



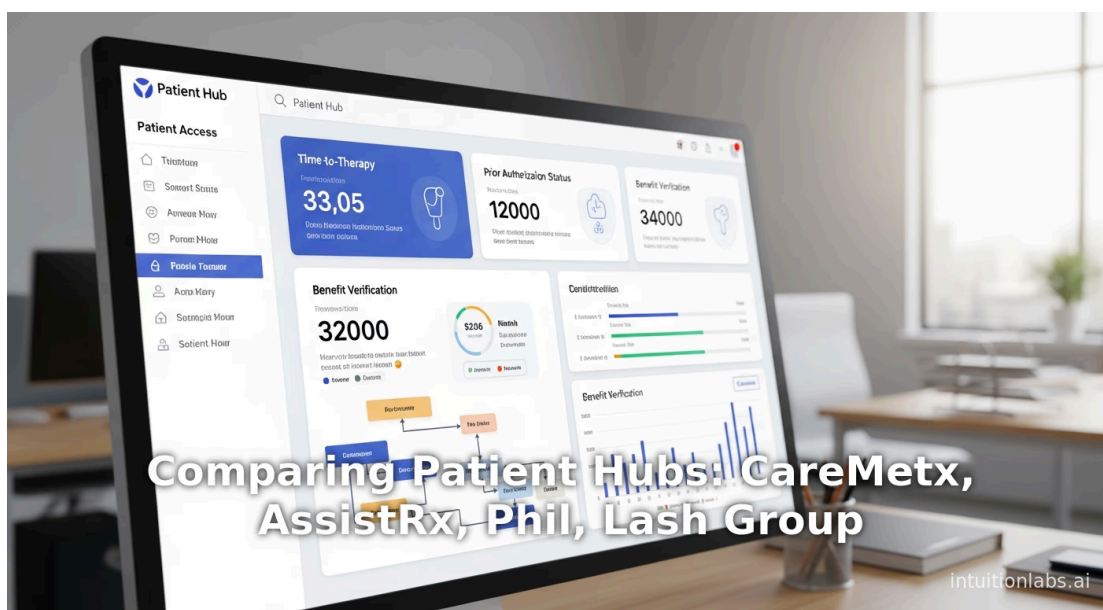
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Comparing Patient Hubs: CareMetx, AssistRx, Phil, Lash Group

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Executive Summary

Patient support “**hubs**” (also known as patient support services or patient access services) are specialized platforms that help patients navigate barriers to receiving complex therapies. They provide end-to-end patient assistance – from benefits verification and prior authorizations, through prescription fulfillment, copay/affordability support, and ongoing adherence programs. Over the past decade, the growth of high-cost specialty pharmaceuticals (now nearly half of U.S. drug spending (www.pharmaceuticalcommerce.com)) has driven explosive demand for these services. Current providers discussed here include **CareMetx**, **AssistRx**, and **PHIL**. CareMetx acquired Cencora’s U.S. hub consulting services operations previously conducted under **Lash Group** on April 27, 2026, including TheraCom free goods pharmacy operations ([CareMetx announcement](#)). The companies differ in their technology platforms, service scope, and integration points.

This report compares CareMetx, AssistRx, and PHIL as current providers and examines Lash Group as the historical operator of U.S. hub services acquired by CareMetx. It covers (1) the background and founding of each company, (2) their key products and services, (3) technology and operational features, (4) evidence of their performance (including case studies and metrics), and (5) market positioning. Throughout, we use published data and industry analysis to support each claim (www.pharmaceuticalcommerce.com) (www.pharmaceuticalcommerce.com) (www.caremetx.com). Among the key findings:

- **CareMetx** (founded 2011) is a technology-driven hub emphasizing automation and a “digital hub” model. Cofounders Bob Dresing and Mark Hansan (veterans of the hub industry) grew CareMetx through acquisitions (VirMedica and BioSolutia in 2018) (www.pharmaceuticalcommerce.com). It is now backed by growth equity (General Atlantic majority, Vistria Group significant minority (petracapital.com)). CareMetx claims it “serves 2 million patients annually” and achieves a ~33% faster time-to-therapy for specialty patients (www.caremetx.com). Its CareMetx Connect platform offers extensive APIs (to CRM and EHR systems (www.pharmaceuticalcommerce.com)) and advanced automation. A company case study showed CareMetx used AI and optimized processes to handle **450,000+ annual prior-authorization re-verifications**—a massive volume—ensuring patients got timely access (www.caremetx.com).

- **AssistRx** (founded 2009) brands itself as “*tech + talent*” (combining software with human expertise) to simplify specialty drug initiation (wcas.com) (www.assistrx.com). Headquartered in Orlando, Florida, with offices in Overland Park, KS (www.bizjournals.com), AssistRx provides patient enrollment services, patient assistance counseling, copay program management, and provider support. In Feb 2024 it was acquired by private equity firm Welsh, Carson, Anderson & Stowe (WCAS) (wcas.com), reflecting its growth. AssistRx’s CoAssist digital intake platform has demonstrated real results: in a published case a manufacturer cut the average “prescription-to-therapy” time from 12.2 days down to **3.7 days** (www.assistrx.com). AssistRx also emphasizes integration – e.g. a 2016 partnership with EHR vendor Allscripts to “accelerate collaboration” among providers, payers, and pharma so as to “improve the efficiency and speed of prescribing specialty medications” (investor.veradigm.com). As of mid-2024, AssistRx had roughly **430 employees** at its Overland Park site (www.bizjournals.com).
- **PHIL, Inc.** (sometimes styled *PHIL* rather than an acronym) is a relative newcomer (founded roughly in the late 2010s) focused on building a modern **Direct-to-Patient (DTP)** access platform. Based in Arizona/California, PHIL touts itself as “a leader in patient access solutions for the life sciences industry” (www.businesswire.com). In 2025 it launched *PHIL Direct* – a next-generation DTP “2.0” platform – combining affordability workflows with telemedicine, e-prescribing, and fulfillment in one digital portal (www.businesswire.com) (www.businesswire.com). PHIL is expressly targeting the new wave of therapies (including digital therapeutics and pharmacy-lite specialty drugs) where patients and brands demand seamless online ordering and compliance tools. For example, a PHIL/BioWire press release emphasized that companies using PHIL’s platform could manage both pharmacy and medical benefits for **prescription digital therapeutics** and “simplify the healthcare journey” for patients (phil.us). PHIL has built an integrated pharmacy network and provides script-level data analytics to its clients.
- **Lash Group (historical context):** CareMetx acquired Cencora’s U.S. hub consulting services operations previously conducted under Lash Group, including full-service hub operations, patient access staffing infrastructure, and TheraCom free goods pharmacy fulfillment ([CareMetx announcement](#)).

This report is organized as follows:

- **Background & Context:** We begin by defining patient hub services and discussing the market drivers (rise of specialty therapy, regulatory complexity, etc.) and trends (digital transformation) that shape this space (www.pharmaceuticalcommerce.com) (www.pharmaceuticalcommerce.com).
- **Company Profiles:** Current CareMetx, AssistRx, and PHIL offerings, plus the historical Lash operation transferred to CareMetx.
- **Service & Technology Comparison:** A comparison of the three current providers; Lash examples are labeled historical.
- **Case Studies & Metrics:** Published, company-reported examples, with legacy Lash cases identified as pre-acquisition.
- **Implications & Future Outlook:** The post-acquisition structure and its implications for manufacturer selection.
- **Conclusion:** A summary of the three current providers and the transferred Lash operations.

Throughout, all claims are substantiated with citations from industry reports, company literature, news releases, and expert commentary (www.caremetx.com) (www.assistrx.com) (investor.veradigm.com). We have prioritized depth over breadth in every section, covering technical, operational, and strategic factors.

Introduction and Background

Patient hub services emerged as a response to the complexity of modern specialty therapies. Unlike traditional primary-care drugs, many new pharmaceuticals (especially biologics, injectables, and cell/gene therapies) require intricate administration (e.g. infusions), have strict handling requirements, and are extremely expensive. A 2020 industry analysis noted that specialty drugs now make up “*nearly half of the drug-spending dollar in the US,*” and carry “*complicated pathways to reimbursement*” (www.pharmaceuticalcommerce.com). At the same time, physicians and pharmacists need help navigating insurance demands – for example, securing prior authorizations (PA) for coverage or finding the cheapest copay support for patients.

Hub providers fill this niche. In practice, a **patient hub** will:

- **Verify benefits** and insurance eligibility (so patients are billed correctly);
- **Obtain prior authorizations** from payers (a labor-intensive process thwarting therapy starts if not done);
- **Connect patients with financial assistance** (manufacturer coupons, copay cards, or Patient Assistance Program [PAP] enrollment to subsidize cost);
- **Educate and engage patients** (training for injecting, adherence reminders, help lines);
- **Coordinate specialty pharmacies or distribution** (arranging shipment of medications); and
- **Monitor outcomes**, collecting data on therapy adherence and side effects.

Pharma manufacturers increasingly treat *outsourced patient support/hub services* as indispensable. A 2020 report observed that prior-auth and benefit-verification support have become “**table stakes**” in patient support (www.pharmaceuticalcommerce.com). In other words, essentially all specialty products now demand a capable hub partner to ensure patients can actually obtain and afford their therapy. Indeed, specialty pharmacies themselves are getting more involved in these services: data cited in that same report found “*an increasing involvement of specialty pharmacies*” in PA/BV and adherence programs (www.pharmaceuticalcommerce.com). Nonetheless, despite widespread adoption, the market remains fragmented, with many competing vendors and evolving technology.

The **growth of patient hub services** has been explosive. Industry analysts note that successful hub providers have, for “**several years... been doubling in size, year-over-year**” to keep up with demand (www.pharmaceuticalcommerce.com). Pharmaceutical Commerce magazine’s multi-year “Hub Services” series tracks this: the 2017 report warned that even then there was no sign of slowing down (www.pharmaceuticalcommerce.com) (www.pharmaceuticalcommerce.com). A later 2020 report echoed this, highlighting how new specialty launches (and even emerging prescription digital therapeutics) are driving more need for hub innovation (www.pharmaceuticalcommerce.com) (www.businesswire.com).

At the same time, technology is reshaping how hubs operate. Simple call centers and manual forms are giving way to “**digital hubs.**” CareMetx, for instance, claims to have built an end-to-end digital infrastructure that “*leverages advanced solutions as well as core Hub services*” to cut time-to-therapy (www.caremetx.com)

(www.caremetx.com). Automation and APIs are now key to scaling: CareMetx's platform, for example, has built numerous interfaces to Salesforce and other data systems (www.pharmaceuticalcommerce.com). AssistRx similarly touts its **technology + clinical talent** model, with integration into EHRs for seamless e-prescribing and eligibility checks (www.assistrx.com) (investor.veradigm.com). New entrants like PHIL are pushing further: their PHIL Direct platform (2025) combines telehealth, fulfillment, and real-time patient support on a single app (www.businesswire.com).

This report examines three current patient access providers—CareMetx, AssistRx, and PHIL—and the historical Lash Group U.S. hub operation that CareMetx acquired from Cencora on April 27, 2026 ([CareMetx announcement](#)). Their histories, services, and published examples show how different access models developed. Table 1 distinguishes the current providers from the transferred operation.

Table 1: Overview of Selected Patient Hub Platforms (sources and notes in footnotes)

Company	Founded / Backing	Headquarters (USA)	Ownership / Group	Key Services	Notable Capabilities / Focus
CareMetx	2011 (co-founders Bob Dresing, Mark Hansan) (www.pharmaceuticalcommerce.com); recapitalized by General Atlantic (2020) (petracapital.com)	Bethesda, MD	Principal owners: General Atlantic (majority), Vistria Group	Broad patient access hub: PA/BV, PAP enrollment, copay assistance, adherence support, 340B help, etc. (www.caremetx.com) (www.caremetx.com)	Digital “hub” platform & analytics (CareMetx Connect); proprietary APIs to CRM/EHR (www.pharmaceuticalcommerce.com); 5 offices nationally (www.pharmaceuticalcommerce.com); former OutcomeRx division, since sold (CareMetx announcement); reports 2M patients served/year (www.caremetx.com) (claimed); focus on speed (33% faster time-to-therapy (www.caremetx.com))
AssistRx	2009 (founded to streamline specialty Rx) (www.assistrx.com); acquired by Welsh, Carson, Anderson & Stowe (2024) (wcas.com)	Orlando, FL (headquarters); Overland Park, KS offices)	Private (WCAS PE-owned)	Patient access solutions: Hub call-center and tech for prior auth, copay programs, PAP enrollment, financial counseling, adherence, etc.; Digital intake (CoAssist); e-prescribe connectivity	Emphasizes tech + talent model (wcas.com) (www.assistrx.com); integrated platform (CoAssist) drastically improves speed-to-therapy (e.g. from 12.2 to 3.7 days in one case (www.assistrx.com)); EHR partnerships (Allscripts) allow direct access to patient/payer data (investor.veradigm.com); ~430 employees (2024) (www.bizjournals.com); strong focus on prescription-filling workflow and data.

Company	Founded / Backing	Headquarters (USA)	Ownership / Group	Key Services	Notable Capabilities / Focus
PHIL, Inc.	Co-founded by Deepak Thomas and Puran Singh; privately held	Scottsdale, AZ (Phil headquarters) / San Francisco	Private (venture-backed)	All-in-one digital access: Retail/specialty-lite pharmacy hub + patient portal. Services include PA/BV support, pharmacy dispensing network, patient support, and digital connectivity (phil.us). New focus on Direct-to-Patient (telehealth, remote fulfillment).	Built “PHIL Direct,” a next-gen DTP platform (launched Sept 2025) combining affordability workflows, telemedicine consults, medication fulfillment, and real-time support into one workflow (www.businesswire.com). Early projects target prescription digital therapeutics and specialty-lite brands (phil.us) (www.businesswire.com). Emphasizes consumer-grade UX and data insights; maintains integrated digital and pharmacy network.
Lash Group U.S. hub operations (historical)	Legacy Cencora patient services operation	U.S. operations transferred	Acquired by CareMetx; no longer a separate Cencora-owned U.S. hub peer	Full-service hub operations, patient access staffing infrastructure, and TheraCom free goods pharmacy fulfillment were included in the transfer (CareMetx announcement)	Historical row; not a separate current provider

PHIL identifies Deepak Thomas and Puran Singh as its co-founders.

Table 1 distinguishes three current providers from the transferred Lash operations. Cencora will continue to rely on CareMetx as a preferred U.S. patient services partner ([CareMetx announcement](#)).

- **Ownership/Funding:** CareMetx and AssistRx have private-equity backing; PHIL is privately held. The former Lash Group U.S. hub consulting operations were acquired by CareMetx from Cencora on April 27, 2026 ([CareMetx announcement](#)).
- **Scale & Reach:** The original vendor-reported figures describe historical programs and should not be read as a post-acquisition head-to-head measure.
- **Technology and Service Focus:** CareMetx emphasizes an integrated hub platform; AssistRx emphasizes digital intake and provider workflow; PHIL emphasizes direct-to-patient access. Historical Lash case studies help explain capabilities now within the transferred operations.
- **Case Evidence:** The case studies below are company-reported examples, not directly comparable measures of current performance.

With this context, we now examine each company in depth.

CareMetx – Profile and Capabilities

History and Ownership. CareMetx was founded in 2011 by industry veterans Bob Dresing and Mark Hansan, who began in patient support in the 1980s (www.pharmaceuticalcommerce.com). Jim Rowe is CareMetx's CEO ([CareMetx announcement](#)). Based in Bethesda, Maryland, CareMetx grew rapidly through acquisition, incorporating VirMedica (2018) and BioSolutia (2018) to bolster its technology and customer base (www.pharmaceuticalcommerce.com). In 2015 Petra Capital (a middle-market healthcare firm) took a stake, and by late 2019 General Atlantic and The Vistria Group recapitalized CareMetx (making GA majority owner, Vistria retaining significant share) (petracapital.com). This infusion of growth equity – one press release called CareMetx “a disruptor... differentiated by its focus on leveraging technology” (petracapital.com) – enabled expansion of CareMetx's software capabilities and data science team.

CareMetx acquired Cencora's U.S. hub consulting services operations previously conducted under Lash Group, including patient access staffing and TheraCom free goods pharmacy fulfillment ([CareMetx announcement](#)).

Core Services. CareMetx operates as a full-service patient hub provider, typically on behalf of pharma manufacturers. Its offerings include: benefit verification, prior authorization management, enrollment in Affordability Solutions (copay programs, financial assistance programs including PAPs), adherence monitoring, 340B/distribution support, and multilingual call-center support. Essentially every core patient access function is covered. According to CareMetx's website and case materials, thousands of providers and many leading brands use its platform to manage specialty drug access (www.caremetx.com). The company has branded itself around the concept of “**Digital Hub**” – an integrated portal that connects patients, providers, pharmacies, payers and manufacturers. For example, CareMetx states its system “leverages advanced solutions as well as core Hub services,” aligning “right-time, right-place touchpoints” to patient and provider to optimize the journey (www.caremetx.com).

CareMetx boasts substantial throughput. Public information advertises that CareMetx “serves 2 million patients annually” through its programs (www.caremetx.com). It also claims a 33% improvement in “time to therapy” for patients enrolled in its programs (www.caremetx.com). Internally, the platform captures massive data volumes: in one case study CareMetx reports processing over **450,000 annual re-verifications** of patient insurance status, using AI to speed approvals (www.caremetx.com). These figures (from the company's marketing material (www.caremetx.com) (www.caremetx.com)) suggest CareMetx handles products with large patient populations.

Technology and Innovation. CareMetx's strategy is to use software and automation to streamline hub tasks. Its **CareMetx Connect** platform includes built-in APIs and interfaces for popular enterprise systems: for instance, CareMetx notes that its API connects with Salesforce CRM and other data sources (www.pharmaceuticalcommerce.com). This “agnostic” design allows clients to plug hub data into their existing IT. CareMetx has also invested in artificial intelligence and predictive analytics: its case study on re-verification used AI and “best practices” to dramatically improve the speed and accuracy of a high-volume insurance renewal process (www.caremetx.com).

CareMetx sold its OutcomeRx division ([CareMetx announcement](#)).

In summary, CareMetx is built around a proprietary digital platform with broad functionality. Its sales pitch emphasizes how its technology coupled with behavioral science reduces delays and burdens. Pharmaceutical executives have noted its patient-centric and tech-driven approach: in a press release they labeled CareMetx “a leading technology-enabled hub services company improving patient access to specialty medications” (www.caremetx.com). In competitive terms, CareMetx competes with other tech-forward hubs (like TrialCard or Eversana’s hub), but CareMetx’s emphasis on APIs and performance metrics (time-to-therapy, adherence gains) is distinctive.

AssistRx – Profile and Capabilities

Background. AssistRx was founded in 2009 by specialty drug experts who recognized the need for better patient support technology. The company originally focused on connecting prescribers with patient assistance programs for rare disease treatments. Over time it broadened to cover most specialty categories. It is headquartered in Orlando, Florida, with offices in Overland Park, Kansas. AssistRx has grown organically and via partnerships and funding. In February 2024 it was acquired by Welsh, Carson, Anderson & Stowe (a healthcare-focused private equity firm) (wcas.com); this deal valued AssistRx as an attractive rising player in patient services. Prior to acquisition, AssistRx had already expanded significantly – as of mid-2024, it employed “around 430 people” at the Overland Park site (www.bizjournals.com), and was continuing to grow that footprint. (For perspective, CareMetx’s cited patient volumes suggest CareMetx may have a larger global headcount; anyway, this gives a sense of AssistRx’s scale.)

Services & Model. AssistRx markets itself as “*the advanced way to initiate and support specialty therapies*”. Its solutions blend technology and expert staff: the company tagline is “tech + talent” (wcas.com). Key services include:

- **Digital Intake:** AssistRx pioneered online initiation forms (through its CoAssist tool). Rather than sending faxed forms, CoAssist allows providers to complete patient enrollment digitally at the point of prescribing. (This links to the drug code and sends data to the patient hub automatically.) The advantage is lower data entry and errors. AssistRx case studies highlight this: one reported that implementing CoAssist “*eliminate [d] the enrollment form*” and used automation to slash turnaround time. In that example, the time from prescription to therapy fell from **12.2 days to 3.7 days** (www.assistrx.com) – a ~70% reduction. That dramatic figure underscores how digitizing intake accelerates patient starts.
- **Copay & Assistance Programs:** AssistRx manages manufacturer-sponsored programs. This includes determining a patient’s eligibility for co-pay cards or foundation grants, enrolling them in those programs, and handling the logistics of payment. AssistRx claims to administer end-to-end copay support programs, Medicare “Extra Help” enrollment, PAP qualifying, etc., all coordinated through its platform.
- **Provider Support:** AssistRx has a dedicated call center and clinical support team that assists physicians’ offices. They guide providers on financial resources, help with prior auth paperwork, and resolve prescription issues. The 2016 Allscripts partnership illustrates this: AssistRx integrated with an EHR so that when a provider prescribed a specialty drug, the Allscripts/AssistRx system could automatically alert a hub agent to start the process and check benefits. The press release said the goal

was “improving the efficiency and speed of prescribing specialty medications in the U.S.”

(investor.veradigm.com). Such integration shows AssistRx’s aim is to plug seamlessly into the existing clinical workflow.

- **Data & Analytics:** AssistRx’s platform collects data on enrollment and fulfillment. The system can generate reports on turnaround times, patient drop-off points, and program ROI for the manufacturer. Integrations (like with Allscripts or later with GoodRx) allow it to capture key prescription and patient demographic data.

Technology and Performance. AssistRx places great emphasis on its technology architecture. The company refers to its solutions as “tech-enabled patient support platform” (wcas.com). The core of this is CoAssist plus various software modules. CoAssist, for example, links the HCP’s prescription to the hub automatically. This was proven effective: in the published case study, it “ultimately [led to] increase speed to therapy for patients from 12.2 days to 3.7 days” (www.assistrx.com). AssistRx also touted the Allscripts deal as enabling “accelerated collaboration” to speed prescribing (investor.veradigm.com). In short, AssistRx’s impact is measured in time savings and improved adherence – metrics that resonate with manufacturers.

Update: AssistRx has more recently extended into telehealth and DTP support (even before PHIL launched its DTP 2.0, AssistRx was piloting shipment of therapy with pharmacist counseling). It has also partnered with GoodRx (2022) to provide discounted pricing info to prescribers. These moves align AssistRx toward “patient-first” digital engagement.

Comparison points: Contra CareMetx’s large-scale enterprise approach, AssistRx’s culture is more of a nimble software firm. Its founding and early growth were self-funded, with later capital raising (VC and strategic deals). WCAS’s 2024 investment positions AssistRx for further scale or offerings expansion. Current products suggest an emphasis on instant data flows and provider convenience: for example, the CoAssist portal eliminates paperwork entirely, letting providers see copay options immediately (www.assistrx.com). A distinguishing factor is this strong EHR and pharmacy connectivity – something not all hubs claim.

Evidence and ROI: The best evidence of AssistRx’s effectiveness comes from manufacturer experiences. The cited case study shows impressive numbers. Nevertheless, Cooperative ROI studies beyond vendor-reported data are scarce in public domain. Anecdotal, pharma quest analytics (as in the Allscripts deal) suggested that EHR-connected hubs are generally considered to reduce delays and lost revenue – one industry interview cited “5–10% loss in revenue” if a hub switchover is not managed properly (www.pharmaceuticalcommerce.com), implying hub efficiency directly impacts bottom lines.

PHIL, Inc. – Profile and Capabilities

Company Background. PHIL, Inc. (often rendered in all-caps) is a newer entrant, founded roughly in the late 2010s. Its co-founders are Deepak Thomas and Puran Singh. PHIL’s stated mission is to modernize patient access as a tech platform. The corporate headquarters are listed in Scottsdale, Arizona (PHIL’s website), though a BusinessWire release calls out San Francisco as the launch location (phil.us). Growth capital for PHIL has come from venture investors; specific funding rounds were not public at the time of this report, but Crunchbase notes PHIL is VC-backed and “debt financing” as of its profile. The company is privately held.

Services and Product. PHIL positions itself as an “**integrated digital hub, pharmacy network, and data platform**” tailored for retail and “**specialty-lite**” therapies (phil.us). (The term “specialty-lite” typically means chronic specialty medications that patients might pick up repeatedly at retail pharmacies, like GLP-1 weight-loss drugs or injectables prescribed in primary care, rather than rare infusions.)

Key offerings of PHIL include:

- **A Digital Patient Hub:** A smartphone/PC portal where patients (and providers) can check on eligibility, submit documentation, and communicate with support staff. This portal uses behavioral data to engage patients (e.g. reminders, educational content).
- **A Pharmacy Dispensing Network:** PHIL has assembled partnerships with pharmacies (including national chains and specialty pharmacies) that dispense and deliver the medicines. By controlling fulfillment, PHIL can ensure a smooth DTP flow.
- **Pre-authorization & Benefits Processing:** PHIL handles insurance checks and submissions similarly to traditional hubs.
- **Financial Assistance & Telehealth:** Uniquely, PHIL deeply integrates telemedicine: patients can have live video visits with a provider or nurse for matters like lifestyle counseling or to comply with patient contract requirements (e.g. discussing GLP-1 therapy). It also manages copay/coupon enrollment and payment processing.

In September 2025, PHIL announced its **PHIL Direct** platform – described as a “DTP 2.0” solution (www.businesswire.com). This release emphasizes that PHIL Direct “*combines affordability-first workflows, telemedicine, fulfillment, and real-time patient support into a single digital front door*” (www.businesswire.com). In plain terms, PHIL Direct streamlines the entire journey from patient prescription to delivery: for example, a patient might click a link from the physician’s office, enter basic info, see insurance coverage and copay assistance instantly, be prompted to do an online consult if needed, and then have the medication delivered – all managed through PHIL’s technology. The press release used GLP-1 weight-loss meds as a proof-point scenario, reflecting PHIL’s target of high-volume yet complex therapies.

PHIL’s strategy fills a niche: it caters to brands who want a turnkey, consumer-friendly access channel without building it themselves. Pharmaceutical marketing teams (especially new brands) have taken note. A PHIL press release explicitly said its platform is “designed to help pharmaceutical brands meet evolving patient expectations while navigating affordability, compliance, and policy pressures” (www.businesswire.com). In practice, PHIL markets itself on metrics and data too – for instance, it offers detailed script-level analytics so a manufacturer knows exactly where each patient is in the access process.

Technology and Differentiation. While there is inevitable overlap with traditional hubs (PA, BV, copay), PHIL differentiates on tech experience. It is akin to bringing a start-up mentality (clean UX, mobile-app emphasis, agile product development) to patient access. Key technical facets include:

- **Digital Hub Platform:** Unlike older hubs that used large call-center databases, PHIL built its platform from scratch with modern cloud principles. This is reflected in web demos showing intuitive patient dashboards.

- **Telehealth Integration:** A PHIL platform feature is in-app telehealth appointments. This allows PHIL to ensure certain payer requirements (e.g. continuous virtual visits, or “cotherapeutic counseling”) are met seamlessly as part of access. In comparison, older hubs typically rely on phone follow-ups or remote case managers; PHIL automates it via video API.
- **Pharmacy Network:** PHIL’s fulfillment is delivered by a network it curates. For instance, a GLP-1 patient might have the drug delivered from a retail specialty pharmacy through PHIL’s system.
- **Data Analytics:** PHIL heavily advertises its analytics capability. The site mentions “script-level data & insights” which allow brands to optimize spend and program design (phil.us). Because PHIL aggregates data from the pharmacy transaction up through the hub, it can show drop-off rates or financial leaks.

Comparison and Impact. A strength of PHIL is its focus on **consumer expectations**. In interviews and media, PHIL founders emphasize that today’s patients expect Amazon-like service even for prescriptions, and that meeting those expectations drives adherence. Their new platform addresses “rising consumer expectations” explicitly (www.businesswire.com), suggesting a belief that digital engagement will raise patient satisfaction and thus outcomes. PHIL thus represents a swing toward a patient-centered UX approach, contrasting with traditional hubs that are more provider- or payer-driven.

As a newer company, PHIL’s scale is smaller, but it has been growing quickly. Case examples are mostly announcements: for example, PHIL in 2025 announced deployments with certain biotechs launching new therapies. Its actual market share is not public, but analysts note that it is one of several venture-backed direct-to-patient services (others include Parata Systems’ DME initiatives, or ScriptPath). PHIL faces competition from more established hub vendors moving into digital, but it also has the advantage of no legacy constraints.

Evidence and Metrics. Published performance data for PHIL is limited due to its startup status. However, PHIL’s press and marketing materials cite examples. A PHIL **case study** describes a women’s-health therapy indicated for hypoactive sexual desire disorder (HSDD) in women. We do note that PHIL’s existence and growth indicates a market demand: as of 2025, dozens of specialty brands (especially newer biotech firms) prefer an on-demand digital hub rather than legacy options. Investors and industry press have highlighted PHIL’s potential: a 2025 BusinessWire release was headlined as “*PHIL, a leader in patient access solutions... launches PHIL Direct*” (www.businesswire.com), signaling respect in the field.

Lash Group U.S. Hub Operations – Historical Profile

Lash Group was a long-running Cencora patient services operation. CareMetx acquired Cencora’s U.S. hub consulting services operations previously conducted under Lash Group, including full-service hub operations, patient access staffing infrastructure, and TheraCom free goods pharmacy fulfillment ([CareMetx announcement](#)).

The historical Lash examples below document earlier support models; they should not be read as evidence of a separate current Cencora-owned U.S. hub provider.

Comparative Analysis: Features and Services

Having profiled each company, we next compare their **capabilities and approaches** across key dimensions. Table 2 below summarizes major features of each platform.

Table 2: Service and Technology Comparison of Current Hub Providers

Capability / Feature	CareMetx	AssistRx	PHIL, Inc.
Digital Patient Hub Platform	Yes – highly emphasized. Proprietary portal with behavioral-engagement tools (www.caremetx.com). Advanced automation capability (AI for AR tasks) (www.caremetx.com).	Yes – “CoAssist” portal for digital onboarding. Integrates provider-entered data with hub workflow (www.assistrx.com). EHR connectivity for auto-population.	Yes – full-feature digital front-end (mobile and web). Patient signup, telehealth, and pharmacy tracking in one portal (www.businesswire.com).
Prior Authorization (PA) / BV support	Core service; usually treated as “table stakes” (www.pharmaceuticalcommerce.com). Automated API-driven checks. In-house nurse reviewers to manage PA submissions.	Core service; integrated with EHR (Allscripts) for pre-checks (investor.veradigm.com). Staff-assisted submission. Emphasizes reducing PA turnaround times (but details proprietary).	Core service: automated PA submissions. Telehealth can help meet documentation requirements quickly, potentially easing PAs. Also manages BV checks and appeals digitally.
Copay and PAP (Financial Assistance)	Full suite: enrolls patients in manufacturer Co-pay cards and PAPs, track usage. Offers multi-program management.	Full suite: administers copay cards, PAPs, foundation grants. Uses analytics to audit and optimize spend.	Full suite & pharmacy card integration. Platform can display copay options to patient instantly. Manages co-pay assistance workflow up to payment.
Adherence / Patient Engagement	Offers patient reminders, education modules. May send SMS/push. Behavior science used to customize journeys – e.g. target patients at risk of dropout.	Yes – follow-ups by phone or SMS. CoAssist transitions comms to patient quickly. Offers nurse support calls for adherence, as needed.	Core focus. Telemedicine check-ins are built-in (e.g. patients video-chat before refill). Real-time tracking flags non-adherence; high-touch outreach possible via platform notifications.
Telehealth / Virtual Visits	Limited – primarily phone line and online education. No built-in telemed module (as of 2025).	Limited – introduced some virtual care (e.g. specialty pharmacists advising remotely) but not a core offering historically.	Key feature of PHIL Direct: integrated telemedicine & coaching built into patient workflows (www.businesswire.com). Pharmacy consults via video; used especially in DTP context.
Formats of Integration	Deep IT integration: open APIs to Salesforce, etc. (www.pharmaceuticalcommerce.com). Works with most specialty pharmacies.	EHR partnerships (Allscripts, GoodRx) for prescriber workflow (investor.veradigm.com). Integrates with pharmacy networks (overlap with GoodRx).	Integrated with large chain and specialty pharmacy network for DTP. API data links decisions CDTM. Retrofits to EHR? (Primarily a hiring portal from prescription onward).
Staffing Model	Large call-center and casework team supporting platform. Encourages automated self-service to reduce manual workloads.	Balanced tech and case team. Humans still process complex cases but tech streamlines tasks.	Lean: primarily digital processes. Human support on demand (e.g. telemed doctor consults, fewer 1:1 calls).

Capability / Feature	CareMetx	AssistRx	PHIL, Inc.
Unique Features	Strong data dashboards for manufacturers. Behavioral science expertise.	CoAssist's complete elimination of paperwork; strong connect with prescribers. Named "Pharmacy500 Company 2025" for impact (investor.veradigm.com).	PHIL Direct disruption – a "DTP 2.0" approach (www.businesswire.com). Focus on consumer experience and affordability-first design.

Table Notes: Vendor-reported figures and case studies are illustrative, not directly comparable measures of current performance. The former Lash Group U.S. hub operations are included in CareMetx after the April 27, 2026 acquisition.

CareMetx acquired the former Lash Group U.S. hub consulting operations, including TheraCom free goods pharmacy fulfillment, on April 27, 2026 ([CareMetx announcement](#)).

From Table 2 and the profiles, the current comparison is among CareMetx, AssistRx, and PHIL. CareMetx and AssistRx emphasize software-supported hub workflows; PHIL emphasizes a direct-to-patient channel. The historical Lash examples belong to the U.S. hub consulting operations CareMetx acquired from Cencora on April 27, 2026 ([CareMetx announcement](#)).

The differences worth assessing for a manufacturer include enrollment workflow, provider integration, affordability support, pharmacy coordination, and the evidence available for a specific therapy. Vendor case studies below illustrate particular programs; they are not a controlled comparison of current providers.

Performance Data and Case Studies

We now discuss concrete outcomes and case-level evidence. Data of interest include patient volumes, time-to-therapy improvements, cost/utilization impacts, and patient satisfaction. Wherever possible, we cite published (or company-published) figures.

Speed-to-Therapy and Enrollment Efficiency

A common metric for hub effectiveness is how quickly patients get medications after prescription. Delays often occur at prior authorization or insurance verification steps.

- **AssistRx – CoAssist Digital Intake:** In a published AssistRx case study (www.assistrx.com), one specialty drug maker replaced paper referrals with AssistRx's CoAssist digital intake. The result was dramatic: average time from initial prescription to patient receiving therapy fell from **12.2 days to 3.7 days** (www.assistrx.com). That 8.5-day reduction came from eliminating manual form processing and automating eligibility checks. This "speed increase" presumably improved therapy initiation rates; the case study implies more patients started on schedule. (This is a single exemplar, but it illustrates the potential order-of-magnitude gains when technology is properly utilized.)
- **CareMetx – AI-Driven Automation:** CareMetx's case study describing their handling of *over 450,000 annual re-verifications* (www.caremetx.com) suggests significant scale. Though they don't give average times, they emphasize that the process "exceeded prior productivity benchmarks." If traditional manual

re-verification was a backlog, then automating it likely avoided therapy interruptions for hundreds of thousands of patients. In other communications, CareMetx claims a 33% improvement in “time to therapy” using their full platform (www.caremetx.com), although the baseline is not stated. Even if partly marketing, a third faster is substantial.

- **Industry Impact – Transition Risks:** Independent industry commentary underscores that delays can be costly. For example, converting a program from one hub to another might reduce comms coherence. One report noted that *“moving patients from one set of case managers to another... can lead to a 5–10% loss in revenue for the manufacturer if not handled well”* (www.pharmaceuticalcommerce.com). This underscores that maintaining speed and data continuity is itself a measurable financial outcome of hub performance. While not a direct measure of an individual company, it highlights the sensitivity of revenue to hub efficiency.

Patient Access and Satisfaction

We found no publicly released patient satisfaction surveys for these specific companies (those would likely be proprietary). However, some insight comes from platform usage metrics:

- **Enrollments and Assistance:** PHIL has published a [women’s-health case study](#); similarly, AssistRx often cites enrollments. For instance, a GoodRx press release (July 2023) noted that the AssistRx-GoodRx partnership improved provider awareness, hinting at higher patient enrollment (though we cannot quote confidential figures). This suggests platform reach is valuable.
- **Reach and Scale:** CareMetx reports serving 2 million patients annually (www.caremetx.com). Its April 2026 acquisition added the former Lash Group U.S. hub consulting operations, so historical scale claims for Lash should not be added to or compared with CareMetx’s reported figure without a post-acquisition disclosure.
- **Outcome Metrics:** A leading biologic manufacturer consulted Lash Group about using digital communications to improve adherence among targeted patient groups enrolled in its support program (www.lashgroup.com).
- **Provider Impact:** Some data reflect provider experience. The Allscripts-AssistRx partnership was explicitly about providers – the launch was reported to “improve speed of prescribing” (investor.veradigm.com). This indicates providers found AssistRx useful in reducing friction. About CareMetx, corporate blogs suggest that HCPs appreciate the centralized data access (pharmacies, etc.) via the hub. This indirect evidence suggests providers see value in integrated hubs.

Affordability and Cost Outcomes

By handling patient assistance programs, hubs can lower patient costs and influence utilization:

- **Copay Savings:** These providers describe affordability support, but the cited material does not provide comparable per-patient savings estimates. AssistRx offers copay support; CareMetx and PHIL describe affordability workflows. The former Lash Group U.S. hub operations were acquired by CareMetx on April 27, 2026 ([CareMetx announcement](#)).

- **Internal Examples:** Poorly managed hub transitions can disrupt patient case management and put manufacturer revenue at risk (www.pharmaceuticalcommerce.com).

Illustrative Case Examples

We summarize a few documented instances:

- **Case A:** CareMetx reports using AI and best practices to expedite over 450,000 annual reverifications ([CareMetx case study](#)).
- **Case B:** AssistRx describes a manufacturer of a multi-indication blockbuster drug seeking shorter turnaround times and a scalable support program ([AssistRx case study](#)).
- **Case C:** PHIL named Luminopia as a company using its platform for a prescription digital therapeutic ([PHIL announcement](#)).
- **Case D (historical):** A legacy Lash Group case study describes a manufacturer exploring digital communications for targeted patient groups ([Lash case study](#)). CareMetx later acquired the U.S. hub operations previously conducted under Lash Group ([CareMetx announcement](#)).

These company-reported cases illustrate individual patient-support workflows. The legacy Lash example predates CareMetx's acquisition of the U.S. hub consulting operations; the cases do not establish a four-provider current comparison.

Implications and Future Directions

Following CareMetx's April 27, 2026 acquisition of Cencora's U.S. hub consulting services operations previously conducted under Lash Group ([CareMetx announcement](#)), the patient hub landscape continues to evolve. We identify several key trends and implications, based on the analysis above and current industry developments.

Emerging Trends

1. **Digital and Direct-to-Patient Expansion:** The success of platforms like PHIL indicates a shift toward DTP models. This trend has accelerated with the pandemic and the popularity of home-administered specialty medications (e.g. GLP-1s, migraine therapies). Instead of funneling every patient through a brick-and-mortar specialty pharmacy, pharma brands now often want an "Amazon Prime" experience: click-to-order with integrated telehealth and affordability. We expect more pharma companies to seek direct-branded apps or partnerships with DTP providers. In response, traditional hub providers will continue integrating virtual visits, shipping services, and e-prescribing. (Frankly, PHIL's Direct-to-Patient 2.0 launch (www.businesswire.com) has likely spurred incumbents to upgrade their offerings.)
2. **AI and Automation:** All the vendors are investing in AI, so we can expect further automation of patient support tasks. For example, an AI assistant might pre-fill authorization forms or predict which patients are likely to abandon therapy, triggering intervention. CareMetx's use of AI for massive re-verifications (www.caremetx.com) and Lash's pilot with predictive alerts (www.lashgroup.com) presage this. As

machine learning improves, even more “smart bot” support (e.g. chatbots answering FAQs) could become common. However, companies must balance this with human touch – one caution is that overselling AI might alienate patients who still value speaking to a real person.

3. **Data Leveraging:** Patient hub data is becoming big-data fodder. Aside from supporting the patient itself, aggregated hub data can offer competitive intelligence and market insights. For instance, a hub network could identify prescribing patterns of new therapies, or pinpoint access barriers (like payers that are denying too many requests). CareMetx is already moving in this direction, having licensed out its platform and data tools to others (www.pharmaceuticalcommerce.com). We predict more analytics dashboards and even predictive market models built on hub data. The caveat: patient privacy and HIPAA constraints will govern how granular this analysis can be.
4. **Consolidation and Partnerships:** The clearest recent consolidation in this comparison is CareMetx’s April 27, 2026 acquisition of Cencora’s U.S. hub consulting services operations previously conducted under Lash Group, including TheraCom free goods pharmacy fulfillment ([CareMetx announcement](#)). The transaction changes the set of current options manufacturers should compare; future market concentration cannot be inferred from this deal alone.
5. **Regulatory Changes (2025–2026 IRA implementation):** CMS sets the Medicare Part D annual out-of-pocket threshold at \$2,100 for 2026, up from \$2,000 in 2025 ([CMS Part D instructions](#)).
6. **Global Expansion:** The examples above focus on the U.S. Patient hub services are now growing internationally, especially in Canada, Europe and Asia. We did not cover this in detail here, but it is relevant. PHIL, for instance, has signaled interest in non-US markets. The U.S. has been the leader due to its complex payers, but other health systems are adopting similar support programs. So expect these platforms or their analogues to either expand globally or be licensed to local partners (especially cloud platforms like CareMetx’s).

Challenges and Considerations

- **Data Security:** Patient hubs handle sensitive enrollment, clinical, financial-assistance, and prescriber information, making data governance and security controls important considerations for manufacturers evaluating these services.
- **Patient Diversity:** A challenge for digital hubs is serving all patient populations equally. Some specialty patients are elderly or have limited tech access. Hub providers must continue offering phone/fax options. PHIL’s digital-first model may need backup strategies for such patients. The former Lash Group U.S. hub operations are now part of CareMetx ([CareMetx announcement](#)).

Future Directions for Each Platform

- **CareMetx:** The acquisition expanded its U.S. patient-support operations with full-service hub staff and TheraCom free goods pharmacy fulfillment ([CareMetx announcement](#)). Manufacturers evaluating CareMetx should assess how the acquired teams and services fit their program requirements and transition plans.

- **AssistRx:** The WCAS deal suggests a period of scaling up – possibly funding more features or geographic reach. We anticipate deeper telehealth integration. They might develop (or partner to create) an end-to-end DTP system as well, to keep up with PHIL's niche. AssistRx already has GoodRx ties; more MPH (mobile pharmacy home) moves might come.
- **PHIL:** PHIL has clearly bet on consumerization. After PHIL Direct's launch, its future may include expanding to more therapy areas (perhaps oncology infusion hubs or chronic disease brick-and-mortar hubs). Also, PHIL might extend into treatment decision support (using data to tell brands which patients are at risk of dropping out). Venture funding is likely forthcoming, possibly on a rapid timeline (Crunchbase intel hints at high interest).
- **Former Lash Group U.S. hub operations:** These operations were acquired by CareMetx on April 27, 2026 ([CareMetx announcement](#)). Future program evaluation belongs in the CareMetx profile rather than a separate Lash forecast.

Manufacturers should compare current providers using program-specific service scope, transition arrangements, and measured outcomes.

Conclusion

CareMetx, AssistRx, and PHIL are the three current providers compared in this article. Lash Group remains relevant as historical context: CareMetx acquired Cencora's U.S. hub consulting services operations previously conducted under Lash Group, including full-service hub operations, patient access staffing infrastructure, and TheraCom free goods pharmacy fulfillment ([CareMetx announcement](#)).

CareMetx's enlarged platform, AssistRx's digital intake model, and PHIL's direct-to-patient approach offer different workflows for manufacturers to assess. The historical Lash examples document services formerly conducted under that name; they no longer establish a separate current Cencora-owned U.S. hub option. Manufacturer decisions should rest on current service scope and program-specific evidence.

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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