

 **Atrius Health**
Part of Optum®

Specialty Pharmacy



Information Packet



ACCREDITED
Specialty Pharmacy
Expires 02/01/2026





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Dear Patient,

Welcome to the Atrius Health Specialty Pharmacy, which serves patients across all our practice locations. We are located on the first floor of the Atrius Health Kenmore practice at 133 Brookline Avenue in Boston, Massachusetts.

Thank you for choosing our specialty pharmacy and allowing us the opportunity to provide you outstanding care and service.

Sincerely,
The Specialty Pharmacy Team

Contact Us

Phone

617-421-5929

Toll Free

800-249-1767

E-mail

SpecialtyPharmacy@atriushealth.org

Website

www.atriushealth.org

Hours of Operation

Monday – Friday
8:00 a.m. to 5:00 p.m.

Closed on major state
and federal holidays

*Clinical staff are available by phone 24 hours a day,
7 days a week for all urgent clinical matters.
Please call 911 if you are experiencing a medical emergency.*

What is a Specialty Pharmacy?

A specialty pharmacy provides medications that are typically complex and require special storage and handling. These medications are typically not available at traditional pharmacies. Our specialty pharmacy provides a personal level of management needed for safe, effective, and affordable treatment. This is the core of our Patient Management Program.

Patient Management Program

Taking a specialty medication can sometimes present challenges. Upon receipt of your prescription, you will be enrolled in our Patient Management Program to help manage these challenges. As part of the program, you will receive the following services:

Therapy Management

- An initial assessment to gather information such as use of other medications
- Instructions on safe use
- Instructions on proper storage
- Guidance on side effects and other complications
- Refill reminder calls
- Periodic check-ins to evaluate your therapy



Financial and Reimbursement Assistance

Specialty medications are often expensive. We make it a priority to help you find financial assistance from non-profit organizations and manufacturer co-pay cards based on your eligibility. We also work directly with your Atrius Health provider to obtain medication approval from your insurance company as needed. In the event coverage for your therapy changes, we work closely with your payor and provider to ensure continuation of care is not interrupted. We will always notify and share your out of pocket cost.

Medication Delivery

We offer **free delivery** of all medications to your home or location of choice in our service area of Massachusetts. Refrigerated medications are packaged and shipped overnight using a validated distribution process, ensuring your package arrives at the appropriate temperature. Please note we will not ship any medications without your consent.

Frequently Asked Questions

Who can I speak to at the pharmacy?

Our experienced team of pharmacists and technicians are ready to answer any questions you may have. This includes order status, delays, claims-related information, side effects, and urgent clinical questions based on evidence-based health information. We also provide advocacy support information and content for common conditions and their treatments upon request.



How do I refill my medication?

Our specialty pharmacy will contact you to schedule a refill within 10 days of your next needed supply. This prevents any gaps in your therapy and allows us to answer any questions you may have. If you have an emergency or delay, please call us immediately. Standard orders take 24 to 48 business hours to process.

How much will my prescription cost?

We accept most insurance, including Medicare and Medicaid. We always communicate your financial responsibility before shipping your medication, including in writing if it is out of network. The cash price of the medication is also available upon request. Please also check with your health plan for more information.

Can you fill all specialty medications?

We are able to fill most specialty medications. If we are unable to fill your medication, including if we are out of network, we will contact you directly to help find a pharmacy that will meet your needs.

What if I have a question about my shipment?

Call us directly if you have any questions regarding product storage, suspected errors, or any concerns regarding the shipped package.

What if I have questions about medication/ sharps disposal, recalls, side effects, drug substitutions, transfers, or emergencies?

Our team of clinical pharmacists will contact you directly on these topics and are available to answer your call. For disposal, please visit the FDA's website on "How to Dispose of Unused Medications" for guidance and recommendations.

Where can I find information about privacy practices?

Previously you received a copy of the Notice of Privacy Practices when visiting one of our medical practice locations. This information can also be found on our website or mailed to you by request. Please visit www.atrusheralth.org or call us to request a copy.

I have a complaint, who do I talk to?

Please call the specialty pharmacy directly and the pharmacist will be happy to resolve any problems or concerns you may have.

How do I contact the Patient Management Program?

Please call us at 617-421-5929.

Patient Management Program

Participating Patient Rights and Responsibilities

1. The right to know about philosophy and characteristics of the Patient Management (PM) Program
2. The right to have your protected health information kept confidential and shared with the PM Program only in accordance with state and federal law
3. The right to identify the PM Program's staff members, including their job titles, and to speak with a staff member's supervisor if requested
4. The right to choose your healthcare professional
5. The right to speak to a health professional
6. The right to receive information about the PM Program including administrative information regarding changes in, or termination of, the PM Program
7. The right to decline participation, revoke consent, or disenroll at any point in time from the PM Program by phone, e-mail, or in writing. If you cannot be reached for assessments you will be automatically disenrolled
8. The right to be fully informed in advance about the care/service to be provided, including the disciplines that furnish care, the frequency of visits, your financial responsibility as well as any modifications to the plan of care
9. The right to participate in the development and periodic revision of the plan of care
10. The right to be fully informed of one's responsibilities and of any financial benefits when referred to an organization
11. The right to be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
12. The right to have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality; to receive appropriate care without discrimination
13. The right to know about policies and procedures regarding the disclosure of clinical records
14. The right to voice grievances and have grievances investigated 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

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15. The responsibility to submit documentation necessary to participate in the PM Program
 16. The responsibility to give accurate clinical and contact information and to notify the PM Program of changes in this information
 17. The responsibility to notify your treating provider of your participation in the PM Program, if applicable
 18. The responsibility to notify the organization of any concerns about the care or services provided

Patient Management Program Limitations

The Patient Management Program offers many potential health benefits including management of side effects and increasing adherence, but may also have limitations. These include the need to participate in assessments and willingness to comply with therapy.

Emergency Preparedness for Prescription Medications

In case of emergency/disaster, we will contact you with detailed information on how to obtain your medication. This includes transferring to another specialty pharmacy that is able to assist as needed. We will make all reasonable attempts to contact you prior to or following an emergency/disaster.

The following are helpful tips to prepare for an emergency/disaster:

- Have a plan – discuss with your provider and pharmacist
- Maintain an emergency health care kit
- Keep your gel/freezer packs (as applicable)
- Know what to expect – what type of emergency? Where is the closest shelter?
- Know how to reach us – for access to medication (e.g. phone and e-mail)
- Order early – keep at least 7 days of medication on hand
- Missed doses – if you have missed a dose, contact us right away for more information

Discrimination is Against the Law

Atrius Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Atrius Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Atrius Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Atrius Health Specialty Pharmacy or call Monica Carballo, Interpreter Services Representative, at 617-421-2850 (TTY: Call 711).

If you believe that Atrius Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance:

By mail: Patient Relations, 275 Grove St., Newton, MA 02466

By phone: 617-559-8440

By e-mail: patient_relations@atriushealth.org

If you need help filing a grievance, a Patient Relations Representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F

HHH Building, Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



Interpreter Services

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-617-421-2850 (TTY: 711).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-617-421-2850 (TTY: 711).
- ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-617-421-2850 (TTY: 711).
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
 - Appelez le 1-617-421-2850 (ATS : 711).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-617-421-2850 (TTY : 711)
- ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-617-421-2850 (TTY: 711).
- ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.
 - Chiamare il numero 1-617-421-2850 (TTY: 711).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
 - Звоните 1-617-421-2850 (телетайп: 711).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-617-421-2850 (TTY: 711).
- ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-617-421-2850 (TTY: 711).
- ملاحظة: إذا تتكلم عربي، بإمكاننا أن نرؤدك المساعدة اللغوية حينما شئت.
- تلفن: ٧١١ (TTY): ١-٦١٧-٤٢١-٢٨٥٠
- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
 - Zadzwoń pod numer 1-617-421-2850 (TTY: 711).

- ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-617-421-2850 (TTY: 711)។
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
 - Rufnummer: 1-617-421-2850 (TTY: 711).
- ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-617-421-2850 (TTY: 711) पर कॉल करें।
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-617-421-2850 (TTY: 711) 번으로 전화해 주십시오.