

# Specialty Pharmacy

Live better. Stay healthy.



## Our Mission

**Helping you manage your condition,  
so you can live a better life and have  
health that lasts.**

**UofL Health**

**Specialty Pharmacy**



550 S. Jackson Street, Louisville, KY 40202 502-681-1600

[UofLHealth.org](http://UofLHealth.org)

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# Welcome

## Thank you for being a patient of the UofL Health – Specialty Pharmacy



The Specialty Pharmacy is designed to ensure patients and their caregivers receive the attention and support they need to be successful with their treatment. You can count on our guidance, compassion and education throughout the length of your therapy.

### **A specialty medication is one that:**

- Requires extra attention from your health care team
- May treat a rare, serious or chronic condition
- May be expensive
- May be given orally or by injection

### **As a UofL Health – Specialty Pharmacy patient, you have access to our specialized pharmacy services:**

- Clinical support for specialty medications 24 hours a day, 365 days a year.
- Assisting your healthcare providers to create a medication journey tailored to your specific condition.
- One-on-one counseling with our pharmacy staff either in office, over the phone, or both. In addition, we will provide you with educational materials to ensure you understand the medications you are taking.
- Assistance with your insurance authorization process and enrollment in qualifying financial support programs.
- Refill reminders tailored to your preference.
- Free home delivery services to Kentucky and Indiana and pick-up options that are convenient for you and your schedule.

### **What to expect:**

- You will be contacted by members of the pharmacy team to ensure you have access to your medication without experiencing any gaps in therapy.
- We will partner with you and your provider to achieve therapy treatment goals.
- You will receive a thorough review of your medication that includes getting an accurate listing of your current prescriptions and screening for drug interactions and disease states.

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

# About Us

## Location

UofL Health – Specialty Pharmacy is located within the UofL Hospital Outpatient Pharmacy located just inside the main entrance of the Jackson Street Outpatient Center, formerly known as the Ambulatory Care Building.

## Contact Information and Hours of Operation

We offer 24-hour pharmacist support for any after-hours clinical questions.

### You may contact us at any time:

#### UofL Health – Specialty Pharmacy

Phone: 855-681-1600 (toll free) or 502-681-1600

Website: [UofLHospital.org/services/specialty-pharmacy](http://UofLHospital.org/services/specialty-pharmacy)

Email: [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org)

Hours: Monday-Friday, 9 a.m. – 5 p.m.

### We are closed on the following holidays, but offer on-call services for the below dates:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Day (December 25)

## After-Hours Services

You can reach UofL Health – Specialty Pharmacy after-hours, weekends or on holidays at **855-681-1600**. Select the option to leave a message. **Please leave your full name with spelling, date of birth, and a contact number where you can be reached when leaving a message.** The on-call clinical pharmacist will immediately be notified of your message and will make every attempt to reach you. You may also leave a message for non-urgent matters or to request a prescription refill by using the toll-free number or by calling **502-681-1600**.

## Patient Concerns or Issues

You have the right and responsibility to express concerns, complaints or dissatisfaction about the services you have received without fear of discrimination or an unreasonable interruption of services. We want to resolve any concerns or issues you experience as quickly as possible. If the pharmacy staff is unable to help you in resolving your concerns, please contact the UofL Health – Specialty Pharmacy at **502-681-1600** and ask to speak with the Specialty Pharmacy Manager. You may also call after hours should an issue arise outside of normal business hours.

You may also report any concerns, complaints or grievances to the following:

- Utilization Review and Accreditation Committee (URAC)  
**[urac.org/file-a-grievance](http://urac.org/file-a-grievance)**  
**202-326-3941**
- Accreditation Commission for Health Care (ACHC)  
**[achc.org/contact/](http://achc.org/contact/)**  
**1-855-937-2242**

## We Value Your Feedback

Patient satisfaction is important to us and your opinion matters! We want to know what we can do to better serve you! A member of our pharmacy team may contact you to ask for your feedback about the quality of care you have received from the UofL Health – Specialty Pharmacy. The survey can be completed online at **[surveymonkey.com/r/7QQWJ98](https://surveymonkey.com/r/7QQWJ98)**. Feedback is important for us to improve, so please share!

# Our Services

## Patient Management Program

You or your provider will send the prescription to the UofL Health – Specialty Pharmacy. Upon receiving the prescription, our pharmacy team will ask if you wish to enroll in our disease-specific specialty medication services known as Patient Management Program. We offer support to both adults and pediatrics in areas such as hepatitis, oncology, multiple sclerosis and rheumatology.

This program helps you manage your medication schedule and side effects as well as providing delivery services free of charge to make it as convenient as possible for you to stay on your medication. We partner with you throughout the course of your therapy to make sure you are successful in achieving your treatment goals. Enrollment is optional, and you can opt in or out at any time. Please notify the pharmacy staff if you wish to opt out.

## Insurance Navigation and Financial Support

Specialty medications are often expensive and require additional steps to be approved by insurance. These additional steps are called a “prior authorization” and may require supporting documentation from your prescriber to be approved. Our pharmacy team will work with your insurance company and your provider to get the prescription authorized. If your insurance copay is unaffordable, we will work with the financial support resources to possibly lower your out-of-pocket expense.

## Clinical Support

A trained specialty pharmacist will explain your medication, either during your clinic visit or over the phone. We are also available to answer questions, provide education on self-administration, and communication with your provider as needed. Our pharmacists are available 24 hours a day to address any medication issues after hours.

## Refill Reminders

We will call you with refill reminders before you are scheduled to run out of medication. You can also contact the specialty pharmacy at any time to request a refill.

## Convenient Pickup and Delivery Options

Once your prescription is ready, we offer several delivery options for your convenience:

- Pick-up in person (at the UofL Hospital Outpatient Pharmacy located in Jackson Street Outpatient Center, formerly known as the Ambulatory Care Building)
- Same-day delivery (must be home to receive)
- Overnight delivery (must be home to receive)

## Support Tools and Products

Our team will provide the tools and products you need to succeed in your treatment. These may include patient education sheets, disposal containers and other supplies.

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

# How to Use Our Services

## Filling a New Prescription

In most instances, your provider will electronically send a prescription to our pharmacy when your treatment is determined in the office or clinic. We can also contact your provider to obtain a new prescription at your request.

## Medications Not Available at UofL Health – Specialty Pharmacy

UofL Health – Specialty Pharmacy has access to and stocks a range of specialty medications. If we are not able to obtain your medications due to manufacturer restrictions, we will work with you and another pharmacy to ensure you receive your prescription.

## Insurance

UofL Health – Specialty Pharmacy can accept and bill most insurance companies. If your insurance requires you to use another pharmacy, we will work with you to ensure your prescription is transferred and you have access to your medication.

## Delivery of Your Specialty Medications

We will coordinate delivery of your specialty medications to your home or an approved alternate location within the states of Kentucky and Indiana. We also include any necessary supplies such as needles, alcohol swabs and sharps containers. If your medication requires special handling or refrigeration, we will package and ship it accordingly. Either the patient or a designated person over 18 years of age must be at the delivery location to sign for the medication. Deliveries cannot be left at any location without a signature.

The UofL Health – Specialty Pharmacy will make every effort to deliver your medications early if a weather warning is in place. A member of our pharmacy team will attempt to contact you, in order of disaster priority, with any special instructions. Please make sure you have a secondary contact on file to ensure there is no gap in therapy. You can also opt to have delivery notifications sent to your email for tracking purposes.

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

## Ordering Refills

A specialty pharmacy technician will contact you before your medication is scheduled to run out. We will check on your progress, ask about any side effects, verify dosage and determine the shipment of your next refill. **Payment is required before your medication can be shipped.** You can also pickup your prescription at the pharmacy at your convenience. Please call **855-618-1600** (toll free) during our normal business hours if you have questions or need assistance.

## Patient Management Program

Patient Management Program is encouraged for all patients receiving specialty medications. We especially encourage patients who are taking high-risk medications, or have difficulty following their medication plan, to participate in the program. We offer this at no charge. This service is offered to any patient receiving a specialty medication through our pharmacy and enrollment is completely up to you.

## Language and Cultural Services

We are committed to welcoming diversity and complying with standards for Language & Cultural Services. **UofL Health – Specialty Pharmacy can provide trained, qualified medical interpreters at no cost to our patients/families in order to ensure effective communication for those who are:**

- Limited-English Proficient (LEP),
- Deaf/Hard of Hearing (HOH),
- Or have other communication challenges.

We are also focused on providing resources and education that support the practice of culturally competent care within our organization to diverse patient populations. Please notify a pharmacy staff member if you have a preferred language or mode of communication other than English, or for any additional communication or cultural needs.

# The Billing Process



## Copays and Financial Assistance

UofL Health – Specialty Pharmacy will bill your insurance company for you. However, you may still owe a portion of the cost, which is called a copayment or coinsurance. You will be responsible for paying your copayment when you order your medication or refills. We will inform you of the exact amount you need to pay.

If your copayment is not affordable, we will work with you and available financial support resources will attempt to lower your out-of-pocket expense. You will always be informed of the exact amount that you are responsible to pay for your prescription.

## Payment Options

If you are responsible for a copayment, or any balance after financial assistance, we accept all major credit cards. We also accept cash, personal checks and flexible spending or health savings accounts.

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

# General Information and Tips for Success



## **Before taking your medication, let us know if you:**

- Have any drug allergies, unusual reactions to medication, food or other substances such as latex
- Are taking any over-the-counter medications such as vitamins, supplements or dietary aids
- Are taking any prescription medications
- Are, may be, or are trying to become pregnant
- Are breastfeeding
- Have any diagnosed medical problems
- Are on a special diet

## **What you should know about your medication:**

- The name of your medication and what it is used for
- How to take it, what time of day and for how long
- How long it will take your medication to start working
- What kind of side effects to look for and what to do if you experience them
- What to do if you miss a dose
- How to store your medications and if there are any specific storage requirements
- How to dispose of your medication and supplies

## **Adverse Drug Reactions**

Patients who experience an adverse drug reaction with medical symptoms that require urgent attention should be seen in a local emergency room, or call 911.

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

# Disposing of Your Medications and Supplies

## How to Dispose of Chemotherapy or Hazardous Drugs

- **DO NOT** throw chemotherapy or hazardous drugs in the trash or flush it down the toilet
- Unused chemotherapy or hazardous drug can be returned to your provider's office or pharmacy for disposal
- You can also contact your local health department or waste collection service for disposal instructions:
  - **Louisville Metro Public Health Department**  
400 E. Gray Street  
Louisville, KY 40202  
502-574-6520
  - **Bullitt County Health Department**  
181 Less Valley Road  
Shepherdsville, KY 40165  
502-543-2413
  - **Shelby County Health Department**  
615 11th Street  
Shelbyville, KY 40065  
502-633-1231

## How to Dispose of Home-Generated Biomedical Waste

Home-generated biomedical waste is defined as any type of syringe, lancet or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, an appropriately sized sharps container will be provided.

## Needle-Stick Safety

- Never put the cap back on a needle once removing
- Throw away used needles immediately after use in a sharps disposal container
- Plan for safe handling and disposal before use
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

## Sharps Containers

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not place sharp objects such as needles or syringes into the trash unless they are contained within a sharp container. Do not flush them down the toilet. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used.

## Disposal

Check with your local waste management collection service or public health department to verify disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at [cdc.gov/needledisposal](https://www.cdc.gov/needledisposal).

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# Patient Rights and Responsibilities

**The following statements are a summary of your rights and responsibilities as a patient:**

## **A PATIENT HAS THE RIGHT TO:**

- The right to know about philosophy and characteristics of the patient management program
- The right to have personal health information shared with the patient management program only in accordance with state and federal law
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- The right to speak to a health professional
- The right to receive information about the patient management program
- The right to receive administrative information regarding changes in, or termination of, the patient management program
- The right to decline participation, revoke consent, or opt out at any point in time
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the organization's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including choosing an attending physician
- Receive appropriate care without discrimination in accordance with physician's orders
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

## **PATIENT RESPONSIBILITIES INCLUDE:**

- Patient shall submit all forms that are necessary to receive services
- Patient shall provide accurate medical and contact information and notify the program of any changes

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

- Patient shall notify the treating provider of participation in the services provided by the organization
- Patient shall maintain any equipment provided
- Patient shall notify the pharmacy of any concerns about the care or services provided
- Providing a complete and accurate history of past health information and history
- Asking question about care and what is expected
- Following the recommended treatment plan developed by your primary provider
- Accepting consequences of not following instructions, or refusing prescribed treatment
- Following hospital rules and regulations affecting patient care and conduct
- Respectful and considerate of the rights and properties of the hospital, staff and other patients
- Informing and providing the hospital of Advance Directives and the appointment of a surrogate in his/her behalf
- Meeting financial obligations of health care as promptly as possible

**If you have any questions or would like to speak to one of our team members, call us at 855-681-1600 or email us at [specialtypharmacyteam@uoflhealth.org](mailto:specialtypharmacyteam@uoflhealth.org).**

# Notice of Privacy Practices



## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

### Your Rights

#### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 502-588-2300.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- UofL Health is committed to patient satisfaction and good customer relations. If you have a complaint or grievance that is not privacy related, you may contact our Customer Service Representative in patient relations associated with the facility where you were a patient.
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. Contact the Privacy Officer to make this request.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- We can use and share your health information to run our facility operations, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services. We share information with the Joint Commission for accreditation purposes.

## Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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## Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
  - Participation in health information exchanges, disease and immunization registries

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## Do research

- We can use or share your information for health research.

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## Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We will share information about you to military command authorities and for the protection of national security activities.
- We will share information about you to protect the President and other heads of state.

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## Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

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## Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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## Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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## Law Enforcement

- We can use or share health information about you:
  - To identify or locate a suspect, fugitive or missing person
  - To provide information about a suspected death or victim of crime
  - To provide information about a crime that may have occurred at our facility
  - We will share information about you to a correctional facility when necessary to protect your health and safety, the safety of others and for the security of the correctional facility.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information contact the Privacy Officer or go to:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**

**To report a complaint or grievance regarding the care you received, you may contact the Customer Service Representative at the facility where you were a patient. The Customer Service Representative will document your concerns and an investigation will take place.**

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Effective Date:** *November 1, 2019*

**This Notice of Privacy Practices applies to the following organizations:**

*All UofL Health facilities*



530 South Jackson Street  
Louisville, KY 40202

**Privacy Officer contact: 502-588-2300**