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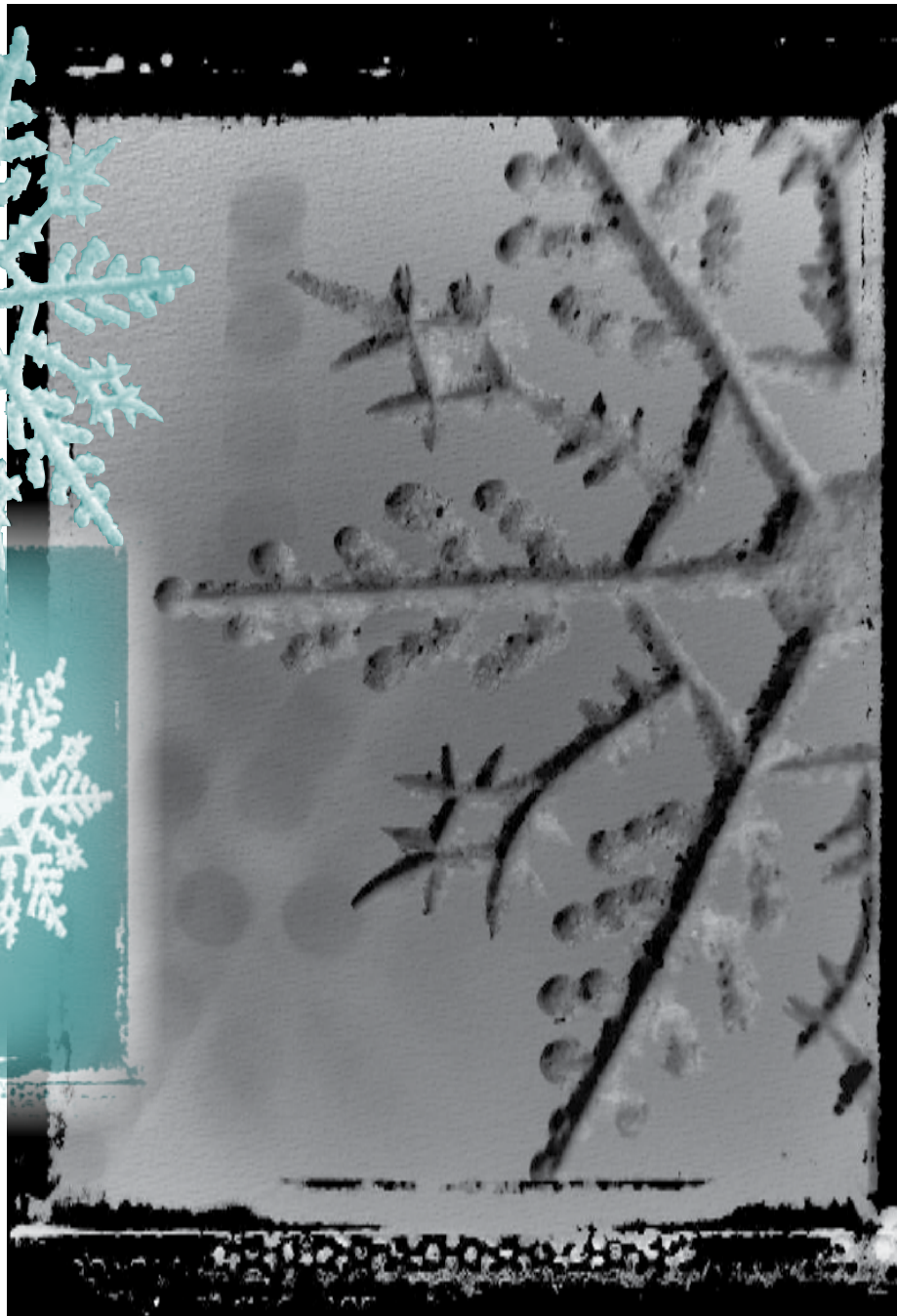
New York State Pharmacist Century II

Official Publication of the Pharmacists Society of the State of New York

Season's Greetings &

Happy New Year!



PSSNY's Mid Winter Convention

Crowne Plaza Albany • January 26-29, 2006

Continuing Education • House of Delegates • Committee Meetings

Call for Resolutions

Individual members and affiliated organizations wishing to introduce resolutions for consideration in the House of Delegates at the Annual Convention on Saturday, January 28th are invited to send the proposed resolutions to the PSSNY Office c/o Resolutions Committee Chairman, 210 Washington Avenue Extension, Suite 101, Albany, NY 12203.

General Membership Meeting House of Delegates

The next General Membership Meeting of the Pharmacists Society of the State of New York will be held at the Mid Winter Convention on Saturday, January 28th at the Crowne Plaza Albany. The General Membership Meeting will immediately precede the House of Delegates Meeting.

FRIDAY, Jan. 27

- **Continuing Education**
- **Affiliate Presidents Meeting** *Tentative*
- **New Practitioner Programs**

SATURDAY, Jan. 28

- **Committee & Academy Meetings**
- **General Membership Meeting**
- **House of Delegates**

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I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

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3. Be sure to furnish all circulation information called for in item 15. Free circulation must be shown in items 15d, e, and f.
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6. In item 16, indicate the date of the issue in which this Statement of Ownership will be published.
7. Item 17 must be signed.

Failure to file or publish a statement of ownership may lead to suspension of Periodicals authorization.

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President's Message

Bill Scheer, RPh

Once and awhile it is nice to report back positive news about pharmacy practice to you. The National Community Pharmacists Association (NCPA) convention, which took place in Fort Lauderdale, Florida from October 14-19, is where I saw some positive trends. I attended the convention representing PSSNY this year. It was a great place to gauge the state of community pharmacy around the nation. The subject for a great deal of the seminars focused on "Part D" and its effects on how we will deal with its implementation in January. I learned all about dual eligibles, and LIS (Low Income Subsidy) patients, and who is affected by the doughnut hole and who isn't, what creditable insurance is and E-1 transactions. We are the drug experts and with all the focus on this subject we are becoming the Medicare drug plan experts as well.

The convention also gives you a chance to speak to pharmacists from other states and to learn how they are tackling the same challenges we in New York State are facing. For example, I had a chance to speak to the executive of the Colorado Pharmacists Society at one seminar. Colorado was recently successful in passing an expansion of their practice act to include collaborative practice. We discussed the strategy they used to help achieve their expansion of pharmacy practice in their state. This information is essential to continue our fight to bring pharmacy practice to the level being practiced in most states.

This convention was interesting for another reason. I had a pleasant surprise in the number of young pharmacists who came to participate in this convention. These were young pharmacists in their early thirties. Talking to many of them I found a large number of them were either partners or sole owners of community pharmacies. It was encouraging to see this transfer of ownership to a younger generation.

NCPA has been encouraging this renewed interest with mentoring programs and workshops aimed at demystifying community pharmacy ownership for recent graduates. This is extremely critical for the survival of independent community pharmacy; especially because of the fact most students no longer work in community pharmacies, but only have a brief six-week rotation through a community pharmacy as part of their undergraduate studies. They do not think of independent community pharmacy as a viable option when they graduate. These young owners have come to the realization that these local community stores can provide both a good work environment and utilize their education to create niche markets that will provide them with a comfortable life.

These young owners have come to the realization that these local community stores can provide both a good work environment and utilize their education....

I can report back to you that community pharmacy is alive and well across this country, if NCPA's convention is any indication. This current trend will help keep the "local neighborhood pharmacy" an essential part of every neighborhood or town and a vital part of good community healthcare for the foreseeable future.

One Person's Opinion...

The three C's of Medicare Part D....Patient **CHOICES**, encouraging Insurance Company **COMPETITION**, and total **CONFUSION** for the patients and pharmacists.

So the various Medicare Prescription Drug Plans (PDP) are now public. We had been informed last year that the monthly premium would be around $35 per patient for the typical plan. We were also told it might vary somewhat above or below that level, depending upon what services were offered. We were also told there would be a gap in coverage, also being known as the DONUT HOLE, for patients to spend their own money as True Out Of Pocket Expenses, also known as TrOOPE. We were also told patients would be expected to pay 25% of the drug costs out of pocket for the first $2150, in addition to the $250 up front deductible.

So that was what was told to us, and what happened as the plans do not seem to match what Congress intended?

As the government has been shown to screw things up, as in Hurricane Katrina and the FEMA folks, now we have another big blunder, Medicare Part D.

We have prescription drug plans that are actually operating by national drugstore chains such as Walgreens and CVS, and we have PBM's forming insurance companies in order to participate in this Part D mess.

We have plan premiums as low as $1.80 a month in Minnesota and as low as $4.18 per month in New York, where we are led to believe that costs of living are high, and maybe highest in the country. We have plans that run nearly $95 a month competing for Medicare patients alongside the $4.18 plan.

Some plans have no copay at all for generics, some have the donut hole filled in with jelly (coverage), some plans waive the $250 up front deductible, and also have nothing resembling a 25% copay. Some plans are so inexpensive for the patient one has to wonder if they are at all financially sound. And if they are not and these plans go broke and do not pay the pharmacist we have already been told by CMS that we are on our own!

What happened to Congressional intent?

It seems that the Centers for Medicare and Medicaid (CMS) may have feared the lack of interest in the discount card program would carry over if the actual Part D drug program actually took shape the way Congress intended it to.

So instead, CMS allowed various shifts in the way the program was approved. Who knew that PBM's would create new names of Medicare approved Part D insurance companies, after they mailed contracts for long term therapy (some consider 31 days supply long term at 21.5% off of AWP, and a $1.50 dispensing fee). Who knew that we would have to transmit one claim to the PBM at a time so that this TrOOPE activity would be correctly tracked? Four claims at a time work now when we do the $600 transitional coverage for First Health doesn't it? Who is kidding who?

Why did Congress push all of the already covered Medicaid/Medicare patients into this Part D, was it so the PBM's would be able to keep a bigger piece of the pie, jack up the prices paid to the government (as the Part D regulations forbid actual rebates on drugs paid to the government), pay the pharmacists less and give the patients unrequested, unneeded, and very confusing choices in over 21 plans in New York with three separate types of sub plans for many of these 21 plans? Who in Washington thought of that?

Did Congress really understand what they voted into law? When I asked some congressmen and senators at a recent NCPA Legislative conference all I got in response was a blank confused look on their faces.

Regardless of your political affiliation, and who you voted for President in 2004, this Medicare Part D is going to be a big fat mess, costing the country billions of dollars that we do not have available to spend. Does anybody remember what happened under President Reagan when he signed into law the first Medicare Prescription Drug Program back in 1986? President Bush I signed the legislation eliminating the program before it got started due to public pressure.

And most importantly, who will be stuck taking care of the confused patients, as our reimbursement shrinks?

You and I.

If you want to see all of the approved plans go to the PSSNY website and look at the link to the CMS website map. You may need a meclizine and fluoxetine when you do!

Good Luck!
Jim Schiffer

Executive Director's Message

Craig Burridge, MS, CAE

Congress Puts the Screws to Pharmacy

Somebody get Congress a calculator! Perhaps we should conduct a Basic Math class. How is it that when Congress needs to make $10 billion in Medicaid cuts, they look to take 40+% of those cuts out of pharmacy which is less than 2% of Medicaid costs? They call these draconian cuts Medicaid Reform. It's business as usual for Congress. Not only is Congress looking to change the Medicaid reimbursement methodology to **Average Manufacturer's Price** (AMP – Senate version) or **Retail Average Manufacturer's Price** (RAMP – House version); they are looking to increase co-pays over the next several years. By the way, the House version of the legislation will allow pharmacies to "wave" these co-pays. EXCUSE ME?

> *A*nyway you look at these reforms, they are anti-pharmacy, anti-small business, anti-pharmacist.

This legislation is like a neutron bomb. When Congress gets their report in a year, there will be nothing left standing but a lot of empty store fronts that use to be pharmacies and a lot of manufacturing space will open up as well where once thriving generic drug manufacturers employed hundreds, if not thousands of workers. Folks, there is no wiggle room here. AMP or RAMP prices will include all rebates paid to pharmacies, charge backs, prompt payment discounts, "free merchandise," you name it. Maybe they should have named this **RUMP – Really Under My Price**!

So, let me sum it up. Congress's version of Medicaid reform turns tens of thousands of "entrepreneurs" into Medicaid "philanthropists." You're suppose to take your "minimum $8 dispensing" fee (minus any co-pays you waive) and remain in business? Now for those of you pharmacists who are employees -- don't worry, the impact of this "reform" will hurt you as well. For those fortunate pharmacies who survive this slaughter, you can expect a significant reduction in staffing levels as private third parties follow Medicaid's lead. Anyway you look at these reforms, they are anti-pharmacy, anti-small business, anti-pharmacist.

What can you do? Well, if you haven't already responded to the dozens of action alerts that have been sent out by PSSNY and several national pharmacy organizations, then it may be too late. Perhaps you could send a calculator (with the BIG numbers) to your Congressman/woman in protest. Tell them that they've got their numbers wrong – again!

What's next? Oh! That's right, the elimination of your tax deduction for your mortgage interest! Did I just hear on the radio this morning (11/8/05) that the US Senate increased their salaries by $28,000? Pass me the aspirin!

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Ever notice how some companies are always at the right place at the right time? Well, that's how we feel about RDC! Not only are we strategically positioned to service some of the best Independent markets in the country, but we are also poised to flourish in a time of great upheaval within our industry. With a 100 year history and reputation backing us, a Board of energetic pharmacists at the helm, and a passionate pursuit to provide excellence in everything we do, RDC is destined to be your best wholesale trading partner... ever... and at exactly the right time!

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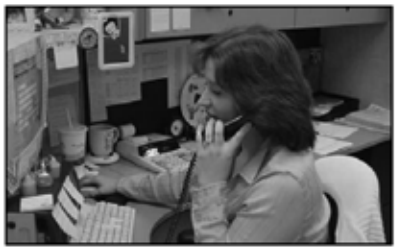

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Isn't it Time You Made the Right Move?

From the Bench

Selig Corman, RPh

I have had the same primary physician for over twenty-five years. Actually, I was Roy's first patient on his first day in private practice, July 1, 1980. He would usually enter the examining room carrying a large folder of my records including lab results and reports from other physicians he had referred me to.

This most recent visit he came in bearing a laptop computer. It was his second day using it. He apologized for not having me scheduled the day before so I could again be his first patient in this new era.

Some basic information about me had been already been entered and he showed me the lab results from three days earlier that had been sent to my file electronically. He told me all the data was sent daily to a central site used by their practice so that if a disaster occurred my records would be intact.

This visit was just after Hurricane Katrina. There were hundreds of thousands of people wandering the Gulf Coast region without reliable personal healthcare information. It got me thinking about what would happen to me if I was in need of emergency care and I was not able to provide the emergency room staff my vital stats.

I realize there might be HIPAA issues, but I want all my personal information available 24/7 so that I can receive prompt and correct care. I don't care who knows that my last BP was 110/70 or that LDL is 75 or my A1C is 7.1 Certainly my recent history, five years, in the right hands could truly be the difference between life and death.

There has been some confusion with the new serialized blanks for physician's assistants. The Bureau of Narcotic Enforcement will be issuing official prescriptions to group practices which will contain the name of both the supervising physician and the physician's assistant.

"I realize there might be HIPAA issues, but I want all my personal information available 24/7 so that I can receive prompt and correct care.

eMedNY Phase II Compliance Deadline

Please be advised that the deadline for all providers to be fully compliant with the eMedNY Phase II requirements is December 31, 2005. This date is final!

Beginning January 1, 2006, eMedNY will only accept the three-digit locator codes, and license numbers must be preceded by three-digit profession codes. Claims submitted with the legacy two-digit locator code and/or two-digit license type code will be rejected. Eight-digit PA numbers will only be accepted where an eight-digit number was issued.

If you have not yet been able to convert your billing system to accommodate the Phase II required changes please expedite your efforts now. If you purchase software from a vendor or utilize services of a clearinghouse or a billing service you need to contact them immediately. Make sure they are aware of the eMedNY requirements and are proceeding aggressively with the changes.

Please do not place your Medicaid revenue stream at risk. Make sure you are completely compliant before December 31, 2005.

Questions? Contact CSC Provider Services at (800) 343-9000.

CSC Seminar Schedule Available

Computer Sciences Corporation (CSC) announces a schedule of seminars to be offered to providers and their billing staff.

Seminar locations and dates are available at the eMedNY website. Registration is fast and easy.

Go to **www.emedny.org/training/index.aspx** to register for the eMedNY Training Seminar appropriate for your provider category and location.

If you are unable to access the internet to register, please contact CSC's call center at (800) 343-9000, to obtain a registration form. You may also request seminar schedule and registration information by contacting CSC's Fax on Demand at (800) 370-5809.

Please refer to these resources frequently for additional seminar offerings.

New Safety Syringe in Fuzeon® Convenience Kit

Roche and Trimeris announced that Terumo® SurGuard2™ safety syringes will replace the NMT syringes that have been provided in the FUZEON®(enfuvirtide) Convenience Kit. Pharmacies should have already begun to receive FUZEON kits with the new safety syringes

The Terumo SurGuard2 safety syringe features a protective green cover that snaps into place over the needle after use. The items offered in the FUZEON Convenience Kit will remain the same, except for the syringes. The updated injection instructions, covering the Terumo SurGuard2, are virtually identical except when describing the safety feature.

Complete, step-by-step instructions for injecting FUZEON using Terumo SurGuard2 safety syringes will be included in each prescription and are available online at **www.FUZEON.com**.

Call the FUZEON Connections™ Center if you have questions or would like additional instruction over the phone. Dial 1-877-4 FUZEON (1-877-438-9366) to talk with a trained healthcare professional.

From the Extern

Michael Barton, Pharm.D. Candidate, ACP

On Monday, September 26th I was supposed to start a new rotation at a PBM. That morning, while getting ready for the rotation, I checked my email and found a notice from Dr. Briceland stating that she had just received word from Express Scripts that my preceptor had resigned that morning and their was no other preceptor available at that site. She had already made a couple of calls to try and relocate me. I immediately went to school, through the front door, and straight down to the professional lab to Mr. Flynn's office. I told him about my predicament and he immediately had an idea. We went up to Dr. Briceland's office and she reiterated what her email had said. She was waiting for a call back from a preceptor at another PBM but, as luck would have it Mr. Flynn had just spoken to Selig that morning and he knew that PSSNY did not have a student for this rotation. Dr. Briceland said that she would put a call into Mr. Corman and the first preceptor to call back would get a surprise extern on 14 hours notice.

Now, when Mr. Flynn told me about the opening to do a rotation at PSSNY my familiarity with the organization was limited to what the acronym stood for. Mr. Flynn assured me that it would be a worthwhile rotation and at that point I just wanted to know where I was going on Tuesday. At 6:00p.m. I received the email I had been waiting for. Tuesday morning I would be heading off to PSSNY Headquarters, 210 Washington Ave Ext. When I told one of my friends what had happened and where I was going, he had a few questions for me. "What are you going to do there?" "Why do they have a pharmacists society?" "Why would you join?" I had a simple answer for all three questions. "I don't know."

It didn't take long to give him an answer to all three questions. My first day at the office we met with two representatives from Roche Diagnostics. The discussion focused on the need for manufacturers to make a push for an expanded scope of practice for pharmacists through legislation and lobbying. We fielded phone calls in Selig's office, answered questions and looked up answers. We talked about the Yankees and Red Sox. "What are you going to do there?" Well, it looked like I was going to tag along to meetings, answer every pharmacy law question imaginable, and see a side of pharmacy that many pharmacists never get a chance to. This place was not only on top of everything happening in the practice of pharmacy, but they were the catalyst for most of those changes.

This place [PSSNY] was not only on top of everything happening in the practice of pharmacy, but they were the catalyst for most of those changes.

The very next day we went down to the state educational building and attended a Pharmacy Advisory Committee meeting. I learned more about Medicare Part D in that three-hour meeting than I could have in an 8 hour CE. Every possible scenario was analyzed and scrutinized. That weekend I attended an eye open-

Cont'd on p. 25

ISMP, FDA Plan Campaign on Error-Prone Medical Abbreviations

For more than thirty years, experts from the Institute for Safe Medication Practices (ISMP) have advocated abandoning one of the most common but preventable sources of medication errors—the use of ambiguous medical abbreviations and dose designations. That crusade is taking a significant step forward as ISMP and the U.S. Food and Drug Administration (FDA) announce they will create a comprehensive educational campaign to eliminate potentially harmful abbreviations.

According to the Institute of Medicine, there are more than 7,000 deaths a year due to medication errors; mistakes can occur anywhere in the medication-use system, from prescribing to administration of a drug. The practice of using medical notations that are frequently misinterpreted is a key example of an area where education of healthcare practitioners, the pharmaceutical industry, and others involved in medication use could help save lives. Acting out of the need to promote safe practices, FDA is partnering with ISMP to increase awareness of this important issue.

The campaign, slated to be launched in the first half of 2006, will recommend that ISMP's list of abbreviations, symbols, and dose designations (**http://www.ismp.org/PDF/ErrorProne.pdf**) most often associated with medication errors be referenced whenever and wherever medical information is being communicated. Some of those notations are included in the current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) National Patient Safety Goal 2B, a "do not use" list of error-prone abbreviations and dose designations, but ISMP's full listing includes additional abbreviations that have been associated with medication errors reported to the USP-ISMP Medication Errors Reporting Program.

APhA Joins Coalition to Protect Medicaid Patients' Access to Meds

Congress is debating Medicaid reform programs and is considering significant cuts to the program. To help influence those efforts, and make sure Medicaid patients continue to have access to necessary medications, the American Pharmacists Association joined with other national pharmacist and pharmacy organizations in the Coalition for Meaningful Medicaid Reform (CMMR).

CMMR unites the pharmacy community to address the Medicaid payment cuts Congress is proposing. Last week, APhA and other Coalition members signed a letter to Members of Congress expressing concern with the direction Congress is taking with Medicaid payment reform, arguing that pharmacy has become a target for savings. The letter challenged current proposals which show pharmacy taking a disproportional hit (compared to their contribution to the Medicaid programs' costs).

The proposed cuts, according to the CMMR letter, could result in reduced access for Medicaid beneficiaries to pharmacy services and result in the closure of many community pharmacies, especially those in rural areas. A similar message will be conveyed in a series of print ads that the Coalition will run.

CMMR, which consists of 55,000 community pharmacists, 150,000 pharmacists, retailers and other stakeholders, was formed to help defend the ability of tens of millions of Medicaid recipients to continue to obtain their necessary medications from their local community pharmacists.

For additional information go to:
www.meaningfulmedicaidreform.com.

Take YOUR Continuing Education Requirement Seriously!!

by: James Schiffer, RPh, Esq.

For the past decade or so, New York State has required Continuing Education as a requirement for continued licensure for Registered Pharmacists. Over the past year or so, in my practice as an attorney, I have come across several delinquent pharmacists looking for help with their failure to fulfill the requirement of 15 credits of CE per year, which can be done cumulatively for your two or three year registration period. In other words, if you are granted a three year period of registration, you are required to obtain 45 CE credits, for which you can obtain such credits during anytime of that 36 month period. You can take 15 CE credits per each of the three years or you can stock up within any period and get the 45 CE credits all at once. The other requirements for continued licensure of registered pharmacists is that at least half of the CE (for a 3 year period, it is rounded up to 23 CE credits) must be acquired at LIVE programs, and lastly, all pharmacists, including those that have recently been licensed through reciprocity method, must attend or obtain a 3 credit course in Medication Error Prevention prior to their renewal of their New York Pharmacists License. The only group that draws a true exemption is those newly licensed pharmacists that have taken the New York Pharmacy Licensing Exam. For their first license period, they do not need the Medication Errors credits.

How does NY Board of Pharmacy find out if you have fulfilled the legal requirements of CE? Upon your professional renewal process on the form for your pharmacist license is a section that must be completed. In that section, you are able to come clean and admit that you are deficient in obtaining the proper amount of CE credits for your prior registration period, and if you do come clean, you will be issued a conditional one year renewal, during which you must obtain all delinquent CE that you need to be made whole for the last registration period (including the mandatory Medication Error Prevention) and additionally you will be required to obtain the full amount of CE for the current year, which would be 15 more CE credits for the current year. IF YOU ARE deficient in CE and do not come clean, and you are later discovered to be deficient as a result of the NYS Board of Pharmacy random audit, you will be subject to disciplinary action by the NYS BOP and may have your pharmacy license temporarily suspended for a specific period of time.

A word to the wise hopefully is sufficient. Do your CE requirements within the allotted time-frame and in the unfortunate event that you are unable to do so, upon completing your pharmacist renewal application, please tell the truth. Telling the truth is easier and cheaper in the long run, and the right thing to do, than lying and getting caught and in serious trouble.

For more information about the Board of Pharmacy CE requirements check out the NYS Board of Pharmacy website which is available as a link through the PSSNY website.

Al Mitrione: First Jack V. Nicolais Spirit of Pharmacy Award Recipient

The First Annual Jack V. Nicolais Award was presented at the PSSNY Annual Convention in Lake George, NY on June 23rd. The recipient, Al Mitrione, was unable to attend Convention so he was presented the award by the Westchester/Rockland Pharmacists Society. The recipient of this award must be a member in good standing of PSSNY for at least three years, must present a favorable impression of pharmacy or of a pharmacist to the public, must have performed service to theprofession of pharmacy or to a pharmacy organization, and must have aided in the preservation or advancement of community pharmacy. Congratulations Al!

Jay Rothbaum (l) presenting Al with the Award

Award Recipient Al Mitrione

Submit someone to win an Award at next year's Convention!! See page 18!!

Court Upholds Maine's Right to Protect Its Citizens from PBM Abuse

The U.S. Court of Appeals for the 1st Circuit has rejected a campaign by the Pharmaceutical Care Management Association (PCMA), the trade group representing the nation's largest pharmacy benefit managers (PBMs), to block a Maine law requiring PBMs to disclose information about potential conflicts of interest and price negotiations with drug manufacturers.

PCMA argued in court that federal law preempts efforts by Maine, and a growing number of other states, to regulate the business practices of PBMs, and that the state law is unconstitutional. The federal appeals court rejected PCMA's assertions and upheld Maine's right to protect its citizens—and reduce drug costs—by requiring disclosure of business practices by PBMs that drive up drug costs and reduce consumer choice. The court decided unanimously on all claims in favor of the state of Maine.

The court's decision is a major defeat for PCMA and the large PBMs it represents, and an important victory for states and consumers. The Maine law forces PBMs, which have been charged with pocketing significant rebates from drug manufacturers and not passing along savings to consumers, to disclose more information about their business practices, including payments they receive from drug manufacturers.

"The Court of Appeals decision is an important victory for consumers and states," said NCPA Executive Vice President and CEO Bruce Roberts, R.Ph. "If PBMs want to participate in this nation's drug delivery system, they need to accept their fiduciary duty to patients—not just to corporate and personal profit. The court has made it clear that states can tell PBMs that they have a fiduciary duty to consumers, and states have the right to monitor and regulate the business practices of these drug middlemen."

PBMs ostensibly exist to negotiate drug prices on behalf of consumers and to process drug claims for health insurance plans. But the nation's largest PBMs also own mail order drug operations, creating a conflict of interest when they steer consumers to their own mail order house. State legislators and investigators have examined the operations of the nation's largest PBMs and found that not only do they reduce consumer choice; they increase overall drug program costs.

"The only people who are benefiting from the PBMs are the people who run the PBMs," said Roberts. "It's little wonder that PCMA and the large PBMs it represents don't want to reveal how they are doing business."

The court decision helps pave the way for more states to enact consumer protections against PBM business practices. In addition to Maine, PBM reform measures have been enacted in North Dakota, Georgia, Maryland, South Dakota, and the District of Columbia, and are being considered in a number of other states. The largest PBMs also are facing litigation relating to the federal False Claims Act, antitrust and unfair competition, deceptive practices, and their roles as fiduciaries. Some of those who have sued the PBMs include: the U.S. government, nearly half the states' attorneys general, unions, corporations, consumer groups, and pharmacists.

Surgeon General Urges Americans to Know Their Family Health History

Calling on all Americans to "know their family history," U.S. Surgeon General Richard H. Carmona, M.D., M.P.H., unveiled an updated version of a computerized tool designed to help families gather their health information, and praised Brigham and Women's Hospital in Boston for joining in to expand the Surgeon General's Family Health Initiative. The tool, called *"My Family Health Portrait,"* is available at **www.hhs.gov/familyhistory**. This tool allows you to create a personalized family health history report from any computer with an Internet connection and an up-to-date Web browser. Information you provide creates a drawing of your family tree and a chart of your family health history. Both the chart and the drawing can be printed and shared with your family members or your healthcare professional.

URGENT

Important information for pharmacists treating patients with glaucoma

FDA: Generic Substitution for BT-Rated Meds Carries Risk

The Legal Necessity of Ensuring Bioequivalence

The FDA grants BT ratings only to drugs with no recognized bioequivalent.

Bioequivalent drugs, according to the Orange Book, "can be expected to have the same clinical effect and safety profile when administered to patients under the conditions specified in the labeling." The Orange Book remains the definitive authority on drug bioequivalence.

Pharmacists may be unaware that ophthalmic beta-blocker Istalol® (timolol maleate ophthalmic solution) 0.5% carries a BT rating.* No drug is bioequivalent to Istalol®. *It may be illegal in your state to substitute BT-rated products*. Check pharmacy laws in your state. Such substitutions have the potential to place a pharmacist's professional license and personal assets at risk. Moreover, a pharmacist who substitutes a drug that is not bioequivalent may be negligent and, should that negligence result in injury to a patient, a legal cause of action may be established against that pharmacist.

"Istalol® carries a BT rating. No drug is bioequivalent to Istalol®."

How can pharmacists ensure they are selecting bioequivalent medications, thereby protecting themselves and their patients? *Pharmacists should refer to the FDA authoritative source, the Orange Book.* In many states, the Orange Book is the only official reference for bioequivalence. Caution must be used when employing pharmacy software programs that only list generic equivalents and do not indicate whether a drug has a BT rating.

As clearly indicated by the FDA BT rating, no other product, including generic timolol, is therapeutically equivalent to Istalol®, and therefore cannot be substituted for it. To do so may be a violation in your state.

*FDA Orange Book 2005.
ISTA Pharmaceuticals®, Inc.

ISTA Pharmaceuticals®

www.istavision.com

 ISL241-8/05

Istalol®

(timolol maleate ophthalmic solution) **0.5%**

BT-Rated

Not Substitutable

ISTA Pharmaceuticals®

www.istavision.com

UB Students Win 1st Runner Up at NCPA Competition

by: Professor Karl D. Fiebelkorn M.B.A., R.Ph.

I wish to congratulate the UB SoPPS NCPA team for coming in as 1st Runner Up in the NCPA Pruitt Shutte Business Plan Competition.

Members of the team: Charles Greenberg, Mike Spino, Kevin DiGiacomo, Evan Fleischman

The team created a business plan based on the premise that they would begin a new pharmacy. Their 100+ page plan included, among other things, location analysis, financials, marketing and strategic management. They designed their plan within an existing medical building and included interdisciplinary projects with providers such as medication therapy management, collaborative agreements and immunization. They presented their plan at the NCPA National Convention in Fort Lauderdale, Florida to 6 judges and an audience of over 400 people who comprised of pharmacists, national business leaders and students from around the country. (The judges and audience were both surprised that pharmacists can not immunize and participate in CDTMs in NYS).

Many pharmacists, business leaders and judges came up to me following the competition and stressed that our students were very polished and very professional. The team will receive $2,000 for the NCPA chapter and the School will receive $2,000 to encourage pharmacy entrepreneurship.

This was the first year that UB entered this competition. I am immensely proud of these outstanding individuals.

PSSNY Past President, Joe Bova, Elected Mayor

To my friends and colleagues throughout the state,

As you may have heard by now, I was successful in my bid to become Mayor of the Village of Dobbs Ferry. I have served as a member of the Board of Trustees since 2000. Many people ask the question, " Why do you want to do this?" --and sometimes I ask the same question of myself! The desire to become part of something and the ability to make a difference and at the same time do some good are my motivations. It all started with my involvement in Westchester/Rockland Society of Pharmacists, continued through my time as a PSSNY officer and progressed with my ten year term on the Board of Pharmacy.

As I prepare to assume the office of Mayor, I think back on my years of participation in pharmacy organizations and I thank all the men and women that served with me for the inspiration and leadership they provided. I know what your current leadership is going through and urge you all to step back and see what each of you can do to make our profession better.

Finally, I want to thank each of you that took the time to write a note, send an e-mail or send a contribution to my political campaign. Each of those gestures remains very special to me.

Joe Bova, RPh

Congratulations Joe!! We knew you could do it!!

Better Business Bureau Warns of Medicare Rx Drug Scams

Beginning January 1, 2006, everyone with Medicare, regardless of income or health status, will have access to prescription drug coverage. The enrollment period begins November 15 and private companies that have been approved by Medicare to provide the benefits were permitted to begin marketing their plans October 1. Each company will follow Medicare guidelines, but they will differ in such aspects as the drugs they cover, the costs and where the drugs can be obtained.

This benefit, while exciting for seniors, is also creating an opportunity for scam artists. Better Business Bureaus report that crooks are calling seniors, masquerading as "approved" providers or government officials, and offering to sign them up over the telephone. Their goal is to wrest personal and financial information from seniors that they can use to steal their identities or money.

Seniors and those who care for seniors need to know how to identify the legitimate approved Medicare Prescription Drug providers from the "pretenders." The BBB offers the following tips when evaluating the various plans being marketed:

Carefully review the Medicare & You 2006 handbook that has been provided to every senior citizen. The booklet explains in detail what prescription drug coverage means to you and which plans are available in your area.

Legitimate providers are not allowed to market the drug plans door-to-door or via unsolicited e-mails.

Legitimate providers are permitted to contact consumers, but they must observe federal and state do-not-call laws and registries. Also, they should be willing to send you information about the plan in the mail, and to wait to obtain any necessary personal and financial information until after you decide to enroll.

If someone calls you out of the blue to offer a Medicare prescription drug plan and asks for personal and financial information, obtain their name, the name of their company or agency, and their phone number. Ask them to send you information about their plan in the mail. Do not provide your bank account number, your Social Security number or any other personal information over the telephone.

Verify the legitimacy of any provider that contacts you by calling the Medicare toll-free phone number, 1.800. MEDICARE (633.4227), which is open 24 hours a day.

Additional information about the new Medicare prescription drug coverage; how to assess your needs and review plan options; and, how to choose and enroll in a plan is available at **www.medicare.gov**.

Did You Know?

Based on the total number of retail prescriptions filled in 2003, New York State ranked fourth in a 2004 poll by the Kaiser Foundation & Vector One™.

Top Five:	
1. California	268,114
2. Texas	214,487
3. Florida	194,555
4. New York	192,454
5. Illinois	141,428

(These data describe the number of prescriptions filled by retail pharmacies only and exclude those filled by mail order. Go to **www.kff.org or www.statehealthfacts.org** *for more facts & stats.)*

Also, based on the fiscal year 2004 data, New York State was number one in total Medicaid spending. All spending includes state and federal expenditures. Expenditures include benefit payments and disproportionate share hospital payments; do not include administrative costs, accounting adjustments, or the U.S. Territories.

Top Five:	
1. New York	$41,630,898,274
2. California	$31,014,541,808
3. Texas	$16,296,646,783
4. Pennsylvania	$14,194,226,370
5. Florida	$12,894,861,400

NOMINATIONS

2006 Call for Nominations

Awards to be presented at PSSNY's Annual Convention & Exhibition, June 21-25, 2006 in Lake George, NY.

Any Member can nominate someone! Send the form in today - they'll appreciate it!

☐**Jack V. Nicolais Spirit of Pharmacy Award** - presented annually by PSSNY to a pharmacist who is a member in good standing of PSSNY for at least three consecutive years, must present a favorable impression of pharmacy or of a pharmacist to the public, must have performed service to the profession of pharmacy or to a a pharmacy organization, and must have aided in the preservation or advancement of community pharmacy. 2005's Inaugural recipient of this award was **Al Mitrione** of Irvington, NY, WRPS member. *(see p. 12 of this journal)*

☐**Distinguished Young Pharmacist Award** - Sponsored by Pharmacists Mutual Companies, presented annually to a pharmacist licensed in New York who has practiced 9 years or less, is a member of PSSNY, practicing in community, institutional, or consulting pharmacy and who has actively participated in national pharmacy associations, professional programs, state association activities and/or community service. Won in '05 by **Jean Cottrell** of Albany, NY, CAPS member.

☐**Bowl of Hygeia Award** - Sponsored by Wyeth-Ayerst, presented annually to a pharmacist who has compiled an outstanding record of community service, which, apart from his/her specific identification as a pharmacist, reflects well on the profession. The recipient must be a pharmacist licensed in NYS, must be living, must have not been a previous recipient and is currently not serving, nor has served within the immediate past two years as an officer of PSSNY in other than an ex-officio capacity or its Awards Committee. Won in '05 by **Charles Catalano** of Melville, NY, NYCPS member.

☐**Elan Biopharmaceuticals Innovative Pharmacy Practice Award** - presented annually to a pharmacist practicing in NYS and who has demonstrated innovative pharmacy practice resulting in improved patient care. Won in '05 by **Joseph Navarra** of New York City, NY, NYCPS Member and Italian-American Pharmacists Society President.

Send this completed page along with any attachments to PSSNY, ATTN: Awards Chair
210 Washington Ave. Ext., Albany, NY 12203 or fax: (518) 464-0618
Don't forget to check what award you are submitting for above!!

NOMINEE INFO: (Submit even if you do not have all information requested!)

Name: _____

H. Address: _____

W. Address: _____

H. Ph.: (_____) _____ W. Ph.: (_____) _____

Supporting Information: (Other info may be included by attachments) _____

_____

_____

_____

_____

NOMINATION SUBMITTED BY: _____

Name: _____

Address: _____

H. Ph.: (_____) _____ W. Ph.: (_____) _____

Overcoming the Second Barrier to Success

Lester Nathan & Carolyne Salt

Part 2 of an article previously published in the September/October 2005 NYS Pharmacist

Last month, we discussed the four barriers to success, focusing on the first: ***Barrier #1: The inability to prioritize that which is most important to the business at any one moment in time.***

The second barrier is far more complicated than the first. The solutions to it can be, as well. However, if it is not overcome, the independent pharmacy owner will be in serious trouble when trying to achieve goals and find progress in wealth-building significantly impeded.

Barrier #2: Failure of the executive team to grow as leaders in their abilities to delegate and predict.

The first element of this barrier is the *"executive team."* The executive team starts with a strong second-in-command. That's the beginning of developing a team of leaders; the leader of the business develops an assistant. That person can hold one of many different titles:

- General Manager
- Store Manager
- Pharmacy Manager
- Front end Manager

The difference in title will be based on the difference in responsibilities.

Somebody with the title of General Manager or Store Manager needs to be capable of managing both the prescription department and the front end. In essence, that person should have entrepreneurial skills together with the ability to oversee both areas of the business. Otherwise, let the person have a title in one area or the other.

The second element of this barrier is *"grow as leaders."*

Leadership means *"rendering uncommonly good performance and then getting it from others."* It is not the same thing as management, which is *"the flow of decisions that affect the conduct of your business."*

Yes, there is overlap, but great leaders are those whom others will "follow to the ends of the earth." They are dedicated to doing, at the very least, the following:

- Training
- Supervising
- Motivating
- Providing feed-back
- Coaching

They take a deep interest in each and every person on staff. And furthermore, they foster teamwork, making certain the contribution of the team exceeds the sum of individual contributions.

The importance of delegation

The third element is *"the ability to delegate."*

Delegating is a big part of what will help the reader achieve Total Financial Freedom, *"the ability to come and go from your pharmacy as you wish— and your pharmacy runs like a well oiled machine whether you're there or you're not."*

Likewise, the *lack* of delegation will prevent the achievement of that goal.

Delegating is an art— the art of a leader. In order to make the most of this art, the following four things must be true:

- Each employee, every member of the team, is a superstar.
- Each one has received all the necessary training she needs and requires minimal supervision.
- The various talents and abilities of each have been developed to the highest level possible.
- Accountability management has been installed and is truly working well.

When all of the above are in place, delegation becomes a rather simple matter. To make it work best, however, one must have the fullest cooperation from one's second-in-command (or from the prescription and front-end managers, if your chain of command is split in that manner). The delegating process is done principally through the lead manager(s).

The bookkeeper, or Office Manager, is another person who will make sure that information flows properly, and in the proper format to comply with the owner's wishes as well as the demands of government and outside agencies.

Cont'd on p. 26

Pharmacy Professional Malpractice Insurance Issues Part 2

A Discussion of Issues that are changing the pharmacy malpractice liability landscape.

James R. Schiffer, RPh, Esq.

• *Owner, Jim & Phil's Family Pharmacy, Brooklyn, NY*
• *Associate, Allegaert Berger & Vogel, LLP New York City*

Does your pharmacy have malpractice insurance? How do you obtain pharmacy malpractice insurance? Do you know important issues relating to brokers and malpractice insurance policies, and do you know what type of malpractice insurance your pharmacy has? Do you know the obstacles to obtaining malpractice insurance? How does your pharmacy continue or maintain malpractice insurance with the same insurance carrier from year to year?

Keeping your policy with the same insurance company from year to year may be out of your hands, depending upon what your insurance company may decide to do across the board based on industry trends. While some insurers may leave the pharmacy industry, other insurance companies may replace them in the market, as is the way the free market place works. However, a few tips for you may be helpful in keeping your existing policy in place. First you should request a review of your "loss runs" by your current insurance broker. That is a fancy way of reviewing your claims history which may show some good information with no claims, or some bad information of losses due to claims that were paid against your pharmacy. Each insurance company is required to give you, or anybody else you so authorize, a history of your claims paid out by the insurance carrier. Then you should create a process of requesting faxed or hard copies back up for telephoned prescriptions. (I realize this is a pain, but it helps in more than one way, helps for insurance, and helps in the potential third party prescription audit world.) Additionally, pharmacists that have put together a medication error prevention program benefit from that extra level of safety. These tips are no guarantee, but they do not hurt your chances of continuing your policy with the same insurer year after year. The most important thing an insurer will look at is your claims record. Just like GEICO looks at your driving record, the insurers look at your dispensing record and associated litigation

For my own pharmacy, I recently had to shop around for my pharmacy insurance package as my previous coverage was with One Beacon, and as they exited the pharmacy market early this year. I filled out three detailed questionnaires for three different potential insurance carriers for my pharmacy PMI. There was one issue that stood out in my mind. As I mentioned above, each of the various carriers wanted me to explain in detail the type of compounding done at my pharmacy, and also how I handle telephone prescriptions. Some applications also asked about my pharmacy protocol and policy on Medication Error Prevention. Some pharmacy PBM contracts also now call for similar information. These issues point to the concerns of the insurance companies with regard to the insurance policies that are written in the pharmacy arena.

As I also mentioned above, another item of concern of the insurance industry is how telephone prescriptions are handled at your pharmacy. This concern also follows up litigation in the pharmacy arena that focused on particular dispensings that were "telephoned into the pharmacy". As the policy in my own pharmacy, I have always requested faxed or hard copies back up of prescriptions from my prescribers. Not all prescribers cooperate, but I estimate that about 70% of the prescribers do cooperate. Of course some doctors resent my request for fax follow up, but wouldn't you want a paper trail to back up your telephoned RX if two years down the road, a patient claims that we incorrectly dispensed lisinopril 40mg when they claim that the prescriber was supposed to have ordered lovastatin 40mg? What would be your legal defense? Wouldn't you rather have a faxed file copy instead of a telephone handwritten transcribed prescription on file?

Another safety tool now exists to prevent telephone errors which is electronic prescribing, which creates a permanent record of the prescriber's intent, with no room for error, this technology is rolling out and will become more common in the future. However, remember that for controlled drugs in New York State, both faxed and electronic prescriptions are not accepted. Electronic prescribing is here to stay, but it is just beginning to take off.

The next and last but very important question you need to ask of your broker or insurance agent, after you learn that your pharmacy is covered by PMI, is to find out what type of PMI your pharmacy has in place and has had in place. There are two types of PMI that can be purchased, the preferred type is **"Occurrence"** based

The most important thing an insurer will look at is your claims record. Just like GEICO looks at your driving record, the insurers look at your dispensing record and associated litigation

policy, and the less desirable type (as relating to the pharmacy profession) is **"Claims Made"**. These two types of policies are very different in the scope of coverage. The insurance industry has these two products for health care professionals and other professional occupations, such as professional engineers, architects, and attorneys. Simply put, a **"claims made"** policy covers you only for the life of the policy for claims made against you for professional activity undertaken during that policy's life, while an **occurrence** policy protects you anytime litigation may arise based on the coverage for the date on the "occurrence of dispensing" concept.. A dispensing made on June 1, 2004 could result in litigation two to three years later depending upon the jurisdictional rules of the courts of your state, but it may take place even longer if the dispensing involved a child.

If the dispensing is made to a child, the statute of limitation is extended until after that child becomes an adult (which could be after the age of 18 or 21, again depending upon the rules of the court in your state). Therefore a dispensing of a drug for a child that has caused harm to that child could conceivably be brought 20 or more years later and the pharmacy owner would still have to defend that suit. Therefore, under a **"claims made"** insurance policy, when you fail to renew or if your policy is terminated, you need to purchase supplementary coverage called "tail insurance" from the broker that sold you the **claims made** policy, in a similar fashion that you buy an extended warranty on an automobile from the auto dealer or manufacturer directly. If you fail to purchase such tail insurance from your broker or insurance agent, you are then exposed with no protection for future risk of claims during the past life of the **claims made** policy. If you do not purchase tail insurance coverage from the old or exiting broker, you still have the opportunity to obtain such protection from your new agent selling you the replacement PMI policy. Your new agent /broker should be diligent and ask you to show him/her the policy from your previous insurance carrier and thus would learn about the existence of your **claims made** policy. The new insurance broker or agent then should offer you up front "nose" insurance which would protect you on all prior dispensings during the span of your previous claims made insurance policy.

Therefore brokers, the old broker and the new broker should offer you tail or nose coverage to protect you for potential **"claims made"** gap issues. Overall, "Occurrence" policies seem to be the safer route for pharmacies, as they are easier to handle, but there are times you will not be given the opportunity for an occurrence policy and you may be forced to take what you can get to protect your interests. Bottom line find out what kind of coverage you have, and keep the policy handy, you may need the information years from now in a lawsuit.

You may be surprised to learn that sometimes your broker or insurance agent is unable to obtain coverage for you directly, and the broker goes to the wholesale insurance market to purchase coverage through another broker. For example, you may not be told that your State Farm agent was unable to insure your pharmacy for malpractice through State Farm and instead your broker went out and contacted an insurance wholesaler for coverage for you, thus you have two brokers working on your behalf, your original broker and the secondary market wholesaler broker, and yes they both owe a duty of care to you in the handling of insurance policy issues. There have been times that a **claims made** policy was obtained on the wholesale market and the pharmacy owner was never informed that a second broker entered the scene to write the policy and the pharmacy owner also was not informed that the type of policy issued was a **"claims made"** policy. This can cause problems down the road if litigation arises and you notify your broker or insurance carrier seeking coverage from the insurance company and then you may learn you have none as a result of the termination of the **"claims made"** insurance policy.

In summation, I have touched on several important issues relating to malpractice concerns in the community pharmacy. As society becomes more aware of the healthcare tools of the pharmacy profession, I suspect that litigation against the neighborhood pharmacy may become more commonplace. In the past year as Vioxx and Bextra have been removed from the market, I have seen three separate lawsuits against pharmacies for their dispensing of these drugs pursuant to a valid prescription. Additionally as time passes, OBRA 90's impact may grow that pharmacist's responsibility and corresponding risks. Pharmacists must be aware of issues in the malpractice arena and must take the proper steps with regard to PMI. National pharmacy organizations offer their membership group rates on individual malpractice polices. Those policies are helpful, but only serve to supplement the actual pharmacy based PMI.

I strongly urge all pharmacy owners to check the status of their pharmacy PMI and review the key issues I have raised in this article. An ounce of prevention is worth your pharmacy's value in case of litigation or a claim against your pharmacy, regardless of the merit behind such litigation or allegations brought against your pharmacy.

Insurance Issues Part 1 *ran in the Sept/Oct Issue of the NYS Pharmacist*

RxPAC of New York

210 Washington Avenue Extension • Suite 101 • Albany, NY 12203

Restoring Co-pays that Are Paid in FHP Expanding Scope of Practice – Is This the Year?

Dear Pharmacist:

Through ***RxPAC*** of New York, pharmacy has clearly defined the needs and concerns of our profession. Our past experience has demonstrated the invaluable positive impact that the RxPAC has provided in our efforts to move the practice and business of pharmacy forward here in New York. It has been a year since RxPAC has made a direct appeal to pharmacists across New York State. Special circumstances warrant this appeal.

Far too often, our energies and money have been used to fend off legislation and regulatory proposals that would have had a negative impact on our profession. Legislation was once again introduced that would allow physicians to once again dispense for profit via medication vending machines. Legislation was also introduced to authorize RNs to dispense drugs. ***RxPAC*** allows us to press for an expanded scope of practice for pharmacists and our progress here has leaped forward with support from other public health groups. We must not forget that our profession is regulated by the State and it is up to ***RxPAC*** to inform the state's leaders of our profession's positions on important matters.

Pharmacy's voice MUST be heard! **Medicaid & EPIC** reimbursements are always at risk! Our efforts last year reimbursement cuts out of the Governor's Budget and this year we will fight any and all cuts vigorously. As we write this letter, we are calling for meetings over the Family Health Plus co-pay issue. We will move to pass legislation that would halt the business-killing mandatory mail order contracts proliferating throughout New York State. Last session, we were able to move such legislation to the floor of the Senate and plan to double or efforts again. ***RxPAC*** allows the voice of pharmacy to compete (successfully) against those who are out to destroy pharmacy whether by indifference or by design. ***RxPAC*** educates our legislators about the issues that are important to pharmacy. ***RxPAC*** gives pharmacy critical access to the most important leaders in this state. ***RxPAC*** is <u>YOUR</u> voice in Albany!

Pharmacy must, and will, continue to fight back and expand the pharmacist's role as a valued member of the health care team in the current managed care environment. We must not let other health care professionals continue to expand their scopes of practice to the detriment of pharmacy. We are asking for a contribution of $1,000.00 or more if you can afford it. But, any financial support you contribute will be greatly appreciated and used to protect your business.

Sincerely,

Nasir Mahmood, R.Ph., Chairman,
Craig M. Burridge, Secretary

Ron DelGaudio, R.Ph., Vice-Chairman
Selig Corman, Treasurer

P.S. We're Counting On You! Together We Can Achieve the Extraordinary!

☑ **Yes!** I would like to contribute to the RxPAC! Please find enclosed:

☐ Personal Check made out to RxPAC *or* ☐ Business Check made out to RxPAC

Signature: _____ Amount: $_____

Please mail check with this coupon to:

RxPAC, 210 Washington Avenue Extension, Suite 101, Albany, NY 12203
Questions? Call (800) 632-8822

PSSNY

2006 PSSNY Membership Application

Pharmacists Society of the State of New York • 210 Washington Avenue Extension, Albany, NY 12203
p 800.632.8822 • p 518.869.6595 • f 518.464.0618 • www.pssny.org • staff@pssny.org

DUES YEAR JANUARY 1-DECEMBER 31, 2006

Section 1 - Practice Information

Circle appropriate answers

A. CURRENT POSITION:
Staff • Owner • Manager • Other _____

B. CURRENT PRACTICE SETTING:
Independent • Chain • Hospital • LTC • Other_____

C. SEND MY CORRESPONDENCE TO MY Home • Business

D. NAME OF SPONSOR *(if applicable)*

_____

Section 2 - Membership Type - *See Reverse for Amounts*

I am applying for:

☐Active Membership (Degree in Pharmacy) $_____

☐Active Retired (65 or older w/5 years prior membership) $_____

☐Associate Member *(Pharmacy Technicians, Manufacturers, etc.)* $_____

New Practitioners (Graduated within the last five years)
☐2006 Grad - FREE ☐2005 Grad - $40.00 ☐2004 Grad - $70.00
☐2003 Grad - $100.00 ☐2002 Grad - $130.00

☐Student PSSNY (Still in Pharmacy College) - $10.00
☐Student PSSNY & Journal Subscription - $40.00

Section 2 Total: $_____

Section 3 - Academies

First Academy membership is FREE, each additional membership is $30.00

☐ Academy of Independent Owner Pharmacists (AIOP)
☐ Academy of Home Health Care Providers (AHHCP)
☐ Academy of Clinical Pharmacists (ACLP)
☐ Academy of Pharmacy Students (APS)
☐ Academy of Pharmacy College Academicians (APCA)
☐ Academy of IV, Nuclear & Compounding Pharmacists (AIVCP)
☐ Academy of Consultant Pharmacists (ACP)
☐ Academy of Employee Pharmacists (AEP)
☐ Academy of Retired Persons (ARP)
☐ Academy of Manufacturer Representatives (AMP)
☐ Academy of Pharmacy Management (APM)

Section 3 Total: $_____

Section 4 - County & School

Select the county you work or reside in:

County: _____ **School (if applicable):**_____ **Grad Year:**_____

Section 5 - Personal Information

Name: _____

Company: _____

Business Address: _____

Business City/State/Zip: _____

Home Address: _____

Home City/State/Zip: _____

Business P: (_____) _____ **Home P:** (_____) _____

Fax: (_____) _____ **E-Mail:** _____

SSN#: _____ **License #:** _____

Section 6 - Payment Information

Section 2 Total: _____

Section 3 Total: _____

Voluntary PAC Contribution: _____

Voluntary Legal Defense Fund Contribution: _____

Section 6 Total: $_____

Payment:

☐Visa ☐MasterCard ☐Discover
☐Check made payable to PSSNY

Card Number: _____

Expiration Date: _____

Signature: _____

MAKE YOUR CHECK PAYABLE TO PSSNY AND MAIL OR FAX TODAY!!

Dues paid to the Pharmacists Society of the State of New York or any affiliated professional organization are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense or as a miscellaneous deduction on form 1040. Due to the Revenue Reconciliation Act of 1993, membership dues attributed to lobbying expenses are no longer tax deductible. Therefore, the Board of PSSNY has determined that 15% of your dues payment is not deductible.

SECTION 2 - Membership Types

PSSNY Membership is based on what Affiliate county you work or reside in. Please find and check your county to determine what Affiliate dues to pay.

At Large (Not Working or Residing in any of the below counties in NYS)
☐*DUES:* Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Capital Area Pharmacists Society
Counties Represented: ☐Albany ☐Clinton ☐Essex ☐Franklin ☐Fulton ☐Green ☐Hamilton ☐Montgomery ☐Rensselaer ☐Saratoga ☐Schenectady ☐Schoharie ☐Warren ☐Washington
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Hudson Valley Pharmaceutical Society
Counties Represented: ☐Columbia ☐Dutchess ☐Putnam ☐Ulster
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Long Island Pharmacists Society
Counties Represented: ☐Nassau ☐Suffolk
DUES: Active Membership-$250, Retired Membership-$100, Associate Membership-$125

Mohawk Valley Pharmacists Society
Counties Represented: ☐Herkimer ☐Oneida
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$95

New York City Pharmacists Society
Counties Represented: ☐Bronx ☐Kings ☐Manhattan ☐Queens ☐Richmond
DUES: Active Owner Membership-$350, Active Non-Owner Membership-$275, Retired & Associate Memberships-$225

Northern New York Pharmaceutical Society
Counties Represented: ☐Jefferson ☐Lewis ☐Oswego ☐St. Lawrence
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Onondaga County Pharmaceutical Society
Counties Represented: ☐Onondaga
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Orange County Society of Pharmacists
Counties Represented: ☐Orange
DUES: Active Membership-$250, Retired Membership-$100, Associate Membership-$75

Pharmacists Association of Western New York
Counties Represented: ☐Allegany ☐Cattaraugus ☐Chautauqua ☐Erie ☐Genesee ☐Niagara ☐Orleans ☐Steuben ☐Wyoming
DUES: Active Membership-$275, Retired Membership-$125, Associate Membership-$175

Pharmaceutical Association of the Southern Tier
Counties Represented: ☐Broome ☐Chemung ☐Chenango ☐Cortland ☐Delaware ☐Madison ☐Otsego ☐Schuyler ☐Sullivan ☐Tioga ☐Tompkins
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Pharmacy Society of Rochester
Counties Represented: ☐Cayuga ☐Livingston ☐Monroe ☐Ontario ☐Seneca ☐Wayne ☐Yates
DUES: Active Membership-$200, Retired Membership-$100, Associate Membership-$75

Westchester/Rockland Society of Pharmacists
Counties Represented: ☐Rockland ☐Westchester
DUES: Active Membership-$395, Retired Membership-$175, Associate Membership-$125

2006 Member-Get-A-Member Contest

Open to all current members!! **Bring a New Member into PSSNY and be entered into the drawing for $1,000!** It's true - just ask **Peter Shakarjian of the Pharmacy Society of Rochester** - PSSNY's 2005 Winner!!

Have your New Member put your name in the "Sponsor" section of the PSSNY Application (Section 1, Line D) - it's that easy! Your name will be entered into the contest for every new member PSSNY receives for the 2006 dues year with your name listed in the "Sponsor" section of the PSSNY Application. Applications are located on the PSSNY website www.pssny.org under Membership Info or call the PSSNY Office at 800.632.8822 to have a packet mailed out.

The winner will be announced at PSSNY's Annual Convention & Exhibition at the Fort William Henry from June 21-25, 2006. Winners need not be present.

The Fine Print: No paid employees of PSSNY or its Affiliates are eligible • Only one sponsor per new member • Contest deadline is June 1, 2006 • Renewal Memberships are not eligible • A "New" member is a person having not been a member since 2003 • New members cannot sponsor themselves, however after joining, can enter into the contest by sponsoring new members themselves.

Current Entrants:

Dennis Galluzzo - Pharmacists Association of Western NY (One Entry)
Marty Irons - Pharmacists Society of Orange County (One Entry)
Sean McCarthy - Hudson Valley Pharmacists Society (One Entry)
Joseph Navarra - Italian-American Pharmacists Society, NYC Pharmacists Society (Two Entries)
Peter Shakarjian - Pharmacy Society of Rochester (One Entry)
Eric Teng - NYC Pharmacists Society (Six Entries!)
James Walsh - Pharmacists Association of Western NY (One Entry)

Use the '06 Member Application on the previous page!

From the Extern cont'd from p. 10

ing CE presented by Craig Burridge on the topic of PBM's, focusing on their detrimental effects on pharmacies. The next week I went to the Capital with Craig and Elizabeth and sat down with Mark Kissinger, Executive Counsel to the Governor. They discussed the upcoming legislation they would be working on, including scope of practice, Medicaid co-pays, and of course, Medicare Part D. The need for pharmacists to be immunizers was discussed, and the facts and figures were hard to ignore. "Why do they have a pharmacists society?" The practice of pharmacy is always evolving and in order to maintain our standard of professional practice and elevate the practice of pharmacy we need a united voice. Imagine an organization representing over 3,000 of your colleagues all working together towards a common goal, with your best interests in mind. It's a voice that can make legislators listen.

That same week I attended a meeting of many outside agencies and local senior centers discussing different outreach strategies for educating seniors about Medicare Part D. The utilization of interns for the purpose of educating seniors was brought up. Individuals outside of pharmacy practice look to PSSNY for information and help with a multitude of pharmacy related topics. I spent a couple of days putting together new membership packets for 2006, I entered CE credits into the database, and I broke the mailing machine. I gained an appreciation for the amazing amount of work this staff does that you can only get from putting packets together for seven hours straight. I was given an opportunity that few people get. I saw the legislative frontlines, I saw where our practice was heading and who was going to steer it there. I am going to join PSSNY and I am going to tell every pharmacist I know that they should too. As pharmacists we have a responsibility to our profession.

My friend, a future pharmacist, asked me, "Why should you join the Pharmacists Society of the State of New York?" I could have sent him to the website. I could have told him about CE tracking, the Enterprise Rent-a-car discount, and the insurance discounts available to members. But over the last five weeks I have gained an understanding of what this Society does and why these alone are not the reasons why you should join PSSNY. The reason was stated much more cogently than I could come up with a long time ago:

"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has the moral right to withhold his support from an organization that is striving to improve conditions within his sphere."

Theodore Roosevelt
President, United States of America ❧

Calendar of Events

January 26-29, 2006

PSSNY's Mid Winter Convention, Crowne Plaza Albany, NY. Watch your mail for more details! **Friday January 27** - Continuing Education Day, Affiliate President's Meeting & PSSNY Board Meeting; **Saturday, January 28** - Morning Committee & Academy Meetings, Afternoon General Membership Meeting followed by the House of Delegates.

March 28, 2006

PSSNY's Annual Pharmacy Day. Lewis Swyer Theater, Albany Capitol.

June 21-25, 2006

PSSNY's Annual Convention & Exhibition, Fort William Henry, Lake George, NY. Details to follow.

Tentative NYS Board of Pharmacy Meeting Dates for 2006:
February 21, May 23, August 15, October 17, December 12

Overcoming the Second Barrier to Success cont'd from p. 19

In essence, only two or three people should be reporting to the Independent Pharmacy owner (I say "two or three," because a General Manager or Store Manager could take the place of the first two):

- Prescription Manager
- Front End Manager
- Bookkeeper

All others in the organization should be reporting to one of those three people.

"Predicting" really means "planning"

The fourth and final element is *"the ability to predict."*

Predicting really means planning. Such planning is more science than art. It is based first and foremost on having a Management Information System.

Many people automatically think of computers when the term MIS is mentioned. However, this Management Information System is more than just computer-generated numbers. It consists of a series or reports that contain the most meaningful information possible in order to plan the future. A truly meaningful Management Information System consists of at least the following.

- A weekly report summarizing sales by departments together with the results of marketing.
- A profit and loss statement organized so that major elements of the pharmacy can be completely analyzed on a cost/results basis (this is a managerial format and not that of a CPA).
- An historical record of sales of the most meaningful departments of the total pharmacy business.

From the above reports sound analyses can be made and plans for creating a better future can be prepared. These plans should include both goals and action plans detailing what changes are going to be made in order to create the desired future.

Conclusion and recommendation

Those pharmacy owners who are not capable of readily delegating and predicting the future (and teaching their executive team to do the same) may very well find themselves tripping over this major barrier to success. The solution? Get knowledgeable help from someone who has done it over and over again.

When managers are truly conditioned and trained to be leaders, and work is delegated along simple lines, work flows smoothly and your pharmacy business will run like a well-oiled machine.

Lester Nathan and Carolyne Salt are CEO and Vice President, respectively, of RESULTS Management & Marketing, Inc., (www.rxRESULTSnow.com), a coaching and marketing firm that specializes in building the wealth-gathering capabilities of Independent Pharmacies. Lester Nathan is also the author of "Cash-Flow Right Now!" "How to Recruit & Hire Superstars For Your A-Team" and the upcoming book "The Truth About the Future of Independent Pharmacy." They can be contacted at: Profits@rxRESULTSnow.com or 1 (888) 737-6400

Readers of New York State Pharmacist Century II publications can get a **FREE** copy of RESULTS Management & Marketing's latest report: "SOLUTIONS to the 7 Most Troublesome Problems Plaguing Independent Pharmacy Owners Today" by contacting RESULTS directly at 1 (888) 737- 6400 by December 31, 2005.

CLASSIFIEDS

Independent Bronx pharmacy seeks full-time NYS licensed pharmacist for manager of long term care. LTC experience not necessary. Career opportunity for the right entrepreneurial-minded person, offering a great salary, plus benefits and bonus/profit-sharing potential. Growing business in operation 90+ years under same ownership. Call Bob at (917)291-0345 or fax resume at (718)665-1044.

Pharmacist: Fabulous Opportunity: Interested in owning a local, progressive pharmacy with a solid reputation in the market and community? A pharmacy affiliated with one of the most successful pharmacy professionals in the world - with an extensive network of pharmacist and marketing support...then contact us. We're The Medicine Shoppe® Pharmacy. Here's a great chance to earn attractive income, enjoy regular business hours, and practice pharmacy to the highest professional standards. Financing is available for qualified candidates. For more information, write or call toll-free: Franchise Development Department, Medicine Shoppe International, Inc., 1100 N. Lindbergh Blvd., St. Louis, Missouri 63132, 1-800-325-1397, www.medicineshoppe.com

For Sale: Hi-Volume Pharmacy and separate Surgical Supply/DME business (located next door to pharmacy) FOR SALE. Located in central WESTCHESTER COUNTY. Due to extraordinary circumstances, these businesses are offered at well below their market value. If interested call 914 582 9469 or email **RusLawr1@aol.com**.

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