

Specialty Workflow Layers

Workflow and clinical layers that sit on top of a dispensing system to deliver accreditation-grade specialty operations without replacing the pharmacy system underneath.

3 SYSTEMS · 11 CAPABILITIES · ONE COMPARABLE STANDARD

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Every system assessed against an identical capability list, so like is compared with like.

How to read this guide

Every system in this guide is assessed against the **same 11 capabilities**, in the same order, using the same four marks. That is what makes it a comparison rather than a collection of brochures — you can read straight down a column in the summary matrix, or straight down the capability table in any profile, and be comparing like with like.

Assessments are built from vendor documentation, trade press and integration announcements, then deliberately marked *not established* wherever the public record does not support a confident answer. We would rather show you a question mark than a guess. A dense column of question marks is itself a finding: it usually means a vendor publishes very little, which is worth knowing before you shortlist them.

Capability marks: ● **Yes** — documented 🟡 **Partial** — present but limited, newer, or module-dependent ○ **No** — not offered, usually by design ? **Not established** — the public record does not support a confident answer; take it into the demo.

How each profile is structured:

- 1. **At a glance** — category, deployment, install signal, pricing model, status.
- 2. **What it is** — plain language, written for a pharmacy owner.
- 3. **Capability assessment** — all 11 capabilities, grouped.
- 4. **Fit** — who it is genuinely good for, and who should look elsewhere.
- 5. **Commercial model** — pricing structure, bundled versus add-on, where costs hide.
- 6. **Risks & watch-outs** — ownership, consolidation, lock-in, continuity, conflicts of interest.
- 7. **Questions to ask in the demo** — specific, uncomfortable, difficult to deflect.
- 8. **What we don't know yet** — the gaps only pharmacy experience can fill.

These are capability assessments, not ratings. Nothing here reflects how satisfied pharmacies are, how support behaves after an acquisition, or whether owners would buy again — that data has to come from pharmacies, and we are collecting it now. When a system reaches its minimum count of verified responses, its scores drop into the “What we don't know yet” section and the profile becomes a full scorecard.

Systems in this guide

1	Asembia-1 (A1) Asembia LLC
2	TherigySTM Therigy, LLC — operating as part of CPS Solutions, LLC
3	WeInfuse + InfuseTrack WeInfuse (Austin, TX)

Summary comparison — Core

All 3 systems in this guide, assessed against the same capabilities. ● yes 🟡 partial ○ no ? not established in the public record — ask the vendor. Full reasoning for every mark appears in the individual profiles.

System	Workflow	Clinical	PA/FA	Patient eng
Asembia-1 (A1)	●	●	●	?
TherigySTM	●	●	●	●
WeInfuse + InfuseTrack	●	?	?	?

Asembia-1 (A1)

Asembia LLC · Peak Rock Capital (private equity) — an affiliate completed the acquisition of Asembia in July 2026; previously founder-led and independent

Category	Specialty workflow and patient-management layer that sits on top of an existing pharmacy management system; no dispensing, no inventory
Deployment	Vendor describes it as an integrated, web-based platform — cloud/browser delivered; no on-prem option documented
Install signal	Vendor claims 5M+ patients managed, 10K+ user accounts and integrations with 14+ pharmacy management systems (PioneerRx, QS/1, PrimeRx, Epic, McKesson named publicly). Unaudited vendor figures
Pricing model	? — no public pricing. Asembia's wider business includes manufacturer- and network-facing services (ASPN, contracting), so how the software itself is funded needs to be established in writing
Status	Active; new PE ownership as of mid-2026

Asembia-1 is a web-based specialty pharmacy workflow layer that runs alongside your dispensing system rather than replacing it. It gives specialty scripts their own queue-based workflow, clinical assessments, care plans, prior authorization and financial-assistance support, and structured data capture for manufacturer and payer reporting. It is aimed at pharmacies doing enough specialty volume that the PMS's normal fill workflow no longer covers the clinical and reporting obligations attached to those drugs. It adds a layer; it does not replace your PMS, your POS, or your inventory.

Capability assessment

Capability	Notes	
CORE		
Workflow / queue management	●	Queue-based tracking of a specialty prescription end to end is the core of the product and is documented on the vendor site
Clinical assessments & care plans	●	Clinical Task Manager with customizable assessments and branching logic, plus care-plan case management with goals and outcome tracking
PA / financial assistance	●	Integrated digital prior authorization library and routing of patients to copay/foundation assistance is a named module
Patient engagement / adherence	?	Not established in the public record reviewed for this edition — treat as a question for the vendor.
REPORTING		
Manufacturer / LDD reporting	●	'Guided data capture' is explicitly positioned as simplifying manufacturer and payer reporting; the exact set of manufacturer report formats supported is not public
Accreditation support (URAC/ACHC)	?	Not claimed anywhere in the public material reviewed. Assessments and care plans are the raw material for accreditation but the vendor does not publish accreditation-specific support
Reporting / analytics	●	Configurable real-time dashboards on workflow and productivity are a named module
PLATFORM		
PMS integration breadth	●	14+ pharmacy management systems claimed; PioneerRx and PrimeRx publish their own integration pages and QS/1 integration was announced in 2017. Depth per PMS almost certainly varies
SCOPE		
Dispensing	○	By design. A1 is a layer over your PMS; the fill still happens in the PMS

Capability	Notes	
Inventory management	○	By design. No inventory function of any kind; perpetual inventory, limited-distribution stock and 340B accumulation all stay in other systems
Claims / billing	?	Not established in the public record reviewed for this edition — treat as a question for the vendor.

Also noted in research

- **Network / referral connectivity (ASPN)** • — Ties into the Asembia Specialty Pharmacy Network — manufacturer programs, prescription triage, national transfer network and real-time fill status. Vendor-described; scope depends on which manufacturer programs you are in
- **Data ownership / portability** ? — Nothing public on who owns the clinical and patient data captured in A1, or what you get back if you leave. Material given Asembia's manufacturer-facing business

Fit

Good fit: A pharmacy with real specialty volume that intends to keep its current PMS and needs a defensible clinical workflow, PA/assistance process and manufacturer reporting trail on top of it.

Poor fit: A pharmacy filling occasional specialty scripts, or one hoping a specialty layer will fix inventory, purchasing or 340B accumulation — it does none of those.

Commercial model

No pricing is published, and nothing in the public record establishes whether A1 is sold as a straight per-user or per-pharmacy SaaS fee, bundled with Asembia network or contracting participation, or subsidised through manufacturer-facing programs. Assume the PMS interface is a separate line item on both sides — your PMS vendor commonly charges its own interface or per-transaction fee for a third-party specialty layer. Ask for total first-year cost broken into licence, implementation, interface, and any per-patient or per-report charges, and ask explicitly whether the price changes if you leave a manufacturer network or GPO arrangement.

Risks & watch-outs

- Ownership changed hands in July 2026 to Peak Rock Capital. PE ownership this fresh means roadmap, pricing and support commitments made before the deal are not guaranteed — get anything that matters into the contract rather than relying on prior practice
- Structural conflict of interest: Asembia's revenue is not only pharmacy software. It runs a manufacturer-facing specialty network and contracting business, so the data you capture in the workflow has commercial value to parties other than you. Data-use and de-identification terms deserve a lawyer's eye
- Integration dependency: A1 is only as good as its link to your PMS. If you switch PMS, or your PMS vendor deprioritises the interface, the layer degrades — and your PMS vendor may also sell a competing specialty module
- Lock-in through workflow and history: once several years of assessments, care plans and manufacturer reporting live in A1, exiting means re-platforming your clinical record, not just cancelling a subscription
- Depth per integration is unverified. '14+ systems' is a count, not a statement of parity

Questions to ask in the demo

1. Which of your 14+ integrations is my exact PMS, on my exact version, and can you give me two reference pharmacies live on that same pairing?
2. Show me the interface in a live account: what fields flow from the PMS into A1, what flows back, and what my staff still has to key twice?
3. What does Asembia charge, and separately what will my PMS vendor charge me, for building and maintaining that interface?
4. Who owns the clinical and patient data entered into A1? Put in writing whether Asembia uses it — identified or de-identified — for manufacturer, payer or analytics products, and whether I can opt out without losing functionality
5. If I terminate, what exactly do I get back, in what format, at what cost, and how long do I have to retrieve it?
6. Is any part of the pricing contingent on my participation in Asembia network, GPO or contracting programs, and what happens to the price if I exit those?
7. Does A1 produce the specific manufacturer and limited-distribution reports for the drugs I actually dispense — name them — or does my team still build those by hand?

8. What has changed in support, staffing or roadmap since the Peak Rock acquisition, and who is my named escalation contact for the next 24 months?

What we don't know yet: Public material cannot tell you whether the clinical assessments genuinely reduce technician and pharmacist time or just relocate the data entry, how responsive support is once you are live, or how cleanly the PMS interface holds up under real volume. Those are exactly what the ratings survey asks working specialty pharmacies about.

Sources: asembia1.com · pioneerRx.com/connected-vendors/asembia1 · admin.micromerchantsystems.com/interface/asembia · prnewswire.com (QS/1 integration 2017; Peak Rock acquisition 2026) · forbes.com (Peak Rock Capital buys Asembia, July 2026) · rxinsider.com