



**Validation**Institute

# 2026 - 2027 Validation Report

**Review for: Wellyfe**

**Validation Achieved: Contractual Integrity  
(Methodology/Process) and Savings**

**Valid through: January 2027**



# Company Profile

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<b>Category:</b>	<b>Special Savings</b>
<b>Website:</b>	<a href="http://www.wellyferx.com">www.wellyferx.com</a>
<b>Public or Private:</b>	Private
<b>Year Established:</b>	2023
<b>CEO:</b>	Jonathon Harrison, PharmD.
<b>Company contact:</b>	Sam Molnar, CCO 248-701-9218 Sam@wellyferx.com

## Description Provided by the Company:

**Wellyfe** helps hospitals, FQHCs, and other provider-sponsored organizations take control of their pharmacy benefit and drug spend by bringing core PBM and specialty pharmacy functions in-house and aligning them with clinical care delivery. Rather than selling a standalone PBM product, **Wellyfe** designs and operates provider-centered pharmacy benefit models that allow health systems to use their own pharmacy, clinical staff, and purchasing advantages as the primary engine for cost control, revenue generation, and improved outcomes.

At the core of Wellyfe's approach is Direct Pharmacy Care (DPC): a model that selectively routes high-cost, recurring, and specialty medications away from traditional PBM networks and into provider-owned pharmacies or tightly managed dispensing partners. Wellyfe identifies these opportunities using

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# Company Profile

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claims data, utilization patterns, and condition-level analysis, then designs formulary carve-outs that are clinically appropriate, operationally feasible, and compliant with ERISA, CAA, and (where applicable) 340B requirements. This approach reduces unit drug costs, eliminates PBM spread and misaligned incentives, and improves care coordination for complex patients.

Wellyfe acts as both a strategic advisor and operating partner. For hospitals and FQHCs, this includes building or expanding in-house pharmacy capabilities; integrating eligibility, claims adjudication, and data feeds; training pharmacy, HR, and benefits teams; and supporting patient assistance programs, international sourcing, and specialty drug workflows when clinically appropriate. For self-insured employer plans sponsored by providers, Wellyfe helps align benefit design, pharmacy operations, and clinical engagement to ensure savings are real, measurable, and sustainable, not dependent on rebate assumptions or opaque pricing models.

Where organizations are 340B-eligible, Wellyfe layers compliant 340B economics onto the DPC model to further amplify savings and reinvest those dollars into patient care and workforce benefits. Where organizations are not 340B-eligible, the model still delivers meaningful savings through acquisition-cost pricing, reduced leakage, and improved utilization management.

The company's role is not to replace clinical teams or local decision-making, but to enable providers to operate a pharmacy benefit model that is transparent, auditable, and aligned with their mission to deliver high-quality, affordable care to employees and communities.

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# Validation

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WellyfeRx has achieved two validations.

## **Contractual Methodology:**

WellyfeRx has clearly achieved proof-of-content that it can arbitrage two benefits available to hospitals and health systems in two ways, with other benefits as well:

- The uniquely favorable 340(B) pricing offering to hospitals and health systems can be arbitrated to provide local employers with considerably more favorable prices for many drugs (including name brands) than they could get through a PBM;
- Health systems and Federally Qualified Health Centers (FQHCs) also have access to the “inside” prices that self-insured employers do not have visibility into on their own.

These two approaches are rare in being implemented at all, and Wellyfe is possibly unique in already having achieved proof-of-concept for this methodology. (Wellyfe also includes other money-saving features, such as international sourcing and patient assistance.)

## **Savings**

We have reviewed several case studies illustrating the potential for dramatic savings.



# Comments

In most cases, as in the examples above, WellyfeRx’s methodology can get substantially better pricing for the same medications.

## Case Study: Eliminating Waste in a Hospital-Linked Pharmacy Program

### Analyzing a 3,700-Life Self-Insured Employer

Wellyfe conducted a comprehensive claims analysis for a health system-affiliated hospital looking to reduce pharmacy spend without compromising patient outcomes.

#### Top Savings Opportunities Identified:

- **Rebate Capture:** Increase rebates from \$524K to \$2.12M
- **Biosimilar & Generic Substitution:** Over \$570K in savings by optimizing formulary
- **Spread Pricing Elimination:** Remove \$113K in waste retained by PBMs
- **In-House Dispensing Optimization:** Stop \$61K in reimbursement losses

Category	Original (\$)	New (\$)	Difference (\$)
NDC-to-NDC Pricing	\$3,396,103.43	\$2,938,955.62	\$457,147.81
Brand to Generic Conversions	\$247,504.85	\$60,901.91	\$106,603.22*
Biosimilar Adoption	\$559,630.08	\$92,895.75	\$466,734.33
International to In-House	\$416,514.02	\$229,570.47	\$272,149.86*
Patient Assistance Program (PAP)	\$174,504.09	\$0.00	\$174,504.09
Secondary PBM	\$683,390.33	\$672,385.04	\$121,012.76*
Rebates Received	\$524,000.00	\$2,120,000.00	\$1,596,000.00
In-House Spread	\$113,373.25	\$0.00	\$113,373.25
In-House Dispensing Loss	\$61,528.32	\$0.00	\$61,528.32
<b>Total Savings Identified</b>			<b>\$3,369,053.64</b>

\*Difference includes the impact of rebate optimization



# Limitations

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Like any other Saving validation, there is no ironclad guarantee that savings would be achieved, because the mix of drugs could include disproportionate numbers with low savings potential. Or, more likely, the mix of drugs could change after the initial analysis. We might recommend talking to Wellyfe about exclusions or trim points to mitigate wide variances.

The price of Ozempic is \$30/pen higher than the Novo direct website (\$476 vs. \$349). However, the ability to see a local pharmacist and work with an integrated Community Health Center where the pharmacist and the PCP work together with a patient may be the extra \$30 for adherence, clinical outcomes, and member experience and is of value to the employer. It is competitive with the cost of a separate coaching program. That being said, the price of \$476 is below what most plans are paying for Ozempic in either case as most are not going direct to Novovare. (It's not clear if the \$349 price is able to be accessed within a commercial insurance plan to apply accumulators for deductibles etc.)

An employer will have to share the gross savings with the FQHC that provides the foundation.

However, most groups of significant size in most years should show savings. Smaller groups should measure their savings over a period of years, since the “n” would be people-years

It is also possible that new regulations limit the use of the 340b model to actual hospitals themselves, for their own use on their own patients.

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# Validation and Credibility Guarantee

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**Wellyfe** achieved validation for **Savings** and **Contractual Integrity**. Validation Institute is willing to provide a \$100,000 guarantee as part of their Credibility Guarantee/ERISA Immunity Program. To learn more, visit <https://validationinstitute.com/credibility-guarantee/>.

## Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

## Contractual Integrity

Vendor's model contract meets Validation Institute standards for transparency.



VALIDATION INSTITUTE  
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**Validation Expiration: January 2027**

# CERTIFICATE OF VALIDATION

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**Applicant:**

**Wellyfe**

306 S Washington Ave #206,  
Royal Oak, MI 48067

**Claim:**

WellyfeRx has been validated for its contractual methodology and demonstrated potential for significant prescription drug cost savings.

**Validation Achieved:**

**Validated for Savings and Contractual Integrity**

**Validation Award Date:**

**January 2026**

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**Al Lewis**

**Founder & Validator-In-Chief  
Validation Institute**



# About Validation Institute

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**Validation Institute** is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

## Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.