

Pharma Services Market Update

Post-2Q25 Update

August 2025

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Pharma Services and Technology Expertise



Clinical & Drug Discovery Services

Full-Service & Specialty CROs

Site Networks / SMOs

Patient Recruitment

Patient Engagement & Retention

Patient Logistics & Payments

eClinical (eCOA, ePRO, IRT, EDC, CTMS, RBQM)

Pharma, CRO, & Site Technology

RWD, RWE, & Data Analytics

Hub & Patient Support Services

Life Sciences Consulting



Commercialization Services

Market Access

Medical Communications & Education

Healthcare Marketing / Advertising

Commercial Patient / HCP Engagement

Market Access & Pricing, HEOR, & RWE

Medical & Regulatory Affairs

Post-Market Safety & Pharmacovigilance



Supply Chain Services

Full-Service & Specialty CMOs & CDMOs Biostorage, Distribution & Logistics Services Commercial Lab & Analytical Services Contract Packaging & Labeling

Manufacturing Consulting & Strategy Services







Consumer Health

Recent Pharma Services Transaction Activity









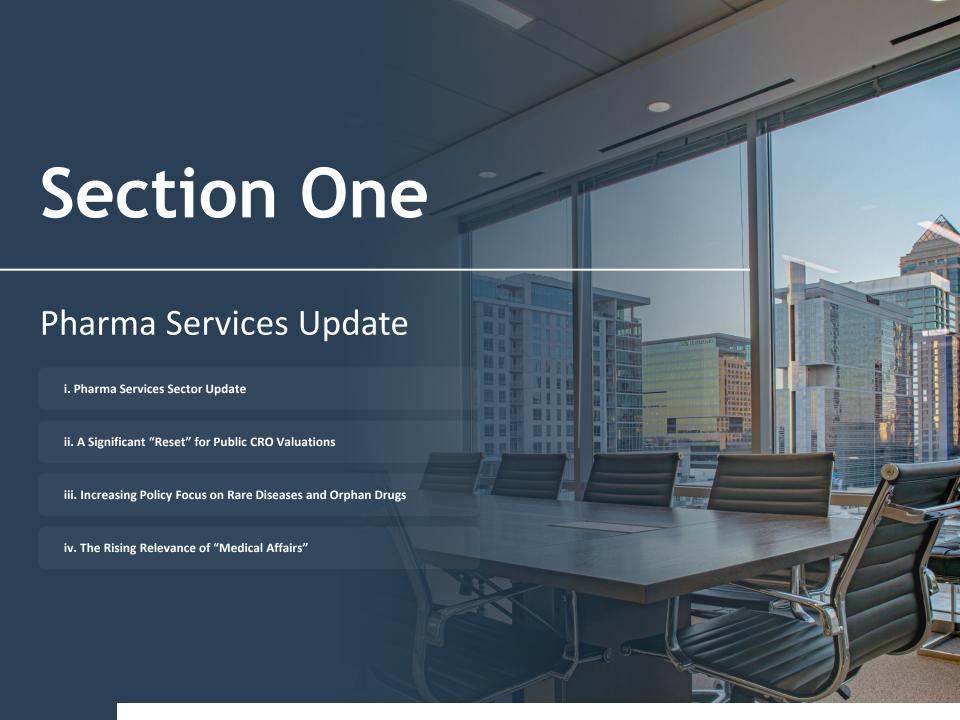












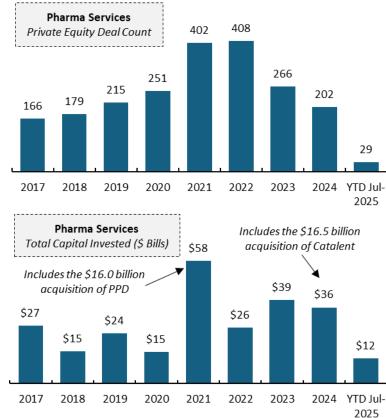
Pharma Services Sector Update

We continue to be optimistic about the fundamentals of the pharma services space over the next five to ten years. Over the past several years, we have seen an accelerating focus by the life sciences industry on complex precision and biologic medicines as a result of advances in molecular biology and the development of new modalities of treatment -- as well as an increasingly favorable regulatory and legislative environment. We anticipate that this trend will continue for the foreseeable future, leading to a greater need for pharma and biotech firms to pursue outsourcing solutions with third-party specialists.

We saw a positive "reset" to the valuations of publicly traded contract research organizations (CROs) in recent weeks following stronger than expected 2Q25 results. In our view, a common theme across the publicly traded CRO space was a sharp sequential uptick in gross bookings, particularly among small/mid-sized biopharma sponsors. Investors seemed to interpret this as a possible "bottoming-out" of the challenging and volatile clinical trial environment over the past 18 to 24 months.

The passage of the *One Big Beautiful Bill (OBBB) Act* in July 2025 materially improved the favorable regulatory treatment of "orphan" drugs. Under the *Inflation Reduction Act (IRA)* of 2022, orphan drugs with a single indication are exempt from Medicare price negotiations. The OBBB Act expanded this exemption to all orphan drugs, regardless of the number of indications. Orphan drugs are now fully protected from the negative provisions of the IRA. In our view, this is relevant to therapeutic areas like oncology where drugs commonly have multiple indications.

With the rising focus on rare diseases and orphan drugs, we see "medical affairs" as an increasingly strategic function for pharma companies. In fact, we are hearing more and more examples of pharma and biotech companies needing to partner with third-party outsourcing providers to get access to the specialized medical affairs staff and resources they need.

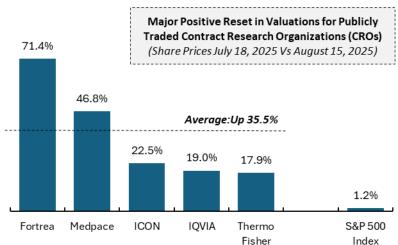


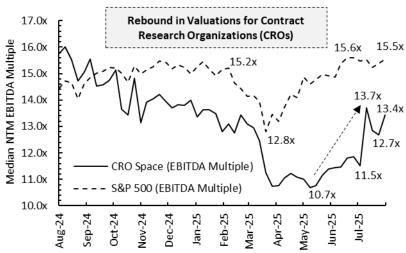
A Significant "Reset" for Public CRO Valuations

We have seen a significant positive "reset" of valuations for publicly-traded contract research organizations (CROs) in recent weeks following better-than-expected 2Q25 results. The publicly traded CRO space is now trading above its 12-month average valuation (~13.4x NTM EBITDA vs ~13.1x NTM EBITDA), and it is now trading at almost three points above its fiveyear low in May (of ~10.6x NTM EBITDA). In our view, this bodes well for private CROs looking to monetize their businesses.

Coming out of the 2Q25 reporting season, the common theme across the publicly traded CROs was a sharp sequential uptick in gross bookings -- signaling a possible "bottoming-out" of funding headwinds for small/mid-sized biopharma sponsors. Adding to this was positive commentary from multiple CRO management teams around sales pipeline trends. While funding remains challenging, most small/mid-sized sponsors seem to be able to access sufficient funding to keep their clinical trials running. Also, several CROs referenced that much of the worst could be over with respect to the wave of R&D reprioritizations that we have seen over the past 12 to 18 months as pharma companies have adjusted their R&D strategies to the ongoing rollout of the Inflation Reduction Act (IRA) of 2022.

Finally, while oncology remains the largest component of CRO backlog, there was optimism for more demand in the obesity and metabolic space. We see an increasing mix of obesity and metabolic clinical trials as an improvement in "business mix" for CROs since clinical trials for obesity and metabolic related diseases tend to be much larger (i.e., more revenues) and relatively easier to recruit for (i.e., converting from backlog to revenue more quickly).





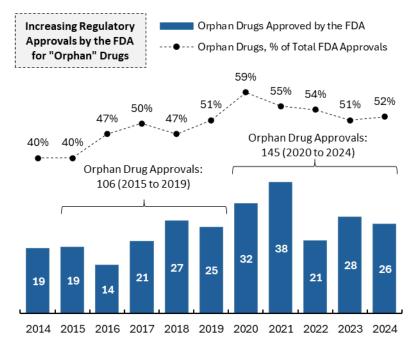
Increasing Policy Focus on Rare Diseases and Orphan Drugs

We expect that increasingly favorable regulatory treatment of "orphan" drugs will likely contribute to more investments in rare disease drug research in the coming years. In our view, this should be positive for CROs insofar as clinical trials for these types of drugs tend to be more complex and more likely to be outsourced to third-parties with specialized expertise.

Today, rare diseases account for almost half of clinical trials worldwide, according to the *IQVIA Institute*, with ~95% of the 7,000-10,000 of rare diseases still lacking a pharmacologic treatment. Encouraging the development of drugs for rare diseases has been a priority for policymakers for years through a variety of incentives such as extended exclusivity rights, reduced application fees, and tax incentives. Also, over half of patients with rare diseases are children, meaning that these drugs are generally less exposed to changing Medicare policies. All of this has contributed to a steady increase in new orphan drug approvals. For instance, there were 145 "orphan" drug approvals from 2020 to 2024 -- up ~36% from the 106 "orphan" drugs approved from 2015-2019.

Importantly, the passage of the *One Big Beautiful Bill (OBBB) Act* in July 2025 materially improved the existing favorable regulatory treatment of "orphan" drugs. Under the *Inflation Reduction Act* (*IRA*) of 2022, orphan drugs with a single indication are exempt from Medicare price negotiations. However, this exemption does not apply if additional indications are pursued. This was seen by many as a major flaw in the IRA, with research showing that this has led to a 48.0% drop in the percent of orphan drugs receiving a second indication -- from 12.1% pre-IRA to 6.3% post-IRA.

The OBBB Act expanded the exemption to <u>all</u> orphan drugs, regardless of the number of indications. In our view, this is particularly relevant in high growth therapeutic areas like oncology where drugs commonly have multiple indications. Also, the OBBB Act delays the period of price protection from IRA Medicare price negotiations if an orphan drug adds an indication involving a non-rare disease area to its label.



Note: A "rare disease" is defined as a disease or condition with less than 200,000 patients worldwide, per the U.S. Food and Drug Administration.

Source: IQVIA Institute, U.S Food and Drug Administration (FDA), and Bourne Partners

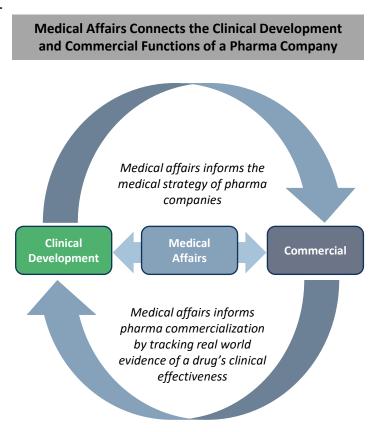
The Rising Relevance of "Medical Affairs"

With the rising focus on rare diseases and orphan drugs, we see "medical affairs" as an increasingly strategic function for pharma companies. In fact, we are hearing more and more examples of pharma and biotech companies needing to partner with third-party outsourcing providers to get access to the specialized medical affairs staff and resources they need.

In our view, a typical pharma company consists of three general functions -- clinical development, commercial, and medical affairs. Medical affairs serves as the information center of the pharma company, providing strategic support for clinical development staff and helping to drive relationships with key opinion leaders. While medical affairs is certainly intended to drive business over time, it is often "walled off" from the commercial and clinical functions with separate compensation. This helps to position medical affairs as an independent (non-biased) source of scientific and clinical information for internal and external constituents.

The role of medical affairs has evolved considerably over time. In the past, within a pharma company, medical affairs was viewed to be a support (i.e., reactive) function, dealing with overflow issues that clinical development and commercial staff might not have the specific scientific know-how to deal with. However, increasingly, we hear of medical affairs playing more and more of a leadership/strategic function, helping to shape the clinical narrative of pharma products with providers, health plans, and regulators. Also, medical affairs is critical to post-approval evidence generation (i.e., Phase IV/post-marketing studies) and to investigator-initiated trials. Finally, for providers, medical affairs staff can often play a consultative role in patient care in rare disease areas.

*** For more discussion, please see our recent <u>Pharma Commercialization</u> and <u>Market Access Report</u> (July 21, 2025) ***



Sources: Bourne Partners

Selected Pharma Services Transactions

| Date | Target | Acquirer | Commentary | Tags | Deal Value |
|---------------|--|------------------------------|---|------------------------------|------------|
| Aug-2025 | Headlands | THL | Network of sites, conducting trials in central nervous system disorders, vaccines, and metabolic diseases | Clinical Trial Site | \$600 mil |
| Jul-2025 | klick | #GIC LINDEN | Provider of consulting and market access services to help life sciences companies with new drugs | Commercial | Not Public |
| Jun-2025 | Decisive | ₩ Herspiegel | Market access and consulting for difficult-to-market, therapies with 45 clients across multiple countries | Commercial | Not Public |
| Jun-2025 | Penn Quarter Partners | Webster Equity Partners | Specialized consulting firm for life sciences companies navigating regulatory, policy, and other complexities | Commercial | Not Public |
| May-2025 | TruTechnologies Real-time clinical trial oversight | LLR Partners | Vendor of real-time clinical trial oversight solutions, including dosing compliance and deviation monitoring | Clinical Trial IT | Not Public |
| May-2025 | PEACHTREE — BIORISEARCH SOLUTIONS— | Julius Clinical & Ampersand | Specialized CRO, based in Geogia (the United States) focused on clinical trials in the CNS disorder space. | | Not Public |
| Apr-2025 | CenExel | ▲ BAYPINE | National clinical trial site network with a focus on (and a reputation for) complex therapeutic studies | Clinical Trial Site | \$1.5 Bil |
| Apr-2025 | ⊪blackp●int | fingerpa i nt | Advisory firm servicing life sciences companies with a foundation in management consulting | Commercial | Not Public |
| Mar-2025 | NOVOTECH Biotech's Partner at Every Phase | ₩GIC | A global CRO, based in Singapore, targeting small/mid- sized biopharma sponsors in complex therapeutic areas | | \$1.9 Bil |
| Mar-2025 < | mercalis PharmaCord | PERMIRA | Merger of two providers of market access solutions, ranging from patient services to market access | Commercial / Hub Services | \$1.4 Bil |

Source: Pitchbook and Bourne Partners

Bourne Comps - Pharma Services

The publicly-traded pharma services space is trading at 15.2x calendar year 2026 EBITDA (arithmetic mean). However, there is a wide discrepancy between contract research organizations (CROs) (median: 10.4x; ranging from 9.0x to 23.1x), contract development and manufacturing organizations (CDMOs) (median: 14.6x; ranging from 11.6x to 25.7x), and other/diversified pharma services companies (median: 18.1x; ranging from 8.6x to 21.0x.)

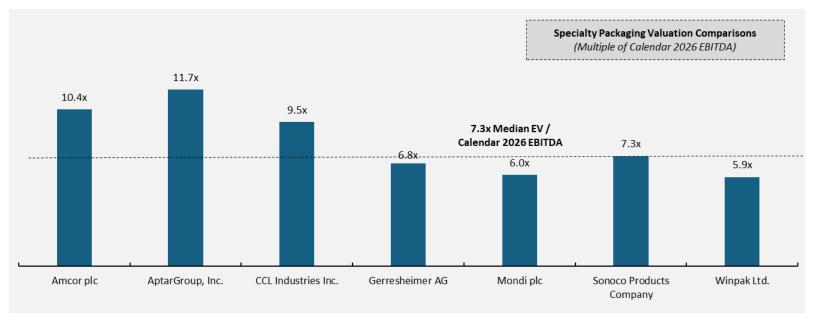
Transactions & Public Comps

| | | Equity | Net Debt / | Enterprise | Projected | d CY2026 | Pro | jected CY2 | 2026 | Debt |
|-------------------------------|-----------------------|-----------|------------|------------|-----------|----------|---------|------------|----------|-------|
| Company Name | Ticker | Value | (Net Cash) | Value | Revenue | Growth | EBITDA | Growth | Multiple | Ratio |
| Contract Research Organizat | ions (CROs) | | | | | | | | | |
| Charles River Laboratories | CRL | \$7,711 | \$2,606 | \$10,317 | \$4,065 | 2.2% | \$990 | 4.6% | 10.4x | 2.6x |
| Fortrea Holdings | FTRE | 730 | 1,161 | 1,891 | 2,609 | -0.9% | 209 | 15.9% | 9.0x | 5.6x |
| ICON | ICLR | 13,675 | 3,195 | 16,871 | 8,170 | 1.8% | 1,643 | 3.0% | 10.3x | 1.9x |
| IQVIA Holdings | IQV | 32,485 | 13,557 | 46,042 | 16,974 | 5.0% | 4,005 | 5.9% | 11.5x | 3.4x |
| Medpace Holdings | MEDP | 12,862 | 104 | 12,966 | 2,666 | 8.2% | 561 | 6.9% | 23.1x | 0.2x |
| Average (Median) | | | | | | 2.2% | | 5.9% | 10.4x | 2.6x |
| Contract Development and M | lanufacturing Organiz | ations (C | DMOs) | | | | | | | |
| Bora Pharmaceuticals | TWSE:6472 | \$3,235 | \$402 | \$3,637 | \$917 | 30.2% | \$256 | 22.2% | 14.2x | 1.6x |
| Lifecore Biomedical | LFCR | 276 | 123 | 398 | 143 | 7.2% | 26 | 18.0% | 15.1x | 4.6x |
| Lonza Group | LONN | 48,625 | 4,661 | 53,287 | 10,338 | 10.1% | 3,160 | 13.7% | 16.9x | 1.5x |
| Oxford Biomedica | OXB | 806 | 60 | 866 | 282 | 28.4% | 41 | 1294.4% | 21.2x | 1.5x |
| PolyPeptide Group | SWX:PPGN | 1,114 | 41 | 1,155 | 559 | 16.4% | 100 | 72.1% | 11.6x | 0.4x |
| Samsung Biologics | KOSE:A207940 | 53,017 | 91 | 53,108 | 4,824 | 16.4% | 2,066 | 11.3% | 25.7x | 0.0x |
| Siegfried Holding | SFZN | 4,755 | 497 | 5,252 | 1,824 | 7.8% | 426 | 10.6% | 12.3x | 1.2x |
| WuXi AppTec | SHSE:603259 | 39,801 | (1,972) | 37,828 | 6,899 | 13.3% | 2,723 | 10.7% | 13.9x | -0.72 |
| Average (Median) | | | | | | 14.9% | | 15.8% | 14.6x | 1.3x |
| Diversified / Other Pharma Se | ervices | | | | | | | | | |
| Eurofins Scientific | ERF | \$14,077 | \$3,946 | \$18,024 | \$9,200 | 6.3% | \$2,087 | 9.4% | 8.6x | 1.9x |
| Thermo Fisher Scientific | TMO | 184,656 | 28,839 | 213,495 | 45,975 | 4.8% | 11,775 | 7.5% | 18.1x | 2.4x |
| West Pharma Serv | WST | 17,704 | (202) | 17,502 | 3,235 | 6.1% | 832 | 11.7% | 21.0x | -0.2 |
| Average (Median) | | | | | | 6.1% | | 9.4% | 18.1x | 1.9x |
| Total Pharma Services | | | | | | | | | | |
| Average (Mean) | | | | | | 10.2% | | 94.9% | 15.2x | 1.7> |
| Average (Median) | | | | | | 7.5% | | 11.0% | 14.0x | 1.5x |

Note: Market values as of the close of business August 15, 2025 Source: S&P Global Market Intelligence

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Bourne Comps - Specialty Packaging



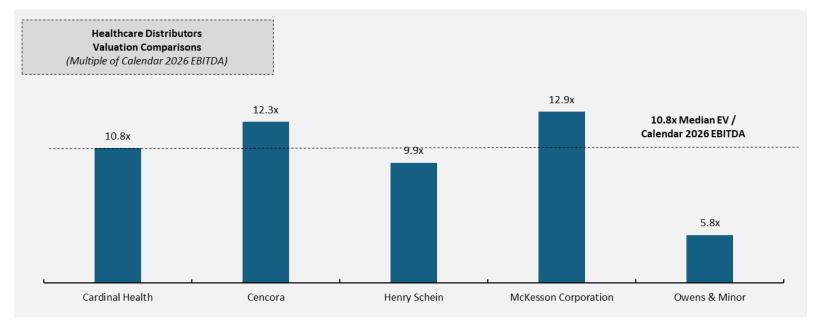
| | | Equity | Net Debt / | Enterprise | Projected | CY2026 | Pro | jected CY2 | 2026 | Debt |
|-------------------------|-----------|----------|------------|------------|-----------|--------|---------|------------|----------|-------|
| Company Name | Ticker | Value | (Net Cash) | Value | Revenue | Growth | EBITDA | Growth | Multiple | Ratio |
| Specialty Packaging | | | | | | | | | | |
| Amcor plc | AMCR | \$20,121 | \$14,484 | \$34,605 | \$23,814 | 20.6% | \$3,340 | 9.0% | 10.4x | 4.3x |
| AptarGroup, Inc. | ATR | 9,139 | 1,002 | 10,141 | 3,893 | 5.2% | 868 | 6.7% | 11.7x | 1.2x |
| CCL Industries Inc. | TSX:CCL.B | 10,187 | 1,198 | 11,385 | 5,697 | 3.3% | 1,193 | 2.5% | 9.5x | 1.0x |
| Gerresheimer AG | XTRA:GXI | 1,821 | 2,438 | 4,258 | 3,012 | 7.0% | 628 | 13.5% | 6.8x | 3.9x |
| Mondi plc | LSE:MNDI | 6,402 | 3,103 | 9,504 | 10,018 | 6.7% | 1,578 | 15.2% | 6.0x | 2.0x |
| Sonoco Products Company | SON | 4,562 | 5,419 | 9,980 | 7,751 | 0.5% | 1,371 | 4.4% | 7.3x | 4.0x |
| Winpak Ltd. | TSX:WPK | 1,841 | (340) | 1,500 | 1,215 | 5.6% | 255 | 8.3% | 5.9x | -1.3x |
| Average (Mean) | | | | | | 7.0% | | 8.5% | 8.2x | 2.1x |
| Average (Median) | | | | | | 5.6% | | 8.3% | 7.3x | 2.0x |

Note: Market values as of the close of business August 15, 2025. Source: S&P Global Market Intelligence

Bourne Partners

Pharma Services Update

Bourne Comps - Distributors / Wholesalers



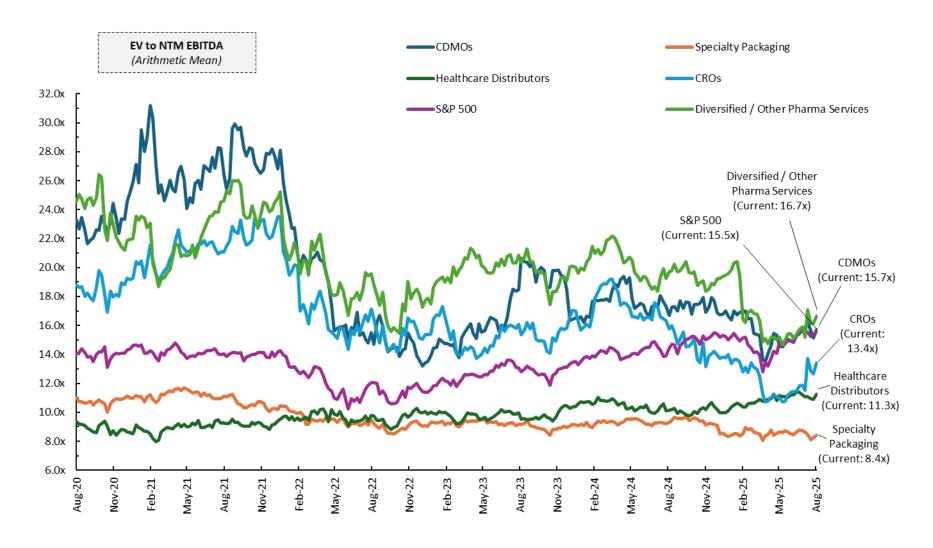
| | | Equity | Net Debt / | Enterprise | Projected | CY2026 | Pro | jected CY2 | 2026 | Debt |
|-------------------------|--------|----------|------------|------------|-----------|--------|---------|------------|----------|-------|
| Company Name | Ticker | Value | (Net Cash) | Value | Revenue | Growth | EBITDA | Growth | Multiple | Ratio |
| Healthcare Distributors | | | | | | | | | | |
| Cardinal Health | CAH | \$35,726 | \$5,514 | \$41,240 | \$258,830 | 9.3% | \$3,826 | 14.5% | 10.8x | 1.4x |
| Cencora | COR | 56,771 | 7,915 | 64,687 | 348,948 | 7.1% | 5,264 | 6.6% | 12.3x | 1.5x |
| Henry Schein | HSIC | 8,227 | 3,213 | 11,440 | 13,471 | 3.7% | 1,153 | 5.7% | 9.9x | 2.8x |
| McKesson Corporation | MCK | 83,717 | 7,527 | 91,244 | 429,967 | 8.2% | 7,095 | 9.1% | 12.9x | 1.1x |
| Owens & Minor | OMI | 439 | 2,064 | 2,503 | 4,197 | 32.3% | 435 | 12.1% | 5.8x | 4.7x |
| Average (Mean) | | | | | | 12.1% | | 9.6% | 10.3x | 2.3x |
| Average (Median) | | | | | | 8.2% | | 9.1% | 10.8x | 1.5x |

Note: Market values as of the close of business August 15, 2025.

Bourne Partners

Source: S&P Global Market Intelligence

Bourne Pharma Services Indices





Bourne Partners Overview

Since 2001, Bourne Partners has been offering a unique perspective and unmatched expertise while remaining highly focused on fulfilling the needs of established healthcare and life sciences companies across the globe

Our Passion

"Working with **great people** and **great companies** to achieve **extraordinary results**."

Highly-Focused Firm











Therapeutics

Pharma Services

Healthcare Services

Bourne Partners Investment Banking

| Mergers & A | Acquisitions | | | | | | |
|---------------------------|---------------------------------|--|--|--|--|--|--|
| Sell-Side Advisory | Buy-Side Advisory | | | | | | |
| Company & Product Focus | \$100M - \$1B+ Enterprise Value | | | | | | |
| Capital Advisory Services | | | | | | | |
| Capital Advis | sory Services | | | | | | |
| Capital Advis | Debt Capital Raising | | | | | | |

Value-Add Advisors with a Global Reach

\$15B+

Transaction Value 15

Years of Average Tenure at Bourne¹

25+

Year Track Record Six

Continents Reached

Research and Thought Leadership at Bourne Partners



Donald Hooker, CFA Director of Research

Over twenty years of experience as a publishing sell-side equity analyst at UBS, Morgan Stanley, KeyBanc Capital Markets, and Capital One, among others

Extensive background in healthcare services, pharma services, and healthcare information technology

Joined Bourne Partners in July 2024 to build out a research function

Morgan Stanley





The Bourne Partners Perspective

With 20+ years of exclusive industry and capital markets coverage, we are committed to providing insights to clients. We provide cutting-edge thought leadership on all things Pharma, Pharma Services, Healthcare Services, and Consumer Health.











Sector Expertise and Dedicated Coverage Professionals

Therapeutics

Representative Focus Areas

- Commercial-Stage Specialty & Rare Disease **Biopharma Therapeutics**
- Generic Pharma
- Legacy / Established Brands
- 505(b)(2)
- De-Risked Clinical Stage Biotech
- Cell & Gene Therapies
- Medical Devices

Representative Solutions

- Public & Private Sell-Side M&A
- **Debt & Equity Financing**
- Synthetic Royalty / Revenue Interest Financing
- **Royalty Monetization**
- Priority Review Voucher (PRV) Monetization & Financing



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Pharma Services

Representative Supply Chain Services

- Full-Service & Specialty CMOs & CDMOs
- Biostorage, Distribution & Logistics Services
- Commercial Lab & Analytical Services
- **Contract Packaging & Labeling**
- Manufacturing Consulting & Strategy Services

Representative Clinical Services

- Full-Service & Specialty CROs
- SMOs & Clinical Research Site Networks
- Patient Recruitment & Engagement
- Research Site-Enabling Services & Technologies
- Clinical Regulatory Consulting & Strategy Services

Representative Commercialization Services

- HCP, Patient & Omnichannel Engagement
- Market Access & Pricing, HEOR, RWE
- Medcomms & Healthcare Marketing / Advertising
- Medical & Regulatory Affairs & Pharmacovigilance
- Patient Support & Hub Services



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Healthcare Services

Representative Healthcare Services

- Post Acute Care
- Behavioral Health
- Managed Care
- Physician Practice Management
- Alternate Site

Representative Outsourced Services

- Distribution
- Home Medical Supplies & DME
- Labs & Lab Services
- Staffing
- Virtual Care-Enablement & Provider Technologies

Representative Pharmacy Services

- Infusion Services
- 503A Compounding Pharmacy
- 503B Hospital Outsourcing
- Specialty and Retail Pharmacy
- Medication Management & Adherence



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