

February 14, 2020

The Honorable Alex M. Azar, II
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Seema Verma
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

On behalf of more than 250 home infusion therapy providers, patient organizations, provider, nursing and pharmacy groups, and other stakeholders invested in the successful delivery of home infusion therapy, we are writing to highlight the many benefits of this important service and suggest how your administration can improve Medicare beneficiary access while also reducing costs. We appreciate your recent efforts to improve site of care optimization and help move patients from costly settings to the home, including your Advancing American Kidney Health initiative. While the same principles apply to medications that can be infused in the home, we are extremely concerned that Medicare's home infusion reimbursement policy is threatening patient access to home infusion and driving patients to more expensive institutional settings.

To address these concerns, we hope you will consider several steps that would more closely align Medicare's policies with those in the private sector and encourage patient access to this cost-effective service. Among our key recommendations, we would encourage you to: (1) ensure that reimbursement reflects not only services provided by a nurse in the patient's home, but also the extensive pharmacy services which are provided remotely; (2) provide reimbursement every day the drug is infused, regardless of whether a nurse is present; (3) promote timely access to new, innovative therapies; and (4) ensure patients and their providers have active discussions about their site-of-care options.

THE BENEFITS OF HOME INFUSION

For more than 40 years, home infusion pharmacies have been safely and effectively performing professional services to administer intravenous and subcutaneous medications to patients in their homes, where they can resume their personal and professional lives and are less exposed to the risk of hospital-acquired infections. As you might imagine, patients overwhelmingly prefer to receive their treatments at home rather than in an institutional setting. In fact, research shows that up to **95**

percent of patients prefer receiving their infusions at home, and nearly 98 percent of patients surveyed last year indicated they are highly satisfied with their home infusion services.¹

Home infusion is also an incredibly efficient and cost-effective site of care — something that the commercial market has long recognized. In fact, private payers are increasingly employing site of care optimization strategies as a means of lowering costs and have embraced home infusion as a high quality, cost-effective benefit. As a report from the Government Accountability Office (GAO) on the utilization of home infusion in the commercial market concludes, “providing **infusion therapy at home generally costs less than treatment in other settings**... and the benefit is largely free from inappropriate utilization and problems in quality of care.”² Additionally, the cost savings generated through site of care optimization are passed on to the patient in the form of lower copays and reduced out-of-pocket costs.

THE HOME INFUSION CARE CONTINUUM

Home infusion services are **centered around the pharmacy**, which plays the leading role in care coordination for the patient. Typically, the first step in enrolling a patient in home infusion is for the pharmacist to work closely with the referring physician and discharge planner to develop a transition plan, facilitate nursing services, and initiate patient and caregiver education. Beyond that, the pharmacist maintains responsibility for case management, customizing the medication plan, sterile drug preparation (including clean room operations), clinical assessments and monitoring, coordination with the patient’s other health care providers, provision of equipment and supplies, and 24/7 patient support. Meanwhile, a nurse will conduct periodic in-person visits to educate the patient, provide physical assessments, and maintain the vascular access device, among other services.

One of the key efficiencies created by the home infusion model is that **many infusion services are provided without a face-to-face interaction** between the patient and a provider. In the commercial sector, home infusion is typically reimbursed through three mechanisms: (1) payment for the medication, which is tied to either an Average Wholesaler Price (AWP) or an Average Sales Price (ASP) mechanism; (2) a fixed daily rate (or *per diem*) for each day of infusion — whether a nurse is present or not — that covers the pharmacy related professional services as outlined above, equipment and supplies; and (3) a separate nursing visit charge. Still, even when reimbursing for the full spectrum of home infusion services and supplies, private payers consistently find home infusion to be a cost-effective alternative to institutional care.

MEDICARE REIMBURSEMENT BACKGROUND

Unlike the commercial sector, where home infusion is generally paid for every day that a drug is infused, **CMS’ current implementation of the statutory requirement for reimbursement of**

¹ Polinski, J. M., Kowal, M. K., Gagnon, M., Brennan, T. A., & Shrank, W. H. (2017). Home infusion: Safe, clinically effective, patient preferred, and cost saving. *Healthcare*, 5(1-2), 68-80. doi:10.1016/j.hjdsi.2016.04.004

² Home infusion therapy: Differences between Medicare and private insurers’ coverage. (2010, June). United States Government Accountability Office Report to Congressional Requesters. Accessed December 18, 2019: <https://www.gao.gov/assets/310/305261.pdf>.

home infusion therapy is inadequate and is threatening patient access to this vital service. Historically, Medicare Part B infusion drugs were tied to AWP with the expectation that the difference would be sufficient to offset the cost of extensive professional services needed to administer the drugs. Congress included provisions in the *21st Century Cures Act* and the *Bipartisan Budget Act of 2018* to lower the drug reimbursement rate from AWP to ASP, while also requiring CMS to create a professional services benefit for Medicare Part B home infusion drugs.

In implementing this legislation, however, **CMS issued regulations that limit reimbursement to days when a nurse is physically present in the patient's home** — per its definition of “infusion drug administration calendar day” — rather than each day the drug is infused. As Congress has pointed out in letters to the agency, “this physical presence requirement contradicts [the] intent in drafting and enacting this legislation and makes the reimbursement required by the bill inadequate.”³⁴ In practice, the physical presence requirement only acknowledges face-to-face visits from a nurse — failing to account for the extensive services provided remotely by a pharmacist. While CMS has suggested that this is a bundled payment intended to cover all home infusion professional services, the current rate is barely enough to cover the costs of nursing, and not enough to cover even one hour of a pharmacists’ time.

IMPACT ON PATIENT ACCESS AND MEDICARE COSTS

CMS’ current reimbursement policy has created a significant barrier to access by threatening the financial viability of home infusion therapy suppliers. Already, the change in drug reimbursement from AWP to ASP has had a detrimental impact on access to infusion therapies in the Part B program. Based on a review of publicly available data, an alarming **20 percent fewer Medicare beneficiaries received DME infused drugs in 2017 compared to 2016**. Additionally, beginning in 2021, we are concerned that lack of clarity around new requirements for accreditation and enrollment to the A/B Medicare Administrative Contractors (MACs) will further negatively impact beneficiary access. In order to serve patients, home infusion pharmacies, most of which currently are enrolled as DME suppliers, need to enroll with the A/B MACs in order to serve a population that currently offers no financial upside.

Without robust access to home infusion, **patients are often forced to remain in a facility overnight or travel to a separate location** to receive their infusion treatment, sometimes multiple times a day. This may not be clinically warranted and effectively restricts physicians’ practice by not allowing them to refer patients to the most appropriate care setting: the home. Moreover, this problem is even more acute in rural areas, where patients may require treatment on a daily basis and live more than an hour from the closest infusion center.

Further, by failing to take full advantage of the site of care optimization that has become increasingly prevalent in the private market, **Medicare is missing out considerably on potential savings**. For context, the Congressional Budget Office (CBO) estimated that significant savings would be generated

³ Letter to CMS Administrator Seema Verma, October 8, 2018, U.S. Senators Johnny Isakson, Mark Warner, et. al. Accessed January 13, 2020: www.nhia.org/Part_B_Reimbursement/docs/USS_Seema_Verma_Ltr.pdf.

⁴ Letter to CMS Administrator Seema Verma, September 26, 2018, U.S. Representatives Kenny Marchant, Fred Upton, Elliot Engel, Terri Sewell, et. al. Accessed January 13, 2020: www.nhia.org/Part_B_Reimbursement/docs/USS_Seema_Verma_Ltr.pdf.

through establishment of the home infusion professional services benefit due to the differences in costs across settings — not by shortchanging home infusion providers. In fact, CBO attributed hundreds-of-millions of dollars in savings to the home infusion professional services based on the recognition that promoting home-based care would redirect patients from more expensive care settings.

PROPOSED SOLUTIONS

Aligning Reimbursement with the Commercial Sector

Given the success that private payers have found in utilizing home infusion as a cost-effective alternative, we would encourage the agency to consider employing a reimbursement model in 2021 that is **more closely aligned with the commercial sector**. As directed by the *21st Century Cures Act*, Congress suggests that the Secretary “consider payment amounts established by Medicare Advantage plans under part C and in the private insurance market for home infusion therapy (including average per treatment day payment amounts by type of home infusion therapy).”⁵ Moreover, CMS has significant authority in 2021 to apply a new perspective to the single payment rates paid to home infusion providers and ensure these services remain accessible to patients.

As part of any solution to fulfill the promise offered by home infusion therapy, CMS must ensure that reimbursement reflects all the services necessary to deliver this benefit. That includes not only face-to-face services provided in the patient’s home, but also the extensive pharmacy services which occur behind the scenes. Importantly, **this would require reimbursement to occur every day a drug is infused** — consistent with the commercial market standard — rather than just on days when a skilled professional is physically present in the patient’s home. Pharmacists are rendering services every day a drug is flowing into the patient, and it is fundamental to the benefit that reimbursement account for these services.

Addressing Budgetary Impact

To provide reimbursement at a level that accounts for the full range of home infusion professional services, we fully recognize that this would amount to an increase in payment over current policy. However, your administration should keep in mind that without a viable reimbursement model for home infusion, **overall costs to the program will increase as an increasing number of patients receive infused medications in more expensive care settings where exposure to secondary infections is greater**. Indeed, researchers have concluded that “home infusion costs [are] significantly lower than medical setting infusion costs, with savings between \$1,928 and \$2,974 per treatment course.”⁶ Without compensating for home infusion therapy at a level that allows them to cover fundamental services, the Medicare program risks driving patients to more expensive care settings and missing out on these savings.

Additionally, the **cuts sustained to payment for home infusion drugs have been significantly greater than initially anticipated**. Importantly, CBO estimated that the *21st Century Cures Act* would save the federal government approximately \$30 million in 2017 and \$660 million over 10 years by reimbursing home infusing drugs using ASP rather than AWP. However, publicly available data shows that the actual reduction to providers for these medications in 2017 was \$220 million —

⁵ P.L. 114-255

⁶ Polinski et al., 12.

more than seven times what CBO had initially projected. By filling the gap created by this massive reduction in drug reimbursement, Medicare can ensure that home infusion providers remain on level footing and ultimately leverage this service to provide care in the most efficient and cost-effective setting.

Innovative Reimbursement Options

Further, there may be other innovative reimbursement options that CMS could consider to adequately reimburse the delivery of home infusion services. For example, the agency could consider an alternative model that **bundles the payments for equipment and supplies with the services payments**. This is consistent with the commercial payment methodology that pays a single daily amount, based on therapy and frequency of administration, for each infusion day — which includes pharmacy professional services, equipment and supplies. Additionally, CMS could consider utilizing modifiers to distinguish the days a nurse makes a visit to the patient’s home from non-nursing days and set different single payment rates for each. This would be analogous to recent regulations which provide for higher payments during the initial nursing visit, which is typically longer due to more intensive patient education.

Finally, we are open to proposals from your administration that account for the challenges you may face in designing this benefit to meet the unique needs of the Medicare program. To the extent that reimbursement accounts for the full range of services required to provide infused medications in the home, we are confident we can work with you to help ensure that home infusion is available to as many patients and for as many medications as possible.

Faster Coverage of New Drugs

Beyond the issue related to reimbursement, we also encourage you to ensure beneficiaries have access to new infusion drugs that are eligible for delivery in the home. In particular, we are concerned that the agency’s current approach — which relies on a local coverage determination (LCD) reconsideration process— does not allow for beneficiaries to have **timely access to new, innovative therapies** once they have been approved by the Food and Drug Administration (FDA). These therapies are widely available to beneficiaries enrolled in commercial coverage, and appropriate steps from CMS could help ensure Medicare beneficiaries see expanded access to these products, helping to fully realize the value of the home infusion benefit.

Beneficiary Notification

Currently, the physician establishing a plan of care for a patient needing infusion therapy must provide them with a written notice of their site-of-care options, such as treatment at home, in the physician’s office, or in the hospital outpatient department. However, **a patient’s decision about where to receive infusion therapy should be the result of a dialogue** between the physician, patient, and any family caregiver chosen by the patient. While written materials may be a helpful supplement, they should not be a substitute for face-to-face discussions between patients and providers over the optimal site of care — particularly given the potential impact on patients’ out-of-pocket costs. Therefore, as contemplated in CMS’ recent rulemaking, we encourage the agency to implement a requirement of “verbal notification with medical record documentation” with respect to the communication of infusion options available to a patient.

CONCLUSION

We strongly support the safe and effective delivery of infused medications to patients in their homes. With a few modest policy changes that appreciate the savings home infusion provides across care settings, we are confident that the Medicare program can maximize its potential benefits. Patients that receive home infusion therapy appreciate this service for its convenience. Commercial payers embrace home infusion due to its cost-effectiveness. And we hope the Medicare program will come to increasingly rely on this service that is fundamentally patient- and taxpayer-friendly.

If you have any specific questions or are interested in discussing this issue further, please direct your correspondence to Connie Sullivan (Connie.Sullivan@nhia.org), President and CEO of the National Home Infusion Association.

Sincerely,

Trade Associations and Advocacy Organizations

Alliance for Pharmacy Compounding
Alpha-1 Foundation
American Academy of Home Care Medicine
American Association of Heart Failure Nurses
American Association of Neuromuscular & Electrodiagnostic Medicine
American College of Cardiology
American Society for Parenteral and Enteral Nutrition
American Society of Consultant Pharmacists
GBS|CIDP Foundation International
Healthcare Nutrition Council
Infusion Nurses Society
National Home Infusion Association
Patient Services Inc.
US Hereditary Angioedema Association

Individual Companies

A&A Infusion and Specialty, Greenville, MS
Advanced Care Infusion, Clinton Township, MI
Advanced Home Care, High Point, NC
Advanced Infusion Care, Valdosta, GA
AdventHealth Home Infusion, Longwood, FL
Advocate Home Care Products Inc, Downers Grove, IL
Allegheny Health Network Home Infusion, Meadville, PA
Allina Infusion Therapy Svcs, Saint Paul, MN
Allina Health, Minneapolis, MN
Amber Pharmacy, Omaha, NE
Ambulatory Infusion Care North, Gaylord, MI
American Outcomes Management LP, Fort Worth, TX
Americare Pharmaceutical Services, Garden City, NY

Amerimed, West Chester, OH
AmeriPharma Infusion Center, Orange, CA
Amerita, Greenwood Village, CO
An IV LLC, Millington, TN
Appalachian Home Infusion, Jasper, GA
Apple Infusion, Salisbury, MD
ARJ Infusion Services, Lenexa, KS
Ascension Via Christi Home Medical, Wichita, KS
Aultman Infusion Services, Canton, OH
Avera McKennan Home Infusion Svcs, Sioux Falls, SD
Baptist Health Home Infusion, Lexington, KY
Barnes Healthcare Services, Valdosta, GA
BayCare HomeCare, Largo, FL
Baylor Scott & White Infusion Services, Temple, TX
Beacon Home Care Pharmacy, South Bend, IN
Beaumont Home Infusion, Madison Heights, MI
Big Sky IV Care, Kalispell, MT
Big Sky Managed Care, Great Falls, MT
Biogen, Cambridge, MA
BJC Home Care Services, Overland, MO
Blue Parasol Home Health Care & Infusion Services, Long Island, NY
Brightree, Atlanta, GA
Bristol Home Infusion, Abingdon, VA
Calvary Pharmacy, Humble, TX
Cardiac Infusion Specialists, Lewisville, TX
CareMaster Medical Svcs, Griffin, GA
CarePro Home Infusion, Cedar Rapids, IA
Carle Home Infusion, Champaign, IL
Carolina Medical Center, Charlotte, NC
Catholic Health System Infusion Pharmacy, Depew, NY
CDRX Infusion, Boca Raton, FL
Central New York Infusion Services, Dewitt, NY
Central Washington Home Infusion Service, Wenatchee, WA
Chartwell, Pittsburgh, PA
Chartwell Midwest Wisconsin, Middleton, WI
Childrens Home Care of Dayton, Dayton, OH
Childrens Home Healthcare, Omaha, NE
Cleveland Clinic Home Care Services, Independence, OH
Community Pharmacy, Gretna, NE
Community Surgical Supply, Toms River, NJ
Compounding Pharmacy Solutions, Houston, TX
Concept Medical, Ashland, PA
Coram CVS Specialty Infusion Svcs, Denver, CO
Cottrills Pharmacy Inc, Orchard Park, NY
CoxHealth at Home, Springfield, MO
Critical Care RX, Peoria, IL

Cure Stat RX Home Infusion & Specialty Pharmacy, San Diego, CA
Delta Medical Infusion, Fayetteville, AR
Derwick Graham, Oakley, CA
Dignity Health Home Infusion Svcs, Santa Maria, CA
Diplomat Specialty Infusion, High Point, NC
East Tenn Childrens Hosp Home Health Care, Knoxville, TN
Empire Home Infusion Services, Malta, NY
Eppys IV Inc, Beckley, WV
Eversana, Chesterfield, MO
Executive Infusion Services, Dearborn, MI
Fairview Pharmacy Services, Minneapolis, MN
First Option Home Infusion, Lafayette, LA
Fort Sanders Regional Infusion Services, Knoxville, TN
Franciscan Alliance - Franciscan Medical Specialists, Munster, IN
Freeman Health System, Joplin, MO
Froedtert Home Infusion, Menomonee Falls, WI
Genesis First Medical Pharmacy, Davenport, IA
Good Samaritan Home Infusion, Corvallis, OR
Great Land Infusion Pharmacy, Anchorage, AK
Greater Nebraska Home Infusion Inc, Grand Island, NE
Greenhill Pharmacy, Wilmington, DE
Harbin Clinic LLC, Rome, GA
Health Delivery Management LLC, Chicago, IL
Health Spectrum Pharmacy Svcs, Allentown, PA
HealthQuest Therapeutics LLC, Sugar Land, TX
Henry Ford Home Infusion, Southfield, MI
Heritage Biologics Inc, Lees Summit, MO
HME Specialists LLC, Albuquerque, NM
Holly Hill Pharmacy, Holly Hill, FL
Home Infusion Services LLC, Lewisville, TX
Home Infusion Test Company, New Boston, NH
Home Intensive Care Pharmacy, San Antonio, TX
Home IV Care, Inc., Madison Heights, MI
Honest Oak, LLC, Limon, CO
Horizon Healthcare Services, Lancaster, PA
HSHS St Johns Hospital Home Infusion Program, Springfield, IL
IHCS CMS Parent LLC, Miramar, FL
Infinity Infusion Nursing LLC, Satsuma, AL
InfuCare Ltd, Tyler, TX
InfuCare Rx LLC, Aston, PA
Infuserve America, Saint Petersburg, FL
Infusion LLC, Wichita, KS
Infusion Solutions, Ashland, KY
Infusion Solutions Inc, Bellingham, WA
InfusionPlus, Hattiesburg, MS
Integrated Care Systems, Visalia, CA

Intramed Plus Inc, West Columbia, SC
IV Care Options, Eastman, GA
IV Solutions LLC, Berlin, MD
IV Solutions LLC - Wood Dale, Wood Dale, IL
Ivy Home Infusions LLC, Anchorage, AK
Johns Hopkins Home Care Group, Baltimore, MD
KabaFusion Inc, Cerritos, CA
Kaiser Permanente, Alexandria, VA
Kaup Pharmacy Dependable Home IV, Fort Recovery, OH
Kennebec Pharmacy & Home Care, Augusta, ME
Lakeland Home Infusion Services, Benton Harbor, MI
Landmark Healthcare, Irving, TX
Liberty Medical Specialties Inc, Whiteville, NC
Lifetime Pharmacy, Rochester, NY
Long Beach Memorial Med Ctr, Long Beach, CA
Loyola Home Infusion Pharmacy, Hickory Hills, IL
Mahoning Valley Infusion Care (MVI), Youngstown, OH
Managed Health Care Associates, Inc., Florham Park, NJ
Mary Bridge Infusion & Specialty Service, Tacoma, WA
Medcare Infusion Services Inc, Hialeah, FL
Medical Alternatives, Memphis, TN
Medical Center Infusion Services, Jackson, TN
MedicoRX Specialty Pharmacy, Van Nuys, CA
MedRx Infusion, Inglewood, CA
Memorial Hermann Health Care Home Health, Houston, TX
Memorial Home Infusion, Hollywood, FL
Mercy Health Home Care, Girard, OH
Mercy Home Infusion, Springfield, MO
MidMichigan Home Care Infusion, Midland, MI
Ministry Home Care Services LLC, Marshfield, WI
MK Infusion Pharmacy, Muscle Shoals, AL
Mobile Medical LA, LLC, Inglewood, CA
Mountain States Pharmacy, Johnson City, TN
Mountain View Pharmaceuticals, Loma Linda, CA
Munson Medical Center-Home Infusion Therapy, Traverse City, MI
National Pharmacy, Shreveport, LA
Nations Home Infusion LLC, Owings Mills, MD
Nationwide Childrens Hospital Homecare, Columbus, OH
NBN Infusions Inc, Cherry Hill, NJ
Nevada Infusion, Reno, NV
New England Life Care, South Portland, ME
Nightingale Home Care Inc, Savannah, GA
NMMC Infusion Services, Tupelo, MS
North Star Pharmacy & Infusion, Cheyenne, WY
Nutrishare Inc, Elk Grove, CA
NYAC Infusion, Brooklyn, NY

Ochsner Outpatient and Home Infusion Pharmacy, New Orleans, LA
OhioHealth Home Care, Worthington, OH
One Source Homecare Services, White Plains, NY
Optima Infusion Pharmacy, Dorado, PR
OptiMed, Kalamazoo, MI
Option Care, Bannockburn, IL
OptionOne LLC, Oklahoma City, OK
Oregon Health and Science University, Portland, OR
Owens Healthcare, Redding, CA
P&R Home IV Services, Van Wert, OH
Palmetto Infusion Services, Pawleys Island, SC
Paradigm Clinical Services, Whippany, NJ
Paragon Healthcare Inc, Dallas, TX
Park Nicollet Home Infusion, St Louis Park, MN
Parkview Home Infusion, Fort Wayne, IN
Partners Solutions, Missoula, MT
Patient Care Infusion (Arizona Home Care), Tempe, AZ
Patriot Homecare Inc, Girard, OH
PeaceHealth Sacred Heart Home Infusion, Eugene, OR
Pediatric Home Service, Roseville, MN
Penn Home Infusion Therapy, King of Prussia, PA
Pharmacare Hawaii, Honolulu, HI
Pharmacare Health Specialists, Wichita, KS
PharmaCare Infusion, Cumberland, MD
Piedmont Home Infusion, Athens, GA
Plaza Home Care Pharmacy, Pasadena, CA
Poudre Infusion Therapy, Fort Collins, CO
Prairie Medical Pharmacy, Mattoon, IL
Premier ID Pharmacy, Houston, TX
Premier Infusion Care, Torrance, CA
Prime Infusions, Brooklyn, NY
Professional Home IV, Soldotna, AK
ProMedica Home Infusion Pharmacy, Toledo, OH
Promptcare Home Infusion, New Providence, NJ
Provista, Irving, TX
PruittHealth Pharmacy Services of Atlanta, Norcross, GA
Quality IV Care, Laramie, WY
Regional Health Home Plus Home Infusion, Rapid City, SD
Regional Home Care and Infusions, Gilbertsville, KY
Reverence Home Infusion, Clinton Township, MI
Rivers Edge Pharmacy, Palm Desert, CA
Riverside Home Infusion, Kankakee, IL
Rochester Home Infusion Inc, Rochester, MN
RTA HomeCare, Mesa, AZ
RWJ Barnabas Health System/Qualitas Pharmacy Services, South Plainfield, NJ
Sanford Infusion Pharmacy, Bemidji, MN

SBH Medical LTD, Worthington, OH

Seattle Childrens Hospital Home Care Services, Bothell, WA
Sentara Home Infusion Services, Chesapeake, VA
Soleo Health, Sharon Hill, PA
Southwest General Home Infusion, Middleburg Hts, OH
Specialty Care RX LLC, Pounding Mill, VA
Spectrum Infusion, Raleigh, NC
SSM Health At Home, Madison, WI
St Francis Pharmacy Services, Tulsa, OK
St Joseph Regional Medical Center Infusion Pharmacy, Mishawaka, IN
St Jude Childrens Research Hospital, Memphis, TN
St Lukes Advanced Care Pharmacy, Kansas City, MO
St Marys Home Infusion, Grand Rapids, MI
Summas Home Infusion, Akron, OH
SwedishAmerican Infusion Services, Rockford, IL
ThedaCare At Home Infusion Pharmacy, Appleton, WI
Thomas Jefferson University Hospitals, Philadelphia, PA
Threlkeld, Threlkeld & Omer PLLC, Memphis, TN
Touchstone Infusion, Rowlett, TX
Trinity RX Inc, Wichita Falls, TX
TriUnity Infusion Services, New Buffalo, MI
Twelfth One LLC dba Aspen Infusion, Chandler, AZ
TwelveStone Medical Inc, Murfreesboro, TN
UCSD Home Infusion Pharmacy, San Diego, CA
UK HealthCare, Lexington, KY
UNC Homecare Specialist, Durham, NC
UnityPoint At Home, Urbandale, IA
University Hospitals Home Care Services, Shaker Heights, OH
University of Chicago Home Infusion Pharmacy, Chicago, IL
University of Iowa Community HomeCare, Iowa City, IA
University of Kansas Hospital Home Infusion, Kansas City, KS
University of Michigan HomeMed, Ann Arbor, MI
University of Rochester Medical Center Home Care Pharmacy Services, Rochester, NY
University of Utah Home Infusion Pharmacy, Murray, UT
University of Vermont Medical Center, Burlington, VT
Upstate HomeCare, Clinton, NY
US Specialty Care (WellDyneRx), Lakeland, FL
UVA Continuum Home Infusion, Charlottesville, VA
VC Vital Care Infusion Services, Meridian, MS
Visiting Nurse Service of New York, New York, NY
VITAline Infusion Pharmacy Services, Danville, PA
VNA Home Infusion Therapy Pharmacy, Omaha, NE
Waukesha Health System, Waukesha, WI
Wellness Pharmacy Services, North Wales, PA
Wellspan Infusion Service, York, PA
Wheeling Hospital - Visiting Nurse Services - Belmont, St. Clarisville, OH
Yorhom Medical Essentials, Grand Forks, ND
Yurek Pharmacy, St Thomas, ON