Summit Audience Segments

A first-party healthcare patient dataset built through direct digital marketing investment — not purchased, not scraped, not modeled.

~15.3M+ CONDITION-CONFIRMED INQUIRIES new patient acquisition 12.17M unique patients · 5 conditions	**433K** CONFIRMED CARDIAC PATIENTS CPT + ICD-10 clinical	**1st Party** CONSENT-BASED never modeled	**50** STATES COVERED full geography	**1M+** SUPPLY FILL RECORDS avg 7.2 per patient	**11M+** PATIENTS GEO-ENRICHED Deterministic federal reference data **NEW IN V1.1**

CONFIRMED CONDITIONS
- DIABETES
- SLEEP APNEA (OSA)
- CHRONIC PAIN
- RESPIRATORY
- POLYPHARMACY
- MEDICARE ADVANTAGE
- CARDIAC / AFIB

ⓘ **Version 1.1 — May 2026.** Patient Enrichment Layer (deterministic demographic and area-level health context at ZCTA level) validated end-to-end May 2026 across 15.6M Summit records. Third-party medication and marketing attribute data is being integrated and will materially expand the confirmed patient segments. A revised version will be distributed upon completion.

SECTION 01

What This Audience Actually Is

Every record in this database is a post-landing-page conversion. Not a click. Not an impression. Not a modeled proxy. A completed form.

THE FUNNEL THAT BUILT THIS DATABASE

STAGE 1 · IMPRESSION	STAGE 2 · CLICK	STAGE 3 · LANDING	STAGE 4 · THIS DATABASE STARTS HERE
Condition-specific unbranded ad	**Through to landing page**	**Self-selection event**	**Completed form**
Mail-order Rx. Supply delivery. Medicare and insurance coverage. Category-level unbranded offers — no specific drug, no specific brand — served to a broad audience for each condition.	A smaller subset showed enough interest to click through to the condition-specific landing page.	Arrived at the condition-specific supply form. Unbranded. Specific. This person is interested.	Completed a form or called in from a condition-specific unbranded campaign. Stated their condition. Expressed Rx interest. Gave explicit opt-in consent.
100%	**2–8%**	**Subset**	**15M+**
OF CAMPAIGN SPEND	TYPICAL CTR	OF CLICKERS	CONDITION-CONFIRMED INQUIRIES

WHAT A BUYER IS ACTUALLY GETTING

A pharma brand or health marketer licensing this database can run a CPM campaign against the post-conversion audience — the people who already proved intent — without building the funnel themselves. Not the 95%+ who dropped off at impression or click. Not a behavioral proxy. The actual individuals who self-identified on a condition-specific campaign — by completing a form or calling in — and a confirmed subset of whom received supply.

WHAT IT WOULD COST TO BUILD INDEPENDENTLY

To generate 15.3 million post-conversion condition-specific campaign records independently across Diabetes, OSA, Respiratory, Polypharmacy, and Medicare Advantage, a buyer would need to run tens of millions in paid media across years of campaigns, operate a call center, deduplicate at scale, and maintain consent compliance. Media spend alone runs into hundreds of millions of dollars — and they would still get a fresh file with no supply history, no longitudinal signal, and no HCP linkage.

THREE TIERS — ONE CONTINUOUS PATIENT JOURNEY

TIER 1	**Tx-Verified**	Form completed → called → qualified → supply fulfilled. HCPCS product codes available. The confirmed, longitudinal supply tier — these people received treatment.	**140,216** PATIENTS · 1.0M FILLS
TIER 2	**Dx-Qualified**	Form completed → called → clinically qualified → failed on logistics. Condition confirmed. Treatment intent confirmed. Access barrier only. Still highly targetable.	**218,071** NEAR-MISS PATIENTS
TIER 3	**Hand-Raisers**	~15.3M inquiries · 12.17M unique patients · 5 conditions. Form completed or inbound call from a condition-specific unbranded campaign. The full post-conversion universe — DSP-activatable at CPM depth.	**~15.3M** CONDITION-CONFIRMED INQUIRIES

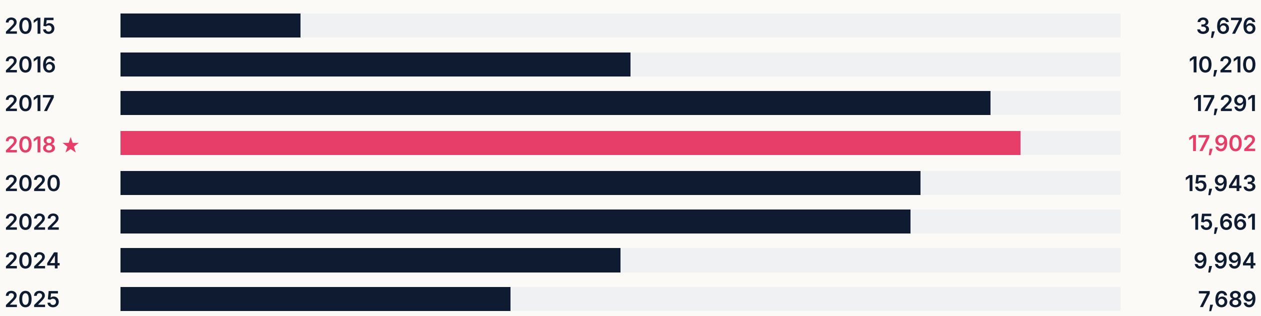
SECTION 02

Annual Data Map — Pipeline by Year

17,902	13,750	36,540	29,329	1.22M+
T1 PEAK (2018)	T1 AVG/YEAR	T2 PEAK (2022)	T2 AVG/YEAR	20-YR UNIVERSE
new supply patients	steady state 2019–24	near-miss patients	steady state 2019–24	through 2046

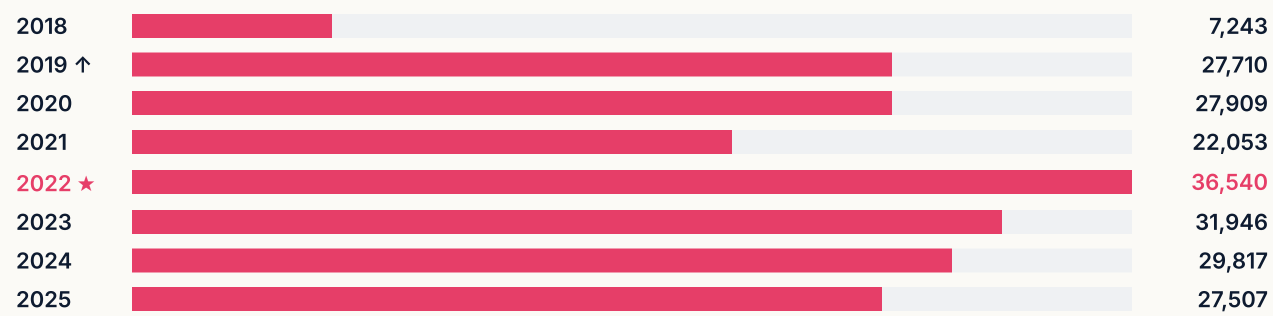
T1 TX-VERIFIED — ANNUAL NEW CONFIRMED SUPPLY PATIENTS •

Tier 1 patients completed intake, were confirmed with the condition, and received supply. Peaked 2017–2018 at ~17,900/year. T1 patients are in active supply relationships — 1,008,348 fill records confirm it.



T2 DX-QUALIFIED — ANNUAL NEAR-MISS PATIENTS •

T2 patients were confirmed with the condition and clinically qualified — but did not convert. Reasons: insurance/auth denial, co-pay refusal, refill-too-soon flag, or physician did not write the Rx. Rising T2 from 2019 reflects the Medicare Part B environment tightening.



2018 — Medicare Part B tightening begins · 2022 — peak coverage failure · 2025 — still elevated, access barriers persist

WHY HIGH T2 VOLUME IS AN OPPORTUNITY, NOT A PROBLEM

29,000–36,000 confirmed-condition patients per year hitting coverage walls is exactly the population pharma access programs, prior auth support, and co-pay assistance are designed to reach. These are not tire-kickers — they are clinically qualified patients with a documented unmet need. **58,229 of them were blocked specifically by insurance or missing documentation.** The coverage environment that produced T2 is the same environment that makes these patients highly receptive to access solutions.

SECTION 03

The Platform Architecture

Summit Audience Segments is a proprietary healthcare first-party patient dataset built through years of direct digital marketing investment since 2011 — not purchased, not scraped, not modeled. Every record originated from real healthcare customer acquisition. Multi-condition patients appear as multiple supply records with the same patient hash, confirming comorbidity through actual DME fulfillment, not prevalence modeling.

TIER STRUCTURE — CURRENT & INCOMING

Tier 1 — Tx-Verified	Full intake · DME fulfilled · NPI + Rx data incoming · Highest intent signal	140,216
Tier 2 — Dx-Qualified	Intake complete · Failed on logistics, not clinically · Doctor data feeds HCP tier	218,071
Tier 3 — Hand-Raisers	~15.3M condition-confirmed inquiries · 12.17M unique patients across 5 conditions: Diabetes (5.9M) · OSA/CPAP (1.67M) · Respiratory · Polypharmacy (5.63M) · Medicare Advantage (982K) · 2017–2026 · Form completions + inbound click-to-call	~15.3M
HCP Intelligence	166,464 NPIs linked to confirmed patients · 46,836 in both T1 & T2 · Multi-condition and volume tiers confirmed	166,464

WHY THIS CANNOT BE REPLICATED

Building this database took years of direct digital marketing investment and tens of millions of dollars in paid media, call center operations, and data infrastructure. To replicate ~15.3 million condition-specific campaign records from scratch across five conditions would cost 3 to 5 times what was spent and take the better part of a decade.

WHAT SEPARATES THIS FROM CLAIMS DATA

This dataset · Upstream: Patient self-identifies at point of need · Captured before the prescription · *Self-identified intent.* **Claims-derived · Downstream:** Condition inferred from insurance claims · Captured after the prescription is filled · Modeled signal.

LEGAL STRUCTURE — 20-YEAR EXCLUSIVE LICENSE, 2026–2046

DATA SOURCE PARTNER

Lead generation, condition-specific landing pages, call center operations.

EXCLUSIVE LICENSE + BAA

DME PARTNER 1

DME supplier — CPAP, diabetic supply, respiratory.

EXCLUSIVE LICENSE + BAA

DME PARTNER 2

DME supplier — diabetic supply and CGM.

EXCLUSIVE LICENSE + BAA

SUMMIT AUDIENCE SEGMENTS

Exclusive data licensor. License activated April 2026, runs through 2046. Covers all data from 2016 onward — 10 years retroactively. De-identified before any commercial transfer.

SECTION 03 · CONTINUED

Platform Architecture Matrix — Five Conditions

Each condition is a standalone vertical with its own intent records, completed-intake layer, and downstream confirmation. T3 / Completed Intake / T1-equivalent / HCP read across — not a hierarchy.

CAMPAIGN CATEGORY	T3 · INTENT RECORDS	COMPLETED INTAKE	T1-EQUIV · CONFIRMED	HCP LINKAGE
Diabetes / CGM	6,501,952	included in T1+T2	subset of 358,287	NPI-linked
OSA / CPAP	1,707,924	included in T1+T2	subset of 358,287	NPI-linked
Respiratory	245,194	included in T1+T2	subset of 358,287	NPI-linked
Polypharmacy	~5,840,000	86,000	9,939 (T1+T2 confirmed)	pending
Medicare Advantage	1,176,096	129,807	cross-match available	via T1+T2 linkage
Platform Total	**~15,300,000**	**~574,094**	**358,287 (T1+T2)**	**166,464 NPIs**

HOW TO READ THE MATRIX

Five conditions live in a single unified T3 universe — 12.17M unique patients with ~1.3 intent events each across these five condition categories. Cross-condition comorbidity is computed at the phone-hash level across all five.

WHY THIS MATTERS FOR ACTIVATION

A pharma brand or health marketer can target any single category, any cross-section, or the full ~15.3M union. T1+T2 confirmed patients (358,287) cross all five conditions via SHA-256 phone hash match — enabling cross-condition lookalike modeling and HCP attribution against a single patient population.

SECTION 03B · NEW

Patient Enrichment Layer — Demographic + Area Health Context at the ZCTA Level

Every Summit patient record can be enriched with deterministic demographic and area-level health context — drawn from public reference data, attached at the ZIP Code Tabulation Area level — without modeling, without third-party data brokers, and without moving patient identifiers outside Summit's existing BAA framework. **Enrichment is reproducible quarterly. Validated end-to-end May 2026 across 15.6M Summit records.**

15.6M	11M+	10M+	15
SUMMIT RECORDS ENRICHED	PATIENTS WITH DEMOGRAPHIC CONTEXT	PATIENTS WITH AREA HEALTH PREVALENCE	ENRICHMENT FIELDS PER PATIENT
across 6 tiers · validated May 2026	99% match rate on collectable US ZIPs	93% match rate on collectable US ZIPs	demographic + area-health-prevalence

ENRICHMENT FIELDS

- **Demographic Layer** — Median household income · Total ZCTA population · Population age distribution (18–34, 35–49, 50–64, 65+) · Insured % · Uninsured % · Disability rate %
- **Area Health Prevalence Layer** — Obesity prevalence % · Diabetes prevalence % · Coronary heart disease prevalence % · COPD prevalence % · Mental health (frequent distress) prevalence % · Health insurance access barrier %
- **Crosswalk Infrastructure** — ZIP5 → ZCTA resolution via federal ZIP-to-ZCTA crosswalk · 41,062 ZIP records · refreshed annually · **97.5% match rate** on collectable US zips

ENRICHMENT MATCH RATES BY TIER

TIER	RECORDS	DEMOGRAPHIC %	AREA HEALTH %
T3 — Hand-Raisers	8.0M	99%	93%
Polypharmacy	5.7M	99%*	93%*
Medicare Advantage	1.2M	99%	93%
Tier 3 Legacy	109K	99%	93%
Tier 1 Cardio	526K	100% HCP	n/a

* On records with collectable US ZIP. Polypharmacy includes ~28% inbound-call-only records without addresses — these are highest-intent records (patient initiated contact) but cannot be geographically enriched. Reported separately as a phone-hash-only sub-tier.

SECTION 03B · CONTINUED

Why This Matters & What It Unlocks

WHY THIS MATTERS

The same Summit patient record now carries three layers of signal: **WHO** they are (Summit's first-party intent + condition data), **WHERE** they are (demographic context at the ZCTA level), and **WHAT'S AROUND THEM** (neighborhood-level health prevalence). Pharma buyers and audience platforms can filter Summit's audience on income, age distribution, insurance access, area diabetes prevalence, area mental health distress, and 10+ other enrichment dimensions — combined with Summit's existing tier, condition, comorbidity, and supply signals — to build precision audiences no claims-derived or third-party intent dataset can replicate. *The enrichment data is public reference data; the patient layer it's attached to is the proprietary asset.*

WHAT THIS UNLOCKS FOR BUYERS — FIVE EXAMPLES OF TEN PRESETS

SEGMENT · DIABETES BELT

Diabetes Belt Supply Targets

Diabetic + obesity 35%+ + diabetes prevalence 13%+ + Southern states.

SUPPLY · SOUTHERN STATES

SEGMENT · MA ACQUISITION

Uninsured Pre-65 Diabetics

Diabetic + uninsured 25%+ + age 50–64 % 20%+.

MA · PRE-65 CONVERSION

SEGMENT · GLP-1 AFFORDABILITY

High-Affordability GLP-1 Targets

T1 GLP-1 + income $50K–$100K + diabetes prevalence 10%+.

GLP-1 · COMMERCIAL PAY

SEGMENT · BEHAVIORAL HEALTH

Behavioral Health Overlay

Any T3 + mental health 18%+ + diabetes or CHD.

BH OVERLAY · CHRONIC × DISTRESS

SEGMENT · RURAL OUTREACH

Rural Diabetes-Belt Outreach

Diabetic + ZCTA population <5K + diabetes 12%+ + income <$55K.

RURAL · UNDERSERVED

+ FIVE MORE PRESETS

Plus full custom build

Ten Summit-curated preset segments available at launch. Custom audiences buildable on any combination of enrichment + tier + condition filters.

10

CURATED PRESETS

REPRODUCIBLE QUARTERLY REFRESH

The enrichment pipeline runs on Summit-controlled infrastructure. Public reference sources are pulled, normalized, and joined to each patient record. Quarterly refresh cadence ensures audience targeting remains current as federal reference data is updated. **No patient identifiers leave Summit infrastructure during enrichment.**

SECTION 04 — WHAT THE DATA CAN DO

One dataset · eight use cases.

Summit's tiers serve different pharma buyer personas — DTC, medical affairs, access programs, measurement, HCP marketing. The same data layers map to different use cases depending on which team is buying. The eight applications below cover the full pharma activation surface.

01

New Patient Acquisition

First-party post-conversion patient seed for prospecting campaigns. Verified condition + in-market behavior — not modeled.

PRIMARY T3 · T3 INBOUND CTC
SECONDARY GLP-1 LAUNCH COHORT

02

Lookalike Modeling

Seed quality determines model quality. Summit's observed, post-conversion patients produce dramatically better lookalikes than 3rd-party or claims-derived seeds.

PRIMARY T3
SECONDARY T1+T2 DUAL-CONFIRMATION

03

AI / Audience Training

Verified condition + intent + identity is premium training input for proprietary pharma AI and predictive models.

PRIMARY T3 FULL CORPUS
SECONDARY T1 LONGITUDINAL SUPPLY

04

Retargeting & Suppression

Suppress T3 hand-raisers from impression campaigns to redeploy budget on net-new audiences. Retarget T1/T2 for adherence and re-engagement.

PRIMARY T3 SUPPRESSION · T1 RETARGETING
SECONDARY T2 DISENGAGED

05

Access Program Targeting

Patients clinically qualified but blocked by insurance, authorization, or documentation — exactly the population pharma access programs are built for.

PRIMARY T2 ACCESS-BARRIER (93,154)
SECONDARY T2 BY FAIL-REASON

06

Adherence, Persistence & Retention

Multi-year supply behavior with patient-level fill cadence on file. Target at predicted refill or abandonment moments.

PRIMARY T1 · 1,008,348 FILLS · AVG 7.2/PT
SECONDARY GLP-1 ONGOING

07

HCP Targeting & Prescriber Activation

166,464 prescriber NPIs linked to confirmed patient volume — warm prescribers, not cold specialty codes.

PRIMARY HCP LAYER
SECONDARY HCP + CONDITION CROSS

08

Closed-Loop Outcomes Attribution

Match Summit-seeded campaigns to downstream supply fulfillment. 140,216 T3→T1 confirmed converts demonstrate end-to-end funnel velocity at the patient level.

PRIMARY T3 SEEDED → T1 MATCH
SECONDARY GOHEALTH INTEGRATION

ONE DATASET. EIGHT USE CASES.

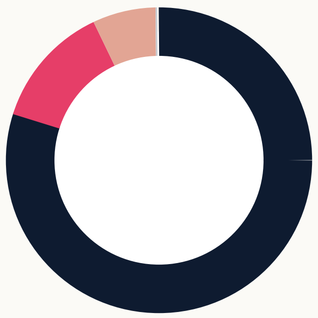
The same Summit identity infrastructure that supports new patient acquisition for one pharma client supports adherence measurement for another and access program targeting for a third — same patients, different teams, different campaigns. Buyers activate at the use case that matches their team's KPIs.

TIER 01 · PROFILE

Tier 1 — Tx-Verified Profile

168,970	140,216	75.6	1.6 yrs	64% F
TOTAL RECORDS	UNIQUE PATIENTS	AVERAGE AGE	AVG TREATMENT DURATION	GENDER SPLIT

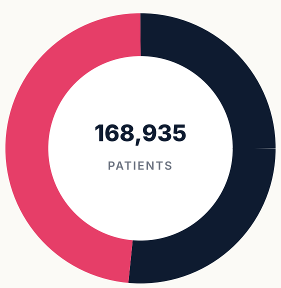
CONDITION BREAKDOWN



Diabetes	135,288	80.1%
OSA	22,181	13.1%
Pain	11,120	6.6%
Respiratory	274	0.2%

Supply types: Diabetic supplies · CPAP · Orthotics/TENS · Nebulizer. Total: 168,863 supply records.

INSURANCE SPLIT



Medicare	86,833	51.4%
Private	82,102	48.6%

AGE DISTRIBUTION — TIER 1 VS. TIER 2

	• TIER 1 — TX-VERIFIED	• TIER 2 — DX-QUALIFIED
85+	30,827	20,832
75–84	56,547	57,822
65–74	52,209	94,929 ★
55–64	22,897	78,801
45–54	5,512	27,519
18–44	—	—

★ Modal age band. T1 skews older (Medicare-dominant, modal 75–84). T2 skews younger (private insurance-dominant, modal 65–74).

SUPPLY BEHAVIOR

Pipeline active since 2011 through present. **1,008,348 total fill records across 140,216 patients. Average 7.2 fills per patient.** Median refill cadence: Diabetic supply every 77 days · CPAP every 99 days. 75.7% of patients have 2+ fills — the majority are repeat, adherent long-term patients. HCPCS product codes available at patient level upon request.

BEST USE CASES FOR T1

- Adherence and retention campaigns
- Switching and competitive campaigns
- Brand loyalty / ongoing engagement
- Outcomes attribution baseline
- HCP-patient pair targeting

HCP INTELLIGENCE

HCP Intelligence — Prescriber Profile

166,464	46,836	39,533	1,540	11,189
COMBINED T1+T2 PRESCRIBERS	IN BOTH T1 & T2 highest value	MULTI-CONDITION NPIS	HIGH-VOLUME (10+ PATIENTS)	MID-VOLUME (5–9 PATIENTS)

46,836 prescribers appear in both Tx-Verified and Dx-Qualified — physicians with confirmed converted supply patients and confirmed near-miss patients on record. The only dataset that captures both sides of the prescriber relationship. **This overlap segment does not exist in any claims or specialty NPI database.**

HCP INTELLIGENCE (THIS DATASET)

- Prescriber confirmed via actual supply transaction
- Patient volume per NPI — real count, not estimated
- 39,533 NPIs treating multiple conditions confirmed
- Near-miss prescribers with fail reason context
- Name, address, phone for all 166,464 matched NPIs

STANDARD COLD NPI LIST

- NPI number with specialty only — no patient linkage
- No confirmed patient volume data
- No multi-condition confirmation
- No access barrier or near-miss context
- No connection to real patient demand signal

PRESCRIBER VOLUME TIERS — T1 + T2 COMBINED

HIGH — 10+ PATIENTS	MID — 5–9 PATIENTS	LOW — 2–4 PATIENTS	SINGLE PATIENT
1,540	11,189	69,630	84,105
451 T1 · 1,089 T2 — Primary pharma field force targets.	4,031 T1 · 7,158 T2 — Regional and specialty brand campaigns.	29,647 T1 · 39,983 T2 — DTC and access program campaigns.	T1 + T2 combined — Geographic coverage and network analysis.

MULTI-CONDITION PRESCRIBERS — HIGHEST-VALUE HCP SEGMENT

39,533 prescribers across the combined HCP tier are confirmed treating patients across more than one condition — 12,532 from T1 supply records and 27,001 from T2 near-miss records. A physician managing patients for both diabetes and OSA is the highest-priority GLP-1 indicated prescriber target. **Confirmed through actual supply transactions and intake records — not inferred from specialty codes.**

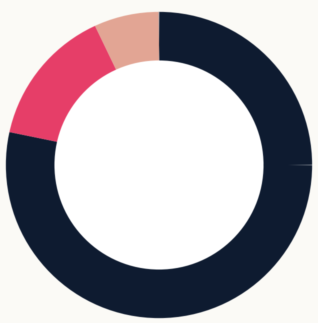
TIER 02 · PROFILE

Tier 2 — Dx-Qualified · Near-Miss Patient Profile

Dx-Qualified patients completed a structured phone intake and were confirmed to have the qualifying condition — but failed out due to insurance, authorization, documentation, or physician issues, not clinical disqualification. Real, diagnosed, in-market patients who remain unconverted and highly targetable.

286,196	218,071	68.7	69%	64% F
TOTAL RECORDS	UNIQUE PATIENTS	AVERAGE AGE	PRIVATE INSURANCE	GENDER SPLIT

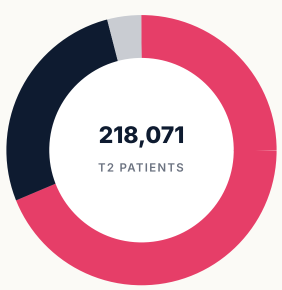
CONDITION BREAKDOWN



Diabetes	224,581	78.5%
OSA	42,109	14.7%
Pain	19,398	6.8%
Respiratory	52	0.02%

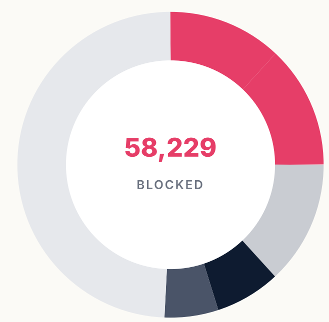
Avg age 68.7 — younger than Tx-Verified (75.6) · Private insurance dominant.

INSURANCE SPLIT



Private	150,456	69.0%
Medicare	58,675	26.9%
Other	8,940	4.1%

WHY PATIENTS FAILED OUT — RE-ENGAGEMENT OPPORTUNITY



Insurance / Auth	27,242	12.1%
Missing Documents	30,987	12.9%
Patient Disengaged	34,925	13.0%
Still Active	14,943	6.9%
Other reasons	12,531	5.7%
Other / Unknown	107,869	49.5%

• Pink slices = 58,229 process-blocked patients — clinically qualified, blocked only by paperwork. Prime pharma access program targets.

RE-ENGAGEMENT OPPORTUNITY — 58,229 PROCESS-BLOCKED

Insurance/Auth (27,242) + Missing Documents (30,987) = 58,229 process-blocked. Disengaged (34,925) is a separate cohort. These patients have the condition, met clinical criteria, and engaged fully. **The only thing standing between them and treatment is an administrative barrier.**

TIER 03 · PROFILE

Tier 3 — 15.3M Condition-Confirmed Patient Inquiries

The largest first-party, post-conversion, condition-confirmed audience in healthcare data. Every record is a person who saw a condition-specific unbranded ad and took action — completing a form or picking up the phone — stating their condition, expressing Rx interest, and giving explicit opt-in consent. **T3 is where pharma reaches a new patient before they're on a competitor drug.**

~15.3M TOTAL CONDITION-CONFIRMED INQUIRIES 12.17M unique patients · ~1.3 intent events each	**100%** STATED CONDITION + RX INTENT	**100%** SHA-256 HASHED PHONE FOR DSP	**74.5%** EMAIL ON FILE · 70.2% IP ADDRESS

TWO ACTIVATION LAYERS

PREMIUM INTENT

Inbound Click-to-Call

~2.15M records of patients who picked up the phone. Higher intent than any form fill — the patient initiated contact. Commands a CPM premium; highest-converting layer of T3.

SCALE

Form Completions

~13.1M records who completed a condition-specific supply form. Each record carries condition, Rx interest, and DSP activation fields. CPM-activatable at scale across The Trade Desk, DV360, Meta, and CTV.

WHAT MAKES THIS DIFFERENT FROM A LEAD DATABASE

UNBRANDED

Condition-specific supply campaigns only. Zero brand exposure at point of capture. Pharma-safe for DTC or branded follow-on.

SELF-IDENTIFIED

Patient raised their hand at point of need. Condition confirmed at submission or inbound call. Nothing inferred, modeled, or scraped.

DEDUPLICATED

Deduplicated at intent-event level — 15.3M inquiries from 12.17M unique patients across 5 conditions. Avg ~1.3 events per patient.

NEW PATIENT ACQUISITION

T3 is the only tier where pharma reaches a patient before treatment selection. T1 and T2 prove the funnel converts; T3 is the top of it.

T3 COMORBIDITY — POLYCHRONIC PATIENTS AT SCALE

T3 carries an *rxConditions* field beyond the primary lead type: Chronic Pain, Joint Inflammation, Migraine, High Cholesterol. **34,721 confirmed multi-condition (T1+T2) · 19,480 Diab + OSA · 16,127 Diab + Pain · 2,081 triple comorbidity.** Polychronic patients are simultaneously targetable across multiple pharma categories.

TIER 03 · ACTIVATION

T3 as the New Patient Acquisition Asset

T3 is not a background data layer. T3 is the new patient acquisition funnel. T1 is what happened when T3 patients converted to supply. T2 is what happened when they qualified but hit a barrier. **T3 patients are diagnosed and in-market — actively shopping for a new supplier, delivery channel, or coverage plan — the most acquirable patient population in healthcare data.**

~15.3M TOTAL INTENT RECORDS	**2,151,747** INBOUND CLICK-TO-CALL premium intent layer	**~13.1M** FORM COMPLETIONS scale layer	**74.5%** HAVE EMAIL ON FILE

DIRECT ACTIVATION

11.4M	Hashed email match to DSP — UID2/RampID · Trade Desk, DV360, Meta, CTV
100%	Phone hash activation — SHA-256 match to mobile ad IDs. Zero PII exposed.
70.2%	IP address targeting — Household-level targeting for CTV and display.
2.15M	Inbound CTC priority — records who called us · highest-intent sub-segment.

LOOKALIKE MODELING & AUDIENCE EXTENSION

Seed	To any programmatic DSP — Feed T3 hashed email + IP as first-party seed; DSP builds condition-specific lookalike to tens of millions of HHs.
Quality	Vs. behavioral proxy — T3: self-confirmed condition, post-click, post-form, post-call. Different universe entirely.
Suppress	Top-of-funnel — Remove T3 from impression campaigns; redeploy budget downstream.
Attrib	Script lift — Match T3 against pharmacy claims post-campaign for closed-loop measurement.

WHY T1 AND T2 PROVE T3 WORKS

Every T1 patient entered through T3 — 140,216 T3 hand-raisers converted to confirmed T1 supply. T3 is the top of the funnel, T1 is the bottom, and end-to-end conversion is documented at the patient level. **140,216 T3 → T1 supply conversions on file. 218,071 T3 → T2 qualified-but-near-miss conversions. Total: 358,287 T3 records with documented downstream tier confirmation.**

SECTION 04 · COMORBIDITY

Comorbidity Map — T1 + T2 Combined Prevalence

This comorbidity is confirmed through supply, not modeled. Multi-condition patients appear as multiple rows with the same patient hash — one row per condition supplied. Deterministic confirmation through actual DME fulfillment, not a prevalence estimate applied to a population.

	DIABETES	OSA	PAIN	GLP-1 ★
Diabetes	359,869 T1+T2	17,209 ★ T1 CONFIRMED	13,974 T1 CONFIRMED	~294K MODELED
OSA	17,209 T1 CONFIRMED	64,290 T1+T2	2,040 TRIPLE CONFIRMED	—
Pain	13,974 T1 CONFIRMED	2,040 TRIPLE CONFIRMED	53,156 T1+T2	—
GLP-1 ★	~294K MODELED	—	—	1,852 91% — ALL 3

HIGHEST-PRIORITY DUAL INDICATION

Diabetes + OSA = highest-priority dual indication. **SURMOUNT-OSA trial (2024) established tirzepatide efficacy for OSA + obesity.** The 17,209 T1 confirmed Diabetes+OSA patients are the precise target for Zepbound and forthcoming GLP-1 OSA campaigns.

T3 ADDS SCALE

The *rxConditions* field in T3 captures Chronic Pain, Joint Inflammation, Migraine, and High Cholesterol alongside Diabetes and CPAP. At 15.3M records, the polychronic population in T3 alone is substantial — simultaneously targetable across multiple pharma categories with a single dataset activation.

★ All ~294K GLP-1 figures are modeled from NIH/ADA/AASM published prevalence — not confirmed diagnoses. Disclosed as probabilistic. See pages 18 and 23 for confirmed third-party match figures.

SECTION 05

GLP-1 Opportunity & Tier 2 Intelligence

~294K

ESTIMATED GLP-1 INDICATED

T1 + T2 combined

GLP-1 receptor agonists are the fastest-growing drug class in pharmaceutical history — now covering Type 2 Diabetes, Obesity, Cardiovascular disease, and OSA. **82% of the combined Tx + Dx dataset carries a GLP-1 indication signal.**

GLP-1 ESTIMATED PATIENTS BY SEGMENT

Confirmed T2 Diabetes — GLP-1 indicated	224,581
Confirmed T1 Diabetes — GLP-1 indicated	135,288
Confirmed OSA — Diabetes overlap	17,209 T1
Triple comorbidity	2,040 T1

MODELED — PROBABILISTIC

~294K GLP-1 indicated from NIH/ADA prevalence on confirmed diabetes population. Always disclosed as estimated.

CONFIRMED — SUMMIT-OPERATED

Summit operates GLP-1 fulfillment as a HIPAA covered entity — 19,470 unique GLP-1 patients · 50 states · 79%F/21%M · 98.9% phone-hash coverage. Median 2 days fill→delivery · 84.8% delivered.

RE-ENGAGEMENT — 58,229

Insurance/Auth (27,242) + Missing Docs (30,987). Prime pharma access program targets as GLP-1 coverage expands.

DISENGAGED — 34,925

Confirmed-condition patients who disengaged after intake. With GLP-1 Medicare coverage now live, reactivation campaigns have a new value proposition.

MEDICARE GLP-1 BRIDGE — JULY 1, 2026

CMS Medicare GLP-1 Bridge launches July 1, 2026. Wegovy, Zepbound, Foundayo at $50/month copay. Eligibility: BMI 35+ or BMI 27+ with T2D, CVD, or OSA. Est. 14M eligible. BALANCE model permanent coverage 2027.

ZEPBOUND — FDA APPROVED DEC 2024 FOR OSA

First-ever Rx for OSA. Approved for moderate-to-severe OSA in adults with obesity. Already covered under Medicare Part D.

AD109 — FIRST ORAL OSA PILL

NDA filed with FDA early 2026. Met primary endpoints in two Phase 3 trials. First non-CPAP oral OSA treatment — targets CPAP-intolerant patients.

WHY IT MATTERS FOR THIS DATASET

359,869 confirmed T1+T2 diabetes patients now have a GLP-1 pathway. The coverage barrier that produced 58,229 T2 access failures is largely removed. 64,290 confirmed OSA patients (T1+T2) are the exact target for Zepbound and AD109. T2 OSA failures who couldn't get CPAP are the AD109 primary audience.

SECTION 06

Coverage Trajectory — Where the Policy Environment Is Heading

The coverage environment has moved in one direction for five consecutive years. Every expansion that occurs between now and 2046 adds value to the existing patient file and to the annual intake pipeline.

COVERAGE AREA	STATUS TODAY	WHAT CHANGED / WHAT'S COMING	IMPACT ON THIS DATASET
GLP-1 for obesity / weight loss	✓ LIVE JULY 2026	Medicare GLP-1 Bridge launches July 1, 2026. $50/month copay. Wegovy, Zepbound, Foundayo. BALANCE model permanent coverage in 2027.	359,869 confirmed T1+T2 diabetes patients now have a GLP-1 pathway.
GLP-1 for OSA	✓ COVERED NOW	Zepbound FDA-approved for OSA December 2024. Already covered under Medicare Part D for OSA + obesity indication.	64,290 confirmed OSA patients (T1+T2) are prime targets for Zepbound campaigns.
CGM — diabetes	✓ COVERED NOW	Medicare expanded CGM coverage in 2023 to all insulin-treated diabetics regardless of dose. 1.5M new eligibles. Feb 2025 documentation streamlining.	135,288 T1 + 224,581 T2 confirmed diabetics. CGM brands have a large, confirmed, activatable audience here.
Prediabetes programs	~ PARTIAL	MDPP covers behavioral intervention. 2026 PFS rule expanded online delivery through 2029. CGM supply coverage for prediabetes not yet confirmed.	T3 hand-raisers include a prediabetes-adjacent population. If supply coverage expands within the 20-year window, this segment becomes directly activatable.
CGM — prediabetes	~ EMERGING	No federal CGM mandate for prediabetes yet. Private insurer coverage inconsistent. Directional trend is clear — coverage has expanded every year since 2021.	The 20-year exclusive license positions Summit to capture this segment the moment coverage expands.
Oral OSA treatment	~ PENDING FDA	AD109 NDA filed with FDA in early 2026 — first oral non-CPAP OSA treatment. If approved, a new prescription category opens for 80M+ US adults with OSA.	Summit's T2 OSA patients who failed CPAP supply are the exact population AD109 targets.

THE 20-YEAR EXCLUSIVE LICENSE

The 20-year exclusive license through 2046 is the key. Every coverage expansion that occurs between now and 2046 — prediabetes supply coverage, oral OSA treatment, new GLP-1 indications, CGM expansion — adds value to the existing patient file and to the annual intake pipeline. **Summit does not need to predict which expansions happen. It only needs to hold the exclusive and capture the data as the coverage environment moves in one direction.**

SECTION 07

Geographic & Payor Intelligence

TOP 13 STATES — TIER 1 RECORDS

01 · TX · Texas	19,162
02 · NC · North Carolina	9,586
03 · FL · Florida	8,434
04 · NY · New York	8,150
05 · CA · California	8,088
06 · MI · Michigan	7,745
07 · GA · Georgia	7,273
08 · IL · Illinois	7,050
09 · PA · Pennsylvania	5,929
10 · SC · South Carolina	5,611
11 · VA · Virginia	5,273
12 · OH · Ohio	4,753
13 · MD · Maryland	4,557

TOP PAYORS — TIER 1

United Health Care	24,122
Humana-PPO	16,177
Medicare Texas	9,587
Aetna	7,826
Medicare Florida	7,530
Medicare California	6,142
Medicare New York	5,412

GEOGRAPHIC COVERAGE NOTE

All 50 states represented. Southern and Mid-Atlantic states show disproportionate concentration relative to population, reflecting the DME supply network footprint. **Texas leads in both Tier 1 (19,162) and Tier 2 (29,759) — combined 48,921 TX patient records.**

SECTION 08

Named Segments & Activation Use Cases

SEGMENT 01 **Diabetes Actives** Tx: **109,133** · Dx: **168,128** CGM · Insulin · MA plans · GLP-1	SEGMENT 02 **OSA Actives** Tx: **15,442** · Dx: **18,721** CPAP brands · Sleep pharma · Zepbound	SEGMENT 03 **Diabetes + OSA** T1: **4,761** · T2: **14,623** · Combined: **19,480** Dual indication GLP-1 · High-value
SEGMENT 04 **Medicare Diabetics** Tx: **69,335** · Dx: **~46,000** Part D · Medicare Advantage · MA plans	SEGMENT 05 **Commercial Diabetics** Tx: **65,935** · Dx: **~122,000** PBM · Commercial Rx · Switching	SEGMENT 06 **Triple Comorbidity** T1: **203** · T2: **1,862** · Combined: **2,081** High-cost patient mgmt · All indications
SEGMENT 07 **Near-Miss: Ins/Auth** Dx only: **27,242** Access programs · Co-pay assistance	SEGMENT 08 **Near-Miss: Disengaged** Dx only: **34,925** Re-engagement · Warm outreach	SEGMENT 09 **Senior Core (75–84)** Tx: **56,547** · Dx: **57,822** Medicare · Caregiver reach · Adherence

TIER 3 INTENT SEGMENTS

SEGMENT 10 **Diabetes / CGM Intent** **6,501,952** · 76.9% of DME base (8.45M) Unbranded condition completions. CPM new patient acquisition seed.	SEGMENT 11 **OSA / CPAP Intent** **1,707,924** · 20.2% of DME base (8.45M) CPAP/OSA intake forms. Zepbound + AD109 primary activation target.	SEGMENT 12 **Inbound Click-to-Call** **~2.15M** · 100% inbound Phone-hash activatable across DSPs. Highest-intent sub-segment.

SECTION 09

Why This Dataset Is Differentiated

ATTRIBUTE	SUMMIT AUDIENCE SEGMENTS	TYPICAL 3RD-PARTY HEALTH DATA
Patient intent	Self-identified at point of need — upstream signal	Inferred from claims — downstream
Condition signal	Self-reported + intake confirmed — deterministic	Modeled or claims-derived
Near-miss cohort	Available — 218K Tier 2 patients with fail reason	Not available in most sources
Supply type linkage	Direct 1:1 condition-to-DME mapping	Not typically available
Payor detail	Named payor at patient level	Insurance type only in many sources
Consent basis	Explicit opt-in, recorded at patient level	Varies — often aggregated
PII posture	Name/address stripped · SHA-256 hashed · Clean	Varies by source
Enrichment layer NEW IN V1.1	**Demographic + area-health context attached at ZCTA** 99% match rate · 15 fields per patient	Not available · or modeled at panel level with no individual patient resolution

~294K	82%	33,989	2.15M	~15.3M
EST. GLP-1 INDICATED Tx + Dx	GLP-1 INDICATION SIGNAL of combined dataset	MULTI-CONDITION PATIENTS confirmed comorbidity	T3 INBOUND CLICK-TO-CALL premium intent	T3 TOTAL INTENT

FOUR THINGS NO OTHER DATASET HAS

SIGNAL	SUMMIT AUDIENCE SEGMENTS	TYPICAL HEALTH DATA SOURCE
Fill records	1,008,348 T1 supply fills · avg 7.2 per patient · 2.15M T3 inbound click-to-call records	Not available in intent or lead data
Comorbidity	Confirmed through DME fulfillment — same patient hash, multiple condition rows	Modeled from prevalence or inferred from claims
HCP linkage	166,464 prescribers · 46,836 with both converted + near-miss patients	Specialty codes only — no patient linkage
Pipeline history	Active since 2011 · 15 years · still filling today	Assembled, purchased, or modeled — no organic history

ACTIVATION. Delivery via hashed email/phone match to major DSPs, pharma data clean rooms, and direct list export. Data is not resold. Subject to a per-use licensing model. Custom segments can be built by combining any available deterministic fields: condition, supply type, insurance type, payor name, age range, gender, state, comorbidity flag, fail reason — **plus the new enrichment layer: income, age distribution, insurance access, area diabetes/CHD/COPD/mental-health prevalence, and 8 more fields per patient.**

SECTION 10

Geographic Distribution — Top 10 States by Tier

T1 skews Texas / Medicare DME supply chain. T2 skews California / commercial insurance. T3 mirrors national population with GLP-1 concentration in CA + TX + FL.

TIER 1 · TX-VERIFIED

01 · TX · Texas	13.7%
02 · CA · California	9.2%
03 · FL · Florida	7.0%
04 · PA · Pennsylvania	5.2%
05 · OH · Ohio	4.9%
06 · NY · New York	4.7%
07 · IL · Illinois	4.2%
08 · GA · Georgia	3.4%
09 · NC · N. Carolina	3.0%
10 · MI · Michigan	2.8%

TIER 2 · DX-QUALIFIED

01 · CA · California	13.1%
02 · TX · Texas	10.5%
03 · FL · Florida	8.4%
04 · NY · New York	6.8%
05 · PA · Pennsylvania	5.2%
06 · OH · Ohio	4.5%
07 · IL · Illinois	3.8%
08 · GA · Georgia	3.3%
09 · NC · N. Carolina	2.9%
10 · AZ · Arizona	2.7%

TIER 3 · INTENT PANEL

01 · CA · California	31.6%
02 · TX · Texas	13.6%
03 · FL · Florida	13.5%
04 · OH · Ohio	8.3%
05 · NY · New York	6.5%
06 · NJ · New Jersey	3.7%
07 · IL · Illinois	3.2%
08 · PA · Pennsylvania	2.9%
09 · GA · Georgia	2.5%
10 · AZ · Arizona	2.0%

PRIORITY ACTIVATION MARKETS

TX + CA + FL = top 3 across all tiers. These three states represent 30% of T1, 32% of T2, and 58% of T3 confirmed GLP-1 fills. **Priority activation markets: CA for commercial insurance + GLP-1 density · TX for Medicare + supply chain depth · FL for MA enrollment + dual-eligible population.**

TIER 03 · SEGMENTS

T3 Intent Panel Segments — New Patient Acquisition

The T3 Intent Panel is the primary new patient acquisition asset for pharma brands and health plans. T1 = received supply. T2 = qualified but hit a barrier. T3 = the full population of diagnosed patients who self-identified by completing a form or calling in on an unbranded category-level offer for their condition.

~15.3M	2,151,747	~13.1M	140,216
TOTAL INTENT RECORDS	INBOUND CLICK-TO-CALL premium intent layer	FORM COMPLETIONS scale layer	T3 → T1 CONFIRMED CONVERSIONS

T3 NAMED SEGMENTS — PHARMA ACTIVATION

S10 · DIABETES / CGM INTENT

6,501,952

76.9% of DME base. Condition-specific landing page completions. Unbranded. Self-identified.

ACTIVATION **CGM · INSULIN · GLP-1 NPA**

S11 · OSA / CPAP INTENT

1,707,924

20.2% of DME base. CPAP/OSA intake forms. Confirmed condition.

ACTIVATION **CPAP · ZEPBOUND · AD109**

S12 · INBOUND CLICK-TO-CALL

2,151,747

100% inbound. Patients who called us. Highest-intent sub-segment in the platform.

ACTIVATION **ANY RX · DTC · ADHERENCE**

S13 · PREMIUM INBOUND CTC

2,151,747

100% inbound on condition-specific unbranded offers. Highest-intent sub-segment in T3.

ACTIVATION **CPM PREMIUM · DTC**

S18 · POLYPHARMACY INTENT

5,839,361

7+ active Rx · 47% form / 53% inbound CTC · 100% phone SHA-256.

ACTIVATION **SPECIALTY PHARMA · PBM**

S19 · MA ENROLLMENT INTENT

1,176,096

130K completed intakes delivered. GLP-1 Bridge activates this population July 1.

ACTIVATION **MA · D-SNP · GLP-1 BRIDGE**

SECTION 11

GLP-1 Active Fill Intelligence — H1 2026

Summit operates an active GLP-1 fulfillment pipeline as a HIPAA covered entity — under BAA framework. Patient roster: 19,470 unique GLP-1 patients across all 50 US states · 98.9% phone-hash coverage · 18,053 unique SHA-256 phone hashes · 79% female / 21% male · 100% address coverage. **Suitable for operational data partnerships, adherence campaigns, RWE measurement. NOT for hashed-DSP activation.**

19,470	98.9%	18,053	309	43.2%
UNIQUE GLP-1 PATIENTS	PHONE-HASH COVERAGE	UNIQUE SHA-256 HASHES	UNIQUE PRESCRIBERS	TOP 3 PRACTICE CONCENTRATION

MEDICATION SPLIT

Tirzepatide	68.4%
Semaglutide	28.8%
Other	2.7%

MONTHLY TREND

Jan	161
Feb	986
Mar	2,499
Apr ★	7,728
May*	1,653

*May 2026 through May 8 only

TOP STATES

01 · CA	4,835
02 · TX	2,073
03 · FL	2,062
04 · OH	1,275
05 · NJ	573
06 · UT	449
07 · LA	385
08 · CO	305

Note: ~294K GLP-1 indicated within T1+T2 diabetes is modeled from NIH/ADA prevalence — see Section 05. This page describes Summit-operated fulfillment only.

SECTION 12

GLP-1 Confirmed Segments

Four precision segments from Summit-operated GLP-1 fulfillment. 19,470 unique GLP-1 patients · 18,053 unique SHA-256 phone hashes · full PII layer under BAA framework.

SEGMENT 14

GLP-1 Confirmed: Tirzepatide

9,003

PATIENTS
Confirmed Tirz fills · H1 2026

ACTIVATION **ZEPBOUND · ADHERENCE**

SEGMENT 15

GLP-1 Confirmed: Semaglutide

3,785

PATIENTS
Confirmed Sema fills · H1 2026

ACTIVATION **OZEMPIC · WEGOVY**

SEGMENT 16

GLP-1 Geographic Cluster

8,970

PATIENTS
CA + TX + FL concentration

ACTIVATION **REGIONAL PHARMA**

SEGMENT 17

GLP-1 Top Practice Network

5,669

PATIENTS
Top 3 prescriber practices

ACTIVATION **HCP MARKETING · NETWORK**

Note: ~294K GLP-1 indicated within T1+T2 diabetes is modeled from NIH/ADA prevalence — see Section 05. This page describes Summit-operated fulfillment only.

CARDIAC · CLINICAL LAYER

Cardiac Clinical Layer — Confirmed Billing Data

433,128 confirmed cardiac patients from CPT-coded clinical billing records. **Clinical billing data · CPT + ICD-10 = deterministic diagnosis, not modeled prevalence.**

433,128	58,681	12,906	73,128	$368.7M
CONFIRMED CARDIAC PATIENTS	CONFIRMED AFIB PATIENTS	DIABETES + CARDIAC OVERLAP	CARDIOLOGIST / EP NPIS	CLINICAL BILLING VALUE

CONDITION BREAKDOWN

AFib	58,681
Diab + Cardiac	12,906
Stroke	10,681
Other CPT-confirmed	351,860

MARKET CONTEXT

Philips acquired Biotel (source of this cardiac monitoring data) for $2.8 billion — a public-record validation of clinical-grade cardiac monitoring data value.

ACTIVATION ANGLES

ANTICOAGULANTS	58,681 AFib patients. Primary target for Eliquis, Xarelto, Pradaxa.
GLP-1 CV INDICATION	Wegovy FDA CV indication. 12,906 Diabetes + Cardiac overlap directly addressable.
CARDIAC DEVICES	73,128 cardiologist/EP NPIs for device rep targeting — pacemakers, ICDs, loop recorders.
STROKE PREVENTION	10,681 confirmed stroke patients for anticoagulant and prevention activation.

IDENTITY RESOLUTION & CROSS-TIER MATCHING

Of the 433,128 confirmed cardiac patients in Summit's clinical layer, **419,592 (96.9%) carry a SHA-256 hashed home phone field** — making the entire cardiac layer identity-resolved and matchable to every other Summit tier without exposing PII. *Verified:* Cardio ∩ T1 = 763. *Estimated:* Cardio × T3 Diabetes intent ≈ 5,600–11,300.

SEGMENT 12 · PROFILE

Medicare Advantage Enrollment Intent Profile

1,176,096 MA enrollment intent records. 130,000 completed Medicare Advantage intakes delivered to clients. 192,000 dual-eligible patients.

1.18M	130,000	192,000	359,869
TOTAL MA INTENT RECORDS	COMPLETED MA INTAKES delivered to clients	DUAL-ELIGIBLE PATIENTS	GLP-1 BRIDGE ELIGIBLE

MEDICARE GLP-1 BRIDGE — EFFECTIVE JULY 1, 2026

Wegovy, Zepbound, and Foundayo covered at $50/month. **359,869 confirmed T1+T2 diabetes patients now have a GLP-1 pathway.** Immediate reactivation opportunity — coverage barrier removed.

POPULATION PROFILE

Condition base	Confirmed Diabetes + OSA from T1+T2
Insurance transition	Medicare-eligible in coverage decision window
Dual-eligible	192K qualifying for Medicare + Medicaid (D-SNP)
GLP-1 bridge ready	359,869 confirmed diabetics, new GLP-1 coverage
Intent signal	MA enrollment campaign completions, 2017–2026

ACTIVATION USE CASES

- **MA PLAN ENROLLMENT** — Direct-to-consumer MA plan switching and enrollment. Highest-intent audience.
- **D-SNP TARGETING** — 192K dual-eligible for Dual Special Needs Plan campaigns — highest-value sub-segment.
- **PART D DRUG PLAN** — GLP-1 now covered. 359,869 activated patients for Part D optimization.
- **REACTIVATION OF DISENGAGED** — 34,925 confirmed-condition patients who disengaged after intake — high-priority reactivation targets, especially with GLP-1 Bridge now live.

CROSS-CATEGORY VERIFIED SEGMENTS. Every record in this file carries at least one verified clinical-intent signal from a separate Summit Tier 1 segment — these are not enrollment-curious lookalikes. 359,869 are confirmed T1+T2 diabetics (GLP-1 Bridge eligible), the full base intersects Confirmed Diabetes + OSA from T1+T2, and 192,000 carry D-SNP dual-eligibility.

SEGMENT 11 · PROFILE

Polypharmacy Intent Profile

5,839,361 polypharmacy intent records · ~47% inbound click-to-call / ~53% form completions · 100% phone SHA-256 across the full file. 374,000 confirmed 7+ active Rx. 86,000 completed pharmacy intakes delivered to clients · ~90% client-side ship rate after handoff.

5.84M	374,000	179,000	86,000	~47%/~53%
POLYPHARMACY INTENT	CONFIRMED 7+ ACTIVE RX	CONFIRMED 10+ ACTIVE RX	COMPLETED PHARMACY INTAKES delivered to clients	INBOUND CTC / FORMS

ACTIVATION USE CASES

Specialty pharmacy — near-confirmed fills	~77,400 estimated downstream fills (86,000 completed intakes × ~90% client-side ship rate). Number of active medications on file per patient. Adherence, refill, and mail-order programs.
Medication count targeting	Patient's medication count is available in the file. Segment by 7+, 10+, or 15+ active Rx for tiered specialty pharma and PBM outreach.
PBM / formulary programs	Drug interaction management, formulary switching, and tier optimization for high-Rx patients.
Adherence programs	179K patients with 10+ active Rx — highest-priority population for medication adherence and patient support programs.

WHAT WE KNOW ABOUT THE MEDICATIONS

Number of active Rx on file: Each polypharmacy record includes the patient's medication count at time of intake. **Condition co-occurrence:** rxConditions field captures co-occurring conditions beyond the primary lead type. **Completed Intake:** The patient completed the full intake and was handed off to the pharmacy partner. The pharmacy partner ships in ~90% of cases. *We do not receive the specific drug names or NDC codes from the pharmacy partner.*

DATA SOURCING NOTE · POLYPHARMACY. Polypharmacy is a standalone campaign category — the same structural level as the Diabetes, OSA, and Respiratory campaigns. Polypharmacy T3 records come from Divvy, ECP, and PillPack (pending).

CROSS-MATCH

T1 & T2 × Combined Polypharmacy & Medicare Advantage

All polypharmacy partner files combined into one unified set. All Medicare Advantage files combined into one set. **SHA-256 phone hash match only. No raw PII used at any stage.** Additional polypharmacy partner data pending.

141,537	9,939	14,683	64,488	11,173
T1+T2 COMBINED POLY	T1+T2 × COMPLETED PHARMACY	HOME DELIVERY REQUESTED	COMBINED MED ADV	T1+T2 × COMPLETED MA

COMBINED POLYPHARMACY

T1 × combined poly (any)	46,958
T1 × confirmed handoff	2,714
T2 × combined poly (any)	95,285
T2 × confirmed handoff	7,296
T1+T2 × poly (any)	141,537
T1+T2 × confirmed	9,939
T1+T2 home delivery	14,683

KEY FINDING · POLYPHARMACY

141,537 T1+T2 DME patients confirmed in combined poly pipeline. 9,939 with completed pharmacy handoff. Additional data pending — re-run same phone match in minutes when received.

COMBINED MEDICARE ADVANTAGE

Total records	1,176,096
Unique phone hashes	975,757
Completed intakes delivered	129,807
Consent transfer confirmed	131,608
6+ medications confirmed	109,518
T1 × completed intake	3,637
T2 × completed intake	7,612
T1+T2 × completed intake	11,173
T1+T2 × 6+ medications	9,439

KEY FINDING · MEDICARE ADVANTAGE

T2 appears at 2× the rate of T1. Near-miss DME patients completed MA intakes. 11,173 completed intakes delivered. 9,439 with 6+ medications — high-LTV multi-product population.

CROSS-CONDITION COMORBIDITY

T3 × Condition × Condition · Verified at Phone Hash

12.17M unique patients across 5 conditions in the T3 universe. The cross-condition comorbidity matrix below is computed at the phone-hash level — every overlap is a real patient confirmed on multiple condition pathways, not a modeled estimate.

SIX PAIRWISE COMORBIDITIES — PHONE-HASH VERIFIED

T3 DIABETES ∩ POLYPHARMACY
1,242,620
Diabetic patients also self-identifying as managing multiple medications. Specialty pharma + PBM target.

T3 CPAP ∩ POLYPHARMACY
430,242
CPAP patients on multi-medication regimens. Sleep pharma + adherence target.

T3 DIABETES ∩ MEDICARE ADVANTAGE
376,149
Diabetic patients in Medicare Advantage plans. GLP-1 Bridge primary audience.

POLY ∩ MEDICARE ADVANTAGE
219,447
Medicare patients managing multiple medications. D-SNP / Part D / specialty pharma audience.

T3 CPAP ∩ MEDICARE ADVANTAGE
63,918
CPAP patients in Medicare Advantage. Zepbound OSA + Medicare primary audience.

T3 DIABETES ∩ CPAP
53,041
Dual-condition diabetic + sleep apnea. GLP-1 dual-indication / Zepbound prime target.

APEX AUDIENCES — TRIPLE AND QUAD COMORBIDITY AT CONFIRMED SALE

DIAB × CONFIRMED MA SALE
72,490
Confirmed diabetics with verified MA enrollment.

DIAB × PHARMACY HANDOFF
37,663
Diabetics with confirmed pharmacy intake completion.

DIAB × POLY 7+ × MA SALE
9,772
High-LTV Medicare diabetic on multi-medication.

QUAD — DIAB ∩ CPAP ∩ POLY 7+ × MA
174
Ultra-premium 4-way confirmed cohort.

Every overlap above is a real patient on multiple condition pathways — confirmed through phone-hash matching at the individual level. No other commercial healthcare dataset produces verified multi-condition cohorts at this scale and specificity.

GLP-1 · FULFILLMENT CHANNEL

GLP-1 Fulfillment Channel Intelligence

309 prescribing practices, 117 fulfillment pharmacies, 19,470 unique GLP-1 patients · Summit-operated fulfillment.

309	19,470	43.2%	117	50
UNIQUE PRESCRIBING PRACTICES	UNIQUE GLP-1 PATIENTS	TOP 3 PRACTICE CONCENTRATION	FULFILLMENT PHARMACIES	STATES COVERED

MONTHLY TREND

Jan	161
Feb	986
Mar	2,499
Apr ★	7,728
May*	1,653

GEOGRAPHIC CONCENTRATION

01 · CA	4,835
02 · TX	2,073
03 · FL	2,062
04 · OH	1,275
05 · NJ	573
06 · UT	449
07 · LA	385
08 · CO	305

MEDICATION SPLIT

Tirzepatide	68.4%
Semaglutide	28.8%
Other	2.7%

MATCH STATUS · ACTION REQUIRED

No patient phone in H1 2026 file. Name hash only. T1/T2/T3 cross-match BLOCKED. Action: re-pull with patient phone pre-hashed SHA-256. NPI cross-match available.

LOOKALIKE MODELING & AUDIENCE EXTENSION

Seed Quality Determines Lookalike Quality

Summit's 15.3M+ condition-confirmed inquiries are the highest-quality seed audience in commercial healthcare. **Seed quality determines lookalike quality.** A modeled audience is only as good as the verified patients it was built from. Summit seeds are post-conversion first-party — patients who self-identified, confirmed condition, and engaged.

STANDARD LAL SEED

Hashed email + IP fed as seed to LiveRamp, Trade Desk, DV360, Meta. DSP builds condition-specific lookalike at scale. Tens of millions of incremental targetable HHs.

SCALE **~11.4M T3 EMAIL · ~10.7M T3 IP**

CLEAN ROOM OVERLAP

Summit hashed records matched to pharma brand's existing CRM or CDP in a privacy-safe clean room. Identifies overlap: which existing patients or HCP targets are also in Summit's T1/T2/T3?

USES **SUPPRESSION · RE-ENGAGEMENT · ATTRIBUTION**

IDENTITY GRAPH EXTENSION

Records delivered via LiveRamp IdentityLink or Experian CrossIX for identity graph expansion. One verified patient resolves to avg 3.2 devices.

REACH **MOBILE · DESKTOP · CTV · DIRECT MAIL**

HCP ACTIVATION

166,464 confirmed prescriber NPIs linked to converted and near-miss patients. Highest-value: 46,836 NPIs with both T1 + T2. 1,540 high-volume for sales force.

CHANNELS **EHR · REP · CME · NPI PROG**

ATTRIBUTE	SUMMIT	3RD-PARTY INTENT	CLAIMS-DERIVED	SURVEY PANELS
Condition confirmed	Self-reported at form	Modeled / inferred	Diagnosis code	Self-report, unverified
Consent documented	TCPA opt-in on file	Unknown / aggregate	Not patient-level	Survey consent
Identity (email/phone)	100% hashed on file	Partial match	Not available	Available
First-party origin	Summit collection	Purchased	Payer / claims	Panel vendor
Post-conversion depth	Form + call + fill	Click / impression	Fill only	Survey only
Pharma-safe / HIPAA	Safe Harbor 164.514(b)	Varies	Aggregated only	Varies

Match rate vs. typical: 35–55% vs. 8–15% for 3rd-party. Match T3 inbound CTC records (2.15M) against pharmacy claims post-campaign. T3 patients with "has existing supplier" disposition = on a competitor DME product. Re-engage with switch messaging.

PARTNER FIT · PLATFORM TYPES & USE CASES

Distribution & Enrichment Partners

Every platform type on this page works better with first-party post-conversion patient data. Summit is one of the few sources at scale — 15.3M condition-specific opt-in records with hashed identity, consent documentation, and 10+ years of longitudinal supply history.

PLATFORM TYPE	WHAT THEY NEED	WHAT SUMMIT BRINGS
Healthcare DSPs	Condition-specific programmatic media · DTC campaigns	Verified patient audience segments. T3 post-conversion intent is the highest-quality patient segment available. Pharma brands activate at CPM. Listable in healthcare DSP audience marketplaces.
Identity Graph Providers	First-party data resolution · multi-device · 600+ media partners	74.5% email + 100% phone SHA-256 — ingestion-ready. T3 resolves to avg 3.2 devices per patient. One push activates every DSP, CTV, retail media, and social platform simultaneously.
Clean Rooms	RWD linkage · claims matching · HIPAA-compliant collaboration	Already de-identified and SHA-256 hashed — compatible by design. Token linking enables script lift attribution, CRM suppression, and RWD enrichment.
Claims Data Providers	Claims-based patient mapping · life sciences intelligence	Summit captures diagnosed patients at the point of in-market intent — before the next prescription, refill, or enrollment event the claims data will eventually show.
Closed-Loop Measurement	Identity match + attribution for ROI proof	Summit records · identity match · closed-loop measurement. Every pharma brand buying Summit can prove ROI via prescription attribution.
CTV / Audio Activation	Cookieless ID resolution at CPM scale	11.4M hashed emails resolve to cookieless IDs. Direct CPM seed inventory at scale across display, video, and audio without a clean room.
Pharma CRM / CDP	Suppression, overlap, attribution without PII exchange	Pharma brands match Summit records to their own CRM without PII exchange. HIPAA-eligible. Suppression, overlap, attribution in minutes.
Specialty Pharmacy Routing	New patient intake handoff at higher volume	99,060 confirmed pharmacy handoffs via combined poly set. Summit can route new patient intakes to specialty pharmacy partners at higher volume.
Clinical Trial Recruitment	Condition + age + state + comorbidity-eligible recruitment	15.3M T3 records with condition + age + state + comorbidity. Trial-eligible patient lists — confirmed condition, consented, contactable.

PARTNERSHIP & ACCESS

Ready to explore a partnership?

Summit holds an exclusive data license activated April 2026, running through 2046 — covering all data from 2016 onward. Ten years of accumulated data is retroactively covered. **Every deal structure begins with a conversation.**

HOW TO ENGAGE

RECOMMENDED FIRST STEP Data Overview Call	Walk through the full platform — tier architecture, data fields, HCP intelligence, and activation use cases. 30–45 minutes. No commitment required.
AVAILABLE UNDER NDA Data Sample & Technical Review	De-identified sample for your data team. Field schema, match rates, segment profiles, and HCPCS product code availability reviewed under NDA.
BAA + NDA STANDARD Partnership Structure	Licensing, data enrichment, HCP activation, or co-branded segment development. Flexible structures. BAA executed at closing.

WHAT'S IN — V1.1 RELEASE

NEW · PATIENT ENRICHMENT

Demographic + area health at ZCTA · 15.6M records enriched · 11M+ patients with demographic context · 10M+ with area health prevalence · 15 fields per patient · quarterly refresh.

T3 — 15.3M INTEGRATED

Cross-tier conversion velocity confirmed. 140,216 T3 → T1, 218,071 T3 → T2. End-to-end funnel performance documented.

MEDICATION HASH MATCH

Summit-operated GLP-1 fulfillment data — 19,470 unique patients across 50 states. GLP-1 active fills, Rx history, and fill dates.

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