninsured/uncovered (medcitynews.com) (www.mmm-online.com); case managers and refill reminders provided.
AstraZeneca – *AstraZeneca Direct*	Oct 2025	**Type 2 Diabetes/CKD/HF** (Farxiga), **Asthma** (Airsupra), **Flu** (FluMist vaccine)	Cash-pay (deep discounts)	New portal allowing uninsured/cash patients to order Farxiga ($181.59/30-day, ~70% off $600 list) and Airsupra (~$249, ~50% off) (www.fiercepharma.com); serves FluMist nasal vaccine via home delivery; complements existing co-pay assistance; emphasizes transparent cash pricing (www.fiercepharma.com).
Boehringer Ingelheim – *Access*	Sep 2025	**Respiratory** (Spiriva Respimat), expanding to others	Hybrid (ins., FSAs, or cash)	Direct Rx delivery with multi-pay options: patients can use insurance, FSA, HSA or cash; Spiriva Respimat at $35/month cash (list >$600) (www.fiercepharma.com) (www.globenewswire.com); auto-application of any savings cards; shipping included; plans to add all BI inhalers and diabetes products.

Company / Platform	Launch	Highlights (Indications)	Pricing Model	Key Features/Partners
Amgen – *AmgenNow*	Oct 2025	**Cardiovascular** (Repatha – PCSK9 inhibitor)	All payers (open to insured incl. Medicare/ Medicaid)	Repatha offered at $239/month (≈60% off U.S. list) (www.amgen.com); no step-therapy or prior auth required for participants (www.amgen.com); Amgen plans to make it accessible via the TrumpRx website; doses shipped nationwide with price transparency.
Novartis – *Cosentyx DTP*	Nov 2025	**Autoimmune** (Cosentyx® – psoriasis/arthritis)	Cash-pay (55% off list)	Direct selling of Cosentyx at 55% discount (~$3,571/mo vs $7,936 list) (www.fiercepharma.com) (www.novartis.com); exploring expansion to other products and a direct-to-employer model; aimed at removing barriers as a "proof-of-concept" for specialty meds (www.fiercepharma.com).
BMS – *BMS Patient Connect*	Sep 2025 (Eliquis alliance program); Sotyktu slated for Jan 2026 per BMS	**Cardiovascular** (Eliquis – anticoagulant); **Dermatology** (Sotyktu® – psoriasis)	Cash-pay (Eliquis >40% off; Sotyktu >80% off)	Eliquis (in alliance with Pfizer) now available ~40% below list; Sotyktu (slated to begin Jan 2026 per BMS) at >80% discount (news.bms.com); cash-pay patients nationwide can order directly with transparent pricing; includes ongoing patient support; CEO emphasizes affordability and door-step delivery.

Each of these platforms shares the core model (digital access + direct shipping) but differs in scope and target patients. Lilly and Pfizer's platforms are **full-service "stack" models** integrating everything from telehealth to disease management (www.galengrowth.com). NovoCare and AstraZeneca Direct focus on cash-paying customers for high-demand drugs, showing how DTP can stabilize supply and pricing. Meanwhile, Boehringer Access illustrates a hybrid approach accepting both insured and uninsured patients, and AmgenNow explicitly supports government beneficiaries. These variations reflect each company's strategy regarding insurance compatibility, therapeutic priority, and pricing philosophy (www.galengrowth.com).

Case Study: LillyDirect (Eli Lilly)

In January 2024, Lilly launched **LillyDirect™**, a nationwide platform targeting patients with obesity, migraine, and diabetes (www.nasdaq.com). Lilly marketed it as an "end-to-end digital healthcare experience" that could "simplify the patient experience" (www.nasdaq.com). The site covers Lilly's obesity injection (Zepbound), its migraine mAbs (Emgality), and insulin (Humalog family), among others.

Workflow: A patient starts on LillyDirect's site, where they can read about conditions. If eligible, they can schedule a telehealth appointment through integrated partners (Lilly lists independent virtual or in-person providers via Healthgrades) (www.lilly.com). Upon consultation, an e-prescription can be issued. The Rx is forwarded to a *LillyDirect Pharmacy Solution* vendor: third-party digital pharmacies (including Amazon Pharmacy and others) that dispense Lilly's medicines and ship them free to the patient (www.nasdaq.com). According to Lilly's release, patients who "obtain medicines directly from Lilly" via this channel automatically receive Lilly's affordability support; e.g. co-pay cards are pre-applied for those who qualify (www.nasdaq.com). Out-of-pocket costs mirror traditional co-pays beyond savings, with no extra pharmacy fee.

Patient Experience: In practice, LillyDirect condenses multiple steps. Instead of visiting a local doctor and pharmacy (which could take weeks with scheduling and prior auth), patients can quickly see an independent specialist and get home delivery of med. Lilly advertises a **6-step journey** on the site: choose medicine, connect with doctor (via telehealth or in-person), submit Rx, pay, track delivery, and manage refills (www.lilly.com). The program is designed to enhance adherence – the dispensing pharmacy reaches out when refills are due, automatically requesting doctor renewals if needed (www.lilly.com). Disease information and coaching are available; LillyDirect explicitly provides “disease state and healthcare education” alongside the pharmacy service (www.nasdaq.com).

Outcomes and Reception: Lilly has disclosed few detailed usage numbers, but there are indicators of early uptake. Notably, Axios reported that about **25% of new prescriptions** for Lilly’s weight-loss drug *Zepbound* (tirzepatide) were filled through LillyDirect in Q1 2025 (www.axios.com). In surveys, many pharma observers have praised LillyDirect’s comprehensive design – Galen Growth noted it “operationalises all five critical DTP elements” (diagnosis, telehealth, pharmacy, disease management, insurance) (www.galengrowth.com). Indeed, LillyDirect spans both insured patients (handling most health plans seamlessly) and cash-paying ones (with its own cash pricing for GLP-1 pens). By offering free delivery and round-the-clock online access, LillyDirect aims to drive loyalty and persistence, especially important given the chronic nature of targeted diseases.

Case Study: PfizerForAll (Pfizer)

In August 2024, Pfizer launched **PfizerForAll™**, a digital health portal for common illnesses (www.nasdaq.com). Designed initially for migraines *and* acute respiratory issues (COVID-19, flu, RSV, pneumococcal pneumonia), the platform aimed to streamline access to telehealth, testing, vaccines, and medications. An executive summary emphasized “cutting down on the time and steps needed” for care by bringing resources into one place (www.nasdaq.com).

Workflow: Patients begin at the PfizerForAll portal, which offers symptom checking and care navigation. Through partner platforms, they can book same-day telehealth appointments with independent clinicians for migraines or respiratory symptoms (www.nasdaq.com). During these visits, providers can prescribe Pfizer medications (e.g. Nurtec for migraine, Paxlovid for COVID-19) if appropriate. Notably, PfizerForAll also offers home delivery of prescription Rx and certain OTC items (COVID tests, flu kits). Patients can choose to get meds shipped to home or delivered to a preferred local pharmacy (www.nasdaq.com). Access to vaccines is integrated: adults can check eligibility and schedule COVID, flu, RSV or pneumococcal shots at retail pharmacies through the portal (www.nasdaq.com). Finally, PfizerForAll aggregates the savings/support solutions for Pfizer drugs: patient co-pay cards and enrollment in assistance programs are all in one place, making it easier for patients to afford branded Pfizer medicines (www.nasdaq.com).

Infrastructure and Partnerships: Pfizer intentionally built ForAll to work “within the existing healthcare system” (www.nasdaq.com). The company partnered with established digital health firms: UpScriptHealth provides the telehealth service, Alto Pharmacy manages pharmacy fulfillment, and Instacart coordinates logistics (www.nasdaq.com). This networked approach complements standard carriers: patients can still use

their insurance just as in a normal doctor/pharmacy flow. In fact, Pfizer emphasizes that its platform is "benefits-native"—it can leverage patients' current plans and PBMs rather than requiring cash payment (www.galengrowth.com).

Outcomes and Reception: PfizerForAll went live nationwide in late 2024. Early indications suggest substantial interest: for example, Pfizer noted the program would serve "millions of Americans" with migraines or respiratory illness (www.nasdaq.com). Surveys by independent groups show that such integrated services are in high demand (as previously noted, telehealth usage is high among patients and providers (www.emarketer.com)). Pfizer introduced PfizerForAll as a digital platform designed to make access to healthcare more seamless for people across the U.S. (www.nasdaq.com). Internally, Pfizer's goal is to reduce friction and thereby improve patient outcomes; they highlight that 65% of Americans find care coordination "overwhelming" and 73% feel the system is failing, so convenience was needed (www.nasdaq.com).

Features: Among PfizerForAll's features as described in Pfizer's launch announcement: same-day virtual appointments (or nearby in-person as available), on-demand test kits, expedited delivery of OTC meds, and vaccine scheduling (www.nasdaq.com). At launch, Pfizer cited metrics such as minutes-to-provider for migraine patients (www.nasdaq.com), implying very fast access. Pricing remains mostly via insurance; however, the portal does allow cash payment for those preferring it (e.g. pharmacy pickups, Instacart groceries of OTC). Overall, PfizerForAll is marketed as a **"hybrid"** model (per Galen Growth's classification) that spans all DTP elements while staying "PBM-compatible" (www.galengrowth.com).

Other Pharma DTP Initiatives

Beyond Lilly and Pfizer, several major drugmakers joined the DTP movement in 2025, tailoring platforms to their therapy priorities and market conditions. These cases illustrate the breadth of strategies:

- **Novo Nordisk – *NovoCare*** (2025): In March 2025, Novo announced *NovoCare Pharmacy*, an online pharma offering for obesity drugs (medcitynews.com) (www.mmm-online.com). It enables certain patients (uninsured or not covered for GLP-1s) to buy Wegovy (semaglutide) and Ozempic through Novo's channel. The model is cash-only: at launch in March 2025, Wegovy pens shipped for **$499/month**, a steep discount from the ~$1,349 retail (medcitynews.com). NovoCare's own page now lists a standard self-pay price of $349 per month for Wegovy pens (0.25 mg to 2.4 mg), with $199 introductory offers for new patients through December 31, 2026, so the launch price is dated. NovoCare is fulfilled by a specialty pharmacy (CenterWell), and as of April 2025 Novo listed Hims & Hers, Ro, and LifeMD as telehealth partners to handle patient evaluations (www.cnbc.com). The platform also includes case managers and refill reminders (www.mmm-online.com). This rollout came amid GLP-1 demand surges and compounding pharmacy crackdowns. It illustrates a net-price-forward approach: publicly transparent prices reduce the lure of gray-market compounding, while giving patients a reliable supply chain.
- **AstraZeneca – *AZ Direct*** (2025): On September 26, 2025, AstraZeneca announced *AstraZeneca Direct* (available from October 1, 2025), focusing on metabolic and respiratory drugs (www.fiercepharma.com). Eligible U.S. patients can order **Farxiga** (for diabetes/CKD/HF) and **Airsupra** (inhaled asthma reliever) direct. Pricing is for cash buyers only: Farxiga is $181.59 for a 30-day supply

(70% below its $600 list price (www.fiercepharma.com)), and Airsupra around $249 (≈50% off) (www.fiercepharma.com). Notably, Farxiga's price matches what Medicare/Medicaid will pay starting 2026. AstraZeneca also integrated FluMist (nasal flu vaccine) delivery into the portal (www.fiercepharma.com). The company framed the service as "transparent cash pricing" and convenience of home shipping (www.fiercepharma.com), aiming at those with prescriptions but poor access. AZ Direct complements (rather than replaces) co-pay aid programs – it is **cash-centric**, not insurance-based.

- **Boehringer Ingelheim – *BI Access*** (2025): On September 29, 2025, Boehringer launched *Boehringer Ingelheim Access*, a DTP platform initially for **Spiriva Respimat** (tiotropium inhaler for COPD/asthma) (www.globenewswire.com). This platform is notable for permitting *both* insured and cash customers. Eligible patients can pay with insurance, FSA/HSA, or out-of-pocket; any existing savings cards are auto-applied (www.fiercepharma.com). Cash-paying patients can get Spiriva Respimat for only $35/month (versus a list price >$600) (www.fiercepharma.com). Shipping costs are included. Boehringer plans to add all its inhaled respiratory meds and diabetes portfolio to this model within months (www.fiercepharma.com). Unlike the purely cash models of others, BI Access functions as a hybrid: it simplifies prices but still integrates with benefits, aiming to close gaps for both insured and uninsured COPD patients.
- **Amgen – *AmgenNow*** (2025): In October 2025, Amgen announced *AmgenNow*, focusing on **Repatha** (evolocumab, a cholesterol-lowering monoclonal antibody) (www.amgen.com). In support of U.S. price reform efforts, Repatha became available at $239/month via AmgenNow – almost 60% below the prior list (www.amgen.com). Crucially, the program is open to *all* U.S. patients (including Medicare/Medicaid and uninsured). Per Amgen, patients using AmgenNow are not subject to insurer step-therapy or prior authorization requirements (www.amgen.com). This means a Medicare beneficiary can choose to pay AmgenNow's flat rate instead of navigating their drug benefit. Amgen emphasized that this is the lowest U.S. price for Repatha among G7 nations (www.amgen.com). Amgen also said it plans to make AmgenNow accessible via the TrumpRx website (www.amgen.com).
- **Novartis – *Cosentyx DTP*** (2025): Novartis joined the trend in Fall 2025 with a Cosentyx program. Starting Nov 1, 2025, U.S. patients can buy Cosentyx (secukinumab) at a 55% discount via Novartis' direct portal (www.novartis.com). This brings a month's cost down to roughly $3,571 (from a $7,936 list) (www.novartis.com). Novartis described this as the first step in expanding direct access for its **net prices** to patients (www.novartis.com). They plan to extend DTP to other drugs and even explore selling directly to employers next (bypassing insurers entirely). Like Lilly and AstraZeneca, Novartis targets cash-paying patients not well served by insurance, with steep discounts echoing insurer rebates (www.novartis.com).
- **BMS – *BMS Patient Connect*** (2025–26): Bristol-Myers Squibb announced on September 25, 2025 that it was expanding DTP offerings. Through the Bristol Myers Squibb-Pfizer Alliance, BMS had already launched a cash-pay option for Eliquis (apixaban, a blood thinner) at a >40% discount to list. BMS then announced *Patient Connect*, a new platform through which, per the company's release, **Sotyktu** (deucravacitinib) for psoriasis was to be offered beginning in January 2026 at more than 80% off list price (this report has not independently confirmed that the launch took place) (news.bms.com). Eligible

cash-pay patients nationwide can order Sotyktu (and Eliquis) directly from BMS, with transparent pricing; for Sotyktu, BMS says shipping is available across all 50 states and Puerto Rico (news.bms.com). The BMS CEO framed this as removing barriers: “providing transparency and lowering out-of-pocket costs so patients can get treatments … delivered directly to their door” (news.bms.com).

Table 3 (below) summarizes these and other recent big pharma DTP launches. Each entry shows the platform’s launch and scope. This reveals a clear pattern: by late 2025, most major drugmakers had at least one DTP offering, usually to target high-cost specialty drugs or large patient populations.

Company / Initiative	Launch Date	Scope (Key Products/Areas)	Model Notes
Eli Lilly – LillyDirect	Jan 2024	Obesity (Zepbound), Migraine, Diabetes	Full-stack DTP: insurance + cash; Amazon/Truepill fulfillment; auto-savings (www.nasdaq.com)
Pfizer – PfizerForAll	Aug 2024	Migraine (Nurtec, etc.), Respiratory (COVID-19, Flu, RSV)	Full-stack, benefits-native; UpScript telehealth, Alto/Instacart delivery; vaccine scheduling (www.nasdaq.com)
Novo Nordisk – NovoCare	Mar 2025	Obesity (Wegovy), Diabetes (Ozempic)	Cash-only GLP-1: $499/mo Wegovy at March 2025 launch (now $349/mo, with a $199 intro offer through 31 Dec 2026); Ro/LifeMD telehealth partners (Hims & Hers ended June 2025); CenterWell mail order (medcitynews.com) (www.mmm-online.com)
AstraZeneca – AZ Direct	Oct 2025	Diabetes/CKD/HF (Farxiga), COPD/Asthma (Airsupra), Vaccines (FluMist)	Cash-only; Farxiga $181/mo (70% off); includes FluMist home delivery (www.fiercepharma.com)
Boehringer Ingelheim – Access	Sep 2025	COPD/Asthma (Spiriva Respimat) & more	Hybrid; Spiriva $35/mo (vs $600+ list); insurance/FSAs accepted; auto coupon application (www.fiercepharma.com) (www.globenewswire.com)
Amgen – AmgenNow	Oct 2025	CV (Repatha PCSK9 inhibitor)	Universal (ins.+cash); Repatha $239/mo (60% off); no PA for gov't plans (www.amgen.com)
Novartis – Cosentyx DTP	Nov 2025	Autoimmune (Cosentyx for psoriasis/arthritis)	Cash-only; Cosentyx 55% off list (~$3,571 vs $7,936) (www.novartis.com); exploring employer sales
BMS – Patient Connect	Announced Sep 2025; Sotyktu slated for Jan 2026 per BMS	CV (Eliquis), Dermatology (Sotyktu)	Cash-only; Eliquis ~40% off, Sotyktu ~80% off (news.bms.com); alliance with Pfizer; nationwide delivery

Analysis of Data and Evidence

To evaluate the DTP trend, we examine available data on adoption, market impact, and patient outcomes. While independent clinical studies are not yet available for these nascent platforms, industry data and usage metrics provide insight.

Adoption and Usage Metrics

Survey evidence shows near-universal interest among manufacturers in DTP channels. We have already cited that ~94% of surveyed pharma firms are engaging with DTP (www.prnewswire.com). Breaking down usage: among those, about **43% are already running** a DTP program, and 30% plan to launch within 12 months (www.prnewswire.com). Only a small minority (6%) have no plans (www.prnewswire.com). These figures come from ixlayer's 2025 survey with the Digital Health Coalition (37 respondents, 20 completes), so they are indicative rather than industry-wide measurements (www.prnewswire.com).

From the patient side, one can gauge interest through traffic or prescription data. For instance, Axios reported that ~25% of new prescriptions for *Zepbound* were filled via LillyDirect in Q1 2025 (www.axios.com). If representative, that suggests rapid uptake for that drug on the platform. Similarly, analysts predicted Amazon Pharmacy revenues to approach $2 billion in 2024 (www.cosmico.org), reflecting consumer shift to online Rx purchasing. GoodRx's dominant market position (30M users) also hints at large latent demand for integrated digital solutions (markets.financialcontent.com).

Telehealth usage figures indirectly support DTP. eMarketer forecasts ~86.3 million U.S. telehealth users in 2025 (42% growth) (www.emarketer.com), and AMA data shows over 71% of physicians adopted virtual care weekly by 2024 (www.emarketer.com). These statistics imply a digitally engaged patient population receptive to online prescribing. More than 32% of U.S. adults had used telehealth in 2025 (www.emarketer.com), so when pharma DTP platforms seamlessly tap into these channels, uptake can be high.

In specialized markets, DTP penetration may correlate with unmet need. For example, Novo Nordisk reported a 56% year-on-year rise in obesity drug sales in 2024 (to DKK 65.1 billion, about $9.4B) (medcitynews.com), driven largely by Wegovy. During demand surges, waiting times and shortages occur — direct ordering may alleviate that stress. Likewise, Lilly's Zepbound demand outstripped supply, and patient frustration with high costs and managing prescriptions (especially for cash-pay) incentivized use of LillyDirect when it introduced lower prices.

We also consider the **financial impact** on traditional stakeholders. Because DTP channels currently serve still-niche patient segments, the short-term effect on pharmacy volumes is likely limited.

Patient Outcomes and Satisfaction

Improved patient experience is a key DTP promise, but quantifying clinical outcomes will take time. Indications from surveys are positive: among pharma leaders, the top success metric for DTP was accelerating "time to treatment" (www.mediapost.com). Faster therapy initiation can theoretically improve disease control in chronic conditions, but empirical studies are awaited. Anecdotally, companies highlight that their platforms eliminate barriers like prior authorization: for example, Amgen announced Repatha through AmgenNow comes **without any step therapy or prior authorization** for patients (www.amgen.com), a change likely to speed access and reduce lapses.

Adherence and persistence are another focus. Digital reminders, nurse support, and educational content can boost adherence. LillyDirect's partnerships with digital therapeutics (9amHealth, FormHealth) explicitly aim to improve outcomes beyond filling prescriptions (www.galengrowth.com). While we lack formal outcome data,

industry analysis suggests better persistence rates could be achieved. For instance, Galen Growth observed that these programs “push persistence rates higher, a critical determinant of outcomes” (www.galengrowth.com). Similarly, patient engagement features (e.g. automated notifications from pharmacies (www.lilly.com), live chatbots for questions (rockhealth.com)) are thought to promote longer-term usage of medications.

Satisfaction data specific to these programs remain limited, so the evidence here is indirect: a patient-focused survey reported by Fierce Pharma found that many respondents would view pharma more favorably if companies offered more online DTP services (www.fiercepharma.com).

Finally, cost savings for patients are a tangible outcome. By cutting list prices dramatically, these programs substantially reduce out-of-pocket fees. A patient needing Wegovy who pays $1,349 per month out-of-pocket at retail could instead have paid $499 via NovoCare at its March 2025 launch (NovoCare now lists $349 per month) (medcitynews.com). An asthma patient paying $600 for Spiriva might pay $35 via BI Access (www.fiercepharma.com). Even insured patients can benefit: AstraZeneca’s $181 Farxiga price matches top-end insurance cost-sharing. These discounts effectively lower retail prices passed to patients, directly addressing affordability.

Business and Market Implications

From a market perspective, DTP is reshaping competitive dynamics. Pharma companies now see themselves partly as **healthcare providers and retailers**, not just drug developers. They are building end-to-end patient funnels, mirroring models from other direct-to-consumer industries. The “win” in this space goes to platforms that can integrate all five DTP elements well. LillyDirect and PfizerForAll lead in this regard, covering remote diagnosis through pharmacy delivery (www.galengrowth.com). Others will need to partner extensively or build their own capabilities (NovoCare outsourced pharmacy but built cash-pricing; BMS and Pfizer ally to combine resources).

For PBMs and insurers, these channels represent both a challenge and opportunity. On one hand, they potentially erode traditional prescription volumes and rebate flows: Galen Growth warned that these platforms create “transparent cash-pay pathways” that could cause “leakage” in the PBM model (www.galengrowth.com). Indeed, PBM trade representatives have publicly cautioned that many patients would still save more per their own insurance plan than via direct purchases (www.axios.com). In the short run, PBMs may respond by adjusting formularies or co-pay assistance programs to steer patients back to insured pharmacies. In the long run, they may need to embrace these models; some large insurers are reportedly working with pharma to allow direct fulfillment while still processing payment through the benefit (for instance, by having the insurer reimburse the platform post-hoc).

Retail pharmacies face potential disintermediation. If patients consistently order chronic meds online, foot traffic to neighborhood pharmacies declines. Some pharmacies are adapting by integrating with tech: for example, CVS’s Caremark could become a fulfillment partner for pharma DTP channels, or Walgreens could offer subscription refill services. The next few years will test how retail pharmacies integrate or differentiate from pharma’s “digital front doors.”

For healthcare providers, DTP adds new complexity. Physicians might find patients coming with e-scripts from unfamiliar telehealth channels. Onboarding and verifying these prescriptions will be a new workflow. Clinical oversight of prescriptions written through unfamiliar channels will be a practical question for providers. Clinical societies and regulators are likely to issue guidelines to ensure quality.

Finally, technology and startups are emerging as critical enablers. Many pharma platforms rely on digital health vendors for specific components (telehealth, e-prescribing, data analytics). Investors and entrepreneurs see these as opportunities: rockhealth and Galen Growth note that startups solving prior-auth automation, telepharmacy integration, and patient affordability are in high demand (www.galengrowth.com). Strategic partnerships appear likely to continue, building an ecosystem around pharma DTP.

Policy, Compliance, and Controversies

DTP platforms have drawn both policy interest and scrutiny. In 2024–25 U.S. political leaders publicly debated the approach. The Trump administration explicitly encouraged such models: in mid-2025, the President sent letters to 17 drugmakers demanding price cuts, including requirements to offer **direct-to-consumer or direct-to-business purchasing models** for certain drugs (www.axios.com). This was part of a broader push to make U.S. drug prices more transparent and lower. Secretary of Health RFK Jr. has also signaled willingness to supervise pharma communications, indicating a drive for “radical transparency” in information to consumers (www.axios.com).

Industry experts note that **“compliance needs to be designed into product flows, not bolted on”** (www.galengrowth.com).

Other policy issues include privacy and data security (platforms will handle personal health data), state pharmacy laws, and manufacturer promotion regulations. So far, the platforms have largely framed themselves as patient service initiatives rather than marketing. Some are limiting marketing to existing subscribers or requiring patient initiation of contact to navigate promotional restrictions. Regulators and ethics boards will likely continue to monitor how these platforms operate. Pharma trade groups are likely preparing to engage regulators to shape guidelines for this new distribution model.

The Direct-to-Consumer (DTC) Pharmacy Disruption Playbook

From the biotech incubators to boardrooms of Big Pharma, a **playbook** is emerging for DTP pharmacy disruption. Key elements include:

- **Digital Front Door & Telehealth Integration:** Begin with a strong online presence targeted at a disease area. Integrate or partner for telemedicine (in-house or via vetted vendors) to allow real-time clinician interaction. The user journey is paramount: companies like Lilly and Pfizer have developed patient flowcharts (“jobs to be done”) and user interfaces optimized for ease (e.g. no more than a few clicks to connect) (rockhealth.com) (www.axios.com).

- **End-to-End Fulfillment:** Secure reliable pharmacy dispensing and logistics partners early. This may mean contracting with Amazon Pharmacy, Truepill, Alto, or specialty mail-order pharmacies. Ensure supply chain integrity (licensed pharmacies, proper chain of custody). Negotiate shipping deals to offer free or low-cost home delivery (a key convenience). Automation is crucial: connecting the e-prescribing system directly to fulfillment pharmacies speeds processing.
- **Affordability Solutions:** Integrate manufacturer savings automatically. Offer clearly stated cash-pay prices for those without coverage. Develop co-pay card or patient assistance integration so that qualified patients get maximum benefits without manual effort. Transparency in pricing (especially cash) is a powerful recruiting tool.
- **Regulatory Compliance:** At inception, build compliance into design. Use truly independent clinicians (state-licensed MDs/PAs) who make prescribing decisions without manufacturer influence. Avoid marketing language that could be viewed as inducements. Work closely with legal and regulatory affairs to satisfy anti-kickback statutes and advertising rules, and be prepared for audits. Clear disclaimers and patient consent forms are important.
- **Data and Tech Platform:** Develop or integrate software for patient data tracking, appointment scheduling, e-prescribing, and reminder notifications. Many companies license platform technology or partner with healthtech firms. Invest in user experience and data analytics to continuously refine the offering.
- **Patient Support Ecosystem:** Beyond the one-off sale, extend the platform to include disease management resources (education portals, coaching apps, support hotlines). This increases engagement and frames the company as a care partner rather than just a drug seller.
- **Pricing Strategy & Negotiation:** Decide cash vs insurance strategy. Some companies aim to preserve benefits usage (Pfizer stays PBM-compatible), others target cash to avoid middlemen (NovoCare). Align DTP pricing strategically with corporate goals: e.g., match WalMart or Medicare prices to head off regulatory pressure (www.fiercepharma.com) (www.novartis.com). If targeting employers, explore selling bundles or subscription models.
- **Marketing and Outreach:** Utilize digital marketing to drive awareness: SEO, patient advocacy partnerships, and social media can attract patients to the platform. At the same time, ensure providers in the network know they can see patients from these channels. COVID accelerated remote patient outreach tools (chatbots, symptom checkers) which DTP players should leverage.
- **Iterate and Scale:** Launch in phased fashion (pilot in select states or patient groups before national roll-out). Solicit patient feedback and measure metrics (time to Rx, patient satisfaction, adherence). Given the novelty, expect to refine processes. Over time, expand the formulary or add new drug classes. Examples: Novartis broadened from Cosentyx to consider other specialty meds; Novo started with GLP-1 and plans to cover its diabetes range.

By following these steps, large pharma can mimic the agility of tech-native entrants. Note, however, that incumbency helps: existing brand recognition and patient assistance programs give an edge. Smaller digital health companies (GoodRx, Ro, etc.) have demonstrated appetite for this model, but pharma's scale is

unprecedented. The disruption playbook thus blends Silicon Valley tactics (digital UX, partnerships, quick iteration) with pharmaceutical logistics (supply chain, payer negotiations). The ultimate winners will likely be those who “wow” patients with convenience while maintaining clinical safety and affordability (rockhealth.com) (www.axios.com).

Discussion: Implications and Future Directions

The rise of DTP platforms has broad implications. On the **healthcare system** level, these developments could herald a more patient-centric approach, but also risk fragmenting care. If patients increasingly bypass primary care for manufacturer-run telehealth, continuity of care may suffer. However, the platforms emphasize connecting with local HCPs when needed (e.g. LillyDirect’s search tool for nearby doctors (www.nasdaq.com)). The net effect on overall healthcare utilization remains to be seen.

On **pricing and policy**, these models intensify debates around drug costs. Flat cash pricing (seen at NovoCare, AmgenNow, AstraZeneca Direct) makes cash prices publicly visible, which feeds the broader debate over price transparency. Employers and payers may demand or even legislate greater price transparency as a result. At the same time, offering steep discounts to cash patients effectively redistributes drug spending: insured patients may end up paying more to subsidize others. Public discourse will need to address equity issues (who benefits, who is left out). Surveys show ~45% of pharma execs worry compliance/legal issues are the biggest barrier to DTP adoption (www.prnewswire.com), and ~44% see a “political climate” risk (www.mediapost.com). New regulations or guidance (e.g. revisions to the Anti-Kickback Statute or FDA oversight of digital promotion) are likely as these platforms expand.

Pharmacy and PBM industries are already strategizing responses. Some PBMs may scout partnerships (e.g. contracted homes delivery networks) or launch their own offerings to retain market share. Major PBM-affiliated pharmacies (Caremark, Express Scripts, Prime Therapeutics) might seek to power pharma DTP channels from the backend, ensuring use of their mail-order systems. Retail giants (Walgreens, CVS) might expand their in-house telehealth and mail-order to compete. For example, CVS Health offers a virtual care app and has its own specialty pharmacy network; in theory, it could integrate Lilly or Pfizer's scripts directly.

Technology evolving: We anticipate increasing use of artificial intelligence and automation. Pfizer, for instance, has introduced AI-powered chatbots (“Health Answers by Pfizer”) for health queries. Such tools could feed into DTP platforms, triaging patients or answering drug questions asynchronously. Logistics integrations (like connecting eRx systems to pharmacy APIs) will become standard. The “playbook” will likely emphasize data-driven personalization and predictive adherence nudges.

Global implications: While this report focuses on the U.S., other markets may follow suit, adapted to local regulation. The European and Asian markets have different insurance structures and pharmacy laws, but global pharma giants may pilot DTP solutions internationally (AstraZeneca launched FluMist Home, an at-home delivery service for its FluMist nasal-spray vaccine, in the U.S. in August 2025 (AstraZeneca release)). With cross-border telehealth emerging, the concept may cross national lines too.

Future outlook: In the coming years, the landscape could look very different. If direct channels become popular, we might see new metrics of success: patient acquisition costs vs pharmacies, digital health ROI, etc. Sponsors may shift more marketing budgets from ads to platform development. On the horizon could be **direct-to-employer** models (as Novartis is examining) or subscription pill packs (combining therapies). Ultimately, DTP platforms are an experiment in vertical integration in healthcare. Early signals — high pharma participation, favorable patient sentiment, and growing sales volume on these channels — suggest they may endure and evolve, although clinical outcome data remain limited.

Conclusion

The advent of **direct-to-patient pharma platforms** represents a paradigm shift in how medicines reach U.S. patients. Spearheaded by LillyDirect and PfizerForAll in 2024, and followed by initiatives from nearly all major drugmakers by 2025, these platforms stitch together digital care, e-prescribing, and home delivery in unprecedented ways (www.galengrowth.com) (www.nasdaq.com). They promise substantial benefits: faster access, improved adherence, and transparent pricing. Early data and expert analysis point to strong pharma-side interest (in one small vendor survey with 20 completes, 94% of respondents were running, planning, or exploring DTP (www.prnewswire.com)) and suggest potential gains in outcomes for chronic diseases that have traditionally suffered from under-treatment.

However, these models raise open questions about oversight and benefit design. The new platforms must carefully navigate legal and ethical boundaries. From the patient's view, the key will be seamless integration with their broader care team, ensuring that a new channel does not fragment treatment.

Looking forward, DTP platforms are likely to expand in scope and sophistication. Additional therapy areas (e.g. oncology, neurology) may see tailored platforms. We expect a melding of these pharma-led channels with other digital health trends (wearable-device data, genomics-driven care). Big tech and healthcare players will continue to vie for position – Amazon's pharmacy is already edging closer, with Evercore having projected roughly $2 billion in 2024 sales for it (www.cosmico.org). Meanwhile, startups that provide the guts of these platforms (telehealth software, e-prescribing, digital case management) stand to grow into key parts of the ecosystem (www.galengrowth.com).

In sum, the **DTC pharmacy disruption playbook** is being written in real time, and its impact will reverberate across patients, providers, and payers. Early evidence suggests these platforms may persist and could improve patient access — if managed properly — although outcome and satisfaction data remain limited. Stakeholders across the healthcare system will need to adapt. Our hope is that by documenting the early developments of LillyDirect, PfizerForAll, and their peers, this report equips decision-makers with the insight needed to navigate and shape the coming era of pharma innovation.

This report documents the state of the field based primarily on 2024–2025 sources, so later developments may not be reflected.

References: All data, quotes and figures above are drawn from industry reports and news sources. Key citations include Eli Lilly and Pfizer press releases (www.nasdaq.com), media coverage (MobiHealthNews, FiercePharma, HealthcareDive) of platform launches, analyst surveys (www.prnewswire.com)

(www.fiercepharma.com), and market data (e.g. telehealth usage (www.emarketer.com), Amazon Pharmacy forecasts (www.cosmico.org)). Specific sources are cited inline by bracketed footnotes.

Source links

Links cited in this article, in order of first appearance. Full addresses are provided for readers using extracted text.

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