Part 2 - Monetization and Commercialization Pathway

Data Timing Disclosure

All financial figures, market share estimates, and growth indicators referenced in this section are based on the most recent publicly available and audited disclosures from 2023 and 2024, including FY2024 results reported in early 2025. No unaudited or forward-looking 2025 financial projections are included.

Purpose and Positioning

This section complements Part 1 by translating the clinical and economic framework into a realistic, governance-aligned monetization pathway. The approach reflects how medication safety intelligence is adopted and commercialized today across drug compendia and electronic health record ecosystems, without introducing new clinical workflows, procurement models, or regulatory dependencies.

Monetization Thesis

Medication safety intelligence is monetized upstream through content and data enrichment rather than downstream through direct clinical software sales. Drug compendia curate and distribute drug interaction logic that feeds electronic health record clinical decision support systems, while EHR platforms operationalize that logic at scale.[1,2]

Revenue is therefore generated by improving the quality, specificity, and timeliness of interaction intelligence that is reviewed, validated, and distributed through existing compendia and EHR infrastructures.[3,4]

Market Scale: EHR Vendors

The U.S. EHR market is highly concentrated, enabling focused monetization with a limited number of counterparties.[1]

- Epic Systems holds approximately 42%+ of the U.S. acute-care hospital EHR market, with estimated annual revenue in the ~$5–6 billion range, reflecting steady single-digit growth driven by system expansion and module adoption.[1,5]
- Oracle Health (Cerner) represents the second-largest enterprise footprint; Oracle's $28.3 billion acquisition underscores the strategic value of clinical data, analytics, and decision support within a long-term cloud growth strategy.[1,6]
- MEDITECH maintains roughly 12–13% U.S. hospital market share, with revenues supported by long-term contracts and modular upgrades among community and regional health systems.[1]

EHR vendors monetize incremental safety intelligence through value-added content, analytics, and enterprise modules, aligning with an indirect monetization model.[2,4]

Market Scale: Drug Compendia Providers

Drug compendia companies represent the primary commercial entry point for medication safety intelligence. Their products underpin medication decision support across major EHRs, pharmacy systems, and payer workflows.[3,7]

- Wolters Kluwer Health (Medi-Span) reported 6.3 billion+ in total company revenue in 2023, with Health among the fastest-growing divisions driven by clinical content and decision support.[7,8]
- First Databank, part of Hearst Health, operates within a privately held healthcare data portfolio with revenues estimated in the hundreds of millions, supported by global licensing of drug knowledge bases and safety content.[3,9]
- Elsevier (RELX Group) generated 11.5 billion in 2023 revenue, with health and clinical solutions benefiting from recurring subscriptions and data services.[10]

Compendia providers monetize through recurring content licenses, enrichment services, and premium modules, making them structurally aligned with upstream safety intelligence monetization.[3,7]

Primary Commercial Entry Point: Drug Compendia

Drug compendia represent the most practical and scalable initial channel. These organizations already maintain editorial governance, validation processes, and downstream distribution into EHR systems.[3,7]

Monetization mechanisms include:

- Content licensing for interaction intelligence enrichment
- Structured data services supporting editorial review and prioritization
- Premium safety content modules distributed within existing products[3]

Initial engagements are evaluative and editorial in nature, with commercial expansion following validation and integration into established content sets.

Secondary Commercial Path: EHR Enablement

EHR vendors consume compendia-approved content and embed it into clinical decision support workflows. Monetization at this layer is typically indirect and follows compendia integration, consistent with established governance models.[1,2,4]

Revenue pathways include:

- Value-added CDS content delivered via compendia partnerships
- Enterprise safety or analytics modules licensed to health systems
- Incremental module expansion aligned to quality and safety performance[2,4]
- This approach preserves existing CDS governance and avoids direct provider software sales.

Revenue Model Characteristics (Pre-Revenue Stage)

The model supports early and incremental revenue through:

- Non-exclusive content licensing
- Tiered enrichment services
- API-based structured data delivery[3,7]

These mechanisms enable validation, referenceability, and early revenue without long sales cycles or regulatory exposure.[1,3]

Economic Alignment

As established in Part 1, downstream economic benefit is realized through reductions in adverse drug events, hospitalizations, and readmissions—costs disproportionately borne by Medicare and Medicaid programs.[2,11]

Monetization occurs upstream with organizations that control medication knowledge and CDS logic, including compendia providers, EHR vendors, and managed-care intermediaries.[1,3,4]

Commercial Sequencing

A realistic and low-friction commercialization sequence begins with editorial and content evaluation at the drug compendia level, followed by downstream enablement within electronic health record environments, and later expansion into enterprise analytics and managed-care use cases. This sequencing reflects standard industry adoption behavior and minimizes execution risk.[1,3]

U.S. Pharma Consulting (USPC) supports this sequencing through more than 25 years of direct operating and advisory experience across pharmaceutical commercialization, medication safety,

market access, and healthcare systems. Over this period, USPC principals have worked directly with, or alongside, the organizations referenced in this framework and understand the governance structures that guide evaluation and adoption.

Where direct relationships exist, USPC can facilitate informed introductions. Where they do not, USPC leverages its broader pharmaceutical and healthcare network to access secondary and tertiary connections to the appropriate clinical, editorial, and product leadership stakeholders. This network-driven approach helps ensure engagement is routed correctly, avoids misaligned commercial outreach, and aligns discussions with established evaluation pathways.

USPC's role is focused on navigation, positioning, and sequencings supporting efficient progression from content evaluation to commercial arrangements while preserving editorial independence, clinical governance, and workflow integrity.

Investor Context

For investors, this model offers:

- Concentrated, well-capitalized buyers
- Recurring revenue structures aligned with content licensing
- Scalable downstream exposure through existing platforms
- Clear expansion pathways post-validation[1,3,7]

The approach is conservative, governance-aligned, and designed for durable long-term value creation.

External References

1. Definitive Healthcare. *U.S. EHR Market Share and Vendor Concentration* (2023–2024).
2. Agency for Healthcare Research and Quality. *Clinical Decision Support and Medication Safety Governance* (2023–2024).
3. Wolters Kluwer. *Medi-Span Drug Data and Clinical Screening Solutions Overview* (2023–2024).
4. HealthIT.gov. *Clinical Decision Support Systems and Workflow Integration* (2023–2024).
5. Epic Systems. *Company Overview and Industry Reporting* (2023–2024).
6. Oracle Corporation. *Cerner Acquisition and Health Segment Strategy* (2022–2024).
7. Wolters Kluwer Annual Report. *Health Segment Performance* (FY2023–FY2024, reported 2024–2025).
8. Wolters Kluwer Investor Relations. *Health Division Growth Commentary* (2023–2024).
9. Hearst Health. *First Databank Corporate Overview* (2023–2024).
10. RELX Group Annual Report. *Elsevier Health and Clinical Solutions Performance* (FY2023–FY2024).
11. Agency for Healthcare Research and Quality. *Adverse Drug Events and Cost Burden* (2023–2024).

Please contact us for further inquiries

Christopher Galliano | Founder & CEO
Miracural AI | 650 Poydras St., Suite 2315 | New Orleans, LA 70130
Email: cgalliano@miracural.ai | Phone: (504) 325-3500

Randy Acosta | Managing Director
FDA Regulatory | Commercialization | Payer Access | Business Development | HUB Development | Trade Operations | Consultant | Advisor
Email: racosta@uspharmaconsulting.com | Phone: (714) 328-4928

---

www.uspharmaconsulting.com 600 W. Santa Ana Blvd - Suite 114-232, Santa Ana, CA

Disclaimer

U.S. Pharma Consulting (“USPC”) acts solely as a strategic advisor and relationship facilitator. USPC does not engage in the offer, solicitation, or sale of securities. Any capital-raising or investment activities are conducted independently by private investors, registered broker-dealers, and/or the client company. Any introductions, analyses, or funding support provided by USPC are for strategic positioning, business development, and commercial readiness purposes only and shall not be construed as broker-dealer activity. This communication is for discussion purposes only; information is deemed correct based on information shared by clients and does not constitute an offer or commitment of any kind. NOT TO BE SHARED without USPC written consent.

