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Message from our President

A Thank-You from All of Us – and a Look Behind the Scenes

DEAR VALUED PARTNER,

We believe the strongest partnerships are built on trust, shared goals, and open communication. Every day, your confidence in us inspires our team to go above and beyond.

We created this short film to give you a glimpse behind the scenes of our operations—where precision, care, and dedication meet innovation. It's not just about the work we do; it's about the people we do it for.

From streamlining processes to safeguarding compliance and ensuring every detail is right, our mission is to make your work easier, your time more valuable, and your clients' experiences better.

Your trust is the greatest gift we could ask for. The highest compliment you can give us is the opportunity to help someone you know experience the same level of service and commitment.

If you'd ever like to see our operations firsthand, we'd be delighted to host you—and any colleague or referral you invite—for a personal tour and lunch with our team. It's the best way to experience our commitment up close.

Thank you for being an essential part of our journey. We're proud to stand beside you as a partner.

IRIEN MOAWAD, RPH
PRESIDENT OF PHARMACY SERVICES & COMPLIANCE

RESILIENT DRUG SUPPLY

Report links ADHD drug shortage in US to global supply chain disruptions

A nationwide shortage of stimulant medications used to treat attention-deficit hyperactivity disorder (ADHD) may be rooted less in prescribing practices or federal production quotas than in global supply chain disruptions, according to an analysis published late last week in JAMA Health Forum.

The study, led by researchers from Yale University, examined potential causes of the US stimulant shortage in 2022 and 2023, when many patients reported difficulty filling their prescriptions.

Public debate has often focused on rising diagnoses, expanded telehealth prescribing, and Drug Enforcement Administration (DEA) production limits as causes for the shortage, but the new findings suggest those explanations are incomplete—and highlight how vulnerable US pharmaceutical manufacturing is to global supply chain disruptions.

One-third of stimulants for US made in single facility

ADHD is common among US adults, with an estimated 15.5 million (6% of adults) reporting a diagnosis in 2023. Roughly one-third of those adults took stimulant medications that year, but getting access to the drugs was a challenge: More than 70% reported difficulty filling their prescriptions during the shortage.

Although the analysis looked primarily at the import of amphetamine, it also examined the import of two other stimulants, lisdexamfetamine and methylphenidate, because the United States experienced a shortage of those drugs starting in July 2023. Together, the three drugs account for over 90% of ADHD stimulant prescriptions.

> **“More than 70% reported difficulty filling their prescriptions during the shortage.”**

“Sharp, simultaneous production cutbacks across several medium-sized and smaller manufacturers in late 2022 and early 2023 coincided with a steep contraction in US imports of raw amphetamines and more modest declines in phenylacetone, a key [stimulant] precursor,” the authors write. This drop in imports points to “what appears to be a supply chain failure.”

The supply chain disruption originated in the European Union, according to the analysis, and supply chain vulnerability likely arose from the degree of concentration among facilities producing amphetamines for the US market. “One study found that 33.7% of generic APIs [active pharmaceutical ingredients] for the US market in 2020 and 2021 were produced by a single facility, and another 30.4% by only 2 or 3 facilities,” they write.

Drop in imports led to unmet demand

Debate about the causes of the shortage has been ongoing. Some experts have attributed it to increased prescribing, particularly during the COVID-19 pandemic, when telehealth expanded access to ADHD diagnosis and treatment. Others have pointed to the DEA’s quota system, which caps the amount of controlled substances manufacturers can produce.

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The January 2026 study was the "first comprehensive analysis" on hospital advertising using national data, researchers say. (monkeybusinessimages/GettyImages)

Hospital ads can increase ED visits, Medicare spending, new Penn study finds

Hospital advertising can trigger increased emergency admissions and care from Medicare beneficiaries, a new study from the University of Pennsylvania says.

The January 2026 study (PDF) used Nielsen's "Ad Intel" database and traditional Medicare claims nationally, excluding Alaska, from January 2015 through November 2016. Since the dataset applied to ads ran during the 2016 presidential election, researchers found political advertising "modestly suppresses" Medicare hospital care spending due to the "negative impact on hospitals' own advertising."

Seven types of costs and care were analyzed, including emergency department visits and inpatient stays.

The study was the "first comprehensive analysis" on hospital advertising using national data and found a "modest" effect on patient volume and inpatient care spending from ads. Results could not discern whether ads swayed patients from visiting competitors or whether patients would have otherwise not visited a hospital. Pharmaceutical ads remain the highest share of healthcare advertising, but hospital ads accounted for $1.4 billion of advertising in 2016—an increase of 258% since 1997, researchers wrote, citing a 2019 study.

Researchers found that a 10% increase in hospital ads in a regional market, in turn, increased hospital admissions by nine admissions per 100,000 Medicare beneficiaries. Inpatient stays resulting from emergency department visits were also "slightly more responsive" to the advertising.

"The results on inpatient and outpatient care collectively suggest that hospital advertising draws patients to the ED who otherwise would not have used hospital services," researchers wrote. "This could occur if, for example, advertising persuades elderly individuals to prefer the hospital ED instead of going to an urgent care clinic."

While for-profit hospitals saw higher outpatient Medicare volumes and payments, researchers used readmission rates to determine that patients did not seek higher- or lower-quality hospitals from ads.

> **"It seems like patients are not worse off," said Atul Gupta, Ph.D., one of the study's authors, in a statement. "That's the most important thing."**

However, researchers note that if advertising influences patients to utilize "costly ED care" rather than alternatives, it may "represent inefficient care, and use of taxpayer dollars in the case of Medicare."

Consequently, according to researchers, there is a need to "comprehensively examine the impact on patient welfare," though it was out of the study's scope. Another area for future study is the effect of advertising on other groups, such as privately insured patients.

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NBDF's Pathway to Cures Announces Spark Biomedical's LUNA Trial to Advance Non-Pharmaceutical Options for Heavy Menstrual Bleeding

Phase II decentralized study evaluates transcutaneous auricular neurostimulation (tAN) for heavy menstrual bleeding, including participants with inherited bleeding disorders

NEW YORK--(BUSINESS WIRE)--For women and girls with bleeding disorders, heavy menstrual bleeding (HMB) is one of the most debilitating—and ignored—symptoms they endure. According to data from the National Bleeding Disorder's (NBDF) Community Voices in Research registry, 46% of women with a bleeding disorder reported missing school or work due to it. Now, a Phase II decentralized clinical study is enrolling participants to test a drug-free alternative: transcutaneous auricular neurostimulation, a wearable technology that stimulates the nervous system through the ear to reduce heavy menstrual bleeding.

The LUNA Trial is being conducted by Spark Biomedical, a portfolio company of Pathway to Cures, NBDF's venture philanthropy fund dedicated to accelerating new treatment options for the bleeding disorders community. The randomized, double-blind, sham-controlled Phase II study enrolling 80 participants in the United States, including adolescents ages 14–21 and adults ages 22–45 with a history of HMB with no known structural cause. The study will include women and girls diagnosed with von Willebrand disease. As a decentralized trial, participants can enroll from multiple locations, reducing common barriers to research participation.

"Heavy menstrual bleeding is one of the most common and challenging symptoms faced by women and girls with inherited bleeding disorders like von Willebrand disease, yet it is often under-recognized and left undertreated," said Navid Khodaparast, PhD, Co-founder and Chief Scientific Officer of Spark Biomedical. "The LUNA Trial is designed to generate critical clinical evidence to support new, non-pharmaceutical approaches that could expand treatment options for these patients."

"For too long, heavy menstrual bleeding has been dismissed as something women and girls with bleeding disorders simply have to endure. The LUNA trial represents exactly the kind of innovative, patient-centered research Pathway to Cures was designed to advance, and we are proud to support Spark Biomedical in bringing this important work to the community that needs it the most," said Teri Willey, Managing Director and Officer of Pathway to Cures.

Women and girls with a history of heavy menstrual bleeding who may be eligible are encouraged to learn more and consider enrolling.
To view the full trial listing and eligibility criteria, visit the LUNA Trial: https://clinicaltrials.gov/study/NCT07326722?term=NA

About National Bleeding Disorders Foundation

NBDF is a U.S. nonprofit that supports people with inheritable bleeding disorders like hemophilia and von Willebrand disease. It works through research, education, and advocacy, and connects communities via a nationwide network of 50 chapters.

About Pathway to Cures (P2C)

is a venture philanthropy fund that accelerates the development of cures for inheritable blood disorders. Partnering with organizations, it invests in innovative therapies and technologies, leveraging NBDF's scientific network. By reinvesting returns, P2C expands its impact, supports promising companies, and builds a portfolio that advances NBDF's mission. Learn more at www.pathwaytocures.org

About Spark Biomedical

Spark Biomedical develops neuroengineering tools to help healthcare providers manage complex care situations. Supported by funding from the NIH and U.S. Department of Defense, Spark collaborates with academic and private partners to advance innovative healthcare solutions. Learn more at www.sparkbiomedical.com.

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India is launching cheap weight-loss drugs — but Novo Nordisk is betting its brands will stay on top

Key Points
- Novo lost semaglutide patent protection in India, triggering generic launches.
- Indian drugmakers launched generic versions at lower prices.
- Novo cut prices and used partnerships to defend market share in India.

The first wave of generic versions of Novo Nordisk's GLP-1 weight-loss drugs launched in India over the weekend, with at least five domestic drugmakers undercutting the original price by up to 80%. It comes as the Danish drugmaker's patent expired on Friday, with the company fighting to maintain its lead in the lucrative market.

India is a critical market, with around 100 million people living with diabetes and nearly a quarter classified as obese. The country is also known as "the world's pharmacy" with its well-developed generic drugs industry supplying around 20% of global off-patent medicines.
Sun Pharmaceutical, one of the top generics manufacturers in the world, on Saturday launched a generic semaglutide for as low as 750 rupees ($8) for a weekly injection, or about 3,400 rupees per month. That compares with Novo's retail price of between 8,800 and 10,000 rupees in India, depending on the dosage.

Meanwhile, export-focused Dr. Reddy's Laboratories has so far launched semaglutide for treating diabetes at around 4,200 rupees per month and plans to expand to Canada, Turkey and Brazil this year. The company's goal is to democratize access to GLP-1 drugs worldwide, said Deepak Sapra, CEO of Pharmaceutical Services and API at Dr. Reddy's, at a virtual launch event on Saturday. It's targeting annual sales of 12 million semaglutide pens in the first year of launch across all markets, including India. "This is something that Indian generic players have been preparing for a very long time," Salil Kallianpur, an independent pharma consultant based in India, told CNBC.

More than 50 brands are expected to launch generic versions of semaglutide in the coming months. That's a small number by Indian standards, because of the relative complexity of making such drugs with their more stringent quality controls, Kallianpur said.

A price war

Even as semaglutide remains protected from generic competition in the U.S. – its largest market by far– until 2032, patent expirations in India, Canada, Brazil, and China this year are likely to have a sizable impact on its revenue. In February, Novo warned that sales could decline by 5% to 13% in 2026.

Novo is already facing declining market share amid fierce competition from Eli Lilly and other drugmakers. U.S. President Donald Trump has also pushed for lower drug prices, and a November deal with the administration slashed GLP-1 prices in the country. It is unclear whether higher sales volumes will offset the lower prices.

In December last year, Novo reduced the price of Wegovy by 37% from its launch price in India, before its patent expired, Reuters reported.

Analysts told CNBC that Novo needs to cut prices in India to defend its market share. Vishal Manchanda, a pharma sector analyst at Systematix Group, said that Novo could retain a large share of the market if it maintains a 15%–20% premium over generic versions

Generic entries will affect Novo's sales in India, but it's not yet clear whether the Danish drugmaker will lose its leading position, said Sydbank analyst Søren Løntoft Hansen.

Novo has historically maintained a leading market share despite losing patent protection. The company has been a leading producer of insulin since its inception a century ago, and it has continued to dominate the market while still selling at a premium to generic rivals. Generic manufacturers have struggled to scale up production to challenge Novo's dominance, Hansen said.

Novo is confident in its ability to retain users in India. "Our size, technology, and complete care ecosystem justify the price we are getting after a 37% reduction," Vikrant Shrotriya, managing director of Novo Nordisk India, told CNBC's "Inside India" on Friday.
Even though Novo launched popular obesity drug Wegovy and diabetes treatment drug Ozempic in India after Lilly launched its rival Mounjaro and Zepbound, it "converted a mistake into an opportunity," as it came in at a much lower price and is now launching second brands, Kallianpur said.
Wegovy is being launched as Poviztra through a partnership with Emcure Pharma, while Ozempic is being marketed as Extensior in collaboration with Abbott India. These partners bring deep ties to pharmacies and physicians across the country, improving the drugmaker's reach.
It's a classic strategy for protecting a premium brand against cheaper generics, Kallianpur said, adding that Novo is banking heavily on its reputation. "The brand is essentially the moat."

THE GROWING INDIAN MARKET

While Sun Pharma and Dr. Reddy's launched semaglutide at about 50% below Novo's original prices, smaller domestic-focused manufacturers such as Natco Pharma and Alkem Laboratories are offering steeper discounts of nearly 80%.
Natco Pharma's vial formulation is priced at 1,250 rupees per month, making it one of the most affordable options on the market, while Alkem Laboratories has introduced the lowest-priced prefilled semaglutide injections starting at 1,800 rupees per month.

Through a combination of affordable pricing and "extensive distribution across smaller cities in India, Alkem aims to "make this product accessible to more patients who need it," the company's CEO Vikas Gupta told CNBC in an email.
Sales of GLP-1 drugs in the country have risen rapidly, with the moving annual turnover in February rising 178% from a year earlier to 14.46 billion rupees, according to data from Indian market intelligence firm Pharmarack.

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H-1B Health Care Workforce Bill Introduced

On March 17, Congressman Mike Lawler (NY-17) introduced the H–1Bs for Physicians and the Healthcare Workforce Act, bipartisan legislation with Reps. Sanford D. Bishop, Jr. (GA-02), Maria Elvira Salazar (FL-27), and Yvette Clarke (NY-09). This legislation will exempt physicians and other health care workers from the new $100,000 fee for H-1B petitions. It also prohibits new H-1B fees from being imposed on health care workers that exceed the existing fees under the U.S. Code. The full text of the bill can be found here.

AHCA/NCAL will keep its members informed of any relevant updates.