

NP/PA ENGAGE · WHITE PAPER

The Overlooked Prescribers

Why Nurse Practitioners and Physician Associates Must Anchor Pharmaceutical Brand Planning in 2027

NPs and PAs now write roughly 4 in 10 U.S. prescriptions — yet receive a fraction of the industry's promotional investment. This paper makes the data-driven case for closing that gap in the 2027 planning cycle, and for doing it with an audience specialist.

Prepared by NP/PA Engage

A trusted NP/PA engagement partner to 80+ pharmaceutical and medical device brands

August 2026

Executive Summary

For decades, pharmaceutical brand plans have been built on a single organizing assumption: that the physician sits at the center of the prescribing decision. Heading into 2027, that assumption no longer matches the data. **Nurse practitioners (NPs) and physician associates (PAs) have become among the most influential prescribers in the United States — and the fastest-growing.**

Published claims analysis attributes **40.9% of U.S. prescription claims—more than 1.1 billion prescriptions annually—to NPs and PAs.**ⁱ Their ranks are expanding roughly ten times faster than the physician workforce.ⁱⁱ And yet, by the industry's own admission, they receive only a fraction of the promotional attention directed at physicians.ⁱⁱⁱ

That mismatch — high and rising prescribing influence, low and static commercial investment — is the central opportunity this paper addresses. It is also the lowest-competition, highest-attribution line item available in a 2027 HCP plan. The paper lays out five key strategic arguments:

1. The scale of the current influence–investment gap;
2. Why NPs and PAs are ideal targets as we move into 2027;
3. Why every brand must build them explicitly into brand planning;
4. Why this opportunity requires an audience specialist; and
5. Concrete recommendations for the 2027 planning cycle.

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1. The Influence–Investment Gap

The single most important fact for a 2027 brand plan is the gap between how much NPs and PAs prescribe and how little the industry spends to reach them. The prescribing side of that equation is no longer marginal. Pharmacy-claims analysis shows NPs and PAs now write **roughly one-third of all U.S. prescriptions, up from 25% in 2020.**^{iv} Applying true attribution — correcting for the long-standing undercount that occurs when an NP or PA prescription is billed under a supervising physician's identifier — raises that figure to 40.9% of all claims.ⁱ

In the therapeutic areas driving industry growth, the concentration is sharper still. NPs and PAs account for **56% of prescriptions in mental health**, and NPs and PAs write **over 40% of weight-loss (GLP-1 / anti-obesity) medications**^{iv} — the single fastest-growing category in the market. If a brand competes in metabolic, psychiatric, dermatologic, or primary-care-adjacent spaces, it already depends on this audience whether or not its plan reflects that.

The investment side has not kept pace. As Pharmaceutical Executive summarized in late 2025, NPs and PAs receive only a fraction of the marketing attention aimed at physicians even as they see nearly half of all U.S. patients.ⁱⁱⁱ That is the whole argument in a sentence: ***you are being outbid least in the audience that moves the most volume.***

The 2027 read: a brand plan that directs ~90% of HCP effort at physicians is allocating against roughly half of actual prescribing behavior.

2. Why NPs and PAs Are Ideal Targets for 2027

The volume is already here — and still climbing

This is not a bet on a future audience. NPs and PAs are already responsible for four in ten prescription claims today,ⁱ and the trajectory points steeply upward. The prescribing base is large, active, and concentrated precisely in the categories where new brands launch and compete.

The demographic curve runs one way

A July 2026 study in *Health Affairs* found the NP workforce growing about 11% per year and the PA workforce about 5.6%, versus roughly 1% for physicians.ⁱⁱ On that trajectory, the combined NP and PA population is projected to reach **912,265 by 2030 — approaching the size of the entire physician workforce.**^v The pipeline behind it is enormous: NP graduate output rose 97% and PA output 69% between 2014 and 2023.^v There are already an estimated 450,000 NPs and 189,000 PAs in practice,^{vi} and U.S. News & World Report has ranked Nurse Practitioner the No. 1 job in America for three consecutive years.^{vii}

Metric	Physicians	NPs	PAs
Annual workforce growth (2016–2023)	~1%	~11%	~5.6%
Graduate output increase (2014–2023)	—	+97%	+69%
BLS employment outlook (2024–2034) ^{viii}	~4%	~40%	~20%
Rep access rate ^x	69%	73%	73%
Share of US Rx claims ⁱ	~59%	40.9% combined	40.9% combined

Figure 1 Comparative workforce and access indicators, physicians vs. NPs and PAs. Sources: HealthLink Dimensions (2025); U.S. Bureau of Labor Statistics (BLS); Pharmaphorum (2025). Ranges reflect differences across cited datasets.

Their prescribing autonomy keeps expanding

Independence is widening. Nurse Practitioner full practice authority now covers **28 states plus the District of Columbia, up from 22 in 2020.**^{ix,vi} More autonomy means more prescribing decisions an NP or PA owns outright, rather than routing through a supervising physician — which directly increases the value of reaching them as decision-makers in their own right.

They are more reachable than physicians

As physician access to field teams continues to contract, NPs and PAs remain comparatively open. Data shows **73% of NPs and PAs engage with sales representatives, versus 69% of physicians.**^x Brands reach a higher-yield, faster-growing audience at a lower access cost — a rare combination in an environment of otherwise declining HCP availability.

3. Why Every Brand Must Build Them Into Brand Planning

The most common — and most costly — mistake is treating NPs and PAs as a spillover audience: reached as an extension of the physician plan, on the assumption that their behavior is close enough to share a strategy. Recent evidence does not support that assumption.

A study on influence of provider prescription drug decisions showed that **NPs and PAs generally reported significantly greater influence from most sources compared to the two physician groups** (PCPs and specialists).^{xi} Channel behavior diverges materially.

- **95% of NPs and 94% of PAs said colleagues influence prescribing**, versus 86% of physicians.^{xi}
- **73% name email as a preferred channel**, versus 70% of physicians.^x
- **60% of NPs are influenced by sponsored conference content**, versus ~42-48% of MDs.^{xi}
- **67% of NPs/PAs noticed digital ads and 90% were somewhat or very receptive to them**, versus 62% of physicians who noticed digital ads.^x
- Compared to physicians, NPs/PAs lean digital and are more likely to click on professional ads tied to educational or clinical content.^x

KOL programs that utilize NP/PA speakers for an NP/PA target audience are a channel/content/audience match. Past AANP President, Angela Goldman, says: “Nurse Practitioners want to hear from their Nurse Practitioner expert colleagues.”^{xii} Video and website hubs are also effective channels for the unique NP/PA prescriber segment. ~89–92% of NPs/PAs search for medical information daily or several times per week.^{xiii}

A physician-designed plan systematically under-serves the exact channels and content this audience favors. Reaching NPs and PAs well is not a matter of re-sending physician assets to a longer list; it requires a plan designed to their preferences from the start.

Compliance has already made them table stakes

There is also a governance reason this is no longer optional. Since 2021, the Sunshine Act’s Open Payments program has included NPs, PAs, clinical nurse specialists, CRNAs, certified nurse-midwives, and anesthesiologist assistants among its covered recipients.^{xiv} These clinicians are already inside a brand’s transparency reporting. Continuing to report on them while declining to plan for them commercially is the worst of both worlds: the compliance cost without the commercial return.

4. Why a Specialist Agency — and Why NP/PA Engage

Capturing this opportunity is not simply a matter of adding NPs and PAs to an existing target list. Three structural factors mean a physician-first generalist will consistently under-deliver against this audience.

The attribution problem demands specialized data

Because NP and PA prescriptions are often billed under a supervising physician’s identifier, standard prescriber datasets undercount them — which is precisely why corrected attribution lifts their share from roughly one-third to 40.9%.ⁱ An agency that is not built around true NP/PA attribution will under-value the audience inside its own targeting and measurement, quietly reinforcing the very underinvestment this paper warns against.

The playbook is different, and generalists default to the physician one

Everything in Section 3 — the conference skew, the appetite for practical content — is easy to get wrong when NPs and PAs are a secondary deliverable rather than the entire remit. A specialist designs to those behaviors by default; a generalist adapts a physician plan and hopes it transfers.

Trusted-network access compounds over time

NP/PA Engage operates as a trusted partner to **more than 80 pharmaceutical and medical device companies**, applying deep NP/PA audience insight to build programs that shift prescribing behavior and strengthen brand loyalty.^{xv} A specialist partner brings established relationships and audience knowledge that strengthen with each engagement, creating greater value over time than campaign-by-campaign access through a physician-first vendor.

80+ pharma & medical device brands

already partner with NP/PA Engage to reach NPs and PAs through an audience-native strategy.^{xv}

5. Recommendations for the 2027 Planning Cycle

- 1. Fund NPs and PAs as a named audience, not a spillover line.** Set a discrete budget and objectives; do not let the allocation default to physician spend with an NP/PA list appended.
- 2. Quantify the opportunity using true prescribing attribution.** Evaluate NP/PA prescribing within your own claims data and therapeutic areas, using corrected attribution models that account for prescriptions billed under supervising-physician identifiers. This provides a more accurate view of NP/PA influence and helps identify where the audience represents the greatest opportunity for the brand.
- 3. Build execution around NP/PA engagement preferences.** Move beyond repurposed physician assets by investing in dedicated KOL peer-to-peer programs, email created for and addressed to NPs/PAs, and targeted digital and conference strategies designed specifically for NPs and PAs.
- 4. Insist on true prescribing attribution.** Require partners to correct for supervising-physician billing so measurement reflects real NP/PA influence, not the undercount.
- 5. Partner with an audience specialist.** Choose a partner whose entire focus is this audience, so data, creative, and channel strategy are native rather than adapted.

Talk to NP/PA Engage about building your 2027 NP/PA plan.

nppaengage.com

Jay Levenson

C: 978-684-2065

Jayl@NPPAEngage.com

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All figures are paraphrased from the sources below. Where cited ranges differ across datasets, the paper notes the variance.

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