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The Next Chapter of mRNA: Scientific Promise Amid Policy Debate

(Source: An article by Ben Fidler for Biopharma Dive and a staff article by Reuters)

Messenger RNA (mRNA) technology stands as a landmark achievement in biomedical science, demonstrating unprecedented speed, adaptability, and real-world impact. During the COVID-19 pandemic, mRNA vaccines enabled scientists to move from pathogen identification to effective immunization in under a year that helped protect millions of lives and showcased the platform's potential in rapid pandemic response. This experience reinforces confidence in mRNA as a versatile and powerful therapeutic platform.

Recent policy shifts at the U.S. Department of Health and Human Services (HHS), including the cancellation of roughly US$500 million in selected mRNA research contracts, reflect ongoing discussions about the role of different vaccine technologies in public health strategy and funding priorities. While these changes raise concerns about near-term support for specific projects, they also present an opportunity to clarify scientific communication, strengthen evidence-driven policymaking, and foster new directions in vaccine development.

The scientific community broadly affirms mRNA's strategic value. Beyond infectious disease, mRNA therapeutics are under active investigation for applications in oncology, genetic disorders, and autoimmune conditions, reflecting the platform's adaptability and promise. Ongoing global research continues to explore these possibilities, pointing to a rich pipeline of future innovations that extend well beyond traditional vaccine design.

The broader market outlook mirrors this momentum. Multiple industry analyses project robust growth in the mRNA therapeutics market over the next decade, with forecasted expansions ranging into the tens of billions of dollars as demand grows for personalized medicine, advanced delivery systems, and targeted treatment modalities. These projections underscore sustained investor and industry confidence in the commercial and medical potential of mRNA technology.

Experts highlight that mRNA's rapid adaptability offers a critical national security advantage—a capability that could drastically shorten response times to future emerging threats compared with traditional vaccine platforms. In a globally competitive environment, continuing to cultivate mRNA research and manufacturing capacity is seen as essential for maintaining U.S. leadership in biomedicine and safeguarding preparedness for future health emergencies.

Although current policy adjustments may shift the short-term funding landscape, the underlying scientific foundation for mRNA innovation remains strong. With renewed clarity around strategic priorities, transparent regulatory engagement, and continued global collaboration, mRNA technology is poised to play a defining role in advancing public health, transforming therapeutic approaches, and shaping the future of medicine.

In Brief...

- **Cencora** announced it has entered into a definitive agreement to acquire **TPG's** equity interest in **OneOncology**, a physician-led national platform empowering independent medical specialty practices rooted in oncology. The transaction marks an important step for OneOncology and its practice partners, following significant physician-led investment and growth for the platform. Cencora's expanded investment underscores a shared commitment to advancing specialty care and supporting independent physician practices. Together, they will seek to accelerate OneOncology's ability to deliver significant value to physicians and their patients through growth investment, clinical innovation, shared services, and expanded technology capabilities.
- **McKesson Corporation** announced the publication of its first-ever *Advancing Community Oncology Report*, a comprehensive look at the trends influencing community-based oncology practices across the United States, combined with expert perspectives on the opportunities for physicians in these settings to shape the next era of patient care. The report features findings from a double-blind national survey of over 100 community oncologists and more than 100 practice administrators and staff, as well as insights from McKesson's inaugural *Accelerate* conference, which brought together more than 1,500 physicians, clinicians, practice leaders and industry experts to discuss the future of community-based care. To download the report, visit https://www.mckesson.com/biopharma/advancing-community-oncology-report/
- A proposed combination of **Johnson & Johnson's** multiple myeloma bispecific *Tecvayli* has turned up positive trial data that could put some pressure on CAR T-cell therapies, including the company's own *Carvykti*. The *Tecvayli-Darzalex* regimen

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Japan Likely to Extend Generic-Name Prescribing Premium to Biologics to Spur Biosimilars

(Source: An article by Ken Yushino for Pharma Japan)

On December 5, 2025, Japan's health ministry proposed extending the medical fee premium for prescriptions written by generic name to biologics — a move aimed at encouraging the use of biosimilars. The plan drew no objections from members at the Central Social Insurance Medical Council (Chuikyo).

The generic-name prescribing premium is an add-on to prescription fees designed to promote the use of generic medicines by having physicians write prescriptions using a product's generic name rather than a brand name. Biologics have, so far, been excluded from the scheme.

Masahira Mori, a provider-side member and vice president of the Japan Pharmaceutical Association, supported the ministry's proposal saying that generic-name prescribing would

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Japan *(cont'd.)*...

make it clear that switching is medically acceptable, allowing pharmacies — after confirming patient preferences — to choose between an originator biologic and a biosimilar.

Kazuhiko Ezawa, executive board member of the Japan Medical Association, noted that switching to a biosimilar should be determined based on a physician's medical judgment in consultation with the patient. Stressing the importance of coordination between physicians and pharmacists, he supported detailed discussions on the proposal.

On the payer side, Masato Matsumoto, a director at the National Federation of Health Insurance Societies (Kenporen), said he had no objections, describing the idea as a way to recognize the additional work involved in patient explanations and the costs tied to pharmacy inventory management.

Meanwhile, payer and provider members again diverged over whether to maintain or scale back existing fee premiums designed to promote generics, including the "use system" premium for medical institutions and the "dispensing system" premium for pharmacies.

Providers, including Ezawa, Mori, and Japan Medical Association Vice President Shigeto Shigematsu, argued that ongoing supply disruptions and inventory management burdens remain severe and called for keeping the current pre miums.

Matsumoto countered that generic use is already widespread, arguing that the incentive-based premiums have largely fulfilled their role and that a system centered on fee reductions would be more effective going forward. He added, however, that there might be room to consider some form of support for additional distribution and inventory-related costs.

The Current State of Pharmacy Tech and Automation

(Source: An article by Julie Gallagher for Drug Sore News)

Retail pharmacies are operating in an increasingly complex and high-pressure environment marked by rising labor costs, staffing shortages, shrinking reimbursement rates, regulatory demands, and mounting administrative burden. As pharmacists are asked to do more with fewer resources, technology and automation have emerged as essential enablers, helping pharmacies stabilize operations, improve profitability, and refocus care delivery on patients rather than manual tasks.

Across the industry, AI-powered solutions, robotics, and advanced automation systems are transforming pharmacy workflows. These technologies are streamlining prescription fulfillment, reducing manual errors, optimizing inventory management, and enabling pharmacies to increase script volume without proportionally increasing labor costs. Central fill automation, intelligent dispensing systems, and AI-driven inventory forecasting are allowing pharmacies to operate more efficiently while maintaining high standards of safety, accuracy, and compliance.

Technology providers emphasize that automation is not intended to replace pharmacists, but to elevate their role. By removing low-value and repetitive tasks, technology frees pharmacists to practice at the top of their licenses by delivering clinical services such as immunizations, medication therapy management, point-of-care testing, and patient counseling. This shift supports better patient outcomes, stronger patient relationships, and new revenue-generating services that can help offset financial pressures.

Artificial intelligence is playing an increasingly central role, moving beyond efficiency gains to become a foundational capability across pharmacy operations. AI tools are being used to predict medication demand, identify potential patient risks, improve dose-range checking, enhance supply chain intelligence, and generate actionable insights from medication-use data, all while maintaining strict safeguards around patient privacy and protected health information.

Looking ahead, industry leaders anticipate that both retail and central fill pharmacies will look markedly different in the coming years, with AI-driven automation deeply embedded into daily operations. Continued investment in pharmacy technology is viewed as critical not only for financial sustainability, but also for reducing burnout, improving patient safety, and ensuring pharmacists can deliver high-value and patient-centered care in a rapidly evolving healthcare landscape

In Brief (cont.)

significantly reduced the risk of death by 54%, according to results presented Dec. 9 at the **American Society of Hematology (ASH)** annual meeting. While the median overall survival (OS) length was not reached for either treatment group, the three-year OS rate was 83% for the experimental arm versus 65% for the control arm. The combo also pared down the risk of progression or death by a major 83%. The median progression-free survival (PFS) time was 18.1 months for control arm patients and not reached for the novel combo, with three-year PFS rates at 29.7% and 83.4%, respectively.

- **OpenAI** and **Amazon** have signed a US$38 billion deal that enables OpenAI to run its artificial intelligence systems on Amazon's data centers in the U.S. According to sources, OpenAI will be able to power its AI tools using "hundreds of thousands" of **Nvidia's** specialized AI chips through **Amazon Web Services** as part of the announcement. The agreement comes after OpenAI altered its partnership with **Microsoft**, which until earlier this year was OpenAI's exclusive cloud computing provider.
- **Biocon** has bought **Viatris's** equity stake in Biocon's biosimilar subsidiary, **Biocon Biologics**, for US$15 million. The deal will allow Biocon to fully integrate its subsidiary. The Viatris stake is one of several that Biocon is buying back. After consideration, the Indian company's strategy committee decided that it would be the "most efficient and value-accretive path forward," company officials said. Biocon also bought out **Serum Institute Life Sciences, Tata Capital** and **Activ Pine** in a share swap that values Biocon Biologies at US$5.5 billion.
- **Cost Plus Drugs** and **Humana** are exploring a potential partnership to help lower prescription drugs prices for employers. Cost Plus co-founder *Mark Cuban* said the company is in discussions with Humana to work with its CenterWell healthcare services business to provide a better pharmacy experience for consumers and a direct-to-employer model for prescription drugs. Launched in January 2022, Cost Plus Drug Company works directly with drug manufacturers to bypass middlemen and lower prices.

(Sources: Company Press Releases, Drug Store News, FiercePharma, and PR Newswire)