Cold and Flu Season

in this issue:
National Flu Vaccination Week
World AIDS Month
Introducing:
Inject-Safe™ Barrier Bandage

The first and only bandage designed specifically for injections.

- Improved Safety
- Lower Cost
- More Convenient
- Less Pain

**Benefits of the Inject-Safe™ Barrier Bandage**

Inject-Safe™ Barrier Bandages self-seal to help contain bleeding following an injection.

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Allows healthcare provider to use both hands to dispose of the needle.

Meets OSHA Blood borne Pathogen Standard’s definition of “Engineering Control,” for use to reduce employee exposure to a patient’s blood at site of subcutaneous or intramuscular injection.

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Key Points to Note During Registration

- **Not selecting a function to attend** – after the personal information is entered the registrant needs to select whether they will be attending CE, Trade Show, dinner or any combination of the listed – this is NOT assumed.

- **Not completing the registration** – the registrant MUST click the FINISH button at the bottom of the checkout page to complete their registration, otherwise their registration is listed as abandoned.

- **Fees** – the fees listed on the confirmation page may NOT be 100% accurate as the system does NOT recognize the **complimentary meals. This is a cost we have to back out of the total before the invoice is issued to the pharmacy.

  **Each separate addressed pharmacy location is eligible for 2 complimentary meals at the Customer Appreciation Dinner while at the trade show.**

- **Accommodations** – hotel reservation link can be found within the online registration process so you are able to register and make your room reservations at the same time.

**ALL REGISTRATIONS RECEIVED BY MARCH 31, 2017 WILL BE ENTERED INTO A DRAWING FOR 60” SMART TV.**
Relieving Symptoms of the Common Cold

Overview
While antibiotics cannot treat infections caused by viruses, there are still a number of things you or your child can do to relieve some symptoms and feel better while a viral illness runs its course. Over-the-counter medicines may also help relieve some symptoms.

General Advice
For upper respiratory infections, such as sore throats, ear infections, sinus infections, colds, and bronchitis, try the following:
- Get plenty of rest
- Drink plenty of fluids
- Use a clean humidifier or cool mist vaporizer
- Avoid smoking, secondhand smoke, and other pollutants (airborne chemicals or irritants)
- Take acetaminophen, ibuprofen or naproxen to relieve pain or fever (consult your pharmacist for medications in children)
- Use saline nasal spray or drops

Sore Throat
Try the following tips if you or your child has a sore throat:
- Soothe a sore throat with ice chips, sore throat spray, popsicles, or lozenges (do not give lozenges to young children)
- Use a clean humidifier or cool mist vaporizer
- Gargle with salt water
- Drink warm beverages
- Take acetaminophen, ibuprofen or naproxen to relieve pain or fever (consult your pharmacist for medications in children)
- Use saline nasal spray or drops

Runny Nose
Stop a runny nose in its tracks by trying the following tips:
- Get plenty of rest
- Increase fluid intake
- Use a decongestant or saline nasal spray to help relieve nasal symptoms (consult your pharmacist for medications in children)

Sinus Pain/Pressure
Try the following tips to help with sinus pain and pressure:
- Put a warm compress over the nose and forehead to help relieve sinus pressure
- Use a decongestant or saline nasal spray
- Breathe in steam from a bowl of hot water or shower
- Take acetaminophen, ibuprofen or naproxen to relieve pain or fever (consult your pharmacist for medications in children)

Cough
The following tips can be used to help with coughing:
- Use a clean humidifier or cool mist vaporizer
- Breathe in steam from a bowl of hot water or shower
- Use non-medicated lozenges (do not give lozenges to young children)
- Use honey if your child is at least 1 year old
Over-the-Counter Medicines

For children and adults, over-the-counter (OTC) pain relievers, decongestants and saline nasal sprays may help relieve some symptoms, such as runny nose, congestion, fever, and aches, but they do not shorten the length of time you or your child is sick. Remember to always use OTC products as directed. Not all products are recommended for children of certain ages.

Pain Relievers for Children

For babies 6 months of age or younger, parents should only give acetaminophen for pain relief. For a child 6 months of age or older, either acetaminophen or ibuprofen can be given for pain relief. Be sure to ask your child’s healthcare professional for the right dosage for your child’s age and size. Do not give aspirin to your child because of Reye’s syndrome, a rare but very serious illness that harms the liver and brain.

Cough and Cold Medicines for Children Younger than 4 Years of Age

Do not use cough and cold products in children younger than 4 years of age unless specifically told to do so by a healthcare professional. Overuse and misuse of OTC cough and cold medicines in young children can result in serious and potentially life-threatening side effects. Instead, parents can clear nasal congestion in infants with a rubber suction bulb. A stuffy nose can also be relieved with saline nose drops or a clean humidifier or cool-mist vaporizer.

Cough and Cold Medicines for Children Older than 4 Years of Age

OTC cough and cold medicines may give your child some temporary relief of symptoms even though they will not cure your child’s illness. Parents should talk with their child’s healthcare professional if they have any concerns or questions about giving their child an OTC medication. Parents should always tell their child’s healthcare professional about all prescription and OTC medicines they are giving their child.

Source: http://www.cdc.gov/getsmart/community/for-patients/symptom-relief.html
CDC established National Influenza Vaccination Week (NIVW) in 2005 to highlight the importance of continuing flu vaccination through the holiday season and beyond.

This year, NIVW is scheduled for December 4-10, 2016.

**NIVW Timing**

Flu vaccination coverage estimates from past years have shown that influenza vaccination activity drops quickly after the end of November.

CDC and its partners choose December for NIVW to remind people that even though the holiday season has arrived, it is not too late to get your flu vaccine. As long as flu viruses are spreading and causing illness, vaccination should continue throughout the flu season in order to provide protection against the flu. Even if you haven’t yet been vaccinated and have already gotten sick with one flu virus, you can still benefit from vaccination since the flu vaccine protects against three or four different flu viruses (depending on which flu vaccine you get).

**Flu Vaccination for People at High Risk**

Another goal of NIVW is to communicate the importance of flu vaccination for people who are at high risk for developing flu-related complications.

People at high risk of serious flu complications include young children, pregnant women, people with certain chronic health conditions like asthma, diabetes, heart disease or lung disease, and people aged 65 years and older. For people at high risk, getting the flu can mean developing serious flu-related complications, like pneumonia, or a worsening of existing health conditions, which can lead to hospitalization or death. A full list of “People at High Risk of Developing Flu–Related Complications” is available.

**NIVW Key Messages & Free Resources**

CDC has developed a number of tools and materials to organizations across the country in their vaccination efforts during National Influenza Vaccination Week.
New for the 2016-2017 flu season:

- Only injectable flu shots are recommended this season.
- Flu vaccines have been updated to better match circulating viruses.
- There will be some new vaccines on the market this season.
- The recommendations for vaccination of people with egg allergies have changed.

What flu vaccines are recommended this season?

This season, only injectable flu vaccines (flu shots) should be used.

Options this season include:

- **Standard dose flu shots.** Most are given into the muscle (usually with a needle, but one can be given to some people with a jet injector). One is given into the skin.
- A **high-dose shot** for older people.
- A **shot made with adjuvant** for older people.
- A **shot made with virus grown in cell culture**.
- A shot made using a vaccine production technology (**recombinant vaccine**) that does not require the use of flu virus.

Live attenuated influenza vaccine (**LAIV**) – or the nasal spray vaccine – is not recommended for use during the 2016-2017 season because of concerns about its effectiveness.

What flu vaccines are new this season?

This season, a flu vaccine with adjuvant will be available for the first time in the United States. Adjuvant is a vaccine ingredient that helps create a stronger immune response in the patient’s body. This new vaccine (“**FLUAD™**”) is approved for use in people 65 years and older.

This season, a flu shot that protects against four flu viruses made with **virus grown in cell culture** will be available for the first time in the U.S (“**FLUCELVAX™**”). (Last season, FLUCELVAX™ protected against three flu viruses.) FLUCELVAX™ is approved for use in people 4 years and older.

For more information, visit: [www.cdc.gov/flu](http://www.cdc.gov/flu) or call 1-800-CDC-INFO
What viruses do 2016-2017 flu vaccines protect against?

There are many flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common. For 2016-2017, three-component vaccines are recommended to contain:

- A/California/7/2009 (H1N1)pdm09-like virus,
- A/Hong Kong/4801/2014 (H3N2)-like virus and a
- B/Brisbane/60/2008-like virus (B/Victoria lineage).

Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage).

When and how often should I get vaccinated?

Everyone 6 months and older should get a flu vaccine every year by the end of October, if possible. However, getting vaccinated later is OK. Vaccination should continue throughout the flu season, even in January or later. Some young children might need two doses of vaccine. A health care provider can advise on how many doses a child should get.

Can I get a flu vaccine if I am allergic to eggs?

The recommendations for people with egg allergies have been updated for this season:

- People who have experienced only hives after exposure to egg can get any licensed and recommended flu vaccine that is otherwise appropriate for their age and health.
- People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed and recommended flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). People with egg allergies no longer have to wait 30 minutes after receiving their vaccine.
Why get a flu vaccine?

Yearly flu vaccination is the best tool currently available to protect against influenza (flu), a serious disease which sickens millions of people each year.

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccination as the first and most important step in protecting against flu and its potentially serious complications. Millions of people have safely received flu vaccines for decades. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.

Reasons to get a flu vaccine:

- Flu vaccination can keep you from getting sick from flu.
- Flu vaccination can reduce the risk of flu-associated hospitalization, including among children and older adults.
  - A 2014 study showed that flu vaccine reduced children’s risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012
  - Another study published in the summer of 2016 showed that people 50 years and older who got a flu vaccine reduced their risk of getting hospitalized from flu by 57%.
- Flu vaccination is an important preventive tool for people with chronic health conditions.
  - Vaccination was associated with lower rates of some cardiac events among people with heart disease, especially among those who had a cardiac event in the past year.
  - Flu vaccination also has been shown to be associated with reduced hospitalizations among people with diabetes (79%) and chronic lung disease (52%).
- Vaccination helps protect women during and after pregnancy. Getting vaccinated also protects the developing baby during pregnancy and for several months after the baby is born.
  - A study that looked at flu vaccine effectiveness in pregnant women found that vaccination reduced the risk of flu-associated acute respiratory infection by about one half.
  - Another study found that babies of women who got a flu vaccine during their pregnancy were about one-third less likely to get sick with flu than babies in unvaccinated women. This protective benefit was observed for four months after birth.
- Flu vaccination also may make your illness milder if you do get sick.
- Getting vaccinated yourself also protects people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.
How well do flu vaccines work?

Studies by CDC researchers and other experts indicate that flu vaccine reduces the risk of doctor visits due to flu by approximately 50% to 60% among the overall population when the vaccine viruses are like the ones spreading in the community. Other studies have shown similar protection against flu-related hospitalizations.

A flu vaccination does not guarantee protection against the flu. Some people who get vaccinated might still get sick. However, people who get a flu vaccine are less likely to get sick with flu or hospitalized from flu than someone who does not get vaccinated.

The most important factors that affect how well the flu vaccine works include:

- The “match” between the flu vaccine and the flu viruses that are spreading that season; and
- Factors such as the age and overall health of the person being vaccinated. For example, older people with weaker immune systems may respond less well to vaccination.

Experts are working to create flu vaccines that work better, but existing flu vaccines still offer important health benefits to the community.

The following is a list of all the health and age factors that are known to increase a person’s risk of getting serious complications from the flu:

- Asthma
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Extreme obesity (people with a body mass index [BMI] of 40 or greater)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Neurological and neurodevelopmental conditions
- People younger than 19 years of age and on long-term aspirin therapy
- Weakened immune system due to medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)

Other people at high risk from the flu:

- Adults 65 years and older
- Children younger than 5 years old, but especially children younger than 2 years old
- Pregnant women and women up to 2 weeks after the end of pregnancy
- American Indians and Alaska Natives

It is especially important that these people get a flu vaccine and seek medical treatment quickly if they get flu symptoms.

For more information, visit www.cdc.gov/flu or call 800-CDC-INFO
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December Is AIDS Awareness Month

AIDS Awareness Month is a key opportunity to raise awareness, commemorate those who have passed on, and celebrate victories such as increased access to treatment and prevention services.

Statistics

According to AIDS.gov, more than one million Americans are living with HIV, but one in five of them are not aware they are infected. While the total number of people with HIV in the United States has increased recently, the annual number of new infections has remained relatively stable.

World AIDS Day is important because it reminds us that HIV has not gone away – every 9.5 minutes someone in the U.S. is infected. There is still a vital need to raise money, increase awareness, fight prejudice and improve education. It also serves as a prime opportunity to remind people of how important it is to get tested and to know your results.

Treatment

In the early 1980s when the AIDS epidemic began, people living with HIV were not likely to live more than a few years. However, since 1996, the use of antiretroviral therapy (ART) has dramatically improved the quality of life for people with HIV.

ART prevents the HIV virus from multiplying inside a person, helps the body's immune cells live longer, lowers a person's risk of developing a non-HIV-related illness, and reduces the chances of transmitting HIV to others.
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THINGS YOU CAN DO TO COMMEMORATE WORLD AIDS DAY, DECEMBER 1

1 Get the facts.
Learn the basics about HIV and AIDS, how it is transmitted, and how to prevent HIV. Today, more tools than ever are available to prevent HIV. In addition to limiting your number of sexual partners, never sharing needles, and using condoms correctly and consistently, you may be able to take advantage of medicines that prevent and treat HIV, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and antiretroviral therapy (ART).

2 Get tested.
Getting an HIV test is the only way to know if you have HIV. Learn the basics about HIV testing, including the types of tests available.
• Find a testing center in your area at CDC’s new website https://gettested.cdc.gov/, text your ZIP code to “KNOW IT” (566948) or call 1-800-CDC-INFO
• Talk to your doctor or health care provider
• Take a home HIV test.

3 Get involved.
• Follow CDC’s Act Against AIDS on Facebook, Instagram and Twitter @TalkHIV
• Help get #WAD2015 trending on Facebook and Twitter by sharing and re-tweeting Awareness Day messages, or creating your own. Here are some sample posts and images that you can use leading up to and on #WAD2015

Facebook
° December 1st is World AIDS Day. When you know your #HIV status, you can protect yourself and your partner. Find a testing location near you. https://gettested.cdc.gov/ #WAD2015
° More than 1 million people in the United States are living with HIV. Have you been tested for HIV? Find a testing location near you. https://gettested.cdc.gov/ #WAD2015

Twitter
° 1 week till #WAD2015 Get the facts. Get tested. Get involved.
° It’s #WAD2015 Get tested. https://gettested.cdc.gov/ If you have #HIV, get treated.
° There is no cure for #HIV, but there are more ways to prevent it than ever. Learn more about PrEP. #WAD2015 http://www.cdc.gov/hiv/basics/prep.html

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention
The #1 Pediatrician Recommend Brand for Infant & Children Cough Syrups 6 Years Old and Under.

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Colorectal Cancer Screening

What Is Colorectal Cancer?
Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It’s the Second Leading Cancer Killer
Colorectal cancer is the second leading cancer killer in the United States, but it doesn’t have to be. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. So if you are 50 or older, start getting screened now.

Who Gets Colorectal Cancer?
- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Are You at High Risk?
Your risk for colorectal cancer may be higher than average if:
- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at high risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening and how often you should be tested.

Screening Saves Lives
If you’re 50 or older, getting a colorectal cancer screening test could save your life. Here’s how:
- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn’t be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early. When it is found early, the chance of being cured is good.

Colorectal Cancer Can Start With No Symptoms
Precancerous polyps and early-stage colorectal cancer don’t always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.
What Are the Symptoms?
Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:
• Blood in or on your stool (bowel movement).
• Stomach pain, aches, or cramps that don’t go away.
• Losing weight and you don’t know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Types of Screening Tests
Several different screening tests can be used to find polyps or colorectal cancer. Each can be used alone. Sometimes they are used in combination with each other. The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk to your doctor about which test or tests are right for you. The decision to be screened after age 75 should be made on an individual basis.

If you are older than 75, ask your doctor if you should be screened.

• High-Sensitivity FOBT (Stool Test)
  There are two types of FOBT: One uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT)—uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.
  How Often: Once a year.

• Flexible Sigmoidoscopy
  For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.
  How Often: Every five years. When done in combination with a High-Sensitivity FOBT, the FOBT should be done every three years.

• Colonoscopy
  This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.
  How Often: Every 10 years.

Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

Other Screening Tests in Use or Being Studied
Although these tests are not recommended by the USPSTF, they are used in some settings and other groups may recommend them. Many insurance plans don’t cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

• Double Contrast Barium Enema—You receive an enema with a liquid called barium, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.

• Virtual Colonoscopy—Uses X-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.

• Stool DNA Test—You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

Will Insurance or Medicare Pay?
Many insurance plans and Medicare help pay for colorectal cancer screening tests. Check with your plan to find out which tests are covered for you. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

The Bottom Line
If you’re 50 or older, talk with your doctor about getting screened. For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.
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