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Chairman's Message

This will be my last chairman's newsletter article as I will officially be named the immediate past-chairman, and Kevin Florence will step up as chairman. I know all of you will give Kevin the same love and respect that all of you have shown me. The past few years has been a real rollercoaster. Covid hit, and many of us saw an immediate loss of revenue as many of our patients chose to stay home. On the other hand, WE, THE INDEPENDENT PHARMACIES, stepped up to deliver the covid vaccines. This posed many challenges for most of us, however, we managed to administer thousands of vaccines for our patients and continue administering boosters to many.

I have had the honor to serve on the AIP BOD for over 25 years under the tutelage of AIP directors, Joe Mengoni, Jeff Lurey and current GPhA VP of AIP Jonathan Marquess. Their dedication and love of independent pharmacy was incredible. Both Joe & Jeff built this organization from the ground up making AIP the envy of every other state pharmacy organization. We have been blessed to have many of our independent pharmacy owners serve as AIP directors of the years. I want to personally single out Laird Miller who remained as AIP chairman for over 15 years. It was Jeff and Laird who went door to door of every independent pharmacy across the state to recruit them to join. It was their hard work and determination that at one time had over 500 independents as members. Thank you Jeff and Laird for everything you have done to make AIP what it is today.

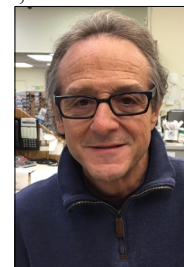
Taking about Jeff Lurey, what more needs to be said about the job Jeff has done in shaping AIP to the greatest state run independent organization in the country. At convention we honored Jeff by initiating a Jeff Lurey Independent Community Student Pharmacist award. This award, will provide a \$5000.00 scholarship which will be presented annually at our GPhA convention to a student from one of Georgia's 4 pharmacy schools who shows a preponderance of interest in independent pharmacy. Applications will be sent out to all the schools in early fall. Your BOD voted unanimously to honor Jeff as he has always said, "the future of independent community pharmacy lies with the students of today".

A few weeks ago I had the honor of hosting Atlanta's Mayor Andre Dickens and State Sen Nan Orrock at my pharmacy. I was impressed that the Mayor wanted to get out into several different communities in Atlanta to discuss issues facing small independent businesses. For me and many of my small business owners in the Little 5 Points communities, crime, homelessness, mental health problems as well as the ever-growing problem of drug overdoses. In particular, the spiraling number of ODs (overdoses) associated with the drugs laced with Fentanyl.

I was aware that Fentanyl Test strips were available but NOT legal in Georgia. This really puzzled me. I spoke with Dean Stone, the current president of the Georgia BOP and mentioned the problem. Dean was very interested in why they were not legal here in our state. Within 2 weeks, Gov. Kemp signed a bill making it LEGAL for us to now purchase these strips. Thank you Gov. Kemp for as most of us know, the availability of offering these strips can and will save lives.

As many physicians have begun writing for less opioids, the pain patients who are used to taking high doses of the drugs, have sought out other means to acquire these medications. These so-called pain meds that people are purchasing on the streets or over the internet, can and in many cases are adulterated with Fentanyl. Fentanyl can be as high as 80-100% more lethal than morphine.

Let me be clear, I am not advocating or trying to promote the use of these drugs. But rather wanting to make sure that those who are using to either ingest or inject, be aware of the possibility that there may be fentanyl present. IT CAN AND WILL SAVE LIVES.



Ira

Healthcare at Home Isn't Accessible for All — Many don't have the basic resources needed for home care

by Meghan FitzGerald, DrPH, MPH, RN March 27, 2022 – MEDPAGETODAY

Care in the home has been touted as a panacea in healthcare as it's [been shown](#) to reduce costs, improve outcomes, and enhance the patient experience. From telehealth to virtual care and same-day delivery, the pandemic teleported our ability to deliver care in the home. What has been lost in this evolution is a serious discussion about the basic services required to effectively deliver this type of care at an individual level.

Like many of my peers, I volunteered at the hospital across the street from my home during the pandemic. During the first week, I was assigned a "resident" to care for -- not a clinical healthcare worker, but a patient. It turned out this patient was homeless with no formal home for discharge, so [policy](#) dictated she remain in the hospital. She had previously been able to find a temporary home but found herself back in the ED weeks later.

For many, the hospital serves as a default home and begs an important question about how we define "the home." One's home might be a crowded apartment, rural location, mobile home, long-term care facility, shelter, or worse, the street.

There are [half million Americans](#) who are chronically homeless, but equally concerning are the millions who are under-homed.

What does it mean to be under-homed? Internet access, electricity, caregiving support, transportation, digital literacy, and security (food and physical) are just a few of the assets enabling care in the home. But too many people live without these resources. Before the pandemic, [57% of Medicaid enrollees](#) lived in poor or inadequate housing situations. Among the U.S. population, [6% of people](#) currently do not have broadband Internet. For those ages 60 and older, [27% live alone](#) and many may have [difficulty navigating](#) medication regimens.

There is a spectrum of housing, meaning we have an opportunity to redefine and reimburse a new era of nonclinical services that impact health and access to care. Many healthcare assets in the home could be categorized as hardware or software technology -- we have physical human assets (home, caregivers, transportation) and the "operating system" or software services (Internet, electricity, water, remote monitoring). But these nontraditional medical assets are generally not covered by insurance the same way as medical products like diabetic pumps and oxygen.

Earlier this month, North Carolina Medicaid launched [an effort](#) to fund non-medical interventions like food and transportation. It's time for other states and insurance companies to take a similar approach.

To be fair, this movement requires a debate on integrating upstream policies and resources (housing, labor) while building a [body of evidence](#) for measuring the return on these investments. It also requires a reality check: this won't fix our broader healthcare challenges. Heading into the pandemic, [28 million Americans](#) did not have health insurance; legacy systemic failures (uninsured, inequity, mental illness) impede the success of care in any setting; and to an extent, a combination of homecare and facility-based care will always be necessary. But increasing access to care in the home has the potential to help fill healthcare gaps -- and it's critical we don't leave people who are under-resourced behind.

When innovation in healthcare dismisses socioeconomic factors, it often depletes and defangs its success. For many patients, the new online world is foreign or unattainable; by contrast, there are those fluently [traversing the metaverse](#). Bluntly stated, those who are senior, underserved, or have multiple chronic conditions still need human support in the home at some level.

The good news is the private and public sector is working to keep pace. The White House has put forward an [extensive response](#) to address mental health access and funding, and just this week, [Congress passed](#) telehealth continuation provisions. Many states have initiated [value-based care schemes](#) that include the social determinants of health (SDOH). On the labor side there is [a resolution](#) in New York to pay a [minimum wage](#) to home care workers, which can help address the [20% in this labor pool](#) who live at the federal poverty level. Several [foundations and companies](#) are allocating free cell phones or tablets to those who need them. Many technology companies have now taken a vertical in healthcare with a focus on making home care more efficient.

All homes are not equally equipped -- and it's essential to make sure assets in every home go beyond clinical care. Our \$4 trillion dollar system, fraught with massive constraints and challenges, is ready for new models and locations. Ultimately, the right patient receiving the right ratio of clinical and non-clinical care will allow care in the home reach its full and necessary potential.

**Members
Please Be
Aware**

**When emailing
AIP regarding
pharmacy
issues please
include your
name,
pharmacy
name, address,
phone number
and NPI#.**

I did a story on WSB-TV Atlanta last Friday on this very subject. You can google WSB-TV story of Fentanyl Test Strips by reporter Tom Regan. Please look at this story. As I mentioned in the report, this can be a real game changer. Not just for the hard-core drug addicts, or the pain patients looking to get more of their pain meds, but also those who might use drugs for recreational use.

The distributor of these strips is DANCESAFE.COM and the manufacturer of these strips is a Canadian company, BTNX.org. You can contact BTNX directly at 888-339-9964 Ext. 808 and talk with John. Mention that you are an independent pharmacy owner in Georgia and work with your local harm reduction non-profit. He will give you a great price for the strips so that you can either give them away or sell them for \$1.49-\$1.99.

We had one of our own pharmacist who stepped up to run for a seat in Georgia's House of Representatives, Tim Short. I was hoping to let all of you know that Tim would be in a runoff for the republican representative, however Tim fell just a few hundred votes short, finishing third. Let me thank all of you who contributed to Tim's campaign. I hope Tim sees this as a learning experience and may one day try again to run for state office. All of AIP and GPhA thanks you for your love, dedication and leadership to promote our great profession.

I want to thank all of those who have served as AIP directors currently, and over the years for your support. As well as ALL of you who work every day as independent pharmacy owners. We welcome Amy Miller as our newest member of the BOD. Amy will serve as Secretary for AIP.

While I'm on the subject of our BOD, I would like to reach out to any of our you who would like to join and serve as a member of the board. There are a few slots open to serve on the board. If you are interested in joining the board, please contact Jonathan and let him know. You must have been an owner for at least 2 years in order to serve on the board.

Let's keep independents independent. There are plenty of young energetic pharmacists out there who would love the opportunity to be an owner of an independent pharmacy.

It was recently announced that independent pharmacies who utilize a Pharmacy Services Administrative Organization, that participates in the Peach State Health Plan, will now be reimbursed a \$3.00 dispensing fee per paid claim or another amount as defined by the plan. Thanks go out to our AIP Director, Jonathan and his contacts at Georgia Medicaid. What was a measly \$0.18-\$0.50 dispensing fee will now be \$3.00. Another benefit of belonging to AIP.

We had a great convention a few weeks ago at the Omni Amelia Island resort. The number of attendees was up as well as a great turnout of vendors who exhibited at our Expo. We continue to work hard at bringing many of you additional partners to help with increasing front-end revenue. Stay tuned.

To V, thank you for your 20+ years working for AIP and your love and support of our membership. You have served both Jeff and now Jonathan with incredible passion and devotion to AIP.

I also want to give a shout out to our three MSR's, Rhonda, Ashley & Catherine, who are working diligently to meet with all of our current members as well as possible new AIP members.

To my good friend Jonathan, you have been a great leader of our profession as a professor of Pharmacy at Mercer College of Pharmacy; independent pharmacy owner of multiple locations with your incredible wife Pam; board member of several national pharmacy organizations, and now our AIP director. I know you will work both day and night as have your previous mentors, Joe & Jeff. I'm glad that you have been visiting many of our members these past several months and asking them, "what can AIP do to help your businesses". You will always have my support.

AIP and your BOD are here to serve YOU, our members. If there is anything you would like for the board to address, please let V or Jonathan know.

It has been an honor and a pleasure to have served as you chairman.

Ira

PETE NAGEL, PHARM.D.—NEW AIP BOARD MEMBER



Dr. Nagel is a pharmacist and independent owner located in the Savannah, Georgia area. He is married to Mary Nagel (PharmD, UGA 2016) and they have a 6 month old son, Jude.

He is clinically certified in diabetic disease state management, medication therapy management, monoclonal antibody infusions, and immunizations.

He is a partner and pharmacist at Coastal Drug Company (Midway, Ga), Clark Drug Company (Waynesboro, Ga), Georgetown Drug Company (Savannah, Ga), Thomson Drug Company (Thomson, Ga) and Pillar Drug Company (Guyton, Ga) In 2020, Pete was the founder and CEO of Frontline Nutrition. Frontline Nutrition is a nutraceutical company that specializes in immune defense supplementation. Frontline Nutrition is the manufacturer of ID-6 and KD-6, two supplements that are sold across the country to over 250 different independent pharmacies.

Originally from Metter, Ga, Pete is a former student-athlete of the University of Georgia where he completed his undergraduate studies and was a 3-time letterman for the baseball team. He completed his Doctor of Pharmacy program at South University in Savannah, Ga.

In 2020, during the COVID-19 outbreak, Pete was the director and organizer of mass vaccination clinics where his organizations administered over 20,000 vaccines. He serves as an advisor for multiple independent pharmacies looking to innovate their workflow and practices. He is on the advisory board for monoclonal antibody training. He is a member of the Georgia Pharmacy Association (GPhA).



Save The Date:

- ◆ **AIP Fall Meeting**
Saturday November 12 -
Sunday November 13,
2022
Location TBD
- ◆ **GPhA Convention**
Thursday June 15 -
Sunday June 18, 2023
Omni Amelia Island, FL

If you change wholesalers please be sure to let us know. Please contact Verouschka Betancourt-Whigham "V" at vbwhigham@gpha.org or 404-419-8102. Thank You

The Jeff Lurey Independent Community Pharmacy Student Scholarship



In 2022 the AIP Board of Directors established The Jeff Lurey Independent Community Pharmacy Student Scholarship in honor of Jeff Lurey, former Vice President of the Academy of Independent Pharmacy (2005-2021).

It will be given annually to a pharmacy student or resident from one of the pharmacy schools in Georgia.

We were able to surprise Jeff at convention and gifted him with a plaque to announce the scholarship. It was a very touching moment for everyone in the general session.

A committee has been formed and they are currently working on the criteria. We hope to award the first scholarship at the 2023 GPhA Convention.

We are so excited to share Jeff's passion and love for independent pharmacy to the pharmacy students of Georgia.





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GEORGIA MEDICAID BRAND LOSSES - **SEND IN YOUR APPEALS**

*****ATTENTION: THIS IS WRONG & BAD FOR INDEPENDENT PHARMACY -**

PLEASE COMPLETE AS MANY APPEALS AS POSSIBLE - THEY NEED TO HEAR FROM INDEPENDENT PHARMACISTS***

PLEASE LET US KNOW IF YOU SEND IN AN APPEAL. WE NEED TO KEEP TRACK OF THE NUMBER OF APPEALS SENT.

DCH applied rates to several new products for 2Q22, but they were not applied in the pharmacy system until the end of April. Previously, these items were paid based on NADAC but now are reimbursed based on Georgia Estimated Acquisition Cost (GEAC). GEAC has been in place since DCH implemented the CMS mandated Actual Acquisition Cost (AAC) reimbursement model in April, 2017; however, DCH has only recently started adding non-specialty brand name products to the list (GEAC).

Please file an appeal if your pharmacy is reimbursed below cost. Please email V at vbwhigham@gpha.org if you need a Provider Pricing Appeal Form. We have also emailed it out to all stores.



Norm's Farms loved seeing everyone at the GA Pharmacy Association Convention last month, thank you to everyone who took the time to stop by our booth! We are extending our show special to those who have not yet placed orders. If you have any questions or need recommendations on what to order, I'll be glad to go over everything with you. Our show special will give you a 20% discount on the below pricing on opening orders to bring us in. Pricing is below:

Our Elderberry Liquid Supplements are our go to items:

Elderberry Extract/Elderberry Wellness Syrup

\$10.00 per 8oz bottle Wholesale/\$20.99 MSRP—6 bottles per case

Our Organic Gummies with Vitamin C, Zinc and Probiotics were the first of it's kind on the market. The gummies for the Elderkids are the same gummies, just one per serving instead of 2 and they are labeled for the Children's sections.

Organic Adult Gummies with Vitamin C, Zinc and Probiotics/ElderKids Gummies with Vitamin C, Zinc and Probiotics

\$12.50 per 60 count bottle Wholesale/\$22.99 MSRP—6 bottles per case

Our brand-new products consist of our Immune+ series of gummies. Each of these products contain elderberry for immune support plus other ingredients for the Boost (Apple Cider Vinegar plus the Mother), Calm (Ashwagandha plus L-Theanine), and Sleep (Melatonin and L-Theanine).

Elderberry Gummies with Vitamin C and Zinc, Immune + Boost, Immune + Calm, Immune + Sleep

\$9.75 per 60 count bottle Wholesale/\$17.99 MSRP

Our farm fresh jams are great for the gift area of your pharmacy

Elderberry Jam/Elderberry Jam with Ginger and Pecans/Elderberry Jam with Blueberries

\$4.25 per bottle/ \$6.99 MSRP—6 per case

Please call me at 919-349-0942 or email me at ira@normsfarms.com with any questions! Thank you again for your time, we are excited to be partnering with you! - Ira Planer, Norm's Farms



More States Legalize Fentanyl Test Strips — Can testing recreational drugs be an effective harm reduction strategy?

by [Amanda D'Ambrosio](#), Enterprise & Investigative Writer, MedPage Today March 28, 2022



Amid a nationwide overdose epidemic, more states are legalizing at-home fentanyl rapid tests to spot the potentially fatal substance hidden in recreational drugs.

Last week, [Tennessee](#) and [New Mexico](#) became the latest states to legalize fentanyl test strips (FTS) -- single-use, disposable rapid tests that can detect fentanyl or fentanyl analogs in pills, powder, or injectables. Arizona, Delaware, Wisconsin, and North Carolina have also legalized the strips in the past few years.

The movement by a growing number of states to decriminalize fentanyl test strips -- which have historically been banned under drug paraphernalia laws -- follows the emergence of research that supports access to the tests as a harm reduction tool.

While many experts believe that distributing fentanyl test strips is low risk and may improve informed decision-making for people who use drugs, varying laws across states and lingering stigma around harm reduction pose barriers to access.

"Harm reduction as a concept is really not societally accepted," said Emily Einstein, PhD, chief of the Science Policy Branch at the National Institute on Drug Abuse (NIDA). "As these tools emerge, if we can normalize the idea of harm reduction, that would be a huge public health benefit."

Fentanyl is an increasing factor in overdose deaths, contributing to 64% of the staggering [100,000 U.S. deaths from drug overdoses](#) from May 2020 through April 2021. In December, the CDC reported that overdose deaths involving fentanyl [skyrocketed in nearly all regions of the country](#).

In the midst of crisis, experts say that harm reduction approaches, such as syringe exchange programs, naloxone distribution, and fentanyl test strips, are critical to helping people who use drugs adopt safer practices.

Experts say fentanyl test strips are valuable not just for those who use opioids but also for those who use stimulants, such as methamphetamine and cocaine, which are increasingly becoming contaminated with the drug.

The strips were created in 2011 by biotech company BNTX, for use by doctors to detect prescription fentanyl in urine. But when fentanyl became more frequently detected in drug overdoses, the harm reduction community began using the tests off-label. Many syringe services sites began to give people who use drugs the agency to understand what's in the substances they consume, and therefore make safer, educated decisions about how to use.

Arguments that people who use drugs would not adopt fentanyl test strips and that the tests could actually end up as a marketing tool for batches with fentanyl are "a really good example of the misconceptions around people who have addiction," Einstein said.

While people who have addiction may struggle with abstaining from using, they do not entirely lose their ability to make decisions, she added.

Continued on Page 7

GPhA Convention and AIP Wholesaler Appreciation Luncheon

It was great to meet up again at this year's convention. AIP members were in attendance and many of our AIP partners were exhibiting. There were interesting CE programs, great general sessions, and Governor Kemp even spoke. There were many AIP highlights throughout the 4 days and here are just a few.

Tommy Whitworth was awarded the distinguished Bowl of Hygeia by GPhA President and AIP member Brian Sinyard during one of the general sessions. Neal Hollis was awarded the Mal T. Anderson Outstanding Region President award. Patrick Chancy received the Distinguished Young Pharmacist award. Ben Ross received the Excellence in Innovation Pharmacy Practice award. Andrew Holt was elected to the GPhA board and sworn in. The AIP Compounding Section also had a breakfast sponsored by PCCA.

Over 90 members gathered on Saturday for fellowship and a great lunch at the AIP Wholesaler Appreciation Luncheon. Ben Ross was awarded the 2022 Joe Mengoni AIP Pharmacist of the Year. An AIP update was given by AIP VP Jonathan Marquess, NCPA President Michele Belcher said a few words. Jonathan Marquess presented Ira Katz with a plaque thanking him for his service as the AIP Chairman. Ira Katz swore in Kevin Florence as the new Chairman of AIP. The luncheon could not be complete without thanking our wholesalers, McKesson, Morris & Dickson, and Smith Drug Company for all their support to AIP and our members.

2022 Joe Mengoni AIP Pharmacist of the Year



This year's Joe Mengoni AIP Pharmacist of the Year is Ben Ross. This award is given annually to an AIP (Academy of Independent Pharmacy) member who has shown innovation and passion for the practice of Independent Pharmacy.

Ben received a Doctor of Pharmacy degree at the University of Georgia in

2008. After graduating pharmacy school, Ben moved to Statesboro and purchased Forest Heights Pharmacy. Ben has since become a partner in 6 other independent pharmacies in Georgia; Ross Drug in Sylvania, Coastal Drug Company in Midway, Georgetown Drug Company in Georgetown, Clark Drug Company in Waynesboro, Crawford and Breazeale Drug Company in Lincolnton, and Thomson Drug Company in Thomson. Ben is a second-generation independent pharmacy owner who following after his father Sonny Ross (UGA CDP c/o 1973). Ben is highly involved in his community by either currently serving or being a past member of the board of directors for Citizen Bank of Swainsboro, Bulloch First, Ogeechee Technical College, YoungLife, and the Statesboro Chapter of the UGA Alumni Association. Ben is also a graduating member of the GPhA Leadership Class of 2017, UGA Top 40 Under 40 Class of 2018, and UGA Bulldog 100 Class of 2020. He was the South University College of Pharmacy preceptor of the year for 2011, and has been recognized as favorite pharmacist by the Statesboro Herald numerous times.



Ben has been married to his high school sweetheart, Lauren for 14 years, and they have 2 daughters, Lanie (11) and Lucy Kate (7), and one son, Reid (3). He enjoys bird hunting, going to UGA football games, and coaching Lanie and Lucy's soccer teams.

AIP members and their families enjoyed the many amenities that Omni Amelia Island offered. They also had fun exploring the exhibit hall and speaking with all the vendors. Many attended their college alumni event, the PharmPAC event, mingled with students, and the GPhA sand castle contest on the beach. The last night of convention ended with dinner and dancing at the President's Bash. Fun was had by all.



More States Legalize Fentanyl Test Strips — Can testing recreational drugs be an effective harm reduction strategy?—Continued from Page 1

"Fentanyl test strips are a way for people to understand what's in the drugs that they're about to take and make some decisions to potentially use them in a way that's less likely to result in overdose," Einstein said.

Evidence for FTS

There's existing evidence that fentanyl test strips are not only accurate in detecting 12 different fentanyl analogs, but also that they may encourage people to practice safer drug use behaviors, researchers have found.

People who inject drugs were more likely to report safer behaviors if their substances tested positive for fentanyl, according to a 2019 study published in the [International Journal of Drug Policy](#). The researchers surveyed 125 people in North Carolina about their last use of a fentanyl test strip, and how it impacted their decisions around substance use.

Around 43% reported that a positive fentanyl test result encouraged them to use safer behaviors, such as using less of a drug, administering a test shot, injecting slower, or snorting the substances instead of injecting them. Additionally, more than three-quarters of people who used a fentanyl test strip said it made them feel safer.

"Testing does something to the psyche," said Jon Zibbell, PhD, a public health researcher at RTI International and senior author of the study. "It slows them down during the preparation process, and makes people who use drugs think more about what they are using and how they are using."

Another [study published in 2018](#) found an association between positive fentanyl test results and safer behavioral changes among 93 youth in Rhode Island. Nearly all reported being confident in their ability to use fentanyl test strips, and 95% wanted to use them again in the future.

"People, particularly who received positive results, reported significant positive changes in overdose risk behavior," said Brandon Marshall, PhD, an epidemiologist at Brown University and senior author on the paper. Positive changes included using less or making sure someone was around in case of an overdose.

Marshall and colleagues are conducting a [randomized clinical trial](#) to assess whether fentanyl test strip training, along with other interventions, will affect rates of overdose. Initial results are expected in 2023.

Barriers to Access

While there's evidence that fentanyl test strips could lead to safer drug behaviors, there are still barriers to access, particularly confusion around where the tests are lawful.

It's clearly legal to possess fentanyl test strips in 22 states, according to a recent legal review published in [Drug and Alcohol Dependence](#). In 14 states where drug checking equipment is not clearly legal, it is lawful when the equipment is obtained from a syringe services program, the review found.

Actions by the states to decriminalize fentanyl test strips can result in confusion about where they are lawful, and where they are not.

"What we don't want people to take from this is, 'if my state hasn't done that, then it is definitely not OK,'" said Corey Davis, JD, MSPH, a public health lawyer and lead author of the legal review.

Fentanyl test strips have long been considered illegal because they are categorized as drug paraphernalia, which can consist of anything used to consume illicit drugs. But while laws that define drug paraphernalia are written broadly, those laws are not always enforced broadly, Davis told *MedPage Today*.

However, Davis added that the variance in laws across states may very well prevent some places from moving forward with use of fentanyl test strips. "Legal uncertainty is not a place where people like to live," he said.

In addition to a confusing regulatory landscape, cost can be a barrier. At \$1 a test, it's difficult for syringe services programs to afford enough tests to have a widespread public health impact, said Daniel Ciccarone, MD, an addiction medicine specialist at the University of California San Francisco.

"There's no way anyone has enough money to access these things," Ciccarone said. "If you are going to use FTS correctly, you have to use them for every single shot."

In April, the Biden administration [lifted restrictions](#) on use of federal grant funds for buying fentanyl test strips, which could allow more widespread access to the tests, Einstein said.

More Research Needed

While there is preliminary evidence that fentanyl test strips might influence behaviors, NIDA is funding further research to understand how FTS are used and how effective they might be as a harm reduction tool, Einstein said in an interview. "I think we still don't know that yet."

What is clear, though, is that "harm reduction is a super critical element for addressing our overdose crisis," Einstein said. "People think a lot about prevention and treatment, but harm reduction is really for people who are currently using drugs, and their lives are valuable."

GEORGIA MEDICAID BRAND LOSSES - **SEND IN YOUR APPEALS—Continued from Page 4**

If you have multiple prescriptions for the same NDC, only submit 1 appeal per NDC, along with the invoice, and put the number of RXs impacted in the comment section.

Listed below are products added for 2Q22 (specific unit rates are listed online under www.mmis.georgia.gov – Pharmacy – Pricing List – Georgia Estimated Acquisition Cost & Select Specialty Pharmacy Rates-Revised 04.28.2022). File is attached.

| | | | |
|-----------|-----------|-----------|----------|
| Advair | Flovent | Serevent | Ventolin |
| Atrovent | Proair | Singulair | Xolair |
| Breo | Proventil | Spiriva | Xopenex |
| Combivent | Pulmicort | Stiolto | Zyflo |
| Dulera | Qvar | Symbicort | |

KEEP INDEPENDENTS INDEPENDENT

Please don't forget, if you have a desire to sell your pharmacy or if you have an interest in buying a pharmacy, please contact Jonathan Marquess at 404-419-8103. We have been quite successful during the past several years at keeping independents independent. We maintain a list of pharmacists who want to buy additional pharmacies and we also keep a list of young pharmacists who want to own a pharmacy. All information is kept strictly confidential.

AIP MISSION STATEMENT

To advance the concept of pharmacy care. To ensure the economic viability and security of Independent Pharmacy; To provide a forum for Independent Pharmacy to exchange information and develop strategies, goals and objectives; To address the unique business and professional issues of independent pharmacies; To develop and implement marketing opportunities for members of the Academy with emphasis on the third party prescription drug program/benefit market; To provide educational programs designed to enhance the managerial skills of Independent Pharmacy Owners and Managers; and, To establish and implement programs and services designed to assist Independent Pharmacy Owners and Managers.



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