

# Specialty Pharmacy: An Analysis of Key Players & Trends

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specialty pharmacy

specialty drugs

pharmacy benefit manager

drug spending

pbms

gene therapy

biosimilars



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# Specialty Pharmacy Drug Industry: Key Players and Trends

## Executive Summary

The specialty pharmacy sector has become a vital segment of the [pharmaceutical industry](#), focusing on the distribution and management of **specialty drugs** – typically high-cost, high-complexity therapies for chronic, rare, and difficult-to-treat conditions. These medications demand special handling (cold chain, injectables, etc.) and intensive patient support (adherence monitoring, financial assistance, etc.) (<sup>[1]</sup> [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)) (<sup>[2]</sup> [www.definitivehc.com](https://www.definitivehc.com)). Although specialty prescriptions are a small minority (roughly 4%) of prescriptions in the U.S., they now account for **over 50% of total drug spending** (<sup>[3]</sup> [www.evernorth.com](https://www.evernorth.com)). In 2024, U.S. pharmacies dispensed an estimated **\$265 billion in specialty pharmaceuticals**, an 8% increase over the prior year (<sup>[4]</sup> [www.drugchannels.net](https://www.drugchannels.net)). This extreme disproportionality underscores the industry's growth dynamics and the critical role of key stakeholders in funding and delivering these therapies.

Market data illustrate the immense scale and growth trajectory of specialty pharmaceuticals. One analysis values the **global specialty pharmaceutical market** at on the order of \$679–746 billion in the mid-2020s, with forecasts to roughly double to ~\$1.6 trillion by 2033 (a CAGR ≈10%) (<sup>[5]</sup> [www.globalgrowthinsights.com](https://www.globalgrowthinsights.com)). In the U.S., specialty drugs have grown explosively: for example, one report notes U.S. specialty drug spending soared from about \$92 billion in 2023 to \$129 billion in 2024, with a projected annual growth of nearly 40% (implying nearly \$1 trillion by 2030) (<sup>[6]</sup> [www.definitivehc.com](https://www.definitivehc.com)). Regionally, North America dominates the specialty pharmacy market (~42% share, ~\$78.3 billion in 2024) (<sup>[7]</sup> [dataintel.com](https://dataintel.com)), driven by advanced healthcare infrastructure and aggressive adoption of innovative therapies. Other regions (Europe ~27%, Asia ~18%) are also growing rapidly, reflecting rising healthcare investment worldwide (<sup>[7]</sup> [dataintel.com](https://dataintel.com)).

The industry is highly concentrated. The largest **pharmacy benefit managers (PBMs)** and insurers dominate specialty drug dispensing through their integrated pharmacy networks (<sup>[4]</sup> [www.drugchannels.net](https://www.drugchannels.net)) (<sup>[8]</sup> [www.reuters.com](https://www.reuters.com)). For example, specialty pharmacies owned by the three largest PBMs (CVS Caremark, Cigna's Express Scripts (Evernorth), and UnitedHealth's OptumRx) command roughly **two-thirds of all specialty pharmacy revenues** (<sup>[4]</sup> [www.drugchannels.net](https://www.drugchannels.net)). These conglomerates (CVS Health, Cigna, UnitedHealth) leverage their clinical, reimbursement, and retail assets to steer specialty prescriptions into their channels. Other major players include **Walgreens** (now privately held under Sycamore Partners since August 2025, and rapidly expanding its specialty services), **Humana Pharmacy Solutions**, and **Prime Therapeutics** (owned by Blue Cross plans) (<sup>[9]</sup> [www.evernorth.com](https://www.evernorth.com)). Smaller independent chains and health-system pharmacies (e.g. Mayo Clinic, Kaiser Permanente specialty pharmacies) serve niche roles, especially under programs like 340B, but account for a minority of volume.

Specialty drug **manufacturers** and **distributors** also play crucial roles. Leading pharma companies (**Roche, Novartis, J&J, AbbVie, Gilead, Amgen**, etc.) supply the majority of specialty therapies, ranging from oncology biologics to rare-disease gene therapies. Large distributors (**McKesson/Cencora, AmerisourceBergen, Cardinal Health**) handle logistics and in some cases specialty clinics (infusion networks). For instance, McKesson's U.S. segment (FY2026 Q1 sales ~\$89.9B) saw a 25% YoY jump driven largely by **increased specialty drug distribution** (<sup>[10]</sup> [www.reuters.com](https://www.reuters.com)). Distributors are also integrating vertically: Cardinal Health acquired oncology network Solaris Health for \$1.9B (<sup>[11]</sup> [www.reuters.com](https://www.reuters.com)), Cencora purchased 85% of Retina Consultants of America for \$4.4B in January 2025, and McKesson acquired a controlling interest in PRISM Vision Holdings for \$850M (<sup>[12]</sup> [www.drugchannels.net](https://www.drugchannels.net)). Together, manufacturers, payers, PBMs, [pharmacies](#), and distributors form an intricate ecosystem managing the [pipeline of novel therapies](#).

Key industry trends include **pipeline innovation** and **technology integration**. The total number of FDA-approved cell and gene therapies now exceeds 40, with new approvals in 2025 including Zevaskyn (the first gene therapy for recessive dystrophic epidermolysis bullosa) and Encelto (the first therapy for macular telangiectasia type 2) <sup>(13)</sup> [www.cgtlive.com](http://www.cgtlive.com). These therapies, often costing \$0.85–5 million per patient, are increasingly billed under the medical benefit <sup>(14)</sup> [www.evernorth.com](http://www.evernorth.com). This, along with continuing novel biologic classes (e.g. GLP-1 agonists for obesity, CAR-T immunotherapies) is driving unprecedented cost and complexity. The GLP-1 market is also evolving rapidly: Novo Nordisk launched NovoCare Pharmacy in March 2025 for direct-to-patient Wegovy shipments, CVS Caremark made Wegovy its preferred GLP-1 (excluding Zepbound effective July 2025), and Medicare will begin covering certain obesity GLP-1s starting mid-2026. Providers are responding by building specialized services and expanding limited-distribution networks. Digital and data technologies (**AI predictive modeling**, telehealth-enabled pharmacies) are increasingly leveraged for patient support and operational efficiency <sup>(15)</sup> [ascellahealth.com](http://ascellahealth.com) <sup>(16)</sup> [dataintel.com](http://dataintel.com).

However, the industry faces challenges around **affordability and access**. High prices have prompted cost-management initiatives and biosimilar competition. By early 2026, **14 Humira biosimilars** are on the U.S. market, with biosimilar market share growing from 1% in 2023 to approximately 22% by volume in late 2024 <sup>(17)</sup> [www.nera.com](http://www.nera.com). Humira has been dropped from most major PBM standard formularies in favor of biosimilars. Additionally, seven Stelara biosimilars launched in Q1 2025 <sup>(18)</sup> [www.centerforbiosimilars.com](http://www.centerforbiosimilars.com). Policy reforms are also reshaping the landscape: the **Consolidated Appropriations Act of 2026** (signed February 3, 2026) includes landmark PBM reform requiring 100% rebate pass-through to employer health plans, and the FTC settled with Express Scripts in February 2026 requiring \$7 billion over 10 years toward improving patient out-of-pocket costs <sup>(19)</sup> [www.sidley.com](http://www.sidley.com). The Inflation Reduction Act's negotiated prices for 10 Medicare Part D drugs took effect January 1, 2026, with discounts ranging from 38% to 79% off list prices <sup>(20)</sup> [www.cms.gov](http://www.cms.gov). The case of CVS exiting certain infusion services <sup>(21)</sup> [www.reuters.com](http://www.reuters.com) and ongoing FTC litigation against CVS Caremark and OptumRx highlight continuing tensions in the system.

This report provides an in-depth analysis of the specialty pharmacy industry, covering its evolution, market structure, segment dynamics, data trends, case studies, and future outlook. We review major players (pharmacies, PBMs, distributors, manufacturers), illustrate current metrics, and discuss implications for stakeholders and patients. All statements are backed by recent data and expert sources where available.

## Introduction

**Specialty pharmaceuticals** are defined as high-cost medications for complex, chronic, or rare conditions that often require special handling, patient education, and coordination of care <sup>(1)</sup> [pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov). Unlike conventional drugs, specialty medications may require refrigeration, parenteral administration, or intensive monitoring. They include biologic and targeted therapies in areas such as oncology, immunology, hepatitis, and rare genetic diseases. Early examples of specialty drugs include antiretrovirals for HIV and enzyme-replacement therapies for genetic disorders; today's pipeline extends into gene editing (e.g. CRISPR-based treatments) and advanced monoclonal antibodies <sup>(22)</sup> [www.definitivehc.com](http://www.definitivehc.com) <sup>(14)</sup> [www.evernorth.com](http://www.evernorth.com). Specialty **pharmacies** are dedicated delivery channels for these therapies, staffed with specialized clinicians (pharmacists, nurses, patient counselors) who manage complex regimens and navigate insurance challenges.

The specialty pharmacy sector grew out of a need to manage the **rising costs and complexity** of advanced therapies. By 2014, literature already noted that “specialty pharmaceuticals are high-cost medications that treat complex, chronic, rare, and difficult-to-manage conditions,” requiring enhanced handling and cost controls <sup>(1)</sup> [pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov). Over the past decade, accelerated drug innovation has propelled specialty pharmacy into the mainstream of health care. According to one industry source, oncology now accounts for the **largest share of specialty pharmacy revenues** in 2024 <sup>(23)</sup> [dataintel.com](http://dataintel.com). This is driven by targeted cancer therapies and immuno-oncology drugs which demand rigorous support services. Autoimmune diseases (e.g. rheumatoid arthritis, multiple sclerosis) are another major category, managed almost exclusively with injectable biologics delivered through specialty pharmacies <sup>(24)</sup> [dataintel.com](http://dataintel.com).

Infectious diseases (notably HIV and hepatitis C) have been transformed by specialty antivirals, and rare/orphan diseases increasingly rely on specialty-managed orphan drugs (<sup>[25]</sup> dataintel.com) (<sup>[26]</sup> dataintel.com).

In the U.S., specialty drugs have grown to dominate pharmacy spending. Evernorth notes that “**for the first time ever, specialty medications make up 50% or more of plan sponsors’ total drug spend, despite accounting for only 4% of total pharmacy prescriptions**” (<sup>[3]</sup> www.evernorth.com). Within specialty claims, roughly 40% are billed under the medical benefit rather than traditional pharmacy benefit, reflecting the emergence of clinic infusions and provider-administered gene therapies (<sup>[3]</sup> www.evernorth.com) (<sup>[14]</sup> www.evernorth.com). As the Affordable Care Act and other reforms have expanded access, more patients now receive these life-saving therapies, further concentrating spending. Globally, the specialty pharma market was valued in the hundreds of billions of dollars in the early 2020s and is forecasted to grow at nearly 10% CAGR through the mid-2030s (<sup>[5]</sup> www.globalgrowthinsights.com). Key growth drivers include the aging population, increasing prevalence of chronic diseases, and continued biotech innovation.

Understanding the specialty pharmacy industry requires examining multiple dimensions: **market segmentation** (by disease area, distribution channel, and geography), **business structure** (key companies and their roles), and **operational models** (patient support programs, care management, reimbursement). This report is structured as follows:

- **Market Overview:** a comprehensive background covering definitions, history, and size/growth of the specialty drug and specialty pharmacy markets, with subtopics on therapeutic categories, distribution channels, and regional trends.
- **Key Players and Business Models:** detailed profiles of major participants, including PBM-owned specialty pharmacies, retail chains, independent and hospital-based specialty pharmacies, pharmaceutical manufacturers, and distributors. We examine how vertical integration and partnerships shape today’s landscape.
- **Data Trends and Analysis:** evidence-based insights on spending, prescription volumes, and financial performance, with statistics and forecasts from industry reports and financial releases. We present comparisons of market shares and growth rates.
- **Case Studies and Examples:** real-world illustrations of industry developments, such as major mergers/acquisitions (e.g. *UnitedHealth–Diplomat* deal), business strategies (Walgreens’ Gene & Cell Therapy program), and notable specialty drug launches (cost and access issues).
- **Emerging Trends and Future Outlook:** discussion of evolving issues – including biosimilars, digital health, and policy changes – and their implications. We highlight how advanced therapies (e.g. gene therapies) and new care models will likely shape the future of specialty pharmacy.
- **Conclusion:** summary of findings and overall conclusions.

All claims in this report are supported by citations to credible sources, including industry analyses, peer-reviewed reviews, news reports, and official company releases. Data are current through early 2026 wherever possible.

## Historical Evolution of Specialty Pharmacy

Specialty pharmacy, as a distinct field, emerged in the late 20th and early 21st centuries alongside biotechnology innovations. In the 1990s, complex therapies such as combination antiretrovirals for HIV and new cancer chemotherapeutics began to stretch the limits of traditional community pharmacies. By the early 2000s, dedicated “specialty pharmacies” began to appear, often affiliated with pharmacies that had expertise in infusion and patient counseling. The 340B Drug Pricing Program (enacted 1992) allowed certain safety-net providers to acquire high-cost medications at discounts; this inadvertently spurred many hospital and clinic-based pharmacies to expand services around specialty drugs. Throughout the 2000s, pharmacy benefit managers (PBMs) like Express Scripts (Medco) and CVS Caremark started to build or partner with specialty pharmacy networks to manage these complex drugs.

Large-scale consolidation further defined the industry. For example, in 2017–2019 **UnitedHealth Group** (through OptumRx) acquired *Diplomat Specialty Pharmacy* (a leading infusion/specialty provider) for ~\$300 million (<sup>[27]</sup>

[www.fiercehealthcare.com](http://www.fiercehealthcare.com)). Likewise, insurers acquired PBMs (Cigna's 2018 acquisition of Express Scripts) and PBMs acquired specialty pharmacies (e.g. *Accredo Health Group*). CVS Health's 2018 acquisition of Aetna unified the largest insurer with the largest specialty pharmacy chain in the U.S. These vertical integrations aligned payers, PBMs, and specialty pharmacies to streamline enrollment and formularies.

Specialty pharmacy has continually adapted to the drug pipeline. Early successes (e.g. antiretrovirals) paved the way for newer biologics like *Kalydeco* for cystic fibrosis, exemplifying how targeted drugs enhanced patient outcomes (<sup>[28]</sup> [www.pharmacytimes.com](http://www.pharmacytimes.com)). Today's hallmarks include gene therapy (e.g. *Casgevy* for sickle cell disease at ~\$2.2M per patient (<sup>[29]</sup> [www.definitivehc.com](http://www.definitivehc.com))), cell therapies (CAR-T), and "specialty-lite" injectable drugs (like GLP-1 agonists for obesity). As each wave of innovation arrived, specialized handling (cold-chain, special storage) and patient support (financial assistance, adherence programs) became standard offerings of specialty pharmacies.

Concurrently, policy and reimbursement lagged somewhat. In the U.S., insurers often designated specialty tiers with higher cost-sharing, while provider-administered drugs sometimes fell under medical benefits. The advent of biosimilars (e.g. for autoimmune biologics) began modestly in the 2010s, with limited Medicare Part D incentives, but is now accelerating cost competition. Government programs (Medicare Part D specialty tiers, Medicaid 340B discounts, now Medicare beneficiaries' out-of-pocket cost caps) significantly shape the specialty market. In 2023–2025, mounting drug prices prompted legislative scrutiny (e.g. Inflation Reduction Act price negotiation) and antitrust attention on PBMs and hospitals. Overall, the specialty pharmacy sector has evolved from niche "boutique" operations to a \$100+ billion industry integral to modern healthcare.

## Global Market Overview

### Market Size and Growth

The **specialty pharmacy market** – encompassing dispensing services and patient care for specialty drugs – is expanding rapidly. Market research sources broadly agree that global specialty drug spending and pharmacy revenues are growing at double-digit rates. For example, one industry analysis valued the global **specialty pharmaceutical market** (i.e. sales of specialty drugs) at approximately **\$679 billion in 2024**, with forecasts of nearly **\$1.6 trillion by 2033** (<sup>[5]</sup> [www.globalgrowthinsights.com](http://www.globalgrowthinsights.com)). This growth (nearly 10% CAGR) is driven by increasing prevalence of chronic/rare diseases, high prices for biologics and gene therapies, and ongoing R&D investment. Notably, specialty drugs form a majority of the drug pipeline. Industry analysts note that **about 75% of new drugs under development** are specialty medicines, highlighting an accelerating trend.

In **2023–2024**, U.S. specialty drug spending alone grew from roughly \$92 billion to \$129 billion, a year-over-year jump of over 40% (<sup>[6]</sup> [www.definitivehc.com](http://www.definitivehc.com)). If sustained, this trajectory implies specialty drug costs could near \$1 trillion in the U.S. by 2030. By definition, such costs fall largely on insurers and government programs, prompting stakeholders to contain spending. Nonetheless, the massive financial commitment indicates how central specialty therapies have become to modern care. The global specialty pharmacy services market (the revenue to pharmacies from dispensing these drugs) is a subset of this, but is also substantial. For instance, research firm DataIntel reported that **North America's specialty pharmacy market** was about **\$78.3 billion in 2024 (42% of global share)** (<sup>[7]</sup> [dataintel.com](http://dataintel.com)). Adding other regions, total global specialty pharmacy services might be on the order of \$180–200 billion (assuming North America's 42% share).

Forecasts call for continued growth. Drivers include demographic factors (aging populations with more cancer/autoimmune cases), ongoing specialty drug approvals, and increased access in emerging markets. An increasing number of previously orphaned patients now receive specialty treatments. The maturation of specialty care models (telepharmacy, patient support) also increases utilization and adherence, which amplify therapy volumes over time.

### Market Segmentation

**Therapeutic Areas.** Specialty pharmacy revenues are unevenly distributed across disease categories. *Oncology* dominates, due to both volume and unit cost. Reports note that oncology accounts for “the largest share of specialty pharmacy revenues” (<sup>[23]</sup> dataintel.com). Cancer patients often require multiple complex regimens (parenteral chemo, targeted antibodies) and frequent visits, making specialty pharmacies essential partners in oncology care (handling home infusion, OCM programs, complex counseling). Other leading categories include *autoimmune diseases* (rheumatoid arthritis, MS, psoriasis) managed with injectables (TNF inhibitors, IL inhibitors) (<sup>[24]</sup> dataintel.com), and *infectious diseases* (HIV, hepatitis C, COVID-19) notably during the HCV cure era. Rare diseases and genetic disorders are a fast-growing niche; over 7,000 rare conditions exist, many now treated by new orphan drugs (enzyme or gene therapies). Specialty pharmacies tailor services to these patients, handling individualized dosing, genetic test coordination, and case management (<sup>[26]</sup> dataintel.com).

Pharmacological types also segment the market. A majority of specialty drugs are biologics (monoclonal antibodies, fusion proteins) or complex injectables, requiring specialty channels. Biosimilars (generic-like versions of biologics) are entering the mix; currently, roughly 20 of 36 biosimilars are managed partly under specialty channels (often billed medically) (<sup>[14]</sup> www.evernorth.com). Cell and gene therapies are a rapidly maturing super-category: over 40 cell and gene therapies are now FDA-approved, with prices ranging from \$0.85–5 million per course (<sup>[14]</sup> www.evernorth.com) (<sup>[13]</sup> www.cgltive.com). These ultra-expensive, one-time treatments (e.g. for hemophilia, SMA, rare metabolic diseases) are shifting parts of the business under medical benefit billing. Nevertheless, they still exert pressure on specialty pharmacies to develop new logistics (ultra-cold shipping, ASAP coordination) and financing models (risk-sharing with payers) (<sup>[30]</sup> www.definitivehc.com).

**Distribution Channels.** Specialty medications can be dispensed through various channels. Traditional *mail-order specialty pharmacies* (often affiliated with PBMs) remain prominent, handling home delivery of injectables with scheduling and adherence follow-up. *Retail and hospital-based specialty pharmacies* are also important: many hospital systems (including cancer centers) have onsite specialty pharmacies, and chains like Walgreens and CVS operate dedicated specialty divisions. Walgreens, for instance, operates nearly 300 community-based specialty pharmacies in proximity to physicians' offices. *Infusion clinics* (often run by Providers or pharmacy services companies) administer IV therapies onsite; here, specialty pharmacies sometimes partner to supply the drugs. Lastly, *online specialty pharmacies* are growing rapidly, propelled by telehealth and digital adherence tools (<sup>[16]</sup> dataintel.com). These offer patients convenience of remote consultation and home delivery. The boundaries are blurring: many large organizations adopt **hybrid models** that combine physical infusion sites, retail pickup, and digital patient portals (<sup>[31]</sup> dataintel.com).

**Geography.** North America leads on spending and infrastructure. The U.S. has the most advanced specialty ecosystem, with all major stakeholders (PBMs, insurers, manufacturers) heavily investing in specialty. In 2024 it accounted for ~42% of the global specialty pharmacy market (<sup>[7]</sup> dataintel.com). Europe follows; countries like Germany, France, and the UK, with strong biotech industries, also see high specialty drug use, especially for cancer and HIV. APAC (China, Japan, Korea) is growing fast as economies develop and access expands; however, per-capita specialty spend remains lower due to generic emphasis, price controls, and historically slower adoption of ultra-high-cost drugs. Latin America, Middle East, and Africa are smaller markets today, but have potential as healthcare systems invest (e.g. Brazil Redemsvir, Middle East oncology centers). Globally, specialty pharmacies must navigate diverse reimbursement systems: out-of-pocket costs are often cured by co-pay assistance in the U.S., whereas in other countries government or single-payer programs (with negotiated prices) manage access.

## Distribution and Supply Chain Dynamics

The supply chain for specialty drugs is more complex than for generics. Cold-chain transportation, security, and close inventory management are critical. Three major distributors – **McKesson**, **AmerisourceBergen/Cencora**, and **Cardinal Health** – dominate wholesale distribution of pharma in the U.S. All three have significant specialty distribution operations (McKesson/RxO, Cencora/Specialty, Cardinal/Specialty Alliance). Recent news highlights how these companies are increasingly focusing on specialty: for example, McKesson's U.S. Pharmacies segment reported an 89.95 billion from pharmaceuticals (25% increase YoY), attributed in part to “**a rise in specialty product distribution**” (<sup>[10]</sup>

[www.reuters.com](http://www.reuters.com)). Likewise, Cardinal Health has expanded into specialty services – acquiring Solaris Health (urology specialty services) for \$1.9 billion <sup>(11)</sup> [www.reuters.com](http://www.reuters.com)) and Integrated Oncology Network for \$1.12 billion – reflecting that high-margin infusion and oncology services are a priority. Even AmerisourceBergen (recently renamed Cencora) held shares in Walgreens and invested in specialty programs, though it is cutting holdings.

On the pharmacy side, managing distribution involves *limited distribution networks (LDNs)*. Many drug manufacturers restrict certain specialty medications to a handful of certified pharmacies (to ensure quality and control usage).

Walgreens expanded its **LDD (limited distribution drug) network to 265+ products** as of 2025. By contrast, PBM-owned chains often cover LDN requirements for their own Formularies. This fragmentation means that a single specialty drug may only be filled at Accredo, or at Walgreens, or at one other credentialed site, complicating access. Specialty pharmacies invest heavily in logistics (tracking, temperature monitors) and compliance (DSCSA regulations) to meet these challenges.

Overall, the distribution landscape rewards providers that can integrate vertically and offer “one-stop-shop” services. Drug Channels Institute observes that competition and innovation (including partnerships with manufacturers and payers) are key success factors <sup>(32)</sup> [dataintel.com](http://dataintel.com)). Pharmacies that provide **patient-centric, timely multi-channel services** – combining retail presence, mail delivery, and digital support – are positioned to capture market share in this fast-evolving environment.

## Market Forces and Driving Factors

Several economic and policy factors underlie specialty pharmacy growth:

- **Rising drug prices and innovation.** High launch prices for new therapies (often \$50,000+ per year, sometimes millions per treatment) drive overall spend. <sup>(33)</sup> [www.definitivehc.com](http://www.definitivehc.com)) <sup>(29)</sup> [www.definitivehc.com](http://www.definitivehc.com)) Specialty drug companies justify these costs through transformative outcomes, but payers are increasingly pressuring for evidence (value-based pricing) and adoption of generics/biosimilars where possible <sup>(34)</sup> [ascellahealth.com](http://ascellahealth.com)). Pharma R&D focus has shifted heavily into specialty therapeutics; industry analyses underscore that about 75% of drugs in development target specialty indications.
- **Biologics and biosimilars.** Biologics (protein and antibody drugs) dominate specialty therapies. As patents on blockbuster biologics (e.g. Humira, Enbrel) expire, biosimilar competitors are emerging. Biosimilars can reduce costs, but their uptake has been slower than small-molecule generics due to regulatory and market barriers. Still, increased biosimilar adoption is expected to introduce pricing pressure: industry commentary notes that growing biosimilar use “fosters a more competitive pricing environment” <sup>(34)</sup> [ascellahealth.com](http://ascellahealth.com)). Specialty pharmacies must adapt to manage both originator and biosimilar inventories, co-pay rules, and education for switching.
- **Healthcare system integration.** With specialty therapies often requiring multidisciplinary care, partnerships between stakeholders have grown. Health systems either own specialty pharmacies or form preferred networks. Plans now offer “narrow networks” with preferred specialty suppliers for better negotiation leverage. Physician groups and specialized clinics (e.g. Rothman Institute’s infusion services) may align with specific pharmacies. Payers under Medicare Part D increasingly integrate pharmacy and medical benefits to coordinate coverage of specialty drugs, smoothing pathways for patient enrollment into copay assistance and prior authorization programs.
- **Regulatory changes.** Legislation is reshaping how specialty drugs are covered. In the U.S., the Inflation Reduction Act of 2022 introduced drug price negotiation and out-of-pocket caps that particularly affect expensive specialty drugs. State laws have sought to regulate PBM rebates and enhance transparency – affecting how specialty pharmacy benefit managers (PBMs) contract. The rise of 340B controversy (hospitals using clinic pharmacies to bill discounts) has led some agencies to tighten rules, which could alter specialty pharmacy revenues linked to that program. Internationally, drug price controls in Europe and Asia influence where and how manufacturers launch new specialty therapies (often delaying launches until prices can be negotiated).

In summary, the industry’s momentum is propelled by an intersection of medical need (more patients with treatable chronic/rare illnesses), scientific innovation (biotech pipelines), and financial incentives (high drug reimbursement). Specialty pharmacies stand at the nexus of these forces, tasked with delivering complex medications to patients while navigating evolving payer and regulatory landscapes.

## Key Players and Industry Structure

## PBM-Owned and Health-Plan Specialty Pharmacies

Three **PBM-integrated specialty pharmacy** networks collectively dominate the U.S. market:

- CVS Health:** Through its **CVS Specialty** and related units (including Caremark Specialty Connect), CVS operates the largest specialty pharmacy network. Under new CEO **David Joyner** (who took the helm in late 2024 and became Chair effective January 2026), CVS has refocused on specialty as a growth engine. In its investor reports, CVS highlights that growth in specialty pharmacy offsets other pharmacy headwinds (<sup>[35]</sup> [investors.cvshealth.com](https://investors.cvshealth.com)). At its December 2025 Investor Day, CVS announced an **AI-native consumer engagement platform** connecting CVS Pharmacy, CVS Caremark, Aetna, and healthcare delivery into a single digital interface. CVS leverages its retail footprint for "Specialty Connect" pickups and has acquired HMO specialty pharmacies as well.
- OptumRx (UnitedHealth Group):** The OptumRx specialty arm (e.g. through the acquired Diplomat Specialty Pharmacy) is similarly massive. After purchasing *Diplomat* in 2019, OptumRx claims the largest independent specialty pharmacy in the U.S. (<sup>[36]</sup> [www.fiercehealthcare.com](https://www.fiercehealthcare.com)) (*Diplomat* was a top-five SP provider). Optum extensively integrates its specialty pharmacy with Medicare Part D plans (Optum's major business), hospital systems, and home infusion platforms. UnitedHealth has faced significant upheaval since late 2024: the murder of UnitedHealthcare CEO Brian Thompson in December 2024 shook the industry, and CEO Andrew Witty resigned in May 2025, replaced by former CEO Stephen Hemsley (<sup>[37]</sup> [www.npr.org](https://www.npr.org)). A DOJ investigation into Medicare Advantage billing practices was confirmed in July 2025 (<sup>[38]</sup> [www.cnn.com](https://www.cnn.com)). Despite these headwinds, OptumRx remains a dominant specialty pharmacy force.
- Express Scripts/Evernorth (Cigna):** Cigna's PBM, now called Evernorth, historically included **Accredo** as its specialty pharmacy (distinct from CVS's Accredo, but sharing the name). In fact, Evernorth even advertises Accredo as "the specialty pharmacy of choice for a broad range of PBMs, health plans and employers" (<sup>[9]</sup> [www.evernorth.com](https://www.evernorth.com)), citing relationships with all top 25 U.S. health plans. Evernorth and its affiliates (including Cigna's Aetna business) also leverage a network of partner specialty pharmacies, though note that Cigna in 2024 was notably removing a top specialty drug (Humira) in favor of lower-cost alternatives.

These PBM-owned networks process a vast majority of specialty prescriptions (an estimated ~80% of total prescriptions nationwide are handled by CVS Caremark, Express Scripts, or OptumRx (<sup>[4]</sup> [www.drugchannels.net](https://www.drugchannels.net))). Table 1 below summarizes leading PBM/plan-owned specialty pharmacy organizations:

Company / Entity	Specialty Pharmacy Network	Notes
CVS Health (NYSE: CVS)	Accredo Health Group; CVS Specialty Connect	Nation's largest specialty chain; integrated with CVS Caremark PBM. 2024 filings note "growth in specialty pharmacy" ( <sup>[35]</sup> <a href="https://investors.cvshealth.com">investors.cvshealth.com</a> ). Offers both mail and clinical support clinics. Acquired numerous specialty franchises (e.g. Coram infusions).
UnitedHealth Group (NYSE: UNH)	OptumRx Specialty (incl. Diplomat)	PBM (OptumRx) with nationwide specialty pharmacy (Diplomat, RelaMed); focus on Medicare and employer clients. Joined Payor and supplier.
Cigna (NASDAQ: CI)	Express Scripts / Evernorth (Accredo)	Operates specialty PBM (Express Scripts) with Accredo specialty. Claims partners with major health plans ( <sup>[9]</sup> <a href="https://www.evernorth.com">www.evernorth.com</a> ). Also includes Cigna's own Aetna specialty Rx.
Walgreens (formerly WBA, now private)	Walgreens Specialty Pharmacy; Gene & Cell Services	Independent (not PBM-owned). Acquired by Sycamore Partners for \$23.7B in August 2025, now operating as a private standalone company ( <sup>[39]</sup> <a href="https://corporate.walgreens.com">corporate.walgreens.com</a> ). Expanded LDD network to 265+ products. Operates Gene & Cell Therapy Pharmacy (18,000 sq. ft.) and ~300 community specialty pharmacies.
Humana (NYSE: HUM)	Humana Specialty Pharmacy Solutions	Specialty pharmacy for Humana health plans; especially focused on underserved specialty (e.g. infusion, transplant).
Prime Therapeutics (LLC)	Prime Therapeutics Rx (specialty division)	Owned by BCBS insurers. Manages specialty for many Blues plans; often contracts with Accredo and others.

Table 1. Examples of top U.S. PBM/health-plan-owned specialty pharmacy networks.

## Retail and Independent Specialty Pharmacies

In addition to PBM arms, **retail pharmacy chains** have specialized divisions:

- Walgreens** (formerly Walgreens Boots Alliance) operates **Walgreens Specialty Pharmacy**, marketed as “the largest independent specialty pharmacy not directly affiliated with a PBM.” In a transformative move, Walgreens was acquired by **Sycamore Partners for \$23.7 billion** in August 2025, going private and splitting into five standalone companies: Walgreens (retail pharmacy), Shields Health Solutions, CareCentrix, VillageMD, and Boots Group (<sup>[39]</sup> [corporate.walgreens.com](https://corporate.walgreens.com)). Under new CEO **Mike Motz**, the company has continued store closures (500+ of 1,200 planned closures completed by early 2026) while maintaining its specialty pharmacy focus. Walgreens integrates its specialty operations with its retail footprint, offering patients community sites and mail delivery. It has expanded its limited-distribution drug network to 265+ products and operates a Gene & Cell Therapy Pharmacy center in Pittsburgh. Walgreens Specialty also touts nearly 1,500 specialty-trained pharmacists and 5,000 patient support staff, aiming to leverage its local store presence for homecare.
- Rite Aid / EnvisionRx**: Rite Aid filed for Chapter 11 bankruptcy in October 2023 and emerged in a much-reduced form; its specialty program (EnvisionRx) and Trilogy divisions serve niche markets with diminished share.
- Walmart**: While primarily a general retailer, Walmart has experimented with specialty through programmatic offerings (for example, a small chronic care pharmacy chain at one point) and Medicare Part D plans. It has less presence in high-end specialty due to scale.
- Independent chains**: Companies like AllianceRx (Acquired by Aetna/CVS), BioPlus (Walgreens/GHS), and PharMerica (long-term care)^ specialized pharmacy companies in LTC. **Connell Pharmacy**, **Community Pharmacy**, and others sometimes have small specialty operations.
- Health system / hospital specialty pharmacies**: Many academic medical centers and hospitals operate specialty pharmacies (often contracted into 340B networks). While fragmentary, these can be major players locally. For instance, Kaiser Permanente has its own integrated pharmacy network including specialty. These pharmacies provide care coordination between hospital clinics and patients.

## Pharmaceutical Manufacturers

On the drug supply side, the leading biotechnology and pharmaceutical firms are the **manufacturers of specialty medications**. Among the largest:

- Roche/Genentech**: Global leader in oncology and rare diseases (Herceptin, Rituxan, Avastin).
- Novartis**: Oncology, arthritis, ophthalmology specialists (Gleevec, Cosentyx, newclass incl. CAR-T Kymriah).
- Johnson & Johnson** (and Johnson & Johnson/Janssen): Immunology (Remicade, Stelara), oncology (Darzalex), emerging gene therapies.
- AbbVie**: Immunology specialty (HUMIRA, Skyrizi, Rinvoq) – though HUMIRA’s patent expired in 2023 with biosimilar competition.
- Amgen**: Includes Biologics like Enbrel (TNF inhibitor), Prolia, Repatha for osteoporosis/heart disease (biologics largely).
- Gilead Sciences**: Hepatitis C cures (Harvoni, Epclusa) and HIV antivirals (Biktarvy).
- Pfizer / BioNTech**: Besides vaccines, partnered CAR-T in lymphoma.
- Moderna, Novartis, Spark (subsidiary of Roche)**: emerging gene therapies.
- Sanofi, Biogen, UCB, AstraZeneca, Merck** etc: significant specialty portfolios in diabetes, neurological disorders, etc.

Table 2 below summarizes a few top specialty drug corporations and their flagship products:

Company	Headquarters	Notable Specialty Drugs / Areas	Notes
Roche (Genentech)	Switzerland (USA)	<i>Herceptin, Avastin, Rituxan, Ocrevus, Pulmozyme</i>	Leading oncology/autoimmune biologics; heavy R&D in targeted therapies.
Novartis	Switzerland	<i>Gleevec, Cosentyx, Entresto, Zolgensma (gene)</i>	Broad pipeline, including rare gene therapies (SMA).
Johnson & Johnson	USA	<i>Remicade, Stelara, Darzalex, Zytiga</i>	Immunology, oncology franchises.
AbbVie	USA	<i>HUMIRA, Skyrizi, Rinvoq, VIEKIRA, MAVYRET</i>	Dominant in RA; major Humira biosimilar competition now.
Amgen	USA	<i>Enbrel, Prolia, Blincyto</i>	Biologics in inflammation and osteoporosis.
Gilead Sciences	USA	<i>Harvoni, Epclusa, Biktarvy</i>	Broad antiviral portfolio.

Company	Headquarters	Notable Specialty Drugs / Areas	Notes
Pfizer (incl. BioNTech)	USA/Germany	Xalkori, Ibrance, Talzenna, Yescarta (CAR-T)	Oncology focus; major vaccine developer (COVID-19, flu trials).
Sanofi/Genzyme	France/USA	Dupixent, Lantus, Brineura	Diabetes, immunology (atopic dermatitis, asthma).

Table 2. Examples of major pharmaceutical companies and their specialty therapeutic areas. Specialty drugs typically span oncology, immunology, neurology, and rare diseases. (This table is illustrative, not exhaustive.)

Manufacturers’ strategies strongly influence the specialty pharmacy market. They often partner with select specialty pharmacies for patient support programs and distribution of new drugs. For instance, many novel therapies launch as **limited distribution**, meaning only 2–3 pharmacies (chosen by manufacturer) can dispense them, to ensure quality and educational outreach. As noted, Walgreens’ expansion of LDN coverage reflects competition to become a prime supplier for manufacturers. Pipeline trends in pharma (e.g. biotech investments, gene therapy approvals) directly translate into growth prospects for specialty pharmacies.

### Distributors and Wholesalers

The **wholesale distributors** are crucial backbones of specialty networks. In addition to McKesson, AmerisourceBergen/Cencora, and Cardinal Health (as noted), there are niche specialty distributors. For example, *CuraScript / AmerisourceBergen Specialty Group* focuses on infusion and oncology; *Medline Specialty* and *McKesson Plasma & Biologics* supply complex products. Distributors increasingly provide value-added services: McKesson and Cencora both offer buying-club and GPO-style contracts for provider network; Cardinal launched *The Specialty Alliance* for infusion clinics (as seen with Solaris acquisition (<sup>[11]</sup> [www.reuters.com](http://www.reuters.com))).

### Vertical Integration and Alliances

A notable industry feature is **vertical integration**. Insurers now often own or control PBMs and specialty pharmacies (CVS Health, UnitedHealth, Cigna, etc.), creating large internally managed supply chains. Retailers (CVS, Walgreens) own health plans and PBMs. Distributors are partnering with provider networks (e.g., CVS/Omnicare supplying post-acute care). There are also horizontal alliances: reciprocal agreements (Ny. ex: Cigna may contract Accredo for some drugs while CVS/BLWal retains others) and co-specialty plans where manufacturers work with multiple PBM channels. These dynamics mean that the “map” of specialty distribution is a web of corporate relationships; for instance, Drug Channels Institute illustrated complex “maps” of who administers what treatments. Frequent M&A (e.g. Walgreens’ 2014 purchase of Alliance Boots pharmacy, or Express Scripts’ acquisition of Medco) reflect how the top players seek more control over specialty flows.

In summary, the specialty pharmacy industry’s **key players** span the full healthcare ecosystem: pharmacy service providers (PBMs, retail chains, hospital pharmacies), drug manufacturers, and distributors. Large integrated organizations (often starting from insurance or retail) have leveraged their scale to dominate the market. Independent and smaller entities still exist but with far smaller market share. We have seen how major strategic moves (e.g. UnitedHealth’s Diplomat buy (<sup>[27]</sup> [www.fiercehealthcare.com](http://www.fiercehealthcare.com)), Walgreens’ \$23.7B take-private by Sycamore Partners (<sup>[39]</sup> [corporate.walgreens.com](http://corporate.walgreens.com)), CVS infusions exit (<sup>[21]</sup> [www.reuters.com](http://www.reuters.com))) shape who leads in specialty services.

## Market Data and Analysis

This section presents quantitative evidence and statistics on the specialty pharmacy industry. The data come from industry reports, financial filings, and reputable sources to substantiate market claims.

### Market Size and Growth Statistics

- Spending Concentration:** Specialty drugs account for over half of all U.S. drug spending, despite only ~4% of prescriptions being specialty (<sup>[3]</sup> [www.evernorth.com](http://www.evernorth.com)). In 2024, U.S. pharmacies dispensed an estimated \$265 billion in specialty pharmaceuticals, an 8% increase over the prior year (<sup>[4]</sup> [www.drugchannels.net](http://www.drugchannels.net)). Growth continues to be driven by new launches (gene therapies, immunotherapies) and expanded indications (e.g. weight-loss GLP-1 drugs). Overall prescription drug spending is projected to rise 9–11% in 2025 (<sup>[40]</sup> [www.carelonrx.com](http://www.carelonrx.com)).
- Revenue Figures:** CVS Health's **Pharmacy & Consumer Wellness** segment (which includes specialty) grew in 2024 in spite of some client losses. In Q4 2024 earnings, CVS noted that overall profits were impacted by client price cuts but were **"partially offset by ... growth in specialty pharmacy"** (<sup>[35]</sup> [investors.cvshealth.com](http://investors.cvshealth.com)). This indicates specialty's resiliency. While CVS does not break out Accredo's revenue publicly, analysts estimate Accredo segments for high-margin specialty fill. Among PBMs, Drug Channels Institute data suggest Express Scripts, CVS Caremark, and OptumRx collectively cover ~80% of U.S. specialty pharmacy claims (<sup>[4]</sup> [www.drugchannels.net](http://www.drugchannels.net)) (<sup>[41]</sup> [www.evernorth.com](http://www.evernorth.com)). By contrast, independent chains (Walgreens, etc.) and independents share the remainder.
- International Comparisons:** We lack precise public totals for specialty pharmacy revenue outside North America. However, market forecasts hint that North America comprises about 42% of the global specialty pharmacy market (<sup>[7]</sup> [dataintel.com](http://dataintel.com)). By inference, Europe (~27% share (<sup>[7]</sup> [dataintel.com](http://dataintel.com))) may account for tens of billions of specialty pharmacy revenue in 2024, driven by major players like Boots (UK), Alliance Healthcare, and hospital systems. Growth rates in developing markets (China, India) are higher but from a lower base, as specialty adoption expands beyond HIV treatment and into cancer therapies.
- Therapeutic Breakdowns:** Oncology dominates specialty pharmacy use. According to DataIntel, oncology specialties drive the largest segment of revenue (<sup>[23]</sup> [dataintel.com](http://dataintel.com)). We infer oncology may be ~30-40% of total specialty drug spend, with RA/MS ~15-20%, HIV/HCV another ~10%, and rare diseases the fast-growing remainder. (Exact public breakdowns are scarce; estimates come from Stack: one report noted ~43% of global specialty pipe was oncology/hematology (<sup>[23]</sup> [dataintel.com](http://dataintel.com)).)

## Key Company Data

We highlight some company-specific metrics available in public filings or news:

- CVS Health (Woonsocket, RI):** FY2024 total revenue was \$372.8B (up 4.2% year-over-year) (<sup>[42]</sup> [investors.cvshealth.com](http://investors.cvshealth.com)). Pharmacy & Consumer Wellness revenue (including Retail, Mail, Specialty) was reported as \$97.7B in Q4 2024 alone (<sup>[43]</sup> [investors.cvshealth.com](http://investors.cvshealth.com)). Of note, CVS's adjusted operating income in Pharmacy Services was cushioned by specialty, as noted above (<sup>[35]</sup> [investors.cvshealth.com](http://investors.cvshealth.com)). CVS leadership has signaled that Accredo growth is key to offset volume declines elsewhere.
- UnitedHealth Group (Minneapolis, MN):** UNH (OptumRx) does not separately report specialty pharmacy revenue. However, Optum (all pharmacy) generated \$63.9B in Q3 2025, growing \$7.2B YoY (<sup>[44]</sup> [www.sec.gov](http://www.sec.gov)). UNH's 2026 revenue guidance is over \$439 billion, though this represents a 2% year-over-year decline — the first revenue decline guidance in a decade, reflecting fallout from leadership upheaval and DOJ investigations (<sup>[45]</sup> [www.beckerspayer.com](http://www.beckerspayer.com)). Most industry reports agree OptumRx is the #2 PBM behind CVS in overall market share, so its specialty share is also correspondingly large.
- Cigna/Evernorth (Bloomfield, CT):** The evernorth business (Express Scripts plus Caremark) also doesn't break out specialty revenue publicly. However, the fact that they have one of the "three largest specialty pharmacy networks" per DrugChannels analysis implies similar scale. Cigna's 2024 priorities mention leveraging Express Scripts' scale to reduce costs (e.g. re-negotiating pricing, like Humira biosimilar shifts (<sup>[34]</sup> [ascellahealth.com](http://ascellahealth.com))). Any cost savings Cigna achieves here would affect how specialty pharmacy claims are processed.
- Walgreens (Deerfield, IL):** Following its August 2025 acquisition by Sycamore Partners for \$23.7B, Walgreens went private and was split into five standalone companies. As a public company, WBA's Pharmacy segment had ~\$100B annual revenue. Its specialty pharmacy remains a strategic priority with 265+ specialty products on formulary. The company has undergone significant restructuring: 500+ store closures completed by early 2026, 628 corporate positions eliminated in February 2026, and a Houston distribution center slated for closure in June 2026 (<sup>[46]</sup> [www.healthcarediver.com](http://www.healthcarediver.com)). Walgreens had sold down its Cencora stake to 6% before going private (<sup>[47]</sup> [www.reuters.com](http://www.reuters.com)).
- McKesson Corporation (Irving, TX):** McKesson's U.S. pharmaceuticals segment reported Q1 FY2026 sales of **\$89.95 billion** (25% YoY increase), with success attributed to **specialty drug distribution** and acquisitions (<sup>[10]</sup> [www.reuters.com](http://www.reuters.com)). McKesson's specialty care (pharmacy divisions like RelayHealth, ScriptPro) also averaged high single-digit revenue growth historically. McKesson's current FY2026 guidance raised in August 2025 on strong specialty demand (<sup>[48]</sup> [www.reuters.com](http://www.reuters.com)).

- **Cardinal Health (Dublin, OH):** In FY2025 (ended June 30), Cardinal generated ~\$168 billion revenue. Its **specialty solutions** (The Specialty Alliance unit) is smaller and privately segmented, but Cardinal's purchase of Solaris (\$1.9B) and Integrated Oncology (\$1.12B) indicates it is investing to capture high-margin specialty infusion business (<sup>[11]</sup> [www.reuters.com](http://www.reuters.com)). While overall Cardinal struggled (lost an OptumRx contract led to a \$60B quarter shortfall), it still beat EPS and raised guidance, pointing to core stability.

## Market Shares

Precise market-share data in specialty pharmacy are rarely published, but industry surveys give a sense of concentration. Drug Channels Institute estimates approximately 1,800 accredited specialty pharmacy locations in the U.S., about 40% hospital-owned (<sup>[4]</sup> [www.drugchannels.net](http://www.drugchannels.net)). However, **PBM-owned** networks dominate revenues. According to Drug Channels Institute (DCI), the top five specialty pharmacies (across PBMs, health plans, independents) command a very large share. DCI's ranking of the *top 15 specialty pharmacies* found that three PBM-owned pharmacies accounted for roughly two-thirds of the \$265 billion in specialty prescription revenues in 2024 (<sup>[4]</sup> [www.drugchannels.net](http://www.drugchannels.net)).

The top entities typically include:

- **Optum Specialty Pharmacy** (UnitedHealth) – estimated ~20-25% market share of specialty pharma dispensing.
- **CVS Caremark/Accredo** – also on par (~20-25%).
- **Express Scripts/Accredo** – similar range (~20%).
- **Humana Solutions** – smaller.
- **Part D private networks (e.g. Kaiser, Blue plans)** – collectively moderate share.
- **Walgreens Specialty Pharmacy** – roughly top 5 (DCI reports place it prominently, possibly 5–10%).
- **Specialty Independents (Diplomat pre-acquisition, CURA, et al)** – smaller.

For distribution, McKesson, ABB, and Cardinal each have on the order of \$60–90B in pharma distribution revenue per year, of which a meaningful portion is specialty (McKesson reported \$71.7B first quarter U.S. pharma, a 7% jump driven by specialty demand (<sup>[49]</sup> [www.reuters.com](http://www.reuters.com))).

## Key Data Points

Below are select statistics from credible sources that illustrate industry characteristics:

- **Patient Population:** Only a small fraction of patients take specialty drugs (often 2–10% of plan members), but this group accounts for ~50% of pharmacy spending (<sup>[3]</sup> [www.evernorth.com](http://www.evernorth.com)).
- **Top Indications:** It is estimated that by count, *cancer* and *autoimmune* therapies dominate specialty drug claims (reflecting high incidence and multiple treatments per patient) (<sup>[23]</sup> [dataintel.com](http://dataintel.com)) (<sup>[24]</sup> [dataintel.com](http://dataintel.com)).
- **Prescription Volume:** In the U.S., **total specialty drug prescription volume** grew moderately (a few percent) as new therapies entered; however, volume growth is not as fast as spend growth, again due to high prices.
- **Mail vs. Retail:** The majority of specialty prescriptions are processed through mail-order channels (PBM networks); one survey found that over 60% of specialty Rx claims went through mail/order in late 2020s. (By contrast, 60% of all Rx claims are retail).
- **Plan Coverage:** Modern PBM formularies often require patients to use specific specialty pharmacies for coverage. This can steer tens of millions of claims per quarter.

These data underpin key trends: escalating costs, intense market concentration, and the large financial impact of even small patient populations.

## Case Studies and Examples

Examining particular events and initiatives helps illustrate the industry's dynamics and challenges.

## 1. UnitedHealth Group Acquires Diplomat (2019)

In December 2019, **UnitedHealth Group** announced a ~\$300 million acquisition of **Diplomat Specialty Pharmacy**, merging it into OptumRx (<sup>[27]</sup> [www.fiercehealthcare.com](http://www.fiercehealthcare.com)). Diplomat was a major independent specialty pharmacy with strong infusion services. This acquisition exemplifies vertical consolidation: UHG (through OptumRx) secured a broad portfolio of specialty and infusion businesses across all 50 states. Analysts noted this deal expanded Optum's specialty reach and was justified by the anticipated growth in high-cost therapies. It underscores how payers are drawn to owning distribution channels for cohort of patients, aiming to internally capture margins and data from expensive drugs.

## 2. Walgreens Goes Private and Restructures (2024–2026)

Walgreens Boots Alliance made aggressive moves to compete as an independent specialty pharmacy, expanding its limited distribution drug network to 265+ products and launching a Gene & Cell Services Pharmacy in Pittsburgh in June 2024. However, the biggest story was its **\$23.7 billion acquisition by Sycamore Partners**, which closed on August 28, 2025, taking Walgreens private after years as a public company (<sup>[39]</sup> [corporate.walgreens.com](http://corporate.walgreens.com)). Sycamore split the business into **five standalone companies**: Walgreens (retail pharmacy), Shields Health Solutions, CareCentrix, VillageMD, and Boots Group (international). Under new CEO Mike Motz, Walgreens has continued store closures (500+ of 1,200 planned by early 2026) and corporate layoffs (628 positions eliminated in February 2026). Despite the restructuring, Walgreens Specialty Pharmacy remains positioned as “the largest independent specialty pharmacy not directly affiliated with a PBM,” accepting any payer and maintaining its 300 community-based specialty sites. Many specialty drugs (like Gilead's HIV prevention agent *Yeztugo*, or Galderma's dermatology injectable *Nemulivi*) operate on limited distribution, and Walgreens' independence from PBMs positions it uniquely to serve all health plans. These developments indicate that even amid significant corporate upheaval, specialty pharmacy remains a strategic priority.

## 3. CVS Health Restructures Infusion Business (2024)

In October 2024, CVS announced it would **exit its core infusion services business**, closing or selling 29 regional pharmacies that provided intravenous therapies (<sup>[21]</sup> [www.reuters.com](http://www.reuters.com)). CVS had previously spent \$2.1 billion to acquire Coram infusion services in 2013. The move acknowledged difficult economics in standalone infusion clinics, even for a giant. Nevertheless, CVS stated it would continue to provide certain specialty meds and nursing care nationally. This case highlights how the **site-of-care shift** is pressuring specialty players: many payers prefer shifting infusion from expensive dedicated clinics back to home infusion or office-administered drugs billed under the medical benefit when possible.

## 4. Specialty Drugs in the Pipeline (2024–2026)

The specialty drug pipeline continues to accelerate. In 2025, the FDA approved notable gene therapies including **Zevaskyn** (the first autologous cell-based gene therapy for recessive dystrophic epidermolysis bullosa) and **Encelto** (the first therapy for idiopathic macular telangiectasia type 2) (<sup>[13]</sup> [www.cgtlive.com](http://www.cgtlive.com)). The total number of FDA-approved cell and gene therapies now exceeds 40. Several more are expected in early 2026, including DTX401 (gene therapy for Glycogen Storage Disease Type Ia) and Kresladi (for LAD-I) (<sup>[50]</sup> [www.cgtlive.com](http://www.cgtlive.com)).

GLP-1 receptor agonists continue fueling explosive demand. GLP-1 drugs “have a high monthly price tag (often over \$1,000), and with millions of individuals eligible... their expanded use has created an unprecedented surge in demand and corresponding drug spend” (<sup>[51]</sup> [www.definitivehc.com](http://www.definitivehc.com)). In a notable direct-to-patient move, **Novo Nordisk launched NovoCare Pharmacy** in March 2025 for Wegovy shipments at \$499/month. CVS Caremark made Wegovy the preferred GLP-1 and excluded Zepbound effective July 2025. Medicare will begin covering certain obesity GLP-1s starting mid-

2026, though commercial coverage has been declining — a 42% increase in people without Wegovy coverage was reported in 2026 vs. 2025 (<sup>[52]</sup> [www.goodrx.com](http://www.goodrx.com)).

Biosimilar competition has intensified markedly. By early 2026, **14 Humira biosimilars** are on the U.S. market, with biosimilar market share growing from just 1% in 2023 to approximately 22% by volume in late 2024 (<sup>[17]</sup> [www.nera.com](http://www.nera.com)). Humira's estimated net price fell over 50% between 2022 and 2024. Humira has been dropped from most major PBM standard formularies in favor of biosimilars. Additionally, **seven Stelara (ustekinumab) biosimilars** launched in Q1 2025, with four receiving interchangeable designations (<sup>[18]</sup> [www.centerforbiosimilars.com](http://www.centerforbiosimilars.com)). Looking ahead, at least seven developers are pursuing Keytruda biosimilars for its 2028 patent expiration. Specialty pharmacies must manage both branded and biosimilar fills — an increasingly complex but cost-saving transition.

## 5. Regulatory and Litigation Developments

Regulatory scrutiny has reached a crescendo in 2025–2026. The **Consolidated Appropriations Act of 2026** (signed February 3, 2026) includes the most significant PBM reform in decades: it mandates **100% rebate pass-through** to employer health plans, requires flat fees not based on drug price, and enhances transparency and reporting requirements (<sup>[19]</sup> [www.sidley.com](http://www.sidley.com)). The **FTC settled with Express Scripts** on February 4, 2026, requiring the PBM to dedicate **\$7 billion over 10 years** toward improving patient out-of-pocket costs. The FTC remains in active litigation against **CVS Caremark and OptumRx** (<sup>[53]</sup> [www.ebglaw.com](http://www.ebglaw.com)).

The Inflation Reduction Act's **Medicare drug price negotiation** provisions are now in effect: negotiated Maximum Fair Prices for 10 drugs (including specialty mainstays like Enbrel, Imbruvica, Stelara, and Entresto) took effect January 1, 2026, with discounts ranging from 38% to 79% off list prices. Estimated savings total \$6 billion overall and \$1.5 billion in out-of-pocket costs for Medicare beneficiaries (<sup>[20]</sup> [www.cms.gov](http://www.cms.gov)). An additional 15 drugs were selected for negotiation effective January 1, 2027.

The DOJ launched criminal and civil investigations into **UnitedHealth Group** in July 2025 over Medicare Advantage billing practices, alleging diagnosis inflation during in-home nurse assessments (<sup>[38]</sup> [www.cnn.com](http://www.cnn.com)). These disputes underscore continuing concerns over the **middleman role** in specialty pricing.

In international context, Canada's Competition Bureau opened an antitrust probe into Express Scripts in 2025, over claims of "patient steering" in generics (<sup>[54]</sup> [www.reuters.com](http://www.reuters.com)), illustrating that regulatory interest extends beyond the U.S.

## Emerging Trends and Future Directions

Looking ahead, several developments stand out:

- **Gene and Cell Therapy Proliferation.** The number of FDA-approved cell and gene therapies now exceeds 40, with several more decisions expected in early 2026 (including DTX401 for Glycogen Storage Disease Type Ia and Kresladi for LAD-I) (<sup>[50]</sup> [www.cgtlive.com](http://www.cgtlive.com)). These require ultra-cold supply chains and intricate scheduling. Specialty pharmacies continue establishing new protocols for such living therapies (patient-specific CAR-T, CRISPR edits). The U.S. healthcare system is building centers of excellence for these treatments; specialty pharmacies collaborate for a seamless handoff in the treatment process (<sup>[55]</sup> [www.definitivehc.com](http://www.definitivehc.com)) (<sup>[56]</sup> [www.definitivehc.com](http://www.definitivehc.com)).
- **Digital Health and Telepharmacy.** The use of telemedicine and digital tools in specialty care is accelerating. Specialty Rx reports that *"online pharmacies are a rapidly growing distribution channel"* with home delivery and virtual counseling (<sup>[16]</sup> [dataintel.com](http://dataintel.com)). Expect expanded telepharmacy services: video consultations, AI-driven adherence bots (e.g. PillPack reminders), and remote monitoring (e.g. patients on anticoagulants via connected point-of-care INR devices). Digital platforms also enable broader access; a patient in a rural area can stick with a PBM-owned specialty pharmacy miles away via courier mail. COVID-19 spurred much of this change, and it remains a growth area.

- **Advanced Analytics and AI.** Advances in data science will impact specialty pharmacy. Machine learning models are being used to predict patient response, flag nonadherence risk, and manage inventories. As one industry blog notes, AI-powered predictive analytics can help providers “offer personalized therapy plans by predicting patient responses to specific drugs” (<sup>[15]</sup> [ascellahealth.com](#)). Pharmacy benefits managers may use AI to optimize benefit design around specialty medications. These changes promise better outcomes but also raise privacy and equity questions.
- **Value-Based Contracting.** Payers and PBMs are increasingly exploring guaranteed outcomes deals for high-cost drugs. For example, some gene therapies have outcomes guarantees (e.g. “money-back” if patient fails to respond). Specialty pharmacies are often required to track outcomes and report them as part of these contracts. The shift towards performance- or outcome-based pricing could transform which therapies become standard and how pharmacies measure success.
- **Biosimilars and Competition.** The biosimilar wave is now firmly underway. With 14 Humira biosimilars on the U.S. market and biosimilar market share reaching ~22% by volume in late 2024, most major PBMs have removed branded Humira from standard formularies (<sup>[17]</sup> [www.nera.com](#)). Seven Stelara biosimilars launched in Q1 2025, with four receiving interchangeable designations. However, of approximately 73 biosimilars approved in the U.S., only 48 have actually launched (34% remain uncommercialized), highlighting persistent market barriers (<sup>[57]</sup> [www.fiercepharma.com](#)). Looking ahead, Keytruda (pembrolizumab) — the world’s best-selling drug — faces patent expiration in 2028, with at least seven biosimilar developers in the pipeline. Specialty pharmacies must manage increasingly complex therapeutic switching as biosimilar adoption accelerates.
- **Healthcare Policy and Pricing Reforms.** Government influence has intensified dramatically. The **Inflation Reduction Act’s** Medicare drug price negotiation is now operational: negotiated prices for 10 drugs took effect January 1, 2026, with 15 more drugs selected for 2027 (<sup>[20]</sup> [www.cms.gov](#)). The landmark **PBM reform** in the Consolidated Appropriations Act of 2026 requires 100% rebate pass-through and flat PBM fees, fundamentally reshaping how specialty drug costs flow through the system (<sup>[19]</sup> [www.sidley.com](#)). The FTC’s \$7B settlement with Express Scripts and ongoing litigation against CVS Caremark and OptumRx signal sustained regulatory pressure. Internationally, regulations (EU price referencing, emerging market production mandates) continue to influence where and how manufacturers launch specialty therapies. Specialty pharmacies must navigate an increasingly regulated environment.
- **Global Expansion.** While North America remains the largest market, specialty care is globalizing. Emerging markets (e.g. Middle East centers of excellence, China’s biopharma boom) will gradually represent bigger shares of specialty demand. Initiatives like the U.N.’s push for access to essential medicines may extend to certain specialty treatments. Technology (cloud pharmacy records, international telehealth) may allow specialty services to cross borders more easily.
- **Consolidation and Competition.** The trend of mergers and partnerships continues at scale. The Big Three wholesalers (Cencora, Cardinal Health, McKesson) have collectively spent more than \$16 billion on MSO acquisitions, expanding into specialty care delivery (ophthalmology, oncology, urology) (<sup>[12]</sup> [www.drugchannels.net](#)). Walgreens’ \$23.7B take-private by Sycamore Partners and subsequent restructuring into five standalone companies represents the most significant reorganization in retail pharmacy history. Amazon Pharmacy continues expanding (same-day delivery to nearly 4,500 U.S. cities by end of 2026, RxPass expanded to Medicare Part D) but remains focused on retail/generic/maintenance drugs rather than true specialty pharmacy — its limited specialty offerings rely on an Optum partnership. Traditional payers may divest or more tightly integrate ancillary businesses depending on regulatory pressures.

In short, the specialty pharmacy industry is at a crossroads of innovation and pressure. Its future will be shaped by how well stakeholders adapt to unprecedented drug technologies, cost challenges, and digital transformation.

## Conclusion

The specialty pharmacy sector continues to be one of the most dynamic and complex parts of healthcare. Fueled by cutting-edge therapies and large financial stakes, it has experienced rapid growth and consolidation. Today, a handful of large, vertically-integrated organizations (PBM-owned specialty pharmacies, retail chains, and insurers) manage the majority of specialty drug dispensing, while major pharmaceutical companies continue to supply an ever-expanding pipeline of high-cost treatments. Market data consistently show that specialty drugs dominate drug spending (approaching 50% of pharmacy budgets) and continue to outpace overall prescription volume growth (<sup>[3]</sup> [www.evernorth.com](#)) (<sup>[6]</sup> [www.definitivehc.com](#)).

This in-depth report has examined the historical context, current market structure, key players, and data trends in the specialty pharmacy industry. We have highlighted the dominant roles of CVS Health, OptumRx/Diplomat, and Evernorth/Accredo – which together account for most of the \$265 billion in specialty pharmacy revenue (<sup>[4]</sup>

www.drugchannels.net) – as well as significant contributions from Walgreens (now private under Sycamore Partners) and other chains. We described how distributors (McKesson, Cardinal, Cencora) are prioritizing specialty distribution through over \$16 billion in collective acquisitions, and how global pharma leaders (Roche, Novartis, etc.) are focusing R&D on specialty areas. Evidence from 2024–2026 shows strong market growth, landmark regulatory reforms (PBM reform legislation, IRA price negotiation), and massive investment in specialty capabilities.

Looking forward, the industry faces both opportunities and headwinds. Opportunities lie in breakthrough treatments that can transform patient lives, and in technological advancements that can improve service and control costs. Headwinds include drug pricing pressures, regulatory scrutiny, and the need to ensure patient access amid skyrocketing therapy costs. For example, the advent of multiple ultra-expensive gene therapies will test payment models and require new risk-sharing agreements. Payers and governments will likely intervene more in specialty drug pricing, which may alter market dynamics.

In conclusion, specialty pharmacy is poised to remain a critical and growing part of healthcare. Its key players – from PBMs and pharmacy chains to biotech manufacturers – will continue to drive industry direction. The ongoing challenge will be balancing innovation with sustainability, ensuring that patients can benefit from these advanced medicines without imposing unsustainable costs on the health system. This comprehensive review has illuminated current facts and trends, but the situation is evolving rapidly. Stakeholders should monitor clinical developments, market data, and regulatory changes closely.

**Tables:**

Table 1: Major U.S. Specialty Pharmacy Providers (2026)	Parent/Owner	Network/Brands	Specialty Focus
CVS Health Corporation	CVS Caremark (PBM of CVS)	Accredo Health Group; CVS Specialty Connect	Broad specialty (oncology, immunology, etc.); integrated mail/retail
UnitedHealth Group	OptumRx (PBM of UNH)	Optum Specialty Pharmacy (incl. Diplomat)	Chronic disease management, infused Rx; Medicare clients
Cigna (Evernorth)	Express Scripts (PBM of Cigna)	Accredo Health Group (Evernorth)	Variety of conditions; large Commercial and Medicare plans
Walgreens (private, Sycamore Partners)	Retail Pharmacy Chain	Walgreens Specialty Pharmacy; Gene & Cell Services Pharmacy	Community-based specialty Rx; went private Aug 2025; specialty remains strategic priority
Humana Inc.	Humana Insurance	Humana Pharmacy Solutions	Targeted to Humana members (esp. rural, chronic conditions)
Prime Therapeutics	Blue Cross Plans (13 states)	PrimeRx Specialty Service	Specialty for affiliated BCBS members

Table 2: Selected Specialty Drug Manufacturers	Country	Notable Specialty Products / Areas
Roche (Genentech)	Switzerland	Herceptin (breast cancer), Rituxan (lymphoma), Ocrevus (MS), etc.
Novartis	Switzerland	Gleevec (leukemia), Cosentyx (psoriasis), Zolgensma (gene therapy)
Johnson & Johnson (Janssen)	USA	Stelara (Crohn's), Darzalex (myeloma), Imbruvica (lymphoma)
AbbVie	USA	HUMIRA (rheumatoid arthritis), Skyrizi (psoriasis), Mavyret (HCV)
Amgen	USA	Enbrel (arthritis), Prolia (osteoporosis)
Gilead Sciences	USA	Harvoni (HCV), Biktarvy (HIV)
Pfizer / BioNTech	USA/Germany	Ibrance (breast cancer), Xalkori (lung cancer), CAR-T (Yescarta)
Sanofi / Regeneron (Genzyme)	France/USA	Dupixent (dermatology/asthma), Sarclisa (myeloma), Libtayo (skin)

**Sources:** Company filings and press releases, industry reports, and news articles as cited above.

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