

# NYCPS New York City Pharmacists Society

An Affiliate of the Pharmacists Society of the State of New York

## NEW YORK CITY PHARMACISTS SOCIETY

VOLUME 29, ISSUE 3 PSSNY HELPLINE 1-800-632-8822  
The Voice of Pharmacy in the Big Apple

APRIL 2020  
www.NYCPS.org

### PRESIDENT'S MESSAGE



#### UNSUNG HEROES!!! OUR PHARMACISTS

Hello to all our unsung heroes, colleagues and friends. What an unprecedented time, a world in a state of dystopia, leaving people with more questions than answers. You are our heroes in community pharmacy settings and you have truly shown your value to the community that you respectively serve in more ways than one.

Those heroes in the hospital settings continue to demonstrate their importance at such a time as this. To our friends in academia, it has changed for them as well how pharmacy practice is taught. You all have demonstrated true courage and heroic acts that have sometimes gone unrecognized. But I do and I say thank you all.

We all have stories to tell of how our communities have come together to support us and thank us for our services and keeping our doors open and risking our own

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### A Message & Greetings From PSSNY Executive Director



Hello, NYCPS members and partners in pharmacy. I imagine this last month has been a challenging and surreal time, personally and professionally, for all of you - as it has

been for me. As I mentioned last month, PSSNY had to cancel the Annual Convention - which is a loss for the organization on several fronts. In addition to the loss of revenue from this event, there will be a loss of peer support and engagement, networking and fun, all of which we would have been welcome and needed benefits.

On the positive side, this public health crisis is magnifying how, when

*continued on page 4*

### ATTENTION PHARMACISTS:

IF YOU ARE A PHARMACIST AND HAVE BEEN IN CONTACT WITH A COVID-19 PATIENT, YOU CAN OBTAIN PRIORITY TESTING BY CALLING THE NYS DEPARTMENT OF HEALTH COVID-19 HOTLINE AT 888-364-3065 AND TELL THEM YOU ARE A PHARMACIST - AND SINCE YOU ARE A HEALTH CARE WORKER WHO HAS BEEN EXPOSED TO AN ACTIVE COVID-19 PATIENT, YOU WILL BE GIVEN A CALL BACK FOR PRIORITY TESTING WITHIN 24-48 HOURS.

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# Compounding & Covid-19: How to Cope with the Changing Situation

## *What Can We Do to Keep Our Patients Safe?*

*Key considerations during the Pandemic to keep your compounding compliant.*

*[As our world is forever changed by the Covid-19 Pandemic, we have all had to adjust to disruptions in our daily routines. New York State and NYC has shouldered the brunt of the casualties and we as pharmacists have answered the call. We join with our healthcare brethren to attempt to provide the vital Pharmacy services that our patients count on. I salute you all! Thank you! - I offer these temporary suggestions to help you cope with some of the most common problems we have encountered in compounding practice as the crisis widens.]*

Those of us who compound on a daily basis are aware that the USP has postponed the implementation of the compounding General Chapters <795> and <797> as a result of a successful legal challenge filed<sup>1</sup>. The chapters have gone back to the USP for further consideration. This will delay but not derail the updates of these chapters. But now is not the time to discuss the future state of regulation. Especially now during the pandemic we all need to be clear that the content of USP <795> last revised in 2014, and USP <797> last revised in 2008, remain official until any changes are finalized.

### **HOW DO I RESPOND TO THE STATE OF EMERGENCY BEST TO PROTECT MY STAFF AND THE PATIENTS WE SERVE AS IT RELATES TO COMPOUNDING SERVICES?**

It is most obvious that it is NOT business-as-usual during this crisis. So, a quick assessment of the state of your operation is in order. What supplies do I have on hand? What drugs and supplies are in short supply? How has my staff (clerks, technicians, and pharmacists) been impacted?

The governor was quick in issuing multiple emergency orders<sup>2</sup>, and the DEA, BNDD, and other oversight agencies have also published emergency guidance during the crisis. You should review these documents, making sure you understand how they could impact your practice and your patients. The common theme in all of these orders and guidance has been very consistent. At the end of the day, our patients need access to these medicines, and we need to protect ourselves and employees while we provide these services.

### **WHERE DO I START?**

Most community pharmacists cannot tele-commute.

However, if your business model allows, remote order entry and remote prescription verification has been temporarily allowed, so if these modes make sense you should explore setting them up.

Staffing may be impacted by the virus, either directly or by staff that must stay home to care for children. Have you developed a modified hours-of-operation plan? Have you communicated this to your customers (via signage)? Have you notified the State Board of Pharmacy? Don't forget to update your business' website and phone message to give the best and most current information to your patients.

Next is to look at your physical location - can you limit the number of shoppers in your store to allow for social distancing (six (6) foot separations)? Can you install simple clear partitions at the counters and registers to protect your staff? Do you have enough face-coverings, gloves, and other personnel protective supplies for your people?

You should also ask your self if you are doing anything that can be delayed or suspended during the crisis. First on this list is any non-essential construction or repairs. It is not wise to have your compounding lab or compounding areas non-functional during this crisis, so any projects should be placed on-hold until the emergency is over.

### **WHAT OTHER THINGS CAN COMMUNITY PRACTICE PHARMACISTS DO TO ASSIST OUR FELLOW CITIZENS DURING THIS TIME OF NEED?**

Simply by providing the same services you do on a daily basis is a great start to show the community the value of their most accessible healthcare resource. Beyond this steady presence there will eventually be opportunities for pharmacists to provide enhanced services like point-of-care COVID-19 testing<sup>3,4</sup>.

Hospital pharmacist bearing the brunt of ICU patients are scrambling for drug supplies of key medications. You can assist by establishing a formalized relationship and furnishing these drugs if you have them to ease these critical shortages, the Governor's office and the DEA have eased some regulations regarding these unofficial channels of distribution during the emergency to assist in the crisis<sup>5</sup>. Remember as always good recordkeeping will be essential to avoid problems later.

The most important thing to remember in times



# TREASURER'S CORNER

## YOU CAN'T BELIEVE EVERYTHING YOU READ

We live in an electronic world, in which we get much of our information on different media platforms. This is truly a wonderful innovation for those of us who grew up with snail mail. The one disadvantage we encounter is that our ability to verify the veracity of the information we are provided is much harder. The mainstream media outlets have been replaced with unknown sources which purportedly are forwarding unbiased content alerting you to claimed wrongdoing.

As we saw in our last election cycle there were many of these sources who were trying to influence public opinion with biased, erroneous stories. These fake writers were able to polarize people through their slanted "facts". This subterfuge does not only exist in the political realm, but recently PSSNY was subject to a malicious posting. Comments were posted under a pirated identity as a concerned pharmacist. The post equated PSSNY as being in the pockets of Big Pharma and the PBM lobby. I investigated the supposed "member" to find the identity used was that of a person who was a medical assistant working in a clinic upstate near Rochester and living here on Long Island. Obviously, obviously this was a sham identity.

Anyone who was following the thread of this conversation on the media platform, would assume the claims this person made were correct and that PSSNY was simply looking to con people into giving their money to fill PSSNY's coffers while PSSNY was in truth not providing any help for the rank and file pharmacist or pharmacy. However, this is far from the truth, as seen just in this current COVID-19 pandemic when it was our organization getting you the information of what other state boards were doing to address the safety issues and actually impelling our own state board to offer guidance.

This is not to mention that it was PSSNY and the pressure put on New York state government that got the PBMs out of managing the Medicaid program and back to a fee for service program, with potentially huge savings for this state and helping the pharmacies of New York to get adequate reimbursement. I find that this person who doesn't even have the courage to use his or her identity if there is a legitimate complaint about PSSNY reprehensible.

I guess it serves to show us that although we are connecting with increased technology, we still must evaluate what we see on the screen, as we do for what we hear on TV or read in the papers to see if it rings true to all we know. Our organization has many hard-working pharmacists taking time out of their professional lives to help Pharmacy in New York State. If you want to make accusations of the sincerity and competence of PSSNY then at least have the guts to use your real name. This crackpot has no idea what PSSNY does for the profession of pharmacy. "Caveat Emptor" - buyer beware!

Stay well, and be careful respect social distances.

- Bill Scheer, R.Ph.  
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## PSSNY Executive Director

*From page 1*

many providers have closed their doors, pharmacists remain in their stores modifying and enhancing operations to serve patients and triage their needs. Pharmacists are the constant point of contact for patients. We have seen an evolution during this pandemic. At the start, the state began asking PSSNY and other stakeholders to report on drug shortages and PSSNY took the opportunity to broaden the conversation to include supply chain, reimbursement and PPE shortages, and other concerns happening in real time. There is every indication the state is listening and responding to the many challenges pharmacists encounter in the course of patient care. In recent weeks, PSSNY has been consulted on COVID-19 therapies and testing and

has signed on to national efforts for immunization expansion, point-of-care testing, provider status, DIR reform, and administration of LAIs. Thank you for sending letters to your legislators to urge their support of DIR reform legislation.

The Society realizes the challenges you face at this time and we work to find ways to highlight the exceptional work you are doing especially given the volume of patients, their complex health needs and the risks to you on the frontline. PSSNY is taking every opportunity with state departments and legislators to fight for expanded authorities and scope of practice issues. Please look to PSSNY as a resource in this ever-evolving environment. The website is updated daily with resources and the Society is delivering monthly CE webinars.

Please don't rebook the dates for what would have been the Annual

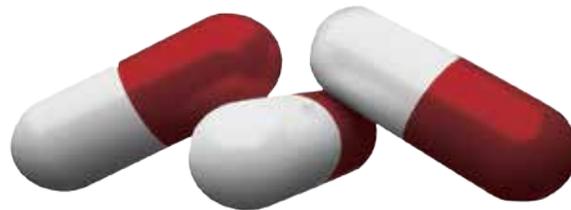
Convention. On June 27th and 28th we are offering Charting the Course: Annual CE Webinar Weekend - 9.5 hours of CPE including a Keynote Speaker. <https://pssny.site-ym.com/events/EventDetails.aspx?id=1371125>

We would love for you to participate "in person" but all sessions can also be taken as a home study course starting July 1, 2020. Please click the green Register button to begin your registration, and select the sessions and types when prompted. Log into your PSSNY Member profile for discounted pricing!

PSSNY also has a new Fall event in the works – when we can gather in person. Stay tuned for more information on that. Looking forward to seeing you then. In the meantime, stay safe, stay well, and thank you for all you are doing!

~ Deanna Ennelo-Butler,  
Executive Director

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# How To Survive A DEA Inspection Series: Your Pharmacy Needs To Keep An Accountability For Your Controlled Substances ©

I am sitting at my home office in a quarantine state doing three different pharmacy employee theft computation charts to evaluate what controlled substance the pharmacy technician or cashier or the staff pharmacist stole. I cannot wait to travel to New York, New Jersey, or Pennsylvania to assist our clients with their issues relating to their theft of controlled substances by someone who the registrant or pharmacy manager believe was a reliable employee.

In one of the instances, the registrant (owner) discovers that a long time trusted employee stole 85,000 dosages of Oxycodone 30mg tablets over a two year period. Now you are wondering, if you will still have a pharmacy after notifying the Drug Enforcement Administration (DEA)?

Let us be honest. You were so so busy, and you could not keep a perpetual inventory on your controlled substances. Let me tell you, this in the eyes of DEA is not an excuse. If you operated a chicken coup, would you trust the fox to keep their eyes on your chickens? Why would you trust anyone to keep their eyes on your pharmacy controlled substances?

In the end, an employee who knows you do not keep a perpetual inventory will steal your controlled substances. Why? Because Oxycodone 30mg tablets can bring \$30 per tablet on the illicit market. How would you feel if you found your employee stole 85,000 Oxycodone 30mg tablet? This happened to a pharmacist in New York.

It is important that your pharmacy take numerous steps to prevent an internal theft or a significant shortage of controlled substances. The following recommendations can prevent the theft or significant loss by the pharmacy.

- Your pharmacy should maintain a perpetual inventory of all Schedule II controlled substances and selected Schedules III through V controlled substances.
- Schedule II controlled substances should be stored in a locked cabinet or safe and access should only be done by the registrant and staff pharmacists.

- Your pharmacy should verify the quantities whenever a Schedule II or any of the selected Schedules III through V controlled substance are dispensed to determine that the actual quantities on-hand match the perpetual inventory.
- Your pharmacy should audit all Schedule II and selected Schedules III through V controlled substances on a quarterly basis.
- Your pharmacy should only permit a few pharmacy staff members to place an order for any controlled substance. When the orders are received, a different pharmacy staff member should verify the quantity that are received from controlled substance suppliers.
- If you share your CSOS password, DEA will revoke your DEA CSOS software used to purchase Schedule II controlled substances.
- Your pharmacy needs to implement a policy that the NDC code used for a prescription is the NDC code noted in the prescription software.
- Your pharmacy should reduce the number of their cash prescriptions to less than 5% and all opioid prescriptions should be paid with insurance only.
- Conduct criminal history for all pharmacy staff every three years. You cannot hire someone with a felony conviction for controlled substances. Think about implementing drug testing.

As I noted in this article, as the registrant or the supervising pharmacist or manager, you are responsible for all controlled substances in your pharmacy. My question to you is quite simple. Do not trust the fox?

~ Carlos M. Aquino

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**REVERSE AN OVERDOSE. CARRY NALOXONE.**



# SECRETARY'S REPORT



## THE NEW WORLD WE ARE LIVING IN

We are truly living through historic times. When we think about how things in the world appeared in early January, one would never imagine how the world would change so much and so fast all as the result of a viral enemy, COVID-19.

This enemy crept up on us and invaded our society without anyone knowing it in late January, to early February. Who would imagine that a killer virus would be able to hide in asymptomatic victims and spread it self so quickly?

Our pharmacist members are true unsung heroes in the fight for survival. I have been in constant touch with our members assisting them with advice - - as best that I could share - - on helping patients. We have all struggled with the various Executive Orders that Governor Cuomo has been issuing, as well intended as they are, they remain confusing to the pharmacists in the trenches.

On Saturday, April 25th, Governor Cuomo made a surprise announcement that the 5,000 or so independent pharmacies will be authorized by a new Executive Order to administer testing for the presence of the Covid-19 virus. As we go to press the details of this process are still being developed. May I suggest you check out the process for obtaining a CLEA waiver (which we believe will be required as part of this testing process), <http://www.ncpa.co/media/webinar/Fill-Out-CLIA-FORM.mp4>

Additionally you can review the guidance which is available on the website for the New York State Education Department at [www.op.nysed.gov/covid19](http://www.op.nysed.gov/covid19) then search for questions and answers.

Some basic answers to questions:

#1. Hydroxychloroquine and Chloroquine are not authorized for off label dispensing during this emergency unless the prescriber confirms that the patient tested positive for COVID-19 and also that the patient is enrolled in an authorized medical study to confirm the efficacy of the medication for COVID-19. The FDA just issued critical rules on off label use on 4/24/2020, be careful on off label usage, these drugs can cause permanent heart damage.

- #2. Pharmacies cannot operate without a pharmacist physically on the premises. Some pharmacies are unable to obtain staffing, and are asking for permission to have a pharmacist work remotely and instruct non licensed staff to dispense and prepare medications. **THAT IS NOT PERMITTED AT ALL!!**
3. If you are unable to have sufficient pharmacy staff you may decrease our pharmacy hours but please notify the New York State Board of Pharmacy by email at [pharmbd@nysed.gov](mailto:pharmbd@nysed.gov)
- #4. Some pharmacies are asking about crowding in their pharmacies. The New York City Building Department is sending inspectors to certain retail businesses and determining how many individuals are permitted in the premises (including staff). Abide by the inspector's rules and don't try to get cute. If you are limited to 15 people including staff inside your pharmacy then obey the regulation. Penalties will be severe, and imagine the liability if you have someone come down with Covid-19 when you allowed too many people in your pharmacy.
- #5. The brand new authorization process which is still under development at press time which assists authorizing pharmacists to provide their patients with COVID-19 testing can be reviewed on the OP.NYSED website, as well as checking with PSSNY - - provided as a member benefit - - at 800 632 8822 or check the PSSNY website at: [www.pssny.org](http://www.pssny.org).

\*\*\*\*\*

Some surprising good news for us all, under the new State of New York budget enacted April 1, 2020, it was included that the NYS Medicaid Rx Program return the Prescription benefit to the Medicaid Fee for Service program and shift it away from the Managed Care PBM networks and related benefit managers.

This return to the Fee For service program may need some fine tuning but it is a great victory for pharmacy.

Folks please don't let your guard down at this time. Practice social distancing, practice clean techniques and wear masks and gloves at your places of employment. These are remarkably tough times we are living in but we can work together and pull through this pandemic. Best of Health to ALL!!

- Jim Schiffer,  
Secretary NYCPS

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# Chairman's Report

APRIL 2020

## NEW YORK PHARMACY AND THE "NEW NORMAL"

COVID-19 has been tough, heartbreaking and humbling. Living and working in the inner epicenter of the epicenter of the country's coronavirus pandemic, we didn't need Governor Cuomo to remind us that we're "New York tough" - you can't work in a pharmacy and not be "New York tough".

But if anything, good has come of this terrible public health crisis, it's a renewed appreciation for frontline healthcare workers, and especially for pharmacists, pharmacy staff and our constant resilience. In the early stages of the crisis, most news stories mentioned "only grocery stores and pharmacies are open" - and hearing

that so many times made a FIRM impression in the minds of viewers. News stories reminded us that pharmacies are there for you in times of uncertainty. You can always turn to your pharmacist for answers, especially those working in independent pharmacies.

We knew we were tough, now the rest of the world is beginning to know it too.

So, what happens now? Currently the plan is to continue New York PAUSE until mid-May, with the Governor's Coronavirus Task Force making regular assessments of the state's progress. There's a lot of talk about how people will interact with each other and what effect the virus will have on that trust people had in institutions and their daily routines that, until a few weeks ago, they never questioned or even gave much consideration.

While no one really knows what "the new normal" will look like day-to-day, one bright spot is that in the NY State budget deal announced on April 1, 2020, NY state will return our patients to the Medicaid Fee for Service program starting April 1st, next year. But I see it as an opportunity to build on the trust patients and their pharmacists already have. It may be true that "gratitude is fleeting", as NCPA CEO Doug Hoey said not long ago, but I believe as long as we continue to be

there for our patients, providing care and reminding them that we're here for them in good times and bad, they will do the same. PLEASE share with us any video and pictures of all the positive things you are doing in the community and for your patients. Share pictures of your team inside and in front of your stores. Please share it with [staff@pssny.org](mailto:staff@pssny.org).

For pharmacy, the "new normal" could look a lot like loyalty, thriving patients and a return to prosperity for the industry. And to my way of thinking, that's the kind of "new normal" we've earned after having seen our patients and ourselves through the dark times that started long before the pandemic.

Let's all continue to be safe, be well and bring the highest level of care to our patients. We'll have much to celebrate soon!

~ Parthiv Shah, RPh  
NYCPS Chairman  
of the Board



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# *JIM SCHIFFER REPORTING...*

## News from Around The Pharmacy World

### APRIL 2020 EDITION

#### **MAYBE A COVID-19 VACCINE IS ON THE WAY, AND A SHOUT OUT THANK YOU TO DR. SEAN DOYLE!!**

Many years ago, back in the 1975, frequently I traveled with a friend's father over the course of several months, to Boston Children's Hospital to visit a close friend of mine who was undergoing an experimental medical procedure known as a bone marrow transplant. This procedure was done in the unit of Children's Hospital known as Division 19, the Clinical Research Unit. I remember seeing many young very sick patients who traveled from all over the world, to this Clinical Research Unit. Additionally, there also were some healthy young male patients in this unit who at times, I would scratch my head wondering what was wrong with them? As the months went by, - and my buddy was being prepared for this needed life-saving bone marrow transplant, as he was suffering from a plastic anemia - - back then which had no recognized cure, I would see this revolving door of young healthy patients - - on that unit. As I became a regular visitor at the hospital, I gained a friendship with nurses assigned to this unit, and I learned that this group of healthy looking patients were not really sick patients after all, but were really healthy volunteers as part of various clinical research studies of drug and or vaccines to try out new cancer and other serious diseases therapies in FDA approved phase 2 studies.

These young subjects would place their bodies into the world of medical research (they were paid a stipend for such volunteerism) and I remember one such subject that was a regular patient on these drug studies and he became friendly enough with the nursing staff that they allowed him to hang out at the nursing station and he learned how to operate the hospital computer system. One day (this is going back 46 years) he was able to fake the occasion of his death during this research project. His code name at the hospital was Ronald McDonald and he placed his patient status as "deceased". Boy did he catch hell as did the nurses that trusted this 20 something person with such access. The nurses told me that they enjoyed interaction with these volunteer subjects because so many of the real patients who land in Division 19 never go home because they are so sick with life threatening diseases they don't survive.

Why this long drawn out story? Because we, in this country and all the world, owe a huge thank you to people like 31-year-old medical student Sean Doyle who is a volunteer subject in Emory University's School of Medicine start of FDA approved human testing of a vaccine for Covid-19. Sean was the first to raise his hand in medical school to be a volunteer subject to take the vaccine as part of the official study. This is reported by CNN's Dr. Sanjay Gupta on the CNN website on Saturday April 25th. It appears that Dr. Doyle is the first of many such brave volunteers. Thank you, Dr. Sean Doyle, for offering your body to science at this critical time. It may not be a bad idea to send a thank you note to Dr. Doyle. If you are so inclined, I would send a card of encouragement and thank you to Dr. Doyle by sending a card to Dr. Sean Doyle c/o Emory University School of Medicine, 100 Woodruff Circle, Atlanta, GA 30322 USA. By the way getting back to my buddy and his hospitalization back in 1975 all turned out successfully in his treatment at Children's Hospital in Boston - where he spent many months - and today he is approaching his 64th birthday, has been married for decades, he is the father of three grown boys (men) and is the grandfather to two grandchildren. The marvels and miracles of modern medicine continues!!

#### **LEADERSHIP QUESTIONS**

As we travel through time with the Covid-19 Virus rips through society it is a perfect time to check the leadership skills of our elected officials. From the Mayor of New York City, then the governor, Andrew Cuomo, and all the way up to the White House current resident. Both Mayor deBlasio and Governor Cuomo are attempting to show compassion yet strength in their daily briefings as well as their directives. Too bad that they cannot be on the same page at the same time. That is something that needs to be addressed. Generally, the week of April 19th has been historic in terms of the COVID-19 deadly virus. All of the concern about social distancing, and availability of protective masks were part of the issues along with the nationwide fatalities, but the governors of Georgia and Florida as well as the mayor of Las Vegas seem to lack serious leadership skills and any common sense. Georgia's governor seemed to be ignorant of asymptomatic coronavirus carriers and

## *Around the Pharmacy*

*From page 12*

the governor of Florida felt he could ignore the warnings of keeping crowds off of the beaches as well as a return to normalcy all scare many of the Floridian citizens. The mayor of Las Vegas wants the gambling strip reopened and said she has no idea on how to protect gamblers of the deadly virus. She was quoted on CNN as saying that is the problem of the casino management. I do not need to go into the Clorox story which broke at 1600 Pennsylvania Avenue, as that speaks for itself but it shows you how anyone can run for public office without clear leadership skills and win. (Who are the losers when that happens? We are paying a dear price on the lack of leadership!) Enough Said. Health and Human Services (HHS) Secretary Alex Azar appears to be headed for the unemployment line as we look for a cause of the pandemic and Secretary Azar seems to fit the bill as even President Trump was disappointed in his lack of candor on the issues. It seems, according to reports prepared by the Wall Street Journal that back in January Secretary Azar had missed golden opportunities to prepare our country for this oncoming pandemic and he and his team missed the boat. Also, it seems that our president was disinterested in hearing anything from the HHS Secretary until the issue of flavored vaping was resolved by that agency. (Supposedly a hard-core group of the president's followers are big vapors.) Azar is a former pharmaceutical lobbyist and former CEO of Eli Lilly. Azar had been charged with the process of bringing in imported drugs from Canada, which I have written about in this column in the past and I still say will never happen. Maybe Azar will actually be on the unemployed lines by the time this newsletter reaches your mailbox. As they said in the play *Evita*, "Don't cry for me (America) Argentina".

**TO BE OR NOT TO BE A CURE  
WITH CHLOROQUINE OR  
HYDROXYCHLOROQUINE, THAT  
IS THE QUESTION!**

Back in late March and through early April, President Trump regularly stood at the White House daily Coronavirus Briefing that he had learned that an anti-malaria class of drugs, chloroquine and hydroxychloroquine was possibly effective against the coronavirus. Back on March 19th, President Trump stated, "I think it could be something really incredible," explaining that although more study was needed, the two drugs had shown "very, very encouraging results" in fighting the coronavirus. Before the day was over, first-time prescriptions of the drugs — chloroquine and hydroxychloroquine — were being demanded at retail pharmacies at almost 50 times the rate of the average weekday, according to an analysis of prescription data by The New York Times. While the nearly 32,000 prescriptions came from across the spectrum — rheumatologists, cardiologists, dermatologists, psychiatrists and even podiatrists, the data shows, as things turned out, the promise of the effectiveness of these two anti-malaria drugs is disappointing at best.

In the meantime, medical experts have increased warnings to the public at large about these two drugs potentially dangerous side effects, as the activity of new prescriptions for these two drugs continued at over six times the normal rate during the second week of April, the analysis shows. Until mid-April, President Trump continued to promote the usage of these two anti-malaria drugs along with the inclusion of Azithromycin. The president said on April 13th, "It's having some very good results, I'll tell you." Now in late April the Food and Drug Administration issued a warning against using the drugs outside a hospital setting or clinical trial because they could lead to serious heart rhythm problems in some coronavirus patients. And just a few days before that announcement, the National Institute of Health's Dr. Anthony S. Fauci issued cautionary advice on the drugs, and stated that there was no proven medication to treat the virus. It has also been

reported that the VA Hospitals who administered these drugs to those veterans who presented with Coronavirus symptoms fared poorly as compared to those patients who did not use the anti-malaria cocktail.

On April 24th, the Food and Drug Administration warned against using the hydroxychloroquine or chloroquine drugs outside a hospital setting or clinical trial because they could lead to serious heart rhythm problems in some coronavirus patients. As the prescriptions for these drugs surged in the second half of March, states like New York and New Jersey, Georgia, Arkansas and Kentucky all saw jumps in demand for this medication. In other states like California and Washington, the earliest-hit states, also saw huge jumps in demand for this medication. And the state with the largest jump in Rx orders for these anti-malaria drugs was in Florida, where nearly one prescription was written for every thousand residents, could it be the elderly down in Florida were concerned?

"The fact that people reacted to what the White House said in such a way — in the 35 years I've been in pharmacy and pharmacy regulation, I've never seen that before," stated Carmen Catizone, executive director of the National Association of Boards of Pharmacy and he feared a shortage of these drugs for those who have real need for this medication such as those suffering from Rheumatoid Arthritis or Lupus.

### **OTHER MAJOR CONCERNS**

It goes without saying that the NCPA Annual Legislative Fly-in which was scheduled for April 21-22 was cancelled due to the pandemic but efforts to address federal pharmacy problems continue. NCPA has been working with key senators and congressmen and women to have relief from the DIR fees which are crippling pharmacy bank accounts. Additionally, the Payroll Protection Program aka PPP that was passed into law by Congress as part of the CARES Pandemic Relief Act seems to have left out many small business

*continued on page 19*

# Overview of the CBD Oil Products and Industry in the United States (Part 1)

## INTRODUCTION

Over the past several years, the American landscape witnessed an explosion in the popularity of products marketed as containing cannabidiol (CBD) oil or hemp oil. This trend is expected to continue with cannabis data analytics firm New Frontier Data predicting that CBD sales will nearly quadruple over the next few years, from \$535 million in 2018 to over \$1.9 billion by 2022. Products labeled CBD oil or hemp oil are often promoted as being “legal in all 50 states” and they are readily available at specialty stores, bodegas, and from Internet retailers. Recently, CBD oil products were also introduced into the mainstream pharmacy retailer market. Alongside the CBD oil industry, many states have legalized the regulated dispensing of medical cannabis (medical marijuana) for approved medical conditions. Consumers seeking to use cannabis-containing products may see the easily obtainable CBD oil products as viable alternatives to the strictly state-regulated medical cannabis options. Healthcare professionals, in general, and pharmacy professionals, in particular, must be familiar with the intricacies of the differences between these 2 seemingly similar modalities and with the benefits and risks of using CBD oil. The aim of this article is to provide pharmacy professionals with insights into the CBD oil products and into this industry.

## THE CANNABIS PLANT

### *Botany*

*Cannabis sativa* has been used as the botanical name of the hemp plant. Marijuana is the Mexican Spanish term used to describe the dried leaves, flowers, stems, and seeds of the *Cannabis sativa* plant. Although some experts distinguish between different cannabis species, others consider the different species to be a single polymorphic specie. The cannabis plant is known to possess more than 100 different cannabinoids as well as other compounds including terpenoids, flavonoids, nitrogenous compounds, and other more common plant molecules. The 3 major cannabinoid constituents are  $\Delta$ 9-tetrahydrocannabinol (THC), which is the psychoactive component associated with the intoxicating effects of cannabis and primarily involved in the recreational use of cannabis, cannabiol (CBN), and cannabidiol (CBD).

## *Regulatory Status*

Under U.S. federal law, cannabis-derived products with very low levels of THC (< 0.3%) are not considered marijuana but “industrial hemp”. Hemp is a crop utilized for food, drink, fiber, paper, and in other industries. In the U.S., at the federal level, the Agriculture Improvement Act of 2018 (the 2018 Farm Bill; signed into law in December 2018), removed hemp from the Controlled Substance Act and thus, hemp products that contain no more than 0.3 % THC on a dry weight basis are no longer considered controlled substances under federal law.

It is also important to note that cannabis products are not classified by the FDA as dietary supplements since these products were not marketed as a dietary supplement or as a conventional food before they were authorized as an investigational new drug. Thus, technically, CBD-containing products might fall into the category of drugs and should be regulated as such. The regulatory status of CBD is therefore somewhat of a gray area. One exception is Epidiolex, a natural form of CBD, which was approved by the FDA in 2018 for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS) in patients 2 years of age and older. Studies involving Epidiolex provide us with much of the scientifically-sound data concerning natural CBD. Epidiolex was designated a schedule V controlled substance.

## CANNABIDIOL

CBD oil is a concentrated solvent extract made from cannabis flowers or leaves that may be dissolved in edible oils or in other solvents. As noted earlier, the popularity of products marketed as CBD oil or hemp oil has been on the rise for several years now. Keying in the term “CBD oil” into the Amazon search engine, currently (as of February 2020) yields over 9000 results. A similar search using the term “hemp oil” currently yields over 10,000 results. These products’ labels list a large number of conditions or body functions which are said to be benefited with the use of these products. Some examples include joint and back pain, insomnia, stress, depression, inflammation, mood, immunity, brain activity, hormone balance, and digestion. Moreover, many of these products are labeled as being “100% pure and safe”. Considering the impressive list of benefits which are coupled with claims of purity and safety, it is not surprising that the CBD oil market has captured the attention of the U.S. consumer.

## CBD Oil Part 1

*From page 14*

### Pharmacology

Although the exact mechanism by which CBD exerts its pharmacological actions has not been fully elucidated, studies suggest that it is associated with its effects on the endocannabinoid system. However, not all of the pharmacological effects of CBD can be attributed to an interaction with endocannabinoid receptors. For example, its anticonvulsant activities have been postulated to involve a number of mechanisms, including blockade of G-protein coupled receptor 55 (GPR55) and T-type voltage-gated calcium channels, as well as stimulation of 5-HT<sub>1a</sub> and 5-HT<sub>2a</sub> receptors.

### Pharmacokinetics

CBD has an estimated oral bioavailability of 6% and is highly lipophilic, readily crossing the blood-brain barrier. It has a large volume of distribution, ranging from 20,963 to 42,849 L and is >94% protein bound. At steady state, the time to peak plasma concentration occurs between 2.5 and 5 hours. High-fat/high-calorie meals increase the maximum concentration and the area under the curve (AUC) by 5- and 4-fold, respectively. Metabolism occurs predominantly in the liver through cytochrome P450 (CYP2C19 and CYP3A) and uridine 5'-diphosphoglucuronosyltransferase (UGT1A7, UGT1A9, and UGT2B7). CBD has 1 active metabolite, 7-OH-CBD, which is metabolized to the inactive metabolite, 7-COOH-CBD. CBD is almost exclusively excreted in the feces and has an elimination half-life of 56 to 61 hours.

### Drug Interactions

CBD's pharmacokinetic and pharmacologic profiles may have clinical implications with respect to drug interactions. According to the Epidiolex prescribing information (PI), concurrent use with a moderate or strong inhibitor of CYP3A4 or CYP2C19 will result in increased CBD plasma concentration. Conversely, concurrent use with a strong CYP3A4 or CYP2C19 inducer will result in decreased CBD plasma concentration. CBD is also thought to affect the pharmacokinetic profiles of CYP1A2 substrates, CYP2B6 substrates, uridine 5' diphosphoglucuronosyltransferase 1A9 (UGT1A9), UGT2B7, and CYP2C8 and CYP2C9 substrates. Thus, due to the potential inhibition of enzyme activity, Epidiolex's PI suggests considering a dose reduction of substrates of UGT1A9, UGT2B7, CYP2C8, and CYP2C9 and because of the potential for both enzyme induction and inhibition effects, considering adjusting the dosage of substrates of CYP1A2 and CYP2B6 as necessary. Likewise, the

PI notes that in vivo data show that coadministration of Epidiolex increases plasma concentrations of substrates of CYP2C19. Coadministration of Epidiolex and valproate increases the incidence of liver enzyme elevations and concomitant use of Epidiolex with other central nervous system depressants may increase the risk of sedation and somnolence. In view of the above, it is important for healthcare professionals to ask their patients about the use of CBD products and consider that when assessing patients and/or prescribing medications.

### Adverse Effects

Based on clinical trials data, the most common adverse reactions that occurred in Epidiolex-treated patients (incidence of at least 10% and greater than placebo) were somnolence, decreased appetite, diarrhea, transaminase elevations, fatigue, malaise, asthenia, rash, insomnia/sleep disorder/poor quality sleep, and infections. In controlled trials, 16% of Epidiolex-treated patients had a decrease in weight of ≥5% from their baseline weight, compared to 8% of patients on placebo. Also noted was a decrease in hemoglobin and hematocrit from baseline to end of treatment (mean decrease in hemoglobin was -0.42 g/dL in Epidiolex-treated patients and -0.03 g/dL in patients on placebo; mean decrease in hematocrit was -1.5% in Epidiolex-treated patients, and -0.4% in patients on placebo). Thirty percent of Epidiolex-treated patients developed a new laboratory-defined anemia during the course of the study versus 13% of patients on placebo. Also, in controlled studies in healthy adults and in patients with LGS or DS, an increase in serum creatinine of approximately 10% was observed in some subjects within 2 weeks of starting Epidiolex.

*TO BE CONTINUED: In the next issue of the Newsletter, we will review the clinical use of CBD oil, production-related concerns, and its availability and cost.*

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**Rich Pinckney, R.Ph., Owner**  
Rx City Pharmacy, NY

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# PHARMACISTS ARE KEY TO BREAK FREE FROM COVID-19 PARALYSIS

Dear Colleague,

It's been more than a month since COVID-19 was declared a national emergency, and it's fair to say that in these extraordinary times, community pharmacy has shown it is up to the test.

We've shared many stories about the creativity, ingenuity, and dedication of NCPA members in this time of national crisis. These stories have shown without a doubt that serving patients and communities is the passion that drives independent pharmacy.

Pharmacy now has a fantastic opportunity to play an even bigger role in America's fight against COVID-19, the ability to administer and order COVID-19 tests. Importantly, that's tests — plural. The type of test that has been in the news during most of the COVID-19 crisis is for determining whether a patient is positive for the virus. Perhaps even more interesting, though, is the test that detects the presence of antibodies that may convey immunity. Information is power and knowing who might have immunity will allow employees to get back to work, students to go back to school, and families to visit loved ones. In other words, knowing antibody status might allow the country to break free from the paralysis freezing our economy and way of life.

In an economic survey conducted last week by NCPA, more than half of members said they want to conduct testing. That's a move in the right direction. The one-sided contracts from PBMs that pharmacies are being offered aren't getting more generous. While the National Community Pharmacists Association doesn't do contracting, we are fighting for reasonable reimbursement. Expanding services and working in collaboration with local

physicians is a key strategy that progressive pharmacies are pursuing to increase their value in the pharmacy network.

During the H1N1 crisis of 2009, pharmacies showed the value they bring to the health care team when they worked with health departments to provide immunizations. COVID could provide a similar opportunity, but on a much larger scale. With testing now and immunizations once a vaccine becomes available, community pharmacists could be the centerpiece for helping the country get back to normalcy!

NCPA was a vocal voice working with other national pharmacy associations advocating for pharmacists to have this authority. HHS listened. From Assistant Secretary for Health Brett P. Giroir, M.D.: "The accessibility and distribution of retail and independent community-based (emphasis added) pharmacies make pharmacists the first point of contact with a health care professional for many Americans."

Before you can run with testing, there's a necessary first step. You must apply for a CLIA waiver. The NCPA Innovation Center has created a helpful video that walks you through the waiver form. As far as government forms go, it's an easy lift. If your pharmacy doesn't have a CLIA waiver, take the proactive step and apply today.

Get ready. Watch (or re-watch) our April 8 webinar, Opportunities for Pharmacy Testing During COVID-19. On our Coronavirus Pharmacy Practice page ([ncpa.org/coronavirus](http://ncpa.org/coronavirus)), we have a lot of resources to help you get started, including the video on applying for a CLIA waiver, the waiver form, the pharmacy testing webinar, a helpful FAQ, a list of FDA Emergency Use Authorized tests, and more.

NCPA recently reported that a nationwide analysis of pharmacies shows that for millions of Americans, their local independent pharmacy is not only their best option, it's their only option. According to data analyzed by NCPA, there are 14,866 ZIP codes in the United States with at least one pharmacy. In 3,057 of those, or roughly 21 percent, the only pharmacies are independently owned pharmacies, underscoring the fact community pharmacies are a patient safety net for their communities both in normal times and during a national emergency.

At Surgoinsville Pharmacy in rural east Tennessee, owner and pharmacist Beth Bryan started offering COVID testing. The pharmacy had its CLIA waiver in place, as they've been offering testing for flu, strep, A1C, UTI, anemia, and more. Surgoinsville Pharmacy is a CPESN® network pharmacy and, as such, was well-positioned to start nasal swab testing as soon as the FDA allowed it.

We're all anxious to get back to normal. Pharmacy just got the authority to help us get there.

Best,  
- B. Douglas Hoey, MBA, CEO  
National Community Pharmacists  
Association CEO

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# MEDICATION SAFETY • PREVENTING ERRORS



By the Institute for Safe Medication Practices

"Have you experienced a medication error or close call? Report such incidents in confidence to the ISMP National Medication Errors Reporting Program (ISMP MERP) at 1-800-FAIL-SAF(E) or online at [www.ismp.org](http://www.ismp.org) to activate an alert system that reaches manufacturers, the medical community, and FDA. ISMP guarantees confidentiality of information received and respects reporters' wishes as to the level of detail included in publications."

## CHANGES IN PRESCRIPTION DELIVERY DURING COVID-19 PANDEMIC AND ERROR PREVENTION

To help protect their staff and patients while still fulfilling their mission to treat their patients, pharmacies are shifting delivery of prescriptions away from the pharmacy counter. Instead, they are using a drive-thru window (if the store already has one), curbside delivery, or home delivery, including via mail. While these strategies may be effective at maintaining physical distancing, they can make patient identification and patient education more difficult.

It is important to continue to use at least two patient identifiers—the patient's full name and full date of birth. Take steps to ensure this information is attached to prescriptions delivered by pharmacy staff to the curbside or the patient's home to enable staff to verify the patient's identity. When packaging prescriptions for home and mail delivery, implement a verification process to ensure only one patient's medications are packaged together and the delivery address on the shipping/delivery label matches the shipping address in the patient's profile. When enrolling patients into a delivery service, confirm the shipping address on file is correct. We have received reports in the past of deliveries sent to an outdated address as well as packages containing medications for a different (incorrect) patient.

Patient education at the point-of-sale will not be possible if prescriptions are delivered to a location outside of the pharmacy or if someone other than the patient obtains the medication(s). However, that does not mean patient education should be abandoned. A reasonable effort should be made to contact the patient directly to provide medication counseling (e.g., call the patient at home, place a written

suggestion in or on the bag for the patient to call the pharmacy for counseling).

One of the most effective ways to intercept errors is to open the bag of filled prescriptions with the patient to verify that the medications are correct. While it may not be possible to do that at the pharmacy counter today, it is still important for patients to do this. Before the patient leaves the drive thru or the curb, have the patient open the bag in the car and conduct their own verification. If a friend or caregiver picks up the prescription or the prescription is delivered to the patient's home, the patient should be notified to open the package at home, check the contents before taking any of the medication, and call the pharmacist with any concerns or questions.

## WHY ABBREVIATIONS ARE A BAD PRACTICE

A resident was admitted to a long-term care (LTC) facility with an order riddled with abbreviations. The order stated, "XARELTO (rivaroxaban) 20 mg tablets TK 1 T PO QD WF." Most of the abbreviated order (TK 1 T PO QD) was correctly interpreted as take 1 tablet by mouth daily. However, the abbreviation "WF" was misinterpreted as Wednesday and Friday, while the prescriber had intended the abbreviation to mean "with food." The resident received 2 doses of Xarelto per week. The error was later discovered when the resident was admitted to a hospital for another reason, and the hospital pharmacist called the prescriber to clarify the order. While the resident did not suffer any adverse consequences, he could have experienced a thrombotic event caused by insufficient anticoagulation. This error demonstrates the importance of avoiding abbreviations in medication orders.

## Around the Pharmacy

*From page 13*

owners including many pharmacies. It seems that the national banks catered to big publicly traded companies like Shake Shack, Ruth Chris Steakhouse and others grabbed the money up front even though they have sources of finance that mom and pop pharmacies do not. The US Treasury department realized they made a boo-boo and demanded that large companies must return by early May about \$600 million. Remember Bigger is not always better.

## CLOSING THOUGHTS

These are truly unique and frightening times we are living through. Something to share with our children and grandchildren in the future. Pharmacists have stepped up to assist our nation and our patients in ways never imagined in the past. Finally, we may be recognized for the value we provide to our communities, our patients and the economy without any real recognition in the past. In my 45 years of being a pharmacist I have lived through armed robberies, (too often for my taste) power

blackouts, severe snow storms, the 9/11 tragedy, super storm Sandy, and now Covid-19 Pandemic. No doubt doctors, nurses, and other health care providers are all taking this pandemic on the chin, as is transit workers, retail grocery workers, postal works, our FEDEX and UPS folks as well. BUT Pharmacists have always been there. We are and always will be the UNSUNG HEROS in Healthcare.

Stay well, stay safe and be careful.

~ Jim Schiffer

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**CPESN® PHARMACIES PIVOT TO  
HELP COMMUNITY-BASED PHARMACIES BY  
SHARING BEST PRACTICES DURING  
THE COVID-19 PANDEMIC**

CPESN® USA has chosen to take on the role of steward of **best practices** from CPESN pharmacies related to COVID-19 response. We strongly believe our pharmacies are the nation's richest source of innovation and ingenuity in the community pharmacy. CPESN® USA is coordinating **the collection and sharing of best practices related to managing the coronavirus disease.**

During the COVID-19 pandemic, CPESN USA is:

**1. Sharing Best Practices.**

*Available for all community-based pharmacies.*  
Go to: [www.COVIDbestpractices.com](http://www.COVIDbestpractices.com) to see them all.

**2. Sharing Change Packages.** A change package is a set of changes that are critical for the pharmacy to implement. Think of it as a step-by-step guide designed to help a pharmacy practice adjust to meet the challenges presented by COVID-19.

Available for all community-based pharmacies.  
Find each change package on [www.COVIDbestpractices.com](http://www.COVIDbestpractices.com).

**3. Sending a daily COVID Best Practices Bulletin.**

*Available for all community-based pharmacies.*  
Enroll at [www.COVIDbestpractices.com/GetUpdates](http://www.COVIDbestpractices.com/GetUpdates).

**4. Hosting a weekly COVID Practice Pearls Podcast.**

*Available for all community-based pharmacies.*  
Listen by clicking <https://www.tptransformations.com/podcast-2>.

For more information on CPESN® pharmacies, visit [www.cpesn.com](http://www.cpesn.com), or contact our local CPESN NYCPS Luminaries: Roger Paganelli (email: [bigrogpags@aol.com](mailto:bigrogpags@aol.com)); and Vinnie Mazzamuto (email [vinrx1@gmail.com](mailto:vinrx1@gmail.com)) who also serve as members of the NYCPS Board of Directors.

*CPESN® networks continue to grow! Despite the challenges facing community-based pharmacy, local CPESN networks continue to grow. CPESN USA recently launch local networks in Oregon, West Virginia, and the Washington, D.C. area. We now have over 2,600 pharmacies in 49 networks across 45 states. You need to join your brother and sister pharmacists especially at this critical time to help your patients!!*

## MESSAGE TO GOVERNOR CUOMO

*We pharmacists are struggling to serve our patients, maintain our health and juggling through hoops to keep the pharmacies open. I felt the need to send an electronic message to Governor Cuomo sharing my observations of things in the pharmacy trenches. It is reprinted below.*

April 3, 2020  
The Honorable Andrew M. Cuomo  
Governor of New York State  
NYS State Capitol Building  
Albany, New York 12224

Dear Governor Cuomo:

On behalf of the Board of Directors and the nearly 800 pharmacist members of the New York City Pharmacists Society (NYCPS), I want to thank you for your leadership, guidance and passionate concern for the millions of New Yorkers during this pandemic. If I could just bring up one suggestion, during your daily updates with the media and the world, consider recognizing the tireless efforts of the front line healthcare professionals, your New York Pharmacists - - many of which are independent pharmacy owners - - who are working day and night to continue to serve their patients during this COVID 19 pandemic - - **many of which over the years have**

**offered and continue to offer free home delivery of medications and related sick room supplies.** I am in touch with scores of these front-line health care soldiers on a daily basis. Many of these dedicated pharmacist owners are facing daily daunting task of keeping their pharmacies open against tough odds, such as staffing issues, health issues and burnout. I also keep in touch with those pharmacists who are working in the various pharmacy chains and they too are struggling with staffing, and a fear of unwittingly contracting Covid 19. I know of some pharmacists who have contracted the virus and they are doing their best to persevere. We wish you and your family (especially brother Christopher) good health and a speedy recovery for brother Christopher. Once again, thank you for your tireless efforts on behalf of all New Yorkers.

~ Respectfully,  
*Jim Schiffer, Secretary*  
New York City Pharmacist Society Inc.



## PSSNY PRESIDENT'S MESSAGE

*Steve Moore is PSSNY's 130th president and an independent pharmacy owner from Plattsburgh where he works with his brother Dave and mother Jean at Condo Pharmacy. Condo Pharmacy provides traditional, long term care, compounding, and specialty pharmacy services and is a proud member of the CPESN USA network of pharmacies. Steve teams with other health care providers and insurers to offer clinical care services such as annual wellness visits, chronic care management, and transitions of care services from both inside and outside the pharmacy. Steve is a 2004 graduate of the Ernest Mario School of Pharmacy at Rutgers, The State University of New Jersey.*

I was going to start by saying Happy April but by the time you read this it will be May and the 4th draft of my message. So Happy May and thanks to Jim for holding this back.

Lots going on in the world of pharmacy lately and I need to start by saying that I am incredibly proud to represent New York's pharmacists at a time when you have stepped up to the plate in a big way. The COVID-19 pandemic will probably (hopefully) be the biggest public health issue of my career and it will be a long time before I am fully able to appreciate its impact on the profession. With that being said, I continue to hear daily stories of pharmacists working to meet the needs of their patients and am amazed at the lengths that our colleagues have gone to. The COVID-19 pandemic hit pharmacy at what is in some ways the profession's lowest point. Salaries have stagnated, enrollment is decreasing at schools, pharmacies are closing, metrics are frustrating, and a profession accustomed to nothing but growth and opportunity has been brought to its knees. Yet pharmacists continue to take care of their patients even if it is at their own expense.

The COVID-19 pandemic brings with it plenty of challenges but also opportunity. We were fortunate to have the Medicaid Redesign Team II recommend that New York State carve the pharmacy benefit out of the managed care model and return to Fee-For-Service state managed program. And this year's budget accomplished just that as New York became only the 4th state to kick PBMs out of its Medicaid program. Thank you to all of you in the trenches that worked to make that a reality.

PSSNY continues to work with our national partners such as NCPA, APhA, and NASPA to advocate for DIR reform. With the 2020 legislative session on pause along with the rest of the New York, the FixRx team has shared the DIR messaging and along with PSSNY was able to convince 5 federal legislators to sign on to a letter requesting that DIRs are fixed as part of the next stimulus package. It is imperative that every pharmacist is as active with their federal legislators as they are with their state ones and that our voices are heard on DIR reform.

DIR fees must be stopped or community pharmacies will not be available at a time when they are needed most. Contact your Congressional Representative as well as our 2 Federal Senators today, and in case you don't know who are our United States Senators, they are Chuck Schumer and Kristen Gillibrand. And keep contacting them until the issue is addressed.

Speaking of being needed, did anyone hear that pharmacists can test for COVID-19... PSSNY has been in constant communication with the Governor and has long advocated that CLIA Waived testing should be a permanent part of pharmacist scope of practice here in New York. While we share the Governor's commitment to testing as many people as quickly as possible, there are some logistical issues to address and we are working hard to do so. Look to the webpage and PSSNY emails for updates as the details for such services provided by pharmacists are still being worked out at presstime.

Don't forget to register for our 2020 Convention! It's going to be something unique, a virtual convention, and we will hold CE programs one weekend and the House of Delegates / Annual meeting another weekend, but we will make this happen stay tuned for the precise dates of this event. PSSNY is taking a significant hit to our bottom line by not being able to hold the event and we're going to need to work hard to find those dollars elsewhere. It's going to be different, but we're really excited about what we have been able to put together for everyone and I ask that you join us for the virtual event.

Please be sure to thank the PSSNY staff when you next see or speak with them. Deanna, Barb, Jamie, Clare, and Beth have continued to work hard on behalf of the organization and are on the front lines fighting for pharmacy with us.

Thank you for all that you are doing for your patients and for pharmacy during this unprecedented time. I will look forward to sharing and celebrating with everyone again once we are able to do so. In the meant time, stay safe (and please contact your legislators).

~ Steve Moore, PharmD, RPh.  
PSSNY President



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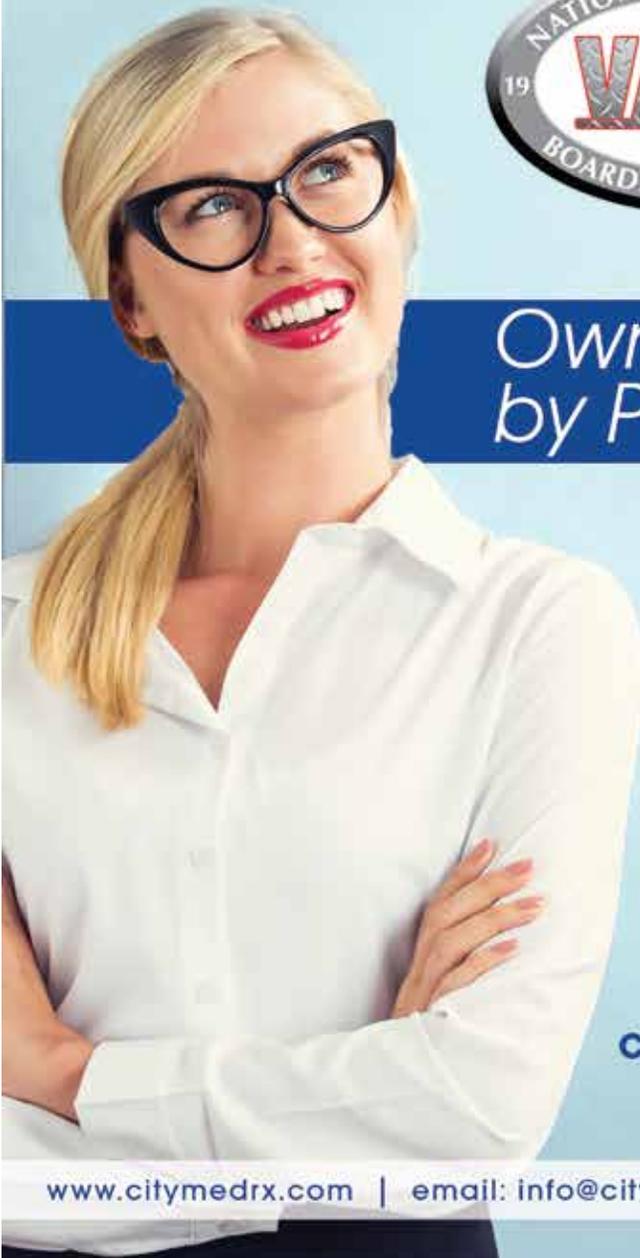
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## OVERSTATING DAYS' SUPPLY IS ASKING FOR TROUBLE

Occasionally, PAAS works with pharmacies who bill certain types of unbreakable packages all for the same days' supply, regardless of directions for use. For example, a pharmacy bills all inhalers or topical medications for 30-day supply, even if the directions clearly indicate a shorter duration. One rationale we've heard is they're potentially saving the insurance company money, so there is no audit risk; which is simply not the case.

Take an albuterol inhaler with PRN directions that allow patients to use up to 12 inhalations per day. At 200 inhalations per inhaler, that should be a 16-day supply. If a patient is truly refilling their rescue inhaler every 16 days (or even every 21), there would certainly be concern about clinical appropriateness, but there may also be a legitimate short-term medical need that would warrant a refill earlier than a 30 days' supply would allow. Should a pattern of early refills occur, a prudent pharmacist could reach out to the prescribing physician and encourage the patient to seek additional medical care. However, defaulting a 30 days' supply would generate an inappropriate refill too soon reject message and deny the patient access to their rescue inhaler, potentially leading to serious clinical consequences.

PAAS has seen Medicaid plans recoup for invalid days' supply if the patient was denied their medication due to an

inappropriate refill too soon rejection. Proving there was no patient harm after the fact, and retaining payment on the original dispensing, can be extremely hard to do.

PBM provider manuals explicitly lay out how they want days' supply calculated. None of them allow the pharmacy to assign a "fixed" days' supply. Humana will charge a \$5 fee to correct an invalid days' supply billed, even if the pharmacy calculation is off by one day. This fee will be assessed on the original fill and all refills, which can add up quickly. Prime Therapeutics has been known to put pharmacies on a Corrective Action Plan (CAP) for having too many claims billed with an incorrect days' supply. If the CAP is not followed, the pharmacy faces full claim recoupment on a follow-up audit and potential termination. While the simplicity and efficiency of billing for a fixed days' supply may seem like a good idea, the negligible short-term gain will surely lead to long-term pain with claim recoupments.

***PAAS recommends pharmacies always bill for the correct days' supply based on the mathematical calculation of the directions given by the prescriber.***

*By Jason Crawford, RPh, PAAS National®, the Pharmacy Audit Assistance Service. For more information, call (888) 870-7227 toll-free or visit [www.paasnational.com](http://www.paasnational.com).*

## Compounding & Covid-19

*From page 3*

like these is to communicate. Communicate with your colleagues, communicate with the association, and to collect the best information you can, to stay informed as the situation changes. Don't forget to visit PSSNY's website regularly and share any innovations with the office to get the word out. What you think is a simple idea may help another pharmacist to provide better care.

I would like to share one with you (yes, I did "borrow" this one from somewhere):

Since we are all required to wear a face covering in public, and our customers and patients must

do so too, even social distancing interactions are no longer face-to-face. So, making name badges for all your staff with not only their names, and positions on them, but to add a nice smiling picture of the person without their mask, can keep these interactions more personable and kinder!

**To all you healthcare heroes out there – thank you! Stay Safe!**

Knowledge, patience, and focus on patient safety and quality will see you through.

*Lou Diorio, RPh, FAPhA- Is a principal of LDT Health Solutions, Inc. (LDT) a medication safety & quality management consulting company with over 70 years of combined pharmacy expertise serving clients nationwide. Lou is a graduate of Long Island University's Schwartz College of Pharmacy, and an adjunct Professor of Pharmacy*

*Practice for the college. Lou is an active member of the College's Alumni Executive Board. Lou has extensive experience in IV and extemporaneous compounding, and lectures, writes, and consults on these topics; Lou lends his expertise to many State Boards of Pharmacy and is a nationally recognized subject matter expert on compounding, quality management, & medication safety.*

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1. <https://www.uspnf.com/notices/compounding-chapters-postponement>
2. <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-issues-executive-order-requiring-all-people-new>
3. HHS website - <https://www.hhs.gov/about/news/2020/04/08/hhs-statements-on-authorizing-licensed-pharmacists-to-order-and-administer-covid-19-tests.html>
4. <https://www.hhs.gov/sites/default/files/authorizing-licensed-pharmacists-to-order-and-administer-covid-19-tests.pdf>
5. <https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19>

# President's Message

*From page 1*

health to serve them and be there for them and their families when they most needed us. I hear stories of pharmacists working alone with no staff showing up. (I have been there too). I also hear of pharmacies forced to close for a few days or weeks due to lack of help, I hear one staff member after another calling in sick or caring for a sick member, and of course I hear pharmacist testing positive for Covid-19 and fighting for survival just like the rest of the world and returning back to work as soon as cleared.

This state of dystopia has also brought our usefulness to our communities where fellow colleagues

are calling us for drug information. We have also seen communities stand up bring food to their local pharmacies, making home made mask for the pharmacies to give out, leaving kind words on the side walks or even making a poster to say thank you. Let us not forget also the 7pm clapping that make us feel we belong to the community and are appreciated, former first lady Laura Bush giving out a shout out to the pharmacist also. We are humbled by all of the recognition.

We are planning to switch our CE's online in due time to continue giving you all the member benefits that you so deserve and will communicate this promptly. Please read your e-scripts to keep in touch

with PSSNY and what is happening in the pharmacy world.

To all of you that have attended our lobby day, rally, made phone calls to your local and state elected officials, your efforts are paying off. We have our request in the governors budget and change is finally on the way. Like the saying goes "there is always light at the end of the tunnel".

Covid-19 will forever leave its mark and we all hope to see a silver lining in all of the chaos. Please continue to practice social distancing, washing hands regularly and keep safe and healthy!

"Till I write or see you again".

~Peace

*Aniedi Etuk, RPh  
NYCPS President*

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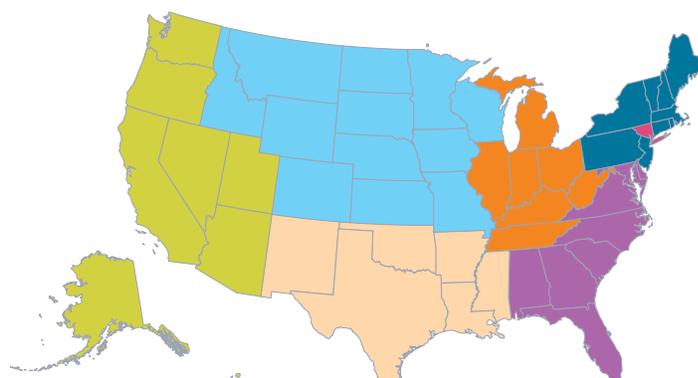
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