

## UCI HEALTH OUTPATIENT SPECIALTY PHARMACY

### WELCOME PACKET

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**LOCATION:**

101 The City Drive South  
Orange, CA 92868

*\*Pavilion 4, Building 25*

**WEBSITE:**

[ucihealth.org/specialtypharm](http://ucihealth.org/specialtypharm)

**HOURS:**

Monday through Friday  
9 a.m. to 6 p.m.

*\*Closed on university  
holidays*

**24/7 PHARMACY SUPPORT  
AVAILABLE**

**PHONE:**

714-456-3699, option 2

**FAX:**

714-509-2484

**EMAIL:**

[specialtypharmacy@hs.uci.edu](mailto:specialtypharmacy@hs.uci.edu)

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## WELCOME LETTER

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Dear Patient,

Welcome to UCI Health Outpatient Specialty Pharmacy. We appreciate the opportunity to serve you for all of your specialty pharmacy needs. Our program is designed to provide patient care that is integrated with your healthcare providers. We will work collaboratively to make sure you will have continued access to specialty medications for your complex medical condition.

We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy. This welcome packet will describe the services we offer, including:

- ❖ Enrollment in the Patient Management Program (PMP): This is a program individualized to each patient to help manage side effects, promote adherence to therapy and improve overall health
- ❖ Ongoing communication with your healthcare providers
- ❖ Coordination with your insurance company for medication coverage
- ❖ Financial assistance tailored to each situation
- ❖ Training and education in person or over the phone
- ❖ Refill reminders
- ❖ Free delivery of your medication
- ❖ Access to pharmacists 24 hours a day, 7 days a week (including weekends and holidays)

We look forward to providing you with the best service possible. If you have any questions or comments, please call us at **714-456-3699** or email us at **specialtypharmacy@hs.uci.edu**. You can also visit us online at **ucihealth.org/specialtypharm**.

Thank you for choosing us as your specialty pharmacy!

Sincerely,

UCI Health Outpatient Specialty Pharmacy

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## MISSION STATEMENT

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At UCI Health Outpatient Specialty Pharmacy, our mission is to provide unparalleled pharmacy services through individualized patient care, continuous care coordination with healthcare providers and tailored financial assistance. We will bridge the gaps in care as we aim to optimize therapy and improve patient outcomes.

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### WHAT TO EXPECT

#### **Personalized Patient Care**

Our staff will work with you to discuss your treatment plan, educate you on your medication and help you improve your health with your therapy.

#### **Collaboration With Your Health Care Providers**

We will work with your healthcare providers as a team to make sure any issues or barriers to your treatment are resolved appropriately and in a timely manner.

#### **Routine Follow-Up**

Enrollment into our Patient Management Program is voluntary and provided to you at no cost. Our staff will regularly reach out to you to make sure you are tolerating your medication well, get your refills on time and provide you with any help you may need throughout your treatment.

#### **Benefits and Financial Assistance**

Specialty medications can be expensive. We will help you explore every option available. We will provide you with information on your prescription insurance benefits and assist in the application process for financial assistance programs.

#### **Delivery**

We offer fast and convenient delivery to your home, workplace or the location you prefer. Our staff will contact you to set up how you would like to receive your medication. Other options include: pickup at the pharmacy or delivery to you in clinic.

#### **24/7 Support**

Our pharmacy staff is available 24 hours a day, seven days a week. We are always here to answer any questions or address any concerns you may have.

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## WHEN TO CONTACT US

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To help us provide you with the highest quality care, please contact us if:

- ❖ You have any questions or concerns about your medication
- ❖ You experience an allergic reaction to or side effect from your medication
- ❖ There is a change in your medication use
- ❖ Your contact information or delivery address has changed
- ❖ Your insurance information or payment source has changed
- ❖ You need to check the status of your delivery
- ❖ You need to reschedule your delivery
- ❖ There is a delay in receiving your medication
- ❖ You have a question about storage conditions
- ❖ You have any questions or concerns about our specialty pharmacy service

Please contact your physician if you have any concerns about your health.

If you need immediate attention, please visit the Emergency Department.

In case of emergency, please call 911.

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## PAYMENT POLICY

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Before your care begins, our staff will inform you of your financial obligations that are not covered by your insurance or other third-party sources. Your out-of-pocket costs may include but is not limited to: deductibles, co-payments, co-insurance and annual out-of-pocket limits. We will provide this information each time your medication is filled and if there is a change in your insurance plan.

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### METHODS

#### Insurance Claims

UCI Health Outpatient Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, our staff will notify you as necessary, so that we can work together to resolve the issue.

#### Co-Payments

You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pickup. We accept payment by cash, credit card (Visa®, MasterCard®, American Express® and Discover®) and check.

#### Financial Assistance

We will ensure there are no financial barriers to getting your medication. Our staff will present all financial assistance options available to you and assist you with the application process for programs, which include drug coupons and assistance from manufacturers and funding from foundations.

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## SERVICES OFFERED

UCI Health Outpatient Specialty Pharmacy provides clinical services in an array of specialty areas, such as:

- ❖ Bone disorders
- ❖ Dermatological conditions
- ❖ Endocrine disorders
- ❖ Gastrointestinal conditions
- ❖ Neuromuscular conditions
- ❖ Oncology
- ❖ Rheumatological inflammatory conditions
- ❖ Viral hepatitis

### IMPORTANT INFORMATION

#### Patient Management Program (PMP)

As our patient, we monitor your medications and progress through a disease-specific Patient Management Program.

This program is designed to:

- ❖ Review all of your current medications
- ❖ Manage side effects
- ❖ Increase adherence to drug therapy
- ❖ Assess your response to treatment
- ❖ Improve your overall health and satisfaction

You must be willing to follow the treatment plan determined by you, your physician, and pharmacist.

This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate, please contact our team to opt out.

#### Side Effects

If you are experiencing adverse effects or an allergic reaction to the medication, please contact your physician or UCI Health Outpatient Specialty Pharmacy as soon as possible.

If you need immediate attention, please visit the Emergency Department. In case of emergency, please call 911.

#### Medication Refills

Our staff will contact you five to seven days before your refill date. If you would like to contact us for a refill, call and speak to our staff.

## IMPORTANT INFORMATION (CONTINUED)

### Prescription Transfers

If you feel that UCI Health Outpatient Specialty Pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice.

If we can no longer service your medication, a pharmacist will transfer your prescription to a specialty pharmacy that can. We will inform you of this transfer of care.

### Medication Delivery and Storage

We deliver the medication to your home, doctor's office or other preferred location at no cost to you. Upon request, we can also include other supplies, such as a sharps container. We coordinate all refills to make sure that you, or an adult caregiver, is available to receive the shipment. A signature may or may not be required for the delivery but is an available option for each shipment.

Medication that requires refrigeration is sent in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.

If the package looks damaged or is not in the correct temperature range, please call us.

In the event of an order delay, we will contact you to inform you of the delay and will assist you in obtaining the medication elsewhere if necessary.

### Drug Substitution Protocols

From time to time, it is necessary to substitute generic drugs for brand name drugs. This can occur if your insurance company prefers you to use the generic or to reduce your co-payment. If a substitution needs to be made, our staff will contact you prior to shipping the medication to inform you of the change.

### Drug Recalls

If your medication is recalled (needs to be sent back), we will contact you with further instructions as directed by the Food and Drug Administration or drug manufacturer.

### Proper Disposal of Sharps

Place all needles, syringes, and other sharp objects into a sharps container. Upon request, we can provide you a sharps container if you are prescribed an injectable medication.

Check with your local waste collection service. You can also visit the following website for more information:

<http://www.safeneedledisposal.org/>

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## IMPORTANT INFORMATION (CONTINUED)

### Proper Disposal of Unused Medications

For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

### Emergency Disaster Information

In the event of a disaster in your area, please contact UCI Health Outpatient Specialty Pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

### Concerns or Suspected Errors

We want you to be completely satisfied with the care we provide. If you have any issues with your medication, the services rendered, or any other issues related to your order, please contact us directly.

Patients and Caregivers have the right to make complaints and give feedback on services to UCI Health Outpatient Specialty Pharmacy. Patients and caregivers can do this by phone, fax, writing or email. We will address your concern within five business days.

You can also contact the following organizations:

- ❖ California State Board of Pharmacy
  - Website: [https://www.pharmacy.ca.gov/consumers/complaint\\_info.shtml](https://www.pharmacy.ca.gov/consumers/complaint_info.shtml)
  - Phone: 916-574-3100
- ❖ URAC
  - Website: <https://www.urac.org/file-a-complaint>
  - Email: [grievances@urac.org](mailto:grievances@urac.org)
  - Phone: 202-216-9010
- ❖ ACHC
  - Website: <http://achc.org/contact/complaint-policy-process>
  - Phone: 855-937-2242

### Community Resources

Please visit our website at [ucihealth.org/communityresources](http://ucihealth.org/communityresources).

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## PATIENT SAFETY

### HANDWASHING

The most important step to prevent the spread of germs and infections is handwashing. Be sure to wash your hands often. Here are some tips from the Centers for Disease Control and Prevention. For additional information, please visit <https://www.cdc.gov/handwashing>.

Cleaning your hands with soap and water	Cleaning your hands with an alcohol-based hand sanitizer
<ul style="list-style-type: none"> <li>❖ <b>Wet</b> your hands with clean running water (warm or cold) and apply soap.</li> <li>❖ <b>Lather</b> your hands by rubbing them together with the soap.</li> <li>❖ <b>Scrub</b> all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for 20 seconds.</li> <li>❖ <b>Rinse</b> your hands under clean, running water.</li> <li>❖ <b>Dry</b> your hands using a clean towel or air dry them.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.</li> <li>❖ <b>Apply.</b> Put enough product on hands to cover all surfaces.</li> <li>❖ <b>Rub</b> hands together, until hands feel dry. This should take around 20 seconds.</li> </ul>

### HOME SAFETY TIPS

Here are some guidelines to help you and your family make your home a safer place to live. Please correct unsafe conditions before they cause an accident. Keep emergency phone numbers handy.

Medication	Poisoning
<ul style="list-style-type: none"> <li>❖ If children are in the home, store medications in childproof containers. Make sure they are out of reach.</li> <li>❖ All medication should be labeled clearly.</li> <li>❖ Do not give or take medication prescribed for other people.</li> <li>❖ Read the label and measure doses carefully.</li> <li>❖ Know the side effects of the medication.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Keep all hazardous materials and liquids out of reach of children.</li> <li>❖ Know your local poison control number or call <b>1-800-222-1222</b> if a poisoning occurs.</li> </ul>

Fire	Falling
<ul style="list-style-type: none"> <li>❖ Pre-plan and practice your fire escape. Look for a plan at least two ways out of your home.</li> <li>❖ Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.</li> <li>❖ If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.</li> <li>❖ Check your home for fire hazards and remove sources of accidental fire.</li> <li>❖ Keep a fire extinguisher in your home and know how to use it.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Falls are the most common accidents in the home.</li> <li>❖ Arrange furniture to avoid an obstacle course.</li> <li>❖ Install handrails on stairs and bathrooms.</li> <li>❖ Place non-slip mats or grids in showers and bath tubs.</li> <li>❖ Clean up spills immediately.</li> <li>❖ Tuck away electrical cords out of walkways.</li> <li>❖ Keep drawers and cabinets closed.</li> <li>❖ Install good lighting. Use night lights as needed.</li> </ul>
Electricity	Gas
<ul style="list-style-type: none"> <li>❖ Watch for early warning signs (overheating, burning smell, sparks).</li> <li>❖ Unplug the appliance and get it checked right away.</li> <li>❖ Keep cords and electrical appliances away from water.</li> <li>❖ Do not plug cords under rugs, through doorways or near heaters.</li> <li>❖ Check cords for damage before use.</li> <li>❖ Extension cords must have a big enough wire for larger appliances.</li> <li>❖ If you have a broken plug outlet or wire, get it fixed immediately.</li> <li>❖ Do not overload outlets with too many plugs.</li> <li>❖ Use three-prong adapters when necessary.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Open windows and doors.</li> <li>❖ Shut off appliance involved.</li> <li>❖ Avoid creating a flame or sparking a fire.</li> <li>❖ Do not use matches.</li> <li>❖ Do not turn on electrical switches.</li> <li>❖ Do not light candles.</li> <li>❖ Call Gas Company from a neighbor's home.</li> <li>❖ If your gas company offers free annual inspections, take advantage of them.</li> </ul>

## EMERGENCY AND DISASTER PREPAREDNESS PLAN

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UCI Health Outpatient Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, fires, earthquakes and community evacuations. Our primary goal is to continue to service your prescription care needs.

**When there is a threat of disaster or inclement of weather in the local area, our staff will contact you prior to any atrocities the city may encounter. However, if there will be a threat of disaster or inclement of weather in an area you reside which is outside of the Orange County area, it is your responsibility to contact the pharmacy prior to the occurrence (if possible). This process will ensure you have enough medication to sustain you.**

UCI Health Outpatient Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where we cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in case of an emergency:

1. Our staff will call you three to five days before an inclement weather emergency utilizing weather updates as points of reference.
  - a. If you are not in the local Orange County area and are aware you will be experiencing inclement weather, you are responsible for calling the UCI Health Outpatient Specialty Pharmacy three to five days before the occurrence.
2. Our staff will send your medication via courier or FedEx next-day delivery during any suspected inclement weather emergencies.
3. If we cannot get your medication to you before an inclement weather emergency occurrence, our staff will transfer your medication to a specialty pharmacy who can service your needs. We will make sure you do not go without medication.
4. If a local disaster occurs and our staff cannot reach you or you cannot reach us, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. We recommend all patients leave a secondary emergency number.

In case of a personal emergency, please contact our staff at your convenience.

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## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

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### PATIENTS' RIGHTS

As a patient, you have the right to:

1. Considerate and respectful care, and to be made comfortable. This includes respect for personal values and beliefs and access to pastoral care to meet spiritual needs.
2. Request the services of an interpreter if needed, at no cost.
3. Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
4. Know the name of the physician/provider who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
5. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services and forgoing or withdrawing life-sustaining treatment.
6. Participate actively in decisions regarding your medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
8. Be advised if the physician/provider proposes to engage in or perform research and clinical trials affecting your care or treatment. You have the right to refuse to participate in such research projects and your decisions will not affect your care.
9. Reasonable responses to any reasonable requests made for service.
10. Have an appropriate assessment and management of your pain, information about pain and pain relief measures, and to participate in pain management decisions. You may request or reject the use of any of all modalities to relieve pain, including opiate medication, if you suffer

from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.

11. Prepare advance directives. You have the right to give instructions about your own healthcare. You also have the right to name someone else to make decisions for you, including designating a healthcare decision-maker. You may designate a decision-maker if you wish to have someone else make treatment decisions for you or in the event you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Physicians/providers who provide care in the healthcare facility shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
12. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
13. Confidential treatment of all communications and records pertaining to your care. Written permission shall be obtained before medical records are made available to anyone not directly concerned with your care, except as otherwise required or permitted by law.
14. Access information contained in your records within a reasonable time frame, except in certain circumstances specified by law.
15. Receive a written "Notice of Privacy Practices" that explains how your protected health information (PHI) is disclosed. PHI is defined as any clinical health information related to a patient's past, present or future physical or mental health condition which is obtained by any healthcare provider, either verbally, in writing or electronically, and which also includes information which identifies or reasonably identifies an individual.
16. Receive care in a safe setting, free from verbal or physical abuse or harassment. You have the right to access protective services, including notifying government agencies of neglect or abuse.
17. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
18. Receive reasonable continuity of care and to know in advance the time and location of your appointments as well as the identity of the persons providing the care.
19. Be informed by the physician/provider of continuing healthcare requirements following discharge from the hospital. Upon your request, a friend or family member may also be provided this information.
20. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
  - a. No visitors are allowed

- b. The facility reasonably determines that the presence of a particular visitor would endanger the staff or other visitor to the healthcare facility, or would significantly disrupt the operations of the facility
- c. You have told the healthcare facility staff that you no longer want a particular person to visit

However, a healthcare facility may establish reasonable restrictions upon visitation and the number of visitors. You will have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the medical center policy on visitation.

- 21. Examine and receive an explanation of the medical center's bill regardless of the source of payment.
- 22. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status or the source of payment for care.
- 23. Express concerns or complaints about your care with the assurance that the quality of your care or future access to care will not be compromised. You have the right to expect a reasonable and timely response to your concerns.
- 24. To report concerns about patient safety and quality of care at UCI Health. To do this, call Patient Experience at 714-456-7004 or write to:

**Patient Experience**  
UCI Health  
P.O. Box 14091  
Orange, CA 92868-4091

You have the right to be informed of the outcome of the grievance investigation.

If your concerns remain unresolved, please contact The Joint Commission toll-free Monday–Friday at 800-994-6610 from 6:30 a.m.–3 p.m. (PT). To file a concern with California's Department of Public Health (CDPH), call 714-567-2906 or toll-free at 800-228-5234 or write to:

**CDPH**  
681 S. Parker Street  
Suite 200  
Orange, CA 92868

## **PATIENTS' RESPONSIBILITIES**

As a patient, you need to know about your responsibilities because you are an important member of your healthcare team.

It is the patient's responsibility to:

# UCI Health

1. Follow UCI Health rules and regulations affecting patient care and conduct.
2. Be considerate of UCI Health facilities and equipment. Do not abuse them.
3. Respect the rights and property of other patients and personnel. Limit your visitors, follow smoking regulations and use the telephone, television and lights courteously so that you do not disturb others.
4. Give accurate and complete information about your health to the physicians and other healthcare professionals caring for you.
5. Be informed and ask questions. Your healthcare provider may not know when you're confused or uncertain or want more information.
6. Follow the treatment plan recommended by the healthcare provider responsible for your care. It is your responsibility to tell your healthcare provider whether or not you can and want to follow the treatment plan recommended for you.
7. Understand how to continue your care after you leave the medical center, including when and where to get further treatment and what you need to do at home to help you with your treatment.
8. Accept the consequences of your decisions and actions if you refuse treatment or choose not to comply with the instructions given by your healthcare provider.
9. Keep appointments and cooperate with your healthcare provider. If you need to cancel an appointment, you should do so at least 24 hours before your appointment time.
10. Pay bills on time to ensure that your financial obligations for your healthcare are fulfilled. You are responsible for working with your account representative to make payment arrangements and providing the information necessary to determine how your medical center bill will be paid.

If you have questions or concerns, call us at 714-456-7890.

## **UCI HEALTH OUTPATIENT SPECIALTY PHARMACY PATIENTS' RIGHTS AND RESPONSIBILITIES**

As a patient, you have:

1. The right to know about philosophy and characteristics of the Patient Management Program.
2. The right to have personal health information shared with the Patient Management Program only in accordance with state and federal law.
3. The right to identify the Program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
4. The right to speak to a health professional.

5. The right to receive information about the Patient Management Program.
  6. The right to receive administrative information regarding changes in, or termination of, the Patient Management Program.
  7. The right to decline participation, revoke consent or disenroll at any time.
  8. The responsibility to submit any forms that are necessary to participate in the Program, to the extent required by law.
  9. The responsibility to give accurate clinical and contact information and to notify the Patient Management Program of changes in this information.
  10. The responsibility to notify their treating provider of their participation in the Patient Management Program, if applicable.
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