



## **Welcome to Men's Health Foundation Pharmacy!**

Thank you for choosing us to be your specialty pharmacy provider. Our dedicated pharmacy team is excited to work with you, your physician, 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
- 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 know you have many options, and we thank you for choosing Men's Health Foundation Pharmacy.

Sincerely,  
The Men's Health Foundation Pharmacy Team

## **CONTACT INFORMATION**

### **Hours of Operation:**

- Monday – Friday, 9:00am to 5:30pm
- Men’s Health Foundation Pharmacy will be closed on the following holidays:
  - Martin Luther King Day
  - Presidents Day
  - Cesar Chavez Day
  - Memorial Day
  - Independence Day
  - Labor Day
  - Veterans Day
  - Thanksgiving Day
  - Thanksgiving Recovery Day
  - Christmas Day
  - New Year’s Day

### **Contact Information:**

- Local: (310) 550-1010 option 2  
(310)-205-0724 (direct)
- Fax: (310) 276-1809
- Email: [sunsetpharmacy@mhfoundation.org](mailto:sunsetpharmacy@mhfoundation.org)
- In Person: 9201 W Sunset Blvd Ste G2, Los Angeles, CA 90069

### **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:**

- You have questions or concerns about your medication
- 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.
- By participating in this program that you have been automatically enrolled in, you will receive an initial assessment by a pharmacist who will teach you how to effectively take your medication (frequency, route, and dose), inform you of any potential side effects, check for any drug-drug or drug-disease interactions, drug allergies, and to help alleviate any concerns.
- Patient Management Program benefits include:
  - Improved knowledge of medication uses and administration.
  - Improved medication compliance by creating an individualized plan of care tailored to you.
  - Advise on managing potential side effects.
  - Greater self-management of medications and medical condition
- If you wish to opt-out, feel free to let us know anytime. You can opt-out and still receive refill reminder calls.

### **• 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**

- 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.

- **Obtaining Your Prescriptions - Delivery or Pick Up**
  - You have the option of picking up your medications or having them delivered for free to a safe location of your choice. Protecting your health information is one of our top priorities so your medications will only be released to someone you have authorized. You or someone you authorize can conveniently walk-in Monday- Friday. Please refer to our hours of operation.
  - Please open your order and review the contents immediately after you receive it to ensure your order is correct and complete. We encourage you to store your medication(s) in the proper way as soon as possible. Please contact us at 310-205-0724 within one business day to report missing or damaged contents.
  
- **Obtaining Refills**
  - Prescription refills are easy with Men’s Health Specialty Pharmacy. A pharmacy staff member will contact you prior to your refill due date to set up refills, determine your compliance to the prescribed therapy, discuss any side effects, evaluate any changes in your medical condition and/or regimen, collect any co-payments, set up a pickup or delivery date and confirm a delivery address should you need delivery.
  - If we are unable to reach you for coordination of refill, please call and ask for a pharmacy staff member. The pharmacy will not ship refills without confirming with you first.
  
- **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/Equivalents**
  - 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 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>
    - <https://www.rxdrugdropbox.org>

- **Drug Recalls**
  - If your medication is recalled, our 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 or disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication.
  - 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.
  
- **Adverse Reactions**
  - An adverse reaction (side effect) is defined as “Any unfavorable or unintended sign, symptom, or disease temporarily associated with the use of a drug.”
  - If you suspect an adverse reaction, please contact one of our pharmacists and your physician. However, in the case of a medical emergency, please call 911 or your local emergency service for immediate assistance.
  
- **Medication Issues and Concerns**
  - Our clinical specialty pharmacists review all prescriptions for safety and accuracy according to best practice and as prescribed. However, if you notice any errors (ex: wrong drug, wrong dose, wrong frequency, or suspect counterfeit medications) please reach out to us and we will investigate and rectify the mistake.
  
  - 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/file-a-grievance>
      - Email Address: [grievances@urac.org](mailto:grievances@urac.org)
    - California Board of Pharmacy
      - Website: [Filing a Complaint - California State Board of Pharmacy](#)
    - ACHC
      - Website: <https://www.achc.org/contact>
      - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)

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

HIV	<a href="https://www.hiv.gov">https://www.hiv.gov</a> <a href="https://www.cdc.gov/hiv/basics/livingwithhiv/resources.html">https://www.cdc.gov/hiv/basics/livingwithhiv/resources.html</a>
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## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **As our patient, 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 organization 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 agency'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 our patient, you have the RESPONSIBILITY to:**

- Give accurate clinical/medical and contact information and provide notification 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 organization of any concerns about the care or services provided