

UMMC Special Medicine Pharmacy

“Specialty Medicine Pharmacy”

What is a special medicine pharmacy?

This special pharmacy helps people that are taking medicine that:

- Maybe hard to find.
- Must be stored in a special way.
- Is used in a special way.
- Costs a lot.
- Needs you to check in with an expert who knows the medicine.

How to get in touch with us:

We will help you if you have trouble hearing or you do not speak English.

- Website: <https://www.umms.org/ummc/health-services/pharmacy/specialty>
- Email: specialtyrx@umm.edu
- Pharmacy billing: 443-462-5944

Pharmacy Name	Address	Hours	Phone and Fax Number
UMMS Pharmacy Services at Linthicum	920 Elkridge Landing Rd. Linthicum, MD 21090	Monday – Friday 8:00 AM – 5:30 PM	410-328-6445 Toll free: 855-547-4276 Fax: 410-684-3776
UMMC Outpatient Pharmacy at Weinberg	22 S. Greene St. Baltimore MD 21201	24 hours/7 days a week	410-328-5233 Toll free: 877-794-8662 Fax: 410-328-0666

If you need help right away:

- Call 911 if it is an emergency.
- Call (877) 794-8662 if you need to talk about your medicines any time during the day or night, 7 days a week.

We will work with you and your insurance to:

- Find out how much your medicine will cost.
- Look for help if the cost is too high.
- Get medication paid for with insurance.
- Get your medicine if the insurance does not pay for it.
- Have another pharmacy fill your medicine if needed.
- Tell you the cost if you pay cash.

Co-Pays (what you pay out of pocket):

- We tell you how much you will pay out of pocket.
- Your insurance sets your co-pay.
- Your co-pay may be more for special drugs.
- We look for ways to lower your co-pay.

How we can help:

- Talk with your doctor to help you get the best care.
- Make sure you have all the information you need to take your medicine the right way.
- Make sure you know why you are taking a medicine.
- Talk with your pharmacist about your medicines and condition.
- To get medicine approved.
- Remind you to refill medicine.
- With billing to most insurances: private, HMOs, Medicare and Medicaid.
- With billing more than one insurance.
- Assist with discount programs.
- Get free delivery.
- Help get starter kits, if possible.

How you will get your special medicine:

- It is sent to your home free.
- We call to set up delivery with you every month.
- Medicine will ship to you Monday – Friday.
- You can pick it up.

Tell us:

- If your medicine changes.
- If your health changes.
- Five days before you run out of medicine.
- If you need bottles that are easier to open.
- If you do not want our calls:
 - Call us and let us know you do not want to calls.
 - We then update your record.
 - It is harder to help with your care plan.
 - It is harder to help to keep you on your medicine.

To be sure, you do not run out of your medicine (refills):

- We will call you to remind you.
- We will have your medicine sent to you before you run out.
- Call the phone number on your bottle, if your medicine is low.

- We work with you, if you do not get your medicine on time.
- Your package can be tracked.
 - We can give the tracking number to you by email or phone.

If you leave your home in an emergency:

- Take enough medicine to last.
- Take medical supplies with you.
- Bring a cooler with ice for medicines that need to be in the refrigerator.
- Call the pharmacy when you can.
- Tell us how you are doing and how we can reach you.

Questions

How do I get the best results from my treatment?

- Follow the directions.
- Ask questions – we can help.
- Speak to the pharmacist about your health when they call you.

When should I call the pharmacy?

Call us if you have:

- Not gotten your medicines in time.
- A mistake with your medicine.
- Heard your medicine has been recalled.
- A change in your address, phone number, or insurance.
- Questions about your medicine.
- Questions about your care.
- Had a change in your medicine.
- Side effects.
- An emergency or natural disaster like a hurricane.

Who should I call if I have an issue?

- Call us if you have any concerns about your medicine, the delivery, or your care.
 - Contact us and ask to speak with a supervisor.
- Email us at specialtyrx@umm.edu.

What should I do with unused or old medicines?

- Some cities have places where you can safely get rid of medicines.
- Most pharmacies do not take back medicines.
- The Weinberg pharmacy has a bin where you can drop off your old medicines.
- You can also go to the below link to find the best way to get rid of your medicines:
<https://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

Can I get my medicine(s) if I do not have insurance?

Some drug companies will give you medicine for free. We will find out if this is an option.

Will I ever get a medicine that works the same, but is a lower cost (generic)?

We give you a cheaper medicine, if your doctor and laws allow it.

Groups that can help you (Advocacy and Support)

Transplant

- Transplant Living
 - Website: <https://transplantliving.org/community/support-groups/>

Inflammatory Bowel Disease

- Crohn's & Colitis Foundation of America
 - Website: www.ccfa.org
 - Phone: (800) 932-2423

Growth Hormone

- The Magic Foundation
 - Website: www.magicfoundation.org
 - Phone: (800) 362-4423

Hepatitis C

- American Liver Foundation
 - Website: www.liverfoundation.org
 - Phone: (800) 465-4837

Rheumatology

- American College of Rheumatology
 - Website: www.rheumatology.org
 - Phone: (404) 633-3777
- Arthritis Foundation
 - Website: www.arthritis.org
 - Phone: (800) 283-7800

Patient Rights & Responsibilities

You have the following rights:

- To get your care where you feel safe.
- To be treated with respect.
- To know the names and titles of those caring for you.
- To speak with us at any time.
- To take part in planning your care.
- To understand your illness, your care, how you will benefit you, and any risks.
- To give us the ok to give your care.
- To say yes or no to research studies or to get out of a study at any time.
- To have your health information kept private.
- To tell us what you think and to tell us what we could do better.

- To receive care no matter what your race, sex, gender identity or expression, sexual orientation, financial means, education, religion, or the insurance you have.
- To have free help if you need sign language or do not speak English well.
- To see your health record.
- To understand your bill(s).
- To keep your health record safe in our system and pharmacy.
- To stop using our pharmacy.
- To know about how we manage your care (Patient Management Program).
 - To know about the program.
 - To know about changes with the program.
 - To stop being in the program.

Your responsibilities:

- Keep us up-to-date with all your information:
 - Your full name, address, telephone number
 - Date of birth
 - Insurance
 - Employer
 - Your health and medical history
 - Social Security number
- Asking questions when you do not understand your care or how to care for yourself.
- Tell us if you do not think you can follow your care plan.
- Tell us how you are feeling, if you are having problems, pain, or other issues with your care or treatments.
- Show respect to our staff and the property.
- Show respect to other patients and their property.
- Be kind and thoughtful while you are with us.
- Follow the rules of our facility.
- Make all your appointments or cancel ahead of time if possible.

To see a complete list of Patient Rights & Responsibilities, please refer to:

- <https://www.umms.org/ummc/patients-visitors/for-patients/patient-rights-and-responsibilities>.

**The forms below are only for patients with Medicare B covering products:
Medicare Supplier Standards:**

The products and/or services provided to you by UMMC Pharmacy are subject to the supplier standards contained in the Code of Federal Regulations, Title 42, Chapter IV, Subchapter B Section 414.220 Inexpensive or routinely purchased items, and Section 414.229 Other durable medical equipment-capped rental items. These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items:

I received instructions and understand that Medicare defines the _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

For CAPPED RENTAL ITEMS:

- If beneficiary accepts purchase option, then Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include: Hospital beds, wheel chairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

I select the: Purchase Option _____ Rental Option _____

Beneficiary Signature

Date

Print Name

Date of Birth

Equipment Warranty Information Form:

University of Maryland Outpatient Pharmacies honor all warranties expressed and implied under applicable State Law. University of Maryland Outpatient Pharmacies will notify all Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. University of Maryland Outpatient Pharmacies will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services covered under warranty. In addition, an owner’s manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I hereby acknowledge that I, _____ (patient name) received instruction and understand the warranty coverage on the product I received.

Beneficiary Signature

Date

Print Name