The Journal of the Georgia Pharmacy Association

Georgia Pharmacy®

February/March 2021

Inside:

The Road to RECOVERY

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The Journal of the Georgia Pharmacy Association

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From the CEO

The Opioid Crisis Hasn't Gone Away

BOB COLEMAN

Covid-19 has dominated almost every news cycle since March of last year. One doesn't have to go far to learn the latest statistics on fatalities attributed to the virus. As of the time of this writing, according to the CDC, there have been over 282,000 fatalities of which 9516 were Georgians. The Institute for Health Metrics and Evaluations (IHME) forecasts by April 2021, over half a million fatalities in the US will be attributed to the virus. Clearly, it can be argued that Covid-19 is the largest health crisis, if not the largest crisis the US has ever faced.

We are hopeful and prayerful that as you are reading this, Covid vaccines are being administered across the globe and as several noted politicians and doctors have stated, "this is the beginning of the end of the pandemic."

But as headlines and newscasters report the end of the pandemic, I hope we will not forget that prior to the pandemic the US was wrestling with an opioid crisis that appears to have worsened. In fact, according to *The Lancet*, deaths from drug overdoses in the US have risen by 13% in the first half of 2020 versus 2019 with some states reporting over 30% increases. Knowledgeable experts have attributed this increase to the additional stress due to the pandemic, reduction in treatment centers, and housing instability. According to the Wall Street Journal, in a survey conducted by the CDC one in eight adults reported increased substance use since the pandemic began. Regardless of the reasons, more than 40 States have reported an increase in drug related overdose fatalities this year.

On October 16, an article in The Washington Post addressed the difficulty of finding solutions to the crisis when it reported, "Treatment for addiction is expensive and time-consuming and requires health-care professionals to sustain direct personal interaction with patients. Treatment is not a one and done, nor something done virtually."

But progress is being made. In November, the US Department of Justice reached a plea agreement on three felony convictions with opioid manufacturer Purdue Pharma, when Purdue pled guilty to fraud and kickback conspiracies.

> "I HOPE WE WILL NOT FORGET THAT PRIOR TO THE PANDEMIC, THE U.S. WAS **WRESTLING WITH AN OPIOID CRISIS THAT APPEARS TO HAVE WORSENED."**

The Justice Department's press release stated that under the terms of the plea agreement, Purdue agreed to the imposition of the largest penalties ever levied against a pharmaceutical manufacturer, including a criminal fine of $3.5 billion and an additional $2 billion in criminal forfeiture.

This edition of the Georgia Pharmacy Magazine looks at the opioid crisis from several viewpoints. Our thanks to former Board of Pharmacy President, Lisa Harris, GPhA Board of Director member, Joe Holt, and GDNA Director, Dennis Troughton, for their contributions.

Looking for something to do to celebrate getting your corona virus immunization? Make your plans to attend the Georgia Pharmacy Convention June 17-20 at the Omni Amelia Island Resort. The 2021 event will be bigger and better than ever. I keep hearing how much members missed being able to socialize with their peers due to the Covid-caused 2020 virtual convention. Now's the opportunity to renew old friendships, greet former classmates, get a jump on those CE hours, and party down at the President's Bash. Don't miss it. Check the gpha.org website for updates and the latest information.

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

WELCOME NEW MEMBERS

By Mary Ritchie, GPhA Director of Membership

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

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Georgia Pharmacy ASSOCIATION

CALENDAR

FEBRUARY 2021

February 3
Day at the Dome (Mercer and South) Virtual

February 7
GPhA Pharmacy Tech Immunization Training

February 11
GPhA Board Meeting

February 21
AphA's Pharmacy-Based Immunization Delivery: A Certificate Program for Pharmacists

February 23
Day at the Dome (UGA and PCOM) Virtual

MARCH 2021

March 1
Omni Resort reservations open

March 7
APhA's Pharmacy-Based Immunization Delivery: A Certificate Program for Pharmacists

APRIL 2021

April 13
Spring Region Meeting (Virtual via Zoom)

April 15
GPhA Board Meeting

JUNE 2021

June 17-20
2021 Georgia Pharmacy Convention at the Omni in Amelia Island, Florida

AUGUST 2021

August 29
APhA's Delivering Medication Therapy Management Services: A Certificate Training Program for Pharmacists

SEPTEMBER 2021

September 19
APhA's Pharmacy-Based Immunization Delivery: A Certificate Program for Pharmacists

Sept 24
Ready. Aim. Phire! A sporting clays event benefitting the Georgia Pharmacy Foundation.

OCTOBER 2021

October 3
Community Pharmacy-based Point-of-Care Testing Certificate Program

DECEMBER 2021

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

MY STORY: RECOVERY IS POSSIBLE

BY JOE ED HOLT, RPh

WHEN I GRADUATED from high school, I had dreams. I wanted to do something in the medical field, not sure what, but heavily leaning on pharmacy. I wanted a family: a wife, kids, a dog (maybe two). I wanted a nice house in a nice neighborhood with nice landscaping. I wanted the American dream. I wanted something else, though. I wanted to exceed; to be successful in everything that I did.

The one thing that was not on my dream list was to be a drug addict. Yet, it happened. It wasn't supposed to happen. It wasn't supposed to be this way. I didn't grow up in an abusive household. I had two loving parents who had great jobs. My dad was a doctor and my mom was a school teacher. I wanted for nothing as a child and young adult.

Yet, growing up I always felt insecure. I always felt like I did not belong to any group. I was too nerdy for the cool kids, too cool for the nerdy kids, and all the other groups didn't want me either. I was completely alone even when surrounded by people. I wanted to be accepted. In my mind, I would create these Walter Mitty type universes where I was popular and cool and accepted and wanted. I was somebody. Reality never meshed with the fictional dimension that I had conjured in my mind and I was miserable.

When I was 18, I went on my senior class cruise. I did not want to go, but my parents paid for my trip which meant that whether I wanted to or not, I had to go. I had my first alcoholic drink on that cruise, and it was transformational. All at once, the quantum reality that I had created in my mind started to meld with reality. With alcohol, the curtains were lifted, and I began to be able to be who I thought I wanted to be. I could be the life of the party; the center of attention.

Over the next few years, alcohol began to transform me into a creature that sometimes I frankly did not recognize. It began to take over my complete being. I would go out and tell myself. "You're just going to have one." That one would turn into two and three and four and soon, I would lose count. My values, morals, and integrity would all change with the first sip. The scary part was that I didn't care. I thought I was living my best life. I thought I was being the person I had always wanted to be. Did it matter that I was getting to be known as a drunk? No. Did it matter that people would soon stop wanting to go out with me because they knew that at some time during the night, they would have to take care of me? No. If they didn't want to drink with me, then I would drink by myself. I would win. The alcohol would win.

Even through all of this, I was still ticking the items off my dream list. I went to Athens and graduated from pharmacy school. I got married and had two wonderful kids. I even got the dog. There were moments of fleeting joy and happiness through this time. All too fleeting. I found though that I couldn't be fully happy unless I was impaired. It was becom-

ing more and more difficult. It was hard to be a practicing pharmacist with people's lives in your hands, while also drinking alcohol. It was hard to maintain a relationship with family and friends while being intoxicated. It was extremely difficult to maintain the façade of being a responsible church-going adult with a great family, a great job, and a great future, while also feeding the Mr. Hyde inside myself with multiple potent potables.

It was after a particularly bad day at work that I remembered what a certain hydrocodone containing cough syrup would make me feel like. I took a teaspoonful of it before I left work and magically it filled the void. One teaspoon of this magic elixir took the place of the alcohol that I would require. Over the next few weeks and months, that one teaspoon at closing became two and three. I would take it before work, after work, and eventually during work. I realized that I needed to augment the cough syrup with hydrocodone tablets. After all, the employees would notice the level on the cough syrup bottle going down when we weren't really filling many prescriptions. Soon I would start branching out to other pills, other classes: morphine, oxycodone and amphetamines.

I soon began to spend all of my time planning, hiding, lying, and exhausting every effort to maintain the ruse that I was ok and in total control. I had lost total control a long time ago. The thing about drugs and alcohol and any other mind-altering excursion is that you believe you are completely in charge, but this is an illusion. Everybody around you sees the mess that you have become. Everyone except you. So, you continue to continue. Until you can't.

Erin and Joe Ed Holt at Pruitthealth Spring Conference.

That day was October 8, 2001. I had been caught. "Financial irregularities" is what they called it. Loss management called me in and eventually sent me home pending an investigation. I knew what was going to happen. I knew that the jig was up and that sooner or later, they would have the proof they needed to completely annihilate the façade that I had built. I was going to be known as a drug addict, a thief, a liar. It was all going down the drain, and I couldn't do anything to stop it. Well, that's not completely true. There was one thing. So, while my wife went to pick up my daughter from daycare, I attempted to overdose by swallowing everything I had left.

Fred Augello, Joe Ed Holt, Joel McMillian, Joe Miles, Amy Covey, Haley Miles, Emma Miles, Erin Holt, and Amanda Miles.

Luckily, I was found and hospitalized. After stabilizing, I was sent to a local psych facility. After being there a couple of days, I was contacted by Georgia Drugs and Narcotics. I surrendered my pharmacy license and was given the option of jail or treatment. It seems like an easy choice, but for me it was not. I didn't think I deserved treatment. Treatment was for people who could recover. I thought I was beyond that. I was broken to the point where I did not think I could be fixed. Jail was what I deserved. That's where the miscreants of society were locked up and that's where I needed to be.

Other people didn't think that way. Friends and family called, visited, and wrote expressing hope, compassion, empathy, and love. They prayed with me and for me. They built me up. Then I got the call from Jim Bartling. Dr. Bartling was calling to offer me a chance at life. He had set it up for me to go to a treatment facility in the Atlanta area. Even though I was not 100% convinced this would work, I decided to give it a chance.

Treatment was holy ground for me. The first couple of weeks were rough. I was still detoxing and still not 100% sure I was salvageable. Honestly, there were moments I really thought of bailing. The miracle moment for me came one night. We were at an AA meeting and there was a guy there that was sharing his struggles and as I heard him, life began to get real. I started thinking of my future. I was facing bankruptcy. I didn't know if I was going to be getting divorced or if I would see my kids. I still was uncertain about my legal status. Would I get my license back? Was I going to jail? As this gentleman got through sharing, an older gentleman told the man to throw his wallet under the bed when he gets home. When he wakes up in the morning and while he is on his knees looking for his wallet, pray.

RECOVERY

"A very wise man I met in treatment told me once not to give up five minutes before the miracle happens."
—Joe Ed Holt, RPh

It seemed so simple. Praying for me was something I had not considered. I honestly did not have a very good relationship with any power greater than myself. When we got back to the apartments, I went to my room and decided I could not wait until the morning. I kneeled at the foot of my little cot and simply said, "God, I cannot do this." In an inaudible voice, I heard "Yes, we can".

My life changed that night. I had a purpose. I needed to get better. No, I needed to get well. I threw myself into recovery and did everything I could. I continued to pray and build up a relationship with God and Jesus Christ that I had neglected for way too long. I began to get hope. I started to realize that I had to live life on life's terms.

Getting home from treatment was not simple. I was trying my best to do the next right thing, but the more I kept doing what I thought was the right thing, the more life just kept handing me my tail. I was able to get a job with my AA sponsor doing lawn work, but it did not come close to paying the bills. We had to declare bankruptcy and lost everything. Everything. Had it not been for my mom letting us move in with her, we would have been homeless. In October of 2002, I got my license back and went back to work as a pharmacist. Unfortunately, many people naturally brand you as the drug addict, so when simple things go awry, you are always the first to blame, regardless of how loud you shout your innocence. The last to go was my marriage. As I was doing the right thing, incrementally rebuilding my life, I discovered my marriage was falling apart.

A very wise man I met in treatment once told me not to give up five minutes before the miracle happens, and I clung to those words. Eventually, the miracle started to happen. I got divorced but was able to obtain full custody of my kids. I found a pharmacy job with a company that honestly feels like a family and is one of the most rewarding things I've ever done. I have reacquired all the material things I lost and more. At a Christian conference in 2008, I met a young lady with whom I quickly became enamored. We started dating and in January 2010 were married.

Left to right: Joel McMillian, Joe Miles, Amanda Miles, Erin Holt, Amy Covey, Joe Ed Holt, Fred Augello, Jaime King, and Nikki Bryant in Nashville, Tennessee.

Today, we live in a beautiful home. In addition to my two kids with my ex-wife, I have a beautiful eight year-old son and we are happy.

The most important thing, the glue that holds this together, is that as of October 8, 2001, I have been clean and sober. No drugs. No alcohol. Completely chemical free. I am best friends with myself now. The dream world that I created at one time that housed the person that I want to be has now intersected with my reality. There are always things I need to work on and change, but for the most part, I am happy with myself and with the life I have.

Recovery is indeed possible. As the opioid crisis has decimated so many lives and as I see it first-hand, I am completely reminded that this disease is still out there and rampant. It is tearing through families, friends, jobs, churches, and every other facet of life. It is incredibly easy to completely convict the addict. These addicts are husbands and wives, sons and daughters, children of God. If there is anything that I have learned through this is that no one should be discounted or given up on. We are all worthy of a second chance, (and third and fourth and fifth sometimes). We are all worthy of being fixed.

I wanted to exceed and be successful at everything I did. I can't say I've done that, but I am the person that I am supposed to be. Today life is grand. One step at a time. One moment at a time. One day at a time.

FOUNDATION

Thank You!

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The Georgia Pharmacy Foundation thanks you for your incredible support in 2020. Your donations make a difference in the lives of patients, pharmacists, and student pharmacists across Georgia.

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PROFILE

BEHIND THE SCENES AT THE GDNA: An Interview with Dennis Troughton

DENNIS TROUGHTON, SR., PharmD, RPh, and Georgia Drugs and Narcotics Agency (GDNA) Director is a bit of an enigma. Half-pharmacist/half-cop, he has a passion for helping people in crisis.

Troughton is quite accomplished and a Mercer University Southern School of Pharmacy graduate (1986). Troughton knows his stuff and has worked in pharmacy for more than 28 years, including owning his own pharmacy for seven years. Reacting to the changing pharmacy climate in the late 1990s, he said, "The insurance industry scared me right out of the pharmacy business." In 1998, he joined GDNA as a special agent and has worn a badge since 1999, when he was certified as a police officer. Troughton admits, early in his career, he was always intrigued by the GDNA agents since the day when Agent Barry Twilley inspected his pharmacy. He remembers thinking it was a pain, but he liked the guy. In 2004, he returned to private pharmacy practice for a few years, while his children were in college. In 2008, Troughton returned to GDNA, working his way up the ranks over the years and was appointed GDNA Director in 2017. He must maintain his certification as a police officer and his pharmacy license, to keep his job.

GDNA and its special agents investigate violations of the Georgia Controlled Substances Act and Dangerous Drug Act and are the law enforcement arm and regulatory division of the Georgia State Board of Pharmacy. GDNA works on the diversion of legitimately manufactured pharmaceuticals and how they are distributed, dispensed, or transferred. Diversion occurs when a drug is dispensed or sold for any reason other than a legal prescription. Diversion includes personal use and distribution to others.

GDNA inspects every facility licensed by the state to dispense pharmaceuticals and has 11 special agents that reside and work across Georgia. All special agents are pharmacists which makes them better equipped to break down a pharmacy and or crime scene and know what is happening behind the counter. Troughton worked in the field doing inspections and investigations for about eight years. He served as Deputy Director for another seven. He said, "Our work consists of anything from inspection of daily records, to complaints that come into the board, to criminal investigations, to working with the FDA-OCI, including special task forces... anything to do with prescription drugs, we can get involved."

GDNA performs retail audits, which are more in-depth than inspections and are usually spurred by suspicion. Inventory records are compared for an exact match, all the way back to the wholesaler. "Almost anytime we have an impairment, we do an audit," Troughton said. An impairment (a pharmacist under the influence) can be drug or alcohol related. The GDNA gathers evidence for the Board of Pharmacy. If the board moves to discipline, there must be solid evidence.

There are many ways the GDNA can be brought into an investigation. Sometimes, substance abuse is self-reported. Troughton said it is not uncommon (5-10%) of pharmacist impairments may be self-reported. This can occur when someone is caught at work and advised to self-report to be able to recover their license sometime in the future. Troughton said, "Usually, they are at rock bottom. Rarely, does someone come to us that is not at rock bottom."

"The first thing we want to do with that person is to make sure they are safe," said Troughton. "When it's a self-report, the first thing you are concerned with is, are you getting help?" After that, make sure they know they will need a board-ap-

proved advocate before they can appear before the board to get their license back. "There are lots of treatment options. We don't want to do anything to affect their treatment. That's first. We have had cases in the past where a pharmacist committed suicide. In their mind, they saw their future and it was bleak. Treatment is the first priority. At some point, they will need to deal with their licensure with the board, but it can wait."

Sometimes the GDNA is brought in by a fellow employee pharmacist report, "this person came to work, and they were messed up on something." Pharmacists are mandated to make a report of impairment, or they could have to answer to the board. It's also common to be brought in by the employer, especially in inventory shortage situations. They report, "We found we had some big shortages." The process could also start while an agent is on location and notices something off. "Lots of emergency phone-ins for oxys, in the same handwriting, from the same doctor, for one or two people."

"A man has got to know his limitations." "We know ours and it's prescription drugs." —Clint Eastwood/Dennis Troughton

"Every case is different. There's no nice cookie-cutter pattern," said Troughton. "I've seen things abused that I didn't think could be abused. Primarily, we are talking about controlled substances, opioids, benzos, and amphetamines. Those are pretty common with pharmacists who have impairment issues."

"If we're talking strictly impairment that is one thing. But the other side we deal with is flat-out divergence. People trading drugs for sex. Drugs for money. Needing money. Getting it for somebody else. At that point, the tone of the investigation usually changes. We go wherever the investigation takes us," Troughton said. "Diversion can go from sticking a few pills in your pocket. When you reach a point when you are standing behind the counter and you're willing to take the pill while you are at work, you've lost all...you've lost recognition. Even the independents, I would guess that 90% have hidden cameras in their pharmacy."

"I tell my agents; I don't care how you catch them. You just saved a life somewhere. Somebody is going to benefit, whether it's that person, or the person outside who's not going to get it sold to them for $5. They take four or five oxys and a couple shots of vodka and don't wake up."

Troughton says most pharmacists the GDNA deals with are impaired and not dealing. But, he has encountered pharmacists who are selling it and making money. "You can sell an Oxy 30mg tablet on the street. And, when it costs you nothing to stick a bottle of 100 in your pocket, that's not too bad," Troughton shared. "Absolutely, diversion can occur for personal gain. Absolutely, it does."

Many times, Troughton and GDNA agents encounter denial. He will ask someone, are you a drug addict? The response he gets is, "No, I don't have an addiction problem. But sometimes I just need them." His response to them is, "So, you are risking your freedom (because you could go to jail today). You're risking your license. You're risking your future...but you are not addicted? And it's amazing, even after those questions, they'll say, "No, it just helps me get through the day." It's sad when they don't see it.

When people finally recognize the walls are crashing in, they worry about what others will think. "They are at a point where they think the whole world knows." The agents become part-counselor and part-cop. "We allow pharmacists to give us their entire story if they want to. And they want to. These are heart-wrenching stories. What led to their addictions? As an investigative agency, we still have to account for their crimes. If there's evidence that they were diverting, or not even diverting, we're talking about showing up to work after using alcohol, there are licensure issues we have to deal with. If there is a substance-abuse problem reported, and we find evidence that it has affected their work in a pharmacy, as a licensed pharmacist, then that's going to the board."

We asked Troughton if he found his work satisfying, he beamed and said, "Yes, absolutely, I love my job. I think what we do for the Board of Pharmacy is incredibly important." His favorite Clint Eastwood movie quote is, "A man has got to know his limitations." "We know ours and it's prescription drugs." We asked him about the scope of the opioid issue, and he said, "99.9% of pharmacists are good people that are out there working hard to be good pharmacists. Some years the number of impairments are higher than others, but for the most part the numbers are similar from year to year. People have learned much more about opioid abuse in the past ten years, but sadly the tragic stories still happen."

PROFILE

WHAT HAPPENS WHEN IT'S THE PHARMACIST?

An interview with Lisa Harris, RPh

LISA C. HARRIS, RPH, is the pharmacist in charge at Silver Creek Pharmacy, in Silver Creek, Georgia and has 37 years of experience working in pharmacy. Harris graduated from UGA College of Pharmacy (1983). She served on the Georgia Board of Pharmacy for five years, most recently as President.

The Georgia State 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. The board is composed of seven licensed practicing pharmacists and one consumer member. They are responsible for the regulation of pharmacists and pharmacies in Georgia.

Serving on the board provides a glimpse into lives gone awry. Harris has seen firsthand the impact of addiction. Before she served, she had known a couple of impaired pharmacists, but had not experienced the process. "It was so difficult to see them, having been through, or going through treatment. It was emotionally wrenching," shared Harris. "I would get through studying for the board meeting, reading all the cases, and just be emotionally exhausted."

When some people think of the Board of Pharmacy, they think they are there to protect pharmacists. Sometimes that's true, but 100% of the time, they are there to protect the public. "When it comes to the attention of the board that a pharmacist is impaired, then we have to take action," said Harris, "because we have to protect the public." Usually it comes to the board's attention because of loss prevention in a retail setting; someone has caught the pharmacist stealing or taking drugs. Sometimes, it's an impaired pharmacist at work whose behavior is noticed by a fellow employee. "If somebody smells alcohol, or sees them take an opioid or other drug when they don't have a prescription, other people report it." Sometimes, it's an arrest outside of the pharmacy, and the board finds out through local law enforcement.

When the board is made aware of a complaint, the vice president of the board, known as the cognizant member, reviews the complaint or irregularity and decides if it's something Georgia Drugs and Narcotics Agency (GDNA) needs to investigate. The GDNA is the enforcement arm of the Board of Pharmacy. GDNA comes back to the board with the results of their investigation. The GDNA will also act on their own if they see something in the field during regular inspections. Each month, the board hears a docket of licensure cases at their board meeting. Dennis Troughton, GDNA Director, sits in on these monthly board meetings and occasionally weighs in on cases.

When the board is presented with the evidence that a pharmacist might be impaired, they typically require several things of the pharmacist, including an assessment and approved treatment program. If an addiction professional determines there are impairment issues, the pharmacist is typically given an option to voluntarily stop practicing until completing an approved treatment program or the board can suspend their license. In some cases, the pharmacist is asked to immediately surrender their license, until they can get treatment. "There have been pharmacists that have been through rehab two or three times, and eventually, their license is pulled," said Harris. "That doesn't happen often. There is a high-recovery success rate with pharmacists. There's low recidivism because they have a career to go back to. They have a high income. They have mortgages. They have a lot of reasons to succeed." When an impaired pharmacist petitions the board to resume practicing, they must be represented by an advocate

who speaks on behalf of the pharmacist.

The board's actions can be public or private. In the case of impairment, Harris said, "We are pretty sympathetic, especially if it's a first offense. We try to get them help and their orders are usually private. The board is there to help them get through it, to guide them," she said. "We are there to monitor them." In the case of something more egregious, such as selling the drugs, it can be a public order. "For the most part, we are really encouraging. It's usually a happy ending for pharmacists."

Oversight is an important function of the Board of Pharmacy. "There are many treatment centers out there and they are not all good," said Harris. "Someone needs to do research." The board provides a list of approved treatment programs and advocates to help guide them on the road to recovery. Harris told us, "Accountability is an important element in recovery."

Harris has a sympathetic heart and thinks that people may be predisposed to addiction. The science of addiction fascinates her. "It's amazing. Some people it affects and some people it doesn't." She is empathetic. "With the drugs, they can escape for a little while...It's not like somebody just decided they want to take drugs. It's a complicated thing."

Harris told us she left the board to focus on her pharmacy. She told us the board's work is important, but time consuming There are monthly meetings in downtown Atlanta (with COVID, these are being held virtually for the time being). These meetings require a lot of preparation and board members are often called on throughout the month to handle urgent situations. This has especially been true during the COVID pandemic, where several emergency rules were necessary to help pharmacists navigate throughout the crisis. The board also administers and monitors the pharmacy practical exams at each of the colleges, so there was a bit of travel involved. She loves the work and was glad to be a part of it for five years. Her term as President ended in November 2020, and she retired from the board. Harris' compassionate spirit will be missed.

Opioid Safety Champions!

GPhF recognizes these pharmacists who have demonstrated a commitment to opioid safety best practices in their community.

Vanessa Croley, Charlie Norwood VA Medical Center

Ben Elliott, Barnes Drug Store

Ira Katz, Little 5 Points Pharmacy

Richard LaCoursiere, Augusta University Medical Center

Samantha Roberts, Emory Healthcare

Christa Russie, Pharmacy at Emory Midtown

Olivia Steltenpohl, Barnes Drug Store

Dean Stone, IHS Pharmacy & Gifts

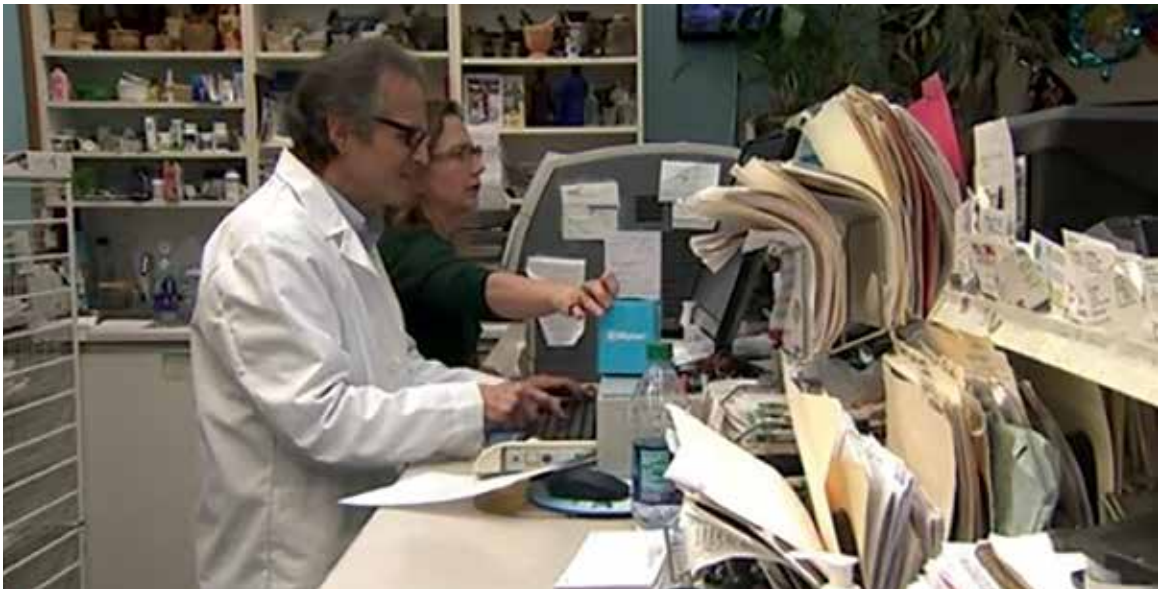
Lou Woods, Pharmacy at Emory Midtown

Georgia Pharmacy FOUNDATION

PROFILE

SMALL TOWN PHARMACY IN THE BIG CITY:

An interview with Ira Katz, RPh



TUCKED AWAY IN A Bohemian chic, gentrified neighborhood on the east side of Atlanta, Little Five Points has a reputation for being artsy and undisputedly cool. It's impossible to miss the counter-culture energy. Quirky businesses, vintage shops, and diverse restaurants make up the landscape.

Nestled quietly into the community is Little Five Points Pharmacy, owned and operated by the iconic Ira Katz, RPh. Katz grew up in New York City and attended undergraduate school at Emory in Atlanta. He completed St. John's College of Pharmacy, in New York City, in 1978. He and his newly wedded wife moved to Atlanta in 1978, and Katz began work at a regional chain, Reed Drug.

Katz was anxious to get a store of his own. He started looking for a place outside of the perimeter (Interstate-285) and discovered it was mostly farmland. In 1980, as part of the first federally subsidized urban renewal project in the city of Atlanta, he developed a shopping center and opened his pharmacy doors in February 1981. He liked the character of the neighborhood and the sense of community. After he had been in the location for just a few years, Rite Aid wanted to purchase the grocery store across the street and open a pharmacy. The neighborhood rallied around Katz and his independent pharmacy. It was covered by the TV networks. "It was the David vs. Goliath saga," shared Katz.

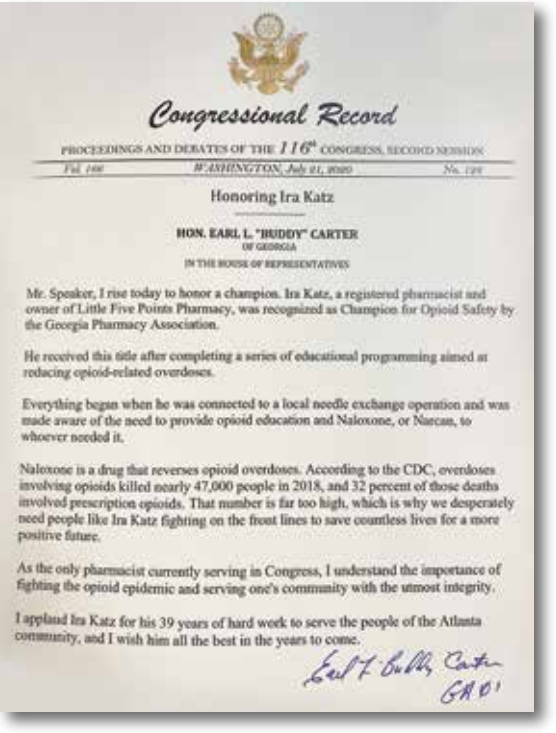
It's something to see - Katz at work. Due to COVID-19, only one customer is allowed in the store at a time. Once inside, there is a small roped-off section where they wait while employees get their items for them. There is often a line out the door as people socially distance in a queue to be admitted. He interacts with each customer personally, with wide ranging advice from pet meds, to vitamins, to elder care. "In a lot of ways, this is just like a small town," said Katz.

Katz is very realistic about the drug culture in the neighborhood. It is a fact of daily life in Little

Five Points. He often finds used needles in the parking lot as evidence of the drugs. He has seen many overdoses and has saved lives over the years. Under a private program, he actively advertises and distributes free Narcan® (naloxone HCI) — a drug that counters the life-threatening effects of an opioid overdose). Price and the prescription process are obstacles to wide-spread availability and use of Narcan®, even though there is a standing order to dispense it without a prescription.

Little Five Points Pharmacy is known among IV drug users throughout Georgia, as a place where you can get Narcan® for free, no questions asked. He realistically advises, "Try not to shoot up by yourself. You just don't know. Because what you bought yesterday, versus what you bought today, even though it is from the same supplier, could be very different. I don't get into the details, but we try to educate them." Katz explained you need someone to administer Narcan® to you if you are unconscious.

Recently, Katz was in the news. A customer reported an unconcious man in a car parked in front of the pharmacy. Katz administered Narcan®, saving his life. Katz has personally saved three lives and was the first pharmacist to be recognized as an Opioid Safety Champion by the Georgia Pharmacy Foundation. Community pharmacists are the most accessible healthcare providers in the community, and they are the last line of defense against opioid abuse. When asked about his achievement, Katz said, "I have been doing this for thirty-years."



Congressional Record

PROCEEDINGS AND DEBATES OF THE 116th CONGRESS, SECOND SESSION

Vol. 166 WASHINGTON, July 01, 2020 No. 120

Honoring Ira Katz

HON. EARL L. "BUDDY" CARTER
OF GEORGIA
IN THE HOUSE OF REPRESENTATIVES

Mr. Speaker, I rise today to honor a champion. Ira Katz, a registered pharmacist and owner of Little Five Points Pharmacy, was recognized as Champion for Opioid Safety by the Georgia Pharmacy Association.

He received this title after completing a series of educational programming aimed at reducing opioid-related overdoses.

Everything began when he was connected to a local needle exchange operation and was made aware of the need to provide opioid education and Naloxone, or Narcan, to whoever needed it.

Naloxone is a drug that reverses opioid overdoses. According to the CDC, overdoses involving opioids killed nearly 47,000 people in 2018, and 32 percent of those deaths involved prescription opioids. That number is far too high, which is why we desperately need people like Ira Katz fighting on the front lines to save countless lives for a more positive future.

As the only pharmacist currently serving in Congress, I understand the importance of fighting the opioid epidemic and serving one's community with the utmost integrity.

I applaud Ira Katz for his 39 years of hard work to serve the people of the Atlanta community, and I wish him all the best in the years to come.

Earl L. Buddy Carter
GA-01

US. Representative Buddy Carter recognized Ira Katz, RPh, as an Opioid Safety Champion, in the Congressional Record.

Why Be Recognized as an Opioid Safety Champion?

GPhF recognizes pharmacists who have demonstrated a commitment to opioid safety best practices in their community.

COVID-19 IS THE TOPIC of every headline. But the opioid crisis didn't just go away. It's still out there and pharmacists are the most accessible healthcare providers in the community, and they're the last line of defense against opioid abuse. Pharmacists can talk to patients and educate them about opioids. A two-minute conversation can potentially save a life.

The Georgia Pharmacy Foundation's Opioid Safety Program recognizes pharmacists who have taken the time to implement an opioid safety program, train their teams, and integrate these processes into the daily workflow.

"It's not a burden, but rather doing our part of alleviate the crisis."
—Lou Woods, PharmD, AAHIVP, Emory Healthcare

When you apply for recognition, you'll gain access to education and resources to learn best practices for opioid safety for you and your team, how to implement those practices at your location, as well as a growing library of opioid-safety resources.

OPIOID CHAMPS AT WORK:
Interview with Samantha Roberts and Lou Woods, Emory Healthcare

WE HAD THE CHANCE to drop in on Samantha Roberts, PharmD, MBA, Controlled Substance Program Manager, Emory Healthcare, and Lou Woods, PharmD, AAHIVP, Emory Healthcare, at the Midtown Pharmacy location in Atlanta. Roberts, Woods, and co-worker Christa Russie, PharmD, MBA, Emory Healthcare, have all been recognized as Opioid Safety Champions by the Georgia Pharmacy Foundation and have taken specialized training to better deal with opioid awareness on the job. They are part of the statewide effort to implement the standing order to dispense naloxone HCl (Narcan®) without a prescription (https://dph.georgia.gov/naloxone).

The Pharmacy at Emory serves inpatients and outpatients, as well as people who live and work in the area. Some people travel from all over the state because of the relationship with their doctor. The hospital pharmacists also have long-term relationships with their patients. Woods told us they deal with opioids daily to treat acute pain, partly because Emory has physicians that specialize in Sickle Cell Disease and oncology, where high doses of opioids are common over long periods of time. Many of these patients are unaware that they could overdose, when taking their meds as prescribed. The pharmacists counsel them that they need to be prepared for an emergency, and that it could be for anyone in the home, not just themselves. These patients regularly get naloxone with their opioid prescriptions, just in case. At The Pharmacy at Emory's Midtown and Clifton facilities, the pharmacies serve a diverse patient population. Trying to get naloxone into people's hands to avoid an overdose is an ongoing effort.

BEST PRACTICES: PDMP AND DELEGATES

As a best practice, the pharmacists diligently check the Georgia Prescription Drug Monitoring Program (PDMP) database, before dispensing any controlled substances. The PDMP is a database that details every prescription drug order filled and is used to look up a patient's prescription history. Woods would like to be able to research naloxone on the PDMP but cannot because it is not a controlled substance, and therefore, isn't captured in the database.

As another best practice, they utilize certified pharmacy techs as delegates to do PDMP research. This has helped streamline the workflow, so that the database check is performed before any other work has occurred. This relationship is based on training and trust. Each Georgia pharmacist is allowed two delegates. The number of delegates varies by state.

Woods told us that a lack of awareness about delegates and a reluctance to delegate, especially to new employees, is a barrier to the introduction of delegates to the workflow. Each tech needs to be trained on what to look for in the database and trusted to perform the job with excellence. "It takes time to build the trust," said Woods. It is Emory's policy that the delegates be certified techs.

REMOVING BARRIERS

Woods said, "One thing we learned the hard way, is that offering naloxone at the register doesn't work. When we suggest it at the register, after the other prescriptions are filled and ready to go, no one

Streamline Your Workflow: Techs as PDMP Delegates

There are three steps to becoming a delegate:

1. Take and pass the test at the end of training
2. Complete DPH form 7207- "PDMP Delegate Responsibility Statement," sign it, and have your delegating doctor or pharmacist sign it
3. Print a copy to be kept by the delegating doctor's or pharmacist's records

Find out more at: **https://dph.georgia.gov/sites/dph.georgia.gov/files/communications**

Lou Woods and Samantha Roberts at Emory Healthcare Midtown.

wants to wait an extra 5-10 minutes or pay for it." They learned it's more effective if the pharmacist takes the initiative to file the insurance and fill the naloxone prescription (Rx not required) and is prepared with the product, a flyer, and the co-pay cost at the register. "By the time we get there, they are interested in what you have to say," said Woods. The acceptance rate is much higher.

To purchase naloxone out of pocket, it costs about $150. Woods told us that insurance is starting to cover naloxone more often. Most Medicare contracts and commercial insurance will cover it. Some state agencies, like Medicaid, are slow to add it to their formularies, especially the nasal application. Currently, Medicaid will only pay for the syringe application. Unfortunately, for most patients, using a syringe is a barrier to use. Emory leadership understands this problem and absorbs the cost of the nasal atomizer application for its Medicaid patients.

Roberts is working to eliminate the cost barrier. She learned that Georgia allocated funds to the opioid issue and started making calls to find the grantee(s). She now works with the Georgia Overdose Prevention (https://georgiaoverdoseprevention.org) and with the Atlanta Harm Reduction Coalition (https://atlantaharmreduction.org) to help provide naloxone to uninsured or underinsured patients. "Even if naloxone has a $10 co-pay, it is sometimes too much for someone who may have to choose between buying medication and buying food," said Roberts. "This partnership has made it so financing is less of an issue in obtaining naloxone," said Woods.

Roberts works with pharmacy students on opioid stewardship and said a frequent topic is the lack of confidence to have these delicate, non-judgmental conversations at the counter. She often uses an analogy to counsel patients on being prepared with naloxone for an emergency. "It's a good idea to have a fire extinguisher on hand, and hope you never have to use it."

We asked Woods about the challenges to implementation and he said, "This is something that has been out of legislation for a couple years. I don't understand why people aren't utilizing the standing order. Some are not even aware of it. We need to change the mindset. It's not a burden, but rather doing our part to alleviate the crisis. It's low hanging fruit." Michael Crooks, PharmD, Avanir Pharmaceuticals and Georgia Foundation Board Member, reiterated the mantra, "It's the drug, not the patient," when attempting to de-stigmatize the use of naloxone.

> There are always barriers. How do we get past them?" —*Samantha Roberts, PharmD, MBA*

Roberts, who's been in the Controlled Substance Program Manager position for about a year and a half, said the position was born from the understanding that there needed to be a system-wide point person to assist with diversion prevention, education, and to keep up with regulatory changes. She told us being a pharmacist is advantageous. The legal aspects of the Controlled Substance Act are complicated and require pharmaceutical knowledge.

"There is a common theme to implementing these types of initiatives," said Roberts. "There are always barriers. How do we get past them? You have to be creative and willing to go outside of your comfort zone to figure out ways to get behind these initiatives." Woods commented, "That Emory is dedicated enough to have a person in this role is a good thing. It's great to have her on our team."

Due to HIPAA privacy restrictions, a delegate is only allowed to access the PDMP at the request of the delegating doctor or pharmacist for only two purposes:

- To provide medical or pharmaceutical care to a specific patient of the delegating doctor or pharmacist
- To inform the delegating doctor or pharmacist of the patient's potential use, misuse, abuse, underutilization of prescription medicine

A delegate is not authorized to look up a person's prescription history on the PDMP for any other reason.

PURDUE PHARMA FACES CONSEQUENCES

Last month, Purdue Pharma (OxyContin®) agreed to an $8.3 billion civil settlement with the U.S. Department of Justice related to claims about its role in the national opioid addiction and overdose crisis. It also pleaded guilty to three criminal charges, formally taking responsibility for its part in an opioid epidemic that has contributed to hundreds of thousands of deaths. In a virtual hearing with a federal judge in Newark, New Jersey, the OxyContin maker admitted impeding the U.S. Drug Enforcement Administration's efforts to combat the addiction crisis.

Purdue acknowledged that it had not maintained an effective program to prevent prescription drugs from being diverted, even though it told the DEA it did have such a program, and it provided misleading information to the agency. It also admitted paying doctors through a speakers program to induce them to write more prescriptions for its painkillers. And it admitted paying an electronic medical records company to send doctors information on patients that encouraged them to prescribe opioids. The guilty pleas were entered by Purdue board chairperson Steve Miller on behalf of the company. They were part of a criminal and civil settlement announced last month between the Stamford, Connecticut-based company and the Justice Department.

Purdue will pay the federal government $225 million, with the rest being part of a settlement between the company and thousands of state and local governments and other entities that are suing it. Members of the wealthy Sackler family, who own the company, also agreed to pay $225 million to settle civil claims. Purdue filed for Chapter 11 bankruptcy in September 2019, after reaching a tentative settlement agreement with various state governments to settle the company's involvement in the opioid healthcare crisis. Purdue became the poster company for illegal marketing schemes related to its powerful opioid drug, OxyContin®.

R.J. LACOURSIERE RECOGNIZED AS OPIOID SAFETY CHAMPION

R.J. LaCoursiere, PharmD, was recently recognized as an Opioid Safety Champion by the Georgia Pharmacy Foundation. LaCoursiere is an emergency department pharmacist at Augusta University Medical Center (AUMC) Emergency Department (ED). LaCoursiere received the recognition after completing a series of educational programs aimed at reducing opioid-related overdoses. He is one of a small but growing group of pharmacists in Georgia to complete the program. LaCoursiere earned his pharmacy degree from Jefferson College of Pharmacy in Philadelphia, Pennsylvania, and relocated to Augusta, Georgia in 2018.

LaCoursiere said, "My team and I are frequently involved with managing analgesia, opioid withdrawal, and opioid overdoses. When my manager told me about the Opioid Safety Champion program and some of the other resources available on the GPhA website, I felt that this designation might lend credibility to some of my team's upcoming initiatives. We recently assisted with rolling out the relatively new practice of inducting patients on buprenorphine/naloxone (Suboxone®) when they present to the ED in opioid withdrawal and have expressed interest in recovery. This has greatly enhanced our ability to treat a disease with limited treatment options."

AUMC is a level one regional trauma center and receives trauma victims of all types and often uses opioids to treat traumatic injuries. There is an organization-wide awareness of the need for opioid safety best practices and they intentionally have reduced the amount prescribed and dispensed. "When we use opioids for traumas, we use short-acting opioids like IV fentanyl, something that's not going to stick around too long in the body. We're using doses that are not going to overly sedate people or give them a euphoric effect that they might want to experience again. We try to use the smallest amount necessary to adequately treat their pain," LaCoursiere said. "Staying up to date with the current recommendations on analgesia, opioid-use disorder, and harm reduction is extremely important while our country remains in the throes of the opioid epidemic."

"I hope that by setting up an opioid safety program we can help increase awareness, decrease stigma, and better equip our colleagues with the tools they need to care for patients struggling with opioid-related health issues. Increasing access to medications like buprenorphine/naloxone and naloxone ensures safe and effective treatment options for providers and patients," he said.

The Georgia Pharmacy Foundation just launched its Opioid Safety Champions program to recognize pharmacists and their teams that implement opioid safety best practices, fighting opioid misuse in their own communities. Mike Crooks, PharmD, who leads the opioid safety workgroup for the Foundation, said some new processes pharmacists learn include counseling patients on how to administer naloxone.

WHO IS ELIGIBLE TO BECOME AN OPIOID SAFETY CHAMPION?

Any practicing pharmacist in the state of Georgia can be recognized as an Opioid Safety Champion by meeting three criteria:

1. Completion of select opioid-related education programming in five subjects:
   - Opioid pharmacology, risks and the opioid crisis
   - Opioid guidelines, quality measures, and laws
   - Communicating with patients and prescribers about opioid risk
   - Alternatives to opioids
   - Naloxone
2. Demonstrated increased access to naloxone using the state standing order
3. Demonstrated acceptance of patient-centered, opioid best practices at your pharmacy

Find out more by visiting **gpha.org/foundation/champion.**

STUDENT PERSEPCTIVE

MOHIT KUMAR and DANIEL ROGERS, Student Pharmacists, UGA

UGA's American Pharmacists Association-Academy of Student Pharmacists (APhA-ASP) Operation Substance Use Disorder, formerly known as Generation Rx, had an exciting semester. Our members attended a Georgia Prevention Project (GPP) naloxone training event, participated in our annual Pharmtoberfest health fair, and co-hosted Miss America 2020, Miss Camille Schrier, on UGA's podcast, Pharmcast for the Community.

The podcast touched on a variety of topics, but was centered on Schrier's platform "Mind Your Meds: Drug Safety and Abuse Prevention from Pediatrics to Geriatrics." Schrier spoke about the importance of counseling patients on opioid misuse, as well as ways pharmacists can prevent overdoses by educating the community on naloxone and its life-saving potential. Special thanks to host, Dr. Tim Brown, for including us in this month's podcast. The video can be found here: https://rx.uga.edu/pharmcast/.

In our Pharmtoberfest presentation, we also discussed the importance of proper medication disposal and actions patients can take to keep their homes safe. Members demonstrated ways patients can dispose of medications at home and at various drop boxes around Athens.

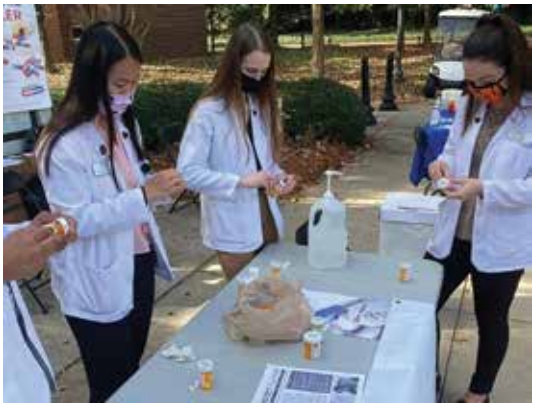
Although this year has been an adjustment, we enjoyed interacting with our members, promoting their involvement within our organization, and are looking forward to continued success next semester.

"We were thrilled for the college to be able to connect with Schrier through GPhA. Being able to contribute in a meaningful way to advance her platform is an opportunity we won't soon forget." *—Lindsey H. Welch, PharmD, BCPS, UGA APhA-ASP Faculty Advisor*

GENELL SINGLETON, Student Pharmacist, South University

As we face the challenges navigating through a pandemic, South University has found many opportunities to increase awareness of substance use disorders. For Operation Substance Use, American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) offers information and resources to increase awareness about substance use disorders. We inform the community about the dangers of abusing and misusing substances and give resources to support recovery. APhA-ASP here at South provides the students with information and techniques to use when teaching patients about proper opioid disposal and on how to use medications to help reverse an opioid overdose. The mission of APhA-ASP's Operation Substance Use Disorders, is to increase student involvement and awareness of substance use disorders, and to inspire students to careers in substance use disorders. We encourage students to expand their role working with patients with substance use disorders.

LAUREN CARTER, Student Pharmacist, Mercer



I'm sure you're aware that not only are we in a pandemic, but our country is also battling an epidemic - and it's all stemming from drug abuse. In 2018 alone, 67,300 people died from substance overdose. While there is not one simple fix to the problem, education is a vital role that the Mercer student led Operation Substance Use Disorders Committee provides. It's important to raise awareness and bring attention to this topic, as it has affected many of our family and friends. One way APhA-ASP has helped lend a hand is by partnering with the DEA to host drug take-back stations on campus. Our chapter currently collaborates with the DEA twice each year to welcome members of the community to properly dispose of their unused medications. At our fall event alone, we were able to collect over 117 pounds of medications within four hours! Nearly 623 medications were collected at our site. We were also able to provide vital tips for parents and grandparents regarding safe-keeping of their prescriptions. The entire impact we had on each of the families who contributed may never be fully understood, but we can be assured knowing that people in the community want to help in any way possible.

ALEXANDREA COLEMAN, Student Pharmacist, PCOM

Operation Substance Use Disorders at PCOM has been busy this year despite the virtual format. We were able to hold a meeting with members to educate them on how to dispose of medications, so they could educate the community. We gave them resources on where they can find drop-boxes in their community (pharmacies and police departments) that they can pass on to others. We normally have an event called DEA Drug Take Back, where we work with the Snellville Police Department to collect unused drugs from the community. Student members can come out to participate and get service-learning hours for the school. This year the school did not approve the event for service-learning hours, but we did still have students that wanted to participate, outside of school affiliation, to help the community. We had two different locations and were able to collect ten plus bags of unused medication from the community.

PACE ALLIANCE ANNOUNCES JEFFREY ROCHON AS PRESIDENT AND CEO

Pace Alliance, Inc. announced Jeffrey J. Rochon, PharmD, FAPhA, has been named President and Chief Executive Officer effective January 1, 2021. Dr. Rochon's employment with Pace will commence December 1, 2020, as CEO Designate. Dean Jordan, with 34 years of experience at Pace Alliance, will continue to serve as Vice President and Chief Operations Officer.

Rochon has 18 years of senior management experience, most recently as Chief Executive Officer of the Washington State Pharmacy Association. He is a creative and high-energy executive with a history of nonprofit association leadership. Throughout Rochon's 12 years of chief executive experience, he has earned a reputation for building bridges by developing synergistic and collaborative relationships to navigate complex challenges leading to groundbreaking advancements in pharmacy practice. Rochon has been on the Pace Alliance Board of Directors for 11 years, serving as Chairman of the Board for the last three years. While on the Board of Directors of Pace Alliance, Rochon participated in Pace's transition to an exclusive arrangement with one pharmaceutical wholesaler, McKesson Corporation, and the subsequent transition of Pace from a group purchasing organization to an independent pharmacy support organization partnering with Independent Pharmacy Cooperative (IPC) and McKesson.

Rochon will be replacing Curtis Woods who, after a 34-year career with Pace Alliance and 21 years as the President and Chief Executive Officer, is retiring at the end of this year. Woods was one of the original pioneers of the Independent pharmacy buying group movement. He oversaw the development of the Pace Buying Group and witnessed the evolution of buying groups nationwide. Pace differentiated itself by innovatively operating as a buying group while supporting state pharmacy organizations' efforts to advocate on behalf of the pharmacy profession. Woods dedicated his career advocating for independent pharmacy and state pharmacy organizations.

"Jeff is the right leader for the future of Pace," said Curtis Woods, current President and CEO. "Jeff's extensive pharmacy background and business relationship skills will help Pace strengthen its alliances with partner organizations. His strong leadership experience and knowledge of Pace's business will help him implement strategies for Pace's member state pharmacy organizations to demonstrate their value to our business partners." "I am honored for the opportunity to lead the Pace team as President and CEO," said Jeff Rochon. "State Pharmacy Associations are integral to advancing pharmacy practice, but their challenges have never been greater. I believe Pace is uniquely positioned in the pharmacy marketplace to broaden the influence of our business partners to benefit pharmacies across the nation while continuing to be a valuable resource during these unprecedented times. I am excited to work with our partners and leadership to navigate the dynamic changes ahead."

Rochon completed his undergraduate studies at the University of Washington and received his Doctor of Pharmacy degree from the University of Washington School of Pharmacy. Rochon resides in Seattle with his wife and two daughters.

PHARMPAC 2020

INVESTING IN PHARMPAC IS INVESTING IN YOUR PRACTICE.

The following pharmacists, pharmacy technicians, students,and others have joined GPhA's PharmPAC for the 2020 calendar year.

The contribution levels are based on investment through November 30, 2020.

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

RALPH BALCHIN
Fayetteville

CHARLES BARNES
Valdosta

MAC McCORD
Atlanta

SCOTT MEEKS
Douglas

FRED SHARPE
Albany

TITANIUM INVESTORS ($2,400 or $200/month)

WILLIAM DUNN
Ty Ty

ROBERT DYKES
Cochran

MICHAEL E. FARMER
Winder

DAVID GRAVES
Macon

ANN HANSFORD
Athens

LON LEWIS
St. Simons Island

TOMMY LINDSEY
Omega

BRANDALL LOVVORN
Bremen

Platinum Investors ($1,200 or $100/month)

Thomas Bryan
William Cagle
Hugh Chancy
Wes Chapman
Keith Chapman
Dale Coker
W.C. Conley
Ben Cravey
Marshall Curtis
Blake Daniel
Al Dixon
Jack Dunn
Vic Johnson
Marsha Kapiloff
Ira Katz
Kenneth Kicklighter
David Leach
Jeff Lurey
Jonathan Marquess
Ivy McCurcly
Amy Miller
Drew Miller
Cassie Riley
Houston Rogers
Ben Ross
John Sandlin
Tim Short
Teresa Smith
Carl Stanley
Dennis Strickland
Chris Thurmond
Danny Toth
Alex Tucker
Thomas Whitworth
Julie Wickman

Gold Investors ($600 or $50/month)

James Bartling
Larry Braden
William Brewster
David Carr
Liza Chapman
Mahlon Davidson
Sharon Deason
Benjamin Dupree
Kevin Florence
Kerry Griffin
Johnathan Hamrick
Robert Hatton
Michael Iteogu
Stephanie Kirkland
George Launius
Eugene McDonald
Lisa McDonald
Robert Moody
Sherri Moody
Sujal Patel
Drew Pyrz
Ola Reffell
Daryl Reynolds
Robert Rogers
Sharon Sherrer
David Stanley
James Thomas
William Turner
Chuck Wilson
Henry Wilson III

Silver Investors ($300 or $25/month)

Nelson Anglin
Michael Azzolin
Mark Barnes
Claude Bates
James Carpenter
Tina Chancey
Michael Crooks
Ed Dozier
Marshall Frost
Hannah Head
Joe Ed Holt
Amy Jacobs
Jason Jones
Susan Kane
Laura Ko
Willie Latch
Michael Lewis
Lauren Lindsey
Ashley London
Hilary Mbadugha
Donald Piela
Bill Prather
Terry Shaw
Thomas Sherrer
Jonathan Sinyard
Renee Smith
Richard Smith
Austin Tull
Randall Thonton
Carla Woodall

Bronze Investors ($150 or $12.50/month)

Dean Arneson
Phil Barfield
Ashlyn Carter
Bryce Carter
Matthew Crist
Michelle Cruson
Douglass Hall
James Harkleroad
Phillip James
Brenton Lake
Rabun Neves
Katherine Woods
Lou Woods

Member Investors (up to $150)

Thomas Akins
Karine Alleyne
Robert Ault
Brandon Bailey
Lawrence Bridges
Annsley Bryan
Kenneth Couch
Guy Cox
Alexis Davis
Wendy Dorminey
Bill Dunaway
Matthew Frazier
John Glenn
Samuel Goldberg
Fred Gurley
Gerald Hartman
Earl Henderson
Ralph Marett
Roy McClendon
Lisa McDonald
Joseph McEver
R. Pat McPherson
Mindi Miller
Simon Oduro
Abiola Oguntunmibi
Derek Osborne
Brenda Owens
Sonal Patel
Rhett Paul
Whitney Pickett
Leslie Ponder
Robert Probst
Reginald Pye
Thomas Rawls
Leonard Reynolds
John Richey
Stephen Shearer
James Stowe
Carey Vaughan
Robert Ward
Bonnie Warren
Joseph Woodson
Charlese Yates

Help us reach our goal for 2020! Visit GPhA.org/PharmPAC to find out more.

*As of November 30, 2020

PharmPAC
The Political Action Committee of the Georgia Pharmacy Association

Mahlon Davidson,
PharmPAC, Chairman

LEGAL

PCMA V. RUTLEDGE

Unanimous U.S. Supreme Court Ruling

BY GREG REYBOLD, GPhA Vice President of Public Policy and Association Counsel

WITH THE UNANIMOUS U.S. Supreme Court ruling in *PCMA v. Rutledge* upholding Arkansas' MAC pricing law, Act 900, new life has been breathed into the state regulation of PBMs in the commercial market. In upholding Arkansas' MAC pricing law, the U.S. Supreme court held that Act 900 amounted to a cost regulation that does not bear an impermissible connection with or reference to ERISA. The Supreme Court also relied heavily on *N.Y. Blue Cross Blue Shield v. Travelers* (1995) in which the Court held that a surcharge levied against, amongst other things, certain health insurers was not ERISA preempted.

For Georgia, who has its own MAC pricing law as well as the nation's first surcharge against PBMs who engage in certain practices, this case should result in fast enforcement of these laws across the commercial market.

But what of Georgia's other PBM laws and PBM laws in other states? From a macro perspective, this holding takes away the ability of PBMs to take a hardline that states cannot regulate PBMs in the commercial market at all due to ERISA preemption. We know that they can.

However, we anticipate that several PBMs will look to construe the *PCMA v. Rutledge* case narrowly and, as they have in the past, look to not adhere to certain state PBM laws in the commercial market. By way of example, some will likely argue that certain PBM laws not dealing with cost regulation are still preempted or find some other argument to try and justify why *PCMA v. Rutledge* does not apply. We also expect them to attempt to navigate around the laws in place by coming up with new practices. One thing we have learned is that PBM practices are always evolving such as using different reimbursement methodologies, imposing copay claw-backs and retroactive fees, and steering patients to PBM owned pharmacies.

For these reasons, as we head into the new year, it is important to be on the look-out for new practices as well as for violations of existing laws. Despite the holding in *PCMA v. Rutledge*, the strengthening of Georgia's laws, and the Commissioner of Insurance's enforcement authority, we expect many PBMs will continue to operate as usual.

In sum, *PCMA v. Rutledge* is likely not the end of the fight against problematic PBM practices, but the beginning of a new front. For this reason, this is not the time to be complacent assuming compliance, but rather, to be vigilant and to understand the laws that are on the books.

We are lucky in Georgia to have a robust framework of patient and pharmacy protections as well as PBM transparency. Set forth below is a highlight of those laws along with citations for points of reference. This is a summary and is not meant to be all encompassing but it should give you enough familiarity to be able to identify potential violations.

GEORGIA PBM LAWS

If a pharmacy or patient believes a PBM has violated one of the laws set forth below they can file a complaint with the Commissioner of Insurance via the consumer complaint portal found on the Commissioner of Insurance's website. More details about complaints regarding MAC pricing can be found on the GPhA website.

Anti-mandatory Mail Order (O.C.G.A. 33-64-10(a))
- Prohibits a PBM from requiring an insured to use a mail-order pharmacy.

Any Willing Provider (O.C.G.A. 33-64-10(a); O.C.G.A. 33-64-10)
- PBMs are required to comply with any willing provider provisions set forth in O.C.G.A. 33-30-4.3 which provides, amongst other things, that a pharmacy can request information on plan terms and conditions and can fill prescriptions under plan if it agrees to terms and conditions including to be

paid at no more than same amount of mail-order pharmaceutical distributor.

Adjudication Fees (O.C.G.A. 33-64-11(a)(4))
- Prohibits a PBM from charging a pharmacist a fee for the adjudication of a claim.

Audit Bill of Rights (O.C.G.A. 26-4-118)
- Limits a PBM's audits of a pharmacy to no more than 100 Rxs & no more than 200 per year and no more than 1 audit every 6 months.
- Preliminary audit report must be delivered to pharmacy within 30 days of audit.
- Prohibits a PBM from imposing penalties or fees in connection with audits.
- Prohibits recoupment of funds without an audit.
- Limits recoupments to cases of fraud; overpayment (only amount over paid); and misfills (when a patient receives correct drug in correct dosage and quantity then no misfill).
- PBMs can no longer recoup for clerical errors unless it resulted in overpayment.
- Medicaid fee for service audits subject to O.C.G.A. 49-4-151.1.
- Commissioner of Insurance can prohibit recoupment; order pharmacy reimbursement; and institute PBM fines.

Brand over Generic Mandates (O.C.G.A. 33-64-11(a)(11))
- Prohibits a PBM from withholding coverage or requiring a prior authorization for a lower cost generic.
- Requires a PBM to reduce an insured's cost share when an insured selects a lower cost generic.

Commissioner of Insurance Oversight (O.C.G.A. 33-64-2; O.C.G.A. 33-64-7(b))
- Commissioner empowered to:
  - Impose fines on a PBM which is payable to the state (up to $2,000 per violation or $10,000 for knowing violations).
  - Place a PBM on probation for violation of the law.
  - Suspend a PBM's license for violation of the law while on probation.
  - Conduct financial examinations and compliance audits of PBMs to ensure compliance with law and rules (PBM to pay actual expenses incurred in examination/audit).
  - Investigate complaints.
  - Issue cease and desist orders when a PBM is acting or threatening to act in violation of the law.
  - Order a PBM to reimburse an insured or pharmacy who has incurred a monetary loss as a result of a PBM violation of the law.
  - Order a PBM to pay a fine of up to $1,000 per violation to an insured or pharmacy who has been aggrieved as a result of a violation of the law.

Copay Cccumulator ((O.C.G.A. 33-64-10(e))
- Where copay assistance is accepted for a brand

name drug for which there is no generic equivalent (or was obtained through prior authorization/ step therapy or insurer appeals process) the financial assistance must be applied toward a patients deductible, out of pocket maximum or copay responsibility.

Copay Clawbacks (O.C.G.A. 33-64-11(a)(3))
- Prohibits a PBM from charging an insured a copay that exceeds the amount a pharmacy is paid.

Data Mining (O.C.G.A. 33-64-11(a)(8))
- Prohibits a PBM from sharing patient records with an affiliated pharmacy for any commercial purpose (does not prohibit for pharmacy care purposes).

Delivery Services (O.C.G.A. 33-64-11(a)(2))
- A PBM cannot prohibit a pharmacy from offering delivery services to an insured as an ancillary service.

Discrimination in 340(b) Program (O.C.G.A. 33-64-9.1(b)(1)) (effective July 2021)
- Prohibits a PBM from discriminating in reimbursement, assessing fees or adjustments, or excluding a pharmacy from a PBM network on the basis that the pharmacy dispenses drugs pursuant to 340(b) program.

Drug Price Reporting (O.C.G.A. 33-64-9.1(a)(2))
- Requires a PBM to file a detailed report every 4 months to the Commissioner and to make report available to public via a website of drugs reimbursed 10% above and 10% below National Average Drug Acquisition Cost.

Gag Clauses (O.C.G.A. 33-64-11(a)(1))
- A PBM cannot prohibit a pharmacist/pharmacy from providing insureds cost share information for a drug and more affordable alternative drugs.
- Prohibits a PBM from penalizing a pharmacist or pharmacy for disclosing such information to an insured or for selling an insured a more affordable alternative drug.

Multi-source generic Drug Pricing (O.C.G.A. 33-64-9)
- A PBM must update multi-source generic drug pricing every 5 business days (14 days for DCH).
- A PBM must reimburse pharmacies for drugs subject to multi-source generic drug pricing based upon information which has been updated within 5 business days (14 days for DCH).
- Requires a PBM to have an appeals process for pharmacies to appeal reimbursement.
- Requires a PBM to provide a reason for appeal denials and to identify NDC of drug that may be purchased at or below MAC.
- Requires a PBM to affirm appeals when the drug at issue was not reimbursed based upon updated pricing information.
- For successful appeals, a PBM is required to adjust the cost of the drug, allow the pharmacy that succeeded in appeal to reverse and rebill the claim, and apply the adjusted price to all similarly situated pharmacies.

Lemon Dropping (O.C.G.A. 33-64-11(a)(12))
- Prohibits a PBM from removing a drug from a formulary or denying coverage of a drug for the purpose of incentivizing an insured to seek coverage from a different health plan.

Misrepresentations (O.C.G.A. 33-64-11(a)(9))
- Prohibits a PBM from making a knowing misrepresentation to a pharmacy, pharmacist, or insured.

Network Enrollment (O.C.G.A. 33-64-11(a)(10))
- Prohibits a PBM from charging a pharmacy a network enrollment fee.

Point of Sale & Retroactive Fees (O.C.G.A. 33-64-9.1(b)(2)(B)(C)) (effective July 1, 2021).
- Prohibits a PBM from imposing point of sale or retroactive fee.
- Prohibits a PBM from deriving revenue from a pharmacy in connection with performing pharmacy benefits management services.

Prior Authorization/Step Therapy Appeals (O.C.G.A. 33-64-4)
- Requires a PBM that employs or contracts with a physician who advises or makes determinations in connection with prior authorization and step therapy appeals to use a physician who has practiced in the same specialty area for which he or she is providing advisement within the past 5 years.

Rebates (O.C.G.A. 33-64-10(b))
- PBMs must offer health plans ability to receive 100% of all rebates.
- PBMs must report back to health plans and Commissioner of Insurance total amount of rebates a PBM received.

Recouping Funds (O.C.G.A. 33-64-11(a)(5))
- Prohibits a PBM from recouping funds from a pharmacy outside of the audit process.

Reimbursement & Patient Outcomes (O.C.G.A. 33-64-9.1(b)(2)(A))(effective July 1, 2021)
- Prohibits a PBM from basing reimbursement for a drug on patient outcomes, scores, or metrics.
- Does not prohibit a pharmacy from being reimbursed for pharmacy care.

Retaliation (O.C.G.A. 33-64-11(a)(6))
- Prohibits a PBM from penalizing or retaliating against a pharmacist or pharmacy for exercising rights under the PBM code or Audit Bill of Rights.

Specialty Pharmacy Accreditation (O.C.G.A. 33-64-11(a)(1); O.C.G.A. 26-4-28(a)(21)(d)&(e))
- Prohibits a PBM from imposing specialty pharmacy/pharmacist accreditation/certification standards beyond those approved/recognized by GA Board of Pharmacy.

Spread Pricing (O.C.G.A. 33-64-10(c) & (d))
- Requires PBMs to offer health plans non-spread pricing options.
- Requires PBMs to report spread to health plans.
- Prohibits PBMs from spread pricing for state, county, and municipal plans effective June of 2021.

Steering (O.C.G.A. 33-64-11(a)(7); O.C.G.A. 33-64-1(1 & 15))
- Prohibits a PBM from ordering an insured to an affiliated pharmacy or the affiliated pharmacy of another PBM.
- Prohibits a PBM from requiring an insured to utilize an affiliate pharmacy or the affiliate pharmacy of another PBM or penalizing an insured or plan monetarily when an insured chooses not to use an affiliate pharmacy.
- Prohibits a PBM from advertising, marketing, or promoting its affiliate pharmacy or the affiliate pharmacy of another PBM. Allows a PBM to include its affiliate pharmacy or an affiliate pharmacy of another PBM in communications to patients regarding network pharmacies provided information regarding nonaffiliated pharmacies are included in such communications.

Surcharge (O.C.G.A. 33-64-12)
- Imposes a 10% surcharge on PBMs that engage in the practice of steering, point of sale and retroactive fees.
- The 10% surcharge will be payable to the state on aggregate dollar amount a PBM reimbursed all pharmacies for Georgia insureds throughout the year.
- If a PBM does not engage in those practices, then no surcharge is owed.

PBM/INSURER AFFILIATED PHARMACY LAWS

The laws set forth below are applicable to pharmacies affiliated with a PBM or insurer. If a patient fills a prescription at a pharmacy affiliated with a PBM or insurer, then the patient can file a complaint with the Georgia Board of Pharmacy. The complaint portal can be found on the Board of Pharmacy home page. More details about this process can also be found on the GPhA website.

Steering (O.C.G.A. 26-4-119)
- Prohibits a pharmacy affiliated with a PBM or insurer from presenting a claim for payment for a service provided pursuant to a prohibited referral from its affiliated PBM/insurer or from non-affiliate PBM/insurer pursuant to a cross-referral arrangement.
- Prohibited referrals include:
  - PBM/insurer affiliate orders a patient to an affiliated pharmacy;
  - PBM/insurer affiliate offers or implements plan designs the require a patient to use PBM affiliated pharmacy;
  - PBM/Insurer affiliate offers or implements plan designs that increase plan or patient costs when a patient chooses to fill an Rx at a non-affiliate pharmacy; and
  - PBM/insurer engages in patient/prospective patient advertising of an affiliate pharmacy (does not prohibit inclusion of PBM affiliate pharmacy in patient specific communications regarding network pharmacies as long as communications include information about eligible nonaffiliate pharmacies).
  - Any of the foregoing practices with regard to pharmacies that are affiliated with another PBM pursuant to a PBM to PBM cross-referral arrangement.
- Pharmacies with PBM/insurer affiliates must file with Board of Pharmacy annually a list of all PBM/insurer affiliates.

Pharmacy Data Mining (O.C.G.A. 26-4-119)
- Prohibits a pharmacy from transferring or sharing records relative to prescription information with patient identifiable info to a PBM/insurer affiliate pharmacy for commercial purpose (pharmacy care & billing ok).

From the President

Above and Beyond

WES CHAPMAN

As noted via the pharmacy association's various media outlets, it is that time of year when we honor those among our profession who exhibit leadership, vision, and just plain old grinding it out for pharmacy in our state.

For me, the GPhA award presentations at Georgia Pharmacy Convention have always been my favorite. I see the humble smiles of the recipients and hear the appreciative applause from their colleagues. We are honored to acknowledge these individuals who lead our profession. Their example is repeated year in and year out by people who truly care for pharmacy.

We should all be encouraged by the upcoming generation of young pharmacists. Their zeal for our vocation is infectious. Their quest in leading the way should inspire us all. And yes...we recognize them with the Distinguished Young Pharmacist Award.

And what would we do without innovators? Those among us who are consistently thinking of a better way to do things. Their minds are continuously churning as they think about their patients, employees, co-workers, and ways to better serve. And yes...we recognize them with the Excellence in Innovation Award.

Larry Braden has long been a treasured friend of our family. His smile, his discernment, his professionalism all speak to his service to our profession and GPhA. It is for this reason that the association honors Larry and those who, like him, are selfless servants for pharmacy. And yes...we recognize them with the Larry L. Braden Meritorious Service Award. The fact that this isn't an annual award and non-pharmacists have received it, only speaks to the uniqueness of the recipients.

As I've eluded in previous Postscripts, pharmacists are not only servants in their practice settings, but most assuredly in the communities they serve. Whether as a school board member, a T-ball coach, a vestry member, or a literacy volunteer, they seek to make their communities a better place to live. Each state association honors those individuals with the Bowl of Hygeia Award.

While I'm speaking of leadership and servitude, are there those out there who want a place of service within our association? We are ALWAYS looking for volunteers who are anxious to lend a hand to GPhA. Like many organizations, our fuel is volunteerism. Please feel free to contact me, your local regional president, or the GPhA staff for more information.

Wes Chapman is the Board President of the Georgia Pharmacy Association.

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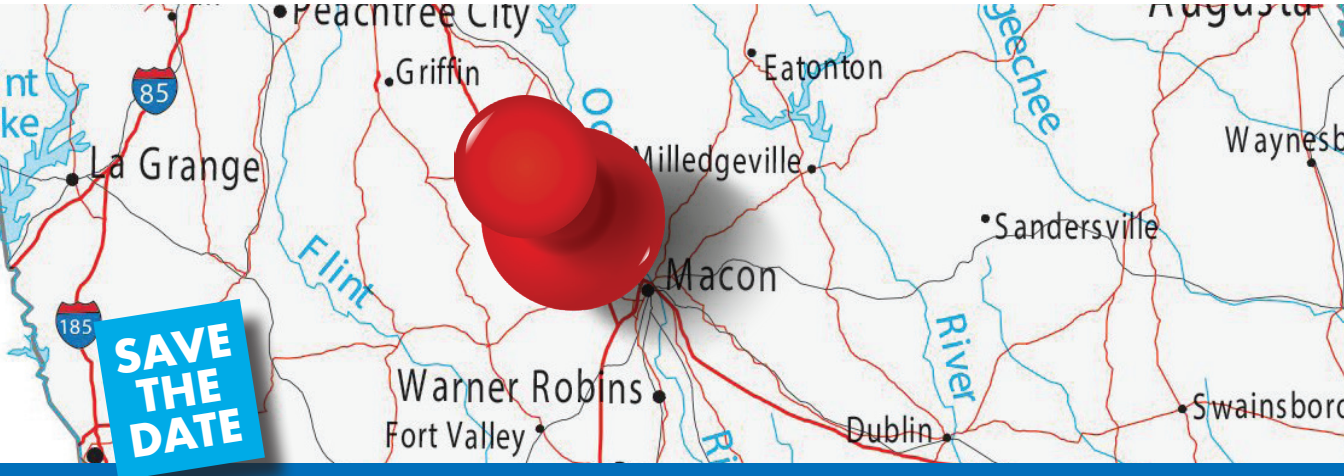

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- Network with colleagues
- Legislative Update
- Buffet lunch
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Academy of Independent Pharmacy
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SHOW YOUR SUPPORT — ATTEND THIS YEAR'S AIP SPRING MEETING

Email Verouschka "V" Betancourt-Whigham (vbwhigham@gpha.org) to register.