



2025

# Annual Savings Report

# Executive Summary

## **CivicaScript saved patients and payers more than \$16 million in 2025.**

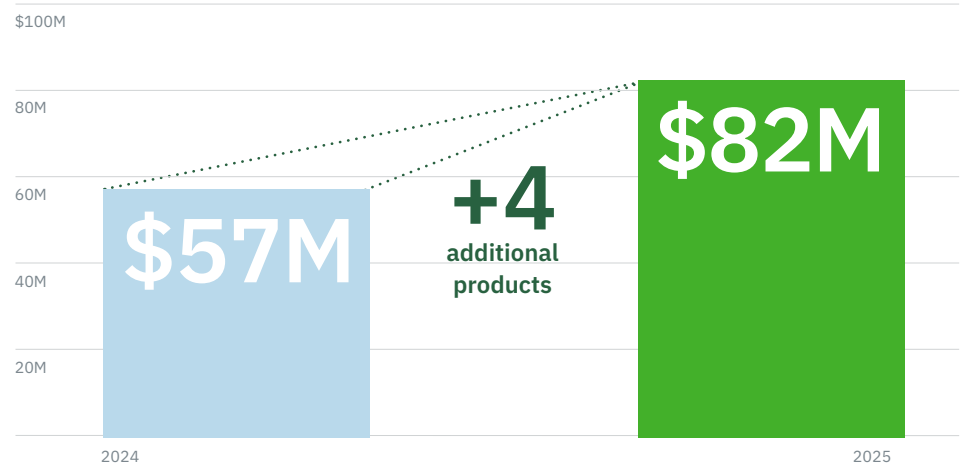
CivicaScript continued to deliver substantial savings through our transparent, nonprofit business model, providing affordable generic medicines and biosimilars. Since the launch of our first product in 2022, CivicaScript has delivered nearly \$44 million in savings to our payer members and patients.

**We expanded our product portfolio by adding four specialty generic medications.** The total savings opportunity for payer members and patients approached \$82 million in 2025.

**CivicaScript entered the biosimilar market in January 2026 with a private-label, low-cost insulin glargine** and an exclusive distribution of ustekinumab-aaaz (biosimilar to originator Stelara®). Civica insulin is available nationally; in California, it is sold under the state's CalRx® brand as part of an ongoing partnership.

CivicaScript delivers affordability to the marketplace at a particularly meaningful moment, when vertically integrated payer organizations are creating private-label entities that further consolidate the supply chain and threaten to limit future competition.

### **TOTAL SAVINGS OPPORTUNITY 2024 TO 2025**



Our 2025 Annual Savings Report marks an important time of growth for CivicaScript, as it captures initial patient and payer savings from our release of four additional products along with our first product, abiraterone acetate tablets, USP 250 mg.

Since 2022, CivicaScript has delivered nearly

**\$44 million**

in savings to members and patients

Our first two Annual Savings Reports showcased the dramatic savings patients and payers experienced with abiraterone alone – proof that our transparent, nonprofit business model can reduce drug costs and help improve patient access to the medicines they need.

This latest report shows that while conversion to our additional products is still in early stages, these products are already driving significant per claim savings. Meanwhile, the continued growth of CivicaScript abiraterone (now sold under the proprietary name Abirtega®) underscores the substantial ongoing need for our unique business model.

Since the launch of our first product in 2022, CivicaScript's transparent business model has delivered nearly \$44 million in savings to our payer members and patients. As we further expand our portfolio in 2026, we expect that the opportunity for patient and payer savings will continue to increase, as we stay true to our mission of making generics and biosimilars affordable and available to everyone.

## Total savings

In 2025, CivicaScript continued to deliver meaningful savings to patients and payer members, driven by abiraterone (Abitrega) and four additional products (see table below).

Patients and payer members saved more than \$16 million after patients switched to CivicaScript products.

FOUR PRODUCTS LAUNCHED IN 2025	Q1	Q2	Q3	Q4
<b>Droxidopa capsules</b> 100 mg, 200 mg & 300 mg		launch		
<b>Dimethyl fumarate delayed-release capsules</b> 120 mg & 240 mg		launch		
<b>Capecitabine tablets, USP</b> 150 mg & 500 mg			launch	
<b>Dalfampridine extended-release tablets</b> 10 mg			launch	

*For products that launched in 2025, only quarterly data where the product was available for the full quarter was used to evaluate savings in the Annual Savings Report.*

Droxidopa and dimethyl fumarate launched in Q2 2025, while capecitabine and dalfampridine were introduced in Q3 2025. This report reflects the savings value of these products starting in their first full quarter of availability.

Early in the year, we also lowered the price to pharmacies of Abirtega – from \$160 to \$120 per bottle – to further increase savings for patients and payers. As our volume increased, we were able to secure additional volume discounts that we passed along to patients and our payer members: a prime example of our transparent business model in action.

Abirtega significantly contributed to patient and payer savings in 2025, as use of our product (and abiraterone overall) continues to increase. Patients used 60,000 bottles of CivicaScript abiraterone in 2025 vs. 55,000 bottles in 2024, a 9% increase.

### TOTAL SAVINGS BY PRODUCT 2025

Product	Time Period	Patient Savings	Payer Savings	Total Savings
<b>Abirtega</b> (Abiraterone)	2025	\$389,399	\$14,751,621	\$15,141,020
<b>Droxidopa</b>	Q3-Q4 '25	\$5,181	\$134,063	\$139,245
<b>Dimethyl fumarate</b>	Q3-Q4 '25	\$7,317	\$615,029	\$622,346
<b>Capecitabine</b>	Q4 '25	\$6,368	\$108,654	\$115,022
<b>Dalfampridine</b>	Q4 '25	\$1,779	\$58,425	\$60,204
<b>Total Portfolio</b>		<b>\$410,044</b>	<b>\$15,667,793</b>	<b>\$16,077,837</b>

*Savings were determined by using the average cost of non-CivicaScript equivalent generic products as reported by our payer members.*

## Patient savings

Patients using CivicaScript products in 2025 experienced significant savings, reducing their out-of-pocket pharmacy costs by a total of more than \$400,000.

Per claim savings varied by product and product strength; the highest average per claim savings for patients was \$56 (for droxidopa 300 mg). For eight of the nine CivicaScript products and strengths available, patients saved an average of 46% to 91% per claim.

### AVERAGE PER CLAIM SAVINGS IN 2025

Product	Percentage Decrease Switching to CivicaScript Product	Patient Savings (Max Savings*)
Abiraterone 250mg	46%	\$40 (\$156)
Capecitabine 150mg	65%	\$9 (\$30)
Capecitabine 500mg	77%	\$26 (\$80)
Dalfampridine 10mg	78%	\$22 (\$59)
Dimethyl fumarate 120mg	14%	\$25 (\$130)
Dimethyl fumarate 240mg	65%	\$39 (\$99)
Droxidopa 100mg	91%	\$52 (\$122)
Droxidopa 200mg	83%	\$55 (\$192)
Droxidopa 300mg	78%	\$56 (\$198)

*\*Maximum savings represent highest average patient savings experienced at the individual plan level*

**46-91%**  
average patient savings per claim for 8 of 9 products and strengths

There is substantial variation in patient savings based on plan design and other market dynamics. Patients with a plan that uses coinsurance, who pay a percentage of drug costs rather than a fixed copay, saved more when they used CivicaScript products. Patients who had not yet met their deductible also had greater opportunity to save with lower-priced CivicaScript products. Notably, when averaging patient savings at the individual payer-member level per product, the plan with the greatest average patient savings experienced \$198/claim in savings.

## Payer savings

CivicaScript payer members, who bear the larger share of total medicine costs, saw a total of \$15.7 million in savings in 2025.

On average, our payer members saved \$856/claim with abiraterone — our most utilized product — and \$80/claim to \$2,358/claim for the four newly launched products.

As with patient savings, per claim savings varied by product and product strength. When averaging payer savings at the individual payer-member level per product, the payer with the greatest average savings experienced \$11,464/claim in savings.

**\$11,464**  
highest average  
claim savings

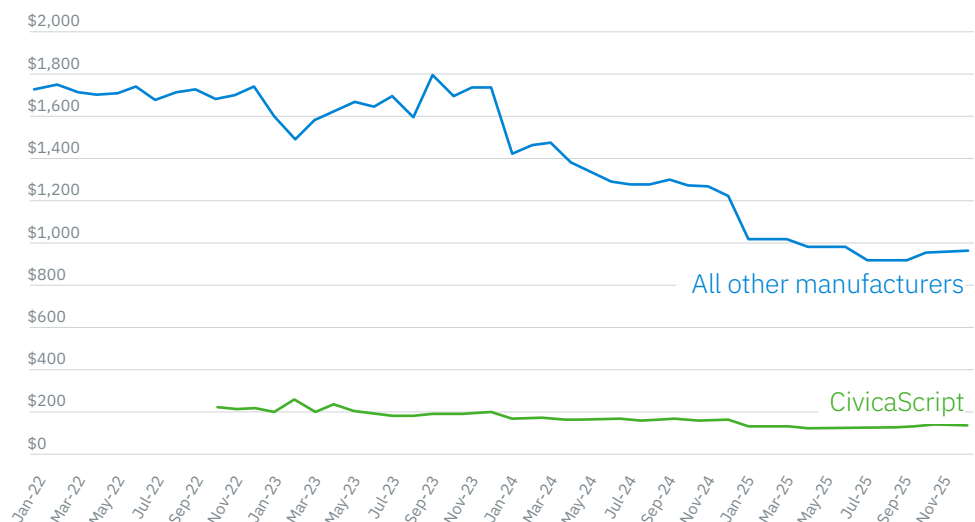
### PER CLAIM SAVINGS IN 2025

Product	Average Payer Savings (Max Savings*)
Abiraterone 250mg	\$856 (\$3,814)
Capecitabine 150mg	\$80 (\$225)
Capecitabine 500mg	\$264 (\$1,032)
Dalfampridine 10mg	\$361 (\$1,486)
Dimethyl fumarate 120mg	\$383 (\$1,376)
Dimethyl fumarate 240mg	\$1,006 (\$4,526)
Droxidopa 100mg	\$491 (\$2,504)
Droxidopa 200mg	\$1,653 (\$5,591)
Droxidopa 300mg	\$2,358 (\$11,464)

\*Maximum savings represent highest average payer savings experienced at the individual plan level

In addition to the direct savings CivicaScript products deliver for patients and payers, market prices for abiraterone from other manufacturers also have decreased. This results in more competitive rates in the marketplace, which benefits the healthcare system overall. The chart below illustrates that trend — but also shows that the average claim cost for Abirtega continues to be substantially lower than that for abiraterone from other manufacturers.

### AVERAGE ABIRATERONE CLAIM COST BY MONTH AND MANUFACTURER (2022-2025)

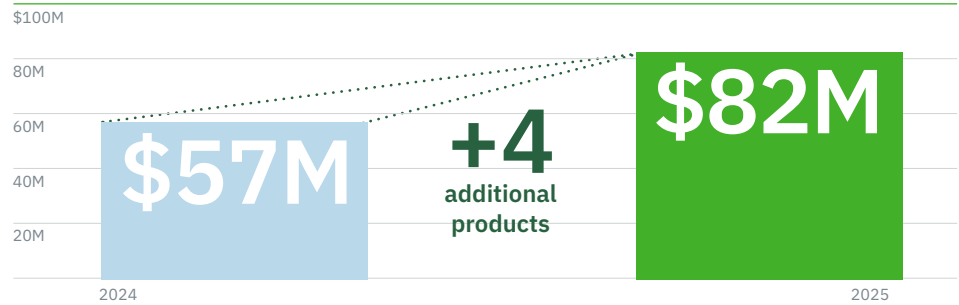


## Potential for more savings

There was substantial opportunity for significantly greater savings if payers had been able to convert more patients to CivicaScript products.

An additional \$66 million in savings could have been realized if payers had converted all patients who use products in our portfolio.

### TOTAL SAVINGS OPPORTUNITY 2024 TO 2025



CivicaScript payer members used learnings gained from the CivicaScript abiraterone launch to improve the rate of patient conversion to our newly available products in 2025. We are working with our members to continue to address the barriers that stood in the way of these additional savings:

- **Lengthy patient-notification requirements.** Some states require lengthy patient notification periods before payers make product changes. We are building best practices with payers so that patients and payers can maximize savings more quickly by switching to CivicaScript products and payers still meet required notification periods.
- **Rules and practices that favor proprietary-named products.** CivicaScript developed the proprietary name for abiraterone (Abirtega) to help address this. While continuing to provide the elements of being a true generic, the proprietary name allows for greater patient and prescriber recognition, easier identification on plan formularies, and the creation of a unique RXCUI ([RxNorm concept unique identifier](#)) for Medicare Part D. The RXCUI code allows Part D plan sponsors to prefer Abirtega on their formularies to help direct patients to this affordable product.
- **Traditional pharmacy benefit manager contracting can block payers from using lower-cost products.** CivicaScript is working with our members to optimize these market relationships to include CivicaScript products and promote transparency.

### \$66 MILLION SAVINGS UNREALIZED IN 2025

Product	Unrealized Patient Savings	Unrealized Payer Savings	Unrealized Total Savings
Abirtega (Abiraterone)	\$1,032,200	\$38,712,698	\$39,744,898
Capecitabine	\$138,904	\$2,367,616	\$2,506,520
Dalfampridine	\$85,603	\$2,810,902	\$2,896,505
Dimethyl fumarate	\$379,325	\$15,745,783	\$16,125,108
Droxidopa	\$171,346	\$4,692,206	\$4,863,552
<b>Total Portfolio</b>	<b>\$1,807,377</b>	<b>\$64,329,205</b>	<b>\$66,136,582</b>

*Reflects the savings value of these products starting in their first full quarter of availability; product strengths have been aggregated.*

# A mission for the moment

The three largest PBMs have excluded biosimilars from their formularies that compete with their own subsidiaries, **even if such exclusion is not the most cost-effective option for patients.**<sup>3</sup>

## Robust generic competition supports patient affordability.

Research shows that when at least four manufacturers offer a generic, it can reduce prices by about 79%; at least six manufacturers offering a generic can reduce prices more than 95%.<sup>1</sup> In an increasingly vertically integrated landscape, financially connected payers, pharmacies and traditional PBMs can artificially inflate generic drug prices for profit<sup>2</sup>; CivicaScript provides a transparent, nonprofit counterweight focused on patient affordability and lower overall health-system spending.

A new type of entity – vertically integrated manufacturer-distributors – puts drug affordability even more at risk. These companies, owned by for-profit payers, source medicines from manufacturers to sell under private labels.<sup>3</sup> This allows one parent company to control the key parts of the pharmacy chain by owning the:



A 2025 46brooklyn study showed that vertically integrated manufacturer-distributors may be incentivized to inflate the average wholesale price (AWP) of their products, since PBM contracts are anchored to AWP so that higher AWP rates drive greater PBM profits.<sup>3</sup> Similarly, legal scholars Michael Carrier and Rachel Sachs found that the three largest PBMs have excluded biosimilars from their formularies that compete with their own subsidiaries, even if such exclusion is not the most cost-effective option for patients.<sup>2</sup>

These perverse incentives are starkly revealed in a comparison of CivicaScript product prices with those of one vertically integrated manufacturer-distributor:

### WAC (AWP) COMPARISON BY PRODUCT 2025

Product	Manufacturer-Distributor	CivicaScript
<b>Abiraterone Acetate 250mg</b>	\$150 (\$11,649)	\$120 (\$144)
<b>Capecitabine 500mg</b>	\$90 (\$4,689)	\$63 (\$76)
<b>Dimethyl fumarate 240mg</b>	\$113 (\$8,928)	\$47 (\$56)

Source: Medi-Span, Manufacturer-Distributor data as of November 2025

Transparency is better for patients and the health system – and recent events show we’re not alone in our drive to achieve it. New federal transparency rules starting in 2028 will require PBMs to report their profit structures to employers and pass through more savings to employers and patients. It’s a good start, and it’s heartening that policymakers and regulators are aligning with us to maximize transparency and protect patients from high drug costs.

Meanwhile, CivicaScript remains laser focused on patient affordability, not profits. Doing what is in the best interest of patients remains our top priority.

## Growth trajectory: beyond 2025

CivicaScript is fulfilling our mission to make generic medicines and biosimilars affordable and available for everyone through our continued product portfolio expansion.

Working with our payer members and our Drug Selection Advisory Committee, we are pursuing products that we believe will provide the most value for patients and payers.

CivicaScript and our sister nonprofit, Civica, reached an important milestone in January 2026 with the availability of a new low-cost, private-label insulin glargine. As part of this initiative, we are partnering with the state of California to make the product available there under the state's CalRx® brand. Together, we have created nationwide access to low-cost insulin.

CivicaScript also announced the availability of ustekinumab-aauz (45 mg/0.5 mL and 90 mg/mL) in January, making this first biosimilar in our portfolio available at a low, transparent price to our payer members and patients. This product provides an important alternative to the higher-cost ustekinumab biosimilars on the market.

We will announce the availability of several additional products in the coming months as we continue our work to transform the pharmaceutical supply chain and lower costs for patients and our payer members. Our growing portfolio shows that putting patients first isn't just the right thing to do — it's a proven path to delivering affordable generics and biosimilars for the patients who need them.

### REFERENCES

<sup>1</sup> FDA Center for Drug Evaluation and Research. [Generic Competition and Drug Prices: New Evidence Linking Greater Generic Competition and Lower Generic Drug Prices](#). December 2019.

<sup>2</sup> Carrier, M and Sachs R: [Competitive Concerns from Pharmacy Benefit Managers Selling Their Own Drugs](#). *Yale Journal of Health Policy, Law, and Ethics*. 2026: Volume 24, Issue 1.

<sup>3</sup> 46brooklyn. [This drug pricing distortion was supposed to go extinct. It's never been more alive](#). November 2025

*CivicaScript members included in this analysis:* Arkansas BCBS, BCBS Alabama, BCBS Hawaii, BCBS Kansas City, BCBS Kansas, BCBS Michigan, BCBS Rhode Island, BCBS South Carolina, BCBS Vermont, BC Idaho, Blue Shield of CA, Elevance Health/Carelon, Excellus BCBS, FEP, HCSC, Highmark BCBS, Horizon BCBS of NJ, Independence BC, Navitus, SelectHealth



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