

PATIENT HANDBOOK



MISSION STATEMENT

ADVANCED PHARMACY, LLC ASPIRES TO BE THE BEST IN THE INDUSTRY BY PROVIDING ONGOING EDUCATION TO BOTH EMPLOYEES AND CUSTOMERS, WHILE SIMULTANEOUSLY OFFERING THE HIGHEST QUALITY PRODUCTS AND SERVICES.



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WELCOME

Advanced Pharmacy's Patient Services Program provides benefits that include managing side effects, increasing compliance, and overall improvement of health. Limitations include that the patient must be willing to follow directions and be compliant with therapy.

Advanced Pharmacy understands that health improvement is our patients' priority. Following a prescribed course of treatment is not always easy, especially for those with chronic conditions. We appreciate the opportunity to build a relationship of trust, commitment, and quality while assisting each patient with medication needs by collaborating with their prescribing physician. We are dedicated to returning our patients to the highest possible quality of life through medication, counseling and education, and the monitoring of drug therapy and interactions. We work with the patient and their physician to ensure proper drug usage and help manage side effects or potential interactions between medications through our integrated patient care process.

Our pharmacists are specially trained in the treatment of health conditions that require customized care. We pride ourselves in supplying patients with a high level of personalized care, from verification of insurance coverage, to prompt, accurate, and free delivery of medications.

Due to the diverse population of patients that we serve, our staff members have experience with various cultural aspects of care. Services will be provided without discrimination based upon race, color, national origin, age, disability, or sex. Confidentiality is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patients have the right to choose their health care provider and may opt in or out of any patient services relationship at any time.

HOW TO CONTACT US

You may contact us at Advanced Pharmacy by mail, phone, fax, website, or email using the information below.

Advanced Pharmacy

350 Feaster Rd. Ste. D

Greenville, SC 29615

Toll Free Phone: 855-240-9368

Toll Free Fax: 888-870-3823

www.advcrx.com

AdvancedPharmacy@AdvancedDiabeticSolutions.net

If you need to speak to one of our customer service representatives, please call: **(855) 240-9368** Monday through Friday from 7:00 a.m. to 7:00 p.m. (EST).

If you need to speak to a pharmacist, please call: **(855) 240-9368** and dial **extension 7405** Monday through Friday from 7:00 a.m. to 7:00 p.m. (EST).

If you are calling outside normal business hours, please leave us a message on the pharmacist's confidential voicemail. We have a 24 hour, on-call pharmacist that listens to all voicemails left after hours and responds to urgent messages needing immediate attention.

TIPS FOR COMMUNICATING WITH US

It's important to note that since our pharmacy is in South Carolina, our hours of operation are in Eastern Standard Time (EST). We have extended hours of operation so we can be available to patients living across different time zones. If you live in a different time zone and cannot reach us, please leave a message on the pharmacist's confidential voicemail or call back in between the hours of 7:00 a.m. to 7:00 p.m. (EST). Urgent messages left on the pharmacist's voicemail after hours will be responded to by our 24 hour, on-call pharmacist. Alternatively, you can also reach us through our website or email address listed above.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

We believe that all patients receiving services from Advanced Pharmacy should be informed of their rights. Therefore, you are entitled to:

- Choose a health care provider.
- Participate in the development and periodic revision of your care plan.
- Informed consent and the right to decline participation, to revoke consent, or cancel service at any time.
- Be informed, in advance, of services or care being provided, of the charges (including payment for services/care expected from third parties), and any charges for which you will be responsible.
- Be treated with respect, consideration, and recognition of patient dignity and individuality.
- Voice grievances or complaints regarding treatment or care, lack of respect of property, recommend changes in policy, staff, or services or care, without restraint, interference, coercion, discrimination, or reprisal.
- Receive appropriate services or care without discrimination.
- Be informed of any financial benefits when referred to an organization.
- The right to know about philosophy and characteristics of the Patient Services Program.
- The right to have personal health information shared with the Patient Services

Program, only in accordance with state and federal law.

- The right to identify the staff member of the Program and their job title, and to speak with the supervisor of the staff member if requested.
- The right to receive information about the Patient Services Program.
- The right to receive administrative information regarding changes in, or termination of, the Patient Services Program.

YOUR RESPONSIBILITIES

- To submit any forms that are necessary to participate in the Program, to the extent required by law.
- To notify your treating physicians of your participation in the Patient Services Program, if applicable.
- To give accurate clinical information and to notify the Patient Services Program of any changes in this information.
- To notify Advanced Pharmacy of any hospitalization, or changes in patient information such as name, address, telephone number, insurance, physician, allergies, or other changes concerning medical conditions or drug therapy.
- To agree to request payment of authorized Medicare, Medicaid, or other private insurance be paid directly to Advanced Pharmacy for any products or services furnished by Advanced Pharmacy.
- To agree to accept financial responsibility for deductibles, co-payments, or co-insurance amounts and any other out-of-pocket costs indicated by your insurance carrier.
- To understand that Advanced Pharmacy retains the right to refuse delivery of service to patients at any time.
- To agree that any legal fees from a disagreement between parties shall be borne by the unsuccessful party in any legal action taken.

Any out-of-pocket costs charged will be provided to patients in writing. If we are considered an out-of-network pharmacy based on your health benefit plan, the cost charged for medications or products will be provided to you in writing.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and can discuss the Patient Bill of Rights and Responsibilities with the patient and/or caregiver(s). Each staff member receives training during their orientation period and any updates or revisions to the Patient Bill of Rights and Responsibilities are discussed in an in-service education class.

HIPAA NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you, and that relates to your past, present, or future physical or mental health or condition, and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by our organization, our office, staff, and others outside of our office that are involved in your care and treatment, for the purpose of providing health care services to you, to pay your healthcare bills, to support the operation of the organization, and any other use required by law.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care, and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care for you, or to a physician to whom you have been referred, to ensure that the necessary information to properly diagnose or treat you is available.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

We may use or disclose your protected health information in the following situations without your authorization

As required by law, public health issues such as communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, criminal activity, inmates, military activity, national security, and workers' compensation. Required Uses and Disclosures: Under the

law, we must make disclosures to you, and when required, by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.

Your Rights

Following is a statement of your rights, with respect to your protected health information.

You have the right to inspect and copy your protected health information

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (e.g. electronically).

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made

If any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

We are required by law

To maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any questions, concerns, or objections to this form, please ask to speak with our President in person or by phone at **(855) 240-9368**.

Associated companies with whom we may do business, such as an answering or delivery service, are given only enough information to provide their necessary service to you. No medical information is provided. For patients requiring language assistance, a telephone interpretation service is used. Interpreters used by Advanced Pharmacy, LLC sign a strict code of conduct and confidentiality agreement due to the sensitive nature of our business.

We welcome your comments. Please feel free to call us if you have any questions about how we protect your privacy. Our goal is to always provide you with the highest quality service.

NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

Discrimination is Against the Law

Advanced Pharmacy, LLC complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Advanced Pharmacy, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Advanced Pharmacy, LLC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Customer Service toll-free at:

1-855-240-9368

Monday through Friday from 7:00 a.m. to 7:00 p.m. (EST)

If you believe that Advanced Pharmacy, LLC has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with: Heather Alford, Compliance Officer.

Mailing address:

350 Feaster Rd. Ste. D

Greenville, SC 29615

Toll-free phone: 1-855-240-9368 ext. 7405

Toll-free fax: 1-888-415-7906

Email: halford@advanceddiabeticsolutions.net

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Heather Alford, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave. S.W. Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/> file/index.html.

If you need help or speak a non-English language, call us at: 1-855-240-9368 and we will connect you to an interpreter who will assist you at no cost.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call at: **1-855-240-9368**

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-240-9368**

CHINESE

注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-855-240-9368**

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-240-9368**

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-855-240-9368

FRENCH

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-240-9368**

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-240-9368**

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-240-9368**

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-855-240-9368**

GUJARATI

સાખ્યાની: ગુજરાતી તમે વાત તો ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. કોલ. **1-855-240-9368**

ARABIC

ةً وغَلَلَ اذْدَعَاسِمْ لِا تَامَدَخْ نِإِفْ، غَلَلَ رَكَذَا ثَدَحَتْ تَنَكَ اذِي: ةَظَوْحَلَمْ مَقْرَرْتَ اَنْاجَمَلَابْ كَلْ رَفَاوَتْ

PORTUGUESE

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-240-9368**

JAPANESE

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-855-240-9368まで、お電話にてご連絡ください。

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-855-240-9368**

HINDI

ध्यान दें: आप हिंदी, भाषा सहायता सेवाओं, नि: शुल्क बोलते हैं, तो आप के लिए उपलब्ध हैं। पुका र ना **1-855-240-9368**

MON-KHMER, CAMBODIAN

យុគិចិត្តទេរជាក់: បច្ចុប្បន្នបានឯកនិយាយកម្មពាសជោគមិនមែនឯកជាក់
សាសនាយកដីតិចប្រឈម ដើម្បីបានទេរជាក់ **1-855-240-9368**

EMERGENCY PLANNING

This pamphlet has been provided by Advanced Pharmacy to help you plan your actions in the event of a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every patient receiving care or services in their home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we may provide you with the best, most consistent service possible during an emergency.

Know what to expect

If you have recently moved to the area you're in, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected. Find out what time of year these emergencies are more prevalent. Find out when you should or should not evacuate and locate the evacuation routes that are available in your area. Your local Red Cross, law enforcement agency, and news and radio stations can provide excellent information and tips for emergency planning.

Know where to go

One of the most important pieces of information you should know is the location of the closest emergency shelter. These shelters are open to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go other than a friend or relative's home in an unaffected area.

Know what to take with you

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration. We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies. In addition, let them know if you will be using medical equipment that will require an electrical outlet.

During a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all of your medications and supplies with you to the shelter.

Reaching us if there are no phones

If there is a warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone (cellular phones frequently work, even when land lines do not). If you have no way to call our cellular phone, you can try to have someone you know call us from his or her cellular phone. Also, many times, cellular phone companies

set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.

If the emergency was unforeseen, we will try to contact you or your home nursing agency by phone or through local law enforcement agencies.

An ounce of prevention...

We would much rather prepare you for an emergency ahead of time by sending you the supplies you will need beforehand, rather than wait until after a disaster has happened. To do this, we need for you to provide us with as much information as possible before an emergency. We may ask you for the name and phone number of a close friend, neighbor, or family member. We may also ask where you will go in the case of an evacuation. Will you go to a shelter? A friend or family member's home? If your doctor has instructed you to retreat to a hospital, which one will you be going to? In the case that your evacuation site is located in another city and/or state, providing us with the address may allow us to service your therapy needs without interruption. Helpful tips:

- Get a cooler with ice or freezer gel-packs to transport your refrigerated medications.
- Get all your medication information and instruction manuals for medical devices together to take with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box, or waterproof tote bag or box. Make sure the seal is watertight.
- Include antibacterial soap and paper towels in your supply kit.
- If possible, get waterless hand disinfectant. It comes in handy if you don't have any running water.
- If you are going to a friend or relative's home, give their address and phone number to Advanced Pharmacy and your home nursing agency, if applicable.
- When you return to your home, contact your home nursing agency (if applicable) and Advanced Pharmacy so we can review your account to determine what supplies and/or medications you may need.

For more information

There is much more to know about planning for, and surviving, a natural emergency or disaster. To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

AN IMPORTANT REMINDER!!

During any emergency situation, such as natural disasters, lost prescriptions, or prescriptions needed in advance of travel, if you are unable to contact our pharmacy and need your prescribed medications, equipment, or supplies, you must go to the nearest emergency room or other treatment facility for treatment and services.

PRODUCT INFORMATION

PRODUCT SELECTION

Coordination of care and appropriate product selection are determined by your prescriber at the time of referral. If we are unable to fill your prescription due to insurance limitations, prior authorizations, closed formularies, product unavailability, or other reasons, we will notify you and coordinate with your prescriber and insurance carrier to resolve the issue. If necessary, we will transfer your prescription to a different pharmacy so you may obtain the medication. If you have any questions about product selection, we are happy to discuss it with you at any time. Please contact us at **(855) 240-9368**.

THERAPEUTIC MEDICATION SUBSTITUTIONS

Therapeutic medication substitution is the practice of replacing, with the prescriber's approval, a prescription medication originally prescribed with a chemically different medication. The medications used are expected to produce similar levels of effectiveness and outcomes based on scientific evidence. Some reasons why a medication may be substituted include insurance limitations (such as the originally prescribed medication not being covered), to prevent adverse reactions, or to prevent drug interactions with other medications. Therapeutic medication substitution can only be done with the approval of the prescriber and could occur with both new prescriptions and refills. If your prescriber decides to substitute one of your prescribed medications, we will contact you to inform you before the prescription is filled.

GENERIC DRUG SUBSTITUTIONS

In generic drug substitutions, a generic drug is used in place of a brand name drug. However, both drugs have the same active chemical ingredient, the same strength, and the same dosage form. If you are prescribed a drug with an approved generic available, we will fill the prescription using the generic if the prescriber permitted substitution. If the prescriber indicated that the prescription is to be dispensed as written, we will fill the prescription using the brand name medication as prescribed. Generic drug substitutions could occur with both new prescriptions and refills as more generic drugs become available.

PRESCRIBED DRUGS LIMITED BY BENEFIT DESIGN

If you need to order a prescription medication that is limited by your benefit design, such as a non-formulary medication, we will attempt to obtain a prior authorization for you so the medication may be covered by your insurance. If we are not a part of your insurance carrier's participating network, we will contact you and transfer your prescription to an in-network pharmacy of your choice so you may obtain the medication. Any other issues related to benefit design will be communicated to you. We will attempt to resolve the issue with your prescriber and insurance carrier as necessary to ensure that you have access to the types of drug therapy needed.

ADVERSE DRUG REACTIONS

An adverse drug reaction is a broad term referring to a harmful, unexpected, unwanted, unpleasant, or dangerous reaction related to the use of a medicinal product. Adverse drug reactions can be mild, moderate, severe, or even lethal. Every drug has the potential to do harm as well as good. When doctors consider prescribing a drug, they must weigh the possible risks against the expected benefits. Adverse drug reactions can be dose-related, non-dose-related, dose-related and time-related, withdrawal-related, and failure-related.

- **Symptoms of mild adverse drug reactions may include:** digestive disturbances, headache, fatigue, vague muscle aches, malaise, or changes in sleep patterns. Mild reactions are usually described as of minor significance.
- **Symptoms of moderate adverse drug reactions may include:** rashes, visual disturbances, muscle tremors, difficulty in urination, perceptible changes in mood or mental function, or certain changes in blood components. Also, reactions that are usually described as mild are considered moderate if the person experiencing them considers them distinctly annoying, distressing, or intolerable.
- **Symptoms of severe adverse drug reactions may include:** liver failure, abnormal heart rhythms, or certain types of allergic reactions. Severe adverse drug reactions result in significant disability, hospitalization, or birth defects. People who develop a severe reaction usually must stop taking the drug and be treated. Doctors use all possible means to control a severe adverse drug reaction.
- **Lethal adverse drug reactions are those in which a drug reaction directly or indirectly caused death.** These reactions are typically severe reactions that were not detected in time or did not respond to treatment.

Mild or moderate adverse drug reactions do not necessarily mean that people must stop taking a drug, especially if there is no suitable alternative available. However, doctors are likely to re-evaluate the dose, the number of doses a day, and the timing of doses. Other drugs may be used to control the adverse drug reaction (for example, using a stool softener to relieve constipation).

AN IMPORTANT NOTICE!!

If you experience symptoms of a mild or moderate adverse drug reaction, call your doctor and pharmacist at once. See your doctor as soon as possible. If you experience symptoms of a severe adverse drug reaction or suspected anaphylaxis, call 911 immediately.

PLACING AN ORDER

It is our policy at Advanced Pharmacy to help you remember when it's time to fill your prescriptions. Our customer service team will call you when you have about 7 days of medication remaining. If we are unable to reach you by phone after 3 attempts, we will send you a letter via USPS. You can also receive refill reminders from us via email. If you'd like to receive refill reminders from us through email, please inform our customer service team and provide us with your email address.

If you have 5 days of medication remaining and have not received a courtesy call or email from us, please call us at **(855) 240-9368**.

To ensure timely delivery, we ask that orders are placed when you have 5-7 days of medication remaining.

You can also order refills online through our website at:

<https://advcrx.com/order-a-refill/>.

In addition, we gladly assist with any coordination issues such as shipping to alternate addresses, early refills due to changes in therapy, replacement due to defective devices, lost supplies, or prescriptions needed in advance of travel. If you need to order prescriptions in advance of travel, we ask that you place the order 14 days from the date of departure. This gives us plenty of time to request a vacation override from your insurance carrier and ship the prescriptions to you.

OBTAINING ORDER STATUS / DELAYED ORDERS

At Advanced Pharmacy, it is our goal that you can contact us in any situation. You can contact us to discuss concerns or ask questions, refill prescriptions, obtain order status, or get information about delayed orders.

If you need to obtain order status or get information about a delayed order, please call us at **(855) 240-9368** Monday through Friday from 7:00 a.m. to 7:00 p.m. (EST). If you call us after normal business hours, you can leave a confidential voicemail for our 24 hour, on-call pharmacist. The 24 hour, on-call pharmacist listens to all messages left after hours and responds to urgent messages needing immediate attention. In the case of a large-scale natural disaster, all calls may be forwarded to the 24 hour, on-call pharmacist. After hours, or in case of an emergency, you can reach us at: **(855) 240-9368 extension 7405**.

Alternatively, you may also send us a message through our website at:

<https://advcrx.com/contact-us/> or through email at:

AdvancedPharmacy@AdvancedDiabeticSolutions.net.

AN IMPORTANT REMINDER!!

During any emergency situation, if you are unable to contact our pharmacy and need your medication, equipment, or supplies, you must go to the nearest emergency room or other treatment facility for treatment and services.

PRESCRIPTION TRANSFERS

Transferring prescriptions in from another pharmacy to Advanced Pharmacy

Transferring prescriptions to Advanced Pharmacy is easy. Simply let us know the names and strengths of the medications you want transferred to Advanced Pharmacy along with the name and phone number of the transferring pharmacy. We will contact the pharmacy where your prescriptions are currently on file to get the information needed to fill your prescriptions. If the prescriptions have no remaining refills, we will contact the prescribing physician for you to request new prescriptions.

Transferring prescriptions out from Advanced Pharmacy to another pharmacy

If you need to transfer your prescriptions from Advanced Pharmacy to another pharmacy, let the receiving pharmacy know the names and strengths of the medications you need transferred along with Advanced Pharmacy's name and phone number. The receiving pharmacy will call us to transfer your prescriptions. We will give them all the information needed so they may fill your prescriptions. The prescriptions and any additional refills will remain at the new pharmacy. If the prescriptions have no remaining refills, they will need to request new prescriptions from your prescribing physician. You will need to notify your prescribing physician of the pharmacy change.

In the event that we need to transfer your prescription to another pharmacy for filling, we will notify you of the reason and get the name and phone number of your alternate pharmacy. We may need to transfer your prescription to another pharmacy in situations where we are out-of-network, if the medication is on product backorder, or if you need to start the prescription urgently before we can have it delivered to you.

SAFE DRUG DISPOSAL

The United States Food and Drug Administration (FDA) supports the responsible disposal of unused medications from home. Almost all medications can be safely disposed of by using drug take-back programs or using US Drug Enforcement Agency (DEA) authorized collectors. When these options are not available, patients may also dispose of unneeded medications in their household trash. Do not flush unused medications down the toilet or pour them down a sink or drain.

If a drug take-back program is not available to you, most other unused or expired medications can be disposed of in your household trash.* First, mix the medications (do not crush tablets or capsules) with an unappealing substance such as dirt, kitty litter, or used coffee grounds. Then place the mixture in a container, such as a sealable plastic bag, and throw the container away in your household trash. Remember to scratch out all personal information on the prescription label to make it unreadable before throwing away your empty pill bottle. Controlled substances should not be thrown in the trash as they can be especially harmful if taken accidentally by someone other than the patient.

Contact your city or county government for more information on local drug take-back programs. The DEA periodically hosts National Prescription Drug Take-Back Events where collection sites are set up in communities nationwide for safe disposal of prescription drugs. Patients can visit the DEA's website for more information about drug disposal and to locate an authorized collector in their area at: https://www.deadiversion.usdoj.gov/drug_disposal/index.html.

* Some medications, such as Warfarin, require special disposal to prevent environmental exposure. Contact your pharmacy for more information.

DRUG RECALLS

A drug recall occurs when a prescription or over-the-counter medication is found to be either defective or potentially harmful. Sometimes, the manufacturers of the drug will discover a problem with the drug and voluntarily recall it. Other times, the US Food and Drug Administration (FDA) will request that the medication be recalled after receiving reports of problems from the public. Many factors can cause a drug to be recalled. A recall may be issued if a medication is a health hazard, mislabeled or poorly packaged, potentially contaminated, poorly manufactured, or not what the bottle says it is.

Upon receiving notification of a drug recall, Advanced Pharmacy will take the following steps to contact you if you've received the medication or product being recalled:

1. Contact you or your caregiver by phone to arrange for exchange of the medication or product being recalled.
2. Contact you by certified letter.
3. Contact you by email, if an email address was provided to us.
4. Contact your emergency contact person.
5. Contact your physician's office and ask them to get in touch with you if we can't reach you.

If you've taken a medication that has been recalled and have any unusual symptoms that you suspect may be linked to the medication, call your doctor immediately. If you have any questions about drug recalls, please call us at:

(855) 240-9368.

EDUCATIONAL MATERIALS

Advanced Pharmacy makes health and safety information available to patients in the form of written material such as drug monographs, integrated patient education handouts, and medication guides. These materials include the kind of ingredients a drug contains, the conditions and limitations for which it may be offered, directions for use, warnings, information necessary to prevent adverse effects, information to help with patient decision-making, information on conditions or procedures, and educational information.

Drug monographs are provided with each new prescription filled. Integrated patient education handouts and medication guides are provided with your prescriptions when required.

More information about Medication Guides can be found at:
<http://www.fda.gov/drugs/drugsafety/ucm085729.htm>.

You may find evidence-based health information for new and orphan drugs, common conditions, diagnoses, and treatment diagnostics and interventions at:
https://www.nlm.nih.gov/hsrinfo/evidence_based_practice.htm

GRIEVANCE AND COMPLAINT REPORTING

You may submit a grievance or complaint in regards to medication delivery (shipments were too hot, too cold, lost, or delayed), being unable to reach our customer service representatives, unsatisfactory customer service, discrimination, privacy breaches, clinical complaints, suspected errors, or other reasons not mentioned above.

You may lodge a grievance or complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance or complaint, please call **(855) 240-9368** and ask to speak with the Pharmacist in Charge. If your complaint is not resolved to your satisfaction within 5 business days, you may initiate a formal grievance in writing and forward it to Advanced Pharmacy's Governing Body. You can expect a written response within 14 business days of receipt of the grievance or complaint. Formal grievances in writing should be mailed to:

*Advanced Pharmacy
Attn: Governing Body
350 Feaster Rd. Ste. D
Greenville, SC 29615*

You may also make inquiries or complaints about this pharmacy by calling:



URAC

1220 L St NW Ste 400,
Washington, DC 20005

TEL: (202) 216-9010
FAX (202) 216-9006

<http://webapps.urac.org/complaint/>

**Office of Inspector General
Dept. of Health and Human Services**

HHS-Tips Hotline
PO Box 23489
Washington, DC 20026
TEL: (800) HSS-TIPS
FAX: (800) 447-8477



US Dept of Labor (OSHA)
Tel: (800) 321-OSHA (6742)

South Carolina Board of Pharmacy

TEL: (803) 896-4700
<https://eservice.llr.sc.gov/Complaints/>

PHARMACY

350 Feaster Rd. Ste. D
Greenville, SC 29615

TEL: 1(855) 240-9368
FAX: 1(888) 870-3823

Business Hours:
Monday - Friday
7:00 am - 7:00 pm (EST)

www.advcrx.com
AdvancedPharmacy@
AdvancedDiabeticSolutions.net

CORPORATE OFFICE

1580 Atkinson Rd.
Lawrenceville, GA 30043

TEL: 1(888) 377-6382
FAX: 1(770) 339-1192

Business Hours:
Monday - Friday
7:00 am - 7:00 pm (EST)
www.advanceddiabeticsolutions.net

PHARMACIST ON CALL 24/7



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