


The Journal of the Georgia Pharmacy Association 

# Georgia Pharmacy

April/May 2022



# THE NUMBERS

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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.

### Chief Executive Officer

Bob Coleman

### President/Board Chair

Mahlon Davidson

### President Elect

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### Immediate Past President

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All advertising inquiries should be directed to Michelle Turkington at [mturkington@gpha.org](mailto:mturkington@gpha.org). Media kit and rates available upon request.

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### SUBSCRIPTIONS

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From the CEO

## The Times, They Are A-Changin'— Part II



BOB COLEMAN

Back in July 2020, (seems like yesterday, doesn't it?) I wrote in a Prescript about Bob Dylan's famous song, "The times, they are a-changin'." That prescript mainly dealt with the changes between the reaction to the Hong Kong flu in the late 1960s and the current response to Covid-19.

In this Prescript, rather than talk about changes in our world due to Covid-19, I want to share some changes that are happening at GPhA. As you read in our last magazine, Jeff Lurey, the long-time leader of the Academy of Independent Pharmacy (AIP), decided after twenty years, it was time to retire and spend more time with family, friends, and on the links.

In January, we welcomed Jonathan Marquess, PharmD, CDCES, FAPhA, as the new Vice President of AIP. As a former professor at Mercer University College of Pharmacy, Jonathan taught quite a few of the current pharmacists practicing in the state. Jonathan brings real-world retail ownership experience to the academy as well. He and his wife, Pam, currently own 14 pharmacies. No stranger to GPhA or AIP, Jonathan has served in various positions in both organizations including, President/Board Chair of GPhA from 2004 to 2005. He holds numerous distinguished honors, awards, and certifications. In addition, he has been published in a long list of publications.

We saw two of AIP's part-time Member Service Representatives (MSR), Gene Smith and Charles Boone retire in 2021. Melissa Reybold was promoted to Vice President of Public Policy. These moves created new opportunities to redefine the position, including geographical areas served, with the purpose of increasing AIP's value for its members. In March, we welcome two new full-time MSRs, Ashton Sullivan and Catherine Daniel to the team, joining Rhonda Bonner, our third full-time MSR, covering members in the southern portion of the state.


Some members may recognize Ashton Sullivan's name. She joined GPhA in January 2021 in the role of Executive Assistant and Governance Manager, where she has done an outstanding job. Currently residing in the Atlanta area, Ashton will be meeting with AIP members in the northern portion of the state.

Catherine Daniel joins us from Hospital Discount Drugs in Griffin, Georgia. A graduate of Clayton State University, she specialized in inventory management, B2B communications, and customer relations. Catherine will be meeting with members in central Georgia.

And Verouschka Betancourt-Whigham, better known as "V" to AIP members, will continue to support all AIP members, as well as play an integral role in the convention and AIP Fall and Spring Meetings.

GPhA is constantly reevaluating our value proposition. The four pillars (advocacy, education, news/information, and networking) remain at our core, but how we approach those pillars change from time to time to focus on the needs of the membership. That approach may even need to vary from practice setting to practice setting. Our boards and committees need to reflect and guide, not only where we are today as an association, but where we're going in the future.


I'm excited about the new direction and staffing at AIP. GPhA continues to examine our value statements for all practice settings in the state in an effort for you to be able to serve your patients better.

We greatly appreciate you and thank you for your membership. We hope to see you at this year's convention, again being held on Amelia Island. This year it's a bit earlier, June 9-12. See you there! 

*Bob Coleman is Chief Executive Officer of the Georgia Pharmacy Association.*

# WELCOME NEW MEMBERS

By Mary Ritchie, GPhA Director of Membership



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!

**Michelle Blalock**, Chamblee  
**Deborah Gale**, Demorest  
**Joe Ed Holt**, Valdosta

### Academy of Clinical and Health-System Pharmacists

Shelley Abernathy, Barnesville  
 Miranda Burgman, Richmond Hill  
 Michael Hanichen, Atlanta  
 Stephanie Hill, Snellville  
 Iris Ivey, Stone Mountain  
 Jae Won Lee, Johns Creek  
 Nina Thoman, Peachtree City  
 Ashley Woodhouse, Savannah

### Academy of Employee Pharmacists

Kieu Nhi Bui, Lawrenceville  
 Connie Butler, Whigham  
 Anna Coggins, Valdosta  
 Ronald Cook, Rincon  
 Tony Dunlap, Roswell  
 Claire Gilmore, Atlanta  
 Jessica Irungu, Atlanta  
 Brenda Nelson-Porter, Newnan  
 Melody Parker, Ochlocknee  
 Carol Reifenberger, Tucker

Janet Royals, Atlanta  
 Erika Rylee, Atlanta  
 Angelyn Tuttle, Richmond Hill  
 Uko Ukoh, Dallas

### APT-Academy of Pharmacy Technicians

Charlisa Crosby, Winston  
 Dia Grissom, Snellville  
 Lynn Khambong, Duluth  
 Pearlina Ledbetter, Mableton  
 Jennifer Payne, Clarkesville  
 Trang Phan, Athens  
 Synatria Preston, Clio  
 Wendy Sheridan, Athens

### Other

Dustin Beard, Ringgold  
 Chaya Campbell, Fayetteville  
 Jessica Jones, Shellman  
 Carol Shaffer, Marietta



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# CALENDAR

## APRIL 2022

Saturday, April 23  
**GPhA's Immunization Delivery Training for Pharmacy Technicians**

Saturday, April 23  
**Academy of Employee Pharmacists (AEP) Networking Event**  
Socfflaw Brewing Company



Sunday, April 24,  
**NASPA's Pharmacy-based Point-of-Care Testing**  
Certificate Training Program

## MAY 2022

Sunday, May 22, 2022  
**APhA's Pharmacy-Based Immunization Delivery**  
Certificate Training Program

## JUNE 2022

June 9-12, 2022  
**Georgia Pharmacy Convention**

## AUGUST 2022

Sunday, August 21  
**APhA's Pharmacy-Based Immunization Delivery**  
Certificate Training Program

## SEPTEMBER 2022

Sunday, September 18  
**APhA's Delivering Medication Therapy Management (MTM) Services**  
Certificate Training Program

## OCTOBER 2022

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

## DECEMBER 2022

Sunday, December 11  
**APhA's Pharmacy-Based Immunization Delivery**  
Certificate Training Program

## SPRING REGION MEETINGS 2022

Thursday, April 14  
**Region 5**

Tuesday, April 19  
**Region 2 & 7**

Wednesday, April 20  
**Region 8 & 9**

Thursday, April 21  
**Region 10 & 12**

Tuesday, April 26  
**Region 1 & 3**

Wednesday, April 27  
**Region 11**

Thursday, April 28  
**Region 4 & 6**

\*Note: meetings will not be combined, so there will be 12 separate meetings.



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## CONTACT



# Keep in touch

REACH US AT **404.231.5074** OR **GPhA.ORG**

### GPhA LEADERSHIP

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#### Immediate Past President

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asullivan@gpha.org

### GPhA'S MEMBER SERVICE PARTNERS

#### Alliance for Patient Medication Safety

medicationsafety.org  
Quality assurance  
compliance resources  
(866) 365-7472

#### PACE

pace@pacealliance.com  
http://pacealliance.com

#### Pharmacists Mutual Insurance Company

Workmans' Compensation Insurance  
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(800) 247-5930  
hutton.madden@phmic.com

#### Pharmacy Technician Certification Board

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#### SoFi

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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

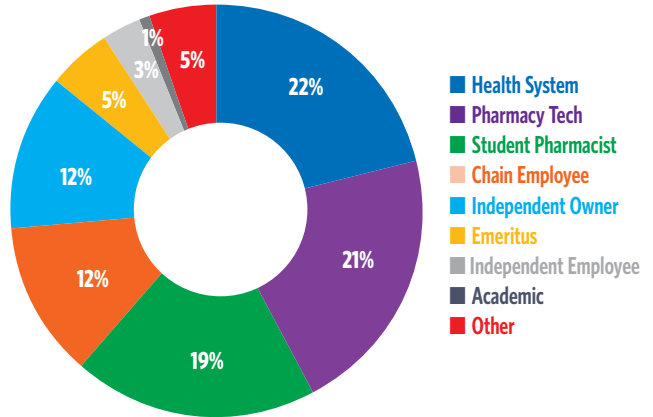
# THE NUMBERS

**EACH YEAR AROUND THIS TIME** we like to take stock of some of the data we've been bombarded with over the last 12 months.

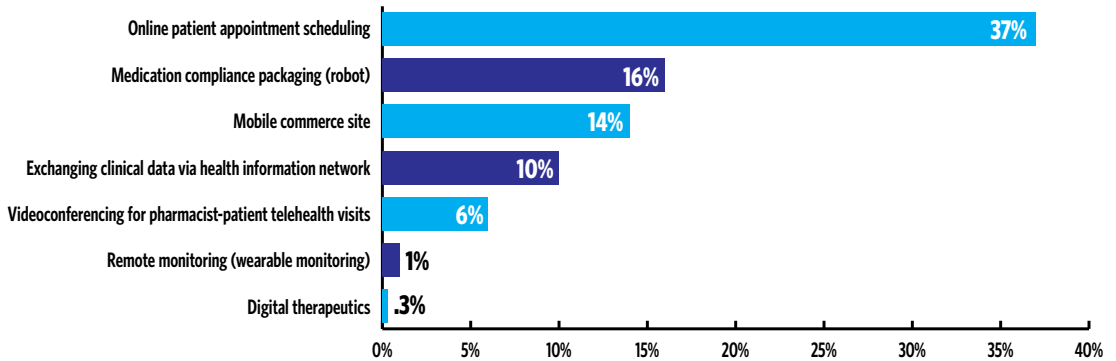
We always include our own membership, of course, and we know our members like to keep tabs on the economics of the profession — i.e., how much they earn compared to others. We've got you covered.

The past year has been unprecedented. Pharmacists have been on the front lines of the pandemic and they have risen to the cause and have vaccinated millions. They remain one of the most trusted professions (#3 rank behind #1 nurses and #2 doctors). They are stepping up the game with expanded health service offerings and technology.

**2021 GPhA Members by Type**

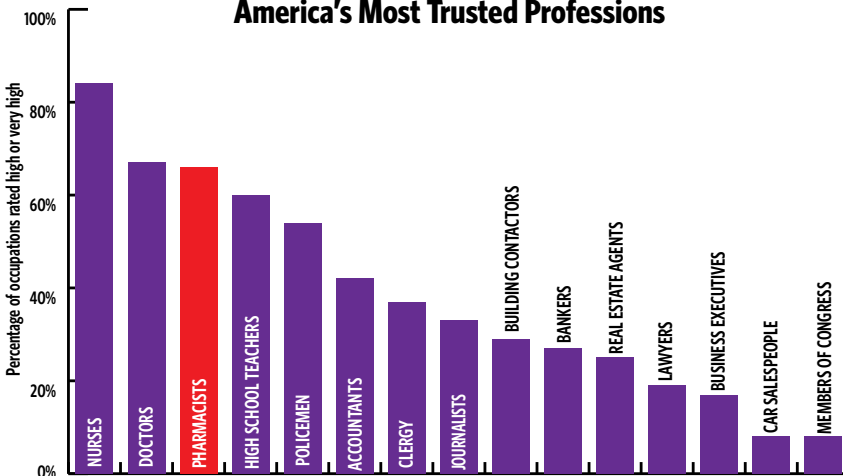


**Percent of Independent Pharmacies Using Technology**



Source: 2021 NCPA Digest

**America's Most Trusted Professions**



Source: Forbes Statistica

**58%**  
of Independent  
Pharmacists  
are members  
of the  
Chamber  
of Commerce





# THE NUMBERS

## Independent Pharmacy Wellness Services

### Immunizations (flu)

84%

### Immunizations (non-flu)

80%

### Blood pressure monitoring

53%

### Diabetes education/management

30%

### Smoking cessation consultation

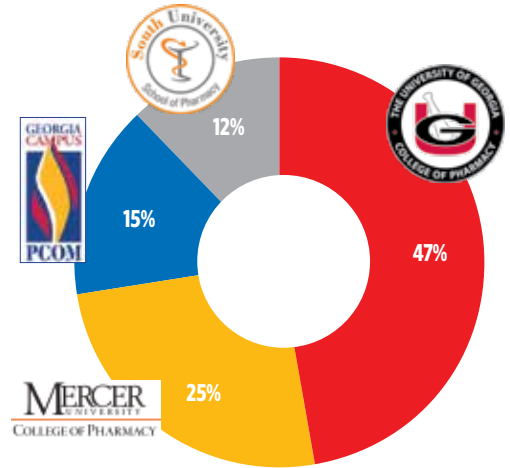
27%

### Weight management

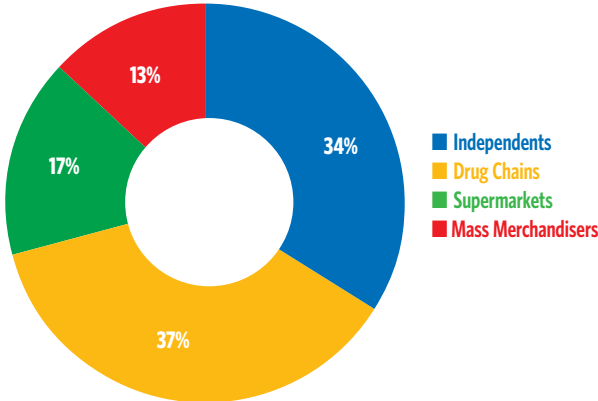
9%

Source: 2021 NCPA Digest

## GPhA Membership by School



## U.S. Pharmacy by Practice Setting



Source: 2021 NCPA Digest

Independents are **#2** behind chain drug stores

Georgia Pharmacists earn **92%** of national average

Georgia Techs earn **88%** of national average

2020 vs. 2021  
-5% Pharmacists  
-1% Techs

# Georgia Pharmacists

8,700

Georgia Pharmacist Annual Median Wage

\$118,900

# Georgia Pharmacy Techs

11,290

Georgia Pharmacy Tech Annual Median Wage

\$32,160

# US Pharmacists

315,470

US Pharmacist Annual Median Wage

\$128,710

# US Pharmacy Techs

415,310

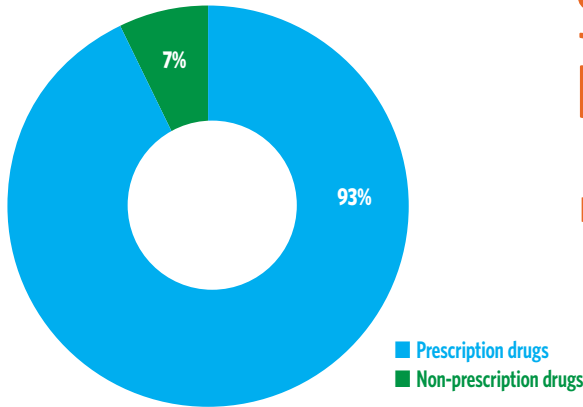
US Pharmacy Tech Annual Median Wage

\$36,450

Source: Occupational Employment and Wage Statistics (OEWS) by Bureau of Labor Statistics (BLS) May 2020

# THE NUMBERS

## Independent Pharmacy Gross Revenue



**\$67.1 billion**  
Gross revenue  
2020

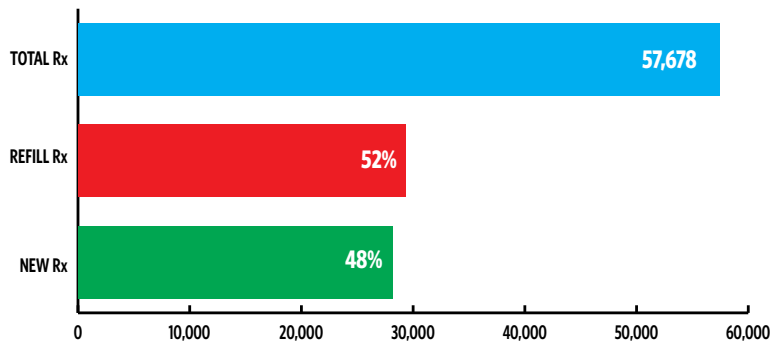


Average number of prescriptions dispensed per day  
**185**

Source: 2021 NCPA Digest

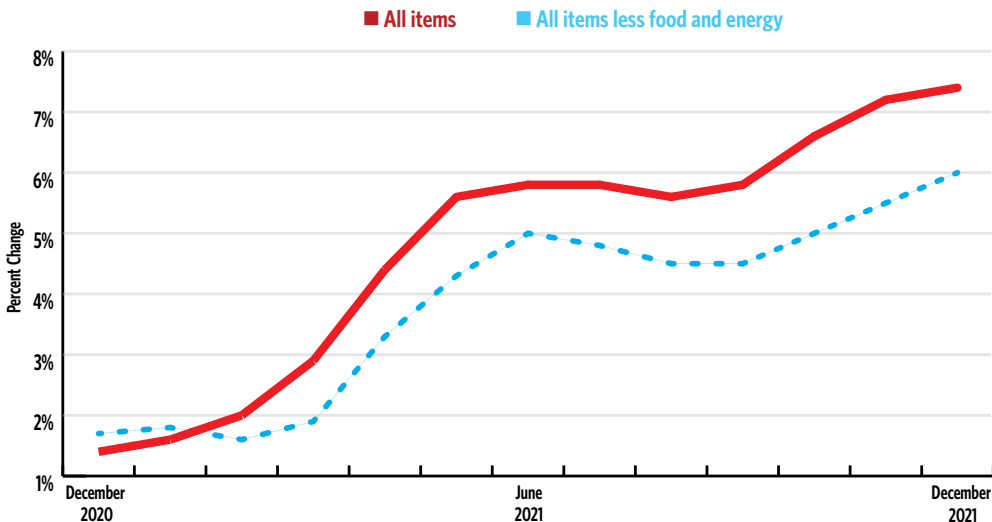
Percent of independents offering adherence programs (pill packs)  
**90%**

## National Average Number of Prescriptions Per Location



Source: 2021 NCPA Digest

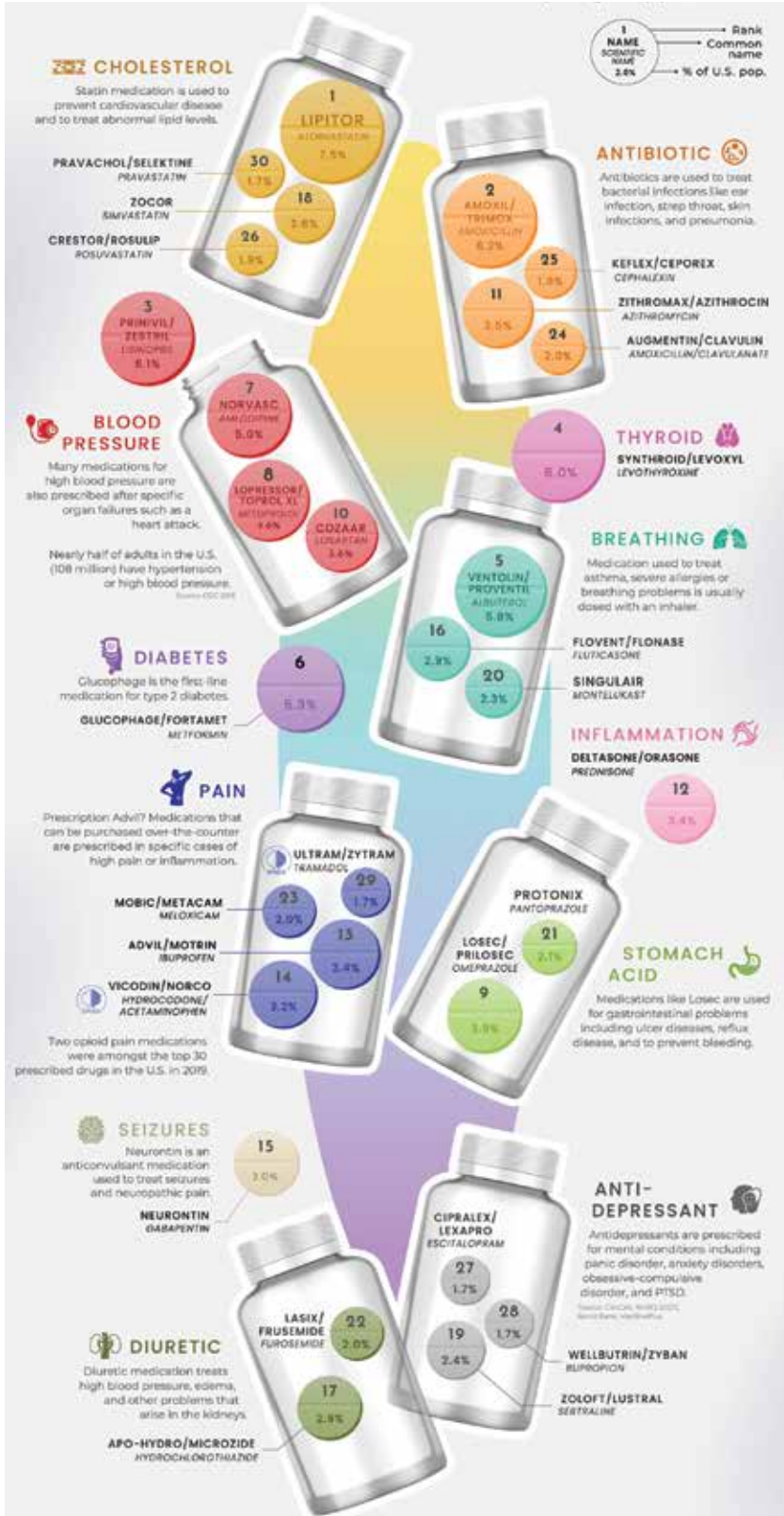
## Annual Change in Consumer Price Index (CPI), December 2020-December 2021



Source: US Bureau of Labor Statistics

# THE NUMBERS

## The Most Prescribed Drugs in America



## Top 10 Prescribed Drugs

Atorvastatin  
24,493,971  
(Lipitor)

Amoxicillin  
20,368,921  
(Amoxil, Trimox)

Lisinopril  
19,990,170  
(Prinivil, Zestril)

Levothyroxine  
19,698,087  
(Synthroid, Levoxy)

Albuterol  
19,085,418  
(Ventolin, Proventil)

Metformin  
17,430,765  
(Glucophage, Fortamet)

Amlodipine  
16,419,181  
(Norvasc)

Metoprolol  
15,177,787  
(Lopressor, Toprol XL)

Omeprazole  
12,869,290  
(Losec, Prilosec)

Losartan  
11,760,646  
(Cozaar)

Source: Data and graphic courtesy of <https://www.visualcapitalist.com/ranked-the-most-prescribed-drugs-in-the-u-s/>

## INVESTING IN PHARMPAC IS INVESTING IN YOUR PRACTICE.

The following pharmacists, pharmacy technicians, students, and others have joined GPhA's PharmPAC for the 2021 calendar year.

The contribution levels are based on investment through December, 2021.

### DIAMOND INVESTORS (\$4,800 or \$400/month or more)



**RALPH BALCHIN**  
Fayetteville



**CHARLES BARNES**  
Valdosta



**MAC McCORD**  
Atlanta



**SCOTT MEEKS**  
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**FRED SHARPE**  
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**DANNY TOTH**  
LaGrange

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Hugh Chancy  
Wes Chapman  
Keith Chapman  
Dale Coker  
W.C. Conley  
Ben Cravey  
Marshall Curtis  
Blake Daniel  
Al Dixon  
Annette Duncan  
Jack Dunn  
Vic Johnson  
Marsha Kapiloff  
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David Leach  
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Teresa Smith  
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Dennis Strickland  
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Bob Coleman  
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Neal Florence  
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Wallace Partridge  
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Bradley Piercy  
Terry Shaw  
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Renee Smith  
Richard Smith  
Dean Stone  
Krista Stone  
Austin Tull  
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Bryce Carter  
Matthew Crist  
Michelle Cruson  
Douglas Hall  
James Harkleroad  
Phillip James  
Brenton Lake  
Earl Marbut  
Leslie Ponder  
Henry Wilson, III  
Katherine Woods  
Lou Woods

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Robert Ault  
Kat Buescher  
J. Rance Cain  
A.F. (Sonny) Carroll  
Waymon Cannon  
David Clements Sr.  
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Guy Cox  
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Jake Davis  
Earl Henderson  
Lise Hennick  
Neal Hollis  
Charles Maret  
Roy McClendon  
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Joseph McEver  
Herschel Mize  
Pete Nagel  
Whitney Pickett  
Leonard Reynolds  
Victor Serafy  
Garrett Street  
Jordan Whitehead  
Kent Wirsing

Help us reach our goal for 2021. Visit [GPhA.org/PharmPAC](http://GPhA.org/PharmPAC) to find out more.



**2021 GOAL!**

\*As of December, 2021



# IMPACTING PHARMACISTS, PROVIDERS, AND PATIENTS

**JANN JOHNSON, PharmD, RPh, J<sup>3</sup> Consulting President and Scientific Content Expert**



### E-PRESCRIBING DEFINED

Electronic prescribing or e-prescribing is a prescriber's ability to securely and electronically send an accurate, error-free, and understandable prescription directly to a pharmacy from the point of care. Healthcare providers using

a software program and connectivity to a transmission network, can enter prescription information into an electronic device such as a tablet, laptop, computer, or smartphone, and securely transmit the prescription into the pharmacy's system.

### WHAT IS USEFUL TO KNOW?

The objectives of this article are to explore the key issues of e-prescribing and to delve into some of its benefits and challenges. Insider opinions surrounding pharmacists, prescribers, and patients will also be examined. Finally, the legislative landscape is reviewed.

### ADVANTAGES TO CONSIDER

There are many drivers contributing to the increased use of e-prescribing. Benefits of e-prescribing include improving healthcare quality and services, enhancing patient safety, and serving as a more convenient, cost-effective mechanism for clinicians, pharmacies, and patients.

Patient safety is clearly the most important benefit. E-prescribing promotes patient safety by generating legible prescriptions that have been checked at the time of prescribing against the patient's electronic medication profile or electronic health record (EHR) for possibly harmful interactions. Studies show that e-prescribing is associated with an error reduction rate. Medication errors and adverse drug events contribute to approximately 7,000 deaths a year, with an estimated cost for drug-related morbidity and mortality exceeding \$77 billion a year. Furthermore, e-prescribing facilitates care coordination

and clinical decision-making by providing decision support features such as checking for drug-drug, drug-allergy, and drug-dose interactions.

It may sound counter-intuitive, but studies indicate e-prescribing technology actually can increase communication between patients and their prescribers and pharmacists. For example, prescribers use technology to check a patient's drug formulary and start a discussion with the patient about drug options. The net effect of these stronger relationships is a contribution to better health for patients, improved patient adherence, and better business health for pharmacies.

### RISKS AND CONCERNS

Conversely, e-prescribing is associated with drawbacks such as failure to properly implement e-prescribing, cost of training and maintenance, the emergence of e-prescribing errors, lack of computer support services, distracting system design features, unclaimed e-prescriptions, and complicated EHR systems.

### ELECTRONIC SOFTWARE GLITCHES

While electronic prescribing has been shown to reduce medication errors and improve prescribing safety, it is vulnerable to error-prone processes. Glitches include missing information and inaccuracies, ineffective auto-filling and drop-down menus, drug and patient mismatches, refill errors, and cancellation issues.

Findings suggest the continued need for pharmacists to intervene on e-prescriptions, leading to greater associated costs, dispensing times, workflow challenges, and inefficiencies.

Although e-prescribing eliminates certain errors, it potentiates new errors and reintroduces problems similar to those encountered with written prescriptions. These include omitted or inaccurate information, e.g., incorrect drug selection, wrong patient, incorrect directions, or inaccurate medication dose, quantity, or duration.

In one study, 81.3 percent of patients preferred electronic prescriptions to paper prescriptions; and 76 percent said their physicians did as well, sending their prescriptions to their local pharmacy electronically.

## INSIDER OPINIONS:

### PHARMACIST EYE VIEW

As studies show, the return on investment in e-prescribing technologies is both clinical and financial. In addition to better health for the patient, e-prescribing has a healthy business impact on the pharmacy such as reduced drug and operating costs. These reductions are a result of reduced redundancy and speed and efficiency of prescription refill requests, management of medication stocks, increased access to patient medication records, and improved pharmacy workflow.

However, e-prescribing, like any new technological development, comes with advantages and disadvantages. One of the most notable disadvantages is the introduction of prescription errors. Even though e-prescribing has the potential to significantly improve pharmacy efficiency and dispensing operations, there may also be disruptions/reductions in pharmacy workflow due in part to performing additional checks involved in error recovery.

### PRESCRIBER STANDPOINT

The American Medical Association (AMA) has acknowledged the benefits of e-prescribing functionalities, including the ability to review patient electronic medical records (EMRs), patient medication histories/profiles, formulary information, prescribing guidelines, and safety alerts. These reviews help reduce the risk of adverse drug events, drug interactions, disease contraindications, and out-of-pocket costs for patients.

When e-prescribing is fully implemented in the office environment, prescribers find that improvement in the efficiency and convenience of prescriber workflow increases, and overall operating costs are lowered. Because pharmacies have the capability to electronically request refills and pose questions, this enhances efficiency, e.g., fewer calls for the prescriber,

and the prescriber's convenience in reviewing refill requests.

Challenges include usability and complexity. Some prescribers' offices do not make extensive use of computer technology. For those prescribers, introducing an e-prescribing application is a major hurdle.

### PATIENT PERSPECTIVES

One benefit evident for patients is increased and improved convenience. Patients arrive at the pharmacy and have their prescriptions waiting for them, thereby decreasing wait times. Researchers conclude that e-prescribing may also influence medication-related behaviors through the patient perception of increased convenience.

However, patients may arrive at the pharmacy before an order has been received resulting in patient discontent and increased waiting times.

In one study, 81.3 percent of patients preferred electronic prescriptions to paper prescriptions; and 76 percent said their physicians did as well, sending their prescriptions to their local pharmacy electronically.

Furthermore, nearly 30 percent said e-prescribing improved their adherence to medication, with more than 60 percent indicating that e-prescribing improved the care they received from their pharmacists.

## THE LEGISLATIVE LANDSCAPE

### E-PRESCRIBING LAWS: FEDERAL MANDATE

Every year, prescription errors, drug reactions, and dosage miscalculations send 1.3 million Americans to the emergency room. In an effort to curb these dangerous prescription mistakes, legislation required Medicare Part D practitioners to begin electronically prescribing Part D drugs requiring prior authorization on January 1, 2021. Medicare Part D prescribers in every state are subject to the above-stated mandate and must comply.

### THE CONTROLLED SUBSTANCES PICTURE

In 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act was passed by the federal government. Stirred by the opioid crisis, state legislatures began enacting e-prescribing laws that required prescriptions for certain medicines to be sent electronically to the pharmacy. The position was that electronic transmission would cut down on fraudulent paper transactions.

The Drug Enforcement Administration (DEA) released the Electronic Prescribing of Controlled Substances (EPCS) proposal. This allows prescribers to write prescriptions digitally, saving them time, en-

ergy, and risk in the process. While EPCS may seem like a minor change in the world of EHR, the ability to electronically transmit prescriptions for Schedule II-V drugs is a wide-reaching and transformative change to the way practitioners and administrators navigate the prescription landscape.

### GEORGIA STATE MANDATES

Medicare Part D prescribers in Georgia are subject to the federal mandate and must e-prescribe Part D drugs that require prior authorization, effective January 1, 2021.

While the state of Georgia currently has no general EPCS mandate, prescribers may choose to e-prescribe controlled substances. Of note is the Prescription Drug Monitoring Program (PDMP) designed to address the opioid epidemic. The Georgia PDMP is an electronic database used to monitor the prescribing and dispensing of controlled substances. It provides prescribers and pharmacists with critical information regarding a patient's controlled substance prescription history. Additionally, it can help eliminate duplicative prescribing and overprescribing of controlled substances and protect patients at risk of misuse.

### CALIFORNIA LAW

Beginning on January 1, 2022, almost all prescriptions written in California must be transmitted electronically according to the California Medical Association (CMA).


A pharmacy must have the capability to receive an electronic data transmission prescription on behalf of a patient from a healthcare practitioner. This ruling applies to both non-controlled and controlled substances.

Every year, prescription errors, drug reactions, and dosage miscalculations send 1.3 million Americans to the emergency room.

The law provides certain exemptions such as controlled substance prescriptions for use by a patient with a terminal illness, situations where e-prescribing is not available due to a temporary technological or electrical failure, a prescribing physician issuing a prescription to be dispensed by a pharmacy located outside the state of California, or a prescription issued in a hospital emergency department or urgent care clinic.

### CONCLUSION

In summary, the e-prescribing outlook is promising. There are many reasons why there is increased use of e-prescribing. Benefits to e-prescribing include improving healthcare quality and services, enhancing patient safety, and serving as a more convenient, cost-effective/savings mechanism for clinicians, pharmacies, and patients.

As this practice continues to evolve, it is critical to developing solutions to challenges associated with e-prescribing, e.g. cost, errors, and software issues. Also essential is keeping abreast of the transformative changes that impact federal and state mandates. 

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### References

- 1 Abramson E, Patel V, Pfoh E, et al. How physician perspectives on e-Prescribing evolve over time. A case study following the transition between EHRs in an outpatient clinic. *Applied Clinical Informatics*. 2016;7(4):994-1006.
- 2 Academy of Managed Care Pharmacy. AMCP. Electronic prescribing. Concept Series. Fundamentals of Managed Care Pharmacy 2nd Edition. July 2019. <https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/electronic-prescribing>
- 3 Centers for Medicare & Medicaid Services. E-Prescribing. Retrieved January 24, 2022, from <https://www.cms.gov/Medicare/E-Health/Eprescribing>
- 4 Georgia Department of Public Health. Prescription Drug Monitoring Program. Retrieved January 24, 2022, from <https://dph.georgia.gov/pdmp>
- 5 McKesson. E-Prescribing enables pharmacists to improve medication adherence. *US Pharm*. 2013;8(38)(P&T suppl):4-7.<https://www.mckesson.com/Blog/The-Impact-of-E-Prescribing/Physicians-Research-Institute-E-Prescribing-laws-How-does-your-state-compare-March-2020-Updated-July-2021>. <http://www.physiciansresearchinstitute.org/e-prescribing-laws-how-does-your-state-compare-march-2020/>
- 6 Rules and Regulations of the State of Georgia. Ga. Comp. R. & Regs. r. 480-27-02 Prescription Drug Order Requirements. Retrieved January 24, 2022, from <http://rules.sos.ga.gov/GAC/480-27-02>
- 7 Schiff G, Mirica M, Dhavle A, et al. Patient safety: A prescription for enhancing electronic prescribing safety. *Health Affairs*. 2018;37(11). <https://doi.org/10.1377/hlthaff.2018.0725>
- 8 State of California Department of Consumer Affairs. AB 2789 Bulletin: New Prescribing Laws Take Effect January 1, 2022. [https://www.dca.ca.gov/licensees/ab2789\\_bulletin.pdf](https://www.dca.ca.gov/licensees/ab2789_bulletin.pdf)
- 9 Zadeh P, Tremblay M. A review of the literature and proposed classification on e-Prescribing: Functions, assimilation stages, benefits, concerns, and risks. *Res Social Adm Pharm*. 2016;12(1):1-19. doi: 10.1016/j.sapharm.2015.03.001.

# A New Type of Hero

**BY LISLEY TOLEDO BROOKS, Mercer P4, Emergency Preparedness Response Intern at the Georgia Department of Health**

**MY NAME IS LISLEY**, but close friends and family call me Liz. I was born in the warm and beautiful city of Cienfuegos, Cuba. Growing up, I experienced the daily struggles of a third-world, socialist country. Fortunately, my mother envisioned a better life for her family, and she applied for a visa to immigrate to the United States. In 2006, we relocated to culturally diverse Atlanta. Nowadays when I visit Cuba, I immerse myself in the culture, pharmacies, and hospitals. Cubans experience shortages of common OTC and prescription medications (e.g., acetaminophen, ibuprofen, and lisinopril). My trips are an opportunity to aid, and a reminder to appreciate the commodities and freedoms I have in America.

I am a curious learner by nature and have a passion for helping others and for biological sciences. Healthcare and sciences are my callings, and I chased fulfillment by pursuing a bachelor's in science with an emphasis in biology. During my sophomore year, I was given the opportunity to engage in microbiology research. I developed great interest in microorganisms and their pathogenicity, genetics, and reproduction. In my last year of school, I started an internship at the Centers for Disease Control and Prevention (CDC), never imagining that I would find a new type of health hero; public health workers. Most public health employees work behind the scenes, but they play a vital role in protecting and improving the health and well-being of people.

Upon graduation, I was hired to work at the CDC, which increased my understanding and deepened my enthusiasm for this sector. Commitment to continuous learning, professional growth, and helping others, led me to leave CDC and pursue my doctorate in pharmacy. My interest and passion for public health encouraged me to request a rotation in this field as a fourth-year elective. Fortunately, I was assigned as an Emergency Preparedness Response intern at the Georgia Department of Health, under the supervision of Tracy Dabbs, PharmD.

November and December were pivotal in the ever-changing response to the Covid-19 pandemic. The first oral pharmacological agents to treat Covid-19 were submitted for Emergency Use Approval (EUA)



Lisley Toledo Brooks, Mercer P4, Emergency Preparedness Response Intern at the Georgia Department of Health

to the Food Drug and Administration (FDA). The published data and understanding of these agents were limited, but the questions were endless: How do these agents work? Who can take these medications? How effective are these treatments? What are the safety concerns? When will these treatments be available? How will these therapies be distributed? And many more. Foreseeing the necessity to inform our fellow pharmacists and pharmacy technicians, Dr. Dabbs asked me to investigate and prepare presentations on molnupiravir and Paxlovid™.

The first lesson I learned was the challenge of educating and guiding others with very limited data. The ability to answer the questions anticipated from colleagues required many hours of researching, hypothesizing, and strategic planning. Developing informative content required making educated predictions based on published data and similarities to previously marketed drugs. There was much we did not know (and still do not know) and admitting so publicly during Q&A sessions was a humbling experience.

In December 2021, the FDA issued an EUA for the use of the first two oral medications for the treatment of mild to moderate Covid-19, Paxlovid™ and molnupiravir. Both medications received their EUA around the time Omicron cases started to rise, and



the effectiveness of monoclonal treatments against this new variant was a concern. Omicron had been found to have over 30 mutations in the spike protein, which is the target for monoclonal antibodies; these changes could affect their efficacy. However, due to the mechanism of action of these two oral antivirals, we hypothesized they would be effective against Omicron, increasing the need and demand for these products.

Paxlovid™ is a combination of the newly developed drug, nirmatrelvir and ritonavir tablets,



Tracy Dabbs, PharmD, and Lisle Toledo Brooks, Mercer P4, pose with a Georgia DPH vehicle.

co-packaged for oral administration. Nirmatrelvir is an inhibitor of SARS-CoV-2 main protease, 3C-like protease, which inhibits the processing of poly-protein precursors and prevents viral replication. Ritonavir is an HIV protease inhibitor that has been on the market for a few decades now; it has no activity against SARS-CoV-2 but increases the concentration of nirmatrelvir by slowing down CYP3A metabolism. Under the EUA, Paxlovid™ may be prescribed to adults and pediatric patients, 12 years old and older, weighing at least 40 kg, who have tested positive for the virus, and are at high risk for disease progression, hospitalization, or death. Paxlovid™ is taken as 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir twice a day for five days. Therapy should be started as soon as possible and within five days of symptom onset. Dose reduction for moderate renal impairment (eGFR  $\geq 30$  to  $< 60$  mL/min) is recommended. Paxlovid™ is not recommended for individuals with severe renal (eGFR  $< 30$  mL/min) and hepatic (Child-Pugh Class C) impairment. Common side effects (incidence  $\geq 1\%$ ) are dysgeusia, diarrhea, hypertension, and myalgia. Pharmacists should screen for drug interactions as Paxlovid™ is contraindicated with medications highly dependent on CYP3A for clearance.

Molnupiravir was developed at Emory University

in Atlanta. This prodrug is metabolized and phosphorylated to pharmacologically active ribonucleoside triphosphate (NHC-TP). Incorporation of NHC-TP into the SARS-CoV-2 RNA by the RNA polymerase leads to lethal mutagenesis and inhibition of replication. Per the EUA, molnupiravir may be prescribed to patients of at least 18 years of age, who tested positive for SARS-CoV-2, and are at high risk of disease progression to severe illness, hospitalization, or death. Molnupiravir is available as 200 mg capsules. Patients should take four capsules (800 mg total) orally twice a day for five days. Treatment should be started as soon as possible post-diagnosis and within five days of symptom onset. There is no recommended dose adjustment based on renal or hepatic impairment. No drug interactions have been identified at this time, most likely due to data limitations. Common adverse reactions (incidence  $\geq 1\%$ ) are diarrhea, nausea, and dizziness. A concern for bone and cartilage toxicity has limited the use of this medication to adults only as it may affect the proper growth of these tissues in pediatric patients. Furthermore, animal studies have shown that molnupiravir may cause fetal harm when administered to pregnant patients. Although pregnancy status does not need to be confirmed, it should be assessed, and a pregnancy test is encouraged prior to treatment initiation in individuals of childbearing age.

Paxlovid™ and molnupiravir have received EUA approval for Covid-19 treatment, however, at the time of writing this article, neither medication has been approved for pre-exposure or post-exposure prophylaxis of Covid-19. Adverse events, drug interactions, and other pharmacodynamic and pharmacokinetic aspects of these drugs are not fully understood. These medications are new, scarce resources that can save the lives of patients at high risk for severe Covid-19 and minimize the burden on healthcare. The logistics for the allocation of these medications include complex and diverse factors that I would have never imagined.

Seeing this pandemic through the eyes of a public health pharmacist has been an amazing, eye-opening experience. We do not hear much about public health throughout pharmacy school, but this sector allows pharmacists to make a positive impact at a large scale. This rotation has strengthened my critical thinking and problem-solving skills by extending my knowledge and teaching me to look at product allocation from different perspectives. I am extremely grateful for the opportunity to contribute to the distribution of the first oral medications to treat SARS-CoV-2 infections. Based on my experience, I encourage pharmacy students to explore this field and consider ranking a public health rotation among their electives. [📍](#)



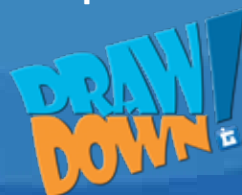
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- Ethics: Addressing Health Disparities
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- Review of Aspiration Pneumonia Treatment
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## PROFILE

# Dean Stone Elected Georgia Board of Pharmacy President

FROM THE *METTER ADVERTISER*

**DEAN STONE, RPh, CDM**, former GPhA Board of Directors President 2006-2007, owner and pharmacist of IHS Pharmacy & Gifts, has been elected by fellow members of the Georgia Board of Pharmacy to lead as President of the Board for 2022. The Georgia Board of Pharmacy is an eight-member board appointed by the Governor to protect, promote, and preserve the public health, safety, and welfare of the citizens of Georgia.


Stone's election as President of the Board will allow him to work alongside six other practicing pharmacists and one consumer member. They are responsible for the regulation of pharmacists and pharmacies in Georgia. The Board reviews applications, administers exam-



**“I look forward to taking the challenge on and working to protect the citizens of this great state.”**

inations, licenses qualified applicants, and regulates the practice of licensees throughout the state.

Stone expressed his gratitude by saying, “What an honor it is for the members of the Board to have such confidence in me to lead by electing me as president for 2022. I look forward to taking the challenge on and working to protect the citizens of this great state.”

Dean Stone received his bachelor's degree in Pharmacy from the University of Georgia in 1993. Since 1998, he has been the owner, president, and pharmacist for IHS Pharmacy & Gifts in Metter. He and his wife Krista live in Metter and have five children. 

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# Get Into Politics or Get Out of Pharmacy!

BY MELISSA REYBOLD, GPhA VP Public Policy



## WHEN I STARTED MY JOB

with AIP in 2013, I went to my first fall meeting in Macon at the Marriott Centerplex, as it was known back then. I had been a couple of times as a vendor while working as a wholesale representative for Cardinal, but this was my first time as an employee. I clearly remember a table near our check-in reception area labeled “government affairs.” I didn’t think much of it at first, but then I noticed how many independent pharmacists were stopping by to have really long, in-depth conversations before they went to their next continuing education program. I learned the booth was staffed by our lobbyists down at the State Capital. I remember asking, “Why in the world do we need lobbyists?” Later that morning, I noticed Jeff Lurey’s button on the lapel of his jacket that read, “Get Into Politics or Get Out of Pharmacy.” Right then, I realized I needed to find out the importance of this segment of the Georgia Pharmacy Association. Little did I know that it was an important segment!

Coming from Cardinal Health, I never heard any chatter about lobbying, PACs, or calls to action. I did not know that independent pharmacists were such an influential force at the Georgia State Capitol. Visiting a countless number of stores over the years, I heard the suggestions, pleas, and their willingness to get involved and reach out to lawmakers to help their patients and the pharmacy profession. There were many times the staff at AIP and GPhA would reach out to members and remind them to vote in an upcoming election or to take part in a call to action to their representatives about important pharmacy legislation. A recurring theme with independent pharmacists emerged in my daily store visits.

So many of them personally knew their legislators. Many pharmacists and their representatives or senators are dear friends, old college buddies, or members of the same church. It’s not uncom-



**Pharmacists are an important part of communities and legislators in Georgia absolutely care about their opinions.**

mon to hear pharmacists say they texted or called their representative’s personal cell phone to discuss a bill. Pharmacists are an important part of communities and legislators in Georgia absolutely care about their opinions. And for this reason, it’s not a coincidence that the Georgia Pharmacy Association has passed its legislative priorities for the past six years. Our legislative successes are due to our members’ participation, relationships, passion for the profession, and their advocacy on behalf of their patients.

The profession of pharmacy has been blessed to have a number of pharmacists serve in the state legislature over the years including currently with Representative Ron Stephens and Representative Butch Parrish (we are also lucky to have Congressman Carter in U.S. Congress). I am excited to report that, GPhA’s past President, Tim Short, has decided to join Georgia’s ranks of pharmacists in the statehouse and is running for Georgia House District 28! Please like, share, and follow his Facebook campaign page, Tim Short for State House. [📱](#)



# Defining Entrepreneurship Today

BY ALEXIS JONES AND ANDREA JONES, PCOM P3s

## ENTREPRENEURSHIP IS A LIFESTYLE OF

always knowing that there's an opportunity for growth. There's an infinite amount of space for improvement in this field, and that's what keeps the business owners two steps ahead. Launching a business is accompanied by a plethora of highs and lows, but the true joy comes from the valuable lessons learned along the way.

The most business-savvy people walk before they run, and the learning curve that comes with this process is what strengthens the "man" in the mirror. Imagine the roadblocks, speed bumps, and dead ends that one experiences before they finally run the victory lap they've longed for.

We'd like to think of entrepreneurship as riding a bike. Some get it on their first try, however, the majority don't. Typically, after many failed attempts and putting in a tremendous amount of effort, you finally get it! Sometimes bruises, broken bones, and feelings of defeat are riding along, just to remind you that it wasn't a cakewalk. That's what you remember, as the wind is hitting your face while you go for the very first time. You can taste success while on that victory lap and the feeling is truly unmatched. You put in the work, you shed tears, you never walked away, and experiencing that full-circle moment is unmatched.

Like Dr. Jonathan Marquess, PharmD, CDCES, FAPhA, you got up after being let down and continued pursuing your goal. Dr. Marquess is experienced in pharmacy management and owns 14 pharmacies and one disease management company, has over 100 employees, served as an AIP board member, volunteers within his community, and is currently the Georgia Pharmacy Association Vice President of the Academy of Independent Pharmacy. He has an unwavering dedication to healthcare. He is a successful, serial entrepreneur, with twenty-nine years of pharmacy ownership. He's always liked being a business owner, which is likely why there's a spark in his eyes and a lift in his tone when he says, "I love what I do!" He sells a



Jonathan Marquess, Alexis Jones and Andrea Jones at the GPhA office.

quality of life, which is why his employees are like family and are deeply invested in the business.

As a former Mercer professor, he is committed to teaching and investing in others. He feels it's right to invest in his community. Dr. Marquess shared that teaching was one of his favorite experiences as a pharmacist, however, he finds joy in rescuing pharmacies that are underperforming. He loves bringing them back to life. This not only shows his businessman acumen, but it also shows his compassion. He is willing to invest in someone else's dream and provide life support, in order to make sure the patients and community do not suffer. He finds solutions and his track record shows that he's good at it.

When evaluating pharmacies, Dr. Marquess said that he is most interested in "the location, the quality of the pharmacy, and the productivity—with patient considerations." Some entrepreneurs are only interested in cost. Like many buyers, he has an eye for validation and the most valuable lesson he learned was to not get his heart involved when considering a pharmacy purchase.

Entrepreneurs, both seasoned and new— please think about what will happen if you never give up. Society deeply appreciates your ability to identify a need and provide a solution. [📧](#)



# Sixty Years of History: **THE BOWL OF HYGEIA**

BY MICHELLE TURKINGTON, Georgia Pharmacy Magazine, Editor

**THE BOWL OF HYGEIA** is one of the most prestigious symbols of pharmacology, and along with the Rod of Asclepius, it is one of the most ancient and important symbols related to medicine in western countries. Hygeia was the Greek goddess of health, hygiene, and the associate, wife, or daughter of Asclepius. Asclepius' symbol is his rod, with a snake twined around it. Correspondingly, Hygeia's symbol is a cup or chalice with a snake twined around its stem. Hygeia was also invoked, along with her father Asclepius, and Panacea in the original Hippocratic Oath.

The Bowl of Hygeia has been used as a symbol of the pharmacy profession at least as far back as 1796, when it was used on a coin minted for the Parisian Society of Pharmacy. It has since been adopted by many more pharmaceutical associations worldwide, such as the American Pharmacists Association, the Canadian Pharmacists Association, the Pharmaceutical Society of Australia, and the Doctor of Pharmacy Association, Conseil de l'Ordre des Pharmaciens in France. The Bowl of Hygeia is a common symbol on signs outside of pharmacies in Europe. A mortar and pestle are more common symbols in the United States.

The Bowl of Hygeia is presented annually by GPhA, and all state pharmacy associations, to one pharmacist in each state with an outstanding record of service not only to the pharmacy profession but to the community as well. GPhA would like to recognize its Georgia recipients, going back sixty years. [G+](#)

## GEORGIA RECIPIENTS

2021	Laird Miller	1990	Newton W. Chism
2020	Drew Miller	1989	W. Rodney Harbin
2019	Ira Katz	1988	Eugene Argo
2018	Sharon M. Sherrer	1987	George Chapman
2017	Hewitt "Ted" Matthews	1986	Buddy Harden
2016	Hugh Chancy	1985	Randall Maret
2015	Ron Stephens	1984	Bobby Parham
2014	Robert Bowles	1983	Lee Roy Claxton
2013	William "Bill" Prather	1982	Harold Hodgson
2012	Tony Moye	1981	John Anderson
2011	Robert (Andy) Rogers	1980	Bentley Adams
2010	Flynn Warren	1979	Peter Griner
2009	James Bartling	1978	Winston Bullard
2008	Michael Farmer	1977	John Cooper
2007	Richard Smith	1976	B. Roland Reagan
2006	C. Ann Perry	1975	I. Pete Mills
2005	Larry Braden	1974	Alton Greenway
2004	Neal Florence	1973	John Marshall
2003	Samee Ellerbee	1972	Buren Baldwin
2002	Steve Wilson	1971	Armon Neel
2001	Franklin Landrum	1970	Neil Pruitt
2000	Eddie Madden	1969	Lucius H. Atherton, Sr.
1999	Bruce Broadrick	1968	William L. Morris
1998	John Sherrer	1967	Calvin H. Evans
1997	William "Bill" Atkins	1966	Jack Fincher
1996	Joseph Whaley	1965	Malcolm Forte
1995	Charles Hildebrand	1964	Jack Moran
1994	Jim Martin	1963	Clyde Hallman
1993	Deborah Lane	1962	LR Turpen
1992	Larry "Butch" Parrish	1961	James Hope
1991	Jeff Lurey		

# 2021 Recipients of the "Bowl of Hygeia" Award



Rebecca Sorrell  
Alabama



Richard A. Holt  
Alaska



Michael R. Blaire  
Arizona



Robert E. Hodge II  
Arkansas



Katherine E. Bass  
California



Nancy Stolpman  
Colorado



Jill Fitzgerald  
Connecticut



Megan Wiley  
Delaware



Paul Ackerman  
Florida



Laird Miller  
Georgia



Chris Lynch  
Illinois



Omolola A. Adeoye-Olatunde  
Indiana



Steven W. Saylor  
Iowa



Doug Funk  
Kansas



Melinda C. Joyce  
Kentucky



T.J. Woodard  
Louisiana



Amelia Arnold  
Maine



Charmaine Rochester-Eyequokan  
Maryland



JoAnn Sanborn  
Michigan



Bill Mosby  
Mississippi



Salim (Sam) Tadrus  
Missouri



Mike Bertagnoli  
Montana



Jennifer Tileman  
Nebraska



Cheryl Durand  
New Hampshire



Lucio R. Volino  
New Jersey



Jennifer Ortega  
New Mexico



Gary A. Rotella  
New York



Mollie Ashe Scott  
North Carolina



Terry Altringer  
North Dakota



Greg Adams  
Oklahoma



Amy D. Valdez  
Oregon



Trish Klatt  
Pennsylvania



Tara Higgins  
Rhode Island



Cheri Kraemer  
South Dakota



Thomas Marcrom  
Tennessee



Charlotte Weller  
Texas



Gregory Myers  
Utah



Troy D. Spaulding  
Vermont



Charles Tarasidis  
Virginia



C. A. Leon Alzola  
Washington



Merrie Kay Alzola  
Washington



Carolyn Rachel-Price  
Washington DC



Krista D. Capohart  
West Virginia



Hashim Zaibak  
Wisconsin



Craig Frederick  
Wyoming

Photo Not Available  
David E. Burke  
Ohio

Photo Not Available  
John T. Johnson  
South Carolina

Photo Not Available  
Fran D'Egidio  
West Virginia  
2020 Recipient  
Presented in 2021



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to [awards@naspa.us](mailto:awards@naspa.us). The Bowl of Hygeia is on display in the APhA History Hall located in Washington, DC.

# How do Pharmacy Techs Engage Patients about Nutritional Supplements?

BY CHRISTINE CLINE-DAHLMAN, BFA, CPhT, PharmTechForward, LLC



## WHILE PHARMACY TECHNICIANS CANNOT OFFER OR

engage in therapeutic counseling to a patient, they should always be mindful of their patient's needs. This mindfulness can be employed when

nutritional supplements are considered as part of a patient's therapy. Over the past several years, pharmacies have added nutritional supplements to their front-of-store product selection. COVID-19 brought forth increased patient interest as established data along with new data illustrated the benefit of nutritional supplements as an assist in protection against and recovery from this dreadful disease. Prescribers are recommending their patients "pick up a specific supplement at your pharmacy when you pick up your prescription medication."

Since technicians are not permitted to counsel patients on products that have a therapeutic purpose, how should they proceed if asked? Should they simply say, "I don't know; do you want to talk with the pharmacist?" This reply does not elicit a patient's trust in the technician. This scenario also illustrates a missed opportunity for patient care.

Pharmacology is an essential category for a pharmacist's education. The subject lets them know how medications work within the body and how it works in conjunction with other medications. Pharmacology instruction is a required subject by the American Society of

**"If a technician can learn about the pharmacology of medications – can they also learn about the pharmacology of nutritional supplements? Absolutely! And they should."**

Health-System Pharmacists (ASHP) and Pharmacy Technician Accreditation Council (PTAC) in accredited technician training programs. Technician students learn about medications and the recommended dosing, potential side effects, and therapeutic outcomes for the patient. They don't study as in-depth as a pharmacist, but they are well informed. There are pharmacology textbooks written just for technicians.

So, if a technician can learn about the pharmacology of medications – can they also learn about the pharmacology of nutritional supplements? Absolutely! And they should. The hospital technician's primary responsibility is taking the patient's medication history during in-patient arrivals. Community pharmacy technicians often help patients with their medication history during conversations for monthly MedSync tasks, along with an annual comprehensive medication review. When taking a history, all medications are recorded –

Disclaimer - References to medications along with nutritional supplements in this article are not meant to provide clinical or therapeutic recommendations.

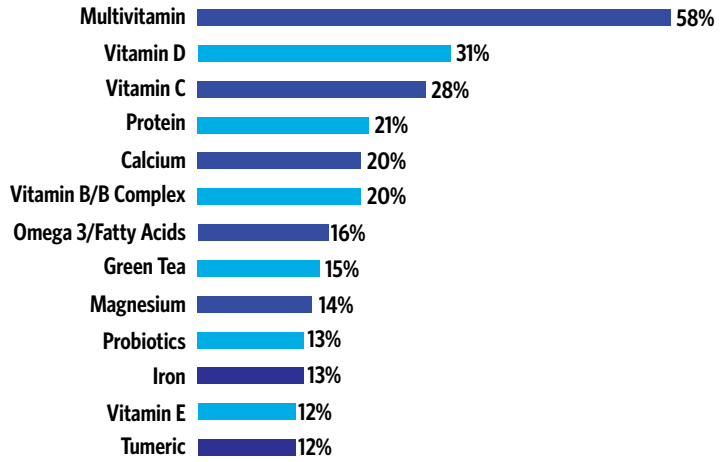


# CASE STUDY

A registered technician is working in the front section of the pharmacy. A patient comes to the pharmacy and asks if they carry licorice root. The tech does not know about this item. If the tech took time to learn, they would know that it has been used for centuries as a flavor additive. It can be steeped in hot water for tea. But recently, studies show that it is an anti-inflammatory. While the tech cannot make a recommendation to the patient, they could be informed and know if the product is stocked, ask questions to learn why the interest, and be prepared to invite the pharmacist into the counseling opportunity.

## 10 Most Popular Supplements Among U.S. Adults

% U.S. Adults, n=2,006



## Top Supplements for 2020

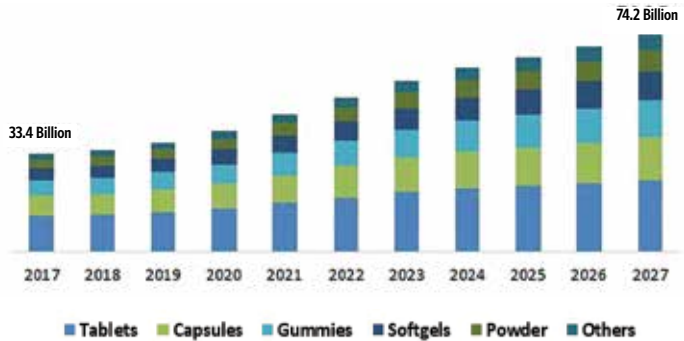
**#1**  
Multivitamins

**#2**  
Vitamin D

**#3**  
Omega 3

**#4**  
CO-Q-10

## Vitamin Supplements Market Size, By Form, 2017-2027



Source: www.kbvresearch.com

**\$46 Billion**  
The estimated annual 2020 spending for nutritional supplements.

**\$400+**  
The estimated 2020 annual spending by an individual for nutritional supplements.

**65%**  
Estimate of the number of Americans taking one or more nutritional supplements.

**25%**  
Estimate of adults age 60+ taking four or more supplements a day.

**1,400**  
number of supplements with clinical explanations listed in the Natural Medicine Database

**170,000**  
number of product listings with clinical reviews in the Natural Medicine Database



tech can add a note in the patient's profile.

Vitamin D deficiency has been on the Medicare radar for over 10 years. Several studies have indicated that melanin levels impact the absorption and processing of vitamin D. Medicare requires the monitoring of the levels in a patient as part of annual patient care. The importance of vitamin D gained attention during the pandemic, as appropriate levels of vitamin D seemed to help support immunity from the COVID-19 virus. Technicians should be advised about dosing for vitamin D – it can be purchased in a variety of strengths but is also often included in daily multivitamins along with calcium. Vitamin D is available in higher doses with a prescription – such as Ergocalciferol, taken once per week.

prescribed, over-the-counter, behind-the-counter, and nutritional supplements.

Another reason to become familiar with pharmacology is tech-check-tech responsibilities. While this advanced role is not currently available in Georgia, this training prepares the technician for a more accurate understanding of the supplements that are included in adherence packaging each month. Just like medications, a patient may take supplements for maintenance, improvement, or prophylactic purposes. Some examples are calcium (level maintenance), vitamin D or CO-Q-10 (improvement), and elderberry or zinc (prophylactic). There is another aspect about supplements that has become an important part of dispensing - nutritional depletion. Studies are now available that indicate how certain prescription medications either slow the natural production of a nutrient or stop the natural production completely.

The most recognized instance of this condition is connected to statin usage. Statins help manage cholesterol levels. Cardiovascular and hypertension treatments often include a statin. When a patient is placed on diabetes medication, the national guideline calls for the prescribing of a statin. Yet, studies show that statins impact the natural production of the CO-Q-10 enzyme. This enzyme supports heart and circulatory health. Pharmacists now recognize this relationship and counsel patients to add a CO-Q-10 supplement. When the technician enters the prescription order, it's the perfect opportunity for an improved patient experience, and the

Understanding dosing options will help a technician be mindful and prevent potential overdosing.

Where can technicians go to gain, qualified information about the role of nutritional supplements? They can start with The National Institute for Health, Office of Complementary and Integrative Health, which has science-based resources. The Pharmacy Technician Letter often has articles that relate to this topic, and its sister resource Natural Medicines Database offers peer-reviewed resources. If you are a technician working in a hospital, a chain, or an independent pharmacy under a franchise, there is a high probability that you have access to these resources on your learning platform. Maybe now, you have a reason to access and explore the content.

There are three designated, professionally-recognized areas of healthcare for training and practice that incorporate supplements as part of therapy. They are integrative medicine, sometimes called complementary medicine, functional medicine, and functional pharmacy. As healthcare professionals incorporate the recommendations from these resources, the communication tools for supplement products will increase. Technicians will need to understand the pharmacology and therapeutic purpose of supplements, so they can ensure patient safety.

Today, patients are more active in their health choices. They seek the pharmacy team that is prepared to partner with them for their wellness. This includes the technician with product knowledge. Technicians have a wonderful opportunity to expand their professional service roles. [📄](#)

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# What's Your Favorite Class?

**TAYLOR JUSTICE**  
MERCER UNIVERSITY, 2024



The second year of pharmacy school holds many new challenges, including starting our first true pharmacotherapy classes. This previous fall semester, we completed our endocrine pharmacotherapy course and I believe it has been my favorite class thus far. Learning about all of the intricacies of diabetes and how to manage such a complex disease state was so fascinating to me. I loved learning about the pharmacology of the drugs and the mechanisms through which they worked, while also learning the patient-specific care involved with diabetes from our clinical faculty. All of the information I learned held even more life value, because my grandmother is a type 2 diabetic. I began telling her about everything I was learning, counseling her, walking her through all of her medications, and guiding her through some activity and diet changes. During the fall semester, we were also learning how to perform point-of-care blood glucose and cholesterol testing. Surprisingly, while home on Christmas break, my grandmother needed help checking her blood sugar, as she was having a hypoglycemic episode. All that I had learned quickly came forward, as I helped care for her and tried to educate her on how to prevent such episodes from happening in the future. It was surreal seeing the real-world application of everything that I'd learned in my endocrine course, especially with a loved one. Learning about hormone replacement therapy, pregnancy, infertility, and contraceptives were also great topics in this course that I loved.

**DION BLOCKER**  
PCOM, 2023



For any pharmacy student, having to pick a favorite class in pharmacy school is a tough task. Pharmacy school isn't like how high school and undergraduate school were, where you are required to take classes that are surely important but may not cater to your personal interests! Every class that we take in pharmacy school is pertinent to the academic topic that we love most, which is pharmacy.

Even though the choice is difficult, my favorite class I have taken in pharmacy school has to be a class called integrated case studies. Before taking this class, I thought that it would be my least favorite because it's notorious for its difficulty among pharmacy students. The rumors about the class were 100% true.

Case Studies was the most interestingly difficult class that I have tackled so far. But oddly enough, I like how this course challenges me! There are no divisions of health that are not important in this course. In the case studies, we are given a case of a patient that presents with a specific problem, that brought them into the clinic. However, the interesting part takes place when we review the patient's entire chart, determine every way that they could be helped, and decide exactly what the patient needs according to different guidelines. It is realistic, because in the real-world patients usually have multiple disease states that need attention. I appreciate this course because even though most disease states are easier to study on their own, our patients in real life tend to need treatment for all of their other disease states.



## SIERRA LEJEUNE SOUTH UNIVERSITY, 2024



Being enrolled in a vigorous program has introduced me to many intriguing classes. My favorite thus far is pathophysiology. This is one subject that I can learn effortlessly. I find it interesting to learn about how and why disease processes occur in the body. This is what led me to pharmacy school. When I was a teenager, I watched the person who holds the majority of my heart suffer, my mom. She had home health nurses come to our home to care for her. They would give her medications to help treat her symptoms and make her more comfortable. As each nurse would come, I began asking more and more questions, "How do these pills work? Why are you applying that cream?" As she progressed in healing, my fascination with pharmacy began.

Pathophysiology prepared me to problem solve and gave me the knowledge to be able to answer all of the how and whys. This class taught me not only about the unique disease states but also the ways that modern medication can help to alleviate symptoms.

Understanding what is going on in a specific disease state at the cellular level prepares me to better help my patients. This class has been not only fascinating but beneficial for my career as well. I thoroughly enjoyed pathophysiology, and I am certain there are more classes coming up in the near future that I will enjoy just as much.

## ALANA HOLLIMAN UGA, 2024



As a 2nd-year pharmacy student, I have been exposed to various courses that have helped build a foundation for my pharmaceutical knowledge and offered insight on patient-centered care. One of my favorite subjects I have enjoyed learning about is human pathophysiology. This class is one of my favorite courses because it was very reminiscent of the anatomy and physiology courses that I was very interested in as an undergrad. However, there was more emphasis on medications used to build that pharmaceutical knowledge.

The course provided introductions and background information of several conditions that we learn about in further detail as we progress through the curriculum. Topics, such as blood disorders, neurological conditions, and the various endocrine pathways are first introduced in this course and then are expanded on in further detail in other courses, such as pharmacology, interpretations of lab values, and pharmacotherapy. This introduction provided a foundation for these later courses and led me to understand the content better since everything was not brand-new information to me.

Human pathophysiology also provided explanations on how the body works and what happens when an illness or condition disrupts the normal physiological processes. These explanations are helpful when counseling patients on their conditions and medications, so that they better understand their condition and how taking their medication can help them. Overall, this course has been very helpful in my progression throughout pharmacy school. [📖](#)



**DON'T MISS THE  
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From the GPhA President/Board Chair

# When a Convention is Unconventionally more than a Convention



MAHLON DAVIDSON

I have been a GPhA member since 1985. In my early career years, as a pharmacist married to a pharmacist, my vacation time was limited to two weeks per year. Deciding how to make the most of those two precious, seven-day spans of “pharmacy-free time” inevitably made for family drama. As my role in the association evolved, another vacation option was added. The Georgia Pharmacy Convention is traditionally held in June each year. I didn’t attend while in school, or for my first few years as a member, because I did not consider using one of my vacation weeks to meet with people like me and possibly talk about...work. (Back then, the convention ran from Sunday through Wednesday; currently, it is more conveniently held Thursday through Sunday.) At the cajoling of some pharmacy friends, I convinced my then-wife to attend our first GPhA convention in 1987.

This year I will be attending my 34th Georgia Pharmacy Convention beginning Thursday, June 9. While I have used a vacation week for nearly all, I have experiences spanning the southern foothills of the Appalachians, Callaway Gardens, to the highest point in the Blue Ridge Mountains — Mount Mitchell, near Asheville, North Carolina. I swam in the emerald waters of the Gulf of Mexico, Destin, Florida, and the crashing waves of the Atlantic in Myrtle Beach, Hilton Head, Amelia Island, and Ponte Vedra. I have even dined on the banks of the historic Savannah River with pharmacy friends who have become my pharmacy family, which I usually see only once a year at our

convention reunion.

In 2020, the COVID pandemic required the GPhA convention to go virtual, and through the tireless efforts of CEO Bob Coleman and his staff, we had probably the most successful pharmacy convention in the nation that year. In 2021, your board of directors boldly charged the staff to bring us back in person for our convention in Amelia Island, Florida. We felt our association needed the experience of the traditional gathering. To say it was a success is an understatement.

Those who donned their masks and attended were treated to three days of awesome fellowship and professional development in a wonderful venue. We restarted the momentum for years to come. Bob Coleman has told me more than a few times that when he can get pharmacy students to attend two conventions, he would have them as members for life.

I believe it’s true for all early members of our organization. Experiencing a convention adds incalculable depth to the membership experience. I hope those of you who have not yet attended a convention will start your own tradition this year in Amelia. I am confident you will find it a great beginning of many more to come.

As you read this, convention registration is in full tilt. If you have not yet registered or even considered attending, I implore you to do so. Let’s regain the momentum together in Amelia, enjoy each other’s company, and share our thoughts, ideas, and goals for our profession. [G](#)

*Mahlon Davidson is the Georgia Pharmacy Association President/Board Chair.*

# Be part of something good.

“My name is Kaitlyn Moss and I am a student pharmacist at Mercer University’s College of Pharmacy and I am from a small town called Perry, Georgia.

I am fortunate to receive the Neil L. Pruitt, Sr. Entrepreneurship Scholarship that will help me to achieve my goals as I strive to be an advocate for the profession of pharmacy as well as a voice for my community.



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- ✓ Access to telehealth and chronic care management resources through CriticalKey

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For more information, visit [GPhA.org](http://GPhA.org) or call  
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