

Welcome to Zeal Specialty Pharmacy!

We're honored for the opportunity to serve as **your** specialty pharmacy provider. Our team is excited to work with you, your physician, and your insurance provider to ensure that all your needs are met.

As a specialty pharmacy patient, you will have one-on-one contact with our entire team to develop a program tailored to you so you can understand and follow your prescription guidelines to obtain the best possible outcomes from your medications.

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're excited to help serve as a member of your comprehensive care team and look forward to providing whatever assistance we are able.

Sincerely,
Your Zeal Specialty Pharmacy Team

Frequently Asked Questions

What is a specialty pharmacy, and why do I need one?

A specialty pharmacy provides injectable and oral medications that are complex and/or expensive. These medications often require special storage, monitoring, or handling and may not be readily available at your local community pharmacy. Some insurance plans require dispensing of these medications at a specialty pharmacy.

Zeal Specialty Pharmacy provides these medications while also offering excellent customer service and clinical support to you and your caregivers. We have trained pharmacists and technicians dedicated to help you get the most out of your medications. Our team is here to answer questions regarding medications, side effects, financial obligations, and other aspects of your treatment.

What if I lost my medications, am going on vacation, missed a dose, or missed a delivery?

If you need to refill your prescription early, call us and we will explain your options. For clinical information, we have pharmacists to answer questions 24 hours 7 days a week.

How much will my medications cost?

The cost to you for your specialty pharmacy medication will vary based on your insurance plan. After we have processed your prescription we will inform you of the cost and obtain your approval prior to shipping the product..

What if I can't afford my medications?

You may be eligible for financial assistance through drug companies, patient assistance programs, or charities. We will review all your options, communicate those options to you, and enroll you in the program if you meet the eligibility requirements.

What if my insurance company doesn't cover my medication?

Our staff works directly with your doctor and insurance company to obtain coverage for your medication. If coverage is denied, your doctor will discuss other options with you.

Contact Information

Our national headquarters is located at:

100 Business Center Drive, Suite 300

Pittsburgh, PA 15205

Phone: 888-412-ZEAL (9325) Fax: 877-FAX-ZEAL (329-9325) Email: pharmacist@zealsp.com

Hours of Operation

Monday – Friday: 8:00AM to 5:00PM ET

Saturday and Sunday: Closed

Zeal recognizes the following holidays, and will not have normal business hours on these dates:

New Year's Day	Veterans Day
Martin Luther King Day	Thanksgiving Day
President's Day	Day after Thanksgiving
Memorial Day	Christmas Eve
Juneteenth	Christmas Day
Independence Day	New Year's Eve
Labor Day	

24/7 Support

Clinically trained personnel are available via phone 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 or discuss an order delay.
- To receive claims related information.

Response Time

- During normal hours of operation all responses will be provided during the initial phone call and if follow-up is necessary a realistic timeframe will be agreed upon.
- After hours responses will be made by a clinician as soon as they are able to return the call but no longer than 1 hour from the time of the initial message.
- Email can be expected to be responded to in 1-2 business days and could be via email or phone call depending on the request.

*If you are experiencing a medical emergency please call 9-1-1 or proceed to the nearest emergency room

Patient Rights and Responsibilities

All patients of Zeal Specialty have the right to:

1. 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.
2. Be informed, in advance of care/service being provided and their financial responsibility.
3. Receive information about the scope of services the agency provides as well as any limitations on those services.
4. Participate in the development and periodic revision of the plan of care/service.
5. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
6. Be informed of client/patient rights under state law to formulate an Advance Directive, if applicable.
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
8. Identify visiting personnel members through proper identification.
9. Free from mistreatment, neglect or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.
10. Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
11. Have grievance/complaints regarding treatment of care/service that is (or fails to be) furnished, or lack of respect of property investigated.
12. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
13. Be advised of the agency's policies and procedures regarding the disclosure of client/patient records.
14. Choose a health care provider, including an attending physician, if applicable.
15. Receive appropriate care/service, without discrimination, in accordance with physician orders, if applicable.
16. Be informed of any financial benefits when referred to the agency.
17. Be fully informed of one's responsibilities.
18. Additional state-specific rights and responsibilities.
19. Receive care without regard to their race, color, religion, national origin, sex, age, retaliation, genetic information, harassment, pregnancy, or sexual orientation.
20. Speak to a health professional.
21. Receive information about the patient management program, the philosophy behind the creation of the program, and the ability to decline participation in the program, or disenroll, at any point in time.
22. Request a copy of your medical records.
23. Receive information in a manner and language that is easiest to understand, whether verbally or in writing.

All patients of Zeal Specialty have the responsibility to:

1. Give accurate clinical and contact information and to notify the patient management program of changes in this information.
2. Submit any forms that are necessary to receive services.
3. Notify the treating prescriber of their participation in the patient management program.
4. Treat Zeal Specialty Pharmacy's staff with courtesy and respect.
5. Ask questions to better understand or request more information when necessary.
6. Communicate any adverse effects.
7. Communicate any concerns about the care or services being provided.
8. Proper medication storage at the recommendation of the pharmacist.
9. Maintaining any equipment provided.
10. Proper disposal of unused medication per their local area's regulations.
11. Providing up to date personal information about medical history including other medications they are taking and the best contact methods.
12. Meeting their financial responsibility.

These can be accessed via the Zeal Specialty Pharmacy website (www.zealsp.com) or can be provided physically with the patient's shipment.

Handling Complaints or Grievances

We are privileged to have the opportunity to partner with you and your family to provide a positive healthcare experience. In our culture of patient- and family-centered care, your healthcare needs and experience are of utmost importance to us. Pharmacy staff are committed to providing you with excellent service in obtaining your prescriptions. We invite you to partner with your healthcare team by asking questions and sharing feedback about your experience.

If you have complaint or grievance, we welcome the opportunity to address your concern as efficiently as possible. Please contact a Pharmacy staff member in your respective Specialty Pharmacy area. Staff will respectfully address the issue and, if needed, escalate it to the area coordinator.

Zeal Specialty Pharmacy (toll free): 888-412-ZEAL (9325) OR feedback@zealsp.com

Patients may also report grievances to organizations outside of Zeal Specialty Pharmacy. These organizations include the following:

Pennsylvania Board of Pharmacy

Phone: 717-783-7156

Website: <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Pharmacy>

URAC (specialty pharmacy accreditation organization):

Phone: 202-216-9010

Website: <https://www.urac.org/contact/file-a-grievance>

ACHC (specialty pharmacy accreditation organization)

Phone: 855-937-2242

Website: www.achc.org

Emergency/Disaster Preparedness Plan

Zeal Specialty Pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fires, or flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or FedEx next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy so you do not go without medication.
4. 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 or visit your local hospital immediately.

If you are unable to reach the pharmacy, and may run out of your medication, call 911 or go to the nearest emergency room.

Infection Control

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Assignment of Benefits

HIPAA (Health Insurance Portability and Accountability Act) AND RELEASE OF INFORMATION

My “protected health information” means health information, including my demographic information, collected from me, and created or received by my prescriber, another healthcare provider, a health plan, my employer, or a healthcare clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I hereby authorize any insurance company, prepayment organization, employer, hospital, physical, or any healthcare provider to release my protected health information, including, but not limited to, all medical records or medical information and information with respect to myself to Zeal Specialty Pharmacy for the purposes of diagnosing or providing treatment to me, obtaining payment for my healthcare bills, or to conduct healthcare operations. I understand that release of such information, or failure to do so, may have a bearing on the benefit payable under this or any other plan providing benefits or services, including the dollar balance of benefits remaining under any applicable lifetime maximum benefits provision, or that which may have a bearing on my medical condition. I understand that diagnosis or treatment of me may be conditioned upon my consent as evidenced by my signature on this document or completion of similar electronic form. I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. My Prescriber and Zeal Specialty Pharmacy are not required to agree to the restrictions that I may request; However, if the prescriber or Zeal Specialty Pharmacy agree to a restriction that I request, the restriction is binding them. I have the right to revoke this consent, in writing, at any time, except to the extent that prescriber and/or Zeal Specialty Pharmacy has acted in reliance on this consent.

Assignment of Benefits

I hereby authorize Zeal Specialty Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Zeal Specialty Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form, or similar electronic form. I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Zeal Specialty Pharmacy to collect money on my behalf.

Notice of Pharmacy Privacy Practices

The Pharmacy is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services or payment for those services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment, or healthcare operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you. The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you. We will also post the new Notice on our website, www.zealsp.com

Your Health Information Rights

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. You may obtain an electronic copy of this Notice at www.zealsp.com.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use of disclosure of PHI about you by sending a written request to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. We are not required to agree to those restrictions; unless the restriction is for a disclosure to a health plan for health services or items paid out-of-pocket in full, unless such a disclosure is required by law. Our Pharmacy generally transmits prescriptions electronically to health plans when your prescription is received electronically (not when you pick up the prescription). If you wish to request that we not disclose the prescription to your health plan, you should obtain a paper prescription and make the request for restriction at the time you present the paper prescription to our Pharmacy.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The designated record set usually will include prescription and billing records. We may impose charges for the cost involved in providing copies, such as labor, supplies, and postage, as permitted by law. If your records are maintained electronically, you have the right to specify that the records you requested are to be provided in electronic form. We will accommodate your request for a specific electronic form or format if we are able to readily produce a copy in the requested form or format. To inspect or copy PHI about you, you must send a written request to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205** (certain requests may be verbal). We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that the PHI we maintain about you in a designated record set is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI in a designated record set. To request an amendment, you must send a written request to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or healthcare operations. The

accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. Your request must specify the period, but the time period may not be longer than six years prior to the date you make your request. The first accounting period you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Examples of How We May Use and Disclose PHI

The following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. Example: Information obtained by the Pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you as part of our interest in your treatment. We may also send you refill reminders, new product offers, and other services information.

We will use PHI for payment. Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your copayment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for healthcare operations. Example: The Pharmacy may use information in your health record to monitor the performance of the Pharmacists providing treatment to you. This information will be used to continually improve the quality and effectiveness of the healthcare and service we provide.

We are likely to use or disclose PHI for the following purposes:

Business associates: There are some services provided by us through contracts with business associates who may require access to your PHI. Examples include accountants, auditors, and others who provide services involving your PHI such as records storage or destruction companies. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, we require the business associate to enter into written agreements to appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as Pharmacists, using their professional judgment, may disclose to a family member, other relative, close friend, or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

Health-related communications: We may contact you to provide refill reminders or information about treatment alternatives to other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public Health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

As required by law: We must disclose PHI about you when required to do so by law.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

We are permitted to use or disclose PHI about you for the following purposes:

Research: We may disclose PHI about you to researchers when their research has been approved by and institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, medical examiners, and funeral directors: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public of another person.

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 military authority.

National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others: We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclose, or

if the disclose is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report that represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

The Pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above, or as otherwise permitted or required by law. We are required to obtain your authorization to use and disclose your PHI for most marketing purposes, and to sell your PHI.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already acted in reliance on the authorization.

For More Information or to Report a Problem

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the **Pharmacy Privacy Officer, Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. If you believe your privacy rights have been violated, you can file a complaint with the **Pharmacy Privacy Officer, Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205** or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: March 29, 2023



HOW TO PROPERLY DISPOSE OF YOUR UNUSED MEDICINES

Unused or expired prescription medications are a public safety issue, leading to potential accidental poisoning, misuse, and overdose. Proper disposal of unused drugs saves lives and protects the environment.

Drug Disposal Guidelines

If no disposal instructions are given on the prescription drug labeling and no prescription drug take-back program is available in your area, then follow these simple steps to throw the drugs in the household trash:

1. Remove the medicine from its original container and mix it with an undesirable substance, such as used coffee grounds or kitty litter.
2. Place the mixture in a sealable bag, empty bag, or other container to prevent medicine from leaking or breaking out of a garbage bag.

Visit the Drug Enforcement Administration's (DEA) website (www.deatakeback.com) or call (800) 882-9539 for more information and to find an authorized collection in your community. The site also provides valuable information about DEA's National Take-Back Initiative.

Resources

For more information on preventing prescription drug misuse, go to the following websites:

- www.dea.gov
- www.getsmartaboutdrugs.com
- www.justthinktwice.com
- www.campusdrugprevention.gov

For more information on the safe disposal of pharmaceuticals, go to the following websites:

Environmental Protection Agency

- [How to Dispose of Medicines Properly
go.usa.gov/xNwXc](http://go.usa.gov/xNwXc)

Food and Drug Administration

- [Disposal of Unused Medicines: What You Should Know
go.usa.gov/xNw9z](http://go.usa.gov/xNw9z)
- [How to Dispose of Unused Medicines
go.usa.gov/xNw9S](http://go.usa.gov/xNw9S)

Additional Tips

- Scratch out all identifying information on the prescription drug to make it unreadable. This will help to protect your identity and the privacy of your personal health information.
- You must not share your prescription drugs – they were prescribed to you.

Can I Flush Medicine Down the Sink or Toilet?

If the abovementioned disposal options are not readily available, one option is to flush the medicines down the sink or toilet as soon as they are no longer needed. Some communities may prohibit this practice out of concern over the trace levels of drug residues found in rivers, lakes, and community drinking water supplies.

Do not flush medicines down the sink or toilet unless the prescription drug labeling or patient information that accompanied the medicine specifically instructs you to do so. Please also ensure you are compliant with your community's laws and regulations prior to taking such action.