



Your Courage. Our Expertise.

Welcome to your Rocky Mountain Cancer Centers' (RMCC) Medically Integrated Dispensing Pharmacy. We are here for you. Thank you for trusting us to serve you and your pharmacy needs.

The RMCC Pharmacy Team is here to provide you with oral chemotherapy, supportive care medications, and other specialty prescription needs. Our goal is to provide you with continued care and to serve as an information resource. We want you to achieve the best possible outcome and we pride ourselves on providing timely care. We truly care about you and are committed to partnering in your care plan.

By entrusting your care to our pharmacy team, you can expect:

- A pharmacy team specializing in oncology/hematology related medications
- Assistance with insurance approval and obtaining financial assistance through nationally recognized programs
- A team approach between board-certified oncology physicians, knowledgeable and experienced pharmacists, and oncology-trained nurses to educate, to monitor, to manage potential side effects, and to obtain optimal medication benefits
- Quick turnaround time to ensure you can start your treatment promptly
- Timely and thorough communication
- Free and convenient delivery of your medications

Thank you for choosing RMCC for your healthcare needs. Let us provide you with the highest level of care and answer any of your questions along the way. **We are here for you.**

Sincerely,

Your RMCC Pharmacy Team

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## RMCC Pharmacy Hours of Operation

RMCC Pharmacy is open Monday to Friday from 8:30 am to 4:30 pm.

The pharmacy is closed Saturday and Sunday.

RMCC Pharmacy will also be closed for the following holidays:

- New Year's Day
- Memorial Day
- The Fourth of July
- Labor Day
- Thanksgiving, Nov 27<sup>th</sup> and Nov 28<sup>th</sup>
- Christmas Eve
- Christmas Day

Should you have questions outside of normal business hours, please feel free to leave a message on our secure and confidential voicemail. Urgent after-hours needs should be directed to your clinic.

It is the policy of the practice that patients will have access to medical (inclusive of pharmacy) support 24 hours a day, 365 days a year, from a knowledgeable member of the medical care team. That care will be accessible via the normal practice phone number which seamlessly rolls to an after-hours call management group for proper handling after normal business hours.

Please utilize the last page of this packet for reference when calling the pharmacy and also as a medication list that can be taken to other medical facilities and providers for your convenience.

Your RMCC Pharmacy Phone Number is **303-285-5085**.

To schedule a refill: **Option 1**

To reach a pharmacy technician: **Option 2** (April, Laura, Kate, Alberto, Val)

To reach a Pharmacist: **Option 3** (Donna, Melissa, Marisa, Rebecca)

Patient Financial Counselor: **Option 4** (Maricar)

Insurance Prior Authorizations: **Option 5** (Jessica)

Pharmacy Nurse: **Option 6** (Karen)

## Pharmacy Mission

*“To provide comprehensive, safe, high-quality, evidence- and value-based, patient-focused pharmacy services to all of Rocky Mountain Cancer Centers, utilizing collaboration, professionalism, respect, and effective communication.”*

## Pharmacy Vision

*“To become the leading pharmacy team within the US Oncology Network of practices based on overall performance, advancement, and growth, while continuing to advance cancer care and patient-provided value within the state of Colorado.”*

## Pharmacy Values

*Service, Compassion, Determination, Influence, Leadership*

*“I am motivated by our patients. Hearing their success stories gives me a sense of validation in what I do and getting to know them on a personal level has been extremely rewarding. I enjoy coming to work each day because I work with a fun group of individuals, each with the common goal of enhancing our patients’ lives.”*

**Marisa Dziallo, Pharmacist**

*“I am passionate about taking the time to help our patients navigate through the hoops of gaining access to their medications so that our patients have more time to focus on feeling better.”*

**Maricar Ocampo, Patient Financial Counselor**

# Prescription Process

RMCC Pharmacy takes pride in providing a higher level of service than other specialty and mail-order pharmacies. Below are a few details of the prescription process that we would like you to be familiar with.

## Prescription Processing

We will work closely with your physician and clinic to ensure that all necessary information is gathered before the process is started.

In the event that our pharmacy cannot fill your medication for you, we will assist in transferring the prescription to another trusted pharmacy to ensure continuity of your care.

## Insurance Coverage

As a courtesy, our dedicated and experienced financial counselor will review your insurance coverage and help determine possible eligibility for copay cards, grants, and/or free medication(s). While we will make every effort to identify and secure resources, there is no guarantee that we will be able to obtain enough financial assistance to cover all of the potential charges related to your care.

You are responsible for remaining co-payments. For your convenience, we accept cash, checks, and most major credit/debit cards. Payment is expected at the time of service.

## Medication Counseling

Once the medication is approved and payment has been received, a clinical pharmacist will contact you regarding medication counseling and help coordinate shipping to either your clinic or directly to your home.

Personalized medication counseling will include the benefits of taking the medication prescribed by your RMCC clinic, proper instruction for medication(s) administration, side effect management, and instructions regarding how to report adverse drug reactions to our clinical pharmacists, if needed.

To check the status of your prescription, obtain a refill, or report adverse drug reactions, please call the pharmacy at (303)-285-5085 and select the appropriate option.

For refills, we will make every effort to call you to set up delivery when you have about seven (7) days of medication left. If we are not able to contact you after three (3) attempts, we will notify your RMCC clinic. To prevent unnecessary delays in your treatment, please contact us at least five (5) days before your medication supply runs out.

## Refills and Status Updates

To check the status of your prescription, obtain a refill, or report adverse drug reactions, please call the pharmacy at (303)-285-5085 and select the appropriate option.

For refills, we will make every effort to call you to set up delivery when you have about seven (7) days of medication left. If we are not able to contact you after three (3) attempts, we will notify your RMCC clinic. To prevent unnecessary delays in your treatment, please contact us at least five (5) days before your medication supply runs out.

## Disposal of Medications

If you have medication that is no longer needed, please follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so. When in doubt about proper disposal, please reach out to us. Please take advantage of community drug take-back programs by contacting your city or county government to inquire about availability of these services. More information can be found here: <https://www.colorado.gov/pacific/cdphe/colorado-medicationtake-back-program>

## Medicare Part D Overview

The following figure describes the Medicare Part D benefit structure. If you are currently eligible for Medicare Part D coverage benefits, this overview may be useful to you. RMCC always recommends patients speak directly to a Customer Care Representative with their insurance plan for details regarding coverage; this is usually the number found on the back of your insurance card.

### What are my out-of-pocket (OOP) drug costs in 2026?

#### \$2,100 OOP Maximum

You will **not pay more than \$2,100** in 2026 for all of your Part D-covered drugs (**branded and generic**)

#### \$0 OOP Costs

**\$0 costs** for all covered drugs **after** you reach the yearly OOP maximum of \$2,100

#### Payment Plan Option

You may be able to **spread your OOP costs** across the calendar year (Jan-Dec) in **monthly installments**

### Consider managing drug costs with the Medicare Prescription Payment Plan

When participating in the Medicare Prescription Payment Plan, you may:

- ❖ **Opt in** during Medicare open enrollment or any time during the year
- ❖ **Pay at little at \$0 at the** pharmacy (including mail order or specialty pharmacies)
- ❖ **Receive a bill from your health plan** or Part D drug plan each month (instead of paying the pharmacy)

#### Need more information?



Contact your health plan or Part D plan. Call using the phone number on the back of your member ID card or visit the plan website.

OR

Visit these websites to learn more:



Medicare.gov



Myhealthcare  
Finances.com

## Copay Assistance Overview

Depending on the type of insurance coverage you have (*Commercial/Private or Government/Public*) you may be eligible for different types of copay assistance when prescribed a high-priced oral medication. Below is a summary of those assistance programs and their eligibility requirements. Our Pharmacy Financial Counselor will investigate if these options are available for your medication(s).

### Copay Cards

Patients who have commercial/private insurance, regardless of whether it was purchased individually or by an employer, may be eligible to receive a co-pay card for certain medications. These are discount cards offered by the drug manufacturer that may cover your deductible amounts up to a maximum limit designated by the manufacturer. Copay cards are normally only for brand name drugs and may not be available for many medications.

### Private Foundations (Copay Grants)

Patients who have government/public insurance and are within a certain income/household size threshold may qualify for a grant that would cover their Part D coinsurance. These foundations are donation-based and designate funding by disease/diagnosis for each of their personalized programs. Income limits are decided based on the Federal Poverty Level percentage of 400-500%; for a household of one, this equates to around \$60 to \$78 per year, or, for a household of two, around \$80 to \$105k per year. Patients under this threshold and have Medicare Part D should always inquire about applying for these types of assistance. These grants will usually cover patients' doughnut hole/coverage gap and catastrophic coinsurance amounts for 6-12 months. If there is no funding available, the next step is to investigate assistance with the drug manufacturer, since some offer free drug programs for eligible patients.

### Non-Active Prescription Insurance (Uninsured)

Patients who have no, or limited, insurance coverage, may qualify to receive medication from the drug manufacturer's pharmacy for free. Each manufacturer has their own income limit, guidelines, and individual applications for these programs. These applications usually require signatures from both the patient and the physician, as well as a proof of income document, such as a recent tax return, social security letter, or bank statement.

## Handling Adverse Reactions

An adverse reaction is defined as any unpredictable, unintended, undesirable, or unexpected biological response that a patient may have to medications. Below is a list of some of the possible adverse reactions that could be experienced when starting a new medication:

- Headache, tremors, dizziness, muscle spasms, confusion
- Nausea, vomiting, diarrhea
- Skin rash or flushing
- Hypotension (low blood pressure), Hypertension (high blood pressure), arrhythmia (irregular heartbeat), tachycardia (high heart rate), or bradycardia (low heart rate)
- Shortness of breath, dyspnea (difficulty in breathing), or respiratory depression (slowed breathing)

If an adverse drug reaction is reported to our clinical staff, the pharmacist will do a complete clinical assessment with the patient. Based on his/her clinical judgment, a plan of action will be formulated. This plan of action could include counseling on common preventative measures if a known and manageable adverse reaction is reported or contacting your physician to obtain instructions which may involve modifying the dosage or discontinuing the medication completely.

### Complaint/Grievance Procedure

You have the right and responsibility to express concerns and dissatisfaction or make complaints about services you do or do not receive, without fear of reprisal, discrimination or unreasonable interruption of services. The telephone number to RMCC Pharmacy is (303)-285-5085. Please ask to speak with the pharmacist in charge or the staff pharmacist on duty.

RMCC Pharmacy has a formal grievance procedure that ensures that your concerns/complaints will be reviewed and that an investigation will be started when a concern/complaint is received. You may initiate a formal grievance in writing and forward it to RMCC Pharmacy. You can expect to receive a timely response from one of our pharmacists.

## Patient Rights and Responsibilities

RMCC Pharmacy is dedicated to providing you and your designated advocate with high quality services that exceed your expectations. We encourage you to review this information. By understanding your rights and responsibilities as a patient, you are better equipped to benefit from your “partnership” with RMCC Pharmacy.

We also encourage you to let us know how we are doing and how we can improve the patient experience for you. You can call us at (303)-285-5085. We would love to hear from you!

### 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 service
- Be treated with dignity, courtesy, and respect, recognizing that each person is a unique individual
- Be informed, both orally and/or in writing, in advance 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 service
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Know the identity and job title of the pharmacy team member that you are working with and, if requested, speak with their supervisor
- Be free from mistreatment and neglect, as well as verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property
- Voice grievances/complaints regarding treatment or care
- Recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Expect confidentiality and privacy of all your protected health information (PHI) and information contained in your pharmacy record as described in the RMCC Pharmacy Notice of Privacy Practices, which is consistent with state and federal laws
- Be informed in advance of the charges for services, including payment expected from third parties and any charges for which you are responsible
- Be fully informed of your responsibilities

### You Have the Responsibility to:

- Participate in your care plan by asking questions about your medications and/or pharmacy services
- Follow the instructions for taking your medication
- Care for and safely use medications for the purpose for which they were prescribed and only for the individual for whom they were prescribed
- Provide, to the best of your knowledge, a complete and accurate medication and health history and notify the pharmacy of changes in this information
- Notify RMCC Pharmacy via telephone when your medication supply is running low so coordination of a refill can be made promptly
- Immediately notify the pharmacy of any change in insurance coverage, address, or telephone changes, whether temporary or permanent.
- Co-payments for medications must be paid at time of service/shipping
- Notify the pharmacy if you are going to be unavailable for the scheduled delivery times
- Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin

## Privacy Practices Information

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.

### Our Commitment to Your Privacy

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). We will create records regarding you and the treatment and service we provide to you. We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health; the healthcare you have received; or payment for your healthcare. We will share protected health information with one another, as necessary, to carry out treatment, payment, or healthcare operations relating to the services to be rendered at the pharmacy.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from our Privacy Officer.

### Permitted Uses and Disclosures

We can use or disclose your PHI for purposes of treatment, payment, and healthcare operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

**Treatment** means providing services as ordered by your physician. Treatment also includes coordination and consultations with other healthcare providers relating to your care and referrals for healthcare from one healthcare provider to another. We may also disclose PHI to outside entities performing other services related to your treatment such as hospitals, diagnostic laboratories, home health or hospice agencies, etc.

**Payment** refers to the activities we undertake to obtain reimbursement for the healthcare provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage, and other utilization review activities. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, therefore we will ask you to sign a release when necessary under applicable law.

**Healthcare operations** means the support functions of the pharmacy related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management, and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study healthcare and healthcare delivery without learning who you are.

### Other Uses and Disclosures of PHI

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care
- To inform or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you

To disclose information to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care or your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest considering the circumstances and based upon our professional judgment.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

We will use or disclose PHI about you when required to do so by applicable law. In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the pharmacy as required by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

### Special Situations

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illnesses. Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:

- to prevent or control disease, injury, or disability
- to report births and deaths
- to report child abuse or neglect
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g. providing healthcare, seeking payment, and civil rights).

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime under certain limited circumstances
- About a death we believe may be the result of criminal conduct
- About criminal conduct on our premises
- In emergency circumstances, to report a crime, the location of the crime, or the victims, or the identity, description, or location of the person who committed the crime

Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the president or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records, and other specially protected health information may qualify for certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

### Other Uses of Your Health Information

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (1) of psychotherapy notes (where appropriate), (2) for marketing purposes, and (3) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

**AVAILABLE ONLINE**

## Oral Prescription Refill Requests



**Scan the QR code or visit [rockymountaintcancercenters.com](http://rockymountaintcancercenters.com)**

On the RMCC website, navigate to the prescription refill request under the Current Patients tab. This will take you to a form to fill out and submit it to us.

After submitting the form, a display message will appear that says: "Thank you for requesting a prescription refill. If we have any questions, we will contact you at the phone number you provided."

If you elected to decline a call back, we will not contact you unless there are any issues on our end. If any issues arise, we will contact you to inform you.

If we have not heard from you otherwise, we will attempt to reach out for a refill reminder call about five days prior to when you should need a refill supply of medication. No prescription will be refilled without obtaining the patient's or patient representative's authorization, desired delivery address, and reviewing the provider's care plan.

Thank you for your understanding.



If you are looking for an RMCC-dispensed medication refill, you can fill out the form on our refill request portal. You will need to have your RX Number to initiate.

Patient's Date of Birth

RX Number(s)

Numbers only (example: 1000716)

Patient's First Name

Patient's Last Name

Would you like to receive a confirmation call back from our Pharmacy team?

Yes

No

Patient's Phone Number

Patient's Email Address (Optional)

Please provide your email address if you would like to be sent the FedEx tracking number.

Days Remaining or Next Cycle Date

Desired Shipping Address

Desired Received Shipment Date

Please select a date between Tuesday-Saturday.

Due to FedEx staffing issues, some shipments cannot be made on weekends and Mondays.

**For all other prescriptions not filled by RMCC, please contact your pharmacy directly.**

## My Medication(s):

Name of Medication(s):

Administration Instructions:

Storage:

Missed Doses:

Side Effect Management:

<u>Possible Side Effect</u>	<u>Prevention and Management</u>

## Provider Information

Name:

Clinic Name & Telephone Number: