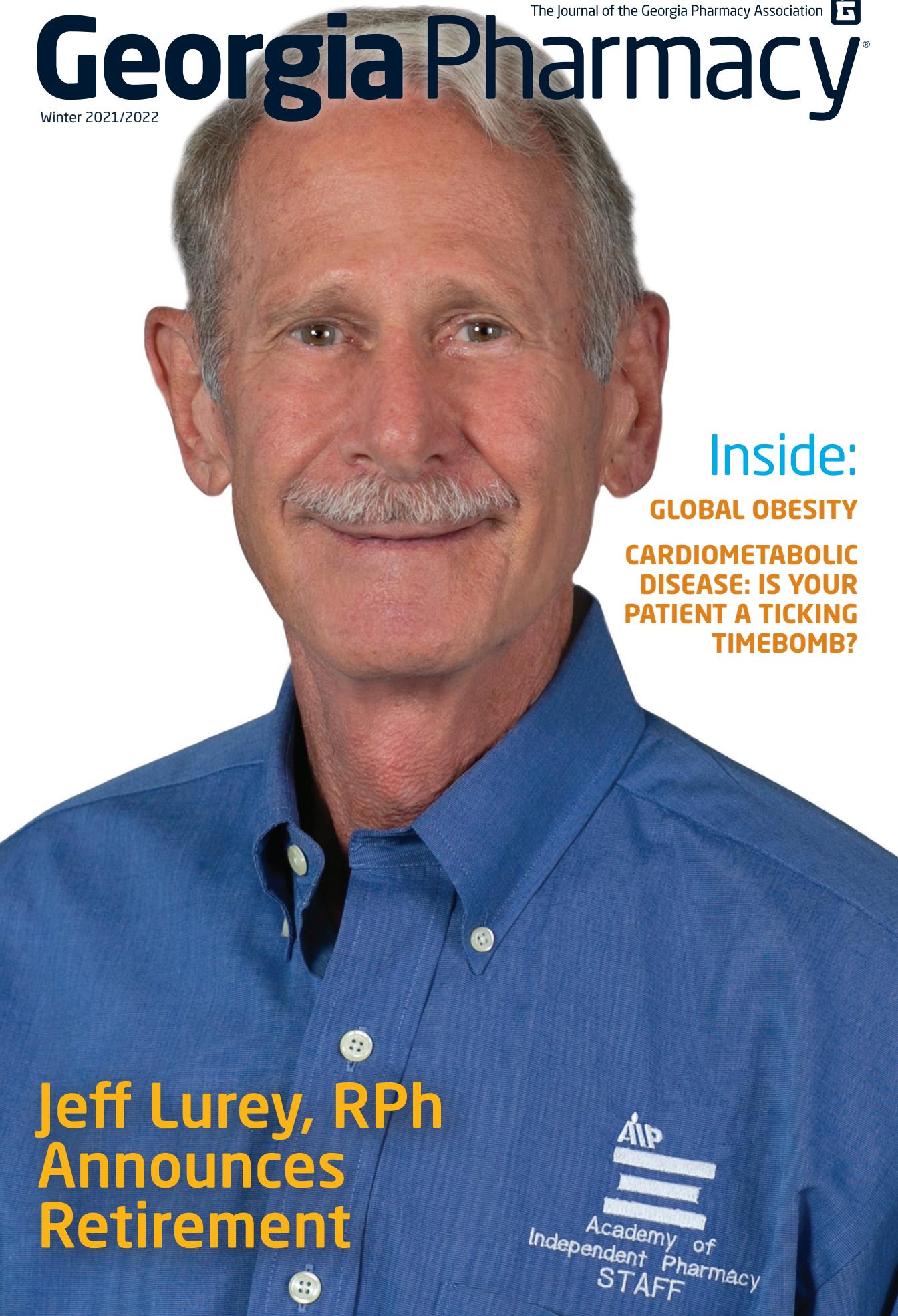


# Georgia Pharmacy<sup>®</sup>

Winter 2021/2022



**Inside:**

**GLOBAL OBESITY**

**CARDIOMETABOLIC  
DISEASE: IS YOUR  
PATIENT A TICKING  
TIMEBOMB?**

**Jeff Lurey, RPh  
Announces  
Retirement**

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## Georgia Pharmacy The Journal of the Georgia Pharmacy Association

**Georgia Pharmacy**  
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## From the CEO

# Engage!



**BOB COLEMAN**

Merry Christmas, happy Hanukkah, happy New Year, and a happy holiday season to all. While many will still be adjusting the way they engage with family and friends over the holiday season, it is probably safe to say that engagement will increase

this year over last, either in person, or virtually. That's due to any number of reasons from more people being vaccinated for Covid-19 to people just being tired of the whole thing and throwing caution to the winds.

As humans, we have an innate desire to be with others. So, if we can't visit in person, we turn to something as simple as a telephone call or as advanced as video conferencing technology like Facetime or Google Hangouts (does anybody remember Skype?) to engage with family and friends. And, for those deciding to engage in-person, some will continue to social distance, wear masks, and use hand disinfectant, while others will abstain from their use and just give out big, unprotected hugs!

According to an article from *Psychology Today*, "In our advanced digital age, one of the prevalent concerns regarding the increasing emergence of loneliness is how we have become less caring of others. At one time, our very survival depended on trusting and supportive relationships. Fundamentally, it doesn't matter how technologically sophisticated we become; emotional connectivity remains a core part of being human. We need each other—maybe not in the ways that characterized us evolutionarily, but for a need that remains essential for psychological survival."

Which brings me to the point of this pre-script. While I've made no bones about advocacy being the central pillar that holds the roof up on GPhA, engagement is just as essential. The GPhA staff, academy chairs, and region presidents work hard to develop opportunities for GPhA members and potential members to

engage with other members and even nonmembers. Just to name a few; the Georgia Pharmacy Convention, Fall and Spring AIP Member Meetings, Fall and Spring Region Meetings, academy events (did you miss the AEP virtual cooking event?), campus visits, Pharmacy on Tap, Day at the Dome, education and training opportunities...and the list goes on.

Your attendance is what makes these events. Not because they're great events (they are), but rather because of the ability for members to re-engage past relationships and build new ones. Over the last four and a half years, I've witnessed this happen over and over again, most recently during the Georgia Pharmacy Foundation's Ready. Aim. Phire! event. I witnessed hugs, handshakes, smiles, laughter, and stories that will long outlast the number of clay pigeons hit.

For students reading this, you may have heard me say that the relationships you build during your time in pharmacy school are just as important as your pharmacy education. You don't want to graduate at the top of the class, not knowing anyone. The new pharmacist being hired, not only did well in school, but also took the time to build relationships internally and externally.

So, if you haven't attended GPhA events, please consider doing so in the future. We need you. If there are opportunities you think we are missing for members to engage, please drop me an email or phone call. We're open to new ideas! In the meantime, take a minute to step back from work or school and meaningfully engage with your friends and family during this holiday season. From everyone at GPhA, happy holidays. 📧

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

# WELCOME NEW MEMBERS

By Mary Ritchie, GPhA Director of Membership

## Academy of Clinical and Health-System Pharmacists

Victoria Anderson, Centerville  
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Mandy Davenport, Brooklet  
David Dennard, Watkinsville  
Savannah Eichhorn, Fayetteville  
Nicole Goode, Kathleen  
Richard Lott, West Green  
Katherine McMichael, Newnan  
Kyler Miller, Athens  
Disha Patel, Cumming  
Brooks Payne Rode, Augusta  
Jonathan Riley, Athens  
Kunjan Shah, Acworth  
Ike Uzodinma, Suwanee  
Nate Williams, Lilburn  
John Yaeger, Conyers

## Academy of Employee Pharmacists

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Stacey Bonner, Columbus  
Mary Broadhead, Augusta  
Marci Brown, Cleveland  
Blaire Carter, Marietta, MI  
Ben Clark, Uvalda

Kristie Cox, Jacksonville, FL  
Benjamin Crawford, Kathleen  
Joanne Deutsch, Atlanta  
Robert Driggers, Vidalia  
Cassandray Gosa, Palmetto  
Jacob Hampton, Chickamauga  
Hollie Hightower, Macon  
Kacey Laney, Barnesville  
Valaree Lee, Baxley  
Elizabeth McGoldrick, Macon  
Roderick Miller, Jonesboro  
Kimberly Murray, Lookout Mountain  
Stephanie Nemyer, Griffin  
Duc Nguyen, Marietta  
Chizoba Odimgbe, Port Wentworth  
Christine O'Pry, Acworth  
Andrew Popovici, Gainesville  
Virginia Quillen, Decatur  
Mallory Rogers, Stone Mountain  
David Scott, Columbus  
Ryan Slack, Conyers  
Ashley Smith, Tarrytown  
Suzanne Sullivan, Dallas  
Vinod Tharian, Lawrenceville  
Lauren Werts, Pooler

Jasper Westbrook, Thomaston  
Miriam Williams, Evans

## APT-Academy of Pharmacy Technicians

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Latisha Carson, Jacksonville, FL  
Annika Ceresoli, Kennesaw  
Joyce Clark, Bloomingdale  
Tina Davis, Dacula  
Blake Garrett, Byron  
Sendu Gelemete, Kennesaw  
Jasmine Gudger, Calhoun  
Sara Hajarossadat, Cumming  
Kristina Hemphill, Bishop  
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Naava Lieber, Atlanta  
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Daniela Raducan, Brookhaven  
Toyia Simpkins, Canton  
Theodore Vaggalis, Lakeland  
James Wilson, Atlanta



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!

- Shannon Barbour, Savannah
- Claude Bates, Monroe
- Yvener Charles, Acworth
- Mahlon Davidson, Oxford
- Kathryn Debary, Macon
- Annette Duncan, Jackson
- Robert Dykes, Cochran
- Casey Gaetano, Sandy Springs
- Andrew Holt, Douglas
- Kameron Huffman, Savannah
- Ira Katz, Atlanta
- Heather Staton, Lafayette
- Theo Vaggalis, Lakeland
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## Follow Us



## CALENDAR

### DECEMBER 2021

December 4  
**GPhA's Immunization Delivery Training for Pharmacy Technicians**

December 5  
**APhA's Pharmacy-Based Immunization Delivery:**  
A Certificate Program for Pharmacists

### JANUARY 2022

January 23  
**APhA's Pharmacy-Based Immunization Delivery:**  
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### FEBRUARY 2022

February 16  
**Day at the Dome Mercer and PCOM**

February 24  
**Day at the Dome South and UGA**

### MARCH 2022

March 27  
**APhA's Delivering Medication Therapy Management Services:**  
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The contribution levels are based on investment through September, 2021.

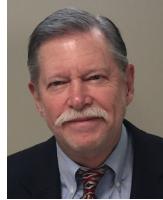
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**2021 GOAL!**

\*As of September, 2021

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**Georgia Pharmacy**  
ASSOCIATION

# CARDIOMETABOLIC DISEASE

Summarized from a PHARMACe webinar<sup>1</sup>, featuring **JEFF ROBINS, RPh.**  
Additional research by **MICHELLE TURKINGTON, Editor, Georgia Pharmacy Magazine.**

**HOUSTON, WE HAVE A PROBLEM.** According to Jeff Robins, RPh, FAARFM, FACA (in a webinar sponsored by PHARMACe), nearly 50% of American adults have cardiovascular disease. According to the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), cardiometabolic disease is the leading cause of preventable death in America and in the world. Approximately 650,000 people die from cardiometabolic disease each year. These patients are ticking-time bombs. "If we continue on this path, I believe that economically, we will not be able to sustain this amount of disease in our country. And that's where we come in as pharmacists," said Robins. "Very few people want to be obese," he shared. "We can do something about it as pharmacists."

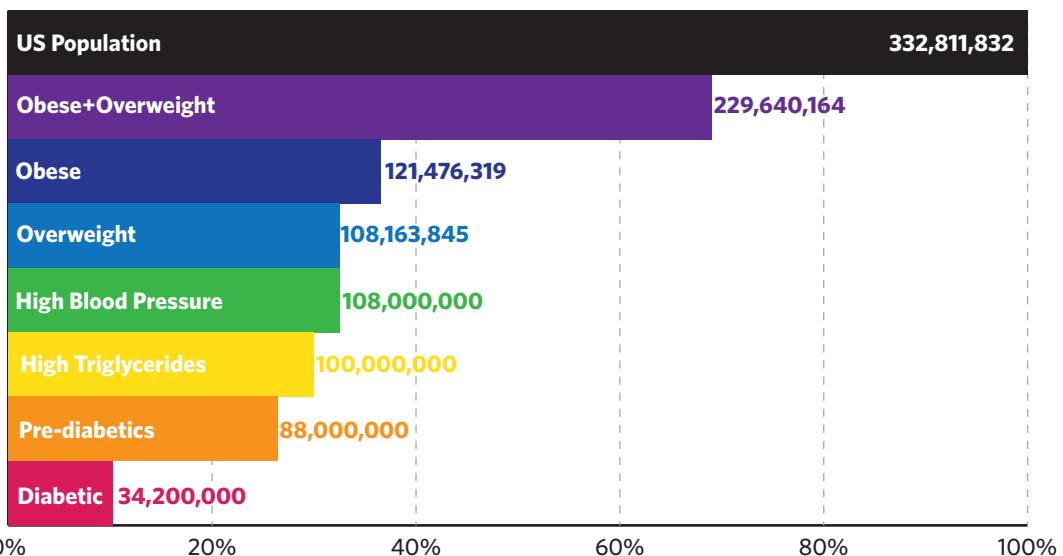
There are clinical indications for cardiomet-

abolic disease. The patient must have three of five of the below criteria to be diagnosed with cardiometabolic disease:

- High blood pressure  $\geq$  130/85mm hg, or receiving medication
- High blood glucose levels  $\geq$  100 mg/dL, or receiving medication
- High triglycerides  $\geq$  150mm/dg, or receiving medication
- Low HDL-Cholesterol  $<$ 40 mg/dL in men or  $<$ 50 mg/dL in women
- Large waist circumference  $\leq$  40 inches in men,  $\geq$ 35 inches in women

Fifty percent of patients have at least 3/5 of these clinical indicators. Now that's a scary statistic.

## 2020 American Health Statistics



Even 10-15 extra pounds of fat leads to inflammation in the body, as the fat cells release pro-inflammatory chemicals that affect our ability to process sugar and lead to hardening of the arteries.

### **CARDIOMETABOLIC DISEASE**

The path to cardiometabolic disease is very predictable. The muscle is the first to pick up glucose when we eat. It stores glucose in the form of glycogen. But if there is insulin resistance, the process is impaired, and glucose stays in the blood stream and goes to the liver. Insulin resistance in the liver makes it more difficult for the liver to absorb the glucose and store it as glycogen. The glucose turns to fat and non-alcoholic fatty liver deposits (NAFLD) develop. The glucose and fat tissues bind together and create inflammatory markers that are released into the body, which leads to progressive inflammation throughout the body.

Increased fatty acids, increased triglycerides, and very-low-density lipoprotein production, can lead to hyperglycemia and type II diabetes, and contributes to comorbidities like atherosclerosis, polycystic ovarian syndrome, Alzheimer's, and others. This is the cause of cardiometabolic disease.

Even 10-15 extra pounds of fat leads to inflammation in the body, as the fat cells release pro-inflammatory chemicals that affect our ability to process sugar and lead to hardening of the arteries.

The process starts early. If you are insulin resistant as a child, you are much more likely to progress to cardiometabolic disease. Thirty-three percent of 13-year-olds are destined to be type II diabetics.

### **USING NUTRITION TO IMPROVE PATIENT HEALTH**

Jeff Robins, RPh, FAARFM, FACA, recommends finding balance in blood sugar, inflammation, and cholesterol levels.

#### **Blood Sugar Balance**

Bottom line. We need to eat less sugar. Sugar itself is pro-inflammatory and it causes damage to the endothelial cells. The data is clear; the more sugar you have, the more fat you have. Robins recommends supplementing with berberine and alpha lipoic acid (ALA), especially in patients with insulin resistance. Berberine and ALA work by activating AMP Kinase (AMPK), an enzyme that improves glucose uptake and fatty acid usage within the cell, and insulin sensitivity improves.

Berberine is a chemical found in some plants like

European barberry, goldenseal, goldthread, Oregon grape, phellodendron (plant bark), and tree turmeric. When compared to Metformin, berberine exhibits an identical effect in terms of the regulation of glucose metabolism, as measured by hemoglobin A1c levels (HbA1c), fasting blood glucose levels (FBG), porphobilinogen levels (PBG), fasting insulin, and postprandial insulin levels, without the side effects of Metformin, such as nutritional deficiencies.

Alpha-lipoic acid is an antioxidant made by the body. It is found in every cell, where it helps turn glucose into energy. Antioxidants attack "free radicals," waste products created when the body turns food into energy. Free radicals cause harmful chemical reactions that can damage cells, making it harder for the body to fight off infections. They also damage organs and tissues. Robins recommends 600 mg of ALA twice a day for five weeks to improve neuropathic symptoms and pain.

#### **Inflammatory Balance**

For years, doctors, nutritionists, even the American Heart Association, have been encouraging people to consume more Omega-3s essential fatty acids (EFAs). Eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA), and docosapentaenoic acid (DPA) help maintain normal inflammatory balance.

EPA is a polyunsaturated fatty acid that acts as a metabolic precursor to important lipids (fats) known as prostaglandins. Prostaglandins control critical processes like inflammation, blood flow, and the formation of blood clots. It's also known to reduce symptoms of depression, ease symptoms of menopause, and slows the progression of rheumatoid arthritis.

DHA is an omega-3 fatty acid that is found along with EPA in cold-water fish, including tuna and salmon. DHA plays a key role in the development of eye and nerve tissues. DHA might also reduce the risk of heart and circulatory disease by decreasing the thickness of the blood, reducing swelling (inflammation), and lowering blood levels of triglycerides.

DPA fish oil is a new Omega-3 that's primarily sourced from a small, sustainable fish found in the Atlantic, called menhaden. In addition to its powerful anti-inflammatory and brain-boosting benefits, DPA fish oil absorbs faster than EPA and

is mercury and toxin-free.

For a healthy person, Robins recommends 1 gram per day to maintain a healthy plasma level. For patients attempting to reverse cardiometabolic disease state, he recommends a therapeutic dose of 2-4 grams per day.

There are several branded Omega-3 products approved by the FDA. They are more expensive than OTC supplements (and perhaps not covered by insurance and Medicare) and can be used after OTCs have been attempted.

- Epanova – carboxylic acid with DHA and DPA
- Lovaza – with DHA and EPA
- Omtryg – ethyl ester with DHA and EPA
- Vascepa – icosapent ethyl with EPA

### Cholesterol Balance

Cardioprotective polyphenolic flavonoids help maintain healthy cholesterol levels, such as Bergamot. Bergamot is a citrus plant from the coastal Calabria region in Italy. Bergamot has been shown to improve lipoprotein size, total cholesterol, low-density lipoproteins (LDL), triglycerides, glucose uptake, and hepatic function. Robins recommends 500 to 1500 mg per day for a minimum of six months, to improve lipid profiles, glucose levels, and to decrease liver steatosis.

Bergamot modulates hydroxymethylglutaryl-CoA, HMG-coenzyme A (HMG CoA) reductase, without affecting CoQ10 levels. Bergamot can help with inflammation, by AMPK activation, and is an antioxidant.

Omega-3s have several cardiovascular benefits. By inhibiting platelet aggregation and vasoconstriction, they prevent atherosclerosis. Omega-3s can prevent arrhythmia, by protecting from ventricular arrhythmia and preventing atrial fibrillation. Omega-3s can lower hypertension and actively manage lipids, lower triglycerides, and reduce liver inflammation. Omega-3s are also good for the brain, improving mood and fetal brain development, which makes it a great choice for pregnant women, along with folic acid.

Robins recommends supplementing for three to six months and lifestyle changes. Don't expect change if no lifestyle changes are made. Robins works with the patient's physician and monitors the patient's blood stats. After there is evidence of reversed disease state, he then begins the discussion of discontinuing prescription drugs.<sup>3</sup>

### References

- <sup>1</sup> <https://ompi.wistia.com/medias/7w4e2taz4u>
- <sup>2</sup> <https://www.cdc.gov/diabetes/basics/quick-facts.html>
- <sup>3</sup> <https://www.cdc.gov/nchs/fastats/deaths.htm>



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# JEFF LUREY RETIRING AFTER AN ACCOMPLISHED CAREER

**ATLANTA (September 2021)**, Georgia Pharmacy Association (GPhA) announces the retirement of Jeff Lurey, RPh, GPhA, VP of Independent Pharmacy, effective January 1, 2022. “Jeff has had a long and accomplished pharmacy career. He’s a pharmacy icon,” said Bob Coleman, GPhA CEO.

Lurey grew up in Warrenton and then Winder, Georgia, graduating from Winder/Barrow High School in 1965. He then attended UGA, studying chemistry, and went on to UGA School of Pharmacy (1965-1970). When asked why he went into pharmacy, Lurey said, “I have always liked science and math. Pharmacy allowed me to combine the two disciplines and make a good living at the same time.” He bought his first pharmacy in 1973, and



eventually owned five other apothecary-style pharmacies, which he sold in 1995.

“I think GPhA is the best state pharmacy association in the country (and has been for a very long time),” said Lurey. He has been a member

of American Pharmacists Association (APhA) since 1967, and a member of GPhA since 1970. He is a member of GPhA, APhA, National Community Pharmacists Association (NCPA), American College of Apothecaries (ACA), and many other social/civic/homeowner associations.

During his accomplished pharmacy career, Lurey served as the president of GPhA’s 5th Region in 1980 and ran for 2nd vice president in 1982. That started a long period of leadership service in numerous positions within GPhA (2nd vice president, 1st vice president, president, and chairman of the board).

Lurey helped start the Georgia Pharmacy Foundation and served as its chairman for many years. He also served on the Georgia Board of Pharmacy (12 years), the UGA Vision Plus Board, and the UGA Alumni Board. He has received the following awards:

- GPhA Appreciation Award
- GPhA Bowl of Hygeia Award
- GPhA 50-year Plaque
- GPhA Mal T. Anderson Outstanding Region President Award
- Mercer University Southern School of Pharmacy Carlton Henderson Award
- Merck Sharpe and Dohme Leadership Award
- McKesson Leadership Award
- NARD (now NCPA) Outstanding Leadership Award
- UGA Vision Plus Award
- UGA Distinguished Alumni Award

When asked to reflect on his 50 years of pharmacy, Lurey told us the biggest change during his tenure was computers. He remembers using manual typewriters to type labels and filing prescriptions by hand, “counting and pouring, licking and sticking.” Patient counseling (Medication Therapy Management (MTM) and Disease State Management (DSM) has also been a major impact on the services that pharmacists provide. Lurey said, “The most significant “negative impact” on pharmacy, in my opinion, has been the total take-over of our profession by Pharmacy Benefit Managers (PBM). I am optimistic we will regain control of our profession and I hope I live long enough to see that happen.”

Lurey is married to his wife Dale (for 51 years). They met at UGA in 1967 and it was love at first sight. They have one son, Alex (born 1974). Alex and his wife Tracy have two children, Richard (13) and Maren (10). They are all big animal lovers and have always had cats and dogs. The newest addition to the family is a cat named Willow. Lurey tells us he will eventually retire to Amelia Island, but will continue to visit Atlanta to see family and watch his grandkids grow up. We asked him what he plans to do in retirement, and he said, “Play a lot of golf.” If you know him, you know that’s right! “We look forward to continuing to work with Jeff in the future in a consultant capacity,” said Coleman. On behalf of the Georgia Pharmacy Association and the pharmacy community, we wish him the best. 📍

# ARE YOU ON TRACK FOR RETIREMENT?

Prepared by LPL Financial for MIKE TARRANT, CFP®

**WHILE WE ALL DREAM** of having a comfortable retirement, that journey for many has taken a different path since COVID-19. In today's market and economic conditions, older workers and retirees continue to express deep concern about protecting their wealth and ensuring it lasts throughout their retirement years. As healthcare costs and inflation continue to rise, obtaining experienced guidance in retirement income planning has become more important than ever before.

While most non-retired adults have some type of nest egg, only 36% think their retirement savings are on track, according to the Federal Reserve.<sup>1</sup> A separate survey from the Insured Retirement Institute<sup>2</sup> found that most workers don't have sufficient retirement savings and aren't putting enough aside to catch up.

The good news is that you can take steps at any point to increase your retirement savings and get closer to where you should be. Here are some helpful common benchmarks we can use to measure our progress, spurring us to catch up if we've fallen behind.

### KNOW THE NUMBERS

A good place to start your retirement odyssey is having age-appropriate savings goals. One common set of benchmarks relates to the amount of annual income you should save for retirement. The suggested amounts, broken down by age, are: 30-39 years (1-2 times annual salary), 40-49 years (3-4 times annual salary), 50-59 years (6-7 times annual salary), and 60-69 (8-10 times annual salary).<sup>2</sup> These are good starting points, but you should also factor in your target retirement age and desired lifestyle in retirement to personalize these savings goals.

Younger generations should turbocharge their retirement accounts. People in their twenties, thirties, and forties must contend with many draws on their incomes. If you've let your retirement savings languish, the most direct solution is to max out your contributions to your 401(k) and IRA. If possible, set aside at least 15% of your monthly income for retirement savings, more if you've fallen behind. Work with a financial professional to structure your retirement investments for the long run without undue attention to short-term market trends.

### GET SERIOUS IN YOUR FIFTIES

You should now take full advantage of catch-up contributions to your retirement accounts. Moreover, save any "extra" money that comes your way, including tax refunds, increases in compensation, bonuses, and inheritances. It's also a good time to decrease discretionary spending, knowing the money you don't spend now can be available for your golden years. Tweaks to your lifestyle can pay dividends for your health, well-being, and finances going forward.

### AUGMENT INCOME IN YOUR SIXTIES

Many folks in this age range decide to postpone retirement, partly because they like working and partly to continue adding to their retirement accounts rather than drawing them down. It's a great time to employ a lifetime of knowledge and skills by working side gigs and/or putting extra hours into your primary job. Work with a financial professional to plan your Social Security strategy, including the optimal claiming age and the role of spousal benefits.

### WHATEVER YOU DO, DO SOMETHING

It's important to not get distracted from your long-term plans for retirement. Start with small changes and then build upon your successes. Most of all, don't try to do it all by yourself. Contact a certified financial planner today and update your retirement plan to make sure you are on the right track. [f](#)



*This material was prepared by LPL Financial for Mike Tarrant, CFP®'s use.*

*Mike Tarrant is a GPhA corporate partner. To contact Mike, email [mtarrant@intfngroup.com](mailto:mtarrant@intfngroup.com) or call (770) 353-6414.*

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# SEARCH ENGINE OPTIMIZATION (SEO) FOR PHARMACIES

By JANELLE MCCARTY, Helium SEO

Making sure people can find your local pharmacy via a Google search is a tough task. There are so many competitors! Does your website show up for important search terms like “pharmacy near me.” There are so many things to think about in today’s digital environment. Let an expert like Helium-SEO.com optimize your site so that your pharmacy can be found during a Google search.

## DID YOU KNOW?

Google accounts for 92.54% of online searches, receives nearly 2.3 trillion queries each year. Only a fraction of people click on websites not found on the front page of search results. As a result, most organic-search ranking goes to sites that rank highly for related keywords.

The higher you rank, the more likely people are to see your website, products and services, and social media pages. The best SEO strategy works cyclically as you increase sales, credibility, and traffic, and then repeat the process.

## WHAT ARE SEO SERVICES?

An SEO services agency helps you appear higher on search engines like Google, Yahoo!, and Bing. The higher you show up on the search results,

the more likely people are to visit your website. According to SearchEngineWatch.com, websites on the first page get 91.5% of overall traffic, with the top result receiving 33% of clicks.

Using a SEO services agency increases your visibility through organic SEO strategies. The goal is to naturally improve search engine results through savvy keyword research and high-quality website content. Four of the core ways to build organic traffic include:

### Finding Quality Keywords and Topics.

Keyword research involves finding and analyzing words that people use to find your website. Search engine optimization caters your content to these terms to improve search results. Note that all keywords are not equally valuable. Common phrases, like “book” and “comics,” are significantly more difficult to rank for than long-tailed keywords.

Find keywords to help your organic SEO campaigns stand out from the competition. Target winnable words that improve your digital presence. SEO experts can build holistic campaigns that cover every aspect of your business.

**Creating Quality Content.** Outstanding digital content is crucial if you want to establish relevance online. A search engine rewards you for creating useful content, whether with photos, social media, or blogs. The content should be informative and worth sharing with other people. Consistently producing high-quality content boosts your website’s long-term authority and credibility. Google will bolster your search results if your material attracts visitors.

**Improving Technical SEO.** While improving technical SEO is not glamorous, it’s as important as writing blog posts and producing videos for your site. Technical SEO focuses on a website’s backbone, optimizing the site and server structure. The improvements make it easier for a search engine to



crawl and index your web pages.

An organic search agency strengthens technical SEO through secure sockets layers (SSL) and XML sitemaps. SSL creates an encrypted link between your server and the visiting browser, while sitemaps provide a search roadmap for crawlers.

**Bolstering Link Building.** When your brand is showing up on more and more searches, it will build credibility that your business is relevant and applicable to what people in your industry are looking for. Your website can have three different types of links: internal links, outgoing links, and inbound links. Internal links connect different pages on your website, while outgoing links forward visitors to another website entirely. The most important (and hardest to get) connection is the inbound link.

An inbound link happens when another website links to your site. The link shows that another website finds your content credible and useful, with additional links serving as further endorsements.

### WHY IS LOCAL SEO SO IMPORTANT?

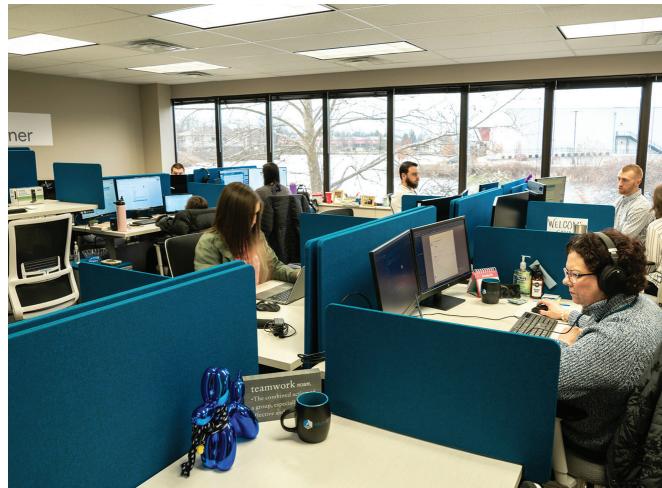
In today's digital marketplace it is becoming more and more common to see consumers searching for local businesses to meet their needs. Because of this, it is more important than ever to make sure that your company is using local SEO to stand out over your competitors in search results. Local SEO can be more challenging than your average SEO campaign because of the ever-changing nature of local search results.

These challenges make it extremely important to work with an experienced, results focused company that can provide the SEO campaign needed to increase your company's online visibility.

### HOW TO IMPROVE YOUR LOCAL SEO

Local SEO requires a combination of strategies to help your business stand out in local searches. These six steps are the foundation of local SEO strategy:

- 1. Use titles and meta description tags.** Having a title and meta description will not only improve search rankings but encourage users to click through to your page.
- 2. Become listed in online directories.** Getting your name onto various online business directories and websites can help potential customers discover local businesses.
- 3. Build local citations.** A local citation is any mention of your name or contact information for your business and will help users discover you.



The Helium SEO Team

- 4. Claim your "Google My Business."** Setting-up and optimizing your Google My Business profile will ensure customers can find you on local and map searches.
- 5. Cultivate Good Online Reviews.** Encouraging your customers to leave reviews will create more awareness to your brand and business on Google.
- 6. Optimize for local searches.** The number of people using their mobile devices to search for businesses on the go is another key reason to invest in local SEO. The amount of time spent on digital media in the U.S. is now higher on mobile devices than on desktops, and reaching these people searching for local businesses will provide your company with a very high conversion rate from potential leads to actual customers.

Your pharmacy deserves the best SEO service! Helium-SEO is proud to partner with the Georgia Pharmacy Association to help you with your digital needs. If you want data-driven SEO services with a proven track record of success, look no further than Helium SEO. Our company provides clients with the innovative solutions they need to stand out online. We streamline our approach to ensure you get the greatest return on investment for your site as efficiently as possible. [📞](#)



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# GLOBAL OBESITY

BY MICHELLE TURKINGTON, Editor, *Georgia Pharmacy Magazine*

## **OBESITY IS A GROWING GLOBAL HEALTH**

**PROBLEM.** Here we define obesity as when one is overweight, and it is a threat to their health. Obesity typically results from over-eating (especially unhealthy diet) and lack of exercise.

In our modern, convenient world, fast food, prepared food, and junk food are readily available. It's often easier and cheaper than healthy food. These foods are typically high in salt, sugars, and the wrong kind of fats. Junk food is the new cigarettes. This in combination with a sedentary lifestyle is the formula for disaster.

Much has been written about the causes of hunger in the face of abundant food production, due to things like land use, political and economic causes, etc. Eighty percent of the world's hungry children live in countries with food surpluses.

There is another side to this emerging trend: growing obesity. The World Watch Institute noted this a while ago and is worth quoting:

“For the first time in human history, the number of overweight people rivals the number of underweight people. While the world's underfed population has declined slightly since 1980 to 1.1 billion, the number of overweight people has surged to 1.1 billion.”

The number of overweight people has increased in recent decades. In the United States, 69 percent of adults are overweight or obese. A stunning 36.5 percent of American adults are considered obese. And the trend is spreading to children, with one in five American children classified as overweight. Obesity cost the United States 12 percent of the national health care budget in the late 1990s, \$118 billion, more than double the \$47 billion attributable to smoking.

Liposuction is now the leading form of cosmetic



surgery in the United States, for example, at 400,000 operations per year. While billions are spent on gimmicky diets and food advertising, far too little money is spent on nutrition education.

The World Health Organization (WHO) cited 1.6 billion adults (16 years+) globally were overweight and at least 400 million adults were obese. Shockingly, at least 20 million children under age five were overweight globally. Recent years have seen a large increase in those overweight or obese. Overweight and obese children are likely to stay obese into adulthood and develop noncommunicable diseases like diabetes and cardiovascular disease at a younger age. 

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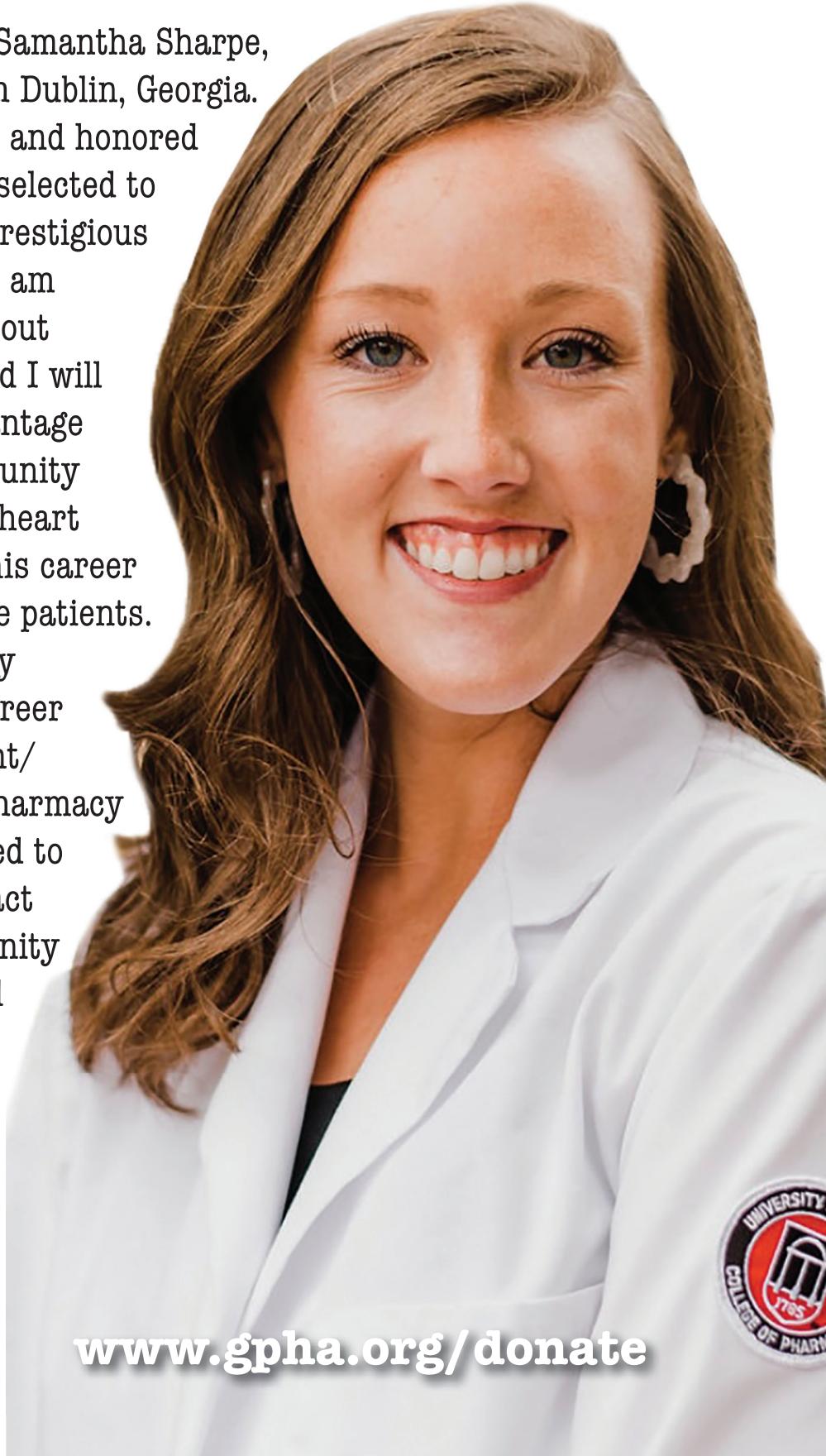
# Be part of something good.

“My name is Samantha Sharpe, and I am from Dublin, Georgia. I am humbled and honored to have been selected to receive this prestigious scholarship. I am passionate about pharmacy, and I will take full advantage of this opportunity by giving my heart and soul to this career and my future patients. I am currently pursuing a career in independent/community pharmacy and am excited to make an impact in my community and the world in my day-to-day work.”



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# BATTLING OBESITY— One Patient at a Time

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



### THE CALL TO ACTION

Are pharmacists able to help in the fight against climbing obesity numbers? The answer is yes, and the time is now! Achieving and maintaining weight loss for large segments of the population remains elusive despite evidence

demonstrating the value of many weight management programs.

Pharmacists have a front row seat when it comes to health. They have the ability and opportunity to interact with patients on a personal level. Additionally, pharmacists can seize the opportunity to be a real part of the healthcare team and address issues affecting almost ¾ of the U.S. population - obesity and being overweight. As obesity continues to affect millions of individuals in the U.S. and worldwide, explore what pharmacists are doing to make a vital impact on the lives of patients.

### OVERWEIGHT AND OBESITY DEFINED

According to the Centers for Disease Control and Prevention (CDC), weight that is higher than what is considered healthy for a given height is described as overweight or obesity. The World Health Organization (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that may impair health.

Body Mass Index (BMI) is a commonly used screening tool that classifies overweight and obesity in adults. A recently published study of BMI trends illustrates that for the first time in history there are now more people in the world who are overweight than underweight.

### PREVALENCE

Effective preventive and treatment efforts are critically needed especially with prevalence rates as high

as they are. WHO global estimates reveal that in 2016 more than 1.9 billion adults aged 18 years and older were overweight. Of these over 650 million adults were obese.

The most recent National Health and Nutrition Examination Survey (NHANES 2009-2010) estimated that 68.8 % of U.S. adults are overweight or obese. Furthermore, extrapolation of these NHANES data suggest that by the year 2030 more than one-half of the U.S. population will be obese.

The prevalence connection of childhood to adult obesity is strong. Negative consequences of childhood obesity do not stop at adolescence. Childhood obesity often leads to adult obesity and its related effects. Almost half of overweight adults were overweight as children. This upward trend is likely to continue.

### OBESITY – A LEADING WORLD HEALTH CONCERN

Not only is obesity occurring at an alarming rate, but it also increases the risk of diseases and can contribute to increased morbidity and mortality. Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer. These are among the leading causes of preventable, premature death.

Consequently, obesity contributes to three of the top five highest reported causes of death in the U.S. Obesity also increases the risk for and/or severity of other diseases, such as hypertension, stroke, obstructive sleep apnea, and asthma. Particularly relevant today, respiratory illnesses such as coronavirus disease 2019, pneumonia, and the seasonal flu are exacerbated by the fact that many severely obese patients have difficulty breathing. Comorbidity, unfortunately, translates into increased costs with the estimated annual medical cost of obesity in the U.S. being \$147 billion in 2008.



## THE ESSENTIAL ROLE OF THE PHARMACIST

Pharmacists are in a unique position to impact a patient's health profile through providing a range of services and interventions related to weight management. These include, but are not limited to disease management services. Pharmacist interventions in disease states that are often comorbid with obesity include drug therapy management and lifestyle modifications in cardiovascular disease and type 2 diabetes.

Medication Therapy Management (MTM) detects those prescribed agents that may have the potential for weight gain. Pharmacists also advise on appropriate pharmacotherapy use for obesity, e.g., focusing on the long-term picture rather than quick-fix OTC products.

Pharmacists discuss proper weight loss programs that include physical activity, nutrition, and exercise support; offer education sessions on various topics, e.g., reading nutrition labels and health risks associated with obesity; and provide material on credible, focused patient education such as health information leaflets, easy to use/find health information websites, and smart technology on cellular phones.

## COMMUNITY BASED SERVICES AND COLLABORATIVE PRACTICE CLINICS

With the increased focus on obesity as a health epidemic, pharmacists are in an even better position to incorporate weight management into the array of clinical services provided whether through community pharmacies alone or collaborative practice clinics/agreements between pharmacists, physicians, and other healthcare providers.

## COMMUNITY BASED SERVICES

Community-based pharmacists are the most accessible of all healthcare professionals. They possess the clinical skill, knowledge, training, and ability to

effectively improve patients' health. As far back as the late 1990s and coinciding with the pharmaceutical care paradigm shift, there is documentation of community pharmacists providing weight management services. With their special focus on healthy living, independent community pharmacies are ideally placed to provide accessible information and education on weight loss, healthy eating, and getting active. Community pharmacies may employ a medically designed/developed weight management protocol and/or a patient-centered, structured approach that supports permanent lifestyle change.

## COLLABORATIVE PRACTICE CLINICS

Studies have demonstrated the feasibility and success achieved utilizing existing resources and relationships, e.g., pharmacists collaborating with other healthcare professionals. Two studies demonstrated successful collaboration in achieving positive patient results: a pharmaceutical care center service successfully managed by pharmacy practice faculty, pharmacy residents, and pharmacy students; and a weight management clinic with collaboration from a range of healthcare professionals including pharmacists.

## HOW WELL ARE PHARMACISTS DOING?

Studies demonstrate that pharmacists can successfully implement a weight management service. In a recent study, a healthcare provider involved in a pharmacy-based weight management service including pharmacists, dietitians, exercise physiologists, physicians, and a psychiatrist, believed that pharmacists were well suited to deliver weight management services, especially given their regular contact with patients. Participants felt that pharmacists were already well trained to perform basic physical assessments such as weight, waist circumference, blood glucose monitoring, and pharmacotherapy counseling.

## THE PATIENT PERSPECTIVE

Pharmacists are the most easily accessible healthcare professionals and are increasingly being utilized by patients seeking help and advice about weight loss and obesity management. In addition, patients often perceive pharmacists as medication experts and may ask for assistance with OTC products such as vitamins, herbals, supplements, or nonprescription drug options specifically marketed for weight loss. Patients have also shown willingness and interest in receiving weight management services from pharmacists in the community setting. However, concerns include lack of awareness of the availability of health services through the pharmacy, privacy concerns, lack of comfort in discussing weight loss with pharmacy staff, perceived lack of pharmacist knowledge, and reservations about participating in a pharmacy-based weight-loss program.

What do patients need to know? Patients need to know that pharmacists offer much in the health and wellness industry with the main goal of preventing obesity and illnesses that develop because of weight gain.

## CHALLENGES TO OVERCOME

Given the evidence, involvement of pharmacists to impact weight management appears to have benefit. However, as the role of the pharmacist continues to grow, several barriers to expanded pharmacy services exist. These include lack of time, space, workload concerns, staffing needs, education, pharmacy practice models that hinder individualized counseling, reimbursement, and lack of patient demand/expectations.

## ACADEMIA – THE FUTURE

Improved obesity education and training particularly in the academic setting could help pharmacy students and other healthcare professionals

better communicate with patients. The reality is that many pharmacists agree that little training was received while in pharmacy school on weight management services. Furthermore, it was found that few schools incorporated these types of topics in their curriculum.

This gap in knowledge regarding obesity management presents an opportunity for pharmacy schools. By implementing obesity competencies into the curricula, colleges of pharmacy can help train future pharmacists to address the obesity crisis within their communities. This is particularly relevant given that obesity is a major risk factor for many chronic diseases and that obesity disproportionately affects people of certain ethnicities and those with lower socioeconomic status.

## WHERE DO PHARMACISTS START?

Pharmacists can begin to educate themselves and understand the power that their recommendations have! Patients trust in the knowledge pharmacists have.

Secondly, there are several resources for pharmacists to receive additional focused training on obesity as a disease state and weight management. These include published studies on successful implementations, national obesity guidelines/evidence-based services, textbooks or how-to books regarding marketing, certification /credentialing programs, and continuing pharmaceutical education (CPE) programs.

Regardless of the practice setting, there are several distinct roles pharmacists can take in providing weight management services. Pharmacists can provide information and recommendations on both OTC products as well as prescription medications. Pharmacists can also utilize point-of-care devices and provide more direct weight management services separately or in conjunction with other disease state management programs. 

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# GUT MICROBIOTA

BY MICHELLE TURKINGTON, Editor, *Georgia Pharmacy Magazine*

**AN ADULT HUMAN IS COLONIZED** by approximately 100 trillion microbes, most of which are predominantly found in the gastrointestinal tract (GIT), the largest population residing in the colon. The host genome controls the composition of gut microbiota, however many external factors such as diet, illness, lifestyle, hygiene, and the use of medications can contribute to changes in bacterial communities. Growing evidence illustrates that dietary modification may be extremely influential in accounting for gut microbiota variations.

Maintaining the heterogeneity and stability within the gut microbiota community is essential for promoting health. People with obesity have consistently demonstrated a reduction in diversity and richness in microbial populations, which can be reversed using weight loss interventions, such as a diet low in fat and animal products, and rich in fruit and vegetables. Microbial diversity has been linked to the metabolic function of gut microbiota and low bacterial richness has been suggested to be a risk factor for obesity and low-grade inflammation.

Obesity-related microbiome display enrichment in particular gene categories involved in carbohydrate and lipid metabolism, and enzymes involved in glucose and insulin signaling pathways are down-regulated. Le Chatelier et al.,<sup>1</sup> analyzed gene counts of obese and healthy subjects. Subjects identified with a low gene count (LGC) showed traits typical of an obese phenotype associated with greater overall adiposity, insulin resistance, and high cholesterol. LGC subjects also had increased levels of serum leptin, triglycerides, and free-fatty acids, high density lipoprotein-cholesterol, decreased serum adiponectin and an elevated inflammatory phenotype. Dietary restriction among overweight or obese patients is less efficient in LGC than in high gene count individuals, when targeting the improvement

of insulin sensitivity and lowering of lipid and inflammatory biomarkers.

A specific microbial signature associated with a diagnosis of obesity has still not been identified. The most common gut microbiota composition finding is a reduction in the butyrate-producing microbes together with an increase in pathogens. The exact mechanisms by which obese microbiota influence the development of obesity is still unfolding.

Gut microbiota have the capability to impact host physiology both to its benefit and detriment either directly or via microbial metabolites. Research indicates discrepancies in determining the cause or effect relationship between the gut microbiota and obesity. The relationship has partly been established at structural level; however, it seems that functionality rather than the composition of microbiota populations may contain the answers to the mechanisms underlying obesity. [1](#)

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# Elderberries

BY MICHELLE TURKINGTON, Editor, *Georgia Pharmacy Magazine*

**ELDERBERRY REFERS TO SEVERAL DIFFERENT** varieties of the *Sambucus* tree, which is a flowering plant belonging to the Adoxaceae family. The most common type is *Sambucus nigra*, also known as the European elderberry or black elder. This tree is native to Europe, though it is widely grown in many other parts of the world as well. *S. nigra* grows up to 30 feet (9 meters) tall and has clusters of small white- or cream-colored flowers known as elderflowers. The berries are found in small black or blue-black bunches. The berries are quite tart and need to be cooked to be eaten. The flowers have a delicate muscat aroma and can be eaten raw or cooked. Other varieties include the American



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elder, dwarf elder, blue elderberry, danewort, red-fruited elder, and antelope brush.

Various parts of the elderberry tree have been used throughout history for medicinal and culinary purposes. Historically, the flowers and leaves have been used for pain relief, swelling, inflammation, stimulating the production of urine, and inducing sweating. The bark was used as a diuretic, a laxative, and to induce vomiting. In folk medicine, the dried berries or juice are used to treat influenza, infections, sciatica, headaches, dental pain, heart pain, and nerve pain, as well as a laxative and diuretic.

Additionally, the berries can be cooked and used to make juice, jams, chutneys, pies, and elderberry wine. The flowers are often boiled with sugar to make a sweet syrup or infused into tea.

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<sup>1</sup> <https://www.webmd.com/vitamins/ai/ingredientmono-434/elderberry>

<sup>2</sup> <https://www.webmd.com/diet/elderberry-health-benefits>

# RANDOMIZED STUDY OF THE EFFICACY AND SAFETY OF ORAL ELDERBERRY EXTRACT IN THE TREATMENT OF INFLUENZA A AND B VIRUS INFECTIONS

BY IRA PLANER, Norm's Farms



## ELDERBERRY HAS BEEN USED

in folk medicine for centuries to treat influenza, colds, and sinusitis, and has been reported to have antiviral activity against influenza and herpes simplex.

A study by Z. Zackay-Rones, E. Thom, T. Wollan, and A. Jadstein<sup>1</sup> investigated the efficacy and safety of oral elderberry syrup for treating influenza A and B infections. Sixty patients (aged 18-54 years) suffering from influenza-like symptoms for 48 hours or less were enrolled in this randomized, double-blind, placebo-controlled study during the influenza season of 1999-2000 in Norway. Patients received 15 ml of elderberry or placebo syrup four times a day for five days, and recorded their symptoms using a visual analogue scale. Symptoms were relieved on average four days earlier and use of rescue medication was significantly less in those receiving elderberry extract compared with placebo. Elderberry extract seems to offer an efficient, safe and cost-effective treatment for influenza.

Previously, the efficacy of elderberry syrup has been investigated in a placebo-controlled, double-blind clinical study during an outbreak of influenza B in Panama.<sup>2</sup> A complete cure was achieved within two to three days in nearly 90% of

the elderberry-treated group vs. at least six days with the placebo group ( $P < 0.001$ ). The results of their study also showed that elderberry syrup is also effective against influenza A virus infections. Both studies show that the duration of the illness can be reduced by three to four days with elderberry syrup compared with the placebo.

The main flavonoids present in elderberries are the anthocyanin cyanidin 3-glucoside and cyanidin 3-sambubioside and are detectable in plasma after oral intake of elderberry extract.<sup>3</sup> A possible mechanism of action of elderberry extract in the treatment of influenza is that the flavonoids stimulate the immune system by enhancing production of cytokines by monocytes.<sup>4</sup>

In addition, elderberry has been shown to inhibit the hemagglutination of influenza virus and thus prevent the adhesion of the virus to the cell receptors.<sup>2</sup>

The anthocyanin found in elderberry extract also have an anti-inflammatory effect comparable to that of acetylsalicylic acid.<sup>5</sup> This could explain the pronounced effect on aches, pain, and fever seen in the group treated with elderberry syrup. The study also goes on to conclude that elderberry extract offers an efficient, safe, cost-effective supplement to the treatment of influenza A and B viruses. 



## References

- <sup>1</sup> Z. Zackay-Rones (Dept. of Virology, Hebrew University-Haddasah Medical School, Jerusalem, Israel) E Thom (PAREXEL Norway AS, PO Box 210, N-2001 Lillestrøm, Norway) T. Wollan (Jembanealleen 30, N-3210 Sandelfjord, Norway), J. Wadstein (Østra Rønnehlmsv 6B, 21147 Malmö, Sweden)
- <sup>2</sup> Z. Zackay-Rones, N. Varsano, M. Zlotnik, L. Manor O, Regev, M. Schlesinger, et al: Inhibition of several strains of influenza virus in vitro and reduction of symptoms by an elderberry extract (*Sambucus nigra* L.) during an outbreak of influenza B in Panama. *J. Altern Complement Med* 1995; 1: 361-369.
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- <sup>5</sup> H. Wang, MG Nair, G.M. Strasburg, YC. Chang, A.M. Boren, J.I. Gray, et al: Antioxidant and anti-inflammatory activities of anthocyanin and their aglycon, cyanidin, from tart cherries. *J Nat Prod* 1999; 62: 294-296

# Medicare Prescription Benefits and Senior Savings Model

BY IZABELA WELCH PHARM.D., BCPS, Population Health Management Clinical Pharmacist, Wellstar Health System, GPhA Board Member



### MEDICARE PART D BENEFITS

Every year, Medicare Open Enrollment starts on October 15 and ends on December 7. Any changes in coverage go into effect January 1st of the following year.

**Medicare Part D** is a prescription insurance benefit offered

to patients enrolled in Medicare. Medicare Advantage plans include Part D as part of the package, whereas patients in the original Medicare can voluntarily sign up for the Part D plan. Patients are responsible for the Medicare Part D premiums, deductibles and co-pays which vary between plans and phases of coverage. If a patient with traditional Medicare does not enroll in any prescription coverage but decides to enroll in Part D years after being first eligible—he or she will have a penalty premium added to the monthly payments. Phases of coverage include the deductible, initial coverage, coverage gap, and catastrophic coverage. Details of each phase are included in the table.

Each Medicare Part D plan has a **formulary** (a list of covered medications). **Tiers** (typically 1 through 5) represent the levels of coverage. Tier 1 signifies preferred generic medications and represents the lowest cost. The cost goes up from there with Tier 2 (generic), Tier 3 (preferred brand), Tier 4 (non-preferred drug) and Tier 5 (specialty medications). The following are ex-

Helping patients select the most suitable Medicare coverage will facilitate best care and may even improve patient outcomes.

cluded from Medicare Part D coverage: drugs for weight loss or weight gain, fertility drugs, drugs for cosmetic purposes or hair growth; drugs for the relief of symptoms of colds/cough or stuffy nose, drugs for erectile dysfunction, prescription vitamins and minerals, over the counter drugs and medical food.

Information on the available Medicare Part D plans per zip code and covered medications are available on the **Medicare Plan Finder** site: <https://www.medicare.gov/plan-compare/#/?lang=en>. For help with plan selection, patients may also be referred to the **Georgia Cares** organization which is operated by the Georgia Department of Human Services (1-866-552-4464, option 4; <https://www.mygeorgiacares.org/>).

### SENIOR SAVINGS MODEL FOR PATIENTS ON INSULIN

We all have heard of the struggles that our



Phase of Coverage	2022 breakdown	Description
<b>Annual Deductible</b>	Stage begins in January and ends when the patient's medication cost adds up to maximum of \$480. Some plans opt not have a deductible.	<ul style="list-style-type: none"> <li>• Patient pays full cost of medications until cost adds up to the amount of the deductible</li> <li>• Generic meds may be excluded from the deductible requirement</li> <li>• Plan premiums do not count toward deductible</li> </ul>
<b>Initial Coverage</b>	Stage begins when deductible is met and ends when the amount spent by patient and the plan adds up to \$4,430 (initial coverage limit)	<ul style="list-style-type: none"> <li>• Co-pay system (set dollar amount) or co-insurance (percentage of the drug's cost) in effect</li> <li>• Preferred brand name drugs average \$50/month on most plans</li> </ul>
<b>Coverage Gap (The dreaded "Doughnut Hole")</b>	Stage begins when the initial coverage limit is met and ends when the total out of pocket costs for patient reach \$7,050 (out of pocket threshold)	<ul style="list-style-type: none"> <li>• Patient pays 25% of the medication cost (brand and generic)</li> </ul>
<b>Catastrophic Coverage</b>	Stage begins when out of pocket costs reach \$7,050 and ends in December of each year	<ul style="list-style-type: none"> <li>• Patient pays 5% of the cost for each drug, or \$3.95 for generics and \$9.85 for brand-name drugs (whichever is greater)</li> </ul>

patients with diabetes go through to make sure they can afford insulin. The huge deductible at the beginning of the year and the 20% cost share in the Medicare Coverage Gap (the dreaded doughnut hole) have prevented many patients from adhering to their therapies. For these patients, the Centers for the Medicare and Medicaid Services (CMS) have created the Senior Saving Model (SSM) plans which offer predictable insulin out-of-pocket (OOP) costs regardless of the benefit phase. OOP insulin costs for Medicare beneficiaries enrolled in one of the SSM plans caps at \$35 per month per insulin type. The cap extends from the beginning of the year through the deductible phase all the way to the donut hole. It applies to both pen devices and vials of rapid-acting, short-acting, intermediate-acting, long-acting insulin, and mixed insulin. As an extra bonus, mixed insulin includes mixes with GLP1- agonist such as the insulin glargine/lixisenatide (Soliqua) and insulin degludec/liraglutide (Xultophy).

The SSM benefit is available to patients enrolled in the Traditional Medicare or Medicare Advantage plans, but not all plans offer the benefit. This year, there were over 1600 prescription drug plans that offered the perk and almost 14 million people enrolled in the SSM plans. More plans will offer the insulin cap in 2022 but patients still must be diligent to select

the SSM plans during open enrollment and have to make sure the insulin they are using is formulary preferred. CMS is looking at adding other medications to the SSM in the future, but for 2022, only insulin preparations will have the price cap. Patients qualified for Medicare Extra Help (lower income subsidy) will not receive any additional benefits by participating in one of the SSM plans.

One way to find which plans are part of the SSM model is to access: <https://q1medicare.com/> Once on this site, select **Medicare Part D** or **Medicare Advantage** and pick the **state/county**, then under **Other Options** check off the box for: **Insulin \$35 or less plans**.

For example, looking at the Medicare Part D options for Georgia (all counties) we get eight choices: WellCare Value Script, Mutual of Omaha Rx Premier, SilverScript Plus, Cigna Extra Rx, WellCare Medicare Rx Value Plus, Humana Premier Rx Plan, Anthem MediBlue Rx Plus, AARP Medicare Rx Preferred.

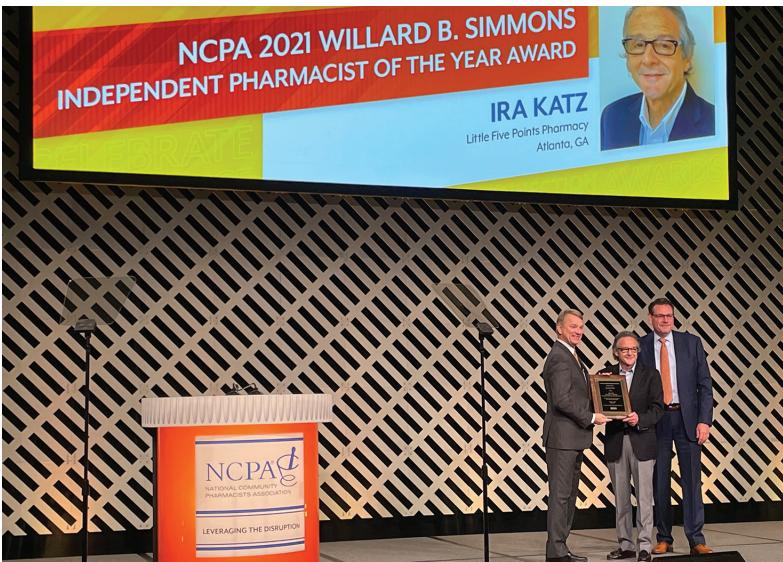
To find out more about Senior Savings Model please visit <https://innovation.cms.gov/innovation-models/part-d-savings-model>. The site also contains a link (Excel spreadsheet) to the full list of participating plans.

Helping patients select the most suitable Medicare coverage will facilitate best care and may even improve patient outcomes. [G](#)

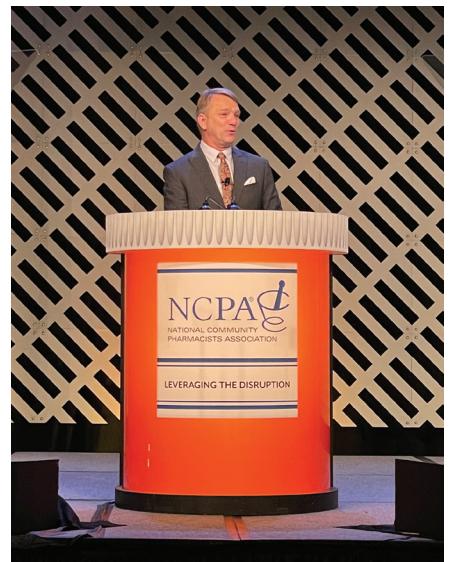
# 2021 NCPA Convention Awards



Georgia Pharmacy Association at NCPA convention.



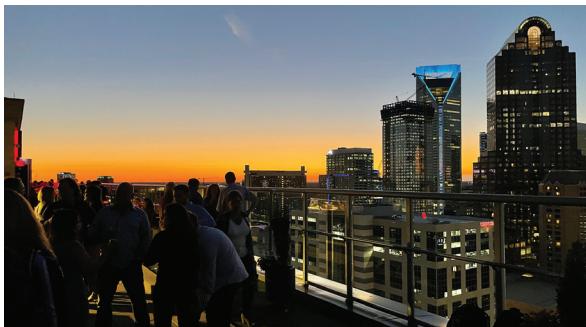
Ira Katz receives NCPA 2021 Independent Pharmacist of the Year.



Brian Caswell NCPA President.



Justin Wilson (Oklahoma owner), Hugh Chancy (Chancy Drugs, Hahira, Georgia, owner), and Cole Page (NCPA exhibitor).



A beautiful evening in downtown Charlotte, North Carolina.



Nikki Bryant (center) awarded 2021 NCPA Preceptor of the Year. Presented by Jasper Westbrook (left) and Liddy Cronan (right).



Liddy Cronan, Bob Coleman, and Jasper Westbrook at NCPA 2021 convention.



Sharon Sherrer, Nikki Bryant, Jasper Westbrook, and Liddy Cronan at NCPA convention.



Mercer students, faculty, and alumni at NCPA convention.



Nikki Bryant receives NCPA 2021 Preceptor of the Year.



Savannah Cunningham is awarded Neil Pruitt Sr. Memorial Scholarship for Entrepreneurism.



Carly Loudermilk, UGA, and Benjamin Briggs Hightower, UGA, are awarded scholarships.

# Ready. Aim. Phire! Was a Blast!

BY TERESA TATUM, Georgia Pharmacy Foundation Director

**WOW!** What a great time everyone had returning to Gay, Georgia for the 2nd annual Ready. Aim. Phire! sporting clays fundraiser, benefitting the Georgia Pharmacy Foundation.

We want to thank our sponsors for their support:

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Thirteen teams of four shooters engaged in some friendly, but fierce competition, each with their eye on the prize; being named Top Gun!

It was a beautiful crisp fall day and excitement was mounting in the air. These clay-pigeon obsessed, shotgun-toting pharmacists were clad in their best camo and motivated toward the win. The phierce pharmacists persevered, phiring away at the orange clay pigeons in the sky. "One dead. One lost," could be heard across the Quail Course.

Meanwhile, back at the ranch, GPhF staff and volunteers were busy preparing for BBQ, beer, and the finest raffle seen around these parts since last year. Raffle items included BBQ and Chick-fil-A gift cards, tools, rubs and spices, coffees, Yetis, and so much more. Many thanks to everyone who donated a gift basket or other item to the raffle!

The hottest items? Premium raffle items included custom built Adirondack chairs donated

by Hayes Eubanks, a charter fishing trip donated by Josh Newborn, nestxpro.com, and the coveted Retay Masai Mara shotgun donated by Dennard's Gun and Ammo in Soperton.

Again, the competition for these smokin'-hot items was phierce! Congratulations to Tommy Whitworth who walked away with the shotgun! Brad Smith loaded the Adirondack chair set into his pickup. Ben Ross scored the fishing trip.

Prizes were awarded to the overall highest scoring individual shooter (Top Gun), highest scoring team – (Clay Slayers), and of course, the lowest scoring team (Duck-n-Cover.)

**The Top Gun award went to Drake Tingler (Corona Crush)**

**The Clay Slayers award went to the Orange Crush (Scott Elliott, Brad Smith, Jason Smith, Casey Thomas)**

**The Duck-n-Cover award went to Wild Phire (Amy Miller, Laird Miller, Vickie Arnold, Mark Arnold), for the second year in a row!**

Many thanks to everyone for their support and participation. We look forward to seeing you all again next year!

Event proceeds benefit the Georgia Pharmacy Foundation's initiatives. The nonprofit funds 16 student scholarships each year, offers free CE and resources to stay mentally healthy, and supports opioid safety. Learn more and make your tax-deductible donation at <http://www.gpha.org/foundation/>





# Day at the Dome

### MARLEE CLEMENTS MERCER



As a future pharmacist, it is my job to advocate for my profession and my patients. However, I never really quite understood what this meant until I attended GPhA Day at the Dome my P1 year. With that being said, what is advocacy anyways? Advocacy is an essential process in the world of pharmacy. It allows our profession to fight for representation by proposing legislation that will advance our practice for both pharmacists and our patients. Once we arrived at the Capital, we flooded the floor with white coats and nervous smiles. It was honestly an exhilarating yet intimidating experience.

I thought I would just have the opportunity to speak with my representative about why I would like him to vote in favor of our legislation that was in session that day. However, that was not the case. I was obviously unaware of the fact that there would be some resistance to



these bills making it out of session. On that day, I learned what a lobbyist is. If you've never had the chance to experience this firsthand, let me tell you, they're intense. We had lobbyists trying to physically keep us away from the representatives to make sure we didn't get to share our passions with them.

I finally had the chance to speak with my representative, Tyler Harper. After our conversation, he invited me and two other student pharmacists to the Senate floor where I had the chance to see a session take place from the seat of a politician. My Day at the Dome experience is one of my favorites thus far in my pharmacy school journey. For any student pharmacists reading this, if you have the chance to attend this event each year, I encourage you to do so. I promise you will not regret it!

### KRISHNA PATEL PCOM



During my first year of pharmacy school at Philadelphia College of Osteopathic Medicine, I was able to participate in one of the most astounding events known as GPhA Day at the Dome. At this event, students and pharmacists from all over Georgia came together at the capitol building in Atlanta to advocate for pharmacy. My group had the chance to speak with Senator Burt Jones. We asked his opinions on a bill proposed to protect patient rights and allow for transparency within PBMs.

As first year pharmacy students, we felt extremely fearful that he may not want to converse with us or hear our opinions. After speaking with him, I was genuinely shocked at how easy it was to hold a conversation. His kindness towards our cohort was evident in our conversation. I absolutely felt out of my comfort zone but was ecstatic to see how quickly I could make a substantial political connection. This event has helped me become a better future pharmacist because it taught me that there is more to my profession than just drugs and their mechanisms. Advocating for our profession is equally as important as excelling in our studies and GPhA is an organization that I plan to be a part of for the rest of my life!

## DYLAN DANIELS SOUTH



Attending the GPhA Day at the Dome is truly a unique and incredibly valuable experience. It is a rare privilege to meet one-on-one with legislators that make vital decisions regarding bills directly impacting our profession. This experience provides students with a tangible opportunity to become involved in pharmacy advocacy and education related to existing bills that are being voted on. Interacting with current pharmacy professionals across the state of Georgia who represent us as future pharmacists is also a great chance for students to network and learn about how far our profession has come. In addition to these benefits, being inside the Capitol building is a humbling experience that simply cannot be substituted on a virtual platform; the environment alone encourages me to remain involved in the laws that directly impact our profession.

My advice to current students considering involvement in this year's Day at the Dome event would be to take advantage of every opportunity. Students will have larger, more obvious opportunities to learn from pharmacists, speak with legislators, and interact with other students; however, there are also smaller and more subtle opportunities available during this event. These include the chance to educate ourselves on pharmacy laws, grow our communication skills, and discover issues in the field of pharmacy that we become passionate about. This



will inherently motivate us to become more involved in the advocacy of our profession and inevitably help us to develop into better health-care professionals of the future.

## ANNIE BRIDGES UGA



Attending the Day at the Dome my first year of pharmacy school was an eye-opening experience. Leading up to the event, I viewed it as simply a requirement for pharmacy school and did not think it would be any more than checking a box, much less that I would enjoy it and learn so much. After we arrived at Day at the Dome, my perspective shifted. UGA was paired with PCOM for the day and several representatives of GPhA talked to us about how the day would unfold and what we were advocating for-- primarily more



transparency in the prescription drug market.

When we began talking to the Senators, I found myself speaking up and being one of the lead advocates for my group, which is actually a little atypical for me. I discussed the importance of medication price clarity with the senators in my region and one of them even invited me into the chambers to meet several other representatives! I learned the significance of advocating for my profession and for topics that are important in the profession of pharmacy. I also really enjoyed interacting with the pharmacy students at PCOM and sharing this experience with them. I am excited for the first-year pharmacy students to attend for the first time this year, and am looking forward to advocating for my profession along with them. [G](#)

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From the GPhA President/Board Chair

# Say it isn't so, Jeff!



MAHLON DAVIDSON

We all have had experiences in our lives we wished wouldn't end. That Six Flags trip at nine. The sheer elation of watching Herschel outrun an entire defense. That flutter when she appeared, so beautiful, walking up the aisle. Those moments when all your child wanted to do was climb up into your lap and watch whatever you were watching, only to fall asleep. That first paycheck as a pharmacist; Oh, the dreams I could conjure of my future!

Time marches on. Lumbar vertebrae compress. Athletes graduate and enter politics. Partners swap gowns for your sweatpants and babies drop off their babies for a night on the town. The direct deposits I receive monthly cover my obligations instead of financing my dreams.

My first experience with GPhA was a Region 5 fall meeting I was invited to in 1985. Knowing only the colleague who invited me, I remember feeling out of place and intimidated by the fellowship these pharmacists seemed to be enjoying (in those days, attendance at a region meeting could number over a hundred) while I wandered around during social hour. I was approached by this guy with a wide grin and his hand extended. He introduced himself and asked me about myself. We struck up a conversation about the organization and its structure and purpose. He thanked me for attending and personally invited me to join. During the presentation that evening, I discovered who this person was when he was introduced as the current president of the Georgia Pharmacy Association. Hence, the start of my relationship with Jeff Lurey.

Jeff owned a number of pharmacies and was recognized as a pharmacy and commu-

nity leader. He had a darling wife and son. When Jeff spoke, he did so in an informed, authoritative, yet disarming manner. When he spoke, people listened. He embodied all the qualities of my community pharmacist back home in Camilla and the reasons I wanted to be a pharmacist. I wanted to be like Jeff.

I joined GPhA the next week. Throughout the last 36 years, I have had the pleasure of interacting with Jeff in a number of capacities. We served together on the board of directors. We've shared committee assignments. We have found ourselves championing the same causes and, at times, opposing ones. Through those years, regardless of our respective sides, we always had the same goals; make pharmacy better, stronger and preserve the profession for future pharmacists. Jeff helped birth the Academy of Independent Pharmacists, serving as AIP Chair and becoming its Vice President over 20 years ago. He helped to create the Georgia Pharmacy Foundation, serving as its chair. Jeff also served the citizens of Georgia as a Board of Pharmacy member for twelve years.

In September, GPhA announced the retirement of Jeff Lurey, effective January 1, 2022.

Although Jeff will be staying on in a consultant role for GPhA, the news of his retirement brings me to contemplate an AIP and GPhA without Jeff Lurey. One of my professional mentors will be hanging up his hat soon and although all things must change with time, his presence will be sorely missed. I'm going to look forward to seeing Jeff and Dale at future conventions and, hopefully, more connection going forward, hoping that will never end. [G](#)

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



ANDREW KANTOR

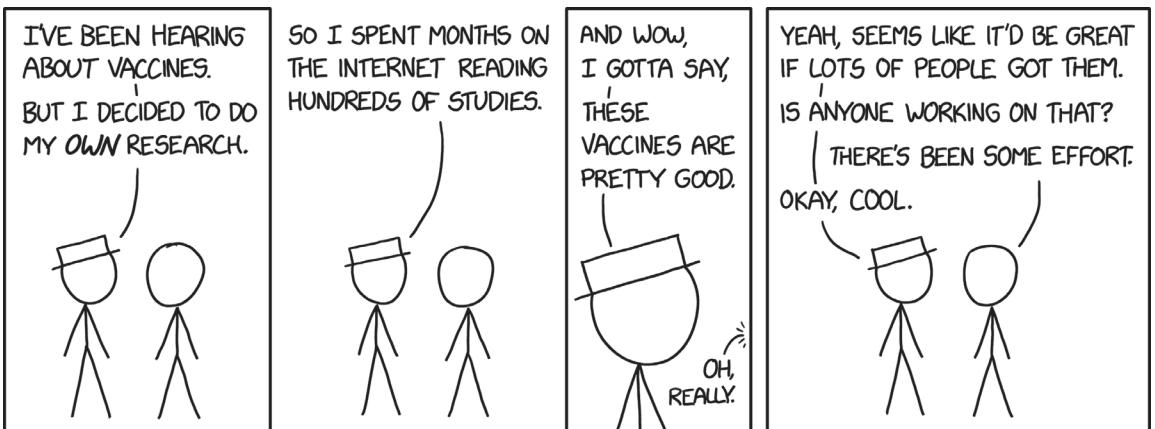
## Recently Approved Medication or Ancient Egyptian King?

It's time again to play everyone's favorite pharmaceutical game. Seven of these are novel drugs approved by the FDA in 2021. Five are names of Egyptian pharaohs from 1805BCE to 445BCE. Do you know which is which?

1. Amenmesse
2. Atogepant
3. Invega Hafyera
4. Jakafi
5. Kamose
6. Korsuva
7. Mavyret
8. Namlot
9. Nefrusobek
10. Pausiris
11. Saphnelo
12. Siptah



ANSWERS: Could you tell which were meds and which were Egyptian kings? 1. Amenmesse (ruled Egypt ca. 1203-1200 BCE) 2. Atogepant (Drug; potential migraine treatment) 3. Invega Hafyera (Drug for schizophrenia) 4. Jakafi (Drug for polycythemia vera) 5. Kamose (ca. 1552-1550 BCE) 6. Korsuva (Drug for pruritus) 7. Mavyret (Drug for hepatitis C) 8. Namlot (ca. 740 BCE) 9. Nefrusobek (ca. 1805-1802 BCE) 10. Pausiris (ca. 445 BCE) 11. Saphnelo (Drug for lupus) 12. Sogroya (Drug; human growth hormone)



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Sources: Drugs.com New Drug Approvals, Drugs@FDA New Drug Approvals, List of Rulers of Ancient Egypt and Nubia

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