



Specialty Pharmacy

Welcome Guide





TO OUR VALUED PATIENTS

Welcome to MUSC Specialty Pharmacy! We're pleased that you've chosen our pharmacy for your specialty medication needs.

We're a patient-oriented specialty pharmacy with experience in caring for patients with complex medical conditions. We're part of your care team and will work closely with you to provide personalized care that meets your specific needs.

Our pharmacists have extensive knowledge about your medication(s) and are available 24 hours a day, 7 days a week. As a patient, you'll have the opportunity to participate in our Patient Management Program, which is unique to you and your medications and designed to help you get the most benefit from your therapy. You'll also have access to resources such as refill reminders, medication delivery information and details about your benefits, copay responsibilities and copay assistance.

We've enclosed our patient welcome packet containing information about every aspect of your care with MUSC Specialty Pharmacy. We encourage you to read it carefully and to keep it for future reference.

If you need assistance reviewing the following information in a different language, please contact MUSC Specialty Pharmacy for interpreter services at **1-843-876-7074** or **1-800-618-0398**

If you have any questions, please call us at **1-843-876-7074**, **1-800-618-0398**, or visit us online at **muschealth.org/medical-services/pharmacy/specialty-pharmacy-services**

Sincerely,

The Specialty Pharmacy Care Team

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CONTACT US

Phone

1-843-876-7074 or 1-800-618-0398

Hours

Monday- Friday

8 a.m. – 5 p.m. (Eastern Time)

A licensed pharmacist is available 24 hours a day, 7 days a week. MUSC Specialty Pharmacy is closed on the following holidays:

- New Year's Day (January 1)
- Martin Luther King, Jr. Day (third Monday in January)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (1st Monday in September)
- Thanksgiving Day (4th Thursday in November)
- Day after Thanksgiving
- Christmas Eve (December 24)
- Christmas Day (December 25)

Your care and therapy will not be affected on these dates.

Emergency Disaster Information

In the event of a disaster or severe weather, MUSC Specialty Pharmacy's goal is to continue meeting your prescription and care needs. Please notify us at 1-843-876-7074 or 1-800-618-0398 to provide secondary contact information if your medication must be shipped to an alternative address. If a situation could affect our ability to deliver medications, we'll contact you about shipping your medication(s) early if needed. If a disaster occurs with no opportunity for planning, we'll contact you as soon as possible to coordinate delivery.

IMPORTANT INFORMATION

About the Notice of Privacy Practices

Your privacy is very important to us and we are committed to protecting your medical information. Our Notice of Privacy Practices on page 5 describes how we protect your health information. The notice also describes how medical information about you may be used and disclosed and how you can get access to this information.

About the Patient Rights and Responsibilities

Patient Rights and Responsibilities, listed on page 8, acknowledge your rights and responsibilities as a patient and the responsibility of MUSC Specialty Pharmacy to treat each patient with dignity and respect. Our patients have the right to considerate, respectful care at all times. MUSC Specialty Pharmacy respects the

rights of all patients regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity.

About the Patient Concern and Complaint Form

If you identify an issue or concern with MUSC Specialty Pharmacy, you may file a written complaint using the form on page 19. You may also address your concerns by calling MUSC Specialty Pharmacy at 1-843-876-7074 or 1-800-618-0398.

About the Patient Satisfaction Survey

If you would like to provide feedback to MUSC Specialty Pharmacy, you may complete the Patient Satisfaction Survey on page 18.

NOTICE OF PRIVACY PRACTICES

If you need help reviewing the following information in a different language, please contact MUSC Specialty Pharmacy for interpreter services at **1-843-876-7074 or toll free at 1-800-618-0398**.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes your rights and MUSC's obligations regarding the use and disclosure of medical information. Please review it carefully.

Understanding your protected health information (PHI)

The Medical University of South Carolina and its affiliates, including but not limited to the Medical University Hospital Authority, MUSC Physicians and MUSC Physicians Primary Care coordinate care for our patients. They may share medical information with one another for treatment, payment or to operate the hospital and/or clinics.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How we may use and release your protected health information (PHI)

A. The following uses do NOT require your authorization, except where required by South Carolina law:

1. **For treatment.** Your PHI may be discussed by caregivers to determine your plan of care. For example, the physicians, nurses, medical students, and other health care personnel may share PHI to coordinate the services you need.
2. **To obtain payment.** We may use and disclose PHI for hospital and/or clinic operations. For example, we may use the information to send a claim to your insurance company.
3. **For health care operations.** We may use and disclose PHI for hospital and/or clinic operations. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **For public health activities.** We report to public health authorities, **as required by law**, information regarding births, deaths, various diseases, reactions to medications, and medical products.
5. **Victims of abuse, neglect, domestic violence.** Your PHI may be released, **as required by law**, to the South Carolina Department of Social Services when cases of abuse and neglect are suspected.
6. **Health oversight activities.** We will release information for federal or state audits, civil, administrative, or criminal investigations, inspections, licensure, or disciplinary actions, **as required by law**.
7. **Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
8. **Law enforcement or national security purposes.** Your PHI may be released as part of an investigation by law enforcement.
9. **Uses and disclosures about patients who have died.** We provide coroners, medical examiners and funeral directors necessary information related to an individual's death.
10. **For purposes of organ donation.** As required by law, we will notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
11. **Research.** We may use your PHI if the Institutional Review Board (IRB) for research reviews, approves and establishes safeguards to ensure privacy.
12. **To avoid harm.** To avoid a serious threat to the health or safety of a person or the public, we may release limited information to law enforcement personnel or persons able to prevent or lessen such harm.

13. **For workers' compensation purposes.** We may release your PHI to comply with workers' compensation laws.
14. **Marketing.** We may send you information on the latest treatment, support groups and other resources affecting your health.
15. **Fundraising activities.** We may use your PHI to communicate with you to raise funds to support health care services and educational programs we provide to the community. You have the right to opt out of receiving fundraising communications with each solicitation.
16. **Appointment reminders and health-related benefits and services.** We may contact you with a reminder that you have an appointment.

B. You may object to the following uses of PHI:

1. **Hospital directories.** Unless you object, we may include your name, location, general condition and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name.
2. **Information shared with family, friends, or others.** Unless you object, we may release your PHI to a family member, friend, or other person involved with your care or the payment for your care.
3. **Health plan.** You have the right to request that we not disclose certain PHI to your health plan for health services or items when you pay for those services or items in full.

Your prior written authorization is required (to release your PHI) in the following situations:

You may revoke your authorization by submitting a written notice to the privacy contact identified in this notice. If we have a written authorization to release your PHI, it may occur before we receive your revocation.

1. Any uses or disclosures beyond treatment, payment, or healthcare operations and not specified in parts A & B on pages 5-6.

2. Psychotherapy notes.
3. Any circumstance where we seek to sell your information.

Your rights regarding your PHI

Although your health record is the physical property of MUSC, the information belongs to you, and you have the following rights with respect to your PHI:

- A. **The right to request limits on how we use and release your PHI.** You have the right to ask that we limit how we use and release your PHI. We will consider your request, but we are not always legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You must submit a written request and state (1) the information you want to limit; (2) whether you want to limit our use, disclosure, or both; (3) to whom you want these limits to apply, for example, disclosures to your spouse; and (4) an expiration date.
- B. **The right to choose how we communicate your PHI with you.** You have the right to request that we communicate with you about PHI in a certain way or at a certain location (for example, sending information to your work address rather than your home address). You must make your request in writing and specify how and where you wish to be contacted. We will accommodate reasonable requests.
- C. **The right to see and get copies of your PHI.** You have the right to inspect and receive a copy of your PHI (including an electronic copy), which is contained in a designated record set that may be used to make decisions about your care. **You must submit your request in writing.** If you request a copy of this information, we may charge a fee for copying, mailing or other costs associated with your request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

- D. The right to get a list of instances of when and to whom we have disclosed your PHI.** This list may not include uses such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory as described in this Notice of Privacy Practices. This list also may not include uses for which a signed authorization has been received or disclosures made more than six years prior to the date of your request.
- E. The right to amend your PHI.** If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that we amend the existing information or add the missing information. You must make the request and your reason for the request in writing. We may deny your request in writing if the PHI is correct and complete or if it originated in another facility's record.
- F. The right to receive a paper or electronic copy of this notice:** You may request a copy of this notice at any time. For the above requests (and to receive forms) please contact:
- Health Information Services (Medical Records)
Attention: Release of Information
169 Ashley Avenue MSC 369
Charleston, SC 29425
 - The phone number is 1-843-792-3881.
- G. The right to revoke an authorization.** If you choose to sign an authorization to release your PHI, you can later revoke that authorization in writing. This revocation will stop any future release of your health information except as allowed or required by law.
- H. The right to be notified of a breach.** If there is a breach of your unsecured PHI, we will notify you of the breach in writing.

Health Information Exchanges

MUSC, along with other healthcare providers, belongs to health information exchanges. These information

exchanges are used for diagnosis and treatment of patients. As a member of these exchanges, MUSC shares certain patient health information with other healthcare providers. If you require treatment at another location that belongs to one of these exchanges, that provider may gather health information to assist with your treatment. You have the right to say that this cannot be done. If you choose not to take part in these alliances, please contact the MUSC Privacy Office at 1-843-792-4037.

How to File a Complaint about Our Privacy Practices

If you believe your privacy rights may have been violated or if you disagree with a decision we made about access to your PHI, you may file a complaint with the office listed below. **You will not be penalized and there will be no retaliation for voicing a concern or filing a complaint. We are committed to delivering quality health care in a confidential and private environment.**

- Privacy Officer 1-843-792-4037
- Privacy Hotline 1-800-296-0269
- HIPAA Privacy Officer
169 Ashley Avenue MSC 332
Charleston, SC 29425

You also may send a written complaint to the Office of Civil Rights. The address will be provided at your request.

Changes to this Notice

We reserve the right to change the terms of this notice at any time. We also reserve the right to make the revised or changed notice effective for existing as well as future PHI. This notice will always contain the effective date. You may view this notice and any revisions to it at: <https://web.musc.edu/about/compliance/privacy>.

Effective Date of this Notice

This notice went into effect on April 14, 2003, and was revised in August 2018.

PATIENT RIGHTS & RESPONSIBILITIES

If you need assistance reviewing the following information, please contact MUSC Specialty Pharmacy at **1-843-876-7074** or toll free at **1-800-618-0398**

Purpose

To acknowledge patients' rights and responsibilities and MUSC Specialty Pharmacy's responsibility to treat each patient with dignity and respect in a smoke-free environment.

Our patients have the right to considerate, respectful care at all times and under all circumstances. MUSC Specialty Pharmacy respects the rights of all patients regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

As an MUSC Health patient you have certain rights. To read more, visit muschealth.org/patients-visitors/visitor-information/patient-rights.

As an MUSC Specialty Pharmacy patient, you also have:

1. The right to be informed in advance about care and services to be provided, including the disciplines that provide care and the frequency of visits, as well as any modifications to your plan of care.
2. The right to be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care and service expected from third parties and any charges for which the client/patient will be responsible.
3. The right to receive information about the scope of services that the organization will provide and specific limitations on those services.
4. The right to participate in the development and periodic revision of your plan of care.
5. The right to refuse care or treatment after the consequences of refusing care or treatment have been fully explained.
6. The right to be informed of client/patient rights under state law to make an Advance Directive, if applicable.
7. The right to have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality.
8. The right to be able to identify healthcare workers through proper identification.
9. The right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.
10. The right to file a formal complaint about your treatment or care or the lack of respect for property and to recommend changes in policy, personnel, or care and service without restraint, interference, coercion, discrimination or reprisal.
11. The right to have grievances/complaints regarding treatment, care, or lack of respect of property investigated.
12. The right to confidentiality and privacy of all information in the client/patient record and all aspects of Protected Health Information (PHI).
13. The right to be advised on the organization's policies and procedures regarding the disclosure of clinical records.
14. The right to choose a healthcare provider, including an attending physician, if applicable.
15. The right to receive appropriate care without discrimination in accordance with physician's orders, if applicable.
16. The right to be informed of any financial benefits when referred to an organization.
17. The right to be fully informed of one's responsibilities.
18. The right to know the philosophy and characteristics of the Patient Management Program.

19. The right to have your personal health information shared with the Patient Management Program only in accordance with state and federal law.
20. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor.
21. The right to speak with a healthcare professional.
22. The right to receive information about the Patient Management Program.
23. The right to receive administrative information about changes in, or termination of, the Patient Management Program.
24. The right to decline participation in, revoke consent or withdraw from the program at any time.
25. The right to be fully informed of one's responsibilities.

As an MUSC Specialty Pharmacy patient, you have certain responsibilities, including:

1. The responsibility to notify your provider of your participation in the services provided by the pharmacy.
2. The responsibility to notify the pharmacy of any concerns about your care or services.
3. The responsibility to notify your treating provider of your participation in the Patient Management Program, if applicable.
4. The responsibility to submit all forms necessary to participate in the Patient Management Program, to the extent required by law.
5. The responsibility to give accurate clinical and contact information and to notify the Patient Management Program of changes in this information.

OBTAINING MEDICATIONS & SERVICES

New Prescriptions

In most cases, your prescriber will send a new prescription to MUSC Specialty Pharmacy. Our team will work with your prescriber to obtain all necessary information about your new medication and coordinate refills.

Medication Delivery

We will coordinate delivery of your specialty medication(s) and necessary supplies, such as needles, syringes, alcohol swabs and a sharps container, to the location provided to us. If your address changes, please notify MUSC Specialty Pharmacy immediately.

Refills

A pharmacy care team member will contact you approximately one week before your medication is scheduled to run out to confirm your address and delivery or pick-up details and to discuss your care

plan and your medication. If you run out of medication before you've been contacted, please call us during our normal business hours.

Medications Not Available at MUSC Specialty Pharmacy

In certain circumstances, your insurance plan may require you to use a specific pharmacy. If MUSC Specialty Pharmacy is unable to provide a medication that you have been prescribed, your pharmacist will work with you, your physician and another pharmacy to see that you receive your medications appropriately. MUSC Specialty Pharmacy will provide you with the mandated pharmacy's contact information and coordinate with your provider to transfer the prescription.

Pharmacist Assistance

Pharmacists at MUSC Specialty Pharmacy are specially trained on your medications and are available from 8

a.m. – 5 p.m. Monday – Friday to answer your questions about your medications, care plan and necessary follow-up. If you have any questions regarding these topics, please call the MUSC Specialty Pharmacy at 1-843-876-7074 or 1-800-618-0398. A licensed pharmacist is also available 24 hours a day, 7 days a week, for urgent medication-related needs. After normal business hours, please leave your contact information with our after-hours answering service, and the pharmacist on-call will return your call promptly. In the case of an emergency, call 911.

Patient Management Programs

MUSC Specialty Pharmacy coordinates patient-centered, personalized patient management programs unique to your medications and medical conditions. The programs are designed to provide care specific to your medication therapy and medical conditions to improve your health and allow you to get the most benefit from your therapy. These services include medication therapy review with each new prescription or refill, ongoing health and lab monitoring, patient-specific medication education and ongoing management of medication use. This service is included with your care at MUSC Specialty Pharmacy at no additional cost, and your participation is voluntary. If you choose not to participate in our patient management program, please contact a member of our specialty pharmacy team. You can re-enroll at any time.

MUSC Specialty Pharmacy will also provide patient-specific information with your monthly refills regarding your medication, diagnosis, and common treatment options. We can provide this information in paper form with each prescription. For more information, please contact us.

PATIENT INFORMATION

Concerns and Complaints

Our specialty pharmacy team is committed to providing your therapy to your complete satisfaction. If you have a concern about our care or services, please contact us

immediately at 1-843-876-7074 or 1-800-618-0398. You may also file a Patient Concern and Complaint Form (page 19) by mail or by phone.

If we are unable to address your concern or resolve an issue to your satisfaction, you may contact the Patient and Family Liaison Program office. Staff members are available to assist patients and families who have questions, concerns, suggestions, or complaints about care or services provided by MUSC Health. Call 1-843-792-5555 during business hours. You may also complete an online form at muschealth.org/patients-visitors/contact-us/contact-patient-liaison.html or email them directly at ptfamilia@muscd.edu.

You may also contact one of the agencies below:

- S.C. Dept. of Health and Environmental Control (DHEC) at 1-800-922-6735
- The Joint Commission at 1-800-994-6610
- Carolinas Center for Medical Excellence (Medicaid & Medicare only) at 1-800-922-3089
- Utilization Review Accreditation Commission (URAC) at email: grievances@urac.org
- Accreditation Commission for Health Care at 855-937-2242

Appeals

If your health plan denies coverage for your medications or if you disagree with the health plan's decision regarding coverage of your medications, you may file an appeal with your health plan. MUSC Specialty Pharmacy will coordinate filing this appeal on your behalf and notify you of the outcome. You may also contact your health plan to file your own appeal.

Returning Medications

The South Carolina Board of Pharmacy Regulations forbids the resale or reuse of a prescription item that has been previously dispensed. Therefore, we cannot issue credit for unused or excess products. If your therapy is discontinued by you or your physician, please

notify us immediately to avoid receiving medication that cannot be returned. If your medication or supplies are defective, pharmacy staff will arrange for return and reshipment of medication at no extra charge.

Returning Supplies and Equipment

Once supplies have been delivered to your home, MUSC Specialty Pharmacy cannot reuse them and therefore cannot issue credit for unused or excess products. Keep any supplies you may be able to use and dispose of the rest. If you have questions about disposal, please call us at 1-843-876-7074 or 1-800-618-0398.

Generic Medication Substitution

When possible, and when a generic option will result in cost savings, MUSC Specialty Pharmacy will substitute a lower-cost generic medication for a brand-name medication unless your provider specifies brand-name only. You can request brand-name only medication; however, we cannot guarantee that your insurance provider will pay for brand-name medication if a generic is available. If a substitution is necessary, a member of our staff will notify you before your prescription is delivered.

Medication Delays

Medication delays may occur for several reasons, including medication shortages, prior authorization/appeal issues and communication delays between pharmacists and providers. If a delay is expected, pharmacy staff will contact you to discuss your options.

Drug Recalls

MUSC Specialty Pharmacy follows drug recall guidelines mandated by the U.S. Food and Drug Administration (FDA), drug manufacturers, drug distributors and/or state and federal regulatory agencies. MUSC Specialty Pharmacy will contact you and your provider if an FDA Class I recall might affect you. Contact MUSC Specialty Pharmacy at 1-843-876-7074 or 1-800-618-0398 if you have questions about a medication recall.

Regulatory Changes

If state or federal regulations change the way we provide your care, MUSC Specialty Pharmacy will notify you of the change and our plan of care.

Controlled Substances

MUSC Specialty Pharmacy adheres to state and federal law for handling and storing controlled substances and preventing abuse.



FREQUENTLY ASKED QUESTIONS

What is a specialty pharmacy?

A specialty pharmacy is a designated pharmacy that provides medications that may require special storage and handling. These medications are often costly and may not be readily available at a local pharmacy. They also may have side effects that require monitoring by a trained pharmacist.

How much will my medications cost?

The amount of your copay will be determined by your insurance plan. We will notify you of the amount after your prescription has been processed.

What if I cannot afford my medication?

Some drug companies and charities provide financial assistance for patients. A specially trained member of our pharmacy team will review options available to you and arrange for you to be enrolled in a program if you are eligible. More information is available in the Payment Policy Section.

How long does it take to receive my medication?

Using overnight delivery service, MUSC Specialty Pharmacy can deliver your medication within 24-48

hours after receiving your prescription provided there are no delays, such as a prior authorization, appeal or manufacturer's shortage. If delivery is delayed, a member of the pharmacy team will notify you and your provider.

How is the medication preserved during the delivery process?

Refrigerated items are shipped in special packaging to maintain the correct temperature of the medication and to comply with the manufacturer's requirements. If you have concerns about the temperature when you receive it, please contact MUSC Specialty Pharmacy immediately.

How important is it to take all of my medication?

Following your provider's instructions is crucial. Some medications may cause side effects or be difficult to administer. If you experience side effects or difficulty administering your medication, contact us. Our pharmacists are available to advise you.



PAYMENT POLICY

Insurance Claims, Payments and Financial Assistance

MUSC Specialty Pharmacy will bill your insurance companies for you. If a prior authorization or appeal is needed, we will complete this paperwork for you.

You are responsible for payment when you order your medication or refills, and you may have to pay a portion of the cost of your medications. If cost is a barrier to starting therapy, MUSC Specialty Pharmacy has access to financial assistance programs to make your medication(s) more affordable, including copayment assistance cards from drug manufacturers and financial assistance from various foundations. We will assist you with enrollment in such programs.

MUSC Specialty Pharmacy will always inform you of the amount owed before collecting payment. If you owe a balance, it must be paid before your next refill. If you do not have insurance and/or cannot afford to pay your bill all at once, MUSC Specialty Pharmacy will work with you to set up a payment plan. Please call us at 1-843-876-7074 or toll free at 1-800-618-0398.

Forms of Payment

For your convenience, MUSC Health and MUSC Specialty Pharmacy accept the following forms of payment:

- Personal checks (Checks should be made payable to MUHA.)
- Money orders (Money orders should be made payable to MUHA.)
- Visa
- MasterCard
- Discover
- American Express
- Cash (only if paying at an MUSC outpatient retail location)

PATIENT SAFETY

Adverse Drug Reactions

Patients experiencing adverse drug reactions, acute medical symptoms, or other problems should contact their primary care provider (PCP), local emergency room, or call 911. You can report adverse drug events to the FDA through MedWatch, the FDA's adverse event reporting program, at [fda.gov/safety/medwatch](https://www.fda.gov/safety/medwatch).

Disposal of Biohazardous Waste

Biohazardous waste includes any type of syringe, lancet, or needle ("sharps") used to draw blood or inject medication. Special care must be taken with the disposal of these items to protect you and others from injury and possible infection and to keep the environment clean and safe.

If your therapy involves the use of needles, we will provide an appropriately-sized sharps container. For your safety, please follow these steps below.

Sharps

After using your injectable medication, put all syringes, lancets, or needles into a sharps container. If one is not available, use a hard plastic container with a screw-on top or other tightly securable lid such as a liquid detergent container. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Discarded contents should not take up more than three-fourths of the full container to reduce the risk of needle sticks.

Disposal

Check with your local waste collection service to verify disposal procedures for sharps containers in your area or ask your provider for guidance. For more information, visit the Centers for Disease Control and Prevention (CDC)/National Institute for Occupational Safety and Health (NIOSH) Stop Sticks Campaign website at [cdc.gov/nora/councils/hcsa/stopsticks/default.html](https://www.cdc.gov/nora/councils/hcsa/stopsticks/default.html).

Needlestick Safety

When handling needles, follow these steps to avoid injury and possible infection.

- Never recap a needle.
- Discard uncapped needles and other sharps in a sharps container immediately after using.
- Always use a sharps container for waste.
- If you injure yourself or another with a needle stick or other sharps injury, contact your provider promptly.

If you do not use needles or sharp items, put all used supplies (e.g., syringes or tubing) in a bag you can't see through. Put this bag inside a second bag, and put this in your garbage.

Handwashing Instructions

Washing your hands often is important to avoid spreading germs or getting sick and affecting your treatment.

Always wash your hands **before and after** handling any medications, and **always** wash your hands after tending to personal needs and touching animals, animal waste and garbage. For more information, visit the Centers for Disease Control and Prevention (CDC) website.

How to wash your hands

- Wet your hands with clean, running water (warm or cold), turn off the tap and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.
- If you touch anything (i.e. hair), sneeze into your hands or feel that your hands may no longer be clean, wash your hands again before continuing with your care.

If water is unavailable

- Use an antibacterial hand sanitizer that is at least 60-percent alcohol.



EMERGENCY PREPAREDNESS

Your safety is important to us. The information below is from the Centers for Disease Control and Prevention and includes suggestions that could reduce the risk of injury for you or a loved one.

Falling

What you can do to prevent falls

- Exercise to improve your balance and strength.
- Have your health care provider review your medicines.
- Have your vision checked.

How to make your home safer

- Remove items that can cause trips, slips and falls, such as papers, books, clothes and shoes from stairs and floors. Remove small throw rugs or use double-sided tape to keep rugs from sliding.
- Keep frequently used items in cabinets that can be reached easily without a step stool.
- Install grab bars next to and inside the bathtub and next to the toilet.

- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting inside and outside your home.
- Install handrails and lights on staircases.

Poisoning

What you can do to prevent poisoning

- Keep medicines and toxic products, such as cleaning solutions and detergent pods, in their original packaging and out of the reach of children.
- Follow label directions and warnings when giving medicines to children.
- Safely dispose of unused, unneeded, or expired prescription drugs and over-the-counter drugs, vitamins and supplements or turn them in at a local take-back program or during National Drug Take-Back events.
- Know the National Poison Control Center phone number: 1-800-222-1222.

Fire and Burn Safety

What can you do to lower the risk of fires and burns

- Install and maintain smoke alarms in your home on every floor and near all rooms where family members sleep and test them monthly.
- Never leave food unattended on the stove and always supervise or restrict children's use of stoves, ovens and microwaves.
- Set your water heater's thermostat to 120°F or lower.
- If you smoke, extinguish your cigarettes in deep, non-tip ashtrays and empty them often.
- Never smoke in areas where oxygen is in use or stored.
- Check equipment in your home regularly for cracked or split cords or overloaded extension cords, and clear the laundry lint screen in your dryer regularly.

What to do in case of fire

- Get out, stay out and call 911 or your local emergency phone number. Activate the fire alarm.
- Close doors to slow the spread of smoke and flames.
- Extinguish the fire only if the fire is small, and if you know how to operate a fire extinguisher.

Natural Disasters (Earthquake, Hurricane, & Tornado)

How to prepare for a natural disaster

- Have a 3-day supply of food and water, all medicines and medical supplies, personal care items, pet supplies, a first aid kit and extra batteries. Have flashlights, a battery-powered radio, a manual can opener and basic utensils and cash.
- Keep copies of important documents and paperwork about medical conditions.
- Make a family communication plan and family disaster plan.

Power Outage

What to do if the power goes out

- To prevent carbon monoxide poisoning, use generators, pressure washers, grills, and similar items outdoors only.
- If the power is out longer than 2 hours, throw away food with a temperature higher than 40°F.
- Check with local authorities to be sure your water is safe.
- In hot weather, stay cool and drink plenty of fluids to prevent heat-related illness.
- In cold weather, wear layers of clothing, which help to keep in body heat.
- Avoid downed power lines. If a power line falls on your car, stay inside the vehicle.

Flood

How to prepare for a flood

- Be familiar with your community's emergency plans, warning signals, evacuation routes and locations of emergency shelters.
- Notify local authorities if anyone in your home has special needs, such as the elderly or disabled.
- Gather the emergency supplies.
- Turn off all utilities at the main power switch and close the main gas valve if evacuation becomes necessary.
- Sanitize sinks and tubs with bleach, then rinse and fill with clean water. Fill bottles with clean water.

PATIENT SATISFACTION SURVEY

Thank you for trusting MUSC Specialty Pharmacy to be your healthcare partner. We strive to exceed our patients’ expectations, and we welcome your feedback. Please take a few minutes to fill out the survey below. The survey can be returned using the prepaid envelope that came with your package or mailed to:

- MUSC Specialty Pharmacy
150 Ashley Avenue MSC 584
Charleston, SC 29425

Sincerely,
The MUSC Specialty Pharmacy Team

Name and Date (optional): _____

1. I am updated properly on the status of my medication.
Agree | Disagree | Does Not Apply

6. Is there a member of our staff you would like us to recognize? _____

2. Medication information provided to me was right for my needs.
Agree | Disagree | Does Not Apply

7. Additional Comments: _____

3. I am satisfied with the delivery time of my medication.
Agree | Disagree | Does Not Apply

4. How satisfied are you with the Pharmacy’s Patient Management Program? (pharmacist education, refill follow up, copay help)
Very Satisfied | Somewhat Satisfied
Neither Satisfied Nor Dissatisfied
Somewhat Dissatisfied | Very Dissatisfied

5. How likely are you to recommend MUSC Specialty Pharmacy?
Extremely Likely | Very Likely | Somewhat Likely
Not So Likely | Not At All Likely

If you wish to file a written complaint about your medications or services provided by MUSC Specialty Pharmacy, you may do so by completing the form below. The form may be returned using the prepaid envelope that came with your package or mailed to:

- We take all concerns seriously and view them as opportunities to improve our services. Please refer to page 10 for more information on offices and agencies that can address your concerns.

Concern or Complaint:

Description of Problem:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

EMERGENCY PHONE NUMBERS

For your safety, please fill in phone numbers for first responders and utility companies that provide your services.

- MUSC Specialty Pharmacy: 1-843-876-7074 or 1-800-618-0398
- Primary Care Provider Name: _____
- Primary Care Provider Phone: _____
- Police: _____
- Fire: _____
- Phone Company: _____
- Water District: _____
- Electric Company: _____
- Gas Company: _____
- Nearest Emergency Room: _____
- Ambulance: _____
- Poison Control: 1-800-222-1222 (national) 24 hours a day, 7 days a week

If you are experiencing a medical emergency, call 911 or visit your closest emergency room.

