Stress Awareness Month
National Donate Life Month
Sports Eye Safety Month

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Ideal Protein Protocols
Continuing Education Course Offerings
(Actual Dates/Times To Be Determined)

Creating Practice Niches
As competition continues to challenge traditional pharmacy businesses, this session is intended to educate participants on how to develop a niche practice model that ultimately improves outcomes and creates new markets for pharmacies and becoming more attractive to health benefit plans.

You Can Hire A Pharmacist, But You Can’t Hire An Owner
When someone gets married; when someone has a child, their priorities must change. That other person becomes more important than themselves. The same is true for pharmacy. When the pharmacist decides to own a community pharmacy, their priorities must change. While you may still be a pharmacist working at the counter, you are now a business owner who has responsibilities that no one else in the pharmacy can take care of for you. This session will look at how to determine which responsibilities you can delegate as well as looking at the details of those responsibilities which are yours. We will also look at how you can create an, “owner’s manual” as we will discuss how most every task that can put into a sequence can be delegated to someone other than yourself.

Physician-Pharmacist Collaboration
Pharmacists continue to expand their scope of practice and work more closely with physicians. This presentation is intended to provide various models that foster expansion of patient care and revenue through physician-pharmacist collaboration.

The Current State of the Opioid Crisis

An Introduction to Long Term Care Pharmacy for the Community Pharmacy
The activity will discuss new federal pharmacy laws that affect the practice of pharmacy and what pharmacists must do to comply with them. Common questions and pharmacy practice-related issues regarding controlled substance dispensing and record keeping will also be covered. Finally, the program will conclude with tools and techniques pharmacists can use to help combat prescription drug diversion in their pharmacy.

An Update of Federal Pharmacy Law
The activity will discuss new federal pharmacy laws that affect the practice of pharmacy and what pharmacists must do to comply with them. Common questions and pharmacy practice-related issues regarding controlled substance dispensing and record keeping will also be covered. Finally, the program will conclude with tools and techniques pharmacists can use to help combat prescription drug diversion in their pharmacy.

New Therapeutic Agents for Type II Diabetes
This activity will explain the pharmacology of newly released diabetes therapies and review the updates/changes to the American Diabetes Associations treatment guidelines.

The Pharmacist’s Role in Patient Safety
Medication safety is an ongoing concern within the health care system. Pharmacists play a vital role to ensure the safety of patients. System and process related medication errors will be discussed with various solutions for implementation.
Smith Drug Company Receives Distribution Management Award for Implementation of Cloud-Based Predictive Inventory Management System

Smith Drug Company, Div. J M Smith Corporation, has received the Healthcare Distribution Alliance’s (HDA) 2018 Distribution Management Award (DMA) for their implementation of a cloud-based predictive inventory management system (IMS). The award was presented at HDA’s Distribution Management Conference and Expo in Austin, Texas.

The DMA is awarded annually to HDA member companies that, through a collaborative partnership, enhance the efficiency, effectiveness and safety of the supply chain. Recipients must demonstrate measurable gains in productivity and reduction in costs in addition to implementing innovative technology, processes or programs across trading partners.

“Every year we are pleased to honor members, like Smith Drug, who continue to push their organizations to achieve greater efficiencies in pharmaceutical distribution,” said Perry Fri, HDA Executive Vice President of Industry Relations, Membership and Education; and COO, HDA Research Foundation. “DMA recipients demonstrate the true passion and creativity that goes into ensuring a safe and more secure pharmaceutical supply chain for all stakeholders. We congratulate Smith Drug on this achievement.”

With the goal of increasing their inventory turns and enhancing their service levels, in 2017 Smith Drug Company implemented a new cloud-based IMS in collaboration with P4 Technologies. Accessible anywhere, this powerful system manages, optimizes and predicts a distribution center’s inventory through unique and robust forecasting and replenishment algorithms. Since implementing this customizable solution, Smith Drug Company’s inventory was reduced by 30 percent and the system has improved their inventory turns by 47 percent.

“As an organization that prides itself on providing unparalleled customer service, we are thrilled to be recognized by HDA for our hard work,” said Saul Factor, RPh, President, Smith Drug Company and Burlington Drug Company. “Partnering with P4 Technologies has not only transformed our operations but also has allowed our company to provide high service levels for our customers.”

SCPhA Announcement

Please be advised that PEBA is working on checking to see which independents were inadvertently placed in the wrong MAC list. They said it may take a couple of days to research and notify ESI. We found out that it IS NOT ESI who makes this determination, it is PEBA. I don’t think new pharmacies are being made aware of this fact. It was new information to us. We have asked PEBA to provide contact information as to ‘whom’ and ‘how’ a newly opened or new ownership independent may contact PEBA to be placed in the proper MAC list from the start.

Please be advised that if you have signed a 90-day fill (preferred pharmacy) contract, this MAC list may not apply to your pharmacy.

Thank you for contacting SCPhA on this important issue. We hope that this will be resolved asap.
IDEAS TO BETTER UTILIZE YOUR EQuIPP DASHBOARD

1. CHALLENGE YOURSELF:
   CHANGE THE GOAL TO TOP 20%

2. DRILL DOWN INTO "ANALYZE PERFORMANCE" FOR EACH MEASURE

3. REVIEW THE QIP TABLE:
   KNOW YOUR PERFORMANCE PROGRAM PARAMETERS

4. BEGIN WITH PDC/ADHERENCE MEASURES: PATIENTS MAY FALL INTO MULTIPLE MEASURES

5. REVIEW AND SORT OUTLIERS:
   START WITH PATIENTS THAT HAVE A HIGHER PDC RATE

ARE THE PDC OUTLIERS ENROLLED IN YOUR ADHERENCE PROGRAM?

www.EQuIPP.org
support@EQuIPP.org
The treatment of seasonal allergic rhinitis is a common disorder for which patients seek the advice of the pharmacist. The treatment guidelines for the treatment of seasonal allergic rhinitis have been updated for those patients greater than or equal to 12 years of age. The guidelines were updated based on meta-analysis and systematic review of numerous trials.

Below are the three key clinical advisory statements issued by the Rhinitis Workgroup and the Joint Task Force on Practice Parameters.

For initial treatment of nasal symptoms of seasonal allergic rhinitis in patients greater than or equal to 12 years of age, clinicians:

- Should routinely prescribe monotherapy with an intranasal corticosteroid rather than a combination of an intranasal corticosteroid with an oral antihistamine.
- Should recommend an intranasal corticosteroid over a leukotriene receptor antagonist (for greater than or equal to 15 years of age).
- For moderate to severe symptoms, may recommend the combination of an intranasal corticosteroid and an intranasal antihistamine.

The guidelines do not address comparative efficacy or adverse events of the various intranasal corticosteroids or intranasal antihistamines.

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ARE YOU READY FOR SUMMER?

Sponsored by

Australian Gold

HealthWise PHARMACY
APRIL IS: Stress Awareness Month

Studies show that severe stress has a direct correlation with heart disease, depression, and a general lowering of the immune system which, in turn, opens the body up to many other diseases.

With April designated as National Stress Awareness Month, April 16 (the day after Tax Day) is a special day set aside for Americans to be aware of just how stressed they may have become!

This year, sit back and chill out on Monday, April 16, 2018 for National Stress Awareness Day!

Whether it’s struggling to finish your taxes, dealing with a high-stress job, or juggling multiple tasks every day -- taking a breath once in a while is the best thing you can do for your overall health, say experts.

How does stress play a harmful part in our daily lives? It’s often felt in a tightening of the muscles, increased blood pressure, and other physical damage that stress can do.

The simple cure? Chill out! And don’t let everyday stressors get to you. For some, it only takes a timely reminder to breath -- have a laugh, and relax. For others it requires a daily affirmation that stress won’t get the better of them! Sure, stress will always be a part of our lives, so it’s even more important to keep in mind the various ways to cope.

De-stress -- How to celebrate Stress Awareness Day

- **Treat yourself.** While junk food isn’t often recommended as the antidote for anxiety, there are a handful of immune-boosting desserts made with fresh blueberries, strawberries, honey, and whole grains that make for a wonderful daily indulgence. Even chocolate has its health benefits when consumed in moderation.

- **Exercise.** A good jog around the neighborhood or a workout session at the gym will get those “feel good” chemicals called endorphins pumping in your brain that lend a feeling of relaxation and well-being.

- **Meditate.** Simply taking time to collect your thoughts will often lead to increased energy and stamina to get you through a hectic, stressful day.

- **Get enough rest.** Feeling like you’re ready to take on the world after a long, restful sleep? You’re not far off. Cells are regenerated and harmful invaders (like cancer cells) are destroyed while we sleep and leaves us feeling thoroughly de-stressed and rejuvenated.

- **Pet your dog. It may be a cat, a parakeet -- or any other pet.** Surprised? Science shows that the unconditional love pets exhibit helps us to naturally de-stress with powerful effects on lowering our blood pressure.

Above all, be aware of the people or events that habitually cause stress in your daily life. Just knowing the usual triggers may go a long way in helping to avoid them -- so you can lead a more fulfilling, happier, and healthier life.

As the wise person once said... *“Don’t sweat the small stuff, and remember that it’s all small stuff.”*

Enjoy the day.
10 Ways To Celebrate Stress Awareness Day

1. **Create a culture that promotes stress management.** This could be achieved by promoting activities getting 7-8 hours sleep a night, taking meditation breaks, walking during lunch and standing at your desk instead of sitting, engaging in chair yoga during breaks, having fun at work, etc.

2. **Manage the mindset that says I don’t have time to manage stress.** We spend our days putting out fires and tending to urgent matters that SEEM more important than managing our stress. But the less we manage our stress, the more scattered and inefficient we become. In order to manage this mindset we need to SET ASIDE time to do the important things like exercising, yoga, meditation, reading and connecting with friends and family every day. We need to stick to this schedule no matter how many other urgent matters seem like they are more pressing.

3. **Manage your stress while it’s happening.** This means managing your stress on the fly AND with no time taken out of your busy schedule, either. The two best techniques for doing this are cognitive restructuring and mindfulness. Cognitive restructuring teaches you how to recognize your irrational thinking (aka, negative self-talk which causes you boatloads of stress), and teaches you how to change it. Mindfulness teaches you how to find refuge in the present moment and thus liberate you from lots of anxiety (future-oriented thinking) and lots of anger (holding onto events that happened in the past).

4. **Train doctors to recognize and treat stress-related illness and allow health practitioners to spread the word.** Doctors need to receive more training in medical school on how to treat stress-related illness and be able to prescribe alternative solutions other than the pharmaceutical solutions that are usually offered. Health practitioners (like therapists and nurses) need to learn how to teach stress management to their patients.

5. **Make the message of stress management simpler.** Think of a bridge. The strength of a bridge determines how much load it can bear. This load is referred to as stress. The stronger the bridge the more stress it can take without buckling under the strain. In order to avoid strain, we can either lighten our load, or strengthen our bridge by learning coping strategies that make us stronger.

6. **Stress science needs to include the new brain science.** Stress management has always been about maintaining an internal locus of control (AKA feeling like you are in the driver’s seat of your own life). We now know that our locus of control may actually reside in the prefrontal cortex (PFC) of the brain. Knowing how to access and nurture the PFC ultimately leads to greater control over our emotions, our fears and our stress.

7. **Make stress management proactive.** We need to elevate stress management practices like exercise, yoga, and meditation to the same status as brushing your teeth or taking a shower. It doesn’t take any will power to brush your teeth or take a shower every morning, you just do it. In the future, the same will be true of stress management.

8. **Acknowledge stress sensitivity.** Some people are wired differently. The best way to deal with a wiring problem is by rewiring. You rewire your brain through affirmations, skill-building and habit formation. In addition, meditation practice can facilitate the whole process and literally change the structure of your brain.

9. **Embrace the European model.** In Europe the employer takes responsibility for the stress levels of its employees and makes an effort to both lower these levels AND teach the employee better methods for coping with the stress that can’t be lowered by changing certain aspects of the job itself. (BTW, In Europe the average worker takes 5 weeks of vacation annually. In the US it’s about a week.)

10. **Address the underlying sources of stress in your life like time pressure, relationship problems, disorganization and financial stress.** In order to address time pressure, build in extra time for things to go wrong or that take longer than you think. For relationship problems spend time every day connecting with the most important people (friends and family members) in your life. In order to address disorganization set aside time every day for planning and getting organized. In order to address financial stress, resolve to eliminate debt and put aside savings for a rainy day. Addressing these MAJOR underlying causes of stress will bring about a growing sense of inner peace that is quite simply more valuable than gold.
A solution for the health of both your community and your pharmacy.

Expand Consultation
Drive Value
Improve Outcomes

A Protocol That Can Make a Difference.
Ideal Protein Protocol
A Consultative Approach to Your Pharmacy

The **Ideal Protein Protocol** is an effective, turnkey program that arms pharmacists with a medically sound solution, consistent with evidence-based guidelines for weight loss management and maintenance for their patients and community.

The Protocol is a **structured approach** that integrates **partial meal replacements, healthcare professional oversight** and **one-on-one coaching** to support **permanent lifestyle and behavioral changes**.

Existing pharmacy staff will be trained as coaches and build relationships with required in-person visits. In addition to new revenue, pharmacies are realizing increased foot traffic, clientele, and front-end sales all while helping their patients achieve impactful and sustained health outcomes.

### Structured Protocol Implemented as a Service by your Pharmacy Team:

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<th>Lifestyle Living</th>
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<tr>
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<td>Phase 2: 2 weeks</td>
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<td></td>
<td>Phase 3: 2 weeks</td>
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<td>Phase 4 - Ideal Lifestyle</td>
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<td>Stabilization - 12 months</td>
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<td>Maintenance - New Lifestyle</td>
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### Potential Revenue and Profits²:

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<th>Avg # of Boxes Per Month</th>
<th>$29.60 Per Box Retail</th>
<th>Avg Gross Revenue From Boxes</th>
<th>+Supplements Average $85 Per Dieter/ Month</th>
<th>Avg Gross Monthly Revenue</th>
<th>Total Gross Annual Revenue</th>
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² The potential revenues and profits presented in the table above represent the actual revenues and profits that would be generated from your sales of Ideal Protein Foods Products having successfully achieved the average number of dieters in the table. This should not be interpreted as a guarantee or promise of earnings. Your earning potential is entirely dependent upon you and your efforts in maintaining a stream of dieters and a high level of customer service. The level of success you reach and revenues and profits you generate is entirely dependent upon your skills, financial resources, marketing efforts and time you devote to becoming a successful Ideal Protein clinic. Because of this, we cannot guarantee your earnings level nor do we in any way whether directly or indirectly do so.

Pharmacists are expanding their role in the community and helping patients with the Ideal Protein Protocol.

### Implement the Ideal Protein Protocol in Your Pharmacy!

For more information, consult your PBC or email Larry Kobiska, PharmD, R.Ph. BS. at lkobiska@smithdrug.com
Specialty pharmacy is no longer simply set apart by the medication it dispenses. As a result of the patients it serves — whose conditions span disease states from oncology and rare diseases to cystic fibrosis and others that require high-cost, specialized medication — specialty pharmacy has expanded the scope of its services to patients, as well as payers, prescribers and manufacturers. With specialty pharmacy operating as something of a hub at the center of the patient's care continuum, companies in this segment are faced with various imperatives — offering personalized patient care and communicating with a patient's care team, all the while managing costs and securing access to medications with limited distribution. To deliver on these goals requires a new level of service on the front end, as well as robust back-end capabilities.

**Accessing new meds**

Access to care goes beyond convenience for specialty pharmacies — it also includes making sure they are able to dispense new therapies that receive approval from the Food and Drug Administration. A key part of specialty pharmacies' patient care strategy is being able to offer certain drugs in the first place, as many manufacturers will roll out new specialty treatments on a limited-distribution basis, making access a key competitive edge in the space. In 2017, US Bioservices, the specialty pharmacy of AmerisourceBergen, received access to 28 new products, including 10 in the oncology space and three treatments for rare and orphan conditions — which officials say requires being able to prove capabilities to manufacturers. “Specialty pharmacies like US Bioservices are often a central touchpoint for the many stakeholders in the healthcare system,” Kelly Ratliff, president of US Bioservices, said. “So gaining access to limited-distribution products includes proving that you have expertise in all of those areas.” Part of what Ratliff referenced makes US Bioservices a prime candidate for limited-distribution drugs are the offerings it has for manufacturers.

“We have the benefit of sitting in front of manufacturers with specialty distribution services, reimbursement services through Lash Group, clinical trial logistics solutions through World Courier, [strategic consultancy service through] Xcenda, as well as US Bioservices,” Ratliff said. “We can bring a suite of solutions to manufacturers that provide them with a nice commercialization approach.”

Beyond manufacturers, specialty pharmacy operators also build relationships with payers, who increasingly are seeking to manage the cost of specialty drugs, which made up roughly 39.6% of medicine spending in 2016, according to IQVIA. One of the first-line approaches is ensuring adherence, which Ratliff said follows when implementing a patient-centered care solution.

“We need to make sure that there's value in the products that are dispensed,” Ratliff said. “Our services and solutions are designed to mitigate waste and monitor the patient's clinical response, as well. While we don't control the drug price, our job is to ensure that the drugs that are dispensed are taken as intended, and that we're monitoring the outcomes of each of those therapies.”

**New horizons**

The available options that a PBM-based approach can bring is part of what is driving Diplomat, the nation's largest independent specialty pharmacy, to shake up its business strategy and position itself as a broader-based healthcare company. In late 2017, the Flint, Mich.-based company acquired two PBMs in as many weeks, buying up LDI Integrated Pharmacy Services and National Pharmaceutical Services.

“I always expected that Diplomat would be in the PBM space, but I did not expect that to happen until probably 2019 or 2020,” Diplomat's recently retired CEO Phil Hagerman told investors when the LDI acquisition was announced. “But we believe that the market dynamics have shifted such that cost containment is critical to the marketplace today. And the only way to totally optimize all the levers around cost containment is to be able to work symbiotically and seamlessly across the PBM and specialty pharmacy and the specialty infusion space.”

As part of this approach, Diplomat said this year it would focus on advancing the use of generics, affordable brands and biosimilar medications, as well as increasing the number of drugs in its split-fill program by 78%, which president Joel Saban said has the possibility to save as much as 50% per patient by offering a two-week fill at the start of therapy to reduce waste if they need to switch therapies. The company also will be keeping an eye on the biosimilar market, which has seen slow adoption as approvals — and intellectual property lawsuits from original drug makers — trickle in.

“We view biosimilars as a key lever in managing the rising cost of specialty spend,” Diplomat interim CEO Jeff Park said. “Biosimilars have struggled to gain footing in the United States due to litigation. However, we expect the environment to become more favorable soon. This should lead to expanded biosimilar use and more affordable care.”

With all of the hats that specialty pharmacy companies wear, the focus stays on patients in a way that builds on a pharmacist's already large role in a patient's therapy, US Bioservices' Ratliff said. “It really does elevate the practice of pharmacy to a little bit of a different level,” Ratliff said. “I'm a pharmacist by background, and when I think about the pharmacist's traditional role, that's still important to us, and patient counseling related to the drug is important to us, but our role goes beyond that — we become a patient advocate between their insurance company and their prescriber. Our role really is connecting the entire scope of the patient's treatment regimen — not just providing services related to the drugs that we dispense.”
Busy consumers are rarely lacking for something that pains them. But consumers concerned about the opioid epidemic, as well as the abuse potential associated with powerful prescription pain relief, have been making the trek to their local pharmacies in search of alternative solutions. And they are finding those solutions in the OTC aisles.

“As Americans, we have witnessed the growing problems from opioid abuse. No matter the reason or purpose for using opioids, these consumers are experiencing pain, whether it is due to their current condition or due to the issues arising from the lack of current medication options,” Ben Blessing, executive vice president of sales and marketing at Bristol, Tenn.-based NFI Consumer Products, said. “The topical pain market in no way can be a substitute for treatment, but, as opposed to oral OTC analgesics, the side effect profiles are much smaller and the broad ranges of uses are wide, as well.”

Fallout from the opioid epidemic alone does not explain the explosive growth associated with the external analgesic category, which generated $723.6 million in sales across total U.S. multi-outlets for the 52 weeks ended Dec. 3, according to IRI, a Chicago-based market research firm.

One macro trend is the continued migration of healthcare cost to the consumer. “This real shift from managed care to self-care is driving a lot of growth,” Michael McGoohan, chief marketing officer at Warrenville, Ill.-based Performance Health, said. “The topical pain market in no way can be a substitute for treatment, but, as opposed to oral OTC analgesics, the side effect profiles are much smaller and the broad ranges of uses are wide, as well.”

As more consumers turn to self-care of their aches and pains, they also are seeing more options in the pain aisle as manufacturers introduce new options that span different delivery forms and active ingredients.

“In just the past year, the category has seen an explosion of products containing lidocaine, as well as the entrance of new products such as SalonPas [and] PainBloc24 that are offering longer-term pain relief solutions,” Jodi Murnick, spokesperson at Baltimore-based Vizuri USA, said. “PainBloc24, in particular, offers a category-leading 24-hour pain relief claim when used every day, which will help to bring new consumers to the category.”

John Incledon, CEO of Salonpas maker Hisamitsu America, based in Florham Park, N.J, noted that external analgesics, excluding heat wraps and TENS devices, saw sales rise 17.8% for the 52 weeks ended Dec. 3. “That is a substantial gain, nearly $100 million,” Incledon said. Incidentally, more than $60 million of that increase can be traced to the introduction of Performance Health’s BioFreeze, a pre-existing SKU that shifted channels from professional to mass outlets.

With the pain relief category booming, the difficulty for retailers is in culling their product selections from a flood of options.

“I don’t envy the role buyers have in this category. They are inundated with innovations that they place bets on and sometimes the bets don’t pay out,” Incledon said. “Take the TENS business, looking at 52 week data, you still see double-digit increases, but looking at 12 week data, virtually every brand is down versus year ago, and some as much as 30% to 40%. This is a clear indication this segment needs to be re-evaluated for space and assortment.”

McGoohan agreed, adding that education could be one way retailers help consumers navigate a crowded field. “The biggest challenge today is how do you improve the shopability of aisle,” he said. “Retailers and brands need to help explain the differentiation to consumers. What is maybe missing today is a bit of that ‘premiumization’ that you see being so successful in other categories.”

Full article at: https://www.drugstorenews.com/pharmacy/specialty-pharmacy-now-runs-healthcare-gamut/
Promotional Opportunities with Healthy Observances This Month

National Public Health Week • April 2-8

During the first full week of April each year, APHA brings together communities across the United States to observe National Public Health Week as a time to recognize the contributions of public health and highlight issues that are important to improving our nation. For over 20 years, APHA has served as the organizer of NPHW. Every year, the Association develops a national campaign to educate the public, policymakers and practitioners about issues related to each year’s theme. APHA creates new NPHW materials each year that can be used during and after NPHW to raise awareness about public health and prevention.

Since the Affordable Care Act became law, the U.S. uninsured rate has dropped to record lows. However, the Affordable Care Act is under targeted attempts to dismantle the law, including the most recent repeal of the individual mandate. Our social safety net programs are being threatened with cuts and for the second year in a row, and life expectancy in the United States has dropped. To ensure everyone has a chance at a long and healthy life, we must also tackle the underlying causes of poor health and disease risk. Those causes are rooted in how and where we live, learn, work and play. It’s the child who goes to school hungry and can’t take full advantage of the education that leads to a healthier, more productive adulthood. It’s the low-wage worker who must choose between losing much-needed income and staying home with a sick child. It’s the family that struggles to find nutritious, affordable food anywhere in their community. It’s the student who can’t walk to school because there are no sidewalks. These are the types of conditions that shape the health and well-being of our people and communities.

Thankfully, we can do something. If we partner across public and private sectors to ensure decisions are made with people’s health in mind, we can build healthier communities and eventually, the healthiest nation. We can change our future together, but we need your help to get there. Join us in observing National Public Health Week 2018 and become part of a growing movement to create the healthiest nation in one generation. We’ll celebrate the power of prevention, advocate for healthy and fair policies, share strategies for successful partnerships, and champion the role of a strong public health system.

Future National Public Health Week dates:

- April 1-7, 2019
- April 6-12, 2020
- April 5-11, 2021
- April 4-10, 2022
- April 3-9, 2023

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2018 National Public Health Week Daily Themes: Get The Facts

It will take all of us working together to advance public health. That’s why this year’s theme for NPHW is: “Healthiest Nation 2030: Changing Our Future Together.” Each day of NPHW will focus on a daily theme that speaks to the unique and pressing issues facing our nation. In this section, you will find current facts and statistics that correspond to each day’s theme. We hope you’ll use these fact sheets to spark new conversations in your organization or community.

Monday

**Advocate for and promote well-being**
Focus on and advocate for improved access to mental and behavioral health services. Use education and training to destigmatize mental health diagnoses and encourage people experiencing mental illness to seek treatment. Insurance coverage for mental health services must be on par with physical health services.

Tuesday

**Learn about ways to prevent disease transmission**
Wash your hands. Know your HIV status. Call on employers to support and provide sick leave so sick workers can care for themselves and avoid spreading disease to others. Support comprehensive sexual health education in schools, which can reduce rates of sexually transmitted disease (as well as teen pregnancy). Keep yourself and your families immunized against vaccine preventable diseases — and get your flu shot!

Wednesday

**Help to protect and maintain a healthy planet**
Reduce our collective carbon emissions footprint. Transition to renewable energy sources. Protect our natural resources and use evidence-based policy to protect our air, water and food. Support environmental health efforts that monitor our communities for risks and develop health-promoting interventions. Call for transportation planning that promotes walking, biking and public transit — it not only reduces climate-related emissions, but helps us all stay physically active.

Thursday

**Learn about the effects of injury and violence on health**
Support common sense gun safety laws and research into the roots and causes of gun violence. Increase funding to programs that reduce and prevent community violence. Advocate for occupational health and safety standards that keep workers safe on the job. Support policies that save those struggling with addiction from a fatal drug overdose. Many injuries are preventable with the appropriate education, policy and safety measures in place.

Friday

**Advocate for everyone’s right to a healthy life**
Everyone deserves an opportunity to live a life free from preventable disease and disability. The places where we live, learn, work, worship and play should promote our health, not threaten it. That’s why creating the healthiest nation requires a dogged focus on achieving health equity for all.

As we look toward this New Year and at the big picture, pharmacies and providers across the healthcare spectrum continue transitioning care models from fee-for-service to value-based provision. Behind the pharmacy counter, processing the prescriptions accurately and achieving billing compliance have so far been the priority, and rightfully so. But with new demands that focus on treating the entire patient with outcomes in mind, the whole healthcare value chain is involved and at stake.

Pharmacy operations are very much part of successful patient outcomes and as such play a huge role in the clinical care continuum. Consider that the pharmacist remains the most accessible healthcare practitioner for patients, who come frequently and regularly to pick up prescriptions, ask advice about over-the-counter medications or ask general questions about overall health. Payers and pharmacy benefit managers view the pharmacist and pharmacy role as an evolving one that shoulders much more responsibility for outcomes.

According to Prescriptions for a Healthy America,” poor medication adherence results in 33 to 69 percent of medication-related hospital admissions across the U.S., at a cost of roughly $100 billion annually. At least 125,000 Americans die each year due to poor medication adherence.

This burden of adherence and general patient responsibility requires much more transparency in care. Ideally, treating the whole patient requires that all care team members have access to the important information surrounding the patient’s health — test outcomes, family history, laboratory results, and of course, medication history.

Across the entire healthcare system, providers need access to multiple datasets for knowledge sharing and open communication. Pharmacy, unfortunately, is the missing link. When a patient is admitted to a hospital or treated at a specialist, the onus is on him to report current and past medications. What if the patient is unconscious? Confused? Forgetful? Purposefully evasive?

A contributory, linking database in which pharmacists, and other providers, would willingly share important health information would translate to better patient care for the good of the entire industry. While pharmacy chains currently keep patient data within their organizations, companies within the auto insurance industry, for example, freely share claims and accident report data for the good and safety of all drivers. Surely, there are obvious concerns with sharing specific transaction information with competitors but success will be achieved when the industry has meaningful dialogue about these concerns and determines how to overcome them instead of using them as an
Finding the right solution for data integration is the gateway to a much-needed inevitability: a unique patient identifier, or UPI, for every single patient. The myriad benefits of a UPI include both patient safety and opioid abuse reduction and prevention. Healthcare ID fraud is a significant problem and, unfortunately, a recent trend. Pharmacies must guarantee that the person who is receiving care — and medication — is the person he says he is. Without the vigilance of a patient management tool to detect fraud on the pharmacy’s end, patients may acquire drugs from several different locations for personal use or even distribution. Across the larger healthcare spectrum, identification fraud may be executed to collect and steal payments. By contributing vital information to a database that implements widespread linking capabilities, pharmacies can reap the benefits of fraud protection while focusing on patient-centered, value-based provision of services.

While mandatory contributory state databases do exist, a broader voluntary application would yield broader results. Certainly, having an industry contributory database configured within the pharmacy’s regular workflow would mean the right data at the right time at the fingertips of pharmacists everywhere, enabling seamless automation for meeting state compliance requirements. True interoperability would enhance the prescription drug monitoring programs, or PDMPs, already in place, and make room for more comprehensive efforts.

Extensive data linking also opens up possibilities for analytics applications that help pharmacists treat patients better. For example, social determinants of health, or SDOH, — conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes, according to the Centers for Disease Control and Prevention, factor into outcomes. Certain socioeconomic information can help predict medication adherence and propensity for addiction. With tools that provide a broader understanding of each patient, pharmacists are presented with quick, actionable decision points that suggest the best way to intervene with the specific patient, increasing adherence and safety.

The next generation of pharmacists and practitioners have become accustomed to reaping the benefits of technology and insights in care provision. As pharmacies are held more accountable for the whole patient picture and rated on outcomes, harnessing the full potential of data sharing technology is not an “if,” but a “when” and a “how.” Pharmacy needs to be proactive in forging this path. The future of healthcare depends on it.
A Brief History of NCADD’s Alcohol Awareness Month:

Founded and sponsored by NCADD, Alcohol Awareness Month was established in 1987 to help reduce the stigma so often associated with alcoholism by encouraging communities to reach out to the American public each April with information about alcohol, alcoholism, and recovery. Alcoholism is a chronic, progressive disease, genetically predisposed and fatal if untreated. However people can, and do, recover. In fact, it is estimated that as many as 20 million individuals and family members are living lives in recovery!

An integral part of NCADD’s Alcohol Awareness Month is Alcohol-Free Weekend, which takes place on the first weekend of April (March 30-April 1, 2018) to raise public awareness about the use of alcohol and how it may be affecting families, individuals, schools, businesses and the communities in which we live.

During Alcohol-Free Weekend, NCADD extends an open invitation to all Americans to engage in three alcohol-free days. Those individuals or families who experience difficulty or discomfort in this 72-hour experiment are urged to contact local NCADD Affiliates, Alcoholics Anonymous (AA) or Al-Anon to learn more about alcoholism and its early symptoms.

About the Theme:

The 2018 theme - “Changing Attitudes: It’s not a ‘rite of passage.’” - is designed to draw attention to the many opportunities individuals, families, and communities have to educate young people on the dangers of alcohol use. We often forgive underage drinking as a “rite of passage.” We can simply sit back and hope kids will “get through it,” or we can change our attitude and take an active role in learning about alcohol and drugs and help young people do the same.

NCADD’s Network of Affiliates and other NCADD Alcohol Awareness Month supporting organizations across the country will use this theme as a way of addressing underage drinking through a broad range of media strategies, awareness campaigns, educational programs and local events. Uniquely positioned in communities across the country, NCADD and its network of local affiliates provide direct help and assistance to millions of individuals and families through education, prevention, intervention, information/referral, treatment and recovery support services. NCADD is often the first call people make when difficulties with alcoholism and drug dependence strike.
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Take a good look at the front of your store and ask yourself, "does my store create an interest level of shopping and discovering some of my new products?" This could be a different way of promoting your new HBW items, gift items, or more specifically, jewelry, collegiate, candles or the rapidly growing pet care category. How are you making your store a more inviting shopping destination for your customers not only for prescriptions, but also for other items, products and services. Your customers should never walk in to pick up their prescriptions and then go down the street to a box or chain store to complete their shopping list. For the next several months we will feature ideas and suggestions that can help improve your shopping destination opportunities. These are opportunities for growth, exposure to new customers, and increased profit to your bottom line. Think outside the box and delegate these responsibilities to your front manager or employees. It can be fun and exciting for them to engage in the operation of your store, and will certainly increase your income. Eliminate categories that aren’t producing and try something new. Make sure that no matter what new things you try in your pharmacy that they are marketed to your customers with signage, notices, or a simple suggestion at the register, “have you seen our new line of gifts, merchandise, items?” Whatever the case may be, make it fun, inviting, and promote it every way possible.
How To Properly Merchandise Items On A Shelf

There are two basic rules of merchandising that can be applied to every category of product:

#1. Do not slant product at an angle on a shelf. I’ve seen this done often, mostly in oral hygiene departments. Slanting the product may look good from a distance, but in fact this style of placing merchandise on a shelf harms sales by restricting the view of the front of product, limiting inventory space to no more than two of each (most of the time, one of each), and causing the shelf to look cluttered as soon as one item is sold.

Here is the fix: Position each item so the product has a full frontal appearance on the shelf. If more room is needed, then either reposition additional items on the shelf above or below the shelf you are working on, or eliminate the slowing moving items until sufficient room has been made. You will sell more inventory by giving the product the exposure it needs than you will by offering more items to choose from on a crowded shelf.

#2. Do not place pegged items under a lower-positioned shelf. A shelf positioned over pegged items will always cast a shadow on the product beneath it. Pegboard hooks will place items further back up against the peg of a fixture, and for that reason, a noticeable shadow from the shelf will be cast on the product. Along with the dark setting, the biggest deterrents to creating a sale will be the difficulty to see and reach the merchandise.

Quick fix: Use hooks that have the same reach as the shelf above it and install rubber stoppers on the hooks to keep the pegged product from sliding back. The preferred fix: Move pegged items and category to the top of the display. If needed, you can place one narrow shelf at the very top of your display.

Don't Do This.

Don't Do This.

Gabe Trahan,
NCPA Senior Director of Store Operations & Marketing
Pharmacy giants like CVS, Walgreens, or Rite Aid may seem to be everywhere. But don’t be fooled: There are actually still quite a few independent community pharmacies in the U.S. — 22,041, to be precise — and they are putting up a good fight, controlling roughly $80 billion of the $200 billion pharmacy market.

But there’s another business emerging on this battlefield: Amazon. The retail giant recently increased its exploratory pharmacy team to more than 30 people as it considers different ways to get a piece of the lucrative pharmaceutical market. The company also launched its own line of over-the-counter medications under the Basic Care label. It may not be long until the company is also fulfilling prescriptions. All of this plays perfectly into Amazon’s monopoly game of being a one-stop shop for everything from laundry detergent to headache relief. Not surprisingly, both chain and independent pharmacies are getting very nervous.

Fortunately for small pharmacies, the tactics they’re already using to fight mega-chains may also help them beat Amazon. The National Community Pharmacists Association (NCPA) points out that independent pharmacies “provide a variety of niche services, often unavailable elsewhere.” For instance, they frequently offer customers a service called compounding, or personalized prescriptions. Since these types of medications aren’t sold commercially, Amazon isn’t likely to invest the time or effort into personalizing your meds. By offering niche services like this, small drugstores can continue to succeed.

Another service that independent pharmacies have mastered is medication therapy management. Usually, this type of service is detailed and thorough: Confused about when you should take your pills? Worried about vitamins interacting with your prescriptions? Don’t bother turning to Amazon — medication therapy management isn’t something their customer service line can handle. And your favorite mega-chain pharmacist is probably too busy and overwhelmed to do this type of review. However, your small local drugstore would probably be thrilled to offer you medication therapy management, including a drug review, personal medication record, and a medication-related action plan. An independent pharmacist may
also follow up with you on the phone to make sure you understand the plan. It's that kind of service that will keep customers loyal. Good luck getting Amazon or a mega-chain to answer your call, let alone call you back.

Although some might argue that the convenience of quick home deliveries gives Amazon an advantage, many small pharmacies are copying this tactic, hoping to beat Amazon at its own game. A 2016 survey from the NCPA found that 65 percent of independent pharmacies offered home or work delivery, and many provide same-day delivery. Here’s another blow for Amazon: Some pharmacies are waiving delivery charges, so it doesn’t cost more to get your allergy medicine at home compared to standing in line at the store. It’s hard to beat free home delivery.

If you prefer doing everything online, independent pharmacies are happy to oblige. In 2016, 60 percent of them offered online refills. And most are also happy to take your coupons online, too. Some have online chat options, so you don’t have to talk on the phone, while others have active social media profiles that can respond to questions. You can even request an appointment online, so you never have to wait in line behind a wailing baby or bored toddler again.

And let's not forget the impact an aging population has on independent drugstores. Sure, many seniors are using mega-chains, but 44 percent of small pharmacies offer long-term care services to nursing homes and assisted living facilities. They're working directly with these care facilities to make sure senior citizens are receiving and taking the right medications. Often, independent pharmacies have exclusive partnerships with specific nursing homes or long-term residential facilities, so mega-chains don't even enter the picture.

Finally, there's something that Amazon and mega-chains haven't been able to replicate despite their marketing and advertising efforts: the personal customer service an independent pharmacy offers. Usually, local pharmacists running a small business will remember your name and ask about your allergies before even seeing a prescription. They'll worry if you don't pick up your pills on time. They'll remember that your child hates the bubblegum-flavored medicine and offer the grape-flavored stuff instead. It's this kind of customer service that pharmacy juggernauts — Amazon included — may never be able to completely replicate.

UnitedHealthcare Says It Will Pass On Rebates From Drug Companies to Consumers

In response to growing consumer frustration over drug prices, UnitedHealthcare, one of the nation’s largest health insurers, said on Tuesday that it would stop keeping millions of dollars in discounts it gets from drug companies and share them with its customers. Dan Schumacher, the president of UnitedHealthcare, said the new policy will apply to more than seven million people who are enrolled in the company’s fully insured plans, beginning next year. “The benefit could range from a few dollars to hundreds of dollars to over a thousand,” Mr. Schumacher said.

Not all drugs come with rebates that are paid to the health plan. People in plans with high deductibles who buy drugs that carry large rebates will see the greatest savings, Mr. Schumacher said. Insurers like UnitedHealthcare, whose parent company also owns a large pharmacy benefit manager, OptumRx, have come under increasing public pressure as drug prices — especially for brand-name drugs — continue to rise, angering consumers and lawmakers. The decision by UnitedHealthcare is the latest in a series of steps taken by drug makers and health plans to try to lessen public discontent over drug prices, even as the companies spar over who is to blame.

Aiming to deflect criticism, the pharmaceutical industry has increasingly pointed the finger at both insurers and pharmacy managers for not sharing the rebates with customers filling prescriptions. The Pharmaceutical Research and Manufacturers of America, the industry trade group, rolled out an advertising campaign, “Share the Savings,” last year to make the case that by passing on the discounts, plans could significantly lower patients’ out-of-pocket bills. The group called UnitedHealthcare’s decision “a step in the right direction.”

Insurers, including UnitedHealthcare, contend that they already use the money from discounts to lower premiums for all their customers, and argue the real issue is the high cost of so many drugs.

But UnitedHealthcare seems to have blinked, signaling what could be a coming shift away from the system of convoluted deals struck between the drug companies and these middlemen, said Adam J. Fein, president of Pembroke Consulting, a research firm. Although the new policy will only affect a fraction of the company’s customers, “it’s one more step on the path of creating a more transparent pharmacy supply chain,” Mr. Fein said.

The amount of rebates can vary widely, with some drugs, like Humira and Enbrel that treat rheumatoid arthritis, being deeply discounted. Others, like medicines for rare conditions where there is no significant competition, have little to no rebates. Patients, employers and the public have little information on what any one drug costs and whether the discounts ultimately flow back to customers. “The industry is taking criticism from a lot of different people,” said Erik Gordon, a business professor at the University of Michigan. It is significant that UnitedHealthcare “felt compelled to do something,” he said.

The Trump administration recently floated the idea of requiring private drug plans under Medicare to pass on the savings to consumers at the pharmacy counter. On Tuesday, Alex M. Azar II, a former executive at Eli Lilly and the new secretary of health and human services, called UnitedHealthcare’s move “a prime example of the type of movement toward transparency and lower drug prices for millions of patients that the Trump administration is championing.”

But insurers have resisted the idea that they be forced to pass on the savings in Medicare drug plans, arguing that it would result in significantly higher premiums for everyone. Federal officials estimate that consumers buying the drugs would save, on average, from $45 to $132 a month under the proposal. But then premiums for all Medicare beneficiaries would increase anywhere from an estimated $14 to $44 a month.

UnitedHealth Group, UnitedHealthcare’s parent, opposes the Medicare proposal because it would raise premiums sharply for older people. By contrast, the company’s plans offered through private employers would have a minimal effect on premiums, Mr. Schumacher said. “The benefit to the individual is meaningful.”

Employers who self-insure already have the option of passing the discounts onto customers, Mr. Schumacher said. CVS Health, a large pharmacy benefit manager, allows employers to share the discount with their workers and has offered rebates to its own employees since 2013. OptumRx also offers the option of sharing the discount directly with consumers. But while some employers seem interested, it has not taken off, Mr. Schumacher said. “We have some customer interest,” he said. “It’s in the early innings.”

While some employers want to keep the savings, more are becoming concerned about how these large rebates affect people taking expensive medicines who are in high-deductible plans or pay a significant percentage of every prescription they fill, said Edward A. Kaplan, a senior vice president at Segal Consulting. The rebate “is such a big number,” he said. The shift to choosing to share those savings with the employees filling these prescriptions “is beginning to happen slowly,” he said.
Now is a great time for females around the world to take charge of their own health. Here are some ways women can reduce their risk of conditions like high blood pressure, cardiovascular disease and cancer.

**Maintain a healthy weight**
A European study published earlier this year found that although being overweight or obese increases the chance of suffering from heart disease or cancer for both sexes, the risk is even greater for women. When compared to women of normal weight, obese women were five times more likely to suffer cardiovascular disease, and 12 times more likely to develop cancer, while overweight women had twice the risk of heart disease and four times the risk of cancer. The good news is that even small weight reductions can bring huge health benefits according to the team, potentially reducing a woman’s risk of cardiovascular disease and cancer by 20 percent.

**Get chest pains checked out**
Research published last month suggested that chest pain in women could be a warning sign for heart attack, even if tests show that the women don't have blockages in major heart arteries, a primary cause of heart attacks in men. The study found that in women who complained of chest pain but had no coronary artery blockages, tests showed that 8% had myocardial scar, indicating that they had experienced a heart attack. However, one-third of these women were never diagnosed. The team advise women to take note of chest pain and seek advice, and note that "women need to be taken seriously when they complain of chest pain, even if they don't have the typical symptoms we see in men."

**Look after your bones**
With women at a higher risk of developing osteoporosis than men, it is especially important for females to look after their bone health. Getting enough exercise throughout life, and also post-menopause, can be particularly beneficial, with walking a good option for those looking for something low-impact. A UK study found that hopping carefully for two minutes a day could strengthen hip bones. Research also recommends a good intake of calcium, found in yogurt, cheese, broccoli, spinach, and dried fruit and nuts, and vitamin D (sardines, mackerel, calf's liver, eggs, cod liver oil).

**Drink plenty of water**
Urinary tract infections (or UTI), which are infections in kidney, ureters, bladder, or urethra usually caused by bacteria, are more common in women. A 2017 US study found that by drinking an additional three pints (or 1.42 liters) of water a day, women prone to UTIs could help keep infections at bay, reducing the risk by 48 percent. This means that these women could also reduce the amount of antibiotics they take to help combat infections.

**If possible try breastfeeding**
If available to you, breastfeeding has been shown to have health benefits for moms as well as babies, with one recent study showing that women who breastfeed their children are less likely to suffer from high blood pressure after menopause, a major risk factor for cardiovascular disease. The team found that the risk of high blood pressure was reduced by 10% for every one-child increase in the number of children breastfed, and by 4% for every 1-year increase in duration of breastfeeding.
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**Our Focus: Education About a Patient’s Rights, Risks and Responsibilities Associated with Prescription Opioids**

**Rights**

Make sure to get the information you need to make an informed decision about your prescription medication. If you receive a prescription opioid, consider asking for a partial-fill, which limits the number of pills you take home initially. Partial-fill can be a useful tool to limit the supply of opioids available at home, reducing the risk of misuse.

**Risks**

Prescription opioids carry serious risk of addiction or overdose, especially with prolonged use. Talk to your healthcare professional and make sure you understand these risks and potential side effects.

**Responsibilities**

You can help prevent abuse and misuse by properly storing your prescription opioids in a secure place and then safely disposing of any unused medication. If you aren’t sure whether your prescription is an opioid, ask your healthcare professional or pharmacist.

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