

TOWERS SPECIALTY PHARMACY



PATIENT WELCOME PACKET



BAPTIST
HEALTH CARE



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WELCOME

Thank you for being a patient of Towers Specialty Pharmacy. Our goal is 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 your therapy.

Location

1717 North E Street, Suite 302B
Pensacola, FL 32501

Hours

Monday through Friday 8:00 am – 5:00 pm

After-Hours Clinical Support

24 hours per day, 365 days per year



We are closed most holidays, but offer on-call services on the following occasions:

- 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)



Contact Us

- Phone: Specialty Pharmacy and After-Hours Clinical Support: **850-469-7542 or 1-800-643-1131**
- Email: specialtypharmacy@bhcpns.org
- Website: ebaptisthealthcare.org/pharmacy



PHARMACY OVERVIEW

Towers Specialty Pharmacy offers complete specialty pharmacy services to patients living in Northwest Florida. Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

We provide:

- One-on-one counseling about your medication
- Refill reminders
- Free delivery of your specialty medications to the location of your choice
- Assistance with your benefits and financial assistance programs
- Information about your disease

PATIENT SERVICES

We work with you and your provider throughout your therapy. Our role is to provide you prescribed specialty medications with the highest level of care.

Contact the specialty pharmacy at 850-469-7542 if you have questions about:

- Filling or refilling your medication
- Transferring a prescription to our pharmacy or another pharmacy
- Order statuses or order delays
- Insurance coverage and prescription costs
- Medications or concerns
- Filing a complaint
- Our patient management program



Contact our after-hours clinical support at AFTER HOURS PHONE NUMBER (800 number) if you have clinical questions or concerns about your medication that cannot wait until the next business day.

PATIENT MANAGEMENT PROGRAM

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication service, which is called the **patient management program (PMP)**. This free program is designed to maximize your opportunity for a positive outcome and minimize any negative effects of your specialty therapy.

Specialty medications are often considered high risk due to their high cost, high frequency for side effects, and, in some cases, difficult administration processes.

By participating in the PMP, our clinicians can:

- Monitor your response to therapy more closely
- Identify and respond to any side effects or other areas of concern more quickly
- Work with your provider to address these areas of concern
- Assist with access to Patient Assistance Programs and other financial assistance programs to ensure your access to the medications you need

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy.

For more information about the PMP, ask any member of the specialty pharmacy team by calling 850-469-7542 or emailing specialtypharmacy@bhcpns.org.

Opting Out

Ongoing participation in the PMP is highly encouraged. However, you may choose to opt out of the PMP at any point in your therapy. You will still receive your refill reminder calls even if you opt out of the PMP. You may also choose to opt back into the program at any point. To opt out or back into the PMP, simply tell any pharmacy team member. They will connect you with the pharmacist to make the note in your electronic patient record.



Rights and Responsibilities

As a participant in the PMP, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities found later in this packet.

1. The right to know about philosophy and characteristics of the PMP
2. The right to have personal health information shared with the PMP only in accordance with state and federal law
3. The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request
4. The right to speak to a health professional
5. The right to receive information about the PMP
6. The right to receive administrative information regarding changes in, or termination of, the PMP
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any necessary forms to participate in the program to the extent required by law
9. The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
10. The responsibility to notify your treating provider of your participation in the PMP, if applicable

LANGUAGE AND CULTURAL SERVICES

We welcome diversity and comply with standards for language and cultural services. We can provide trained, qualified medical interpreters for our patients and their families at no cost to them. Interpreters can help ensure effective communication for those who are:

- Limited-English Proficient (LEP)
- Deaf/Hard of Hearing (HOH)
- Having other communication challenges



We also have resources to support culturally competent care for diverse patient populations. Please let a pharmacy team member know if:

- **You need help from an interpreter service.**
- **You have a preferred language or mode of communication other than English.**
- **You have any other communication or cultural needs.**

FREQUENTLY ASKED QUESTIONS

How is a specialty pharmacy different from a retail pharmacy?

Specialty pharmacies are dedicated to ensuring your therapy provides the best possible outcome.

Here are some of the things we do:

- Enroll you in a patient management program
- Ensure you have access to your medication without any gaps in therapy. This includes:
 - Scheduling prompt delivery of the medication
 - Assisting with prior authorizations
 - Helping with financial assistance
- Partner with you and your provider to achieve therapy treatment goals through our patient management program
- Provide you with a thorough review of your medication. This includes:
 - Getting an accurate list of your current prescriptions
 - Screening for disease-specific drug interactions

How does my new prescription get to the pharmacy? How do I know when I will receive it?

There are a few ways we may receive your new prescription:

- Your provider will send the prescription electronically when treatment is prescribed. This is the most common method.
- Your provider will write a paper prescription and send it to the pharmacy via mail or fax.
- Your provider will call in the prescription.

When we receive the prescription from your provider, we will review it, arrange reimbursement, and fill your medication.

Once it is ready, we will contact you to schedule the delivery. You can also pick up your prescription from the pharmacy at your convenience.

When will the specialty pharmacy contact me or my provider?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule the delivery or pick-up time
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills

How do I pay for my medication?

Towers Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to cover your prescription. We will assist you with getting financial help if needed. You will be responsible for paying your copayment or coinsurance when you order your medication. We will let you know the exact amount you need to pay.

We will provide you with the out-of-network price if:

- You are out-of-network with our pharmacy
- You prefer to pay in cash
- You do not have insurance

For payment, we accept:

- Credit cards
- Cash
- Personal checks

If you still owe a balance for any reason, you will need to pay the balance before your next refill.

How do I get a refill?

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 your dosage
- Determine the shipment or pick-up time of your next refill

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the pharmacy.

Please call 850-469-7542 during our normal business hours if you have questions or need help.

What should I do if I have questions about the status of my order?

If you have questions about the status of your order, please contact the pharmacy during normal business hours by calling **850-469-7542**. You can also leave a message on our voicemail.

Will the specialty pharmacy be able to fill all my medications?

We have access to and stock a wide range of specialty medications. If we are not able to obtain your medications for any reason, we will transfer your prescription to another pharmacy of your choice. Our team will work with you to ensure you receive all your medications.

Will you ever substitute my medication for a different one?

We will inform you if any less expensive generic substitutions are available for medications, we provide you. You can either accept the generic substitution or request the brand name product. If you request the brand name product, you may have a much higher copay.

What should I do if my medication is recalled?

If there is a recall on any of your medications, we will call you with important information and provide any replacement dose(s) as needed.



What should I do if I may be having an adverse (bad) reaction to my medication?

If you feel you are having a bad drug reaction or experiencing symptoms that require urgent attention, **you should go to a local emergency room or call 911.**



Symptoms that require urgent attention include:

- Shortness of breath
- Skin rash
- Hives
- Fever
- Swelling
- Wheezing

Please contact the pharmacy on the next business day and let us know of the reaction and any steps you may have taken.

What should I do if I suspect a medication error?

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect an error with your medication, please contact us immediately and ask to speak with the pharmacist or the specialty pharmacy supervisor.

What if I am not happy with the services I receive?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call **850-469-7542**. If you still have concerns, you may contact the Executive Director of Pharmacy at **850-908-4978**.

If we are unable to resolve your complaint, you may contact:

- Baptist Health Care Risk Management at **850-434-4820**
- Your insurance company
- Florida Board of Pharmacy at **850-488-0595**
- Accreditation Commission for Health Care at **855-937-2242**
- URAC at **202-216-9010** or **www.urac.org/contact**
- Baptist Health Care Corporate Compliance Hotline at **704-323-4980**



PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Towers Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the Specialty Pharmacy Manager at 850-469-7542.

Patient Rights

- 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, both orally and in writing, of the charges associated with care/service, including payment expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services 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 patient rights under state law to formulate an Advanced Directive, if applicable



Patient Rights Continued

- Have one's property and person treated with respect, consideration, and recognition of 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 patient property
- Voice grievances/complaints regarding treatment, care, or lack of respect of property and 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 and have lack of respect of property investigated
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient Responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and provide notice of any changes
- Notify the treating provider of participation in the services provided by the organization
- Notify the organization of any concerns about the care or services provided

DISPOSING OF MEDICATIONS AND SUPPLIES

Unused Medications

If you need to dispose of unused medications, there are two available options.

You can dispose of unused prescriptions at a medication “Take-Back Program.” Our team will assist you in finding the dates and locations of such events.

You can also dispose of unused medications at home by mixing them into cat litter or used coffee grounds and placing the mixture in a sealed container. The sealed container can then be thrown out in your household trash.



Find more information at:

Florida Department of Environmental Protection www.floridaepa.gov

Chemotherapy and Hazardous drugs

You may **NOT** dispose of chemotherapy and other hazardous drugs by throwing them in trash or flushing them down the toilet.

Instead, please return unused chemotherapy or hazardous drugs to Towers Pharmacy.



Find more information at:

www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know

Home-Generated Biomedical Waste

Home-generated biomedical waste is 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. These precautions will protect you and others from injury and keep the environment safe and clean.

Needle-Stick Safety

- Plan for safe handling and disposal before use
- Do not use a needle more than once
- Never put the cap back on a needle once removed
- Throw away used needles immediately after use in a sharps container
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Check with your local waste management collection service or public health department to determine disposal procedures for sharps containers in your area.

If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid instead. For example, you could use an empty hard can or liquid detergent container. Once the materials are in an acceptable container, you may dispose of it in the trash at home.

You should **NOT** place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container, and you should **NOT** flush them down the toilet.



Find more information at:

Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal
cdc.gov/needledisposal



PLANNING FOR AN EMERGENCY

Preparing with the Pharmacy

We would much rather prepare you for an emergency ahead of time than wait until it has happened. We may ask you where you will go if an emergency occurs, which may be a shelter, home of a friend or relative, or hospital. We may also ask you for the name and phone number of a close family member, friend, or neighbor to use as an alternative contact.

Preparing at Home

Know what to expect, where to go, and what to do

You should know what the most common emergencies are in your area and what to do if one occurs. Your local emergency resources, such as the Red Cross, law enforcement agencies, and news and radio stations, usually provide excellent information and tips for planning.

One of the most important pieces of information you should know is the location of the closest special needs shelter. These shelters open to the public during voluntary and mandatory evacuation times. They specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to the home of a friend or family member.

Responding

When you expect an emergency might occur, please contact us. Providing us as much information as possible will help us ensure you receive your needed supplies.

If you do not contact us before or during a known emergency, we will attempt to contact you. We will use the phone numbers you provided us to try to determine your location and safety.

Evacuating your Home

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy. If you were to not receive your medication for any reason, please call us as soon as possible, and we will do our best to assist you.

Reaching the pharmacy

If the specialty pharmacy must close due to a disaster, we will provide instructions on contacting our team, reviewing medication orders, scheduling deliveries, and receiving other important information on our answering machine message.

If travel or access to the pharmacy is restricted due to damage from the disaster, we will attempt to alert you through the phone numbers you provided.



Need help?

For more information on emergency preparations and responses, visit the FEMA website at www.fema.gov.



WELLNESS TIPS

Washing Your Hands

Keeping your hands clean is one of the most important steps in staying well. Basic hand washing with soap and water significantly reduces the spread of germs. If you do not have access to clean water, use hand sanitizer instead.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers and cleaning up or helping a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How should you wash your hands?

1. Wet your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.
2. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Preventing the flu

The flu affects millions of people every year. While many people recover from the flu at home, an estimated 250,000 people are admitted to the hospital each year. Unfortunately, more than 18,000 people die annually due to the flu.

How can you help stop the spread?

- Get a flu shot
- Cover your cough
- Try to stay away from others who are sick
- Stay home when you feel sick
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect potentially contaminated areas

Resources

- www.cdc.gov/flu
- www.cdc.gov/handhygiene

NOTICE OF PRIVACY PRACTICES

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.

Our Pledge Regarding Your Medical Information

Your privacy is important to us. The law requires us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. The law requires us to follow the terms of our current Notice. We reserve the right to make changes to this Notice, which may include new privacy provisions about the medical information that we already have about you as well as any information we receive in the future. If we make any changes, we will give you a copy of the new Notice the next time you visit us. The latest version of this Notice can always be found on our website at ebaptisthealthcare.org. In addition, you may request a copy of the Notice currently in effect.

We are providing this Notice so that you understand:

- Who will follow this Notice
- How we may use and share your medical information
- Your rights concerning your medical information
- How to file a complaint about your privacy

Who Will Follow This Notice:

This notice applies to the following Baptist Health Care subsidiaries including, but not limited to:

- Baptist Hospital
- Baptist Medical Group
- Baptist Medical Park Surgery Center
- Baptist Physician Associates
- Baptist Urgent Care
- Gulf Breeze Hospital
- Jay Hospital
- The Towers Pharmacy

This Notice applies to all health care professionals, employees, medical staff, trainees, students, and volunteers of Baptist Health Care subsidiaries who are acting as part of our organized health care operation. Independent providers who are not employed by a subsidiary of Baptist Health Care Corporation may provide you with a separate notice that explains how they will collect, use and disclose your medical information.

How We May Use and Share Your Medical Information:

- **Treatment Purposes:** We may share your information with those who are caring for you. For example, if you come in with a broken arm, we will give your x-rays to your doctor. If you need medication, the doctor may share your information with your pharmacist.
- **Payment Purposes:** We may share your medical information with the person or company paying for your care. For example, if you come to us with a broken arm, we will tell your insurance company why you came in and what we did for you. If you wish to restrict this information from going to your insurance company and pay the full amount of the visit out of pocket, please let us know.
- **Health Care Operations:** We may use your medical information to improve the way we provide care to you and others. For example, we may share your medical information to teach others.
- **Primary Care and Post-Acute Care Providers:** We may notify your primary care and post-acute care providers of your admission, transfer or discharge from the hospital as required by law. Please tell us if you wish to opt out of these notifications.
- **Health Information Exchange (HIE):** We may share your medical information with other health care providers for treatment, payment and health care operations as permitted by law through an approved HIE. Exchange of medical information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions.



ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I hereby authorize _____ to release to my insurance company any information acquired in the course of exam or treatment. I also authorize my insurance company to pay _____ any benefits due. I understand that payment is my obligation regardless of insurance or other third party involvement. This authorization expires upon written notice. I permit a copy of this authorization to be used in place of the original.

Payer: _____

Signed: _____ Date: _____ Time: _____ AM/PM
(Patient or personal representative)

Relationship to patient if signed by representative: _____

Print representative name: _____

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TOWERS SPECIALTY PHARMACY



1717 North E St., Suite 302B
Pensacola, FL 32501

Phone: 850.469.7542
Fax: 844.776.0117

Hours
Weekdays 8 a.m. to 5 p.m.

ebaptisthealthcare.org/pharmacy