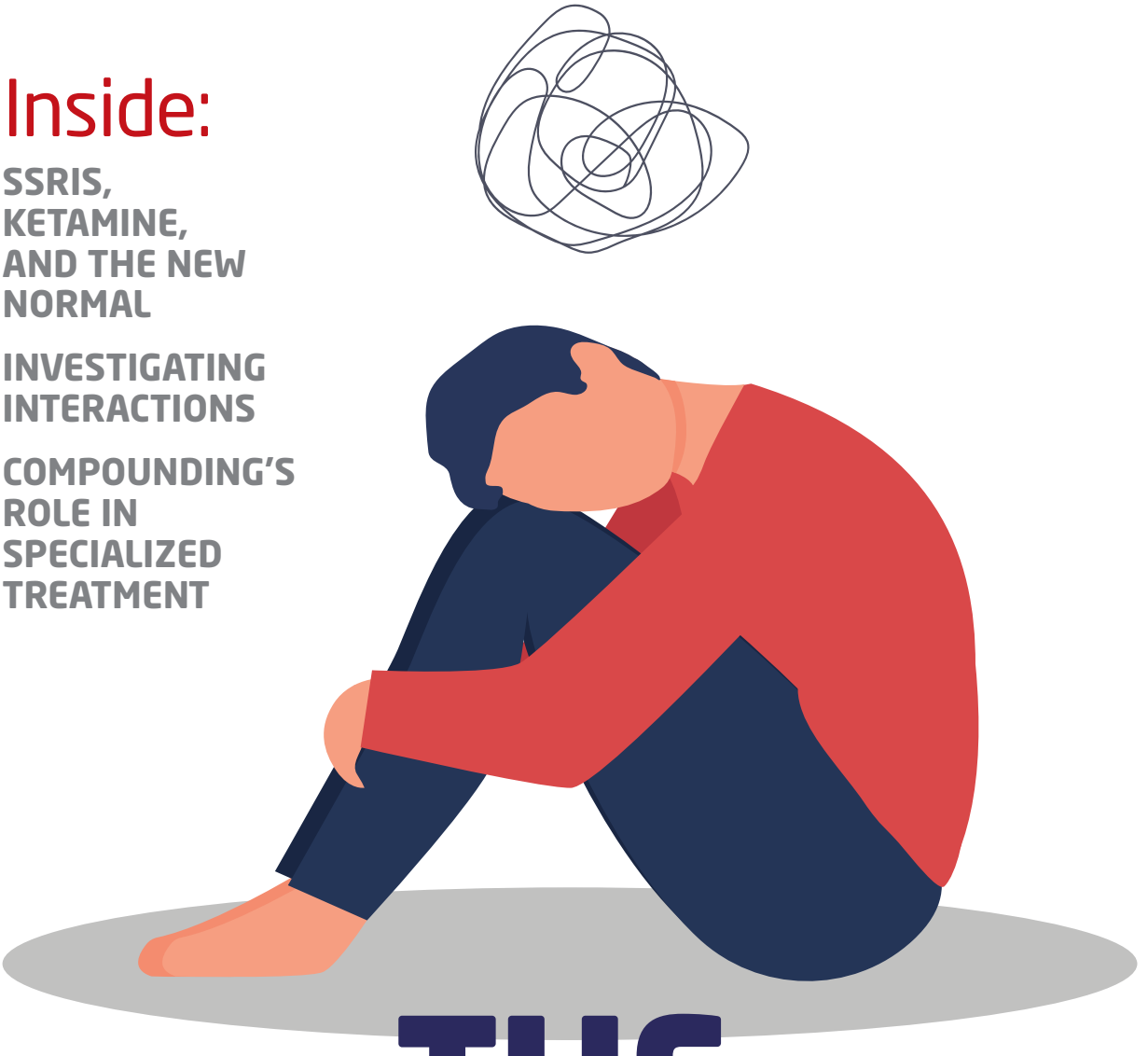
The Journal of the Georgia Pharmacy Association

Georgia Pharmacy®

October/November 2022

Inside:



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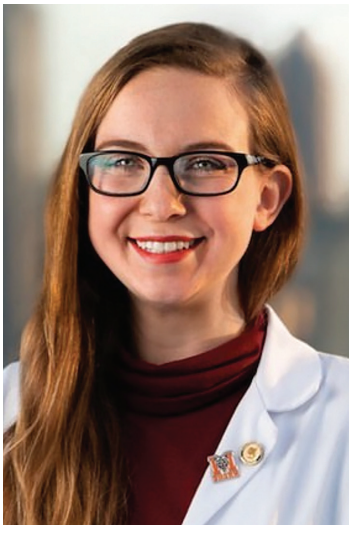

Georgia Pharmacy
The Journal of the Georgia Pharmacy Association

Georgia Pharmacy **magazine is the official publication of the Georgia Pharmacy Association.**

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Georgia Pharmacy (ISSN 1075-6965) is published bi-monthly by GPhA, 6065 Barfield Road NE, Suite 100 Sandy Springs, GA, 30328. Periodicals postage paid at Atlanta, GA and at additional mailing offices. POSTMASTER: Send address changes to Georgia Pharmacy magazine, 6065 Barfield Road NE, Suite 100, Sandy Springs, GA 30328.

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Georgia Pharmacy is distributed as a regular membership service, paid for with membership dues. Non-members can subscribe for $120 per year. Single issues are $20 per issue. Practicing Georgia pharmacists who are not members of GPhA are not eligible for subscriptions.

From the CEO

There has to be an ending

BOB COLEMAN

I recently saw an advertisement for the new, and perhaps the final edition of the movie series *Halloween*. Here's a trivia fact for you. Since 1978 there have been 12 movies made in the series. By the time you read this prescript, the 13th movie in the series, Halloween Ends will have been released. That means that no matter if you are a currently a pharmacist in your 60's or your 20's, you've had the opportunity to be exposed to the series, regardless of your age.

About this time, you're probably thinking to yourself, what does the movie *Halloween* have to do with pharmacy? Well, besides this prescript being published around the date of the real Halloween, let's look at some of the comparisons:

- First the main character in the films, Michael Myers, represents pure evil. Hardly a day goes by here that I don't hear a GPhA member describe Pharmacy Benefits managers in the same light.
- Michael Myers, doesn't think about his victims and destroys everything in his path, much like PBM's and DIR fees.
- PBM's use fees, audits, take it or leave it contracts, threats to be kicked out of networks, steering, etc to accomplish what Myers does with a knife. Regardless of the tool used, the results are pretty much the same!
- Similar to PBM's, it appears that no matter what happens to the Myers character, he will survive and come back in a different form that is just as insidious and evil. Myers has been stabbed, shot, blown up and burned to death in a fire, only to come back again and again. Sound familiar?
- And finally where there is evil there is also good. The heroine of the *Halloween* movies, character Laurie Strode, played by Jamie Lee Curtis, fights on regardless of how many times she is threatened, chased, trapped, or terrorized by Myers. I like to think GPhA exhibits the same qualities in our fight against PBM's, overly burdensome regulations and harmful policies.

So, is this really the last edition of this movie franchise? Well, maybe, maybe not. Again, like PBM's, it all comes down to money. The Hollywood rumor is that if this edition blows up the box office, we haven't seen the last of Michael Myers...or unfortunately PBM's.

In 1650, English historian and theologian Thomas Fuller is credited with the first use of the popular saying "it's always darkest before the dawn," so don't despair. Or at least try your best not to!

While challenges lie ahead, I believe the darkest days are behind us and brighter days are ahead. Like Michael Myers even the deceitful practices of PBM's have to have an ending too.

How can you help? Here's a start of things you can do to help the fight:

1. When you receive an "Urgent Call to Action" correspondence from GPhA, act on it. Call, write, or email whomever you are being asked to contact and let them know your thoughts.
2. Contribute to PharmPAC.
3. Vote. But, first take the time to learn a candidates positions on pharmacy matters and then vote for those candidates that support positive positions.
4. Renew your membership in GPhA annually.
5. Tell your non-member peers about the importance of being a GPhA member.

Happy Halloween!

Bob Coleman is chief executive officer of the Georgia Pharmacy Association.

WELCOME NEW MEMBERS

These are the newest members of GPhA's President's Circle — people who recruit their fellow pharmacists, technicians, academics, and others to become part of the association. Recruit a member and join!

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Pete Nagel, Midway
Krista Stone, Metter

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Hannah Warnell
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Other

Sebrena Bartlett, Marietta
Brent Hudson, Louisville
Min Oh, Alpharetta

CALENDAR

OCTOBER 2022

Wednesday Webinar Series
Pharmacy Tales From the Crypt
(a new one every Wednesday this month only!)

Sunday, October 2
NASPA's Pharmacy-based Point-of-Care Testing
Certificate Training Program

Tuesday, October 18
Policy on Tap Student Event

Saturday, October 22
AEP Networking Event

NOVEMBER 2022

November 11-13
AIP Fall Meeting
Savannah, GA

Saturday, November 12
Academy of Pharmacy Technicians TechU 3.0

DECEMBER 2022

Sunday, December 11
APhA's Pharmacy-Based Immunization Delivery:
A Certificate Program for Pharmacists

2022 REGIONAL FALL MEETINGS

October 27	Region 5	November 3	Region 12
November 1	Region 2	November 8	Region 3
November 1	Region 7	November 8	Region 1
November 2	Region 8	November 9	Region 11
November 2	Region 9	November 10	Region 4
November 3	Region 10	November 10	Region 6

YOUR WORD IS POWERFUL.

PHARMPAC 2022

INVESTING IN PHARMPAC IS INVESTING IN YOUR PRACTICE.

The following pharmacists, pharmacy technicians, students,and others have joined GPhA's PharmPAC for the 2022 calendar year.

The contribution levels are based on investment through August 31, 2022.

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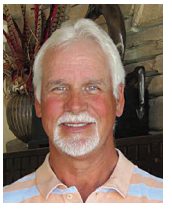

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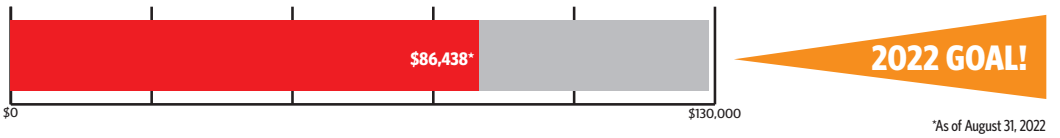

*As of August 31, 2022

DEPRESSION AND THE CRITICAL ROLE OF THE PHARMACIST: ANSWERING THE CALL FOR HELP

BY JANN JOHNSON, PharmD, RPh, J³ Consulting President and Scientific Content Expert

THE EXPANDING BURDEN OF DEPRESSION

Depression touches the lives of so many — directly, indirectly, professionally, personally. "People think depression is sadness. That it's crying and dressing in black, but people are wrong. Depression is the constant feeling of being numb. It's being numb to emotions, being numb to life. You wake up in the morning just to go back to bed again". —*Unknown*

According to the National Institute of Mental Health (NIMH), an estimated 21 million adults, 8.4% of all U.S. adults, had at least one major depressive episode in 2020. Recent studies indicate that the emergence of the COVID-19 pandemic in 2020 contributed to escalating rates of depression in the U.S. and heightened the persistence of elevated depressive symptoms. In a comparison of depression rates before and during the pandemic, the incidence of depressive symptoms was more than three times greater during the pandemic. In the U.S. and throughout the world, depression continues to be one of the most common mental health disorders and a major cause of disability.

THE DISEASE STATE ITSELF

When people talk about depression, the usual reference is to what healthcare practitioners call unipolar depression or major depressive disorder (MDD). Also known as clinical depression, this is a mood disorder commonly linked with persistent feelings of sadness and loss of interest in activities that were previously enjoyable. Depression may disrupt appetite, sleep, concentration, and may interfere with normal daily life function.

Although common, depression is often ignored or wrongly diagnosed and left untreated. This may be life-threatening in particular with MDD because of the high suicide rate. The National Alliance on Mental Illness (NAMI) has stated that at its worst, depression may result in suicidal tendencies or suicide and be responsible for an estimated 800,000 deaths worldwide each year. For help, access 988 Suicide & Crisis Lifeline which is a U.S. based suicide prevention network that provides 24/7 service via toll-free hotline with the number 9-8-8.

HOW DO PHARMACISTS PLAY A SIGNIFICANT ROLE IN SUPPORTING MENTAL HEALTH CARE?

The public will continue to turn to the pharmacist as a trusted and expert source of advice. Among the most accessible of healthcare professionals and often the first point of contact for many patients, pharmacists are ideally positioned to identify symptoms and work with other colleagues to support patients with depression. This may be particularly true during the COVID-19 pandemic when many individuals either have developed mental health issues or have seen existing conditions exacerbated.

For a growing number of pharmacists, an interest in providing mental health care leads to a specialization in psychiatric pharmacy or mental health pharmacy. Pharmacists in the community also have a powerful role to play.

More specifically, pharmacist contributions include:

- Providing pharmacovigilance by engaging in medication therapy management, making clinical recommendations tailored to patient need, counseling on the appropriate use of prescribed therapy, screening for contraindications and potential drug-drug interactions, advising about potential adverse events, and addressing patient concerns about a selected therapy
- Counseling patients about the benefits of therapy, importance of adherence, and what to expect from the therapeutic process, e.g., symptoms improve over time, and medication should not be stopped without consulting the clinician
- Identifying signs of nonadherence in patients prescribed antidepressants and making recommendations such as refill reminders
- Identifying patients who exhibit signs of depression and those at increased risk for depression, including

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recognizing medical conditions and drugs that carry an increased risk of depression
- Encouraging patients to seek help and to discuss their depression or other mental health issues with their primary healthcare provider
- Educating patients about depression and its symptoms, pharmacologic and nonpharmacologic treatment options, and patient support groups
- Keeping the lines of communication open with both patients and prescribers

TREATMENT PROFILE: MEDICATIONS +

The most important initial steps in treating depression include addressing and reducing the stigma associated with mental illnesses. Additionally, there are multiple effective therapies for depression that help to improve mood and coping skills, including pharmacologic agents, psychotherapy, e.g. counseling and cognitive-behavioral therapy, and combinations of these. Combination therapy is linked to significantly higher rates of depressive symptoms improvement, enhanced quality of life, and better treatment adherence.

Non-prescription treatments include electroconvulsive therapy (ECT), vagus nerve stimulation (VNS), deep brain stimulation (DBS), lifestyle changes, alternative medicine, and acupuncture. Moreover, patient-support groups offer hope.

Some commonly prescribed antidepressant classes include selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs). Other medications include atypical antipsychotics, l-methylfolate, and ketamine.

Between 2009–2010 and 2017–2018, antidepressant use increased from 10.6% to 13.8%. In 2020, a nearly 20% increase in prescriptions for antidepressants was reported. Furthermore, in June 2020, a 37% increase in newly filled antidepressant prescriptions was seen.

Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

The group of antidepressants most often prescribed consists of medications that inhibit the reuptake of the neurotransmitter serotonin. Between 1996 and 2015, one U.S. study found that nearly 70% of respondents were treated with SSRIs. SSRIs include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac, Sarafem), fluvoxamine (Luvox), paroxetine (Paxil), sertraline (Zoloft), and vortioxetine (Trintellix).

Possible side effects may include nausea, constipation/diarrhea, dizziness/drowsiness, insomnia, agitation/restlessness, sexual problems, and appetite changes.

SNRIs including desvenlafaxine (Khedezla, Pristiq), duloxetine (Cymbalta), levomilnacipran (Fetzima), venlafaxine (Effexor), and vilazodone (Viibryd) inhibit the reuptake of serotonin and norepinephrine.

Possible side effects may include nausea, constipation/diarrhea, dizziness, insomnia, sexual problems, and appetite loss.

More severe side effects of SSRIs and SNRIs include suicidal thoughts and serotonin syndrome, a potentially life-threatening condition associated with serotonin toxicity.

Tricyclic antidepressants (TCAs)

Used to treat depression since the 1950s, TCAs block the reuptake of serotonin and norepinephrine, and act on muscarinic and histaminergic receptors. TCAs include amitriptyline (Elavil), amoxapine (Asendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Aventyl, Pamelor), protriptyline (Vivactil), and trimipramine (Surmontil). Possible side effects include drowsiness, blurred vision, constipation, dry mouth, orthostatic hypotension, urine retention, weight gain/loss, and sexual dysfunction.

Monoamine oxidase inhibitors (MAOIs)

Even though MAOIs were one of the first class of antidepressants introduced, they are not the first choice in treating mental health disorders due to several dietary restrictions, side effects, and safety concerns. MAOIs include phenelzine (Nardil), tranylcypromine (Parnate), and the transdermal patch selegiline (EMSAM). These medications block the monoamine oxidase enzyme which breaks down norepinephrine, serotonin, dopamine, and tyramine, thereby increasing their levels. Foods such as aged meats and cheeses, and other medicines also affecting serotonin must be avoided. The most frequently encountered side effects are dry mouth, nausea, diarrhea/constipation, drowsiness, and insomnia.

Atypical Antipsychotics

Atypical antipsychotics are the most widely prescribed class of medications added to an antidepressant. Aripiprazole (Abilify), brexpiprazole (Rexulti), and quetiapine (Seroquel XR) are FDA-approved as adjunctive treatment for depression. Side effects may include metabolic disturbances, weight gain, constipation, sedation, and abnormal movements.

L-methylfolate

The nutraceutical l-methylfolate (Deplin) is a prescription strength form of the B-vitamin folate.

Referred to as a medical food by the FDA, l-methylfolate is thought to help enhance the body's natural ability to produce dopamine, norepinephrine, and serotonin. Side effects may include hives, nausea, and irritability.

Ketamine

Ketamine is administered intravenously or intranasally as esketamine (Spravato). This FDA-approved inhaled nasal spray is a rapid acting formulation of a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist indicated in conjunction with an oral antidepressant for treatment-resistant depression (TRD) in adults, and depressive symptoms in adults with MDD with acute suicidal ideation or behavior. The most common side effects may include dissociation, nausea, sedation, vertigo, anxiety, and blood pressure increase.

CONCLUSION

Patient care provided by a pharmacist is often associated with improved clinical outcomes. It has been evidenced that when patients sense that their pharmacist and other healthcare providers are comfortable discussing mental health problems, they in turn feel more comfortable discussing depression. This may consequently help patients to be more amenable to receiving support and therapy.

Pharmacists are frontline, trusted healthcare providers and as such are well positioned to impact the lives of their patients suffering from depression. Pharmacists make clinical recommendations about therapies commonly prescribed for depression, educate patients about the proper use of these medications, counsel patients about recommended nonpharmacologic measures for depression, encourage patients to seek further medical evaluation from primary care providers, and direct patients to reliable patient education resources.

Most importantly, pharmacists instill hope and can help depressed patients heal. "The broken will always be able to love harder than most because once you've been in the dark, you learn to appreciate everything that shines." —*Anonymous*

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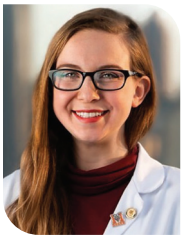
TREATMENT RESISTANT DEPRESSION: WEIGHING THE OPTIONS

BY ANNA GREEN PharmD, Specialist in Psychiatric Pharmacy



Treatment resistant depression does not have a standardized definition; however it is typically understood to be major depressive episodes that do not respond to at least two satisfactory trials of antidepressants. Patients with treatment resistant depression may also be described to have "difficult to treat" depression, "treatment refractory depression" or "pseudoresistance" in the case of treatment failure due to inadequate dose or duration of treatment.[1] Similar to the term treatment resistant depression, the definitions of these terms are not standardized and there is no clear demarcation between terms.

Because there is no standard definition for treatment resistant depression, it is difficult to estimate the prevalence. However, the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study, which treated 3671 outpatients with recurrent or chronic depression and other comorbid medical and psychiatric diagnoses, found that in 63% of patients treated with full doses of citalopram, a commonly used antidepressant, remission did not occur after 14 weeks of treatment.[2] In the same trial, 1439 patients received next-step treatment and remission did not occur in 69% of these patients.2 Remission definitions often vary by trial and depression rating scale used, however it is generally defined as a "depression rating scale score less than or equal to a specific cutoff that defines the normal range".

Treatment resistant depression often leads to higher healthcare utilization and costs compared to patients with non-resistant depression and is frequently marked by chronic depression, impaired psychosocial functioning, poor overall general health, and increased mortality. Risk factors are numerous and non-specific, including co-morbid medical and psychiatric disorders, chronic pain, severe intensity of symptoms, suicidal thoughts or behaviors, history of trauma, early age of onset of major depression, and recurrent depressive episodes.[3]

Studies have shown that genetic factors may influence a patient's response to antidepressant medications in several ways, including effects on drug metabolism, concentration of drug in the body, and target transporters and receptors.[4] This is a growing area of study and pharmacogenomics has received a significant increase in attention over the past years. In patients with severe treatment resistant depression who have failed several avenues of treatment, genetic testing may be considered to further guide therapy.[5]

When treating a patient with treatment resistant depression, it is important to confirm the diagnosis of unipolar major depression and rule out other potentially contributing diagnoses such as bipolar depression, dysthymic disorders, substance use disorders, etc. Ruling out other medications that can contribute to depressive symptoms, such as glucocorticoids and interferons, is also important. Knowing a patient's prior treatment history, including medication type, dose, duration, adherence, and any benefit or adverse effects experienced, is also vital to guiding continuing treatment.

Treatment options for patients with treatment resistant depression include treatment augmentation and switching treatment. In general, there is no one correct answer to whether a provider should pursue augmentation or switching. However, some evidence suggests augmentation may be modestly superior to switching as it may provide faster benefit, effects may be complimentary or synergistic, and may avoid withdrawal symptoms that can come with therapy changes.[6,7] Because the efficacy of augmentation is not clearly superior to switching, it is a decision that is often shared with the patient and treatment team. Different patient scenarios may point to different routes of treatment. For example, a patient who experiences partial benefit from an initial antidepressant and is able to tolerate the maximum dose with little to no adverse effects may be a candidate for adjunctive pharmacotherapy while a patient who has seen little to no benefit but is experiencing more adverse effects and cannot tolerate the maximum dose may be a better candidate for a therapy switch.[7] Psychotherapy, transcranial magnetic stimulation (TMS), or electro-

convulsive therapy (ECT) may also be considered as non-pharmacotherapy options.[7]

If augmentation is the chosen pathway for managing a patient's treatment-resistant depression, either pharmacotherapy of psychotherapy can be chosen. Pharmacotherapy is often more available and preferred by the patient, however there is no compelling evidence that one is superior to the other.[7] When choosing a drug for augmentation, it is important to consider drug-drug interactions. The most widely studied drugs for augmentation include second generation antipsychotics such as aripiprazole, brexpiprazole, risperidone, and quetiapine, lithium, a second antidepressant from a different class, or thyroid hormone.7 When selecting between the options, it is important to consider the risk of adverse effects. For example, the addition of a second antidepressant or thyroid hormone may have a lower risk of metabolic adverse effects compared to the addition of an antipsychotic. In patients who are treated with an add-on medication and do not respond in 6-12 weeks of reaching the target dose or who do not tolerate the combination, it is recommended that a second combination be trialed.

If switching to a different treatment is the chosen pathway, options include a different antidepressant, psychotherapy, or TMS and the choice is typically based on availability and patient preference, as there is no compelling evidence that one is better than the other. If switching from one medication to another, cross-tapering is usually the chosen mechanism. It is also recommended to select a drug from a different class of antidepressants. For patients who do not respond to an SSRI as initial therapy, venlafaxine has been widely studied and is recommended.[8] Atypical antidepressants such as bupropion and mirtazapine have some evidence for benefit as well.[9,10] Tricyclic antidepressants have a less favorable side effect profile and greater safety hazards such as cardiotoxicity and overdose potential, however their use has shown to be beneficial in some patients with treatment-resistant depression.[11]

In patients with severe treatment-resistant depression, intravenous ketamine and intranasal esketamine are newer options, in addition to the previously mentioned pharmacotherapy and psychotherapy options. No head-to-head trials have compared ketamine and esketamine with other pharmacotherapy options, so it is often a last line option due to the possible complications. As these are newer treatment options, long term efficacy and safety have not been established and they are not suitable for long periods of treatment, but rather about a month at a time. However, ketamine and esketamine have shorter onsets of action and both have shown short term benefit inpatients with refractory, active suicidal ideation. One suggested place in therapy for ketamine or esketamine is as a short-term treatment while patients await the delayed effects of standard antidepressants.[12]

As with most psychiatric conditions, there is no clear way to treat treatment-resistant depression. It is important to understand that treatment resistant depression is a chronic illness. Medication compliance and patient education are key to successful remission. By understanding treatment trajectory, pharmacists can be instrumental in assisting both patients and providers alike in alleviating the burden of TRD.

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Resources

How to Become a Pharmacy Investigator (PI) for Drug Information (DI)

BY JOHNATHAN HAMRICK, Pharm.D., and SUSAN W. MILLER, B.S. Pharm., Pharm.D.,
Mercer University College of Pharmacy


JOHNATHAN HAMRICK


SUSAN MILLER

Consider this scenario during a normal day in the pharmacy: JW, one of your regular patients, a young adult male, asks to speak with you regarding a concern he has about his medications. He has just left his healthcare provider's office after having received his first dose of Spravato®. He states that he forgot to ask if he could continue taking his escitalopram and St. John's wort to help manage his depression. What resources are available for you to use to answer his question and what information would you provide to JW?

Whether verifying prescription orders, completing medication reviews, communicating with healthcare providers, or counseling patients and their caregivers on medications, Georgia Board of Pharmacy Rules and Regulations require pharmacists to have access to current reference materials appropriate to the individual pharmacy practice.[1] This includes access to evidence-based sources of drug information. Gone are the days of relying on a drug information center to provide answers to pharmacists' questions as it is the responsibility of all pharmacists to obtain drug information in a timely manner.[2] Ultimately, pharmacists depend on accurate and readily retrievable information on drugs to aid in providing patient centered care. Three sources of drug information are 1) the package insert — precise information provided by the drug manufacturer; 2) an internet search engine — many results with varying degrees of accuracy, and 3) a drug information database — a collection of monographs with up-to-date and evidence-based information. Drug information databases vary in insert content and are available through individual or institutional/corporate subscriptions, mobile application (app) and/or integration within dispensing software or electronic health records. This review provides an overview of the features of selected drug information databases that are useful resources for practicing pharmacists.

DRUG MONOGRAPHS AND CLINICAL DECISION SUPPORT TOOLS

A drug monograph is a publication that specifies for a drug (or class of drugs) the names and amounts of constituents, conditions and limitations for use, directions for use, warnings, other information in its labeling, and information regarding interactions with other drugs.[3] Two sources of drug monographs that are widely available to pharmacists are: *Lexicomp*®[4] and *IBM Micromedex*®[5].

A clinical decision support tool is a comprehensive clinical reference that adapts data into information that is useful for healthcare professionals to apply during point-of-care encounters.[3] Clinical decision support tools are often linked to drug monographs and some examples are: *ASHP Drug Shortages*®, *Briggs Drugs in Pregnancy and Lactation*®, and *Facts & Comparisons*® *eAnswers*. (A discussion of these is beyond the scope of this article.)

Lexicomp®[4]

Lexicomp is an on-line collection of monographs of prescription and nonprescription drugs. Its content provides robust clinical drug information that is updated frequently. Access to drug specific

monographs is available via global searching within the database. Other features include links to clinical practice guidelines and abstracts in *PubMed*® for references that are cited within the monographs. Links are also available for the several clinical decision support tools. *Lexicomp*® is published by Wolters Kluwer Health of Philadelphia, PA with subscriptions available for individuals, organizations, independent community pharmacies and medical and dental practices. An online user guide and a mobile app are available as are print editions of the monographs.

IBM Micromedex®[5]

IBM Micromedex provides on-line access to evidence-based clinical knowledge and is designed specifically for point-of-care healthcare practitioners. *IBM Micromedex*® provides a single interface to access, search, and navigate to drug, disease, toxicology, and patient education information. The monographs are updated frequently and are in two formats; "Quick Answers" which is summative information or "In-Depth Answers" which is a comprehensive monograph. The reference list includes links to supportive literature with access varying by the type of subscription. IBM Micromedex® is on the statutorily named compendia in the U.S. Medicaid program and is used to determine a "medically-accepted indication" of an off-label drug. It is published by Truven Health Analytics and is available as institutional and personal subscriptions with a mobile app option and an online user guide.

OTHER SOURCES OF DRUG INFORMATION: WEB BASED, PRINT, AND MOBILE APPS

Epocrates®[6]

Epocrates is a medical reference app that allows searching for drug information in a variety of categories. *Epocrates Plus* provides all information as in *Epocrates* as well as access to clinical decision-making tools. *Epocrates* content is updated daily and is published by Anthenahealth with availability as mobile app and web-based products, and as free or paid subscriptions with institutional and academic discounts available.

The Food and Drug Administration®[7]

The website for the Food and Drug Administration at https://fda.gov has drug information resources available at no charge. Selecting "Drugs" from the "Menu" bar on the home page provides access to the *Center for Drug Evaluation and Research* (CDER®) page which allows for global searching. The purpose of CDER is to "ensure that safe and effective drugs are available to improve the health of the people of the United States". *The Drug Information, Safety, and Availability* page provides access to medication guides, drug safety communications, drug shortages, and recalls. *The Drug Approvals and Databases* page provides access to Drugs@FDA, the *Orange Book*, the *National Drug Code*, and *Recent Drug Approvals*. Some of these databases are available via mobile apps.

Table 1.

Drug Information Database Comparator

	LEXICOMP® Wolters Kluwer Health	MICROMEDEX® IBM Watson Health Products	EPOCRATES® AthenaHealth
US Boxed Warning	X	X	X
Pronunciation	X		
Brand Names	X[a]	X[a]	X
Pharmacologic Category	X	X	X
Dosing	X	X	X
Uses/Indications	X	X	X
Clinical Practice Guidelines	X		
Administration/ Storage	X	X	
Patient Education Points	X[b]	X	
Printable Patient Education Handouts	X	X[c]	
Medication Safety Issues	X	X	X
Warnings/Precautions	X	X	X
Adverse Reactions	X	X	X
Interactions	X	X	X
Pharmacogenomics	X		
Monitoring Parameters	X	X	X
Preparations	X	X	X
Pharmacology/			
Pharmacokinetics	X	X	X
Clinical Pearls (Including dental information)	X		
FDA Approval Date	X		
References	X	X	X
References Cited within Monograph	X[d]	X[d]	
Toxicology	X	X	
Approved Compendium for CMS	X	X	
Comparative Cost Information		X	
Online User Guide/ Tutorials	X[e]	X	
IV Compatibilities	X	X	
Calculators/Tools	X	X	X
Drug Shortages	X		
Potentially Inappropriate Medication (PIM) in Older Adults	X Clinical Pearls	X Med Safety Precautions	

Drug information accessed September 18, 2022; a=inclusion of selected foreign brand names; b = additional patient education points for increased HCAHPS scores; c = includes patient education handouts in foreign languages; d = reference links to online resources including full articles; e = online help includes video

MPR®[8]

MPR (Monthly Prescribing Reference) is a multi-specialty drug information resource for health-care professionals offering concise prescribing information in the form of the drug monograph, point-of-care tools, as well as news and features on current topics in pharmacotherapy. The prescribing data of *MPR* is written by pharmacists and reviewed by physicians. *MPR* provides on-line access to concise product monographs for both prescription and nonprescription products and features include information on new products, drug updates, the product-comparison charts, treatment algorithms, and case studies. The database is accessible via the free app eMPR. Individual subscriptions are available as is a monthly paperback edition. A free account (registration suggested) with MPR allows access to content that includes case studies, drug information and continuing education. *MPR* is a part of the Haymarket Medical Network.

trc* | Natural Medicines®[9]

trc | Natural Medicines* is described as the most authoritative resource on dietary supplements, herbal medicines, and complementary and integrative therapies. It provides comprehensive unbiased, evidence-based tools to make informed decisions for patients that is updated on a daily basis. More than 1400 natural ingredient and alternative therapy monographs are available, as is information on more than 185,000 commercial brand products. Ratings on a scale of 1 to 10 are available on the safety, effectiveness and overall quality of the products. Individual and institutional subscriptions are available. TRC Healthcare of Therapeutic Research Center in Stockton, CA is the publisher of *trc* | Natural Medicines*.

DailyMed®[10]

DailyMed is a web-based publication of the U.S. National Library of Medicine (NLM), located at the National Institutes of Health (NIH). *DailyMed* is the official provider of FDA label information (package insert) provided to the FDA by manufacturers. *DailyMed* content is updated on a daily basis and is provided as a public service at no charge to users.

USP-NF®[11]

USP-NF is a combination of two compendia, the United States Pharmacopeia (USP) and the National Formulary (NF). Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients are included in a section of the USP and excipient monographs are in the NF. Drug ingredients and drug products with an applicable USP quality standard conform to a *USP-NF* monograph and may use the designation "USP" or "NF". The USP sets standards for drugs and dietary supplements and these are described in the monographs. The USP-NF is available in both print and on-line versions and registration is required for access to the resources.

CONCLUSION

Table 1 provides a comparison of the information available in three of the databases described in this article. It is clear that the databases have similarities, as well as features that differentiate them. It is important for pharmacists to have timely and convenient access to accurate and evidence-based drug information to aid in their provision of patient-centered care. Due to the rapidly changing nature of therapeutic and health related information, having knowledge of resources that can provide answers to pharmacists' questions regarding drug therapy is necessary for achieving optimal patient outcomes.

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Alliance for Pharmacy Compounding

POLICY PRIORITIES AND PHARMACY COMPOUNDING:

What's Important Right Now?

BY SAVANNAH CUNNINGHAM, PharmD
Director of Public Policy, Alliance for Pharmacy Compounding

Compounding is a service that many pharmacies in Georgia and across the country choose to offer for their patients. The Alliance for Pharmacy Compounding (APC) is the national organization that advocates for pharmacy compounders and the patients they serve.

Currently, pharmacy compounders are confronting several serious policy issues.

1. The Threat to Compounded Hormones

Perhaps one of the most concerning is the threat to bioidentical compounded hormone therapy (cBHT). In 2019, the Food & Drug Administration (FDA) commissioned what turns out to be a biased and now discredited report from the National Academies of Sciences, Engineering, and Medicine (NASEM), which the agency says it intends to use to inform policies on cBHT going forward. The report recommends across-the-board restrictions on compounded hormones, which would severely impair patient access to these vital therapies. APC is currently leading a campaign to mobilize patients and Congress about the threat to cBHT. More information – can be found at compounding.com.

2. Unclear Guidance for Veterinary Compounders

In April, the FDA's Center for Veterinary Medicine (CVM) released a final version of their Guidance for Industry (GFI) #256—Compounding Animal Drugs from Bulk Drug Substances, stating it would begin enforcement October 1, 2022. At the urging of APC and several other pharmacy associations – as well as a letter to CVM from Congressman Buddy Carter and others – CVM announced it would delay enforcement until April 1, 2023. There remain many points within the GFI that are ambiguous and will make it difficult for veterinarians and pharmacists to know what constitutes compliance, including restricting veterinary office-use drugs, adverse event reporting, and the requirement of clinical rational for using a compounded drug to be noted by the veterinarian on the prescription. APC is working with CVM to get clarification on these points and continues to express concerns with the lack of statutory authority of CVM to promulgate guidance on animal compounding.

3. 503A Compounding and Shortage Drugs

Compounding pharmacies are uniquely poised to alleviate the drug shortages seen by the U.S. since the beginning of the COVID-19 pandemic. Temporary FDA guidance allows for 503A pharmacies to fill some of those gaps, and HR 3662 – introduced by Congressmen Henry Cuellar (D-TX) and Morgan Griffith (R-VA) is legislation that would make permanent pharmacy's ability to alleviate ongoing supply chain shortages, and with safeguards in place. (Urge your members of the U.S. House to co-sponsor this important bill.)

4. No Bright Lines on Insanitary Conditions.

The FDA's 2020 Insanitary Conditions at Compounding Facilities Guidance for Industry (GFI) provided a limited list of examples but no clear compliance standards, the result being that some FDA inspectors are subjectively interpreting what constitutes insanitary conditions, often to the detriment of the inspected pharmacy. APC filed an amicus brief arguing this point in a case filed in U.S. District Court in New Jersey in May 2022. That amicus is a clear explanation of concerns about the GFI. Access it at a4pc.org/insanitaryconditions.

5. Peptide Compounding: It's Risky Business.

Most peptides were reclassified in federal law as biologics in March 2020, meaning that 503A pharmacies can no longer compound most of these popular products. One peptide, semaglutide – which is not classified as a biologic because it's fewer than 40 molecules – is now on the FDA Drug Shortage List, meaning it may be permissible to compound under certain circumstances. APC urges compounders to seek legal advice before compounding semaglutide. You'll find details on each of these issues at a4pc.org under the Advocacy tab. Should you have questions, email APC's Savannah Cunningham at savannah@a4pc.org.

DUNWOODY PHARMACY
COMPOUNDING + WELLNESS CENTER

Compounding, A Tool for Overall Patient Wellbeing

An interview with Chuck Wilson RPH, Dunwoody Pharmacy

BY LUCY HANEY, Editor of *Georgia Pharmacy Magazine*

CHUCK WILSON

Pharmacists are well aware of the benefits that compounding can bring to their business, patients, and skillsets of their staff. Compounding is unique in the fact that it's a practice that has been around since the medieval times yet is now used for some of the most modern treatments available in pharmacy. With compounding as a tool, pharmacists as providers are able to offer their patients treatment plans that can greatly improve experience and outcomes overall. The possibilities for customization as well as therapeutic diversity are vast.

LET'S HEAR IT FROM A PRO:

In the quiet metro-Atlanta neighborhood of Dunwoody Georgia, Chuck Wilson RPH owns a PCAB accredited compounding pharmacy. With home-like qualities side by side with prestigious services, Dunwoody Pharmacy has remained a locally loved favorite in the area for years. As an expert in how compounding can best serve a community, Chuck was kind enough to answer some important questions about what compounding can offer to patients who do not respond well to commercially produced drugs.

"What would you say is the purpose of compounding?"

"Compounding is customization for patient care, no matter what it is for. I would say the most common kinds of compounded treatments we see here are hormone replacement therapies for women and men. However, we do a lot of different things. Dermatology treatments, emergency eye infections, and hair loss are some of the conditions we can assist with through compounding. Being able to adjust dosage and method such as patches or capsules are also services we provide for many medications. Through compounding, patients can often receive medication at much lower costs than what is available commercially. This is especially true for dermatology meds, which are often seen as "cosmetic" and can be harder to get insurance to cover. The cost savings can be really helpful for our patients."

"This issue is about depression and pharmacists as key providers in successful mental health treatment. Do you see compounding as an important aspect in this?"

"We see many patients who need specific doses of antidepressants that are not available to them commercially. Some patients need specific doses when tapering off medications to avoid withdrawal. We also have options for patients who need antidepressants and cannot swallow pills. There are lots of ways that we can help people find the right treatment."

"Some compounders are providing more experimental treatments like ketamine for treatment resistant depression. Do you offer this at Dunwoody Pharmacy?"

"Yes, we do. Usually this is for patients who have depression alongside chronic pain. Ketamine treatments can also be used to help pain patients with opioid addiction. You have to be careful with Ketamine though. With certain ketamine treatments such as esketamine nasal spray, patients must be watched the whole time in a doctor's office. Pain management is mostly what we help our patients with through ketamine."

TO SUM IT ALL UP:

Compounding pharmacies such as Dunwoody Pharmacy provide patients with something vital that they often feel as if they lack when dealing with chronic conditions, choice. When treating mental health disorders such as depression, having options can be a way to empower patients to feel their best both mentally and physically. Compounders have a powerful role to play in many facets, especially mental health.

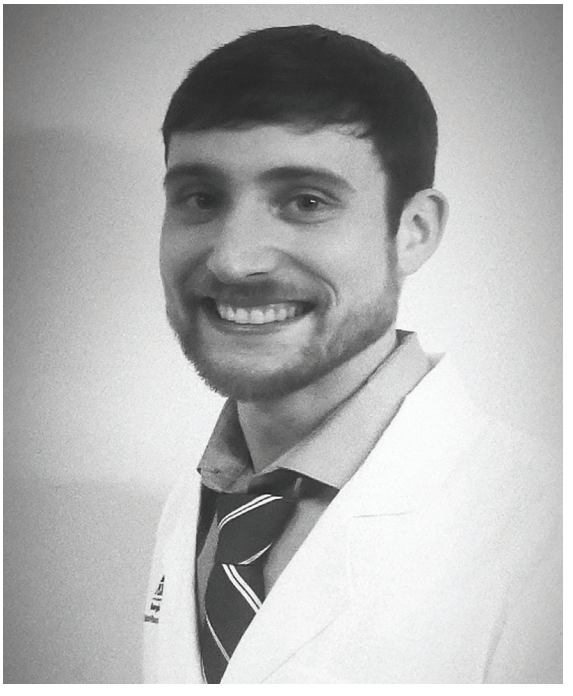
Meet the Student Leadership Board

BY ANDREW WILSON and the Student Leadership Board

HELLO! MY NAME IS ANDREW WILSON and I am a P3 student at Philadelphia College of Osteopathic Medicine School of Pharmacy. I have served on the GPhA Student Leadership Board for the past 2 years and will be president for the 2022-2023 school year. I became interested in GPhA as a pharmacy technician while working at Dunwoody Pharmacy and was excited to learn that past president Savannah Cunningham created the student leadership board as a way for students to become more involved with the association. I have found that the opportunities available to students through GPhA are unique and unforgettable. I tell students often that the networking is real, the connections are real, and these are resources that can help carry you into the pharmacy world after graduation. To get started you only need to become a member and attend events.

The Student Leadership Board is here to enhance your GPhA experience. Every pharmacy student in Georgia has access to a board member. The board consists of 4-5 student leaders from Mercer, South, UGA, and PCOM schools of pharmacy from each of the P1-P3 classes. These students represent diverse backgrounds, experiences, and interests in different practice areas. The board coordinates two annual "Day at the Dome" events, encourages attendance at regional briefings, and sponsors GPhA events at each campus. We highly encourage students to attend the annual GPhA convention. Those who attend the convention will be introduced to "Student Central" which provides student specific programs and networking areas crafted by the SLB.

New to students is the Student Central tab on the GPhA website. This is our hub to stay informed on upcoming events/opportunities. Here you can find information to get in touch with your student leadership board representatives. Don't be afraid to reach out to them and find out the next chance to get involved. If you are a P1 or P2 interested in joining the Student Leadership



Board information will be posted on the Student Central page in the fall and spring as well as sent out through the current board members. It is an incredible opportunity and we strongly encourage you to apply.

If you are a pharmacist reading this, we ask for your support and encouragement as the future of the profession. Student pharmacists look up to you all and relish all opportunities to interact and make connections with the currently practicing experts in the field. If you have the opportunity to attend an event that students are also at, introduce yourself and encourage those students to continue being involved.

As president this year, I am available to answer any questions you might have or direct you to the person who can. Thank you to the Student Leadership Board and GPhA staff that provide incredible support and opportunities to students. I hope to see you all this year as we experience the great things GPhA has to offer.

STUDENT LEADERSHIP

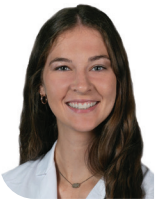
President: Andrew Wilson
School: PCOM
Grad Year: 2024

Quote: GPhA empowers members by providing networking opportunities, education, and information related to current events and legislation relevant to the pharmacy community. I joined the Student Leadership Board to provide a voice for PCOM in this great association, foster connections with other pharmacy programs in Georgia, and create networks between PCOM students and GPhA members.

President-Elect: Will Marquess
School: University of Georgia
Grad Year: 2025

Quote: As I think back to when I decided to pursue a pharmacy career, the first thing that comes to mind is the idea of taking care of others. Ever since I got to serve a patient in a pharmacy, I was hooked by helping those in need. The experiences I have been able to obtain when working with patients is the reason I am pursing my Doctor of Pharmacy degree at the University of Georgia. I have been to the pharmacy before to get medicine for my grandparents, and I truly enjoyed the hometown feel and hospitality. As I am completing my first year, I am looking to gain more experience and leadership experiences by being a part of the GPhA Student Leadership Board.

Immediate Past President: Savannah Cunningham
School: Mercer University College of Pharmacy
Grad Year: 2022



Quote: Creating and leading the Student Leadership Board over the past 4 years has been one of the best parts of pharmacy school for me. I am passionate about the work GPhA does to advocate for pharmacists and the patients we care for as well as helping connect student pharmacists to opportunities to get involved within GPhA. I look forward to continuing my involvement in my state pharmacy association following graduation in May.

MERCER UNIVERSITY COLLEGE OF PHARMACY:

SENIOR MEMBERS

Laine Frazier
Grad Year: 2024

Quote: GPhA is important to all things Georgia Pharmacy, but specifically, pharmacists, patients, and policy- all of which are very important to independent pharmacy. I have been a member of GPhA before pharmacy school and understand and support its purpose to better all things Georgia Pharmacy. I intend to learn more about what GPhA does currently and want to help make an impact on future pharmacy for my peers and myself.

Taylor Justice
Grad Year: 2024

Quote: GPhA has accomplished so much to better the pharmacy community with their advocacy efforts within the recent days and years. It is an honor to serve on the board and to have a role in that continued progress. GPhA is the key to networking and leadership for all student pharmacists and pharmacists within Georgia, therefore, I believe the experience and knowledge that can be taken from GPhA is invaluable.

JUNIOR MEMBER:

Tyesha Ofton
Grad Year: 2025

Quote: I was interested in joining GPhA before becoming GPhA's P1 Liaison for Mercer University because I wanted to be a member of a great organization that will provide me with education, networking, up-to-date matters, and resources that I will need to become an excellent pharmacist who can improve patients' lives every day! I want to continue being a leader of GPhA and learn from the best pharmacists in Georgia and share my knowledge with others all while creating a more positive environment for everyone.

Brooke Stephen
Grad Year: 2025

Quote: We need people to advocate for our pharmacists as well as be a light to our communities that may not know exactly what the pharmacy profession is all about. That is exactly what GPhA does. I want to be a part of something bigger. Being a part of the GPhA Student Leadership Board means advocating for our pharmacists, practitioners, and our patients so that we may be able to do our jobs to the best of our abilities, serve our communities, and take care of the people around us. I want to be more involved with what GPhA is doing in our state as well as be able to advocate for my profession. I hope to be able to spark interest in my fellow classmates to get involved and pay attention to what is happening in our state regarding the pharmacy profession and how we can impact and advocate for pharmacists and future pharmacists like ourselves.

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE: SENIOR MEMBERS

Anslee Smith
Grad Year: 2024

Quote: I recognize GPhA as a strong voice for legislative reform in Georgia and value the members' role in advocating for pharmacy at the Day at the Dome. I understand the importance of networking and would like to help develop a positive experience for students at GPhA events.

Sophia Jenkins
Grad Year: 2024

Quote: I enjoy serving on the Student Leadership Board because it grants me the opportunity to network and use my student leadership platform to educate others on the vast opportunities GPhA has to offer to advance the pharmacy profession

JUNIOR MEMBERS

Makeda Lovelace
Grad Year: 2025

Quote: I joined GPhA because I found it to be an excellent networking resource. I pursued leadership roles because I could make my already loud voice project further, and help bring issues that are important to me and my classmates forward. I have discovered an interest in politics that I didn't know I had, and I'll be watching closely for technician role expansion in the future. After 15 years as a technician, I can assure you, we are ready for whatever the profession needs, but we need the support of our profession!

Charbel Aoun
Grad Year: 2025

Quote: While a pre-Pharmacy and as a current pharmacy student, I learned that community involvement is just as vital as personal growth to grow as a leader. Participating with GPhA in this capacity is truly an honor, especially from a first-generation student background where many burdens make it difficult to seek opportunities. I hope to use these future opportunities to excel in my education, attain a residency position, and become an exceptional healthcare leader and advocate.

SOUTH COLLEGE OF PHARMACY: SENIOR MEMBERS

Megha Patel
Grad Year: 2023

Quote: I am continually exploring avenues that will enhance my educational experience, skill set and professional contribution to the community. As a member of the GPhA Student Leadership Board, it will help me expand my horizon as a pharmacist and provide opportunity to serve as a proficient leader while serving fellow pharmacy students and the community.

Shannon Barbour
Grad Year: 2023

Quote: I am eager to get involved with an organization that will provide me with leadership opportunities, chances to network with other students and pharmacists across the state, and to be an active advocate for the pharmacy profession. I view GPhA's student leadership board as a team that works together to advocate for the pharmacy profession and develop fellowship among their peers.

JUNIOR MEMBERS

Sierra LeJeune
Grad Year: 2024

Quote: A desire to extend my knowledge and an enthusiasm to advocate for the future pharmacists of Georgia motivated me to pursue a position on the GPhA Student Leadership Board. I aspire to have a career as an ambulatory care pharmacist in a hospital setting. Patient care has always held a special place in my heart. I feel that this career path will allow me to use my skills, knowledge and heart to provide comprehensive care.

Holly Johnson
Grad Year: 2024

Quote: I thought I knew exactly what I wanted my future to look like, then I started my graduate program. I have had so many experiences within this past year that have altered my goals and career path, and joining GPhA has played a large role in that. I knew I wanted a leadership role, and initially when I applied that is all that it was. However, as time has passed and I have begun to be more involved on campus and with the community I have realized just how important having an organization built around advocacy really is. I now realize that no matter what direction I take my career GPhA will always play a role.

UNIVERSITY OF GEORGIA: SENIOR MEMBERS

Valery Cepeda
Grad Year: 2024

Quote: The mission of GPhA is to promote the profession of pharmacy and the value of pharmacy services. I believe these are important statements that every pharmacy student and pharmacist should promote in their activities. I love being a part of a group whose purpose to promote and advocate for the importance of the pharmacy profession in Georgia.

Alana Holliman
Grad Year: 2024

Quote: I learned how the Georgia Pharmacy Association is involved in advocating for legislation which made me interested in ways that I can be an active member of this organization. Being a junior member of the GPhA Student Leadership Board will give me the great opportunity to become a part of the legislative process and connect with other student pharmacists and pharmacists who have similar interests throughout the state.

JUNIOR MEMBERS

Roswell Adams Cole
Grad Year: 2025

Quote: My interest in GPhA, as well as this position, is out of my aspiration to advance pharmacy, practice at the top of my license, as well as advance opportunities for pharmacists in the State of Georgia. I strongly believe that pharmacy has been one of the strongest fields in terms of advocating for its own advancement. I know that as a member of the GPhA Student Leadership Board, I will have the opportunity to create great opportunities for my colleagues in practice and at all four pharmacy schools in our state.

Emma Covington
Grad Year: 2025

Quote: Upon graduation in 2025, I plan on completing at least one year of residency, but very likely two years. My dream job is to work as a pediatric pharmacist. I am intrigued with the possibility of achieving sub-specialty training within the field of pediatrics. Although advocacy appears to revolve mainly around community pharmacy, there are so many reasons it is essential in hospital pharmacy as well. I appreciate the opportunity to serve in this capacity for the next two years of my pharmacy school career and gain a better understanding of pharmacy legislation. I am confident that continuing on the student leadership board for GPhA will help me to find my place in advocacy and expand my ability to care for patients.

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Got a concern about a GPhA program or service? Want to compliment or complain? Drop a note to **info@gpha.org**.

Georgia Pharmacy ASSOCIATION

From the GPhA President/Board Chair

Fall Into Good Habits

JONATHAN SINYARD

Fall is officially upon us! I'm a little biased, but fall is definitely my favorite season. The crisp morning air, the feeling of Thanksgiving and Christmas on the horizon, and let's not forget FOOTBALL! There's much to enjoy this time of year. Hopefully wherever you find yourself reading your favorite pharmacy magazine (this is your favorite pharmacy magazine right?!), you're enjoying the cooler weather and the pleasant changing of the seasons.

This issue has been jam packed with great information that is relevant as we counsel our patients on mental health. The mental well being of America has definitely been placed in the spotlight as we've gone through all the challenges that have come from the pandemic over the last couple of years. Pharmacists along with many other healthcare workers are certainly feeling the effects from it. Stress, depression, anxiety, burnout are words that we are hearing all too often nowadays. These words certainly don't conjure up warm fuzzies when we think about them. In fact, if we're being honest, we all probably want to run and hide from these emotions.

> "LIFE IS 10% WHAT HAPPENS TO ME AND 90% HOW I REACT TO IT."
> ***—CHARLES SWINDOLL***

Pharmacy certainly has its share of challenges that can amplify these emotions and it's important now more than ever to look for ways to care for our mental well being. Look for things that allow you to disconnect from the pressures of life for a moment. No doubt, good nutrition, sleep, and exercise can play a key component in mental well being.

Do a quick assessment of yourself. Are you getting an adequate amount of sleep each night? Are you drinking plenty of water? Are you fueling your body with healthy nutrition? If you find that like most of us, you could stand to make a little improvement in some of those departments, then do something about it. That's the beauty of it, we all have the power to make changes in our lives that can have a positive impact!

One of my favorite quotes is by Charles Swindoll which says "life is 10% what happens to me and 90% how I react to it." There's a lot of truth in that. While so many things are beyond our control, we all control how we react to those situations. While we can't always eliminate some of the pressures of our profession, we can make strides to take care of ourselves.

Jonathan Sinyard is chairman of the board and president of the Georgia Pharmacy Association.

Be part of something good.

"I'm honored to have received the Georgia Pharmacy Foundation scholarship. I'm grateful for the opportunity and motivation this scholarship has afforded me. I hope to make a huge impact as a clinical pharmacist and create a path for other future pharmacist in the integration of information and technology in the advancement of healthcare. Thank you for investing in my future."

—DOLAPO S AWOBUSUYI
Doctor of Pharmacy Candidate
Class of 2024
South University.
School of Pharmacy

Georgia Pharmacy FOUNDATION

www.gpha.org/donate

Georgia Pharmacy ASSOCIATION

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AIP Members Get It

Benefits

- Advocacy is our primary membership pillar. Members are represented by two lobbyists at the State Capitol every day during session, fighting for you, on issues that impact your business.
- Audits can be the nightmare of independent pharmacy, and we know independents get audited more frequently than chains. Audits can be expensive and they are far from transparent. We have resources to provide audit assistance and teach best practices that saved members more than $1.6 million in the past five years.

Resources

- We have an experienced team that can help with audits, MAC appeals, and buying/selling a pharmacy.
- We negotiated discounts on pharmacy services, like business, workers' compensation, liability, and group-health insurance, as well as investment guidance.
- Our Member Service Representatives keep you informed and are there to provide quick responses to your questions.

Connections

- You will have an instant network of innovative independents throughout the state, sharing knowledge and best practices.
- Our partnerships with front-end suppliers, like over-the-counter products, DME, and nutritional supplements, will save you money on great products.
- You will have the opportunity to learn and network with like-minded professionals at meetings, special events, and the Georgia Pharmacy Convention. The connections you make are invaluable.

For more information, visit GPhA.org or call/email
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With AIP, independent never means alone.