



Welcome to Southern Oncology Specialists Pharmacy!

Our team will work closely with you and your providers to help you succeed on your new therapy. This welcome packet will review many of the services we offer as your specialty pharmacy and as part of Southern Oncology Specialists Pharmacy.

Our services are designed to help you achieve the most benefit from your therapy including:

- **Individualized care**
 - You will have access to a team of specialty-trained pharmacists, nurses and pharmacy staff members experienced in your condition.
- **Benefit Investigation and Financial Support**
 - We will work with your insurance company on getting your medications approved and will research various financial assistance programs available to you that may possibly lower your out-of-pocket costs.
- **Free shipping with safe, on-time delivery**
 - The Pharmacy will schedule and quickly ship all of your specialty medications – even those that need special handling, such as refrigeration.
- **Support anytime, 24/7 [P-PSC 1-1 ai] [DRX2-1A]**
 - The Pharmacy pharmacists and nurses are available 24 hours a day, 7 days a week including holidays and weekends to answer all of your questions pertaining to your medications and condition.
- **Refill reminders [P-PSC 1-1 aii]**
 - The Pharmacy will contact you regularly to schedule your next refill and see how your therapy is progressing.

We strive to fulfill your needs with complete satisfaction. Periodically, you may be asked to complete a patient satisfaction survey via tablet when you pick up a prescription. Please consider taking a few moments to tell us how we are doing.

Thank you for choosing us as your specialty pharmacy and welcome to Southern Oncology Specialists' Specialty Pharmacy Program!

Sincerely,
Southern Oncology Specialists Pharmacy Team

CONTACT INFORMATION

Hours of Operation: [P-PSC 1-1 ai] [DRX2-1A]

- Monday – Thursday, 8:00 am to 4:30 pm
- Friday 8:00 am to 1:00 pm
- Saturday and Sunday, Closed
- The Pharmacy will be closed on the following holidays:
 - New Year's Day
 - Memorial Day
 - July 4th
 - Labor Day
 - Thanksgiving Day and Friday
 - Christmas Day

When to Contact Us: [DRX2-1A] [DRX2-1B]

- If you have questions or concerns about your medication(s)
- If you suspect a reaction or allergy to your medication(s) [P-PSC 1-1 av]
- If a change has occurred in your medication(s) usage
- If your contact information or delivery address has changed
- To obtain an order status or report a delivery delay [P-PSC 1-1 aiii]
- If your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information
- To get a refill of your prescription [P-PSC 1-1 aii]
- To ask about pricing options or savings programs for your medication(s)
- To have a prescription transferred [P-PSC 1-1 aiv]

Contact Information: [P-PSC 1-1 ai] [DRX2-1A]

- Local: 704-659-7848
- After hours: 1-844-691-1359
- Fax: 1-877-881-8455
- Email: pharmacist@southernoncology.com
- Website: www.southernoncology.com
- Address: 9930 Kincey Ave, Ste 165 Huntersville, NC 28078

IMPORTANT INFORMATION

- **Patient Management Program**

- The Southern Oncology Specialists Specialty Pharmacy has a complete Patient Management Program that assists our patients to achieve the best outcomes from their specialty medication therapies. We help the patient and provider manage costs. We offer a patient-centered approach based on evidence-based practices for each of the disease processes under the supervision of a pharmacist and trained competent staff to provide the highest quality of care possible. The plan of care is developed on evidence-based standards of care and best practice. Evidence-based health information and content for common conditions, diagnoses and treatment diagnostics and interventions are available to patients, prescribers, or providers upon written or oral request.
- All patients are automatically enrolled in the Patient Management Program. By participating in this program, you will receive an initial assessment by a pharmacist who will teach you how to effectively take your medication (frequency, route, and dose), inform you of any potential side effects, check for any drug-drug or drug-disease interactions, drug allergies, and to help alleviate any concerns. For clinical questions related to your medications, diagnosis or plan of care, pharmacists are available to you 24 hours a day, 7 days a week for an availability of 365 days a year by calling 1-844-691-1359 or in person during our regular business hours. [PM 2-2 a] [PM 2-2 b]
- Patient Management Program benefits include: [PM 2-2 b]
 1. Improved knowledge of medication uses and administration.
 2. Improved medication compliance by creating an individualized plan of care tailored to you.
 3. Advise on managing potential side effects.
- If you wish to opt-out, feel free to let us know anytime. You can opt-out and still receive refill reminder calls.

- **Financial Information [DRX2-1A] [DRX2-1B] (DRX2-1B - MORX, SRX and SRX ONLY)**

- Before your care begins, a pharmacy staff member will inform you of your out-of-pocket costs such as deductibles, copays, and coinsurance. [P-PSC 1-1 bi]
- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
- We will provide you with the cash price of the medication upon request. [P-PSC 1-1 bii]
- Our team has access to financial assistance programs to address financial barriers to starting your medication(s). These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.

- **Filling a Prescription [P-PSC 1-1 aii]**
 - Your physician can send us your prescription(s), or you can provide it to us in person or through the mail.
 - You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request.

- **Obtaining Your Prescriptions - Delivery or Pick Up**
 - You have the option of picking up your medications or having them delivered for free to a safe location of your choice. Protecting your health information is one of our top priorities so your medications will only be released to someone you have authorized. You or someone you authorize can conveniently walk-in Monday- Friday. Please refer to our hours of operation.
 - Please open your order and review the contents immediately after you receive it to ensure your order is correct and complete. We encourage you to store your medication(s) in the proper way as soon as possible. Please contact us at 1-844-691-1359 within one business day to report missing or damaged contents.

- **Obtaining Refills [P-PSC 1-1 aii]**
 - A pharmacy staff member will contact you five to seven days prior to your refill due date to set up refills, determine your compliance to the prescribed therapy, discuss any side effects, evaluate any changes in your medical condition and/or regimen, collect any co-payments, set up a pick up or delivery date and confirm a delivery address should you need delivery.
 - If we cannot reach you for refill coordination, please call and ask for a pharmacy staff member. The pharmacy will not ship refills without confirming with you first.

- **Prescription Transfers [P-PSC 1-1 aiv] [DRX 5-5G]**
 - If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
 - Call us if you want to receive your medication(s) from another pharmacy. We will assist you in transferring your prescription(s) to the appropriate pharmacy of your choice.

- **Drug Substitutions/Equivalents [DRX 5-5G]**
 - Our pharmacy strives to find the most cost-efficient option for you. From time to time, it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication(s) to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication(s) at you or your prescriber's request.

- **Proper Disposal of Unused Medications [DRX 5-5G]**
 - To reduce harm from accidental exposure, it is important to properly dispose of any unused medications. Do not flush medicines down the sink or toilet.
 - 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:
 1. FDA: Where and How to Dispose of Unused Medicines - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
 2. Rx Drug Drop Box: <https://www.rxdrugdropbox.org/>
 - If you are unable to go to a take-back program or collection receptacle, remove the prescription drug(s) from their original containers and mix any unused medication(s) with coffee grounds, dirt, or cat litter in a container or sealable bag to make the medication(s) unrecognizable before throwing it away with the household trash.
- **Proper Disposal of Sharps [DRX 5-5G]**
 - Place all needles, syringes, and other sharp objects into a sharps container. This can be provided by the pharmacy if you are prescribed an injectable medication(s). Once the container is full, seal the container and properly dispose of it by following your county or city regulations. Please refer to the section on “Proper Disposal of Unused Medications” above.
 - Please do not send used sharps containers back to the pharmacy.
- **Drug Recalls [DRX 5-5G]**
 - If your medication(s) is recalled, the pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer. Should an alternative medication(s) be needed, we will work together with your provider to find an acceptable alternative.
- **Accessing Medications During an Emergency or Disaster [DRX 5-5G] [DRX7-4A]**
 - In case of an emergency or disaster in your area, please contact our pharmacy to tell us how to deliver your medication.
 - If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medication(s) to ensure your therapy is not interrupted.
- **Adverse Reactions [P-PSC 1-1 av] [DRX 5-5G]**
 - An adverse reaction is defined as “Any unfavorable or unintended sign, symptom, or disease temporarily associated with the use of a drug.”
 - If you suspect an adverse reaction, please contact one of our pharmacists and your physician. However, in a medical emergency, please call 911 or your local emergency service for immediate help.

- **Medication Issues and Concerns [P-PSC 1-1 av] [DRX 5-5G]**
 - Our clinical specialty pharmacists review all prescriptions for safety and accuracy according to best practice and as prescribed. However, if you notice any errors (ex: wrong drug, wrong dose, wrong frequency or suspect counterfeit medications) please reach out to us and we will investigate and rectify the mistake.
 - We want you to be completely satisfied with the service we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns.
 - If you wish to seek further review of concern, you may contact:
 - North Carolina State Board of Pharmacy
 - Website: <https://www.ncbop.org>
 - Telephone: 919-246-1050
 - URAC
 - File a Grievance
 - Website: <https://www.urac.org/contact/file-a-grievance/>
 - Email Address: grievances@urac.org

SPECIALTY PATIENT RIGHTS AND RESPONSIBILITIES

As our patient, you have the RIGHT to: [DRX2-2A]

- 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 **[DRX2-1A]**
- Be informed, in advance both orally and in writing, 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 **[DRX3-4B]**
- Receive information about the scope of services that the organization will provide and specific limitations on those services **[DRX2-1A]**
- Participate in the development and periodic revision of the plan of care **[DRX5-4A]**
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented **[DRX2-6A]**
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality **[DRX2-2B]**
- Be able to identify visiting personnel members through proper identification **[DRX2-2B]**
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property **[DRX2-3A]**
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal **[DRX2-4A]**
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated **[DRX2-4A]**
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI] **[DRX2-5A]**

- Be advised on the agency's policies and procedures regarding the disclosure of clinical records **[DRX2-5A]**
- Choose a healthcare provider, including an attending physician, if applicable **[DRX2-2B]**
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable **[DRX2-2B]**
- Be informed of any financial benefits when referred to an organization **[DRX2-2B]**
- Be fully informed of one's responsibilities **[DRX2-2B]**
- Have personal health information shared with the patient management program only in accordance with state and federal law **[PM 3-1 ai]**
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested **[PM 3-1 aii]**
- Speak to a health professional **[PM 3-1 aiii]**
- Receive information about the patient management program **[PM 3-1 aiv]**
- Decline participation, or disenroll, at any point in time **[PM 3-1 av]**

As our patient, you have the RESPONSIBILITY to:

- Give accurate clinical/medical and contact information and provide notification of changes in this information **[PM 3-1 bi] [DRX2-2A.01]**
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program **[PM 3-1 bii]**
- Submit forms that are necessary to receive services **[DRX2-2A.01]**
- Maintain any equipment provided **[DRX2-2A.01]**
- Notify the organization of any concerns about the care or services provided **[DRX2-2A.01]**

**ADDITIONAL INFORMATION REGARDING YOUR MEDICATION,
CONDITION/DIAGNOSIS AND COMMUNITY AND FINANCIAL RESOURCES CAN BE
FOUND ON THE FOLLOWING WEBSITES:**

[PM 5-1 c]

Allergy and Immunology	https://www.aaaaifoundation.org
Crohn's Disease	http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures http://www.crohnonline.com http://www.crohnsforum.com
Cystic Fibrosis	https://www.cff.org/
Growth Hormone Deficiency	http://www.hgfound.org
Hemophilia	https://www.hemophilia.org https://www.wfh.org/en/home
Hepatitis	http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable information.htm
HIV	https://www.hiv.gov https://www.cdc.gov/hiv/basics/livingwithhiv/resources
IBD	https://www.crohnscolitisfoundation.org
Infertility	https://resolve.org
Lipid Disorders	https://www.lipid.org/foundations
Multiple Myeloma	https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma
Multiple Sclerosis	http://www.mymsaa.org http://www.msfocus.org http://www.nationalmssociety.org
Neuro Oncology	https://www.soc-neuro-onc.org/SNO/Resources/Patient Resources/SNO/Resources/Patient Resources.aspx
Oncology/Hematology	https://www.cancer.org https://www.livestrong.org/we-can-help
Psoriasis	http://www.psoriasis.org
Pulmonary Hypertension	https://phassociation.org/patients/aboutph
Rheumatoid Arthritis	https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis http://www.rheumatoidarthritis.com http://www.arthritis.org
Solid Organ Transplant	https://transplantliving.org
Stem Cell Transplant	https://www.asbmt.org/patient-education/external-resources

Financial Assistance Programs [PM 5-1 c]

PAN Foundation: www.panfoundation.org

HealthWell Foundation: www.healthwellfoundation.org

Patient Services, Inc.: www.patientservicesinc.org

Patient Advocate Foundation Co-Pay Relief: www.copays.org

Partnership for Prescription Assistance: www.pparx.org

Safety Net Foundation: www.safetynetfoundation.com

The Assistance Fund: www.theassistancefund.org

Emergency/Disaster Preparedness Plan [RM 4-1 aii][DRX5-5A] [DRX7-4C]

The pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and 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 UPS 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 another 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.

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

Infection Control [DRX7-1A]

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.

Patient Diversity, Equity, and Inclusion (DEI)

Southern Oncology Specialists Pharmacy ensures that all patients have equitable access to quality care, regardless of their background or characteristics. We recognize and respect diversity among patients, addressing any barriers that may limit access to care, and creating an inclusive environment where all patients feel welcomed and valued. [CPE 2-1 ai-iii]

Key aspects of patient DEI in healthcare include:

Access to Care: Ensuring that all patients, regardless of their socioeconomic status, race, ethnicity, or other characteristics, have access to quality healthcare. [CPE 2-1 ai]

Cultural Competence: Understanding and respecting the beliefs, values, and cultural practices of diverse patient populations. [CPE 2-1 aii]

Language Access: Providing language access services, such as interpreters and translated materials, to ensure that all patients can communicate effectively with their healthcare providers. [CPE 2-1 aiii]

Health Disparities: Addressing and reducing health disparities among different patient populations, including those based on race, ethnicity, and socioeconomic status. [CPE 2-1 aii]

Inclusive Environment: Creating a welcoming and inclusive healthcare environment that respects and values the diversity of all patients. [CPE 2-1 aiii]

Southern Oncology Specialists Pharmacy is committed to prioritizing patient DEI in healthcare, to improve patient outcomes, reduce healthcare disparities, and promote a more equitable and inclusive healthcare system.