Dear Patient,

Welcome to **Atrium Health Wake Forest Baptist Specialty Pharmacy**.

We are privileged to serve your specialty prescription needs. We understand what is involved in managing your medical condition and can assist you in getting the maximum benefit from your medications. We prioritize fast delivery, obtaining help in paying for your prescriptions, and providing education what to expect with your medications. We will regularly follow up with you to make sure you have refills available on time and to discuss any concerns such as side effects.

Our accredited Specialty Pharmacy is dedicated to high quality care by serving your medication needs from one of two locations listed below. Services currently are provided to patients in North Carolina, Virginia, and South Carolina.

**Specialty Pharmacy – North Tower Specialty Pharmacy – Cancer Center**

Monday – Friday, 8:30 am – 5 pm Monday – Friday, 9 am – 5 pm

Saturday – Sunday - closed Saturday – Sunday – closed

After hours, on-call 24/7 After hours, on-call 24/7

336-713-7776 336-713-6808

888-862-2335 toll-free 855-650-0333 toll-free

SpRx@WakeHealth.edu CancerCenterRx@WakeHealth.edu

This **Welcome Packet** contains important information for you to review. Please keep it in a safe place.

* A magnet with the pharmacy information for your convenience
* Notice of Privacy Practices (because your privacy is our priority)
* AHWFB Patient Bill of Rights and Responsibilities (informs you as to the rights you have as a patient)
* Specialty Pharmacy Services Patient Rights and Responsibilities (rights you have as a

patient in the specialty pharmacy program)

* CMS Medicare DMEPOS Supplier Standards
* A list of frequently asked questions
* “How to” handout (refill process, handling adverse effects, etc.)
* Proper medication storage, handling, disposal
* Home safety recommendations
* How to notify us and other appropriate agencies of any problems, concerns, and complaints
* Acknowledgment form (acknowledging that you received this packet)

Please complete the following:

* **Read** the materials provided for you in this packet.
* **Return** to us (enclosed pre-paid envelope) o Acknowledgement form (sign and date)

If you have any questions, please do not hesitate to call us. Thank you for choosing Atrium Health Wake Forest Baptist Health Specialty Pharmacy Services.

***Frequently Asked Questions***

**What is a specialty pharmacy and why do I need one?**

A specialty pharmacy provides injectable and oral medications that are complex and/or expensive. These medications often require special storage, monitoring or handling and may not be readily available at your local pharmacy. Some insurance plans require dispensing of these medications at a specialty pharmacy.

Atrium Health Wake Forest Baptist Specialty Pharmacy provides these medications while also offering excellent customer service and clinical support to you and your caregivers. We have trained pharmacists and technicians dedicated to help you get the most out of your medications. Our team is here to answer questions regarding medications, side effects, financial obligations, and other aspects of your treatment.

**What are potential health benefits and limitations of Specialty Pharmacy Services?**

What makes our service beneficial and unique is the ability to offer you personalized services to meet your needs; financial assistance and support (for example, co-pay discount cards, prior authorization approvals); routine outreach from our expert pharmacy staff; continuous support in understanding your medications; timely delivery of medications to your doorstep before you need them; the convenience of getting ALL your medications from one pharmacy.

Limitations of our program may include 1) program results are best when a patient is willing to actively participate in their care by asking questions and taking their medications as directed, and 2) program support does not replace the care provided by your physician.

**How can I contact Atrium Health Wake Forest Specialty Pharmacy Services?**

• Call us toll-free or stop by during operating hours

* Specialty Pharmacy – North Tower

(888) 862-2335

Main Floor, North Tower (next to Gift Shop)

* Specialty Pharmacy – Cancer Center

(855) 650-0333

First Floor, Comprehensive Cancer Center (by main CCC entrance) • Ask to speak to a Specialty Pharmacy employee during your next clinic visit

**What do I do if I cannot pick up my medication in person?**

We will send the medication to your residence or your clinic via FedEx or one of our couriers. The service is free, and we only ask that you are available at the destination to sign for the medication.

**What if I lost my medications, going on vacation, missed dose or missed delivery?**

If you need to refill your prescription early, call us and we will explain your options. For clinical information, we have pharmacists to answer questions 24 hours 7 days a week.

**How much will my medications cost?**

The cost to you for your specialty pharmacy medication will vary based on your insurance plan. We will inform you of the cost after we have processed your prescription. We can also inform you of the prescription cash price, upon request.

**What if I can’t afford my medications?**

You may be eligible for financial assistance through drug companies, patient assistance programs, or charities. We will review all of your options, communicate those options to you, and enroll you in the program if you meet the eligibility requirements.

**What if my insurance company doesn’t cover my medication?**

Our staff works directly with your doctor and insurance company to obtain coverage for your medication. If coverage is denied, your doctor will discuss other options with you.

# Atrium Health Wake Forest Baptist Health Specialty Pharmacy Services

***Handling Complaints or Grievances***

We are privileged to have the opportunity to partner with you and your family to provide a positive healthcare experience. In our culture of patient- and family-centered care, your healthcare needs and experience are of utmost importance to us. Pharmacy staff are committed to providing you with excellent service in obtaining your prescriptions. We invite you to partner with your healthcare team by asking questions and sharing feedback about your experience.

If you have complaint or grievance, we welcome the opportunity to address your concern as efficiently as possible. Please contact a Pharmacy staff member in your respective Specialty Pharmacy area. Staff will respectfully address the issue and, if needed, escalate it to the area coordinator.

## Specialty Pharmacy – Cancer Center 336-713-6808 Specialty Pharmacy – North Tower 336-713-7776

Atrium Health Wake Forest Baptist Health also provides a Patient and Family Relations service, available at 336-713-2273. A patient representative will assist you.

Patients may also report grievances to organizations outside of Atrium Health Wake Forest Baptist Health. These organizations include the following:

North Carolina Board of Pharmacy

* Phone: 919-246-1050
* Website:  [www.ncbop.org](http://www.ncbop.org/)

URAC (specialty pharmacy accreditation organization)

* Phone: 202-216-9010
* Website:  [www.urac.org](http://www.urac.org/)

ACHC (specialty pharmacy accreditation organization)

* Phone: 855-937-2242
* Website:  [www.achc.org](http://www.achc.org/)

**Proper Medication Storage and Handling**

### Medication Storage

* Most medications taken by mouth should be stored at room temperature (68-77F) and away from direct sunlight or damp areas.
* If your medication has different rules for storage (eg, refrigerator), it will be labeled accordingly.
* Keep all medication secure and stored away from children and pets.

### Medication Disposal

* Do NOT flush unused medication down the toilet or drain. This can be harmful to pets, the wildlife and other people.
* Put medication in a bag and add used kitty litter, sawdust, wet coffee grounds or other substances that makes the medication undesirable. Seal the bag and dispose in the trash.
* If you have any questions or concerns, contact your pharmacy!

### Additional Information for Chemotherapy: Exposure to Body Fluids

• Oral chemotherapy stays in your body for hours or up to days. It is important to prevent other people from coming into contact with your bodily fluids. The chart below details different methods to prevent exposure.

|  |  |
| --- | --- |
| **Substance/Interaction** | **Prevention** |
| **Vomit** | • Use gloves when cleaning the vomit and a disinfectant to remove bacteria and other substances. |
| **Urine/feces** | * You are able to use the toilet like normal, but ensure that the lid is clean of any urine to prevent the next person from being exposed. * If you lose control of your bowels, clean up with an absorbent pad, wash with soap/water, and change your clothes. Dispose of pads in a sealed container. |
| **Laundry** | • Always wear disposable gloves when handling sheets or clothes that have been exposed to body fluids. Separate these items from other laundry. |
| **Medication** | • If a family member has to handle your medication then they should use disposable gloves and wash their hands afterwards. |
| **Sweat/tears** | • Avoid direct contact with people as this can still expose another person to your medication. |
| **Sexual Intercourse** | • Use condoms during sex to prevent transmission and avoid pregnancy, as semen will contain chemotherapy. |
|  | **Always wash your hands!!** |

## Prescription “How To’s”

Atrium Health Wake Forest Baptist Specialty Pharmacy works closely with you to help you get the most out of your medication. A well-trained team of technicians and pharmacists is available to assist you. In case of emergencies, a pharmacist is on call 24 hours/day and 7 days/week.

|  |  |
| --- | --- |
| How to… |  |
| • place a prescription order | * Your doctor will either send us a copy electronically or give you a hard copy to bring to us. * The Cancer Center Pharmacy is on the 1st floor of the Comprehensive Cancer Center (by the main entrance). * Specialty Pharmacy – North Tower can be accessed through the North Tower Pharmacy, located on the main (M) level, next to the main entrance of the hospital (next to the Gift Shop). |
| • refill your medication | * A team of pharmacists and technicians will schedule a call to you prior to your upcoming refill in order to set up delivery (or pick-up). * Always feel free to call us if you need more medication. Call at least three days in advance, when possible, to allow enough time for processing and delivery. |
| • check on prescription status, other options available, or how to obtain medications that we do not have | * Please call the pharmacy, and our team of pharmacists and technicians can update you on your prescription and talk to you about your medications. * If we do not have the medication, we will do our best to order it or will find an alternative route. |
| • respond if I experience an adverse reaction to my medicine | * **For any medical emergency, dial 911** * In the event that you experience an adverse reaction to your medication, notify us and your physician. * When you start a new medication, your pharmacist will review the side effects or other risks associated with it. |
| • get medication in case of an emergency or disaster | * We attempt to anticipate severe weather in order to provide your medication prior to delivery interruptions. * In case of emergency, please call your pharmacy directly if needed. |
| • handle medication recalls | • Your pharmacy will contact you should this occur, but you may always call us with questions. |
| • transfer my prescription | • Contact your pharmacy if you would like to transfer your medication. Some medicines are restricted to certain pharmacies, but others we can send to a pharmacy of your choice. If we are able to transfer the prescription, we will ask you to provide the pharmacy name and phone number. |

Address: Medical Center Blvd, Winston-Salem, NC 27103

Specialty Pharmacy – Cancer Center: 336-713-6808

Specialty Pharmacy – North Tower: 336-713-7776

### Safety in the Home

#### Natural Disasters (hurricanes, flooding, tornados)

* Have adequate stores of water, food, blankets, and batteries.
* Stay away from windows or broken glass.
* Remain indoors until it is safe to leave the home.
* If an order of evacuation is released, find a safe place to go.
* If outdoors when a tornado lands, find a low lying area and stay low to the ground.

#### Fire/Burn Prevention

* Have smoke detectors and test them once a month.
* Make sure everyone in the home knows what to do in case of a fire.
* Keep a fire extinguisher in the kitchen and make sure everyone knows how to use one. o P.A.S.S. (Pull, aim, squeeze, sweep)
* Do not leave the stove unattended while using.
* Clean dryer vents and prevent build up.

#### Poisoning

* Prevent poisoning by keeping medications in the original container or pill box and keep them away from children and pets.
* Only the person prescribed the medication should be taking it.
* If a poisoning or overdose occurs call the Poison Center at 1-800-222-1222. Keep this number by the phone.

#### Fall Prevention

* Keep the floor clean and avoid clutter.
* If you have rugs in the home, have anti-slip pads/liners underneath.
* Have handrails along any stairs.
* Keep walkways well lit.

#### Power Outage

• Notify your power company should you lose power • Have batteries available, radios, flashlights, etc.

#### Atrium Health Wake Forest Baptist Specialty Pharmacy Services

*Patient Bill of Rights and Responsibilities*

The following patient rights and responsibilities are aimed at helping you, the patient, be an informed member of your Specialty Pharmacy Services team.

**As a patient, you have the right:**

* To know about the philosophy and characteristics of the pharmacy’s patient management program;
* To have personal health information shared with the pharmacy’s patient management program only in accordance with state and federal law;
* To identify the pharmacy's staff members, including their job title, and to speak with a staff member's supervisor if requested;
* To speak to a health professional;
* To receive information about the pharmacy’s patient management program;
* To receive administrative information regarding changes in, or termination of, the pharmacy’s patient management program; and
* To decline participation, revoke consent, or opt out of services at any point in time.

**As a patient, you have the responsibility:**

* To submit any forms that are necessary to participate in the pharmacy’s patient management program, to the extent required by law;
* To give accurate clinical and contact information and to notify the pharmacy of changes in this information; and
* To notify your treating provider of your participation in the pharmacy’s patient management program, if applicable.

\*These rights and responsibilities are in addition to those provided to you as a patient of the Atrium Health Wake Forest Baptist system.

If you have questions or need additional assistance, please contact your pharmacy.

##### Specialty Pharmacy – North Tower Specialty Pharmacy – Cancer Center

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888-862-2335 toll-free 855-650-0333 toll-free

SpRx@WakeHealth.edu CancerCenterRx@WakeHealth.edu

**Patient Acknowledgement Form**

**Receipt of Welcome Packet**

By signing below, you acknowledge that you have received a copy of the

Atrium Health Wake Forest Baptist Specialty Pharmacy Services **Welcome Packet**.

Pharmacy: Place patient sticker or complete the following information.

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Record #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (Month / Day / Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you are **NOT** the patient but are signing on behalf of the patient, please complete the following: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that I am the representative for the patient based on the following relation to the patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (Month / Day / Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Atrium Health Notice of Privacy Practices Acknowledgment:

I have been provided access to Atrium Health’s Notice of Privacy Practices

Relation if not Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Authorized Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (Specify :\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Reason Patient Unable/Unwilling to sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Se me ha proporcionado acceso al Anuncio de Prácticas de Privacidad de Atrium Health

Relación/parentesco, si no es el paciente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del paciente/representante autorizado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esposo/Esposa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Padre/madre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha/Hora \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Otro (Especificar:\_\_\_\_\_\_\_\_\_\_\_)

Razón por la que el paciente No puede/No está dispuesto a firmar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_