

# A higher standard of specialty care for high-risk, high-cost therapies.

We are not asking partners to lower the safety bar. We are asking to be measured fairly against it.

## Why we are different

<b>REMS-Plus operations</b>	Anaphylaxis-trained RNs in the home. Standardized epinephrine kits. Documented patient and caregiver education. The operating standard for every high-risk therapy, not a per-drug retrofit.
<b>Cellular-monitored cold chain</b>	Temperature, humidity, and GPS monitored 2–8°C end-to-end. 72+ hour hold time, no dry ice required. Excursions auditable in real time.
<b>Named clinical contact per patient</b>	One pharmacist who knows the patient, the prescriber, and the manufacturer's REMS protocol by name. Not a call center. Not a queue.
<b>Virtual Hospital Model wrap-around</b>	Every dispense is wrapped in Quantify Specialty Care's 24/7 Command Center, 1:1 bedside RN, and continuous physiologic monitoring between doses. Dispensing is the start of our work, not the end.
<b>One customer: the patient and the plan</b>	Owned by a clinical organization, not a PBM, retailer, or wholesaler. No vertical incentive to steer therapy or hide outcomes. Every metric we report is auditable per claim.

## What we are asking

1. A formal, criteria-based evaluation against the same standards applied to any candidate organization.
2. An on-site or virtual operational audit of our cold-chain, REMS, and clinical workflow capabilities.
3. A defined pathway for limited-distribution and REMS-network inclusion for therapies whose patients we already serve.
4. Outcomes-based measurement against published incumbent benchmarks — anaphylaxis rate, ER utilization, time-to-stable-dosing, adherence, and member experience.
5. A direct line to a named manufacturer clinical lead so escalations route to clinicians, not call queues.

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