



The people of specialty pharmacy: The patients who access and providers who deliver specialty care

A REPORT FOR THE SPECIALTY ACCESS ALLIANCE

Contents

Executive Summary		2
Part One	Specialty pharmacies are a distinct model of care built around patients with complex needs	5
Part Two	Millions of patients with complex health needs rely on specialty pharmacy care	6
Part Three	Specialty pharmacies help patients overcome barriers to accessing treatment	9
Part Four	Specialty pharmacy care improves patient outcomes	13
Part Five	Specialty pharmacies coordinate care around the patient	15
Conclusion		16
End Notes		18
Contributors		20

Executive Summary

Specialty medications are not ordinary prescriptions. For patients, they can stand for hope, stability, or a cure. The Specialty Access Alliance helps policymakers understand this reality by highlighting the full patient experience and the role that specialty medications and pharmacies play in supporting safe, consistent care.

For people with rare, chronic, and/or complex conditions, obtaining a specialty medicine is only one step in the treatment journey. Unlike retail or mail-order pharmacies, specialty pharmacies provide personalized, high-touch care that goes beyond dispensing medication. They combine specialized handling with the clinical expertise and ongoing support patients need to start, continue, and benefit from therapy. Specialty pharmacies differ from other pharmacies in four key ways: (1) the medicines they dispense; (2) the clinical and support services they provide; (3) technical capabilities; and (4) how medicines are delivered to patients, whether at home or in a clinical setting.

This report describes the essential role specialty pharmacies play in patient care and the patients who depend on specialty pharmacy services. It describes and explains the distinct services specialty pharmacies provide compared to other types of pharmacies, such as retail or mail-order. It then sheds light with stories that represent the millions of patients who rely on those services to make complex care easier to access and manage. And, while specialty pharmacies may serve a small share of Americans, they are still an important source of care for patients who experience outsized clinical complexity.

Key Findings

1. Specialty pharmacy is a distinct model of care built around patients with complex needs.

Specialty pharmacies exist for patients whose therapies are too complex to simply pick up at a counter: medicines that need special handling, clinical oversight, and long-term support. They pair dispensing with onboarding, education, monitoring, and direct communication with prescribers, so a demanding treatment becomes one patients can actually manage.

2. Millions of patients with complex health needs rely on specialty pharmacy care.

Specialty pharmacy patients include people living with cancer, multiple sclerosis (MS), sickle cell disease, hemophilia, immune deficiencies, and other serious or rare conditions. What they share is a heavy treatment load: in one recent claims study, they used almost twice as many different medicines as other pharmacy users and more often lived in socially vulnerable communities.¹ Many must also learn to manage injections, side effects, storage, and deliveries at home while balancing work and family.

3. Specialty pharmacies help patients overcome barriers to accessing treatment.

Many patients face real obstacles before their first dose: distance from specialists, coverage rules, cost, and the logistics of handling complex medicines. Specialty pharmacies reduce those obstacles by bringing temperature-sensitive medicines and in-home administration to patients, offering clinical support between visits, and helping patients secure coverage and financial help. In one study, co-pay assistance cut cancer patients' average initial cost sharing for oral cancer medications by roughly 90%, a savings of more than \$1,100.²

4. Specialty pharmacy care improves patient outcomes.

Specialty pharmacy teams teach patients and caregivers how to use their medicines and stay with them for the duration of treatment, managing side effects, coordinating lab work, and spotting when a missed refill, not a clinical decision, is behind a gap in therapy. In a randomized trial of patients taking self-administered specialty medications, tailored pharmacist interventions improved adherence compared with usual care (93% vs. 87% at 12 months).³ While the evidence base continues to grow, current research suggests that personalized specialty pharmacy support can help patients remain engaged with treatment.

5. Specialty pharmacies coordinate care around the patient.

Patients on specialty therapies often depend on a large care team, from specialty providers and nurses to social workers and family caregivers. Specialty pharmacies keep that team working together by managing logistics, educating patients, and alerting prescribers when something changes. The payoff is measurable: in one study, a tightly coordinated specialty pharmacy model cut the wait from prescription to first fill by more than a third, or 5.7 days on average.⁴

A prescription is only the beginning

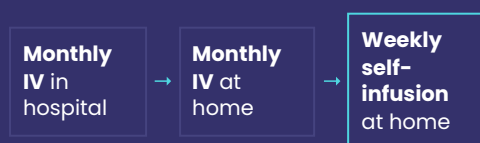
How specialty pharmacies walk alongside patients with rare, chronic and complex conditions, from the first prescription to years of steady treatment.

"In quotes": what the patient experiences • *how the specialty pharmacy helps*

GETTING STARTED	INITIATING TREATMENT SAFELY	STAYING ON TREATMENT
1 Diagnosis & prescription <i>"My specialist has prescribed a therapy for a complex condition."</i> - Partners and consults with the care team from day one - Reaches out to welcome and begins consultations with the patient - Reviews and monitors the treatment plan with specific disease expertise	3 Safe delivery <i>"My medicine needs special storage and handling."</i> - Temperature-controlled packaging and delivery - Supplies and equipment arrive with the medicine - Delivered to home, clinic or infusion site - Maintains the technical capacity and skill to handle and dispense complex therapies	5 Ongoing clinical support <i>"I have a question about my treatment, and it can't wait."</i> - Pharmacists and nurses with disease-specific expertise - Monitors how treatment is working - Flags concerns and dose changes to the prescriber - Provides 24/7 patient support and guidance
2 Getting ready <i>"I need to know what happens next and when I can start."</i> - Builds a personalized care plan - Coordinates with the prescriber so treatment can begin - Answers questions from patients and caregivers - Helps patients navigate coverage and financial support programs	4 Education & first dose <i>"I'm learning how to take my treatment safely."</i> - Trains patients and caregivers on injection or infusion - Explains what side effects to watch for - Supports the move to home or self-administration	6 Staying on track <i>"I need my therapy without gaps, often for years."</i> - Coordinates refills before supplies run low - Helps patients stay on their therapy - Keeps the whole care team informed - Remains involved throughout the treatment journey, offering personalized services

ONE PATIENT'S PATH

Dave, living with common variable immune deficiency (CVID)



A specialty pharmacy supplied the medicine, equipment and support at every step, giving Dave more control over his time and his privacy.

SUPPORT THAT KEEPS PATIENTS ON THERAPY

87% → 93%

Median 12-month adherence among previously non-adherent specialty-medicine patients after tailored pharmacist support, in a randomized trial.

WHY IT MATTERS

Patients start therapy safely, stay on it, and can focus on what matters most: their health and their lives.

Source: Specialty Access Alliance; Kibbons et al. (2023).

PART ONE

Specialty pharmacies are a distinct model of care built around patients with complex needs

Specialty medications are not ordinary prescriptions, and a specialty pharmacy is not an ordinary pharmacy.

Unlike a retail or mail-order pharmacy, a specialty pharmacy is designed for patients who depend on advanced therapies that require careful handling, close clinical oversight and sustained support to use safely and effectively.⁵ Specialty pharmacies combine dispensing with a coordinated set of services: helping patients start and stay on therapy, educating patients and caregivers, monitoring treatment and side effects, offering real-time clinical support, and working alongside prescribers and care teams so patients avoid delays or gaps in care. In doing so, specialty pharmacies turn a complex prescription into care that is easier to access and manage.

There are more than 1,900 accredited specialty pharmacy locations; health systems account for 553 (28%), and independent specialty pharmacies are the largest category by count.⁶ Specialty medications can be life-changing for patients living with one or more of the many conditions that require high-touch care provided by a specialty pharmacy.

But, for patients who rely on them, access means more than a prescription. It is the personalized support to get started and stay on their medications, manage complex therapies safely, and avoid potential delays or gaps in care. For patients, specialty pharmacies are delivering life-saving treatment and coordinated services that are generally not available through a traditional retail pharmacy model.

A specialty pharmacy is different from other pharmacies in four ways

The drugs it dispenses.

Specialty drugs are typically biologics, injectables, infusions or complex oral therapies for chronic, rare, or serious conditions. They often need cold-chain or ultra-cold-chain handling, complex administration or personalization, or safety monitoring that manufacturers must run for high-risk drugs. Many are high-cost, and many are available only through limited-distribution networks.

The clinical services around the patient and the drug.

A specialty pharmacy runs a structured patient-management program: onboarding counseling, scheduled check-ins, side-effect and adherence monitoring, accessing health benefits and financial assistance, and coordination with the prescriber. This is the core difference.

Accreditation and network access.

Specialty-specific accreditation (through organizations like URAC, the Accreditation Commission for Health Care, ACHC, the Center for Pharmacy Practice Accreditation, CPPA, or the Joint Commission) ensures specialty pharmacies have the technical capacity, safety protocols, clean room environments, and expertise to handle and dispense complex therapies. They often hold contracts to dispense certain drugs: payer specialty networks and manufacturer limited-distribution networks.

How it delivers.

Most ship by mail or courier to the patient's home or clinical setting rather than serving walk-in customers, often on a scheduled refill cycle over a long-term relationship.

PART TWO

Millions of patients with complex health needs rely on specialty pharmacy care

Specialty pharmacies support people living with serious, chronic, and/or complex medical conditions that require more than simply access to medication. Their treatment may involve several medicines, specialist clinical input, ongoing monitoring, complex administration, and coordination across distinct parts of the healthcare system.

Unfortunately, there is no national count of people who use specialty pharmacies in the United States. In a 2026 Colorado claims study, among the first to examine specialty-pharmacy users in detail by pharmacy ownership type, 0.8% of people with a full year of coverage (32,495 of 3.83 million) filled at least one prescription at a specialty pharmacy in 2022.⁷ The largest Colorado specialty classes in the study were anti-inflammatory analgesics (12.2% of specialty claims), dermatological products (10.5%), antineoplastics and adjunctive therapies (7.9%), and migraine products (5.7%).⁸ While we do not have a national study, we do know that specialty pharmacies serve a diverse population, including people living with cancer, MS, sickle cell disease, hemophilia, immune deficiencies, autoimmune and inflammatory diseases, and other serious and rare conditions. These patients share an intensity and complexity of care.

When we look at these conditions, there are millions of patients who potentially need access to specialty pharmacies. Around 18.6 million Americans are living with a history of cancer today, equivalent to around 5.4% of the population.⁹ Roughly 1 million live with MS, which is predominantly diagnosed in women – 3 times higher prevalence than men.¹⁰ Around 100,000 people are living with sickle cell disease, and more than 90% diagnosed with this condition are non-Hispanic Black or African American.¹² And, as many as 33,000 individuals live with hemophilia and require highly specialized, life-long treatment.¹³ Millions more live with autoimmune, inflammatory and rare diseases for which specialty medicines provide crucial support.

Specialty pharmacy patients are likely to be older, female, and report worse health

Colorado specialty pharmacy users were somewhat older than other pharmacy users (mean age 53.2 vs 50.8) and more often female (63.6% vs 57.2%).¹⁴ National survey data similarly link specialty medication use to older age, insured for prescription drugs, and reliant on mail-order delivery.¹⁵ Those specialty pharmacy patients also taking traditional medications were more often women in poorer health with more comorbidities.¹⁶ Many specialty pharmacy patients must learn to take or inject medicines at home, manage side effects, and arrange storage, refills, and deliveries, all while fitting treatment around work and family. Specialty pharmacies provide a framework of support around all of this.

Colorado specialty pharmacy users compared with other pharmacy users

Measure	Specialty pharmacy users	Other pharmacy users
Average age	53.2	50.8
Female	63.6%	57.2%

Source: Anderson et al. (2026), Colorado All-Payer Claims Database, 2022.

Specialty pharmacy patients take more medications

In the Colorado study, specialty pharmacy users took nearly twice as many different medicines and filled twice the number of prescriptions as other pharmacy users, and patients were more likely to live in socially vulnerable communities,¹⁷ reinforcing the complexity and potential vulnerability of specialty pharmacy patients.

More recent Medicare Advantage evidence gives a further example: beneficiaries receiving commonly dispensed specialty medicines included patients treated for osteoporosis, rheumatoid arthritis, HIV, dermatological, neurological and respiratory conditions, with participants in their 70s on average and carrying a substantial burden of illness.¹⁸

Together, this evidence points to a patient population characterized by high and complex healthcare needs, with some patients also facing wider social, financial, or geographic vulnerabilities. Specialty pharmacy care is designed around these needs, combining expertise, education, personalized support, and helping navigate treatment and affordability.

No single “typical” specialty pharmacy patient

There is therefore no single “typical” specialty pharmacy patient. Patients differ greatly in age, condition, background, and circumstances. What many have in common is that their health needs, treatments or personal circumstances make accessing and managing care unusually demanding.

That distinction is important; while the populations that specialty pharmacies serve are varied, high treatment intensity, complex care pathways, and wider social or financial barriers often overlap.

PART THREE

Specialty pharmacies help patients overcome barriers to accessing treatment

Access for specialty care patients depends on more than dispensing a prescription. Specialty pharmacy support removes many of the practical hurdles to beginning and continuing treatment. Specialty pharmacy services can make treatment easier to fit around everyday life. Home delivery can save patients an added journey, remote support can provide help between appointments, and coordination with specialist teams can reduce the number of problems patients or families have to resolve themselves.

For some patients, successful treatment depends on much more than medicine arriving at the door. It may need to arrive at a precise time, at the right temperature, and with the equipment needed to use it safely. Specialty pharmacies coordinate these requirements and can arrange urgent resupply when treatment cannot safely wait.

Home delivery can make treatment more convenient and independent, reduce the risk of gaps caused by missed or delayed collections and allow patients to receive complex medicines without being tied to a particular site of care.

Specialty pharmacies meet patients where they are

Distance from sites of care, coverage requirements, the cost of treatment, and the practical demands of handling complex medicines can all stand between a prescription and the first dose. Specialty pharmacies help close that gap by delivering temperature-sensitive medicines safely to patients' homes, providing remote clinical support, helping patients navigate coverage, and connecting them with support programs. Specialty pharmacy access can also reduce prescriptions that are never initiated and shorten the wait for a first fill.¹⁹

Specialty pharmacies help patients reach support programs

Cost is a major barrier to starting therapy. Specialty pharmacies connect patients to support programs that sharply reduce what they pay. In one study of patients starting oral anticancer medicines, co-pay assistance programs cut the average initial co-pay from about \$1,226 to about \$125.²⁰ Specialty pharmacy care may also lower costs directly: in one study, annual out-of-pocket pharmacy costs were around \$106 lower in the integrated specialty pharmacy care model it examined.²¹ Not every patient needs every service. Specialty pharmacies can link the patient, prescriber, and wider care team by resolving practical barriers, communicating treatment changes, monitoring continuity, and escalating clinical concerns. That matters because problems rarely occur in isolation: an affordability issue can become an adherence problem, a side effect can trigger a treatment pause, and a dose change can affect supply and delivery.

PATIENT STORY

Dave's Story: Living with CVID

Dave lives with common variable immune deficiency (CVID), a chronic condition that requires ongoing immunoglobulin infusions. He experienced years of unexplained symptoms and frequent illness which have now been remedied through these infusions.

Prior to this diagnosis, Dave suffered through many other serious health issues. While recovering, he met a dedicated hospital lab tech and fell in love. Forty-two years later, Dave is still married to her, and she remains an important part of his care team.

The journey to his current treatments included receiving monthly IV immunoglobulin infusions in a hospital setting. The next step was in-home monthly IV infusions. Neither of these options offered privacy or convenience. The final step was training to do weekly subcutaneous self-infusions. This procedure offers him the ability to schedule on his own time.

Dave receives the necessary supplies and encouragement through a specialty pharmacy. The result is a frictionless process allowing him to live his best life.

PATIENT STORY

Ally's Story: The importance of patient-centered support for both patients and caregivers

Stephanie's daughter, Ally, lived with extraordinarily complex medical needs. Born with gastroschisis, she underwent 15 bowel resections, depended on intravenous nutrition for years, and eventually received stem cell and small bowel transplants. She also lived with an immune deficiency that required ongoing immunoglobulin therapy.

Managing Ally's care required coordination among physicians, transplant specialists, infusion providers, specialty pharmacy teams, and caregivers. At one point, she relied on four infusion pumps running around the clock while managing an extensive medication regimen. Throughout her journey, specialty pharmacy services helped support access to critical therapies and supplies, while her care team worked together to address her evolving needs.

Stephanie credits specialty pharmacy, palliative care, and a coordinated network of providers with helping improve Ally's quality of life. Her experience also revealed an unexpected reality: patients with the most complex medical needs often receive the most coordinated and attentive care.

Following Ally's death in 2024, Stephanie has continued to share her family's experience to help improve care for others facing serious illness. Her story highlights the importance of patient-centered support for patients and caregivers alike.

PART FOUR

Specialty pharmacy care improves patient outcomes

Specialty pharmacies offer disease-specific expertise unlike retail pharmacy – employing pharmacists who are experts in therapeutic areas or conditions, such as oncology, neurodegenerative disease, autoimmune disorders, HIV, and MS. Specialty pharmacy teams train patients and caregivers to take, inject, store, and manage their medicines, and they stay involved throughout treatment. They help patients manage side effects, recognize when clinical input is needed, and coordinate laboratory and clinical monitoring. They can also distinguish a medically appropriate pause in therapy from an unintended gap caused by a missed refill or difficulty obtaining medication.²²

Specialty pharmacies strengthen medication adherence

The evidence suggests this support makes a practical difference. In a randomized trial of patients who had recently fallen behind on self-administered specialty medicines, tailored pharmacist support raised median 12-month adherence to 93%, compared with 87% under usual care.²³

Research comparing pharmacy types suggests that patients who fill specialty prescriptions through a specialty pharmacy are more likely to stay on their therapy. Among patients taking oral cancer medicines, 72% of those using a specialty pharmacy were adherent, compared with 56% of those using retail pharmacies.²⁴ Specialty pharmacy patients taking medications for hepatitis C were more likely to reach optimal adherence (54% vs 41% reaching 80% adherence) than retail patients.²⁵

A study of more than 86,000 patients taking the injectable biologic adalimumab found that pharmacy type was the strongest predictor of refill adherence, which was 16% lower among patients who used a retail pharmacy than among those who used a specialty pharmacy, after controlling for factors such as payment type, copay, age and sex.²⁶

A similar pattern appears in Medicare. Among Part D beneficiaries taking specialty drugs, specialty pharmacy users had 23% higher odds of being adherent than retail pharmacy users overall, with the strongest associations for anticancer medications (39% higher odds) and TNF inhibitors (55% higher odds).²⁷

Adherence with specialty pharmacy support compared with alternatives

Self-administered specialty medicines (randomized trial, median 12-month adherence)



Oral cancer medicines (share adherent)



Hepatitis C medicines (share reaching 80% adherence)



Source: Kibbons et al. (2023); Stokes et al. (2017); Visaria and Glave Frazee (2013). Studies are not directly comparable.

Specialty pharmacies support continuity of treatment and improved clinical outcomes

There are also signs of clinical benefit. MS patients with specialty pharmacy access were less likely to relapse over three years than those accessing usual community pharmacies (39.6% compared with 48.7%), with a 27% lower overall relapse rate.²⁸ A study comparing HIV patients found those who accessed specialty pharmacy services had around 1.5 times the odds of viral suppression and around 1.4 times the odds of an undetectable viral load compared with those using community pharmacies.²⁹

An analysis of longitudinal prescription data found that patients filling identical specialty products through specialty pharmacies had compliance rates 7 to 10 percentage points higher over a year than patients using retail pharmacies.³⁰ Persistence differences were even larger: for two products, about 50–60% of specialty pharmacy patients were still on therapy after a year, compared with 30–40% of retail pharmacy patients, a gap the researchers attributed to the follow-up, education and refill support specialty pharmacies provide.³¹ The wider clinical evidence is still developing, but these findings point to better continuity of treatment.

PART FIVE

Specialty pharmacies coordinate care around the patient

Specialty pharmacies can help patients remain connected to treatment by identifying barriers, coordinating refills and escalating clinical concerns before they cause avoidable interruption. Patients on specialty therapies typically have a broad care team: prescribing specialists, primary care clinicians, nurses, specialty pharmacists, pharmacy technicians, logistics staff, care coordinators, social workers, dietitians and other allied health professionals, and family caregivers. Specialty pharmacies function as a connecting point across that team.

Specialty pharmacies shorten the time to treatment

Obtaining specialty drugs can be slow and labor-intensive without coordination. For a patient with cancer, the median time from prescription to receipt of an oral anticancer drug was 12 days, with 73% of prescriptions needing two or more calls and 40% requiring five or more.³² At a community oncology clinic, staff may spend 2 hours per prescription.³³

Specialty pharmacies can shorten the path to therapy by coordinating care. Specialty pharmacies handle and prepare medicines appropriately, coordinate complex logistics, provide in-home and treatment support, educate patients and caregivers, and communicate with prescribers when circumstances change. This coordination makes a measurable difference: patients in a closely coordinated specialty pharmacy model started treatment 5.7 days sooner on average, a 35% shorter time from prescription to fill with a quicker prescription to fill when the specialty pharmacy integrated with primary care.³⁴

Specialty pharmacists can bridge the gaps for patients

Specialty pharmacists can bridge gaps in care coordination between the various parties involved in a patient's care, including the prescriber, insurer and payer, and pharmaceutical manufacturer.³⁵ For example, switching how a medication is given – from clinic infusion to home injection, for instance – often takes considerable work across the care team and can delay treatment or leave gaps in therapy that affect patients' health and quality of life.

But specialty pharmacies can coordinate this care to ensure prompt transitions for a patient. The specialty pharmacy team coordinates insurance authorization and financial help, communicates in real time with providers, and relays to the patient and caregiver any education and care management training necessary to transition to new therapies without delay. Ultimately, the value of specialty pharmacies lies in helping patients navigate the full treatment journey, providing personalized services, and staying seamlessly connected to care.

Closely coordinated specialty pharmacy care

5.7 days

Sooner start to treatment on average

35%

Shorter time from prescription to fill

Source: Hames et al. (2026).

Conclusion

Specialty medicines have changed what is possible for people living with cancer, MS, sickle cell disease, hemophilia, HIV, and many other serious conditions. But medication only helps if a patient can start it, take it as intended, and stay on it. For the patients described in this report, who often manage several medicines, see multiple specialists, and face financial, geographic, or social barriers, each of those steps can be demanding.

Specialty pharmacies exist to meet that demand. It is not simply a unique way of dispensing medicine, but a model of care that combines safe handling and delivery with patient education, clinical monitoring, financial navigation, and coordination across the care team. The people of specialty pharmacies (pharmacists, technicians, nurses, care coordinators, and logistics staff) work alongside prescribers and family caregivers to keep treatment on track. Much of that work goes unseen: resolving a coverage requirement before it delays a first dose, recognizing when a missed refill signals a problem, or helping a patient move from clinic infusion to home injection without a gap in therapy.

The evidence reviewed in this report shows that this work matters. Coordinated specialty pharmacy care is associated with faster access to treatment, lower out-of-pocket costs, better adherence, and improved patient outcomes. Studies in MS and HIV point to clinical benefits as well. Much of this research is observational, however, and more comparative studies are needed to show how consistently these gains translate into better long-term health.

For policymakers, the lesson is that specialty pharmacies should not only be understood for the medicines they dispense but for the patients they serve and the services they provide. Decisions that shape how patients reach specialty pharmacy care also shape whether they receive the support that helps them not just begin treatment but stick with it. As specialty medicines play a growing role in American healthcare, keeping patients connected to that support will be central to making sure these therapies deliver their full value.

End Notes

1. Anderson, K.E., McEnany, M. and Mattingly, T.J., (2026). 'Scope and characteristics of patients filling medications through specialty pharmacies by ownership type', *Health Affairs Scholar*, 4(3). <https://pmc.ncbi.nlm.nih.gov/articles/PMC13008003/>.
2. Geynisman, D.M. et al. (2018). 'Provider and patient burdens of obtaining oral anticancer medications', *American Journal of Managed Care*, 24(4). <https://pubmed.ncbi.nlm.nih.gov/29668216/>.
3. Kibbons, A.M. et al. (2023). 'Patient-tailored interventions to improve specialty medication adherence: Results from a prospective randomized controlled trial', *American Journal of Medicine*, 136(7). <https://pmc.ncbi.nlm.nih.gov/articles/PMC10794990/>.
4. Hames, A.G., Bejarano, G. and Poonawalla, I.B. (2026). 'Association between integrated specialty pharmacy care model and pharmaceutical access and costs', *Health Affairs Scholar*, 4(8). <https://academic.oup.com/healthaffairsscholar/article/4/8/qxag192/8740299>.
5. National Association of Specialty Pharmacy, (2026). 'NASP Definitions of Specialty Pharmacy and Specialty Medications.' Available at: <https://naspnet.org/wp-content/uploads/2017/02/NASP-Defintions-final-2.16.pdf>.
6. Fein, A. J., (2026, April 21). "The Top 15 Specialty Pharmacies of 2025," *Drug Channels* (blog), Available at: <https://www.drugchannels.net/2026/04/the-top-15-specialty-pharmacies-of-2025.html>.
7. Anderson, K.E., et al.,
8. *ibid*.
9. National Cancer Institute (n.d.). 'Statistics and graphs'. Available at: <https://cancercontrol.cancer.gov/ocs/statistics> (Accessed: 1 October 2026).
10. Wallin, M.T., Culpepper, W.J., Campbell, J.D., Nelson, L.M., Langer-Gould, A., Marrie, R.A., Cutter, G.R., Kaye, W.E., Wagner, L., Tremlett, H., Buka, S.L., Dilokthornsakul, P., Topol, B., Chen, L.H., LaRocca, N.G., (2019). 'The prevalence of MS in the United States: A population-based estimate using health claims data', *Neurology*, 92(10). <https://pubmed.ncbi.nlm.nih.gov/30770430/>.
11. Bebo, B. et al. (2022). 'The economic burden of multiple sclerosis in the United States', *Neurology*, 98(19). Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9109149/>.
12. Centers for Disease Control and Prevention (CDC) (2026). 'Data and statistics on sickle cell disease', 7 August. Available at: <https://www.cdc.gov/sickle-cell/data/index.html> (Accessed: 1 October 2026).
13. Centers for Disease Control and Prevention (CDC) (2024). 'Data and statistics on hemophilia', 15 May. Available at: <https://www.cdc.gov/hemophilia/data-research/index.html> (Accessed: 1 October 2026).
14. Anderson, K.E., et al.
15. Park, T. Griggs, S.K., Chung, G., (2018). 'Characteristics of patients using specialty medications', *Research in Social and Administrative Pharmacy*, 14(10). <https://www.sciencedirect.com/science/article/abs/pii/S1551741117305338>.
16. *Ibid*.
17. Anderson, K.E., et al.
18. Hames, A.G., et al.

End Notes continued

19. Ibid.
20. Geynisman, D.M. et al.
21. Hames, A.G., et al.
22. Dowd, M., (2016). 'The Role of Specialty Pharmacy in Medication Adherence.' Specialty Pharmacy Times, 7(4). <https://www.pharmacytimes.com/view/the-role-of-specialty-pharmacy-in-medication-adherence>.
23. Kibbons, A.M. et al.
24. Stokes, M., Reyes, C., Xia, Y., Alas, V., Goertz, H., Boulanger, L., (2017). 'Impact of pharmacy channel on adherence to oral oncolytics', BMC Health Services Research, 17(414). <https://doi.org/10.1186/s12913-017-2373-2>.
25. Visaria, J., Glave Frazee, S., (2013) 'Role of Pharmacy Channel in Adherence to Hepatitis C Regimens,' American Journal of Pharmacy Benefits, 5(1). <https://www.pharmacytimes.com/view/role-of-pharmacy-channel-in-adherence-to-hepatitis-c-regimens>
26. Liu, Y., Yang, M., Chou, J., Mulani, P.M., (2010). 'Greater Refill Adherence to Adalimumab Therapy for Patients Using Specialty Versus Retail Pharmacies,' Advances in Therapy, 27(8). <https://doi.org/10.1007/s12325-010-0050-5>.
27. Kale, H.P., Patel, A.M., Carroll, N.V., (2018). 'A Comparison of Pharmacy Dispensing Channel Use and Adherence to Specialty Drugs Among Medicare Part D Beneficiaries,' Journal of Managed Care & Specialty Pharmacy, 24(4). <https://doi.org/10.18553/jmcp.2018.24.4.317>.
28. Tang, J., Bailey, J., Chang, C., Faris, R., Hong, S.H., Levin, M., Wang, J., (2016). 'Effects of Specialty Pharmacy Care on Health Outcomes in Multiple Sclerosis', American Health & Drug Benefits, 9(8). <https://www.ahdbonline.com/issues/2016/november-2016-vol-9-no-8/effects-of-specialty-pharmacy-care-on-health-outcomes-in-multiple-sclerosis>.
29. Pedersen, L., Fulco, P., Pryor, R., Bearman, G., (2024) 'Specialty pharmacy services compared with community-based pharmacy services on HIV viral load,' Journal of the American Pharmacists Association, 65(1). <https://www.sciencedirect.com/science/article/abs/pii/S1544319124003388>.
30. IMS Health, Understanding and Improving Adherence for Specialty Products (Plymouth Meeting, PA: IMS Health, 2010), 3–4. Understanding_Improving_Adherence_Specialty_Products_IMS_Health.pdf. https://www.adhereforhealth.org/wp-content/uploads/pdf/Understanding_Improving_Adherence_Specialty_Products_IMS_Health.pdf
31. Ibid.
32. Geynisman, D.M. et al.
33. Niccolai, J.L., Roman, D.L., Julius, J.M., Nadour, R.W., (2016). 'Potential obstacles in the acquisition of oral anticancer medications.' Journal of Oncology Practice, 2017;13:e29–e36. <https://pubmed.ncbi.nlm.nih.gov/27922797/>.
34. Hames, A.G., et al.
35. Fajardo, S., Zook, F., Dotson, E. (2016). 'Specialty pharmacy for hematologic malignancies.' American Journal of Health-System Pharmacy, 73:797–809. <https://www.ovid.com/journals/ajhp/abstract/10.2146/ajhp150749-specialty-pharmacy-for-hematologic-malignancies>.

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About WPI Strategy

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STRATEGY

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