

UCA Specialty Pharmacy

Dear Patient,

The team members of Urology Centers of Alabama and UCA Specialty Pharmacy would like to welcome you and say thank you for trusting us to provide your pharmacy services. UCA Specialty Pharmacy is committed to delivering the highest level of quality and personalized care. We collaborate closely with your physician and clinical team to ensure that we provide safe and effective medication therapy in accordance with your written plan of care. Our physicians and pharmacist are leading the way in innovative medical practices, investigating the effectiveness of all treatment options, including new drugs and procedures that hold great promise, and playing an integral role in the field of urology through on-site research studies.

If you have any questions on any of the content included in this New Patient Education Material, please contact us by any avenue provided at your convenience.

Sincerely,
UCA Specialty Pharmacy Team Members

Contact Information:

Phone: 205.445.0183
Toll Free: 800.452.1464
Fax: 205.263.5153

Address:

UCA Specialty Pharmacy (upper level)
3485 Independence Drive Suite 200
Homewood, AL 35209

Hours of Operation:

Monday: 8:00 am – 5:00 pm
Tuesday: 8:00 am – 5:00 pm
Wednesday: 8:00 am – 5:00 pm
Thursday: 8:00 am – 5:00 pm
Friday: 8:00 am – 5:00 pm

Off for Lunch Daily 12:00 pm – 1:00 pm

After-Hours Services:

If you need assistance outside of our normal business hours, you may leave a secure message on our voicemail and/or answering service, and we will address it the following business day. If you have an urgent need regarding your medication, you may contact our answering service at (205) 930-0920. A pharmacist is on call and available to assist with your clinical questions and/or will direct you to your personal physician.

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About Us:

Urology Centers of Alabama & UCA

Specialty Pharmacy

Welcome to Urology Centers of Alabama (UCA), where our team of skilled urologists and urogynecologists is committed to providing patients with high-quality, personalized medical care in our state-of-the-art facilities. Our physicians specialize in the comprehensive treatment of urological disorders using the most advanced technology available.

For over 70 years, Urology Centers of Alabama has been committed to providing the highest quality medical services in a compassionate and caring environment. With twenty-six skilled urologists, three urogynecologists, two radiation oncologists, two medical oncologists, a pharmacist, pathologist, team of physicians' assistants and nurse practitioners, and over 275 team members, our practice has earned a well-deserved reputation for excellence in the Birmingham medical community.

UCA Specialty Pharmacy was established September 01, 2024, to provide medically integrated pharmacy services in the state of Alabama to treat an array of urologic conditions with an emphasis on erectile dysfunction and oncology. Our goal is to provide our patients with medications, services, education, and information for all oral medications prescribed by our UCA physicians. Upon receipt of your electronic or written prescription, our pharmacy team will perform a review of your written plan of care and medication profile, check for drug allergies and drug interactions, verify eligibility and insurance benefits, and process your prescribed medications to dispense. UCA Specialty Pharmacy services patients at any of the UCA locations. Additionally, with each new prescription you will also receive the following added values:

- Medication education and adherence coaching for improved outcomes
- An insurance "verification of benefits" for a comprehensive look at coverage
- Relief from high copays by utilizing manufacturer discounts or assistance through foundation grants, when applicable

UCA Specialty Pharmacy is accredited by the Accreditation Commission for Health Care (ACHC). If you have any concerns about the medications or services that you receive from UCA Specialty Pharmacy, you may contact ACHC directly at (855) 937-2242.

Frequently Asked Questions

What is a specialty pharmacy?

A specialty pharmacy provides individualized care and dispensing of specialty medications. Specialty medications are a recent designation of pharmaceuticals used to treat complex chronic conditions. They are often high-priced and may require special handling and storage. UCA Specialty Pharmacy helps maximize the benefits by providing safe and effective medication therapy for our patients requiring such treatment.

How do I check on a prescription status or speak with a pharmacist?

You may call the UCA Specialty Pharmacy during normal business hours at (205) 445-0183 or (800) 452-1464.

How do I pay for my prescriptions?

UCA Specialty Pharmacy accepts payment methods of cash, personal check, Visa, MasterCard, Discover, and American Express.

What if I cannot afford my medication or it is not covered by my insurance?

UCA Specialty Pharmacy will research financial assistance through foundation grants for those in need. Additionally, our team members can direct patients to Extra Help (formerly known as Low-Income Subsidy) for Medicare Beneficiaries. If you have any questions about financial assistance or your out-of-pocket costs, please call one of our team members at the UCA Specialty Pharmacy at either (205) 445-0183 or (800) 452-1464. If your medication is not covered by your insurance, we will collaborate with you and your physician to find the best alternative for you.

Can the pharmacy staff help with insurance benefits?

Yes, UCA Specialty Pharmacy team members collaborate with your physician(s) to obtain insurance authorizations in addition to determining eligibility, billing prescription benefits for prescribed medications, and providing information related to network status and claim submission details. You may contact the pharmacy during normal business hours for any such requests.

I live a long distance from Homewood, do I have to come to UCA Specialty Pharmacy to get my medications?

No, UCA Specialty Pharmacy offers delivery services to the entire state of Alabama through FedEx next-day or United States Postal Service depending upon the medication being shipped.

Can I fill other medications at UCA Specialty Pharmacy?

Yes. While UCA Specialty Pharmacy primarily fills medications prescribed for patients by a UCA provider, you may utilize the pharmacy to fill any and all prescriptions from any provider with prescriptive authority.

Frequently Asked Questions

(Cont.)

What do I need to know about the storage and handling of my medications?

All medications will have specific information for handling and storage of the medication either on the bottle and/or with the package insert provided at the time of purchase. General storage tips include the following:

- Consider storing your medications separately from those of your other family members, such as on a different shelf or in a different cabinet or drawer.
- Store your prescription medications in a safe, cool, dry place.
- Prescription medications should be out of the sight and reach of children and pets. Consider using child-proof features on lids if possible.
- Keep all medications in a place with good lighting so you can clearly read the label and follow prescribed directions.
- Store your medications in its original container, with dosing information at your fingertips.
- Always keep the lid tightly closed on prescription medications.
- Save and organize the information leaflets the pharmacy provides you with your prescriptions. These documents will remind you when and how to take your medication, about any special storage directions, and potential drug side effects.

How do I dispose of medications?

- Proper disposal of unused or expired medications is important for preventing accidental ingestion, drug diversion, or even environmental contamination. Instead of throwing them in the trash or flushing them down the toilet, there are local organizations which can safely dispose of medications for you, including pharmacies and police stations.
- If dropping medications off at a designated site is not an option, you can obtain information on how to dispose of medications at [Where and How to Dispose of Unused Medicines | FDA](#) on the Food and Drug Administration (FDA) website.
- Please bring any unused portion of chemotherapy medication(s) to UCA Specialty Pharmacy or one of our UCA clinics and we will dispose of them for you.

How do I manage adverse reactions?

If you experience any adverse reactions to your medication(s), please contact your prescribing physician. If you are having a severe reaction, please call emergency medical services.

How do I access medication in case of an emergency or disaster?

In the event of an emergency or disaster situation, you may contact 1) UCA Specialty Pharmacy at (205) 445-0183, 2) any UCA clinic at (205) 930-0920, or 3) the after-hours answering service at (205) 930-0920. One of our team members will provide you with further instructions on how to obtain your prescribed medications.

Patient's Rights & Responsibilities

As a patient receiving services from UCA Specialty Pharmacy, you are entitled to receive in writing your rights and responsibilities. It is the responsibility of UCA Specialty Pharmacy to ensure the care you receive is compliant with federal, state, and local laws, and regulatory agencies. Listed below are your rights and responsibilities as a patient of UCA Specialty Pharmacy:

Patient's Rights

Patients of the UCA Specialty Pharmacy and its services, have the following rights:

- Choose the pharmacy provider where your prescriptions are filled, and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, certain insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost. If UCA Specialty Pharmacy is not in network with your insurance carrier, we will refer you to an alternate specialty pharmacy to fill your prescription.
- Request and receive information in a timely manner about the services offered at the UCA Specialty Pharmacy.
- Be treated in a fair, courteous, and respectful manner by all UCA Specialty Pharmacy team members.
- Receive products and services in a professional manner that is without discrimination related to your race, age, sex, religion, ethnic group, national origin, sexual orientation, cultural or political beliefs, or any disability.
- Receive information, treatment, and care from competent and qualified personnel. This includes the right to receive written instructions on self-care, safe administration of medication or devices, proper handling and storage of medication or devices, and necessary information for safe and efficacious use of the medication as intended by the prescribing physician.
- Receive verbal or written information in a language and at a level in which you understand.
- Have your privacy and confidentiality maintained as described in the Notice for Privacy Practices.
- Receive information about who receives your personal health information. This includes notification in the case of your health information being wrongfully disclosed.
- Receive information and/or referrals in the event that the UCA Specialty Pharmacy is unable to provide you treatment or care. This includes any changes to the site or level of care as required by you or your insurance plan.
- Decline participation, revoke consent, or disenrollment in any or all services offered by UCA Specialty Pharmacy. This does not exempt you from the terms allowed and written in the benefits policy of your insurance plan.

Patient's Rights (Cont.)

- Have care that is free from maltreatment as defined. Maltreatment means the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.
- Express concerns, grievances, and complaints about the level of care you receive from the UCA Specialty Pharmacy without any reprisal. This includes the right to have the incident escalated if you are unsatisfied with the response or resolution.
- Receive information regarding any charges or payments for services you received at UCA Specialty Pharmacy. This includes information on how to make payments of the charges incurred.
- Receive medication and/or device products in a timely manner.
- Receive medication and/or device products that have maintained their quality, purity, and integrity, as defined, and recommended by the product's manufacturer. This includes that you have received products that are not adulterated or misbranded.

Patient's Responsibilities

Patients of UCA Specialty Pharmacy and its services have the following responsibilities:

- Adhere to the plan of treatment as prescribed by your physician.
- Communicate any barriers or concerns with following the medication instructions, using a device, or adhering to scheduled dosing intervals.
- Participate in the development of a plan for your treatment and care.
- Be an active participant through your care plan with UCA Specialty Pharmacy and any transitions of care.
- Communicate to UCA Specialty Pharmacy team members any relevant information that relates to or will change your treatment and care plan. This includes providing complete and truthful medical and personal information.
- Provide payment in a timely manner for all copays, coinsurances, and/or invoices upon receipt from the UCA Specialty Pharmacy. Payments are to be paid in full at the time of service unless otherwise instructed for exceptions such as situations of hardship.
- Use the medication as directed by the physician and UCA Specialty Pharmacy. Modifying or using the medication not as directed releases any liability by the pharmacy and the manufacturer. Please refer to the Damaged, Recalled, and Discontinued Medications section.

Patient's Responsibilities (Cont.)

- Provide UCA Specialty Pharmacy with your most current and active insurance coverage information.
- Notify UCA Specialty Pharmacy of any insurance or financial changes that could affect your treatment and care plan.
- Notify UCA Specialty Pharmacy of any medication errors or other concerns about care/services provided.
- Submit all forms and paperwork that are necessary to enroll in any pharmacy programs.
- Treat UCA Specialty Pharmacy personnel with respect and dignity without discrimination as to race, age, sex, religion, ethnic group, sexual orientation, cultural or political beliefs, and/or any disability or national origin.
- For any hard-copy prescriptions, notify treating provider of utilization of UCA Specialty Pharmacy services.

If you have questions or concerns regarding your rights and responsibilities, you may contact UCA Specialty Pharmacy directly at (205) 445-0183 or by sending written correspondence to:

UCA Specialty Pharmacy Suite 200
3485 Independence Drive
Homewood, AL 35209

I acknowledge by acceptance of this form that I have received the Patient's Rights and Responsibilities.

Notice of Privacy Policy

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.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU: The following categories describe ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, upon request. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at UROLOGY CENTERS OF ALABAMA, P.C. (UCA) may be billed to, and payment may be collected from you, an insurance company, or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who participate in taking care of you at UCA or the hospital. For example, we may disclose medical information about you to people outside UCA who may be involved in your medical care, such as family members, clergy or other persons that are part of your care. UCA and its health professionals, exercising their best judgement, may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate UCA and ensure that all our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other Practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts.

WHO WILL FOLLOW THIS NOTICE: This notice describes our Practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff, and other Practice personnel with whom UCA contracts as a business associate to provide services on its behalf. Personal health information may be disclosed to business associates to perform their respective job functions, but UCA requires business associates to safeguard your information.

Notice of Privacy Policy (Cont.)

CONSENT TO CONTACT: I authorize and grant consent for UCA, its assignees, and third-party collection agents to utilize all contact information I have provided in efforts to contact me to communicate regarding my account, including debt collection, by a live person or automated dialing device. This includes, but is not limited to cellular telephone, employment telephone, home telephone, and any form of digital communications including, but not limited to, contact by manual calling methods, prerecorded or artificial voice messages, emails, text messages, and/or automatic telephone dialing systems.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about treatment options, alternatives, or health related benefits and services that may be of interest to you. When leaving a voicemail, UCA will provide the physician's name, person calling, and telephone number. Communication methods may include email, text, phone, electronic facsimile, or mail. UCA may also use or disclose information to notify a family member, personal representative, or another person responsible for your care, of our location and your general condition.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION: We create a record of the care and services you receive at UCA. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by UCA, whether made by Practice personnel or by your personal doctor.

- The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect.
- Other ways we may use or disclose your protected healthcare information include the following: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives.
- UCA may use your protected healthcare information to submit to the professional certification board for purposes required for physicians' qualification to complete their specialty board examination.
- Federal and state laws could permit UCA to participate in organizations with other health care providers, insurers, and/or other health care industry participants to share your information with one another to accomplish goals such as improving the accuracy and increasing the availability of your health records, aggregating, and comparing your information for quality improvement purposes, and other purposes as permitted by law.
- Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners, and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; and others; public health risks; and worker's compensation.

Notice of Individual Rights

You have the following rights regarding medical information we maintain about you:

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain limited circumstances.

Right to Amend: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, UCA. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, and you must provide a reason that supports your request. We may deny your request for an amendment.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who participates in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

Right to Request Removal from Fundraising Communications: You have the right to opt out of receiving fundraising communications from UCA.

Right to Restrict Disclosures to Health Plan: You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out-of-pocket in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing, and you must specify how or where you wish to be contacted.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We will post a copy of the current notice in UCA waiting room.

Notice of Individual Rights (Cont.)

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with UCA or with the Secretary of the Department of Health and Human Services. To file a complaint with UCA, please contact the Privacy Officer by phone at 205-930-0920 or mail to Urology Centers of Alabama, P.C., 3485 Independence Drive Homewood, AL 35209. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you have any questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer at (205) 930-0920 or 1 (800) 452-1464. UCA reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains.

I acknowledge by acceptance of this form that I have received the Notice of Privacy Practices and Notice of Individual Rights.

Privacy Complaint Form

Both federal and state laws provide for confidentiality of your protected health information, including information maintained in your medical record. It is Urology Centers of Alabama Dispensary's policy to maintain the confidentiality of all such information and to not use or disclose it without the consent or authorization of the patient or as specifically allowed by law. To that end, we treat our patients' concerns about our privacy practices very seriously. You may use this form to let us know of any privacy concerns you may have about our use or disclosure of your protected health information.

The UCA Compliance Committee reviews all complaints regarding privacy concerns. Once the review is complete, you will receive a written response from Urology Centers of Alabama. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. For information on the procedures for filing such a complaint, please contact us at the address or phone number listed below.

Filing this complaint DOES NOT affect your ability to receive treatment at any UCA Health Care location.

PLEASE COMPLETE THIS SIDE ONLY IF YOU ARE FILING A COMPLAINT ON BEHALF OF SOMEONE ELSE.

Name: _____

Patient Name: _____

Address: _____

Patient Address: _____

Date of Birth: _____

Patient Date of Birth: _____

Telephone: _____

Patient Telephone: _____

**Please use the space below to explain your complaint:
(continue on the back of this page if needed)**

Signature: _____

Date: _____

If applicable, please provide Legal Representative's Name: _____

**Please send this form to:
Urology Centers of Alabama, Compliance Committee
3485 Independence Drive, Homewood, AL 35209**

Patient Concerns & Grievances Form

UCA Specialty Pharmacy is committed to providing our patients with the best level of care possible. Please complete this form if you have concerns about the health care or treatment that you or a family member received, or did not receive, while receiving care or services at one of our locations. Patients have the right to report any concerns, complaints, and grievances against Urology Centers of Alabama and UCA Specialty Pharmacy. Your feedback is important to us, and every case will be addressed promptly upon receipt by our management team. To submit a concern, complaint, or grievance, you may do so by completing one of the following three options:

1) Complete this form and mail it to:

ATTN: Logan Styke, Supervisor of Pharmacy Services
UCA Specialty Pharmacy
Urology Centers of Alabama STE 200
3485 Independence Drive
Homewood, AL 35209

2) Call us at 205.445.0183

3) Discuss in person at the address above.

Once your concern has been investigated, you will receive a written or verbal response from UCA Specialty Pharmacy within 14 days. If you feel the case has not been resolved to your satisfaction, you have the right to contact us and request the case be re-reviewed and escalated. Filing of this complaint does not affect your ability to receive treatment or care at UCA Specialty Pharmacy, or any of our clinics.

PLEASE COMPLETE THIS SIDE ONLY IF YOU ARE FILING A COMPLAINT ON BEHALF OF SOMEONE ELSE.

Name: _____

Address: _____

Date of Birth: _____

Telephone: _____

Patient Name: _____

Patient Address: _____

Patient Date of Birth: _____

Patient Telephone: _____

**Please use the space below to explain your complaint:
(continue on the back of this page if needed)**

Signature: _____

Date: _____

If applicable, please provide Legal Representative's Name: _____

Relationship to Patient: _____

Note: You may also file a complaint with the Alabama Board of Pharmacy by visiting [Home - Alabama Board Of Pharmacy \(albop.com\)](http://Home - Alabama Board Of Pharmacy (albop.com)) or dialing 205-981-2280

Patient Satisfaction Surveys

UCA Specialty Pharmacy is committed to providing our patients with the best level of care possible and your satisfaction is important to us. We will periodically send surveys to your home, phone, or patient portal to assess your level of satisfaction with our services.

Questions we may ask on our survey include, but are not limited to, the following:

1. Was your medication dispensed accurately?
2. Was the pharmacy team trained and knowledgeable of how to assist you with your prescriptions?
3. Were the educational materials and instructions provided to you adequate to educate you on the medications dispensed to you?
4. Were the pharmacy team members courteous and helpful?
5. Were your financial responsibilities explained to you?
6. Do you receive advice or help from the pharmacy team members when needed?
7. Did the services provided by UCA Specialty Pharmacy make a positive impact on the outcome of your care and/or treatment?
8. Would you recommend the UCA Specialty Pharmacy to your friends and family?
9. Did the services provided by the UCA Specialty Pharmacy meet your needs and expectations?

Patient Information and Instructions

Medication Refills

You can order medication refills by any of the following methods:

1. Call UCA Specialty Pharmacy at (205) 445-0183 to request a refill.
2. If after hours, you may call UCA Specialty Pharmacy voicemail at (205) 445-0183 and leave a message requesting a refill for your prescription. Be sure to include your name, date of birth, medication, and prescription number you would like to have refilled.
3. Visit UCA Specialty Pharmacy located at the Homewood office.
4. Call your prescribing physician, nurse, or secretary to request a refill.

Recalled Medications

If a manufacturer issues a recall on a medication you have received from UCA Specialty Pharmacy, a member of our team will notify you of the recall and provide instructions on how to dispose of or return the medication. The UCA Specialty Pharmacy team will collaborate with you and your physician to promptly replace or find an alternative medication.

Discontinued and Out of Stock medications

If a medication you are taking is discontinued by the manufacturer or is currently unavailable, UCA Specialty Pharmacy will notify you upon your next refill. UCA Specialty Pharmacy team will collaborate with you and your physician to promptly replace or find an alternative medication.

Medication Substitutions

UCA Specialty Pharmacy has the right to dispense a generic substitution of the medication prescribed as determined by the law. You will be notified if you are dispensed a medication from a different generic manufacturer.

Additional Information on your medication or disease state

If you wish to receive more information regarding your medication, please contact UCA Specialty Pharmacy.

Language Support Services

Language support services can be provided by UCA Specialty Pharmacy upon request.

Medicare Prescription Drug Coverage and Your Rights

Your Medicare Rights

Patients with Medicare Prescription Drug Coverage have the following rights:

- *Right to request a coverage determination from your Medicare drug plan if you disagree with the Information provided by the pharmacy.*
- *Right to request a special type of coverage determination called an "exception" if you believe:*
 - *you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is known as a "formulary." A coverage (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or*
 - *you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price*

If You Disagree with Decisions Made regarding your Medicare Drug Coverage

- You or your prescriber may contact a Medicare representative by calling the plan's toll-free phone number located on the back of your plan membership card, or by going to your plan's website, and request a coverage determination.
- You or your prescriber can request an expedited (24-hour) decision if delays could jeopardize your health by waiting up to 72 hours for a decision.
- When calling your Medicare representative, be prepared to provide the following information:
 - The name of the prescription drug that was not filled, and the dose and strength, if known.
 - The name of the pharmacy that attempted to fill your prescription.
 - The date you attempted to fill your prescription.
- If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

What You Can Expect from your Request

- Your Medicare drug plan will provide you with a written decision.
- If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1.800.Medicare for more information.

UCA Infection Control Measures

Hand Hygiene

Key situations where hand hygiene should be performed include:

1. Before and after counting a prescription
2. Before touching a patient, even if gloves will be worn
3. Before exiting the patient's care area, after touching the patient, or in the patient's immediate environment
4. After contact with blood, body fluids or excretions, or wound dressings
5. Prior to performing an aseptic task (e.g., placing an IV, preparing an Injection)
6. If hands will be moving from a contaminated-body site to a clean-body site during patient care
7. After glove removal
8. Use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., COVID-19 Coronavirus, Clostridium difficile, norovirus). Otherwise, the preferred method of hand decontamination with alcohol-based hand rub.

Use of Personal Protective Equipment (PPE)

1. Before and after counting a hazardous medication to be dispensed
2. Assure that sufficient and appropriate PPE is available and readily accessible to HCP.
3. Educate all HCP on proper selection and use of PPE.
4. Remove and discard PPE before leaving the patient's room or area.
5. Wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment.
6. Do not wear the same pair of gloves for the care of more than one patient.
7. Do not wash gloves for the purpose of reuse.
8. Perform hand hygiene immediately after removing gloves.
9. Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
10. Do not wear the same gown for the care of more than one patient.
11. Wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
12. Wear a surgical mask when placing a catheter or injecting material into epidural or subdural space.

Injection Safety

1. Use an aseptic technique when preparing and administering medications.
2. Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial.
3. Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing.
4. Do not reuse a syringe to enter a medication vial or solution.
5. Do not administer medications from single-dose or single-use vials, ampules, or bags or bottles of intravenous solution to more than one patient.
6. Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient.
7. Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., patient room).
8. Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.
9. Adhere to federal and state requirements for the protection of HCP from exposure to bloodborne pathogens.

Cleaning and Disinfection of Environmental Surfaces

1. Establish policies and procedures for routine cleaning and disinfection of environmental surfaces, with a focus on those surfaces in proximity to the patient and those that are frequently touched.
2. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare.
3. Follow the manufacturer's recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal).

Cleaning, Disinfection, and/or Sterilization of Medical Equipment

1. Counting trays and spatulas will be disinfected and cleaned using 70% isopropyl alcohol after each use
2. Pharmacy work surfaces including countertops and consultation areas will be disinfected and cleaned with 70% isopropyl alcohol at the end of each shift; any visibly soiled areas will first be cleaned with soap and water before disinfection; floors, fixtures, and other aspects of the pharmacy with no direct or indirect contact with medications will be cleaned nightly using appropriate cleaning equipment; trash will also be emptied nightly
3. Ensure that reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, surgical instruments, cystoscopes) is cleaned and reprocessed appropriately prior to use on another patient.
4. Reusable medical equipment must be cleaned and reprocessed (disinfection or sterilization) and maintained according to the manufacturer's instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.
5. Assign responsibilities for reprocessing of medical equipment to HCP with appropriate training.
6. Maintain copies of the manufacturer's instructions for reprocessing of equipment in use at the facility; post instructions at locations where reprocessing is performed.
7. Observe procedures to document competencies of HCP responsible for equipment reprocessing upon assignment of those duties, whenever new equipment is introduced, and on an ongoing periodic basis (e.g., quarterly).
8. Assure HCP have access to and wear appropriate PPE when handling and reprocessing contaminated patient equipment.

Respiratory Hygiene/Cough Etiquette

1. Review and revise the current Respiratory Protection Plan, as needed based upon updates by regulatory agencies.
2. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of entry to the facility and continuing throughout the duration of the visit.
3. Post signs at entrances with instructions to patients with symptoms of respiratory infection that include the following:
 - a. Cover their mouths/noses when coughing or sneezing
 - b. Use and dispose of tissues
 - c. Perform hand hygiene after hands have been in contact with respiratory secretions
4. Provide tissues and no-touch receptacles for disposal of tissues.
5. Provide resources for performing hand hygiene in or near waiting areas.
6. Offer masks to coughing patients and other symptomatic persons upon entry to the facility.
7. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, place these patients in a separate area while waiting for care.
8. Educate HCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.

Immunocompromised Patients

Patients who are immunocompromised (e.g., patients with HIV, diabetes, undergoing chemotherapy for cancer, etc.) will be managed the same as all patients under the Standard Precautions guidelines. B. Additional precautions that may be offered to immunocompromised patients include, but are not limited to, the following, when applicable:

1. Provide telehealth visits when possible
2. Provide a waiting area separate from other patients
3. Offer a check-in option from the car so that the patient may bypass the registration desk
4. Provide masks to the patient and/or caregivers

Team Members with Health Conditions Limiting their Activities

Team members who are limited or incapable of performing the functions of his or her job due to health conditions will be referred to the Director of Human Resources and evaluated on a case-by-case basis.

TB Risk Assessment/Exposure Control Plan and OSHA Blood Borne Pathogen Plan

Available upon request