## During your care at Vanderbilt University Medical Center, your physician may prescribe certain medications that your insurance may deem as “Pharmacy Benefit Only”. This means that the medication must be filled by a pharmacy and will be billed to your insurance company using your prescription drug benefit. You have the option of receiving these services from any pharmacy of your choice.

## Vanderbilt may be able to meet your pharmacy needs.

Vanderbilt Medical Center can provide you many prescribed medications, including “specialty drugs” through The Vanderbilt Specialty Pharmacy. Specialty drugs generally include medications used for complex care therapies, and injectable or infusion therapies in the treatment of chronic conditions. These medications can be sent directly to you at your home or may be dispensed to your physician or nurse (acting as your representative/agent). **A pharmacist at Vanderbilt is available to provide you with counseling concerning your medications.**

* **Medications dispensed for “at home” administration.**

Many oral medications such as tablets, capsules and liquids or certain injectable medications may be self -administered at home. Your physician can obtain these medications for you through the Vanderbilt Specialty Pharmacy for your convenience.

* **Medications administered in the Vanderbilt Clinic or Physician’s office**

Typically given by injection or intravenously, these medications require a nurse or clinician to administer. To ensure safe and accurate medication delivery, our current policy does not allow a patient to bring medication dispensed by a “non-Vanderbilt” pharmacy to the Vanderbilt Clinic or facility for injection or intravenous administration. In other words, all medication administered in the Vanderbilt Clinic or Physician’s office must be obtained from a Vanderbilt Medical Center affiliated facility.

**By signing this document,**

* I understand that I have the option of receiving my prescriptions from the pharmacy/provider of my choice. I choose to have these medications filled by the Vanderbilt Specialty Pharmacy and grant my doctor or his/her representative authority to be my agent and obtain these medications for me, and
* I acknowledge that I have received a copy of Vanderbilt’s Notice of Privacy Practices and Patient’s Rights and Responsibilities.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_