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16 COVER STORY: CAPITOL GAINS

Our big legislative victories this year are more than just good news for Georgia pharmacists. They mean some major changes — changes you’ll want to be prepared for.

Here’s your guide to this year’s pharmacy legislation: what you need to know, and how it’s going to affect you.

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Last fall, your GPhA Board of Directors made the decision to embark on a process to enhance our existing strategy and governance model in order to strengthen our strategic effectiveness as an association.

The process began with surveys from the board members — and the entire membership — which led to our engaging a governance expert to work closely with the dedicated members of the strategy and governance workgroup.

We began this undertaking with some ambitious objectives. We feel that our recommendations to the GPhA Board, and now from the Board to the GPhA membership, place us in a position to work to ensure that these goals come to fruition.

In summary, our objectives focused on three critical areas:

- **Board engagement.** Our goal was for GPhA to transition to a governing structure with a smaller, more functional board that will be engaged in meaningful deliberations. With this optimization, more board members will be elected by the entire membership and a process will be in place to perpetuate more sustainable board competency.

- **Management parameters.** Through the development of a comprehensive set of association policies related to management delegation and limitations, a foundation for operational consistency can be assured. These guidelines will serve as a ‘guardrail’ for our association management team within which to operate, yet provide for the empowerment of our talented staff to employ creativity and flexibility in their daily operations.

- **Ends-based policies and monitoring.** Creating both short-term and long-term association strategy with a focus on the ends will allow the GPhA board to effectively and objectively assess the association’s performance.

By focusing on these ends as a component of each board meeting, your association leaders will have a ‘real-time’ update on GPhA’s progress towards its measurable goals. (Additionally, the monitoring component will serve as an integral tool in the meaningful evaluation of CEO performance.)

The proposed strategy and governance documents are available for review on the GPhA website. I hope you will take time to view them, and that you too will find that they better position GPhA for future operational and strategic success.

Lance Boles, PharmD, chairs GPhA’s Strategy & Governance Workgroup. He owns Hartwell Drugs in Hartwell.
On May 5, Governor Nathan Deal signed HB 470 (MAC transparency) and HB 504 (expanded immunization) into law, bringing to fruition months of effort on the part of GPhA and its partners.

Make no mistake: GPhA members helped tremendously to pass this bill. Several times during the long negotiation and debate, we encountered roadblocks, and ours calls to action were heard. Your phone calls and letters, e-mails and rallying convinced lawmakers that passing these GPhA priority bills was the right thing to do, for pharmacists and your patients alike. If you’ve ever doubted the power of association, this victory should make you a believer.

What we’ve accomplished isn’t just about winning — it’s about fairly and effectively delivering the best healthcare we can to Georgia patients. GPhA president Bobby Moody is optimistic that the two legislative items, MAC transparency and immunization expansion, will do just that.

“We’re putting patients first in Georgia, by leveling the playing field with pharmacy benefit managers and moving Georgia pharmacists further toward practicing to the full extent of their training,” Moody said.

We’re not done yet. With victory comes opportunity. GPhA is already hard at work exploring the opportunities that await Georgia pharmacists as a result of the two new laws.

In the meantime, you can read the details of these two laws and what pharmacists need to know about them in our cover story, “Capitol Gains” on page 18.
WEBINAR AVAILABLE: DEA Final Rule for Disposal of Controlled Substances

Learn how to dispose of controlled substances and get an hour CPE credit for it, all while wearing your jammies.

GPhA and the Pharmacy Society of Wisconsin have for you an online, continuing education course on the DEA Final Rule for the Disposal of Controlled Substances. (The rule, in case you didn’t know, expands the ways controlled substances can be disposed of — and it affects patients, pharmacies, medical facilities, and even police.)

The $95 course — available for both pharmacists and pharmacy technicians — is entirely online.

What do you get for your registration fee? The webinar (it’s recorded, so you can take it any time till October 2017), a copy of the webinar’s slides, and a written analysis of the DEA’s final rule.

To register for this course or just get more info, go to PSWI.org, click on the Education menu and choose Online CE. You’ll need to create an account (quick and easy) before you can sign up. Got questions? E-mail them to info@pswi.org.

RUBELLA ELIMINATED FROM THE AMERICAS

Despite lower vaccination rates in some parts of the U.S., rubella has officially been eliminated from the Western Hemisphere.

It joins smallpox and polio as the only diseases eliminated in such a large portion of the globe. (Smallpox was declared eradicated worldwide in 1979; in 2013 polio affected a total of 416 people worldwide. We were getting close with measles, too, but... well, you know.)

Rubella, aka German measles, is nasty stuff: In the mid-’60s, one outbreak caused an estimated 12.5 million cases across Europe, killing 2,100 infants and leaving more than 15,000 blind or deaf.

So this is great news all around. Here’s hoping they can wipe it out worldwide.
GPhA IN THE AJC: YES, SOMETIMES A PHARMACIST SHOULD REFUSE TO DISPENSE

GPhA CEO Scott Brunner had an op-ed in the Atlanta Journal-Constitution on May 5, weighing in on why pharmacists should be allowed to refuse to dispense a prescription.

Scott’s view, of course, is yes, there are certainly cases where pharmacists should refuse — for good reason. Counterpoint is provided by Dr. Janet Lefkowitz, an OB-GYN in Atlanta.

In “Dispense as written? Not always,” Scott wrote:

Every day, pharmacists catch medication and dosage errors, potentially deadly drug interactions, bogus prescriptions and other serious problems. And when those arise, pharmacists should discuss any concerns with the patient; that’s why the relationship works best when patient and pharmacist know one another. They also should — and routinely do — call the physician to verify and discuss the intended use of a medication before proceeding. That’s teamwork. That’s proper patient care.

Clearly — and surprisingly — not understanding that pharmacists aren’t simply pill counters, Dr. Lefkowitz replied in “Refusals tip scale against women’s health”:

Once a woman consults her doctor and a decision has been made, absolutely no one should stand in the way of her getting the care she needs. That’s why I find it unconscionable that a Wal-Mart pharmacist recently refused to fill a Milledgeville woman’s prescription for a medication used to complete a miscarriage.

We were glad Scott had a chance to clarify pharmacists’ role, and explain that ‘Just do what’s on the prescription’ is not always safe or responsible.
Georgia represents at NCPA legislative conference

GPhA members and leaders were in Washington, D.C., for the National Community Pharmacists Association’s annual legislative conference. Independent pharmacists from across the country descended on Capitol Hill to meet with their members of Congress.

The goal: Get those congressmen and -women on board with three important pieces of legislation impacting pharmacy, including MAC transparency (HR 244), pharmacy choice (HR 793/S 1190), and provider status (HR 592 and S314).

Of note was that leading the entire event was NCPA president — and GPhA past president — John Sherrer, while Georgia’s own Congressman Buddy Carter was the speaker at the legislative luncheon; he was introduced by GPhA past president (and NCPA executive committee member) Hugh Chancy.

Congressman Lynn Westmoreland (GA-3, Newnan) and the Georgia pharmacy delegation

Pharmacists meet Congressman Jody Hice (GA-10, Midgeville)

Rep. Doug Collins (GA-9) lead sponsor of the MAC transparency bill going through Congress, and his pharmacist fans

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AIP to provide independent pharmacies access to specialty pharmacy services program

GPhA’s Academy of Independent Pharmacy will be offering its members a chance to join a specialty pharmacy services network, and be able to offer their patients a variety of specialty-drug services. Thanks to the partnership with Aureus Health Services, a national specialty pharmacy and health services company, AIP member pharmacies will be able to support the needs of the growing population of specialty patients and providers. The specialty pharmacy industry is rapidly growing, with specialty drugs expected to rise to half of total nationwide drug spending by 2018. In addition, eight out of the top 10 drugs by revenue are forecast to be specialty drugs by the year 2016.

Specialty patients require high touch services and expertise that will enhance adherence to medications, leading to improved patient outcomes. Community pharmacists are in a perfect position to provide those services, but — as AIP director Jeff Lurey put it, “Independent pharmacy has often been excluded from this market, and we know the personalized care that can now be offered by our member pharmacies will greatly enhance the outcomes of our patients.”

The private-labeled program will operate under the name AIP Specialty Rx, with Aureus providing the back-office management services, and AIP members providing the specialty pharmacy services and medications to their patients.

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news

Smith calls GPhA effort “grassroots at its best”

As this successful legislative session came to a close, we asked each of you to take a moment to call or e-mail the legislators who championed GPhA’s MAC transparency and immunization expansion bills. We ask a lot of our legislators, and when they deliver, we need to let them know we appreciate them.

Soon after that request, we received a powerful message from House Insurance Chairman Richard Smith of Columbus, thanking GPhA and its members for our support. It attests to power of our grassroots efforts, but more importantly, the influence of just one pharmacist who cultivated a relationship with him over several years that resulted in his championing our MAC legislation.

We deeply appreciate Rep. Smith’s leadership and support. Here’s the text of his e-mail in its entirety (shared here with his permission):

Dear Georgia Pharmacists,

I just want to take a moment to express my appreciation for the many acknowledgments that I’ve received relating to the MAC legislation. I’ve enjoyed working with the GPhA to help get this legislation passed.

This is an example of grassroots efforts at its best. Ten years ago, your region president, Renee Adamson, invited me to her region meeting in Columbus. Since then, I’ve been personally invited and have had the pleasure of attending EVERY region meeting both in the fall and the spring. I’ve meet many of you throughout the years at these meetings. I’ve heard your concerns and concerns of pharmacists in my community regarding the unfair reimbursement due to MAC pricing. I appreciate Renee keeping me informed of issues throughout the years that affect you and ultimately the citizens of Georgia.

To bring that point home even further, before I was elected, I did not know Renee. Yet on the day I had called a meeting to get the MAC pricing legislation resolved, Renee and I were communicating on that very issue. I urge all of you to get involved as Renee has done and get to KNOW your legislator.

Thank you again and it was my pleasure to help get this critical legislation passed for Georgia pharmacists and for the citizens of Georgia.

Sincerely,

Rep. Richard H. Smith

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**NOTICE OF GENERAL MEMBERSHIP MEETING**

Notice is hereby given of the annual meeting of the membership of the Georgia Pharmacy Association, as required by Articles 15 and 19 of the GPhA bylaws.

The meeting will be held at 11:00 a.m. on July 11 at the Omni Amelia Island Plantation Resort, Amelia Island, Florida, during the Georgia Pharmacy Convention.

All GPhA active members may attend the general membership meeting, and pre-registration is not required. Participation in other convention activities, however, will require payment of a registration fee. The meeting agenda will include action on proposed changes to the GPhA bylaws, as well as selection of candidates GPhA will recommend to the governor for appointment to the Georgia Board of Pharmacy.

If you have questions about the July 11 general membership meeting, please e-mail Ruth Ann McGehee at rmcgehee@gpha.org.

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Cast your vote

Electronic voting began on Monday, May 25. If you no longer have the e-mail you were sent, you may request a paper ballot by calling RuthAnn McGee at (404) 419-8173.

Your ballot must be postmarked by June 29, 2015, and the election will close at 9:00 a.m., Saturday, July 11, 2015.

FOR SECOND VICE PRESIDENT

RENEE ADAMSON

Manchester resident Renee Adamson is a 1995 graduate of Mercer University Southern School of Pharmacy. She began her pharmacy career as pharmacy manager with Phar-Mor Pharmacy. She later became Director of Pharmacy for Omni Healthcare. For 11 years, she managed operations of two independent/HME pharmacies providing specialty pharmacy services to long-term care patients in Columbus, Ga. Today, Renee works for Eldercare Pharmacy as a consultant pharmacist and clinical account coordinator.

Renee’s involvement in GPhA is extensive. She has been a member since 1995. She has served on numerous committees, has completed the New Practitioner Leadership conference, and was a member of the GPhA board of directors for 10 years. She has chaired the Academy of Clinical Pharmacists and served four terms as Region 3 president. She was named the Mal T. Anderson Region President of the Year in 2007.

Renee has two children: Carly, age 18, and Colton, age 15.

TIM SHORT

Tim Short earned his Bachelor of Science in Pharmacy from the University of Georgia College of Pharmacy in 1981. He has 34 years of independent pharmacy experience; he opened Sawnee Drug Co. in 1988 and is a partner in Habersham Drug in Demorest.

Tim has been a GPhA member since 1981 and has gained considerable experience within the association. He has served several terms on the GPhA board of directors and as 9th region president, as well on the PharmPAC and AIP Boards, the AIP executive committee and, for two years, as chairman of AIP. Tim was also named AIP Pharmacist of the Year in 2011.

A lifetime Georgia resident, Tim currently lives in Cumming. He and his wife, Rita, have been married 33 years and have two sons, Alex and David.

FOR FIRST VICE PRESIDENT

LIZA CHAPMAN

Liza Chapman received her doctor of pharmacy degree from Mercer University College of Pharmacy in 2002. She went on to complete a community pharmacy residency with Mercer and Kroger Pharmacy. After her residency, Liza accepted a clinical pharmacist position with the Kroger Co., where she has been employed since 2003. During her Kroger career, Liza has served as a pharmacy manager, immunization coordinator, and, for the past eight years, as clinical coordinator.

Liza has served in several leadership roles for GPhA, including AEP chair and board director, Region 10 president; state at large member of the GPhA board of directors, and Annual Convention Planning Committee chair. She also serves as residency site coordinator and preceptor for the PGY1 community residency programs with the Mercer and UGA colleges of pharmacy.

Liza and her husband, Ronny, live in Gainesville.
This was an exceptional year for Georgia pharmacists in the state legislature, with the passage of two major GPhA priority bills. Those bills — signed into law by Governor Nathan Deal on May 6 — will have a noticeable impact on pharmacists and pharmacies throughout the state.

Our MAC transparency bill (HB 470) helps level the playing field with pharmacy benefits managers, making it easier for pharmacies to be reimbursed fairly for the prescriptions they fill.

And our immunization-expansion bill (HB 504) expands to four the number of vaccines Georgia pharmacists may administer without a prescription, adding pneumonia, meningitis and shingles, to the influenza vaccine already being offered.

Now that the work has been done under the Gold Dome, it’s time for the next steps: Learning about the new laws and how to comply with them.

We spoke with attorney Greg Reybold of Daley Koster in Atlanta, who helped craft GPhA’s MAC transparency legislation, about what pharmacists should know, and what they should do to successfully implement and take advantage of the new laws.

Here’s a guide.

MAC TRANSPARENCY

THE ISSUE  MAC-pricing schemes have besieged pharmacists for years. Simply put, too often PBMs relied on outdated wholesale data, and their reimbursements for some generic drugs amounted to a loss for the pharmacy. Without a means to appeal, some pharmacies felt forced to stop carrying some medications because they could not afford to lose money on those transactions.

GPhA argued that the PBMs’ MAC pricing lists ought to reflect economic reality. They should be up to date, and they should be based on actual purchase prices. If a PBM issued a reimbursement in June, it should use June wholesale pricing. And PBMs should be able to tell pharmacists where the drug could be purchased for that lower price.

As Greg Reybold put it: “If prices were raised — if costs of a drug went up — PBMs would not update their lists, and they would then reimburse based on drug costs at which pharmacies could absolutely not purchase the drug.”
We also argued for a guaranteed mechanism for pharmacists to appeal reimbursements. If a PBM insisted on reimbursing $20 for a $30 drug, the PBM should have to explain how it arrived at that $20 price. There had to be some outside authority pharmacies could turn to when they felt PBMs’ MAC pricing practices were unreasonable, or that the law was not being followed. The Georgia Commissioner of Insurance, we contended, would be the logical choice.

**The Solution** The new law tackles the imbalance in the pharmacy/PBM relationship in a number of ways without putting any undue burden on anyone.

First, **it requires that PBMs update their MAC pricing list no less than every five days.** That insures that the lists reflect current wholesale prices, and it protects pharmacies against sudden price spikes.

It requires that PBMs **demonstrate that pharmacies can purchase the drug at that price.**

And PBMs may not place a drug on a MAC list **unless there are “at least two therapeutically equivalent, multi-source generic drugs available** (unless the generic is available from only one manufacturer), available for purchase by network pharmacies from national or regional wholesalers.” This language is significant; it’s the first time the law has thoroughly defined the circumstance under which a drug can be MAC’d.

Those provisions alone will help level the playing field between PBMs and pharmacies, and hopefully ensure that reimbursement is based on real, current wholesale prices.

And finally there’s real accountability in place — a chance for pharmacists to be heard.

**Pharmacies are now guaranteed the right to appeal their reimbursements.** They have 14 calendar days after payment to file the appeal, and PBMs have 14 calendar days to respond. Note that word: “respond.” PBMs must notify you within 14 days that they have received your appeal. It does not mean, however, that your appeal must be resolved in 14 days.

Of course, a PBM can deny that appeal, but — and this is important — it not only has to explain why it denied the appeal, it has to provide the NDC number of the drug that can be purchased at the (lower) price its MAC pricing list reflects. (In an odd quirk of the law, the PBM doesn’t have to tell the pharmacy where the appealed drug can be purchased at that price, only that it’s available.)

If your appeal is successful, the PBM must adjust its MAC price on the drug by the next day, and that new MAC price must be available to any “similarly situated” pharmacy. And of course the pharmacy can rebill based on the corrected pricing.

Finally, **the law adds some teeth to enforcement.** It gives the Georgia commissioner of insurance enforcement authority over both the Audit Bill of Rights and PBMs, including the ability to impose fines. So pharmacies will now have the right to call shenanigans at the state level if they feel something isn’t right.

Those audits will be conducted fairly and with a healthy dose of much-needed common sense: When a PBM audits a pharmacy, it can no longer compensate an auditor based on how much that auditor recovers — the monetary incentive to find recoupment issues is gone. (There’s more. See the box above, “Compensating Auditors.”)

Further, PBMs can no longer recoup the entire price of a drug just because of a clerical error. Once the error is corrected, recoupment is limited to the amount overpaid, period.

Those changes to the Audit Bill of Rights — e.g., limiting auditor compensation and recoupment for clerical errors — take effect on July 1 of this year. The changes affecting MAC pricing however, take effect January 1, 2016, giving PBMs time to put their procedures in place.
WHAT DOES THIS MEAN FOR PHARMACISTS?  The bulk of the [compliance] burden is obviously on pharmacy benefits managers, explained Reybold, but “pharmacists will want to familiarize themselves with the protections the law affords.”

Top of the list, he said: Keep a close eye on reimbursements. That’s for two reasons.

First, by paying attention to reimbursements, Reybold said, ask yourself whether it seems to have been based on updated pricing information. If a generic has recently gotten more expensive, but the reimbursement doesn’t reflect that, it could be an indication that the PBM’s MAC list isn’t updated.

And there’s another reason for keeping an eye on what PBMs are paying, Reybold said: It’s possible that you’re not getting the best wholesale price. That’s especially true if you appeal the reimbursement and the PBM tells you that the drug is available more cheaply.

In other words, don’t automatically fault the PBM’s pricing lists. As Reybold explained, “If you see a pattern where reimbursements are low, that would be a catalyst to scrutinize reimbursements and purchasing.” Consistent low pricing might be a cue to check out your wholesaler options.

But if you think still the PBM’s pricing is outdated, “Challenge it,” Reybold said.

THE BOTTOM LINE  “Pharmacists are always intimately familiar with the exercise in frustration that is dealing with PBMs,” Reybold said, but this law should make that particular road a bit smoother.

“It brings some transparency and protection for pharmacies,” he said. “It brings some light into what was a world of darkness.”

EXPANDED IMMUNIZATION AUTHORITY

THE ISSUE  In Georgia, unlike most states, pharmacists were not allowed to provide CDC-recommended vaccinations (other than annual flu shots) without a prescription. That meant that, in poorer or more rural areas, many people found it too difficult or costly to take time off from work and go sit in a doctor’s waiting room to get vaccinated for diseases such as meningitis, pneumococcal disease, or shingles.

Illness and lost productivity associated with vaccine-preventable diseases is estimated to cost Georgia literally hundreds of millions of dollars every year.

Pharmacists needed to have the right to give these vaccines without a prescription, just as they are in 39 other states.

THE SOLUTION  Working with the Medical Association of Georgia and House Health and Human Services Chairman Sharon Cooper, we crafted a bill that allows pharmacists to provide vaccines to adult patients for meningitis, pneumococcal disease, and shingles, while having a vaccine protocol agreement with a physician. Our additional partners in advocating for the bill included the Georgia Association of Chain Drug Stores and the Georgia Food Industries Association.

WHAT DOES THIS MEAN FOR PHARMACISTS?  The very basic description of the law — which takes effect July 1 — is that pharmacists in Georgia can now give their adult patients three more vaccines (in addition to the flu shot) without having a prescription.

But it is far from that simple. As Greg Reybold put it, “There are real responsibilities that go with the administering of these vaccines.”

First, you have to be qualified to administer vaccines. (All right, this part probably is simple.)

Per the law, pharmacists must be certified in Basic Cardiac Life Support, and have completed an accredited and CDC-recognized training program in the basics of immunology; most recent pharmacy grads will have this covered, thanks to the 20-hour APhA certification course.
The rest is a bit more complex, and — if you aren’t careful — you could find yourself in a legal minefield without a map.

You have to be in a protocol agreement with a physician.

Much of the law’s complexity lies in the relationship between doctor and pharmacist.

“Before pharmacists can even consider performing vaccinations, they need a physician protocol agreement,” said Reybold. And not with any physician — it has to be one registered in the same county as the pharmacy or an adjacent one.

Those agreements are more than a formality you slip into a drawer. They set forth detailed requirements for administering these vaccines.

“It’s not just having the contract,” Reybold said. “It’s having a policy in place so that you adhere to that contract. Pharmacists need to be intimately familiar with their obligations so they don’t run afoul of the law.”

What if you’re happy just providing flu vaccines and don’t want to expand into meningitis, pneumococcal disease, or shingles? Reybold cautions: “Any existing protocol agreements will have to be revised by July 1, even if you only want to keep giving flu shots.”

Those contracts are typically specific and formulaic — think of a checklist for flying an airplane.
And while the Georgia Composite Medical Board is likely to provide a sample agreement, each physician might have slightly different requirements. For example, per the law any physician protocol agreement will require you to:

...be able to consult with the physician immediately if necessary.
...be prepared for any “adverse event or complication,” e.g., by having epinephrine available;
...take a complete case history of the patient, including whether he or she has had a physical within the past year;
...provide the patient with the appropriate CDC Vaccine Information Statement and have the patient sign a consent form acknowledging that he or she has received it;
...provide written information to the patient (which will be developed by the Department of Public Health) on the importance of having and periodically seeing a primary care physician;
...provide each new patient with a personal immunization card listing the type, dosage, date, and location of all vaccines given;
...retain detailed documentation of every vaccine you administer;
...have a signed and dated consent form authorizing you to notify the patient’s primary care provider of the vaccine administered;
...make “documented reasonable efforts to obtain the name of the patient’s primary care provider and to notify such primary care provider of the vaccine administered” within 72 hours of administration;
...enter the patient’s vaccine information in the Georgia Registry of Immunization Transactions and Services;
...post the protocol agreement prominently in your pharmacy; and just in case
...carry at least $250,000 in individual liability insurance coverage (and provide proof of coverage to the physician).

Now you see why Reybold is concerned that pharmacists be thoroughly prepared to offer these vaccines: “They need policies and procedures here so they don’t miss a step.”

**YOUR PHARMACY MUST MEET CERTAIN REQUIREMENTS** Besides the checklist you’ll need to complete before giving a vaccination, the pharmacy itself will need to meet a specific requirement. Vaccines, per the new law, must be administered “in a private room, area with a privacy screen, or other interior area in which the patient’s privacy can be maintained.” Further, the patient must be observed for at least 15 minutes after vaccination, in case of any complications.

If that raises a yellow flag for you, you’re not alone. Georgia law requires that a pharmacist always be supervising — commonly interpreted as visually supervising — the prescription area. That means that, unless there’s another pharmacist

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**WHY IMMUNIZATION EXPANSION MATTERS**

May 5, 2015 was an important day for the pharmacists and citizens of Georgia, when Governor Deal signed HB504 into law, giving Georgia pharmacists expanded immunization authority and moving them much closer to practicing at the top of their license.

Approximately 50,000 adults die each year in the United States from vaccine-preventable diseases. Pharmacists are uniquely positioned to dramatically decrease this number and have become widely accepted by patients as providers of immunizations. Today, one in five Americans receive immunizations at retail settings — including retail pharmacy — and this number grows every year. Studies have shown that states in which pharmacists are granted broad authority to administer vaccines have higher immunization rates.

Georgia, specifically, has many areas that lack access to traditional health care services, and pharmacists in these areas often serve as the most accessible health care practitioner.

The expansion of pharmacist immunization authority will help improve the quality of life, reduce societal health care costs, and save countless lives. It will go a long way in helping safeguard public health and wellness in Georgia.

— Greg Primuth, RPh, Regional Healthcare Director for Georgia/N. Florida, Walgreens Co.
Cannabis oil. It is now legal for people who have been diagnosed with any of eight diseases or conditions (and a doctor’s recommendation) to possess cannabis oil: ALS; seizure disorders related to epilepsy or trauma related head injuries; multiple sclerosis; Crohn’s disease; mitochondrial disease; Parkinson’s disease; and sickle-cell disease.

The state is setting up a registry of those allowed to possess it, and has already begun issuing temporary cards. The governor is setting up the Georgia Commission on Medical Cannabis as well; it includes GPhA member Mandy Reece, an assistant professor and vice chair of the Department of Pharmacy Practice at PCOM. (HB 1)

Eye drops. Certain eye drops can be refilled without a new prescription when the patient has reached 70 percent of the “predicted days of use” or even sooner at the patient’s request. This can help maintain continuity of care — for example, if they put too many drops into their eyes at a time or if other similar problems arise. (SB 194)

Biosimilars. Pharmacists are allowed to give a patient an FDA-approved drug that’s considered interchangeable with a currently prescribed biologic drug — as long as the pharmacist notifies the patient’s physician and indicates on the label that the substitution has occurred. (SB 51)

Dialysis clinics. Dialysate delivered through most dialysis clinics (those “engaged solely in the distribution of dialysate drugs, or devices necessary to perform home kidney dialysis”) is exempt from oversight by the Board of Pharmacy. (Also SB 194)

THE BOTTOM LINE Healthy Georgians are everyone’s goal. In 2015, there are simply too many vaccine-preventable diseases that are still being treated. Making it as easy and safe as possible for adults to protect themselves from certain illnesses is good for all of us. This new law is a huge step in that direction, and while it may take some time to get over the initial implementation bumps, the end result will be a healthier, more productive state. Everyone wins.
GROW your expertise, with 15 hours of CPE possible

PLAY at the Omni Amelia Island Plantation, a world-class beach resort

CONNECT with colleagues, pharmacy service providers, and thought leaders
GPhA’s Georgia Pharmacy Convention 2015 is the premier annual gathering of Georgia pharmacists, featuring top-notch speakers and educators, dozens of vendors showcasing the latest products and services for pharmacists, and plenty of chances to meet and network with your peers, thought leaders, and policymakers.

Plus there’s the resort itself, with tennis, golf, walking and biking trails—and of course one of the most beautiful beaches around.

Online registration is open until June 24. After that, you have to register on-site and the price goes up. So register and book your room now to get the best rates, and watch your inbox for more information.
GENERAL SESSIONS

THURSDAY, JULY 9

The Science of Pharmacy Meets the Art of Motivation
With Humorist Tim Clue

Tim Clue is a one-of-a-kind humorist and motivator who has opened for Jerry Seinfeld on the comedy circuit and spoken before President George H.W. Bush. Bringing to bear his background as an award-winning educator as well as his Second City improv training, Tim’s talks are intensely creative, funny, and collaborative… so get ready.

FRIDAY, JULY 10

Prescription Drug Abuse and the Pharmacist’s Role
Moderated by Liza Chapman

If you aren’t concerned about prescription drug abuse, you haven’t been paying attention. It’s a growing problem across the country, with pharmacists and doctors on the front lines.

GPhA and the Medical Association of Georgia are working together on the Think About It campaign to give patients the facts about abusing prescription drugs. In this panel discussion, representatives of MAG and GPhA discuss how the medical community can reverse this trend.

Panel discussion: Featuring Medical Association of Georgia leaders

CPE Session: “Developing trends: Prescription drug abuse and the pharmacist’s role”

SATURDAY, JULY 11

Five Georgia-Based Healthcare Startups to Watch For
Moderated by Jake Galdo

This is your peek at the future of pharmacy. GPhA is showcasing innovators who plan to change the pharmacy community, patient care, and the economy.

Each presenter will deliver a pitch, explaining (in only 10 minutes each) why their company is the next great thing. They’ll explain the problems they’re trying to solve, their plans for growth, and most importantly, how their products and services will improve the lives of patients in Georgia... and the world.

PLUS

15 hours of continuing pharmacy education, not to mention the expo hall, and of course the chance to network with hundreds of other Georgia pharmacy professionals.

FOR A PRELIMINARY LIST OF CPE TOPICS, VISIT GPHA.ORG/CONVENTION
REGISTRATION

Registration includes admission to all general and education sessions, access to the expo hall, tasty continental breakfasts, refreshment breaks, Saturday academy lunches, and even the President’s Inaugural Gala.

Advance registration required for some events.

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HOTEL

Omni Amelia Island Plantation Resort
39 Beach Lagoon Road
Amelia Island, FL 32034
(888) 261-6161

When you call the resort, be sure to refer to the group name: “Georgia Pharmacy Association.”

Room Reservation Cut-Off:
Monday, June 8, 2015

Special GPhA attendee rates:
- Resortview Guestroom: $199/night + taxes
- Oceanfront Guestroom: $259/night + taxes

Also available: 1-3 bedroom Resortview and Oceanfront Suites and Villas; rates range from $247-$438/night + taxes

All hotel prices include:
- Complimentary self-parking
- Unlimited internet access in all accommodations
- On-property transportation services
- Unlimited use of the health & fitness center
- In-room coffee service
- Resort beach access
- Preferred racquet club and golf course reservation access

GOLF TOURNAMENT:

Our annual Carlton T. Henderson Golf Tournament is a highlight of every convention, plus it helps raise money for the Georgia Pharmacy Foundation.

The $200 per-person registration includes greens fee and cart rental; club, shoe, and ball rental are extra.
2015 CONVENTION SPONSORS

These companies have helped make the Georgia Pharmacy Convention 2015 a reality. They support pharmacy in Georgia, and we hope you’ll support them as well.

PLATINUM

GOLD

SILVER

OTHER
Investing in PharmPAC is investing in your practice.

GPhA’s lobbying can only be as effective as the support behind it. Your association works every day to help ensure that legislation passed in Georgia is the best possible for you and your business.

Visit GPhA.org/PharmPAC to find out more.
The Georgia Pharmacists Political Action Committee — PharmPAC — works to elect candidates who think like you do, and who understand the challenges you face in serving your patients and running a business.

GPhA works at the local, state, and even federal level, leading the way in influencing pharmacy-related legislation.

Investors in PharmPAC understand the importance of this to their business, and they make financial commitments of support.

“I don’t have time or the knowledge to keep up with all the legislative bills that can affect pharmacy. GPhA puts the bills into terms I can understand so I am able to communicate effectively with my representatives.”

— SHARON DEASON

2015 PHARMPAC INVESTORS

The following pharmacists, pharmacy technicians, students, and others have joined GPhA’s PharmPAC. The contribution levels are based on investment for the calendar year as of May 22, 2015.

Diamond Investors ($4,800 or more)

CHARLES BARNES
Valdosta

SCOTT MEEKS
Douglas

FRED SHARPE
Albany

Titanium Investors ($2,400)

RALPH BALCHIN
Fayetteville

T.M. BRIDGES
Hazlehurst

GREG HICKMAN
Monroe

TED HUNT
Kennesaw

DAVID GRAVES
Macon

THOMAS LINDSEY
Omega

BRANDALL LOVVORN
Bremen

JEFF SIKES
Valdosta

DANNY SMITH
McRae

DEAN STONE
Metter
Platinum Investors ($1,200)

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HUGH CHANCY
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DALE COKER
AL DIXON
JACK DUNN
MARTIN GRIZZARD
ROBERT HATTON
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CHRIS THURMOND
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ALEX TUCKER
SCOTT WADE
TOMMY WHITWORTH

Gold Investors ($600)

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WILLIAM BREWSTER
BRUCE BROADRICK
LIZA CHAPMAN
MAHLON DAVIDSON
SHARON DEASON
ROBERT DICKINSON
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MICHAEL ITOGUGU
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SHERRI MOODY
BRIAN RICKARD
ANDY ROGERS
TERESA SMITH
MICHAEL TARRANT
CHUCK WILSON
WILLIAM WOLFE

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Gregory Drake
Amanda Gaddy
Willie Latch
Kalen Manasco
Bill McLeer
Donald Peila
Austin Tull

Bronze Investors ($150)

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Robert Bentley
Elaine Bivins
Nicholas Bland
James Carpenter
Mark Cooper
Michael Crooks
Rabun Dekle

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Academy of Independent Pharmacy
Georgia Pharmacy Association
A fine finale

My year as president is almost over, and what a year it’s been! We hired a new executive vice president, Scott Brunner, who has begun to reinvigorate the association. We have board approval for a board of directors overhaul, and now it’s up to members to pass the proposal. And after years of effort, we passed landmark legislation regulating PBMs and expanding our immunization authority. You’ll read about these elsewhere in this magazine. These successes are major steps toward putting our full set of knowledge and abilities to use, moving us further toward formal recognition as healthcare providers.

They’re also a return on your dues investment in GPhA. There’s no doubt our advocacy efforts benefit your pharmacy practice.

I hope you all have a great summer, and I look forward to seeing everyone in Amelia Island for the Georgia Pharmacy Convention 2015. 

Bobby Moody is president of GPhA and owner of Powell’s Pharmacy in Macon.

Wonder whether GPhA’s advocacy efforts really affect your pharmacy practice? Just take a look at some of the bills we’ve help pass and defeat in the past few years.

**The Audit Bill of Rights**
**The right to give flu vaccines**
**Licensing of PBMs**
**Electronic prescriptions**
**The Prescription Drug Monitoring Program**
**Putting the Board of Pharmacy under the DCH**
**MAC transparency and appeals**
**The right to give meningitis, shingles, and pneumococcal disease vaccines**

**Exempting mail-order pharmacies from Board of Pharmacy rules**
**Putting non-pharmacists in charge of pharmacy licensure and investigations**
**Making generic substitution of immunosuppressant and epilepsy drugs difficult**
**Moving the GDNA out of Board of Pharmacy oversight**
**Giving the Composite Medical Board oversight of some pharmacist CEs**
**Entirely exempting dialysis clinics from Board of Pharmacy oversight**

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**GPHa Working For You**
Georgia’s AIP pharmacies are now under contract with private Georgia payers and Accountable Care Organizations to provide clinical services through our partnership with CriticalKey, LLC.

As part of this CriticalKey-powered network, AIP member pharmacies will be able to expand patient offerings to provide care coordination and clinical services for MTM, smoking cessation, obesity control, diabetes management, and more.

Network members will get the training they need to up their game and be ready to provide the services payers are asking for.

Look for more information about the AIP High Performance Network in your mailbox, or talk to your AIP member service representative, and get paid for doing what you were meant to do.
As a Georgia pharmacist, you need insurance to protect your practice from liability and loss. PharmPAC should be part of that coverage.

PharmPAC is the political action committee of your Georgia Pharmacy Association. Through PharmPAC, GPhA works to elect candidates who think like you do, who understand the challenges you face in serving your patients and running a business.

Think of it as political insurance for your pharmacy practice. By investing in PharmPAC, you help protect your practice, your patients and the pharmacy profession from bad law and policy, and you join with hundreds of other investors in growing your profession’s political influence.

Your annual or monthly investment in PharmPAC — you decide the amount — is an investment in your future success. It’s your profession’s power… and protection.

Invest today. Visit GPhA.org/pharmpac to set up your monthly investment in your pharmacy practice.