

# Emory Pharmacy Infusion Services

## Patient Welcome Packet

This packet includes important information.  
Please keep it in a safe place.

**EMORY**  
HEALTHCARE



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# Welcome to Emory Pharmacy Infusion Services

We look forward to partnering with you on your complex health condition. As a patient of Emory Pharmacy Infusion Services, you will receive services beyond the traditional retail pharmacy model that will include regular care assessments, nursing support, education, and free deliveries that are scheduled with your approval. We also offer services related to financial help, including enrollment into medication assistance programs and foundations, if needed.

Our home infusion services are specifically designed to assist patients like you who are receiving medications that are infused through the vein (IV) or under the skin (Sub-Q) that can be costly and complicated. To make this time in your life smoother, our staff is dedicated to providing you with personalized services to ensure you benefit from your therapy.

## **Our services include:**

- Access to clinical staff 24 hours a day, 7 days a week.
- Coordination of prior authorization with your insurance company, if applicable.
- Clinical monitoring by a pharmacist and nurse.
- Dietary consultation, if applicable.
- Help in locating co-pay assistance.
- Delivery of medicine.
- Training and education.
- Equipment/pump management.
- Our professional staff will contact you to discuss your supply needs and schedule each delivery date and time.

We look forward to working with you and providing the best service possible. We know you have many options, and we thank you for choosing Emory Pharmacy Infusion Services.

# Mission, Vision, Values

## MISSION

To deliver exceptional patient- centered, evidence-based pharmacy services consistently for every patient through collaborative integration of leadership, innovation, research and education.

## VISION

To pursue excellence in pharmacy practice through foresight into evolving care models, innovative practices and optimizing outcomes for our health care community.

## VALUES

In alignment with Emory Healthcare's core values, the Emory Pharmacy Infusion Services team is committed to:

- Social Responsibility.
- Compassion.
- Integrity.
- Partnership.

## Contact Us

**Address:** 550 Peachtree Street NE, Suite 06.5P30, Atlanta, GA

**Phone:** 404-778-4682

**Hours of Operation:** 8 a.m. – 5 p.m. Monday through Friday

**Website:** [emoryhealthcare.org/infusion-pharmacy](http://emoryhealthcare.org/infusion-pharmacy)

For after hours medication related clinical questions, please call the number above and follow the prompts. A staff member will help you with your concerns. For emergencies, always call 911.

We are closed on New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve and Christmas Day.

# Services Offered

## GETTING STARTED

The decision has been made to start you on home infusion therapy. We know this time can be stressful and full of complex decisions. As experts of infusion medications, our goal is to help take some of the stress off you. Your prescription has already been sent to our pharmacy; however, prior to receiving and starting your medication, a few things will need to be done.

## INSURANCE NAVIGATION

Our pharmacy will verify your insurance coverage and estimated costs. We will review your therapy with you prior to starting infusions and coordinate nursing to assist you with your infusions, if needed.

## COLLABORATION WITH YOUR PHYSICIAN

In addition to having expert knowledge of your condition and medications, our clinical pharmacists work directly with your care team to understand your care plan.

## ACCESS TO EXPERTS FOR CLINICAL SUPPORT AND REGULAR FOLLOW UP

Our clinical pharmacists and nurses are trained to provide complete therapy management of your specific condition. We will reach out to you to discuss your new medications and are available

throughout your treatment period to answer any questions or address any concerns.

## MEDICATION ASSISTANCE

Despite your insurance company approving your medication, often times your copayments or coinsurance may remain high. We will research available medication assistance programs that may help lower your drug therapy cost.

## REFILL AND SUPPLY CALLS

Our pharmacists or technicians will call you prior to each refill to discuss your supply needs and schedule the next medication delivery. If you have questions about your medication, or would like to request a refill, call 404-778-4682 to speak to a team member.

## PRESCRIPTION DELIVERY

We will deliver your medications to your home or an approved location. We will also include any needed supplies, such as needles, syringes and alcohol swabs when necessary.

Delivery is free and on-time. If your medications need special handling or refrigeration, we will package and ship them safely. If you can't be there to get the package, we can leave it at your home or an approved location.

# Obtaining Medication

## FREE DELIVERY

If you live in the state of Georgia, we offer free delivery of your medication(s) to your home or to an alternative location. We also include other supplies such as a sharps container, tubing, alcohol swabs, and an infusion pump if needed.

We coordinate all refills to make sure that you or an adult family member is available to receive the delivery.

If your medication requires refrigeration, we have a validated delivery process with our couriers to ensure your medication is stored at appropriate temperatures. Upon receipt of medication, please be sure to refrigerate your medication immediately.

If the package is damaged, please call us at 404-778-4682.

## THE MEDICATION REFILL PROCESS

A pharmacy staff member will notify you before your medication is due for a refill to check your progress and to determine your supply needs. If you have any questions or need assistance, please call 404-778-4682 during normal business hours.

## TRANSFER OF CARE

Some insurances may require you to receive your medication(s) through certain pharmacies. If you can no longer obtain your infusion medication through Emory Pharmacy Infusion Services, a pharmacist will transfer your prescription to an eligible IV pharmacy. We will inform you of this transfer of care prior to doing so if your insurance requires us to transfer it.

If you no longer want to fill your medication(s) through Emory Pharmacy Infusion Services, please contact us, and we will transfer your prescription to your preferred IV pharmacy.

## PATIENT CARE PROGRAM

As a home infusion patient, we monitor your medications and progress by working with doctors and nurses to make sure your medicine is safe and works well. We also help with:

- Assisting with Insurance and payment.
- How to safely store and dispose of medicine.
- Ordering refills.
- Learning how to use your medication.
- Watching for side effects.
- Setting up in-home nursing care if needed.

Please understand we support you on this journey and ask you follow your provider's instructions, respond to our outreach calls, take your medication on time, and provide accurate health information to your care team.

# Billing and Payment Process

## **INSURANCE CLAIMS**

Emory Pharmacy Infusion Services will submit claims to your health insurance carrier on the date your prescription is delivered to you. If the claim is rejected, a staff member will notify you, so we can work together to resolve the issue.

## **COPAYMENTS & COINSURANCE**

You may be required to pay a part of your medication cost called a copayment or coinsurance. If you have a copayment, we will bill you after we have received payment from your insurance company. We accept all major credit-card carriers as well as Health Savings Account (HSA) cards.

## **PAYMENT POLICY**

Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include, but are not limited to: out-of-pocket costs such as deductibles, copayments, coinsurance and annual out-of-pocket limits. This will be evaluated upon every fill of your medication. If, based on your health benefit plan, Emory Pharmacy Infusion Services is an out-of-network pharmacy, we will provide you with the cost of your medication in writing.

## **MEDICATION ASSISTANCE**

We have access to medication assistance programs to assist with copayments and to lessen financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. Our team will work with you to identify enrollment opportunities into these programs.

# Tips for Success

Emory Pharmacy Infusion Services is here to help you get the most out of your medication. Below are a few tips that can help you achieve the best results from the therapy prescribed to you:

## 1. FOLLOW YOUR DOCTOR'S INSTRUCTIONS

The patient management program is optimized when the patient is willing to follow directions as prescribed by your doctor and is compliant to therapy. This includes taking the right dosage at the right time and for the prescribed length of therapy.

## 2. ASK QUESTIONS

Educating yourself on the medications you are taking and the disease for which you are being treated is a very important part of dealing with the changes you are experiencing. Ask your doctor or pharmacist for any other educational resources specific to your condition.

## 3. CALL US

If you have any unanswered questions or need any further support, call us at any time, day or night. Our pharmacists are here to help you!

Please call Emory Pharmacy Infusion Services at 404-778-4682 for more details.

### HELPFUL QUESTIONS TO ASK YOUR PHARMACIST:

- What is my medication supposed to do?
- How often do I get a dose?
- For how long will I receive my infusions?
- Should I avoid alcohol or any foods?
- Can I take other drugs with my medication?
- Should I expect any side effects?
- What should I do if I forget to infuse my medication or take it incorrectly?
- Is it safe to become pregnant or breastfeed while taking this medication?
- How should I store my medications, and how long can I keep them?

# Frequently Asked Questions

## **WHAT IS A HOME INFUSION PHARMACY, AND WHY DO I NEED ONE?**

The medication(s) you have been prescribed requires special storing, handling and education. An Infusion Pharmacy, such as Emory Pharmacy Infusion Services, has skilled nurses who administers or teaches you or a caregiver to administer your intravenous medication. With our pharmacy you may continue to receive the same specialty medication or treatment that you received in the hospital. In addition to clinical and educational expertise, Emory Pharmacy Infusion Services has a team of specialists dedicated to ensure you receive your medication and nursing at an affordable price and in a timely manner.

## **HOW DO I CONTACT THE INFUSION PHARMACY?**

You may call us at 404-778-4682 to speak to a pharmacy staff member.

## **HOW DO I RECEIVE REFILLS OR SCHEDULE EACH INFUSION?**

A pharmacy staff member will contact you to schedule each infusion if you are receiving infusions in one of our Ambulatory Infusion Suites or within your home. If you are receiving antibiotics or other IV medications in the home, a technician or pharmacist will call you each week. A technician will call you prior to each refill to ensure you have enough flush or supplies on hand and will schedule a delivery. If you are running low on medication or supplies please feel free to call us.

## **WHEN SHOULD I CONTACT THE PHARMACY?**

You should call Emory Pharmacy Infusion Services if:

- Your address, telephone number or insurance information has changed.
- You have any questions regarding the status of your prescription.
- You have concerns regarding how to take your medication.
- If you suspect an error or delay in delivery or dispensing has occurred.
- If you suspect your medication has been recalled by the FDA.

You should also contact us with any other questions or concerns. Our staff is happy to assist you with your home infusion needs including:

- Helping you get access to medication(s) during an emergency or disaster.
- Providing you with tools to manage your therapy, including educational materials and consumer advocacy support.

## **HOW MUCH WILL MY MEDICATION COST?**

Your copayment will vary based on your insurance plan. We will tell you this amount after we have processed your prescription and before we charge your account.

# Frequently Asked Questions

## **WHAT IF I CANNOT AFFORD MY MEDICATION?**

Some patients are eligible for medication assistance through drug companies or other foundations. Emory Pharmacy Infusion Services has a team dedicated to reviewing options available to you and helping you enroll into these programs. Please let a pharmacy staff member know if you are having trouble affording the medication, as we have a trained medication assistance team ready to help you.

We have staff dedicated to working with your insurance company and your provider to obtain coverage for your medication. If the medication is not approved through your insurance company, despite these efforts, we will inform your physician who will discuss other options with you.

## **WHAT IF I DO NOT HAVE PRESCRIPTION INSURANCE?**

Some drug companies offer a free drug program. If it is available, we have a team of individuals who can help you enroll in the program.

## **WHAT SHOULD I DO IF I HAVE A REACTION TO MY MEDICATION?**

If it is a serious or life-threatening event, call 9-1-1 or have someone drive you to your local emergency room. If you have an adverse reaction to your medication, you should contact Emory Pharmacy Infusion Services at 404-778-4682 or your prescribing physician.

## **HOW DO I DISPOSE 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:

- [prescriptiondrugdisposal.com](http://prescriptiondrugdisposal.com).
- [fda.gov](http://fda.gov).

## **PRIVACY NOTICE**

You can find the Emory Pharmacy Infusion Services Notice of Privacy at: [emoryhealthcare.org/patients-visitors/policies-privacy-and-rights/patient-rights](http://emoryhealthcare.org/patients-visitors/policies-privacy-and-rights/patient-rights)

## **ADVANCED DIRECTIVES & HEALTH CARE PROXY**

Information about Advance Directives & Health Care Proxy is available at: [emoryhealthcare.org/patients-visitors/patient-resources/advance-directives](http://emoryhealthcare.org/patients-visitors/patient-resources/advance-directives)

# Frequently Asked Questions

## **WHERE DO I REPORT COMPLAINTS OR GRIEVANCES?**

Any complaint or incident can be reported to our pharmacy staff directly by calling the pharmacy. If you believe your privacy rights have been violated, you may also file a complaint by writing to:

Chief Privacy Officer at Emory Healthcare  
101 W. Ponce de Leon Avenue 2nd Floor, Suite 242  
Decatur, GA 30030

or call 404-778-2757

You may also file a complaint directly with the:

### **Accreditation Commission for Health Care (ACHC)**

[achc.org/contact](http://achc.org/contact) Phone: 855-937-2242

### **Secretary of the Department of Health and Human Services**

[hhs.gov/ocr/privacy/hipaa/complaints](http://hhs.gov/ocr/privacy/hipaa/complaints)

### **Georgia Board of Pharmacy**

[gbp.georgia.gov](http://gbp.georgia.gov) Phone: 404-651-8000

You will not be penalized for filing a complaint.



# Patient Safety

As a patient, you have an important part to play in the safety of your treatment with medications. Medications that are given by infusion (intravenous or by injection) can have serious side effects if given incorrectly.

We take every precaution when we prepare your medication in our pharmacy; however, we encourage every patient to “speak up” and call us if you have ANY concern about your medication, or if you have ANY suspicion that an error may have occurred in the dispensing or the administration of your medication.

## **ADVERSE DRUG REACTIONS**

If it is a serious or life-threatening event, call 9-1-1, or have someone drive you to your local emergency room. If you have an adverse reaction to your medication, you should contact Emory Pharmacy Infusion Services at 404-778-4682 or your prescribing physician, directly.

The Food and Drug Administration (FDA) also welcomes you to report any side effects of your medication by calling 1-800-FDA-1088.

## **KEEP YOUR HOME SAFE**

Fix loose rugs or carpets to prevent falls. Use sturdy handrails and step stools.

Smoke detectors should be installed in your home. Make sure you change the batteries at least every six months. If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home. Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order. Have a plan for escape in the event of a fire. Discuss this plan with your family.

Make sure that all medical equipment is plugged into a properly grounded electrical outlet. If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw. Use only good quality outlet “extenders” or “power strips” with internal circuit breakers. Don’t use cheap extension cords.

## **DISPOSAL OF SHARP OBJECTS**

Place all needles, syringes and other sharp objects into a sharps container. This will be provided upon request by Emory if needed. You may also check the following website for additional information: [safeneedledisposal.org](http://safeneedledisposal.org)

## **HAND WASHING STEPS**

Wet hands, then apply soap. Scrub for at least 20 seconds. Rinse and dry with a clean towel before flushing your line or administering your infusion.

## **DRUG RECALLS**

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

# Patient Safety

## **EMERGENCY DISASTER INFORMATION**

In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

## **PATIENT COMPLAINTS AND SUSPECTED ERRORS**

We want you to be completely satisfied with the care we provide. If you have any issues with your medication, the services rendered or any other issues related to your order, please contact us directly, and speak to one of our staff members.

## **DRUG SUBSTITUTION PROTOCOLS**

From time to time, it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic, or to reduce your copay. If a substitution needs to be made, a team member will contact you prior to delivering the medication to inform you of the substitution.

## **DISPOSING OR USED MEDICATION AND SUPPLIES**

Do not throw away infusion pumps-call us to return them. Put used needles and syringes in a sharps container. Double bag used medical waste before throwing it away.

## **DRUG FACTS**

For current drug facts on most medicines prescribed today, visit the National Library of Medicine: [dailymed.nlm.nih.gov/dailymed/index.cfm](http://dailymed.nlm.nih.gov/dailymed/index.cfm)

## **EMERGENCY AND DISASTER PREPAREDNESS PLAN**

We have a thorough emergency plan in case of a disaster. Our goal is to make sure you have your medicine when you need it and avoid any delays.

If a disaster strikes, our teams will reach out to you for other ways to get your prescriptions to you. We will be available 24 hours a day, seven days a week to provide support for your medication needs. 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. Visit your local hospital if you will miss a dose.

**Refrigerated medication storage** – keep your refrigerator closed during a power outage, or fill an ice chest with ice to store all refrigerated medication.

**Infusion pumps** – if your equipment is run with a plug that goes into an outlet, call your electric company to let them know of your need for priority restoration of power. If your equipment is ran by batteries, always keep extra batteries for your pump. If your power outage lasts longer than 6 hours, contact us and we may be able to deliver batteries or a charged pump.

# Patient Rights

## AS A PATIENT OF EMORY PHARMACY INFUSION SERVICES, YOU HAVE THE RIGHT:

- To select who provides you with pharmacy services.
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- To be treated with friendliness, courtesy and respect by each and every individual representing our pharmacy.
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs including management of pain.
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider or the termination of services.
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- To know about the philosophy and characteristics of the Patient Management Program.
- To have personal health information shared with the patient management program only in accordance with state and federal law.
- To identify the program's staff members and their job title and to speak with a staff member's supervisor if requested.
- To speak to a health care professional.
- To receive administrative information regarding changes in or termination of the Patient Management Program.
- To receive treatment and services within the scope of your plan of care, promptly and professionally while being fully informed as to our pharmacy's policies, procedures and charges.
- To request and receive data regarding treatment, services or costs thereof, privately and with confidentiality.
- To be given information as it relates to the uses and disclosure of your plan of care.
- To receive instructions on handling drug recall.
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; that information will only be shared with the Patient Management Program in accordance with state and federal law.
- To receive information on how to access support from consumer advocate groups.
- To receive pharmacy health and safety information to include consumer's rights and responsibilities.

# Patient Responsibilities

## **AS A PATIENT OF EMORY PHARMACY INFUSION SERVICES, YOU HAVE THE RESPONSIBILITY:**

- To provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- To participate in the development of your treatment plan.
- To communicate whether you clearly comprehend the course of treatment and plan of care.
- To comply with the plan of care and clinical instructions.
- To accept responsibility for your actions if refusing treatment or not complying with the prescribed treatment and services.
- To respect the rights of pharmacy personnel.
- To notify your physician and the pharmacy with any potential side effects and/or complications.
- To notify Emory Pharmacy Infusion Services via telephone when medication supply is running low so refill may be delivered to you promptly.
- To submit any forms that are necessary to participate in the program to the extent required by law.
- To give accurate clinical and contact information and to notify the pharmacist or nurse of changes in this information.
- To notify your treating provider of your participation in the patient management program, if applicable.



# Medicare DMEPOS Supplier Rules

This is a short version of the rules that all Medicare DMEPOS suppliers must follow to keep their billing privileges. The full rules can be found in 42 C.F.R. 424.57(c).

- Suppliers must follow all state and federal laws and have the right licenses.
- Suppliers must give correct information on their application and update any changes within 30 days.
- Someone with the authority to sign for the company must sign the application.
- Suppliers must get their products from their own stock or buy from approved companies. They cannot work with companies banned from Medicare.
- Suppliers must let customers know if they can rent or buy equipment and explain their options.
- Suppliers must tell customers about warranties and replace or fix items under warranty for free.
- Suppliers must have a physical store with a visible sign, set hours, and at least 200 square feet of space.
- Suppliers must allow Medicare to inspect their business to ensure they follow the rules.
- Suppliers must have a listed phone number. They cannot use only a pager, answering machine, or cell phone during business hours.
- Suppliers must have at least \$300,000 in insurance to cover their business, employees, and customers. They must also have product liability insurance if they make their own products.
- Suppliers cannot directly ask Medicare patients to buy their products.
- Suppliers must deliver items, teach patients how to use them and keep records of deliveries and instructions.
- Suppliers must answer customer questions, handle complaints, and keep records of them.
- Suppliers must replace or repair rented Medicare items at no cost to customers.
- Suppliers must take back any defective devices or devices that are not a good fit for the customer.
- Suppliers must share these rules with customers.
- Suppliers must report anyone who owns or controls their business.
- Suppliers cannot sell or let others use their Medicare billing number.
- Suppliers must have a system to handle complaints and keep records of them.
- Complaint records must include the customer's name, Address, phone number, Medicare number, and complaint details.
- Suppliers must give Medicare any required information.
- A Medicare-approved organization must accredit suppliers to keep their billing numbers.
- Suppliers must tell their accreditation group if they open a new location.
- All supplier locations must meet Medicare's quality standards and be accredited separately.
- Suppliers must list all the products and services they provide when they apply for accreditation.
- Suppliers must have a surety bond as required by Medicare.
- Suppliers must get oxygen supplies from a licensed oxygen provider.
- Suppliers must keep proper records of all orders and referrals.
- Suppliers cannot share their business location with another Medicare provider.
- Suppliers must be open at least 30 hours per week.
- The full supplier rules can be found at <http://www.ecfr.gov>. We can give you a written copy of these rules if you ask.

# Medicare Prescription Drug Coverage and Your Rights

## **YOUR MEDICARE RIGHTS:**

You have the right to request a coverage determination from your Medicare drug plan if you disagree with the information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- You need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a “formulary;”
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons or
- You need to take a non-preferred drug, and you want the plan to cover the drug at a preferred drug price.

## **WHAT YOU NEED TO DO:**

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card or by going to your plan's website. You or your prescriber can request an expedited (24-hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non- preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision. Refer to your plan materials or call 1-800-Medicare for more information. PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD), contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

