

GoGoMeds

How to Evaluate a Telehealth Pharmacy Partner as Regulatory Scrutiny Rises

The Telehealth Pharmacy Playbook:

Evaluating Partners After the GLP-1 Shortage

WHAT CHANGED IN THE POST-SHORTAGE ERA

Pharmacy is a Different Decision Now

For telehealth organizations, pharmacy selection has always carried operational weight. In the post-shortage era, the regulatory side of that decision demands much closer attention.

It is no longer enough to know whether a pharmacy can fulfill a prescription. Teams need to understand how that pharmacy operates, which regulations apply to its model, and whether its approach can support the program without introducing unnecessary compliance exposure.

For operations leaders, a pharmacy decision now comes down to three outcomes: lower regulatory risk, lower cost to serve, and faster launches into new states and products. This guide is organized around those outcomes. It covers what changed, what your current model costs, a scorecard you can run any pharmacy through, and how to decide what role each pharmacy should play.

What Changed After the GLP-1 Shortages Ended

FDA declared the tirzepatide injection shortage resolved on December 19, 2024, and the semaglutide injection shortage resolved on February 21, 2025 (FDA). While those drugs were on the shortage list, compounders could make copies of them under shortage-related exemptions. FDA then allowed wind-down periods before enforcing the standard restrictions again. For 503A pharmacies, those periods ended in March 2025 for tirzepatide and April 2025 for semaglutide. For 503B outsourcing facilities, they ended in March and May 2025.



Since then, the posture has shifted from wind-down to enforcement:

- **September 2025:** FDA launched a crackdown on misleading direct-to-consumer drug advertising and has since sent thousands of letters to pharmaceutical and telehealth firms.

- **March 3, 2026:** FDA announced 30 warning letters to telehealth companies over false or misleading claims about compounded GLP-1s, including claims implying sameness with FDA-approved drugs and branding that suggested the telehealth company was the compounder (FDA). Enforcement now reaches the telehealth brand, not only its pharmacy.

- **April 30, 2026:** FDA proposed excluding semaglutide, tirzepatide, and liraglutide from the 503B bulks list, which would close the remaining pathway for outsourcing facilities to compound these drugs from bulk substances outside a shortage (FDA).

- **September 18, 2026:** FDA issued a warning letter to a large 503A compounder, raising concerns about compounded GLP-1 products and compliance restrictions on producing copies of commercially available medications.

  Manufacturers are enforcing as well. In April 2025, Eli Lilly filed lawsuits against compounding pharmacies over compounded tirzepatide, alleging that mass-produced products were being marketed as “personalized” (Holland & Knight).

GLP-1s are where enforcement started, but the same questions apply to every medication your program offers.



503A and 503B Are Not Interchangeable

503A pharmacies compound medications for identified individual patients based on valid prescriptions. They are subject to restrictions around producing drugs that are essentially copies of commercially available products. Under section 503A, pharmacies are generally prohibited from regularly compounding medications that are essentially copies of commercially available drugs. An exception may apply when the prescribing provider determines that a change to the formulation would make a significant difference for an individual patient.

503B outsourcing facilities operate under a different federal framework. They are subject to current good manufacturing practice requirements and routine FDA oversight, and they may compound with or without patient-specific prescriptions. Different restrictions also apply to the bulk drug substances they can use. Because semaglutide and tirzepatide are currently on neither the FDA's drug shortage list nor the 503B bulks list, outsourcing facilities have no current pathway to compound them from bulk drug substances (section 503B).

For telehealth operators, the point is not simply to check a 503A or 503B box. The real question is whether the pharmacy's regulatory model fits the medications you offer and the way prescriptions move through your program.

For compounded semaglutide or tirzepatide dispensed to your patients by a state-licensed 503A pharmacy, each prescription must be issued for an identified patient and supported by a documented, prescriber-determined, patient-specific clinical need for a formulation that differs from the FDA-approved product. Your compliance team and legal counsel should confirm how applicable requirements affect each of your programs.

Before You Move Forward, *Ask:*

Can this pharmacy clearly explain why its model is compliant for the exact products and workflows we plan to use?
If the answer takes a maze of caveats to reach, keep digging.

Want to Look Closer at a Pharmacy's Regulatory History?
FDA inspection findings and warning letters can reveal important information about a potential pharmacy partner. Learn what to look for and how to evaluate the records before making a decision.

Read the Regulatory Review

THE REAL COST OF YOUR CURRENT PHARMACY MODEL

Look Beyond the Price per Prescription

A pharmacy's quoted price is only part of its cost to your business. When your team repeatedly chases order status, coordinates handoffs, or resolves fulfillment problems, that work adds to the cost of serving patients.

Some intervention is necessary. A prescription may require clinical clarification regardless of which pharmacy fills it. The pharmacy's role is to flag it quickly and clearly. The useful distinction is between necessary intervention and avoidable work that falls back on your operations and support teams.

How Internal Handling Costs Add Up

A simple formula illustrates the impact:

Affected orders per month × active internal handling minutes per affected order × loaded staff cost per minute

For example, a program processing **20,000 prescriptions per month,** with **4% requiring internal handling,** averages **800 affected orders.** At **12 minutes of staff time per affected order** and **$0.75 per minute,** that represents **$7,200 per month—or $86,400 annually—in internal handling costs.**

These figures are illustrative, not an industry benchmark or a projection of savings with GoGoMeds.

The calculation counts affected orders, rather than individual support tickets, because one order may generate several contacts. Handling time includes the active work across those contacts—not the elapsed time an order spends waiting.

A blended average can also hide important differences. A pharmacy may handle commercial refills efficiently while creating more work around compounded prescriptions or first fills. Evaluate performance within the products and programs you actually need supported.

Uncompleted first fills may have a financial impact as well, but they require a separate assessment. Patient choice, payment issues, and clinical decisions can all affect completion. An abandoned prescription should not automatically be counted as pharmacy-caused lost revenue.

Compare What a New Partner Would Actually Change

The vendor-evaluation question is which recurring issues a prospective pharmacy would handle itself, which it would route back to your team, and how clearly and quickly it would flag them.

Ask each pharmacy, including GoGoMeds, to explain its exception ownership, escalation process, status visibility, and service commitments. Evaluate those answers alongside prescription and shipping prices, implementation effort, ongoing integration costs, and any backup pharmacy you would retain.

Where practical, validate the proposed model with a limited pilot and agreed measures for exception handling, fulfillment turnaround, and first-fill completion. That allows you to assess GoGoMeds for a specific program or product category before deciding whether to expand, consolidate, or replace an existing relationship.

The scorecard that follows helps you compare those capabilities across vendors.

THE PHARMACY PARTNER SCORECARD

Put Every Pharmacy Through the Same Test

A vendor presentation can make almost any pharmacy model sound scalable. The details tell you whether it actually is.

Use this scorecard when evaluating a new pharmacy partner or pressure-testing the ones already supporting your business.

How to Score

0 = Unclear or unsupported
1 = Capability exists, but with limitations
2 = Clear, documented, and built into the operating model

Before You Score

Before evaluating operational capabilities, confirm that the pharmacy's regulatory model, active licenses, regulatory history, data security, and accreditations are appropriate for your intended medications and patient states. If required information is missing or a regulatory issue remains unresolved, pause the evaluation and involve your compliance team. Strong operational performance cannot make up for an unsuitable regulatory model.

What to Evaluate	What to Ask	Score
1. State Coverage	**Where can the pharmacy currently dispense? Ask separately about sterile and non-sterile capabilities rather than accepting a single nationwide coverage number.** **Strong answer:** A state-by-state list of active sterile and non-sterile licenses, with dates for any pending states.	____ /2
2. Product Coverage	**Can one partner support the commercial and compounded medications our programs require? What happens when our formulary changes?** **Strong answer:** One partner, one contract, and one integration across commercial and compounded medications, so a formulary change doesn't mean adding a pharmacy.	____ /2
3. Fulfillment SLA	**What is the daily order cutoff? When does an eligible order ship? What changes on weekends, holidays, or during volume spikes?** **Strong answer:** A published cutoff with a stated ship window, plus stated handling for weekends, holidays, and volume spikes.	____ /2
4. Integration	**Is there an API? Which order and status events are available? How much custom development is required before launch?** **Strong answer:** A documented API with status webhooks for each order event (received, on hold, shipped, delivered) and a stated typical integration timeline.	____ /2
5. Visibility	**Can our team see meaningful prescription status without opening a separate manual workflow? How is reporting delivered?** **Strong answer:** Order status available in your own systems through the API, plus scheduled reporting on volume, turnaround time, and exceptions.	____ /2
6. Exception Handling	**When an order cannot move forward, who identifies the problem, how quickly is your team notified, and which issues come back to you?** **Strong answer:** The pharmacy flags exceptions promptly with a clear reason, routes prescription clarifications to the right contact on your team, resolves the fulfillment issues within its control, and reports exception volume and time to resolve.	____ /2
7. Pricing Model	**Can we understand the pharmacy economics before launch? Which costs change as products, volume, or shipping needs change?** **Strong answer:** A written pricing model covering drug cost, dispensing fees, shipping, and cold-chain charges, with clear rules for how prices change.	____ /2
8. Capacity and Continuity	**How much volume can the pharmacy absorb without service slipping? What happens if a facility, carrier, or system goes down? Can new states and products be added under the existing contract?** **Strong answer:** Stated capacity headroom, a documented business continuity plan, and new states and products added without a new contract or integration.	____ /2

A high score does not automatically make a pharmacy the right fit. It does make the tradeoffs much easier to see. The biggest warning sign is often not a low score. It is a question your pharmacy partner cannot answer clearly.

Total Score: ____ /16



RETHINKING YOUR PHARMACY MIX

Is Every Pharmacy Relationship Doing a Job?

Running more than one pharmacy can be a deliberate choice. A backup partner protects patient access during volume spikes or outages, and a specialized pharmacy may support products your primary partner can't. The cost comes from relationships nobody chose on purpose: the ones added to fill a gap and never revisited.

- **How many pharmacy integrations does your team maintain today?**
- **Does each pharmacy have a defined role (primary, backup, or specialty)?**
- **If your primary pharmacy went down tomorrow, how quickly could orders reroute?**
- **Can reporting across every pharmacy be reconciled without manual work? Yes / No**
- **Does your compliance team review every pharmacy through the same process? Yes / No**

Whether the answer is consolidation or a better-defined backup, each relationship should earn its place.

HOW GOGOMEDS MEASURES UP

See How GoGoMeds Compares

You've seen what to look for in a pharmacy partner.

Schedule a pharmacy model review to evaluate GoGoMeds through the same criteria against your products, states, and volume to determine how our fulfillment model could support your telehealth organization.

GoGoMeds at *a Glance*



Broad Coverage

Sterile compounding through Select in all states except Alabama, Arkansas, California, and Washington, D.C.

Nonsterile compounding through Select in all states except Alabama, Arkansas, and Washington, D.C.



More Under One Partnership

GoGoMeds supports commercial prescription fulfillment alongside patient-specific compounding through Select, helping telehealth organizations manage more of their pharmacy needs through a connected partnership.



Fast Fulfillment

Orders received before 3 p.m. ship within 24 hours. Orders received after 3 p.m. ship within 48 hours.



Built to Integrate

GoGoMeds offers API-first pharmacy integration to support connected prescription fulfillment workflows.

Schedule a Pharmacy Model Review

Scale Already in Motion

3M+
Patients Served

100+
Integrations

The goal is to give telehealth organizations a pharmacy model that can support more of the business without creating more infrastructure for their teams to manage.

See How Your Pharmacy Model *Measures Up*

You have the framework. Now put your current pharmacy setup through it.

GoGoMeds can help you evaluate where your model is creating unnecessary complexity and where a more connected approach could better support your growth. In a pharmacy model review, we will walk your team through the scorecard against your current setup, including your own exception-cost math, and show where consolidating, or adding GoGoMeds as a backup, would and would not change your numbers.

Schedule a Pharmacy Model Review



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