vizient

Pharmacy products used in ambulatory care (self-administered)

Pharmacy services within the ambulatory care segment include self-administered therapies dispensed through retail and specialty pharmacies. Because these therapies are managed primarily through the pharmacy benefit, their financial and operational impact is increasingly shaped by payer strategy, specialty pharmacy access, prior authorization workflows, and patient access—not drug acquisition cost alone.

Table 1 highlights the top 10 self-administered medications by total spend, underscoring the concentration of spend in autoimmune, metabolic, and chronic conditions.

Table 1. Top 10 self-administered medications by total spend

Rank	Generic name	Brand name	Disease state(s) / indication	Therapeutic area	Portion of spend (%), summer 2026*	Change in spend vs. winter 2026
1	Risankizumab-rzaa	Skyrizi	Dermatology, GI, rheumatology	Autoimmune/inflammatory	3.65	0.43 ↑
2	Tirzepatide	Mounjaro, Zepbound	Diabetes, obesity	Endocrine/metabolic	3.47	0.91 ↑
3	Dupilumab	Dupixent	Dermatology, GI, respiratory	Autoimmune/inflammatory/ cardiopulmonary	3.23	0.42 ↑
4	Adalimumab	Humira	Dermatology, GI, rheumatology	Autoimmune/inflammatory	2.45	-0.56 ↓
5	Semaglutide	Ozempic, Wegovy	Diabetes, obesity	Endocrine/metabolic	2.33	-0.15 ↓
6	Etanercept	Enbrel	Dermatology, rheumatology	Autoimmune/inflammatory	1.55	-0.03 ↓
7	Ustekinumab	Stelara	Dermatology, GI, rheumatology	Autoimmune/inflammatory	1.50	-1.28 ↓
8	Bictegravir sodium/ emtricitabine/ tenofovir alafenamide fumarate	Biktarvy	HIV	Infectious disease	1.47	0.11 ↑
9	Upadacitinib	Rinvoq	Dermatology, GI, rheumatology	Autoimmune/inflammatory	1.41	0.13 ↑
10	Guselkumab	Tremfya	Dermatology, rheumatology	Autoimmune/inflammatory	1.38	—

Source: Vizient Pharmacy Program participant data, April 2025-March 2026
*Portion of spend for the NDCs making up the top 85% of Vizient Pharmacy Program participant spend
Abbreviations: GI = gastroenterology; HIV = human immunodeficiency virus; ID = infectious diseases.

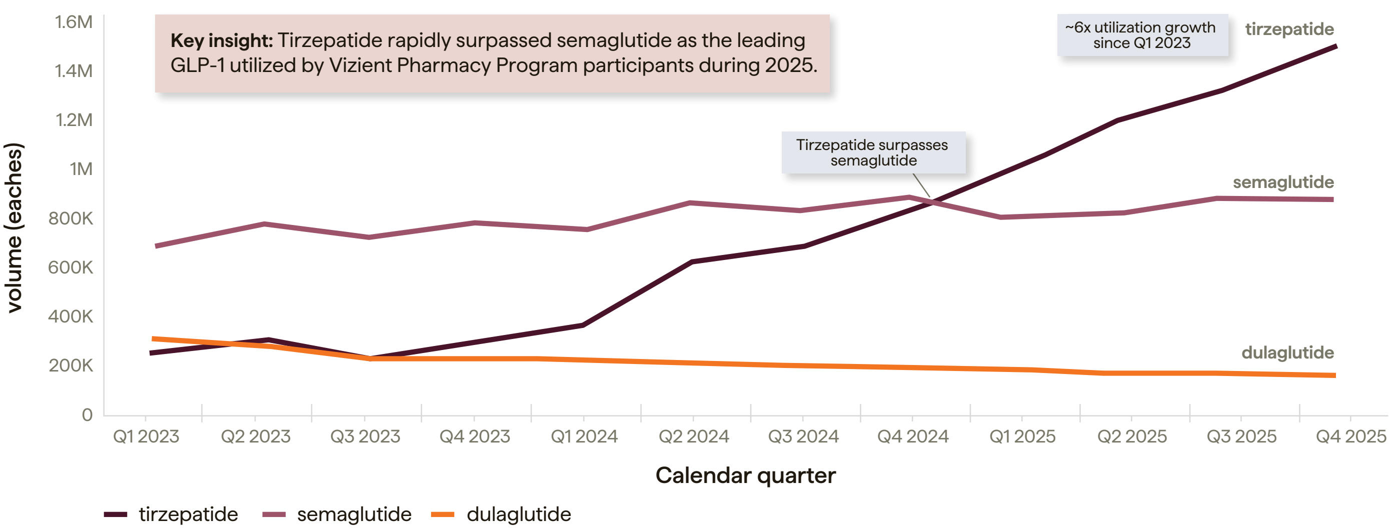
Managing the momentum of GLP-1 growth

GLP-1 therapies have moved from an emerging trend to a core self-administered spend driver. In the summer 2026 analysis, tirzepatide rose to the No. 2 position among self-administered medications, accounting for 3.47% of spend, while semaglutide remained in the top 5 at 2.33%. Together, these two agents now represent 5.80% of self-administered medication spend, compared with 4.74% in winter 2026 and 4.21% in summer 2025.

Category movements

While **Table 1** highlights the growing contribution of GLP-1 therapies to current pharmacy spend, **Figure 1** and **Table 2** demonstrate how rapidly utilization continues to evolve—particularly for tirzepatide. Tirzepatide utilization more than doubled in each of the last two calendar-year comparisons, increasing from 1.1 million eaches in 2023 to 2.5 million in 2024, then to nearly five million in 2025. The quarterly trend continued to rise through Q4 2025, indicating that pharmacy, finance, and ambulatory leaders shouldn't assume near-term plateauing when planning for future demand.

Figure 1. Quarterly Vizient client GLP-1 utilization, 2023–2025



Source: Vizient Pharmacy Program participant data, January 2023-December 2025

Semaglutide provides a useful comparison for a more mature GLP-1 utilization pattern. Annual semaglutide utilization remained high but relatively stable, increasing only 1.2% from 2024 to 2025, while dulaglutide declined 16% over the same period (**Table 2**, **Figure 1**). Together, these trends suggest GLP-1 growth isn't occurring uniformly across the class; utilization is shifting toward newer agents, with tirzepatide absorbing much of the current momentum. This makes GLP-1 planning a product mix, access management, and channel capture issue—not simply a price inflation issue.

Table 2. Annual change in Vizient utilization for select GLP-1 therapies

Generic name	Brand name	2024 vs. 2023	2025 vs. 2024
Tirzepatide	Mounjaro, Zepbound	+129.7%	+101.2%
Semaglutide	Ozempic, Wegovy	+11.8%	+1.2%
Dulaglutide	Trulicity	-21.5%	-16.0%

Source: Vizient Pharmacy Program participant data, January 2023-December 2025

What these shifts may indicate

As adoption expands, health systems will need strategies that extend beyond drug purchasing. Coverage remains indication-, payer-, and program-specific, while access pathways continue to evolve. For example, the Centers for Medicare & Medicaid Services (CMS) announced the Medicare GLP-1 Bridge, a short-term demonstration that will provide eligible Medicare Part D beneficiaries access to certain GLP-1 medications from July 1, 2026, through Dec. 31, 2027. The Medicare GLP-1 Bridge will be the primary payer for products covered under the demonstration and will not coordinate with other payers. CMS uses a central processor for the demonstration, responsible for managing prior authorization, claims adjudication, and pharmacy payment. At the same time, the GLP-1 market continues to expand, with U.S. Food and Drug Administration (FDA) approval of oral orforglipron (Foundayo) for chronic weight management in April 2026 and positive Phase 3 results for retatrutide, an investigational, next-generation therapy, reinforcing that product mix and patient demand may continue to evolve rapidly.

The supply channel also is shifting back toward FDA-approved commercial products after the FDA determined that tirzepatide and semaglutide injection shortages had resolved, reducing the role of shortage-driven compounding. Hospital-owned retail represented the majority of Vizient client sales for both tirzepatide and semaglutide, reinforcing the importance of health system-owned retail and specialty pharmacy capabilities.

Pharmacist-led medication management, benefits navigation, prior authorization support, adherence monitoring, and EHR-integrated prescribing guidance will be important tools to help maintain appropriate access while managing cost and operational impact.

Autoimmune therapies: Utilization shifts toward targeted mechanisms

Utilization trends among select autoimmune and inflammatory agents show continued movement away from some legacy biologic categories and toward newer targeted mechanisms.

Category movements

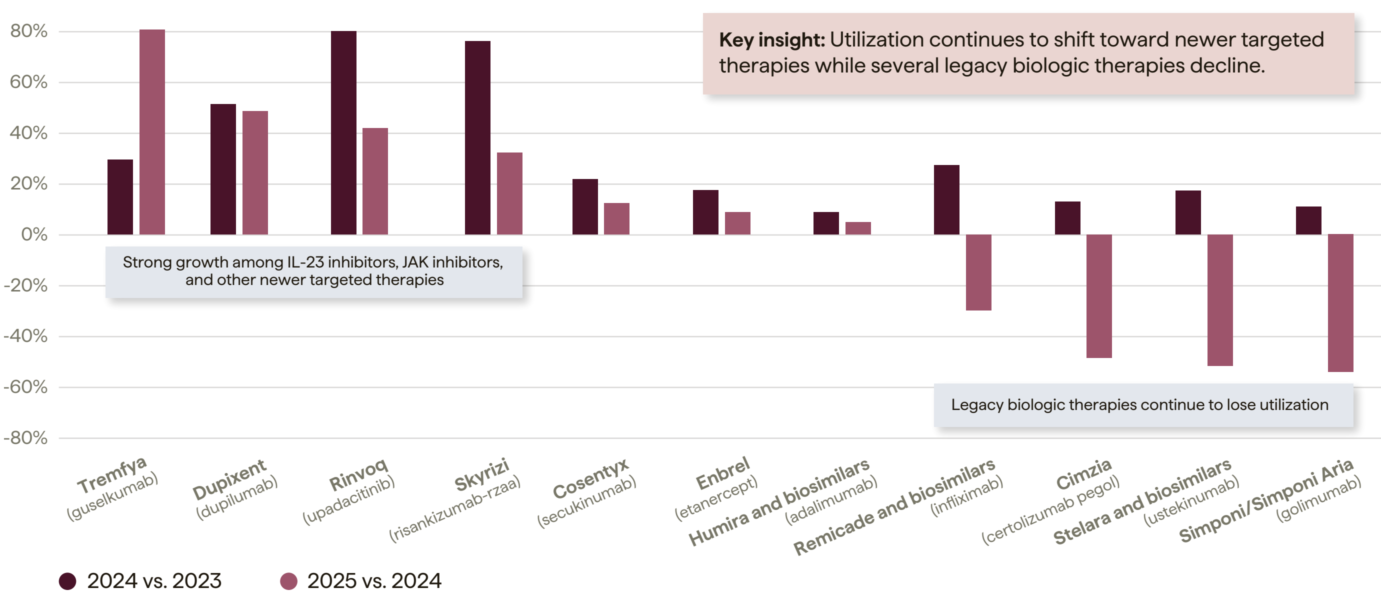
As shown in **Table 3** and **Figure 2**, IL-23 inhibitors showed strong growth, particularly guselkumab (Tremfya), which increased 81.8% in 2025 following 29.9% growth in 2024, and risankizumab-rzaa (Skyrizi), which continued to grow after a strong prior year. Dupilumab (Dupixent) and upadacitinib (Rinvoq) also sustained substantial growth, reflecting broader adoption across dermatology, gastroenterology, and other inflammatory conditions.

Table 3. Annual change in utilization for select autoimmune and inflammatory agents, by mechanism

Mechanism group	Generic name	Brand name	2024 vs. 2023	2025 vs. 2024
IL-23 inhibitors	Guselkumab	Tremfya	29.90%	81.80%
	Risankizumab-rzaa	Skyrizi	77.20%	32.70%
IL-4/IL-13 inhibitor	Dupilumab	Dupixent	52.00%	48.50%
JAK inhibitor	Upadacitinib	Rinvoq	81.30%	42.20%
IL-17A inhibitor	Secukinumab	Cosentyx	21.80%	13.10%
TNF-alpha inhibitors	Etanercept*	Enbrel	18.10%	8.90%
	Adalimumab	Humira	9.30%	6.10%
	Infliximab	Remicade	29.10%	-29.80%
	Certolizumab pegol	Cimzia	13.30%	-47.60%
	Golimumab	Simponi, Simponi Aria	11.50%	-53.30%
IL-12/IL-23 inhibitor	Ustekinumab	Stelara	18.30%	-51.70%

*TNF-alpha inhibitor fusion protein
Source: Vizient Pharmacy Program participant data, January 2023-December 2025

Figure 2. Annual change in Vizient utilization for select autoimmune and inflammatory agents, 2023–2025



Source: Vizient Pharmacy Program participant data, January 2023-December 2025

At the same time, several TNF-alpha inhibitors and older biologic therapies declined in 2025, including infliximab, certolizumab pegol, golimumab, and ustekinumab. These declines don't necessarily indicate reduced disease-state importance; rather, they reflect a shifting product mix as prescribers, payers, and patients move among mechanisms, formulations, and preferred products.

Oral oncolytics: Utilization shifts within established treatment classes

Utilization trends among select oral oncolytics show continued movement within established therapeutic classes.

Category movements

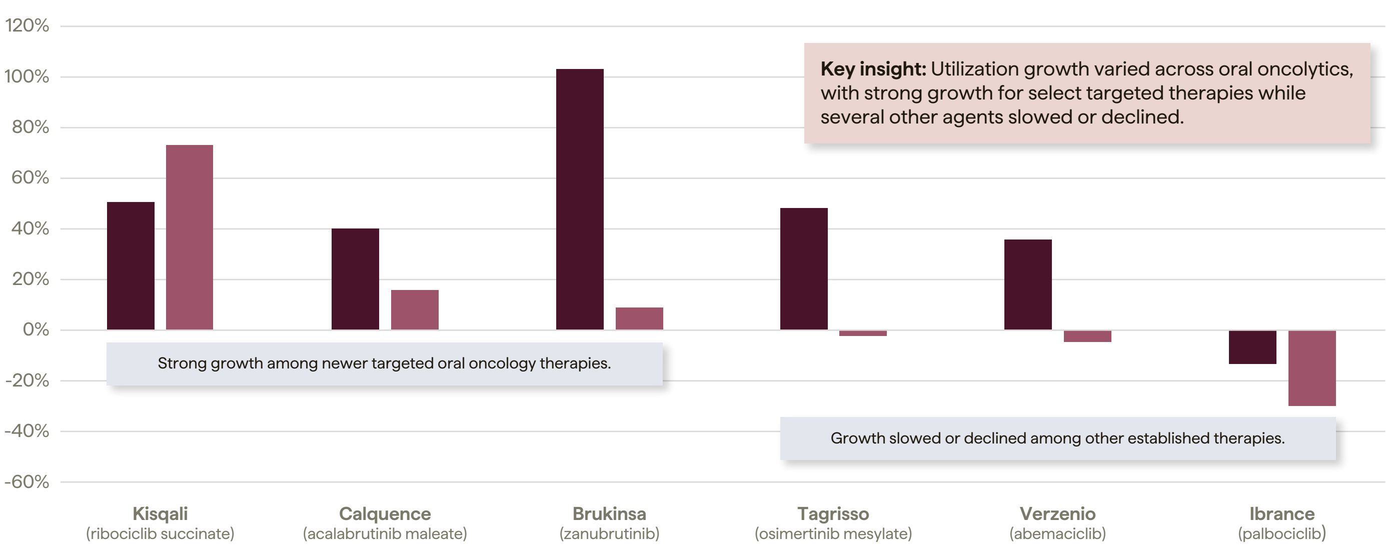
Ribociclib (Kisqali) had the strongest growth in 2025, while other CDK4/6 inhibitors declined, suggesting product-level shifts within breast cancer treatment pathways. BTK inhibitors continued to grow, though at a slower rate than in 2024, while osimertinib mesylate (Tagrisso) declined slightly after strong prior-year growth.

Table 4. Annual change in utilization for select oral oncolytics, by mechanism

Mechanism group	Generic name	Brand name	2024 vs. 2023	2025 vs. 2024
BTK inhibitors	Acalabrutinib maleate	Calquence	40.30%	16.50%
	Zanubrutinib	Brukinsa	103.70%	9.80%
CDK4/6 inhibitors	Ribociclib succinate	Kisqali	51.70%	72.80%
	Abemaciclib	Verzenio	36.50%	-4.90%
	Palbociclib	Ibrance	-13.00%	-29.60%
EGFR inhibitor	Osimertinib mesylate	Tagrisso	48.70%	-2.30%

Source: Vizient Pharmacy Program participant data, January 2023-December 2025

Figure 3. Annual change in Vizient utilization for select oral oncolytics, 2023–2025



Source: Vizient Pharmacy Program participant data, January 2023-December 2025

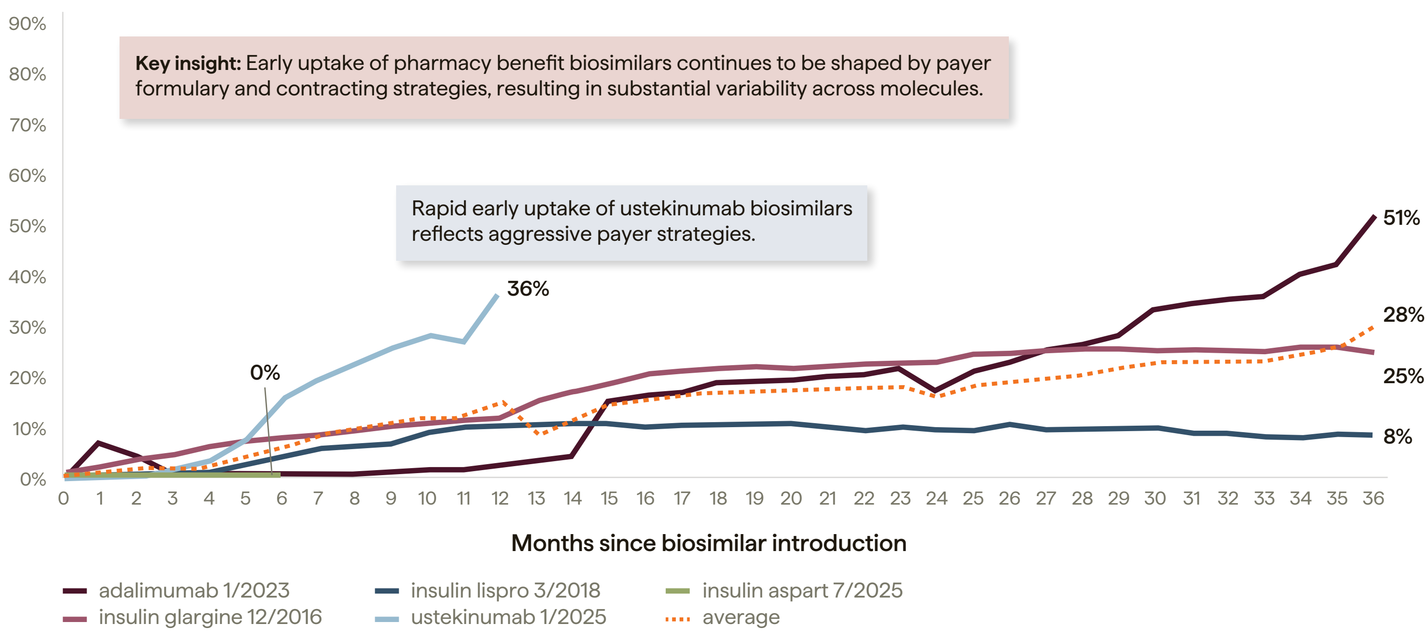
Biosimilars: Pharmacy benefit uptake remains payer-driven

Biosimilar adoption in the pharmacy benefit is shaped less by health system formulary and purchasing decisions and more by payer, pharmacy benefit manager, and specialty pharmacy strategies. A biosimilars therapeutic insight report published by Vizient in 2025 emphasized that adoption is increasingly influenced by preferred formulary placement, private-label biosimilars tied to payer/PBM affiliates, and $0-copay programs rather than clinical differences alone.

What these shifts may indicate

The pharmacy benefit uptake curve shows wide variation by molecule. Average biosimilar uptake across selected pharmacy benefit products reached 28% by 36 months, while adalimumab biosimilars reached 51% share by month 36 and ustekinumab biosimilars reached 36% within the first year, suggesting faster early movement as payer strategies increasingly favor biosimilar adoption.

Figure 4. Pharmacy benefit biosimilar share uptake by molecule, months since biosimilar introduction



Source: IQVIA Institute for Human Data Science, U.S. Medicine Use Trends 2026: Increased use and spending amid access and cost pressures, April 2026.

For health systems, pharmacy benefit biosimilar strategy should focus on access and channel management as much as product selection. Health system-owned specialty pharmacies should anticipate payer-specific product preferences, formulary changes, prior authorization requirements, and patient transition needs to preserve access as payer preferences shift.

Pharmacy benefit control and specialty pharmacy access

Self-administered specialty medication spend is shaped by pharmacy benefit controls, including payer and PBM formulary placement, preferred specialty pharmacy networks, prior authorization, step therapy, and patient cost-sharing design. These dynamics affect GLP-1s, autoimmune therapies, oral oncology agents, and biosimilars, making access management as important as acquisition cost.

Health system-owned retail and specialty pharmacies can help preserve continuity of care through benefits investigation, prior authorization support, financial assistance, refill coordination, adherence monitoring, and EHR-integrated clinical management. As GLP-1 demand grows and pharmacy-benefit biosimilars expand, organizations should monitor payer-specific product preferences, specialty pharmacy capture rates, abandonment risk, and therapy-switching workflows to strengthen specialty pharmacy strategy while supporting appropriate patient access and long-term organizational performance.

Learn more about how these category movements connect to broader trends by visiting the **Spend Management Outlook**.