



## Your Sona Specialty Pharmacy Welcome Packet

Welcome to Sona Specialty Pharmacy! We are excited to serve as your specialty pharmacy provider. Enclosed is your patient welcome packet containing important information regarding Sona Specialty Pharmacy. Your care is very important to us, and we have developed this kit to introduce you to our services.

Headquartered in Asheville, NC, Sona Specialty's mission is to improve the lives of our patients by meeting their healthcare needs with the highest level of service, quality, and convenience. Our team is committed to building personal relationships with our patients, and ensuring they always receive high-quality service with personalized attention.

Please be assured the phone will be answered live by a member of our care team. We pride ourselves on the easy accessibility of our staff. We also offer on-call clinical support 24 hours a day for your after-hours emergency questions. This assistance can be found by calling 828-348-3033 and following the prompts.

Sona Specialty Pharmacy

1070 Tunnel Rd Building 3

Asheville, NC 28805

Phone: 828-348-3033

Normal Business Hours: 9am-5pm ET - Monday through Friday

On-call clinical support 24/7: 828-348-3033

If you would like to visit us in person, you are welcome to do so! Walk-in service is available at Sona Specialty Pharmacy, located at 1070 Tunnel Road - Building 3 Asheville, NC 28805, on Monday through Friday from 9 am - 5 pm.

We understand that specialty medications can be complex and require prescribers, patients, and the specialty pharmacy to work closely together. That's why our goal is to serve as an advocate for our patients, while working hand-in-hand with local and national prescribers. Your prescriber may send prescriptions to us via fax at 1-828-348-0016, by calling by telephone at 828-348-3033, or by sending electronically via Sure Scripts.

If you would like to learn more, please visit our website at [www.sonapharmacy.com/sonaspecialty](http://www.sonapharmacy.com/sonaspecialty).

We are excited that you have chosen Sona Specialty Pharmacy as your pharmacy partner!

Sincerely,

Your Sona Specialty Pharmacy Team

***Please be sure to read, sign and return the form on white paper entitled***

***"Customer Agreement and Informed Consent" in the enclosed envelope.***

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## Specialty Medications and Pharmacy Services

### What is a Specialty Pharmacy?

A specialty pharmacy provides high-cost medications that are typically complex. These medications usually require special storage and handling and may not be readily available at your local pharmacy. Sometimes, these medications have side effects that require monitoring by a trained pharmacist or nurse. Sona Specialty Pharmacy focuses on providing these medications while offering excellent customer service and support to you and your caregivers.

### How do I order a refill?

A Sona Specialty Pharmacy team member will call you to schedule your delivery at least a week before your next refill. During this call, he or she will confirm that you are still taking the medication, that your prescriber has not changed the dose, and that you are not having any unmanageable side effects. A Sona Specialty Pharmacy representative will also be available to help you with any benefits, or lack thereof, to ensure access to the types of drug therapy needed.

### How long does it take to receive my medication?

Sona Specialty Pharmacy ships medications with expedited delivery within 24 to 48 hours after we receive your complete prescription. We will provide any additional supplies you need for administering your medication (such as needles, syringes, and alcohol swabs).

### What if my medication is refrigerated?

Sona Specialty Pharmacy will ship refrigerated medications in a qualified shipping cooler. Qualified shipping coolers have been developed by engineers at a thermal laboratory to maintain refrigerated medication between 2-8 degrees Celsius.

### What if the ice pack is not frozen, is my medication still good?

Yes, the melting of an ice pack is normal during transit. In the winter months packages may also include frozen and non-frozen ice packs to keep the temperature in the cooler consistent.

### Is the cooler recyclable?

The three components that make up the pack out are highly recyclable:

- Styrofoam – Safe in landfills, 98% air, contains no harmful by-products, and is recyclable
- Paper Fill – Wood-Free Kraft paper can be recycled
- Ice Packs – Non-toxic and can be refrozen to reuse multiple times

### What if I have questions about my medications and want to access a Sona Specialty Pharmacy representative?

At Sona Specialty Pharmacy, we have a team to answer your specialty pharmacy program questions (828-348-3033). A licensed pharmacist is available 24 hours a day, 7 days week. He or she can help you if you have an urgent need relating to your medication. Please leave your contact information with our after-hours answering service, and the pharmacist on-call will promptly return your call.

### What are your holidays?

We are closed for the following Holidays:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Memorial Day
- Labor Day
- Christmas Day

### Can Sona fill my other medications?

Yes, we would be glad to! Please call our pharmacy at 828-348-3033 and we will do the work for you. We can also synchronize your medications to deliver them at one time each month.



## Customer Agreement and Informed Consent

Patient Name (print) \_\_\_\_\_ DOB \_\_\_\_\_ Date of Initial Therapy \_\_\_\_\_

### Consent for Treatment

I hereby authorize Sona Specialty Pharmacy to provide products, supplies and services as prescribed by my physician. I confirm I have been informed and have participated in planning the care and procedures to be carried out by the agency and sign this consent willingly and voluntarily. I understand this consent is valid from the date of the initial therapy and I may withdraw my consent at any time by notice to the agency and, if I do so, the services thereafter will not be provided.

### Assignment of Insurance Benefits

I hereby assign and transfer to Sona Specialty Pharmacy any and all rights to receive payment of insurance benefits. The assignment of benefits includes pharmaceuticals, durable medical equipment and, if applicable, home health care, nursing and surgical benefits which are otherwise payable to me for products or services provided. This assignment covers all benefits under Medicare, other state and federal government-sponsored programs, private insurance and any other health plans. I understand this document constitutes a legally binding assessment and is not a mere authorization to collect benefits on my behalf. I also authorize and direct my insurance carrier(s) to furnish an agent Sona Specialty Pharmacy any and all information pertaining to my insurance benefits and the status of claims submitted by Sona Specialty Pharmacy for services rendered. I understand payments may be sent by my insurance provider directly to me. I agree when such payments are received, I will promptly submit them to Sona Specialty Pharmacy for payment of my bill. I can make payment by personal check or endorsement of the insurance payment by writing "Pay to the order of Sona Specialty Pharmacy" and my signature. I understand I am also responsible for copayments, deductibles and services not otherwise covered by my insurance carrier, at the point of service. If a credit card is used for payment, and the card declines, it may result in a delay in shipment.

### Payment of Services Rendered

I understand I am the responsible party for all medications and services rendered by Sona Specialty Pharmacy. I understand it is my responsibility to notify Sona Specialty Pharmacy of my insurance information, including prescription card information. I understand it is my responsibility to notify Sona Specialty Pharmacy of any changes in my insurance coverage. I understand it is my responsibility to pay for any medications and services rendered which are not covered or are rejected by my insurance carrier, for whatever stated reason.

### Patient Release of Information

I understand Sona Specialty Pharmacy will be providing me with pharmacy services to help me improve and maintain my health and quality of life. As part of these services, Sona Specialty Pharmacy will provide health-related information about me and the services I receive to my physicians and other health care professionals involved in my care as to keep them informed of my progress. I understand Sona Specialty Pharmacy will provide information necessary for billing to my insurance company. I hereby authorize Sona Specialty Pharmacy to release all information and records related to the care I receive to my physician, insurance company and any other health care professional involved in my care. I hereby authorize the release of all pertinent medical information to Sona Specialty Pharmacy. I hereby release Sona Specialty Pharmacy, their affiliates, directors, employees, successors and assign from any and all liability arising from or in any way connected with the release of such information.

### Acknowledgement of Receipt of Notice of Privacy Practices and Mandated Forms

I hereby acknowledge receipt of the Notice of Privacy Practice concerning Protected Health Information (PHI) from Sona Specialty Pharmacy as they relate to the Health Insurance and Portability and Accountability Act of 1996 (HIPAA).

I hereby acknowledge receipt of Client Bill of Rights, receipt of medication refill and shipment process, receipt of infection control procedures and receipt of procedure for filing a grievance or complaint.

I hereby acknowledge receipt of the DMEPOS (durable medical equipment, prosthetics, orthotics and supplies) Supplier Standards and Medicare Prescription Drug Coverage and Rights as a Medicare beneficiary.  
(Patients not covered by Medicare will not receive these notices.)

Sona Specialty Pharmacy will provide products and/or services agreed upon at order coordination to the stated patient.

The estimated cost of each treatment will be communicated at time of order coordination.

I understand the amount may vary depending on deductible and out of pocket expenses.

I agree to make payment arrangements at the time of order coordination.

I agree to the terms stated in the Sona Specialty Pharmacy Customer Agreement and Informed Consent.

Patient Signature (or Representative) \_\_\_\_\_ Date Signed \_\_\_\_\_

Relationship of Representative to Patient \_\_\_\_\_ Is Patient a Minor? Yes / No

Please sign and return in enclosed envelope to: Sona Specialty Pharmacy 1070 Tunnel Rd Building 3 Asheville, NC 28805

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## Client Bill of Rights and Responsibilities

### As a Sona Specialty Pharmacy Client, you have the right to:

1. Be given appropriate and professional quality pharmacy services without discrimination against your race, creed, color, national origin, religion, gender, sexual preference, handicap or age.
2. Speak with a pharmacist about any questions or concerns about your medication. Please inform us of all medications, herbal products or supplements you take so that we may check for appropriateness. If you experience any of the listed side effects or believe you may be having an adverse reaction to a medication, either call 911 (if an emergency), your prescriber, or call us immediately to speak with a pharmacist. Benefits of our services include helping you to manage side effects of medication, increasing compliance to your drug therapy, and increasing your overall health.
3. Speak with a clinical staff member (pharmacist or nurse). Right to identify staff members, including their job title. Speak to a staff member's supervisor if requested.
4. Receive information about our Patient Management Program. Sona staff gives you information verbally at the time of enrollment, in our Welcome Kit, and on our website so you are fully informed about the PMP and your rights and responsibilities. You have the right to know about the philosophy and characteristics of the PMP. Participation in the PMP will help you to optimize the outcomes of your medication therapy. Some examples are: our staff will support you with refill reminder calls, monthly reassessment conversations and our clinicians will counsel you on how to find relief from side effects you may be experiencing. We work with your other health care providers to support you in your medication therapy to help you achieve the best possible outcomes. You may reach a member of our PMP by calling the pharmacy during our business hours, or for an emergent issue, you can reach an on-call clinician 24 hours a day.
5. Receive professional, honest and ethical care in accordance with physician orders.
6. Be fully informed of the pharmacy's services and the fee for those services.
7. Participate in the development of your plan of care and be advised of any change in the plan of care or PMP services provided prior to the change being made. Be informed of the termination of the PMP. You have the right to speak to a member of your care team during our normal hours, and with an on call pharmacist after hours for emergencies.
8. Be treated with respect, dignity, courtesy and fairness without discrimination by all pharmacy staff.
9. Be given complete and current information concerning your diagnosis, treatment, risks and anticipated outcomes in order to give informed consent prior to the start of any treatment, and regarding changes in or termination of the PMP, including your right to accept or refuse service.
10. Refuse treatment within the confines of the law and to be informed of the consequences of refusing treatment. To revoke or dis-enroll at any time.
11. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
12. Receive services from personnel who are qualified including a Registered Pharmacist, Nurse or Pharmacy Technician.
13. Voice grievances or file a complaint without fear of discrimination or reprisal to Pharmacy Management.
14. Receive a copy of the DMEPOS Supplier Standards and "Medicare Prescription Drug Coverage and your Rights" for Medicare recipients of services.
15. Be informed of your rights under state law to formulate advanced directives.
16. Be informed of what to do and resources available in the event of an emergency or a natural disaster that prevents us from filing your prescription(s) in a timely manner. We will post a notice on our website and on our toll-free telephone line, and also notify our prescriber partners. We will advise you to contact your prescriber and/or another pharmacy to get your prescription(s) filled. Once we are back to full operational capacity, we will again post notices in the same manner.
17. Be assisted and receive special consideration for language barriers to achieve proper understanding of services provided i.e., non-English speaking clients have the right to an interpreter and deaf, blind or illiterate clients have the right to appropriate materials and interpretation for effective communication.
18. Be informed within a reasonable amount of time if we cannot fill your prescription. We will provide you with instructions on your options to get the prescription filled from another source. If there is a shortage of the drug, the pharmacy will make every effort to find another source from the wholesaler, manufacturer, or other pharmacy. If none can be found, we will contact your prescriber regarding an alternative substitution. If another pharmacy will be filling the prescription, we will send your prescription electronically, by fax, or phone to the appropriate pharmacy and notify you where it has been sent. If we cannot fill your prescription because your insurance has changed, we will also contact you and transfer your prescription to the new pharmacy.
19. Be informed of any financial benefits and responsibilities, including deductibles, copays and coinsurance, when referred to an organization or another pharmacy provider. Sona will provide in writing, our cost charged to you if you are using an out-of-network pharmacy.
20. Receive a timely response from pharmacy staff upon your physician's request for service.
21. Choose a health care provider.



22. Be informed of limitations of services and care provided by pharmacy. We will obtain your insurance information so that we can properly bill your prescriptions. If this information changes, please notify us as soon as possible. If your insurance plan requires prior authorization, we will contact your prescriber or insurance plan to resolve this issue. If you are unable to pay the copay or you do not have insurance, please call us to discuss options, as there are numerous patient assistance programs, rebates and coupons available for which you may be eligible.
23. We will substitute FDA-approved generic medications when available. If you prefer brand name medication, ask your prescriber to write the prescription for the brand name drug, and note "dispense as written". Please note that brand name drugs may have higher copay; please check with your insurer.
24. Be assisted with pursuing appropriate resources for services outside the scope of the pharmacy.
25. Be informed of any product recalls. We follow FDA regulations regarding drug recalls. In the event of a recall, all affected products are removed from inventory. If a product was sent to patients, those patients will be notified, and your provider may be notified as well. Please note the FDA does not require pharmacies to contact patients for all recalls, as a drug is sometimes recalled before it reaches patients. You may be notified by your prescriber, press release from either the manufacturer or the FDA. If you are concerned about drug recalls, you may contact the FDA at 1-800-INFO-FDA, or [www.fda.gov](http://www.fda.gov), where you may sign up to receive recall notifications via email.

**As a Sona Specialty Pharmacy Client, you have the Responsibility to:**

1. Give accurate clinical and contact information. Notify Sona Specialty Pharmacy of any changes in your condition such as hospitalization, discontinuation of medicine or treatment, etc.
2. Follow the plan of services, which includes following pharmacist directions to stay compliant to therapy, and also to accept responsibility for the neglect or refusal of any services.
3. Notify Sona Specialty Pharmacy of any schedule or address changes that may need to be made prior to a scheduled delivery.
4. Notify Sona Specialty Pharmacy of any problems, concerns or dissatisfaction with services rendered.
5. Participate in mutually agreed responsibilities. Submit any forms that are necessary to participate in the program, to the extent required by law.
6. Follow included instructions regarding storage of your medications.

**Important Information Regarding Your Medication Refill and Shipment**

Excellence in customer service is our top priority at Sona Specialty Pharmacy. As a part of our effort to deliver quality service to our patients, we strive to ensure all patients receive their medication in a timely manner to achieve positive outcomes with their treatment plan. We want to work with you to ensure your medication is received on time, every time and would like to ask you to please review the following information regarding medication refills and shipments:

**This information pertains to patients on a monthly refill specialty medication regimen, and excludes patients on fertility medication therapy, who are not on a monthly refill regimen.**

We reach out to our patients monthly to schedule their next refill shipment, but if your supply of medication is seven (7) days or less, and you have not spoken with one of our Care Coordinators, please notify us immediately at:

**Phone: 828-348-3033**

**Monday through Friday from 9am to 5pm ET**

**This information pertains to all Sona Specialty Pharmacy patients:**

1. We do not automatically ship specialty medications. Our service model involves having a conversation with our patients to coordinate each shipment. Rather than make assumptions about our patients' needs, we prefer to talk with you to ensure we have all dispensing and shipment details correct, and make sure you have no questions about your medication therapy. For new prescriptions, we will call you as soon as we receive the prescription from your prescriber to gather demographic and insurance information. Insurance prior approvals sometimes take time to complete, but we will work to ship all medications in time for patient need dates.
2. Sona Specialty Pharmacy prefers to ship medications to arrive Monday through Friday. Saturday deliveries are available for emergency situations, but we have found this service not to be as reliable, and Saturday delivery option is not available in all areas.
3. Sona Specialty Pharmacy is not able to schedule shipments to arrive on Sundays.
4. Sona Specialty Pharmacy requests that you notify us if you do not receive your shipment on the date it was expected to be delivered. Deliveries via commercial courier can only be tracked within 24 hours of the time shipped from our pharmacy. If we are not notified within 24 hours of the time the medication was shipped, we will not be able to track the whereabouts of your medication. It is very important for patients to notify us immediately if the medication was not delivered at the time it was expected or if the package is not intact upon receipt.
5. Sona Specialty Pharmacy will not be liable for any medications not delivered if the Pharmacy was not notified within 24 hours of shipment. Patients must notify us if the medication is not delivered on the date it was expected or if the package is not intact upon receipt.
6. If you are receiving a controlled substance in a state that requires reporting to their prescription monitoring program, it will be reported as required.



## Medicare DMEPOS Supplier Standards

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.



## Medicare Prescription Drug Coverage and Your Rights

Enrollee's Name: \_\_\_\_\_ (Optional)

Drug and Prescription Number: \_\_\_\_\_ (Optional)

### Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

### What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

Form CMS -10147 (Approved 09/30/2014)

OMB Approval No. 0938-0975

Sona Specialty Pharmacy  
1070 Tunnel Rd Building 3  
Asheville, NC 28805  
Phone: 828-348-3033  
Fax: 828-348-0016



## Patient Tips for Infection Prevention

### What is Infection?

Infections are illnesses caused by germs. Germs are everywhere and most of the time, do not make us sick. Our bodies have natural defenses like our skin and immune system that help protect us from germs. However, there are times when we can become infected, or sick from germs. Infection occurs when your body comes in contact with a germ it is not able to fight naturally.

### Tips for Preventing Infection and Staying Healthy:

- **Keep your hands clean.** Washing your hands regularly is the most important thing you can do to prevent infection. You should wash your hands after using the restroom, before you eat or handle food or when you have been in contact with items that could possibly contain germs, for example, after touching the handle of a grocery store cart. It is best to use soap and water to clean your hands, but hand sanitizer is a good alternative to keep your hands clean.
- **Avoid contact with others who are sick.** Germs can be spread through the air, for example, when a person sneezes or coughs. Infection occurs when germs enter our body – usually through our mouth or nose. If possible, avoid contact with others who are sick. If your doctor has prescribed a medicine that increases your risk of infection, it is important to avoid places where there are crowds.
- **Cover your nose and mouth if you cough or sneeze.** Use a tissue or even bend of your elbow to prevent spreading germs to others. Remember to wash your hands afterwards.
- **Keep your skin healthy.** Take care of all cuts, scrapes and wounds. Your skin provides protection against harmful bacteria. Keep all cuts, scrapes and wounds clean and protected with a clean, dry bandage. If cuts are not healing, notify your doctor. If your skin is dry or cracking, apply a moisturizing cream to keep skin soft and intact.
- **If you have a fever, notify your doctor immediately.** If you have a temperature greater than 100.5 degrees, you should notify your doctor immediately unless you have been instructed otherwise. If you are taking a medication that increases your risk of infection, you should notify your doctor if your temperature is greater than 100.0 degrees.
- **Know if your medication increases your risk of infection.** Some medications can increase your risk of developing an infection. If you are not sure if your medication increases your risk of infection, you may call and speak with a Sona Specialty Pharmacy at 828-348-3033 or talk with your doctor.



## Resources for Safe Needle and Syringe Disposal

As a courtesy, Sona Specialty Pharmacy provides free Sharps containers so that our patients can dispose of their needles (syringes) in a safe and proper manner. In an effort to decrease community exposure to needles, the Environmental Protection Agency (EPA) **discourages** patients from:

- Throwing loose needles in the garbage
- Flushing used needles down the toilet
- Placing needles in recycling containers

The EPA recognizes that on a national scale, **states have varying guidelines for the disposal of needles**. Variances can even be found on a municipal level where needles are sometimes referred to as Household Hazardous Waste (HHW). As a result, the EPA suggests the following resources to determine the appropriate means of disposal in your community:

- ✓ Call your municipality or county Refuse Department. The number can be found in the Government pages in your phone book.
- ✓ Visit the Coalition for Safe Needle Disposal website at [www.safeneedledisposal.org](http://www.safeneedledisposal.org) to find out about safe disposal programs near you.
- ✓ Visit the EPA website at [www.epa.gov/osw/nonhaz/industrial/medical/disposal.htm](http://www.epa.gov/osw/nonhaz/industrial/medical/disposal.htm) for more information on proper sharps disposal.

As a continuing service, we can provide you with a replacement sharps container when your current container is full. Please ask one of our Care Coordinators on your next call.

### Resources for Unused Medication Disposal:

#### Medication Take-Back Programs:

- Contact your city or county government household trash and recycling services

#### Medication Disposal Information:

- Food and Drug Administration (FDA) website:  
[www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm)  
Telephone: 888-463-6332 or 301-796-3400

Email: [druginfo@fda.hhs.gov](mailto:druginfo@fda.hhs.gov)

- Drug Enforcement Agency (DEA) website:  
[www.deadiversion.usdoj.gov/drug\\_disposal/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/index.html)