



Saint Thomas Health

Dispensary of Hope- Saint Thomas Rutherford

(Administered by Saint Louise Pharmacy)

(Located 3 ½ miles from Saint Thomas Rutherford Hospital)

1020 North Highland Ave, Murfreesboro, TN 37130

Phone # 615-396-6167 Fax # 615-396-6627

Hours: M/T/W/T 8:30am-5:30pm, Friday 8:30am-1:00pm (closed from 1pm-2pm for lunch)

Patient Responsibilities

- The Dispensary of Hope- Saint Thomas Rutherford is designed to assist uninsured patients with their medication needs through the use of donated generic drugs and brand name sample drugs either on a short-term or long-term basis depending on the patient's situation and other resources available to the patient. This includes applying for Patient Assistance Programs to get the medications from the drug manufacturers.
- Dispensary of Hope recipients must complete an application and provide proof of income for the household every 6 months.
- To receive medications beyond 30 days, patients must provide proof of income (such as a current tax return, letter from employer, current pay stubs, statement from Social Security, or Food Stamp Letter). **MEDICATIONS WILL NOT BE DISPENSED BEYOND THE INITIAL 30 DAY DAYS IF PROOF OF INCOME IS NOT PROVIDED.**
- Drugs covered under the program must be on the Sample Drug Inventory List or the Safety Net Drug Inventory. Drugs that are not on one of these lists are not covered but may be purchased at a discounted price.
- Sample drugs are available on a first come, first serve basis, depending upon quantities available. Please make sure your doctor prescribes drugs that are on the sample drug inventory list and the safety net drug formulary that can be found by accessing our website at <https://www.sths.com/Pages/Medical-Services/Pharmacy-Services/Dispensary-of-Hope/Inventory.aspx>
- If a prescribed medication is not available on either of the formulary lists, your doctor will be contacted to see if they will authorize the change of the drug to a covered drug or you may pay for the drug at a discounted price.
- Please call in your prescription refills at least 2 days early to allow time to contact your doctor in the event the drug you are on is not available as samples. Refills should be called in to the pharmacy refill line at 615-396-6167.
- **PATIENTS WHO ARE ELIGIBLE FOR MEDICARE MUST SIGN UP FOR MEDICARE PART D.** The program only covers safety-net drugs during the transition period. (DOH lists Medicare beneficiaries as ineligible)
- **CONTROLLED SUBSTANCES ARE NOT COVERED UNDER THIS PROGRAM.**
- Over the counter items such as Tylenol, cough, cold, allergy, or smoking cessation medications are not covered under the program unless samples are available.
- You or your doctor may access the Dispensary of Hope website to download application forms and other information about the program at <https://www.sths.com/Pages/Medical-Services/Pharmacy-Services/Dispensary-of-Hope/Contact-Information.aspx>
- Due to a decline in donations of glucometers and testing supplies, we are unable to provide these items to patients who are not insulin dependent.
- **RETURNED CHECKS, FALSIFIED INFORMATION ON APPLICATION, ABUSIVE LANGUAGE, AND INAPPROPRIATE BEHAVIORS ARE GROUNDS FOR DISMISSAL FROM THE DISPENSARY OF HOPE PROGRAM AND FROM HOSPITAL GROUNDS.**