vizient.

Pharmacy products used in ambulatory care (provider-administered)

Pharmacy services within the ambulatory care segment include provider-administered therapies (intravenous, subcutaneous, or intramuscular) delivered in hospital outpatient departments, physician offices, infusion suites, and ambulatory surgery centers.

The provider-administered segment is increasingly shaped by more than drug acquisition cost. Site-of-care management, payer policy, reimbursement, biosimilar adoption, formulation changes, and infusion capacity all influence the financial and operational impact of these therapies.

Table 1 highlights the top 10 provider-administered medications by total spend for Vizient Pharmacy Program participants. Immune globulin remains the leading product in this segment, while oncology therapies continue to account for a substantial share of provider-administered spend, with pembrolizumab (Keytruda), daratumumab-hyaluronidase (Darzalex Faspro), nivolumab (Opdivo), and durvalumab (Imfinzi) all appearing in the top 10. Infectious disease products, including pneumococcal 20-valent conjugate vaccine (Prevnar-20) and human papillomavirus vaccine (Gardasil), also remain important contributors, reflecting the role of preventive therapies in ambulatory medication spend.

Table 1. Top 10 provider-administered medications by total spend (purchased through wholesaler channels only)

Rank	Generic name	Brand name	Indication	Therapeutic area	Portion of spend, summer 2026 (%)*	Change in spend vs. winter 2026
1	Immune globulin	Gammagard, Gamunex-C, Privigen	Autoimmune, infectious, and idiopathic diseases	Plasma	3.21	-0.41 ↓
2	Pembrolizumab	Keytruda	Solid cancers, lymphoma	Oncology	2.63	-0.51 ↓
3	Daratumumab-hyaluronidase-fihj	Darzalex Faspro	Multiple myeloma	Oncology	1.66	0.07 ↑
4	Pneumococcal 20-valent conjugate vaccine	Prevnar-20	Prevention of pneumococcal disease	Infectious diseases	1.28	—
5	Ocrelizumab	Ocrevus	Multiple sclerosis	Neurology	1.08	-0.3 ↓
6	Nivolumab	Opdivo	Solid cancers, lymphoma	Oncology	1.03	-0.13 ↓
7	Durvalumab	Imfinzi	Solid cancers	Oncology	0.91	0.16 ↑
8	Denosumab	Prolia, Xgeva	Osteoporosis, hypercalcemia	Endocrine/metabolic	0.89	-0.24 ↓
9	OnabotulinumtoxinA	Botox	Chronic migraine, muscle spasticity	Neurology	0.88	0.03 ↑
10	Human papillomavirus vaccine	Gardasil	Prevention of HPV	Infectious diseases	0.75	0.11 ↑

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.

Payer site-of-care management

Commercial payer site-of-care management is becoming more defined operationally.

Near-term opportunities are concentrated in recurring maintenance therapies that can often be administered outside the hospital outpatient department after patient stabilization. Immune globulin is the highest-priority category to monitor because of its scale, chronic use, and payer familiarity with home infusion and alternate-site infusion. Other categories likely to remain under review include autoimmune and inflammatory infusions, select neurology, and complement-mediated disease therapies, enzyme replacement therapies, and other rare disease infusions.

Oncology is emerging as a more strategic watch area, particularly for maintenance or monotherapy regimens, immune checkpoint inhibitors, bevacizumab and biosimilars, subcutaneous oncology products, and select HER2-directed therapies. Cell and gene therapies are less likely to shift broadly to freestanding infusion sites because of clinical complexity, manufacturing logistics, monitoring needs, and reimbursement risk, but payers may manage access through designated treatment networks, centers of excellence, or outcomes-based contracting models.

PD-1/PD-L1 therapies: Channel shifts, real-world utilization, and formulation strategy

PD-1/PD-L1 inhibitors remain a major driver of provider-administered oncology spend, with pembrolizumab (Keytruda), nivolumab (Opdivo), and durvalumab (Imfinzi) all appearing among high-spend ambulatory oncology therapies.

Category movements

Although its share declined from winter 2026, pembrolizumab remains the largest oncology product in the provider-administered segment, while durvalumab increased as a share of spend.

The PD-1/PD-L1 class illustrates how utilization trends can provide additional insight into future planning beyond spend alone. **Table 2** shows year-over-year utilization for select PD-1/PD-L1 therapies. Durvalumab was the only agent in this data view to show continued growth in 2025, increasing by 25.90% after strong growth in 2024. Other agents declined in 2025 after prior-year growth, including pembrolizumab, which remains the largest product in the class but decreased from its 2024 peak.

Table 2. Annual change in Vizient client utilization for select PD-1/PD-L1 therapies

Rank	Generic name	Brand name	2024 vs. 2023	2025 vs. 2024
1	Durvalumab	Imfinzi	23.70%	25.90%
2	Nivolumab-relatlimab-rmbw	Opdualag	40.60%	-4.50%
3	Nivolumab	Opdivo	11.20%	-5.40%
4	Pembrolizumab	Keytruda	17.40%	-13.90%
5	Atezolizumab	Tecentriq	-3.70%	-13.90%

Source: Vizient Pharmacy Program participant data, January 2023-December 2025
Note: Ranked by change in 2025.

For health systems, contracting, pathway, and formulary strategies should be grounded in real-world utilization patterns rather than broad assumptions of class-level interchangeability.

The formulation landscape also is shifting as subcutaneous options for nivolumab and pembrolizumab enter practice. These products may reduce administration time and create new considerations for infusion chair capacity, clinic throughput, pharmacy preparation, inventory management, billing workflows, payer coverage, and site-of-care strategy.

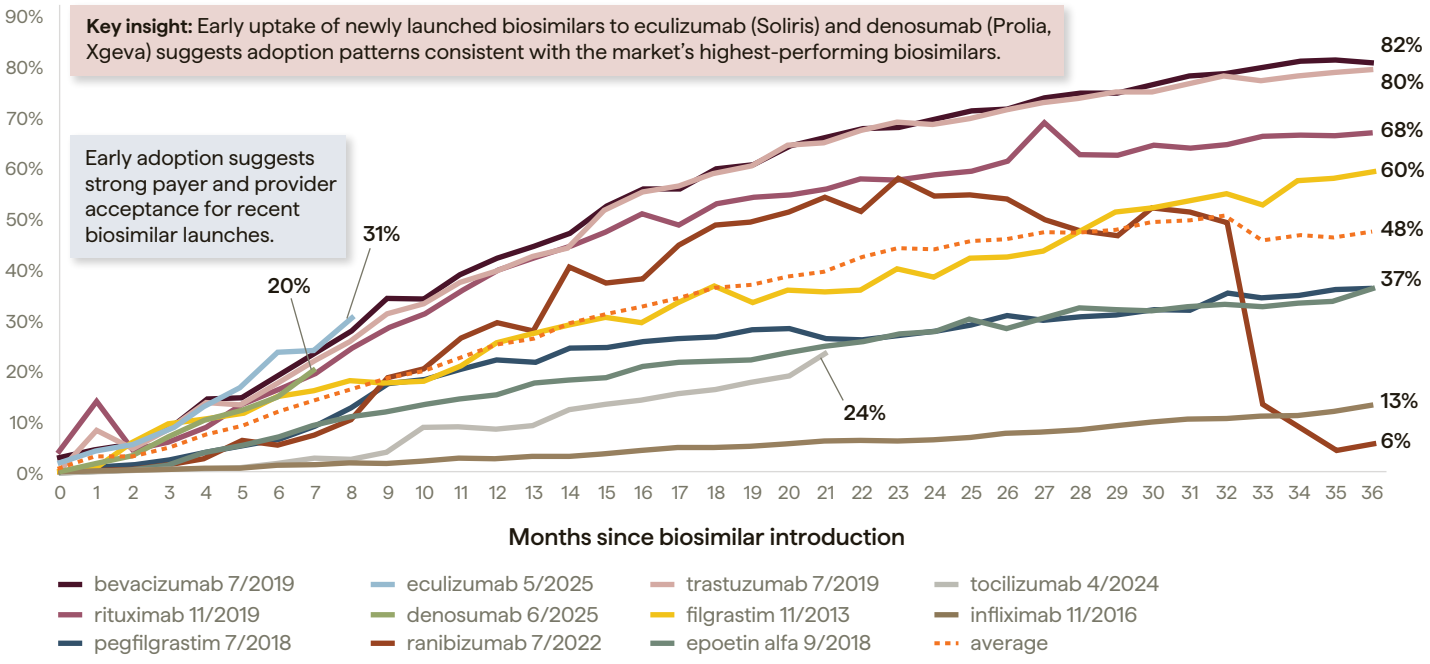
Provider-administered biosimilar uptake

Biosimilars remain an important lever for managing provider-administered biologic spend across oncology, supportive care, ophthalmology, immunology, and other medical benefit categories. A biosimilars therapeutic insight report published by Vizient in 2025 highlights a persistent market dynamic: Biosimilar availability alone doesn't guarantee adoption. Uptake varies by molecule and is influenced by payer strategy, formulary placement, contracting, reimbursement, site of care, and operational readiness.

Category movements

Figure 2 highlights the variability during the first 36 months after launch. While some mature provider-administered biosimilar categories have achieved substantial adoption, newer launches continue to show product-specific uptake patterns. Recent entrants, including eculizumab, tocilizumab, and denosumab biosimilars, are gaining early share, suggesting continued savings opportunity for health systems that actively monitor payer preferences, contracting strategies, and operational workflows.

Figure 2. Medical benefit biosimilar share uptake by molecule



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

Ambulatory reimbursement and policy pressure

Provider-administered medications are increasingly being shaped by reimbursement and policy dynamics that affect the economics of outpatient care. Product cost alone doesn't determine financial impact; reimbursement methodology, dose, site of care, payer mix, medical benefit design, Medicare drug pricing reforms, and operational capacity all influence margin and access. Pharmacy, revenue cycle, finance, and service line leaders should evaluate high-spend therapies through this broader reimbursement lens while strengthening operational planning across pharmacy, finance, revenue cycle, and ambulatory operations.

Operational considerations

For Botulinum toxin products, reimbursement in hospital outpatient departments may be influenced by the OPPS drug packaging policy. For CY 2026, the Centers for Medicare & Medicaid Services (CMS) maintained the OPPS packaging threshold at $140 per day for drugs, biologicals, and therapeutic radiopharmaceuticals. Products at or below this threshold generally are packaged into the associated service payment, while products above the threshold may be separately payable unless otherwise designated as packaged under OPPS. Hospitals should verify the product, dose, Healthcare Common Procedure Coding System (HCPCS) code, and current OPPS Addendum B status before assuming a separate payment, particularly for lower dose use cases.

Medicare Part B drug negotiations will become more relevant to health systems in 2028, when negotiated prices for selected provider-administered therapies are effectuated for the first time through the Medicare Drug Price Negotiation Program. Products such as abatacept, secukinumab, vedolizumab, onabotulinumtoxinA, omalizumab, and certolizumab pegol span rheumatology, dermatology, gastroenterology, neurology, urology, and pulmonary/allergy care. Health systems should evaluate potential operational and financial implications across outpatient infusion, hospital outpatient departments, physician practices, specialty pharmacy channels, and medical benefit reimbursement workflows.

Learn more about policy updates in the **policy outlook**.

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