



Specialty Pharmacy Services

WELCOME PACKET



Welcome to Aspire Indiana Pharmacy!

Thank you for choosing Aspire Indiana Pharmacy to be your specialty pharmacy provider. Our dedicated pharmacy team is excited to work with you, your physician/healthcare team and your insurance company to ensure that all your needs are met.

As a specialty pharmacy patient, you will have one-on-one direct contact with our pharmacists who will develop a program tailored to you, so you can understand and follow your prescription guidelines.

Our services are designed to help you achieve the most benefit from your therapy including:

- Training, Education and Counseling
- Comprehensive Medication Review
- Plan of Care
- Copay, Patient Assistance, and other Financial Assistance Programs
- Free Medication Delivery
- Refill Reminders
- 24/7 Access to Clinically Trained Personnel

We look forward to providing you with the best service possible. We thank you for choosing Aspire Indiana Pharmacy.

Sincerely,

The Aspire Indiana Pharmacy Team

CONTACT INFORMATION

Hours of Operation:

- Monday – Friday: 8:00 AM – 5:00 PM
- Saturday and Sunday: Closed
- Aspire Indiana Pharmacy will be closed on the following holidays:
 - New Years Day
 - Martin Luther King Jr. Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Day After Thanksgiving
 - Christmas Eve
 - Christmas Day

Contact Information:

- Local: (317) 268-5319
- Toll Free: (877) 430-0707
- Fax: (800) 650-2055
- Email: aspirepharmacy@andhealth.com
- In Person: 2009 Brown St. Room 116, Anderson, IN 46016

24/7 Support

- Clinically trained personnel are available 24 hours a day, 7 days a week including holidays and weekends.
- Our after-hours clinicians are available to assist you with urgent clinical questions.

When to Contact Us:

- When you need to place an order
- When you need to fill a prescription, including refills
- You have questions or concerns about your medication and/or status of medication
- When you have any questions or concerns regarding equipment provided
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

IMPORTANT INFORMATION

- **Patient Management Program**

- Specialty pharmacy patients are automatically enrolled in our therapy-specific Patient Management Program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use. This program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to a specialty pharmacy team member.
- The Patient Management Program provides benefits such as managing side effects, increasing compliance with drug therapies, and overall improvement of health when you are willing to follow your treatment plan. Not following your treatment plan or the directions provided by your prescriber or pharmacist may limit these benefits.

- **Financial Information**

- Before your care begins, a staff member will inform you of your out-of-pocket costs such as deductibles, copays and coinsurance.
- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
- We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
- Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.

- **Filling a Prescription, including Refills**

- Your physician can send us your prescription, or you can provide it to us in person or through the mail.
- You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request.

- **Prescription Transfers**

- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
- Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

- **Drug Substitution**

- Our pharmacy strives to find the most cost-efficient option for you. From time to time it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to

generic to save you money. We will use brand name medication at you or your prescriber's request.

- **Proper Disposal of Sharps**

- Place all needles, syringes, and other sharp objects into a sharp's container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

- **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>
RXdrugdropbox.org

- **Drug Recalls**

- If your medication is recalled, the specialty pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer.

- **Accessing Medications During an Emergency or Disaster**

- In the event of an emergency and/or disaster in your area, please contact our pharmacy to assess potential medication delivery options.
- If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.

- **Medication**

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- Keep all hazardous materials and liquids out of the reach of children
- Contact a Pharmacist directly if you would like instructions how to properly dispose of a hazardous material/medication
- Know your local poison control number or dial 1-800-222-1222
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.
- Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

- **Medication Issues and Concerns**

- Information shared with our pharmacy will always remain private and confidential
- Please contact the pharmacy as soon as possible to report suspected medication issues including (but not limited to): counterfeit medication, errors, adverse drug events, etc

- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact:
 - URAC
 - Website: <https://www.urac.org/complaint/>
 - Email Address: grievances@urac.org
 - ACHC
 - Website: <http://achc.org/contact/complaint-policy-process>
 - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)
 - Indiana Board of Pharmacy: (317) 234-2067

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Aspire Indiana Pharmacy, you have the RIGHT to:

- 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 care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services that the program 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
- 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 or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI)
- Be advised on the program'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 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
- Have personal health information shared with the Patient Management Program only in accordance with state and federal law

- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the Patient Management Program
- Decline participation, or disenroll, at any point in time

As a patient of Aspire Indiana Pharmacy you have the RESPONSIBILITY to:

- Give accurate clinical/medical and contact information and to notify the Patient Management Program of changes in this information
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the Patient Management Program
- Submit forms that are necessary to receive services
- Maintain any equipment provided
- Notify the program of any concerns about the care or services provided

ADDITIONAL INFORMATION REGARDING YOUR MEDICATION, CONDITION/DIAGNOSIS AND COMMUNITY AND FINANCIAL RESOURCES CAN BE FOUND ON THE FOLLOWING WEBSITES:

****edit table below based on specialty disease states serviced****

Allergy and Immunology	https://www.aaaaifoundation.org
Crohn's Disease	http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures http://www.crohnsonline.com http://www.crohnsforum.com
Cystic Fibrosis	https://www.cff.org/
Growth Hormone Deficiency	http://www.hgfound.org
Hepatitis	http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable_information.htm
HIV	https://www.hiv.gov https://www.cdc.gov/hiv/basics/livingwithhiv/resources
IBD	https://www.crohnscolitisfoundation.org
Infertility	https://resolve.org
Lipid Disorders	https://www.lipid.org/foundations
Multiple Myeloma	https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma
Multiple Sclerosis	http://www.mymsaa.org http://www.msfocus.org http://www.nationalmssociety.org

Neuro Oncology	https://www.soc-neuro-onc.org/SNO/Resources/Patient_Resources/SNO/Resources/Patient_Resources.aspx
Oncology/Hematology	https://www.cancer.org https://www.livestrong.org/we-can-help
Psoriasis	http://www.psoriasis.org
Pulmonary Hypertension	https://phassociation.org/patients/aboutph
Rheumatoid Arthritis	https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis http://www.rheumatoidarthritis.com http://www.arthritis.org
Solid Organ Transplant	https://transplantliving.org
Stem Cell Transplant	https://www.asbmt.org/patient-education/external-resources

Emergency/Disaster Preparedness Plan

Aspire Indiana Pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy's local area but reside in a location that will experience a weather disaster, you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

If you are in danger of running out of your medication, please contact us immediately. We will assess and coordinate potential delivery options with you. If you are unable to reach the pharmacy or your provider and may run out of your medication, please go to the nearest emergency room.

If your medication is potentially damaged or in an unsafe location, please contact us immediately. We will coordinate replacement medication for you.

Infection Control

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up 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

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2. **Lather** your hands by rubbing them together with the soap. 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.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.