

Dispense *Times*

DID SOMEONE SAY, ROAD TRIP?

The Road Trip Guy, Bruce
Kneeland, Announces
Plans for His
Twelfth Pharmacy
Road Trip

**TRAVEL.
LEARN. GIVE
BACK.**

**Roho Voyage Introduces Destination
ACPE/ CME for Healthcare Professionals**



THE #1 MARKETING AGENCY FOR INDEPENDENT PHARMACIES!

OWN YOUR MARKET. GROW YOUR
PHARMACY. INCREASE PROFITS.

At **Dispense Marketing**, we don't just market your pharmacy—we **turn it into a profit machine**. Our data-driven approach helps you attract new patients, boost sales, and build a loyal customer base.

WHAT SETS US APART?

- **Pharmacy Near Me Tech** – Get found **FIRST** when patients search for a local pharmacy
- **Dispense 360 Profit Center** – Track results, measure performance, and maximize ROI
- **SEO That Puts You on the Map** – Be the **#1** pharmacy in local searches
- **Social Media That Sells** – Stop scrolling, start engaging!
- **Email & SMS Campaigns** – Keep customers coming back
- **Custom Website Design** – Fast, professional, and patient-friendly

We Know Pharmacy. We Know Marketing. Let's grow your business together!

Visit us at www.dispensemarketing.com

Dispense Marketing - Your Partner in Strategic Brand Success

CONTENTS



- 06 From Typewriters to AI
- 08 Travel. Learn. Give Back.
Roho Voyage Introduces
Destination ACPE/ CME for
Healthcare Professionals
- 14 A Win for Patients
- 16 If McDonald's Set Burger Prices
for Burger King...
- 18 Did Someone Say, Road Trip?
- 22 Sync, Pack, & Deliver: A Keystone
Habit in Community Pharmacy
- 26 The Hidden Cost of "Savings"
- 30 Too Big to Care? How the Major
Wholesalers Leave Independent
Pharmacies Behind
- 33 When the Board Comes Knocking:
How Community Pharmacists
Can Survive (and Thrive) During a
Pharmacy Board Audit
- 36 The Opioid Pandemic: Escaping Its
Clutch



DISPENSE
MARKETING

DispenseTimes

LETTER FROM THE EDITOR-IN-CHIEF
DR. HUSSAM HAMOUSH (DR. H)



Dear Readers,

Welcome to a slightly different edition of *Dispense Times*! As we navigate the ever-evolving landscape of pharmacy, this issue shines a spotlight on the dynamic shifts and exciting opportunities shaping our profession.

We're thrilled to feature the visionary leadership of **Amina Abubakar, PharmD**, CEO of Avant Pharmacy and Wellness Center in Charlotte, NC. Her innovative approach to patient care and wellness embodies the future we're passionate about at *Dispense Times*.

Adding another unique dimension to this issue is the introduction of **Roho Voyage**, a groundbreaking initiative bringing destination ACPE/ CME directly to healthcare professionals. It's an exciting concept that blends professional development with enriching experiences.

Beyond these features, we delve into critical issues impacting our practice. **Todd Eury**, Editor & Chief of the Pharmacy Podcast Network, brings us an insightful look at the potential benefits of Arkansas' new PBM law in his article, "**A Win for Patients: How Arkansas' New PBM Law Could Bring You Better Pharmacy Access and Lower Prescription Costs.**"

Staying informed about regulatory matters is

paramount, and **Darshan Kulkarni, PharmD, MS, Esq.**, provides invaluable guidance in his article, "**When the Board Comes Knocking: How Community Pharmacists Can Survive (and Thrive) During a Pharmacy Board Audit.**"

We also tackle the complex issue of prescription savings platforms with **Joshua Pirestani's** thought-provoking piece, "**The Hidden Cost of 'Savings': How GoodRx Hurts Independent Pharmacies and Exploits Patient Data.**"

These are just a few highlights of the compelling content you'll find within these pages. At *Dispense Times*, we believe that **Dispense Marketing** is at the forefront of a significant shift towards wellness pharmacy. It's time to empower patients to navigate the complexities of high-cost branded drugs and, more importantly, to keep them healthy and out of hospitals. And who is better positioned to lead this charge than your trusted local community pharmacist?

We hope this issue sparks insightful discussions and empowers you with the knowledge and inspiration to continue making a profound difference in the lives of your patients.

Yours in health,

Hussam Hamoush, PharmD,
Sports Pharmacist
Editor-in-Chief, *Dispense Times*
Magazine

Join the SaveOnRx Pharmacy Network and Take Control of Your Future

More Profits, Higher Margin,
Better Cash Flow, Stronger Support



Running an independent pharmacy isn't easy — shrinking margins, rising competition, and endless challenges can make it feel overwhelming. That's where SaveOnRx cost plus platform comes in.

We empower independent pharmacy owners like you with a proven model to:

SAVE BIG ON RX PURCHASING

Leverage our national network to cut your costs.

DRIVE MORE TRAFFIC

Marketing and tools designed to bring customers to your door.

INCREASE PROFITS

Keep more of what you earn, without sacrificing service or independence.

STAY INDEPENDENT

We help YOU remain the boss, while giving you the resources of a large chain.

NO FRANCHISES. NO RED TAPE. JUST REAL SUPPORT.

If you're ready to future-proof your pharmacy and maximize your success, it's time to connect with SaveOnRx.

Schedule Your
FREE Pharmacy
Growth Strategy
Session Today!

Visit www.SaveOnRxPharmacies.com
Email us info@SaveOnRx.net

Don't wait — the pharmacy landscape is changing fast.
Make sure you're on the winning side with SaveOnRx!



FROM TYPEWRITERS TO AI: NAVIGATING PHARMACY'S TECHNOLOGICAL TSUNAMI

By Kathy M. Campbell, PharmD, Wellness Pharmacist



The year was 1985. The DeLorean was hitting 88 miles per hour, whisking Marty McFly *Back to the Future*, and I was embarking on my own journey to the University of Oklahoma, armed with what I believed to be the pinnacle of portable communication: a Smith-Corona typewriter. For four decades, my mother had reigned supreme as a professional secretary, her fingers a blur across the keys of an imposing IBM Selectric, effortlessly transcribing shorthand at a staggering 120 words per minute. As I ventured into the hallowed halls of academia, Mom ensured I was equipped for success with my trusty, compact companion. Little did either of us suspect, as I settled into my dorm room, that we stood on the precipice of a technological eruption, a logarithmic surge that would irrevocably reshape the very fabric of human existence.

Fast forward to the 1990s, and the technological landscape for a staff pharmacist was relatively contained. Mastery of a pharmacy-specific dispensing system was the summit of our digital demands. Navigating drug interactions, optimizing workflow, deciphering insurance billing, generating efficiency reports, and the occasional battle with a recalcitrant printer defined the extent of a pharmacy manager's technological prowess. The nascent world of email was a peripheral curiosity, and the "newfangled" applications of Word, Excel, or PowerPoint held little practical relevance in the daily whirlwind of dispensing. Yet, even then, with the subtle rumblings of this technological earthquake and the constant demands of a busy pharmacy, it was remarkably easy to find oneself lagging behind the ever-accelerating learning curve.

What a seismic shift the ensuing forty years have wrought! From the ubiquitous tendrils of social media to the intricate

architecture of websites and the cryptic algorithms of SEOs, to the burgeoning power of Artificial Intelligence, every facet of our lives is now interwoven with these transformative technologies. The business of healthcare, too, has undergone a profound metamorphosis, increasingly prioritizing data and dollars, sometimes overshadowing the very essence of health and care. This relentless influx of information and innovation can feel overwhelming, not only for us as practitioners but also for the individuals we serve – our patients.

As the field of pharmacy continues its relentless evolution, it is imperative that we not only embrace the challenges and boundless possibilities that these innovative technologies present but also steadfastly hold onto the fundamental core of our profession: the profound human and healing relationships we cultivate with our patients. In this digital deluge, patients are desperately seeking guidance, yearning for clarity amidst the information overload. They crave understanding, connection, and ultimately, health.

The evolving paradigm of pharmacy leverages the pharmacist's unique therapeutic skillset, coupled with a deep and empathetic therapeutic relationship, to empower patients to lead longer, more vibrant, and healthier lives. The future of our profession demands that we skillfully harness these advancing technologies as we boldly introduce innovative wellness solutions directly to consumers.

And for those of us still reflexively hitting that double space after a sentence? Well, it seems we might just need a little technological intervention ourselves.

Your Partner in Health,
Kathy M. Campbell, PharmD
Wellness Pharmacist

Our Services



On Site Services
Processing



Mail in Processing



Reconciliation
of Credits



Processing
Schedule CII - CV



Disposal of Waste



Inventory
Management Audit



Strategic RX



Powered by
CoreRx Returns



BEST PARTNER FOR RX SOLUTION

We aim to Partner with you, offering
a Strategic Approach that ensures
Compliance, Seamless Expired Product
Retrieval, and Transparent Transactions
because your success drives ours.

TALK TO US!
888-507-9997



www.srxreturns.com

TRAVEL. LEARN. GIVE BACK.

**Roho Voyage
Introduces
Destination ACPE/
CME for Healthcare
Professionals**

As a pharmacist and pharmacy owner, time has always felt scarce—especially when it came to conferences, continuing education, and traveling to see the world. I've long loved pharmacy gatherings for the knowledge and connection they offer, and I've always been drawn to the joy of discovering new places. But in the busyness of life, many put travel on the back burner. I was reminded by a quote from the late Anthony Bourdain, who famously said, "Travel is not a reward for working, it's education for living."

So I began asking: what if we could earn continuing education in a way that felt inspiring and rejuvenating? What if learning took place in destinations we've always dreamed of? I saw this not as a new attempt at work-life balance, but the beginning of work-life integration.

In late 2021, after witnessing how quickly the world shut down during the pandemic—and how many communities



CREDIT:

- Travis Wolff, PharmD, BCACP, C. Psych Leadership, CEO PharmFurther
- Sunni Wolff, PharmD
- Kathy M. Campbell, PharmD Wellness Pharmacist



like my hometown in Kenya, which depend on tourism, were deeply affected—I founded Roho Voyage, a purpose-driven travel company with one guiding belief: travel should enrich both the traveler and the communities they visit. Out of this mission, the Destination ACPE/CME program was born—an immersive educational journey for healthcare professionals blending continuing education with cultural engagement, personal renewal, and service.

FROM BURNOUT TO RECONNECTION

Burnout in healthcare is not just common—it's becoming a crisis. Studies show over 60% of hospital pharmacists and 75% of community pharmacists experience emotional exhaustion. Many of us feel overwhelmed by patient volume, administrative burden, and the daily demands of care. We're giving so much—often without time to restore ourselves.

We believe continuing education should offer more than credit hours. It should offer clarity, restoration, and rekindle purpose.

In November 2024, our inaugural destination CE experience took pharmacists on an African safari—an experience consistently described as transformational. By pairing this dream destination with high-impact education, we created something unique: learning in motion.

LEARNING THAT MOVES WITH YOU

Before travel, participants engaged in guided clinical sessions to prepare for both the journey ahead and the patients they serve. Topics included cultural awareness, travel health, and vaccination planning. These sessions built skills in global health awareness, cultural competence, and public health adaptability.

Pharmacist-led travel services are in high demand, with patient satisfaction ratings over 94% and strong acceptance of pharmacist recommendations. The APhA Travel Health Certificate offers further credentialing, and many pharmacists are integrating these services into their practices—not only for patient value but to expand OTC offerings and wellness guidance.



We're grateful to trailblazers like Beverly Schaefer, who launched one of the first successful travel health clinics in a community pharmacy setting, demonstrating what's possible for pharmacists with vision.

IMMERSIVE WELLNESS IN KENYA

Our journey led us to Kenya, where participants explored the intersections of pharmacy and wellness in a hands-on way. In Nairobi, three standout experiences deepened learning:

- At Gatura Greens, participants harvested and processed purple tea—learning about its antioxidant properties and disease-fighting potential.

- At Spring Valley Coffee, they explored how coffee impacts mental focus and mood, grounding global conversation in cultural context.
- At Harriet's Botanicals, they learned from local herbalists about African botanicals and the FDA's stance on herbal therapies.

Together, these moments built a new lens for pharmacists to view wellness—one rooted in evidence, culture, and curiosity.

GROUNDING IN THE WILD

The next leg of the journey took participants to the Masai Mara, one of Africa's most awe-inspiring landscapes. Their stay at Angama Mara—a lodge perched high above the Great Rift Valley—felt like being suspended between heaven and earth. It mirrored how many healthcare professionals feel today: suspended between purpose and depletion.

This lodge was luxurious, yet deeply grounding. It offered those who give so much of themselves a rare opportunity to receive the warmest hospitality. From their tented suites, participants watched the sun rise over the savannah—an experience many described as soul-stirring and even life-changing.



For many, this was their first safari. The first time witnessing giraffes gently crossing open plains, elephants moving in silent herds, and lions resting beneath acacia trees. The proximity to these animals in their natural habitat ignited something deep within—a profound sense of

presence and awe. Surrounded by the rhythms of nature, the Mara stripped away distractions and brought participants back to their senses.

Nature did what textbooks cannot: it healed, it taught, it opened.



Doctors across the world are now prescribing time in nature to improve health outcomes—and for good reason. Exposure to green space has been shown to reduce cortisol levels, lower blood pressure, and improve immune function. Time outdoors enhances focus, creativity, and emotional balance. Even short immersion in natural settings is associated with better sleep, reduced anxiety, and improved cognitive flexibility.

In the UK, this is known as “green social prescribing”, now formally included in the National Health Service’s mental health strategy. And while there’s limited formal research yet on safari itself, the anecdotal evidence from our group was overwhelming. Participants described the experience as healing, perspective-shifting, and unforgettable.

In this awe-filled setting, we shifted focus to leadership. Participants explored sustainable leadership mindsets, the difference between fixed and growth perspectives, how to create cultures of action, and how to cultivate teams that thrive with or without direct oversight.



These conversations felt especially profound in a setting that encouraged stillness, reflection, and deep connection.

NATURE AS THE TEACHER

Modern research backs what we’ve always known: nature heals. It lowers stress, boosts immune function, and enhances well-being. In the UK, “green social prescribing” is now part of national health policy.

Sessions also explored trust and feedback. How do we lead with authenticity? How do we create psychologically safe environments for innovation and resilience?



In the Masai Mara, we saw this firsthand. Time in the wild created space to breathe—and in that stillness, participants felt a shift. As poet David Whyte writes: “The antidote to exhaustion is not rest. It’s wholeheartedness.”

One of the most grounding moments took place at the Angama Shamba, a garden on the escarpment where we shared a farm-to-table lunch. Surrounded by vegetables and herbs, participants were invited to reimagine what it means to be a provider—not just of medicine, but of health. A conversation on how to lead with wellness—not just clinically, but entrepreneurially—unfolded under the Kenyan sun.

SERVICE THAT STAYS WITH YOU

Every Roho Voyage journey includes a service component—and in Kenya, it was with Safari Doctors, a mobile health organization delivering care to remote communities in Lamu. In 2024 alone, they reached over 24,000 patients across 47 villages using boats, motorcycles, and donkeys.



Participants joined a medical outreach day, offering screenings, medications, and health education. More than giving care, they witnessed resilience—and saw firsthand how Community Health Workers (CHWs) trained from within the community are transforming access to care.

This model is growing. Back in the U.S., CPESN pharmacies are training pharmacy techs as CHWs. Our participants returned with renewed clarity: health equity begins with listening, and pharmacy’s future is more proactive, holistic, and human.

We also visited Shamba La Shela School, where we delivered supplies and shared in song, dance, and laughter with the children. These weren’t just acts of charity.

They were moments of human connection—reminders of why we chose healthcare in the first place.

WHAT WE LEARNED FROM THE FIRST JOURNEY

This first Roho Voyage Destination ACPE/CME was a test—a trial of a new model. And it exceeded every expectation. We proved that continuing education doesn’t have to happen in windowless rooms. It can happen while sipping tea in the highlands of Kenya, standing in awe before majestic elephants, or observing one of the oldest tribes in Africa, the Maasai.

Traveling internationally changes your brain. Research shows that when you’re immersed in new cultures and environments, your brain forms new neural pathways. Problem-solving becomes more creative. Learning becomes stickier. And when your brain chemistry is in a positive state—fueled by dopamine, oxytocin, and serotonin—your capacity for insight, empathy, and transformation soars. Wonder is one of the most powerful states for growth.



We saw it unfold. Participants arrived overwhelmed by work, unsure of what to expect. But surrounded by supportive colleagues and immersed in a safe, enriching journey, they began to think more clearly, connect more deeply, and dream more boldly. What began as a once-in-a-lifetime trip became the first of many.

One participant shared, “My first degree was zoology. I had studied this region for decades. It has really informed my thinking. It was a cellular awakening. I also realized what a culture of collaboration really looks like. I have little modeling of that in competitive US culture. It was transformative and an experience I will not get over.”

The confidence gained was unmistakable. What was once unfamiliar terrain quickly became a place of empowerment. Some of the leadership CE sessions were designed using core principles from the psychology of leadership—but what mattered most is how these ideas were lived out in the day-to-day moments. The result? A group of pharmacists who returned home more fearless, more creative, and



ready to take on their dreams. Many returned not only with greater confidence in their ability to lead and make a difference in their communities—but also with a renewed desire to travel again, to keep learning, and to keep growing.

That energy is what inspired the expansion of Roho Voyage. What began as one unforgettable journey has now grown into a collection of itineraries across Africa, Europe, and

the Middle East—and the list keeps growing. The sky is truly the limit.

Roho Voyage was born from a question, a problem, and a deep desire to reconnect. My hope is that this inspires you to look at your own challenges—whether personal or professional—as opportunities. What if the next great solution or business idea is waiting on the other side of your own journey? Start there. Start now.



A WIN FOR PATIENTS:

How Arkansas' New PBM Law Could Bring You Better Pharmacy Access and Lower Prescription Costs

If you've ever had to jump through hoops to fill a prescription, been forced to use a mail-order pharmacy you didn't choose, or struggled to find a local pharmacy nearby—that may soon change, starting with **Arkansas**.



In a **first-of-its-kind law**, Arkansas has passed **House Bill 1150 (HB 1150)**, which **bans pharmacy benefit managers (PBMs) from owning pharmacies**. Beginning **January 1, 2026**, PBMs operating in Arkansas will no longer be allowed to control both the drug pricing process *and* the pharmacies that fill your prescriptions.

Why does this matter to patients?

Because for years, PBMs—companies that manage drug benefits for insurers—have often been **vertically integrated**, meaning they control everything from setting prices to owning the pharmacy that fills your prescription. This setup has led to:

- Higher drug prices
- Limited choice of where you can fill prescriptions
- Forced mail-order options
- Reduced access to local, trusted pharmacies
- A rise in “pharmacy deserts” where patients have no convenient access to care

With HB 1150, Arkansas is saying **enough is enough**—and putting patients back at the center of care.

“This is a new day in Arkansas,” said John Vinson, CEO of the Arkansas Pharmacists Association. “The fox will no longer guard the henhouse.”

What This Means for the consumer, the patients?

If laws like this go national, patients could soon enjoy:

- **More freedom** to choose local, face-to-face pharmacy care
- **Lower out-of-pocket costs** thanks to more pricing competition
- **Better access** in rural and underserved areas
- **Improved service and trust** from pharmacists who know your community

HB 1150 is already inspiring action in other states like **Indiana, New York, Texas, and Vermont**. And at the federal level, lawmakers and a coalition of **39 state attorneys general** are pushing for a **nationwide ban** on PBM-owned pharmacies. That momentum could transform the way millions of Americans access their medications.

What's This Mean for Independent Community Pharmacies?

The passage of HB 1150 in Arkansas could be a game-changer for **independent community pharmacies**, which have long been squeezed by unfair practices from vertically integrated PBMs. By banning PBMs from owning pharmacies, this law levels the playing field—giving independent pharmacies a fair shot at serving their communities without being undercut by PBM-owned competitors who set the rules and dominate the marketplace. Without the fear of being excluded from insurance networks or forced into unsustainable reimbursement models, independent pharmacies can focus on what they do best: providing personalized, accessible, and trusted care to their patients.

This law could also **slow or reverse the closure trend** that has devastated community pharmacies across the country, particularly in rural and underserved areas. By restoring fair competition and eliminating anti-competitive steering, more pharmacies will have the financial footing to stay open, hire staff, expand clinical services, and invest in new technologies. For many communities, especially those considered pharmacy deserts, this could mean the return—or preservation—of a local healthcare hub. HB 1150 doesn't just support small businesses; it reinforces a vital healthcare access point for thousands of Americans who rely on their neighborhood pharmacy as a first stop for care.

The Bottom Line

Pharmacy care should be about **you**, not corporate profits. Arkansas' new law is a powerful step toward fairness, transparency, and local access. If more states—and Congress—follow suit, it could mean **better pharmacy care, closer to home, at a lower cost.**

Because your health shouldn't come with strings attached.



Arkansas' new law is a powerful step toward fairness, transparency, and local access. If more states—and Congress—follow suit, it could mean better pharmacy care, closer to home, at a lower cost.



Brought to you by Todd Eury, Editor & Chief of the Pharmacy Podcast Network
www.pharmacypodcast.com |
Amplifying the Voice of Pharmacy Since 2009

REFERENCES:

APA, NCPA Cheer First-Of-Its-Kind State Law Banning PBMs from Owning Pharmacies
<https://fox40.com/business/press-releases/globenewswire/9423813/apa-ncpa-cheer-first-of-its-kind-state-law-banning-pbms-from-owning-pharmacies/>

IF MCDONALD'S SET BURGER PRICES FOR BURGER KING...

IN ANY OTHER INDUSTRY, IT'D BE ILLEGAL.
IN HEALTHCARE, IT'S BUSINESS AS USUAL.

By Joshua R. Pirestani,
Contributing Writer

Imagine this: McDonald's sets the price Burger King can charge for a Whopper. It tells DoorDash which burger brand to promote. And it takes a cut of every fast-food transaction—no matter who makes the sale.

That would trigger antitrust investigations before you could say “extra pickles.” But in healthcare, this kind of vertical monopoly isn't just tolerated—it's thriving.

Welcome to the world of pharmacy benefit managers (PBMs), where companies like CVS Health operate with extraordinary control over the drug supply chain. CVS owns CVS Pharmacy (the retailer), Aetna (the insurer), and CVS Caremark (the PBM). That's three major pieces of the prescription drug puzzle, all under one corporate umbrella.

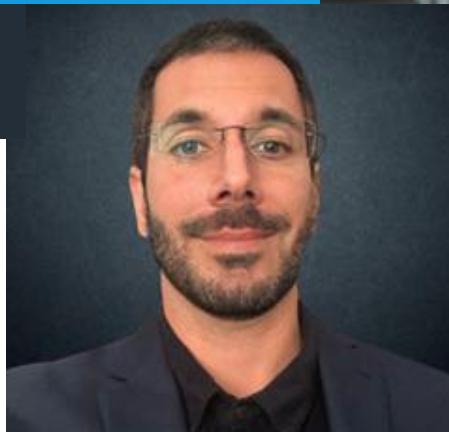
So what does that mean in practice?

- CVS Caremark negotiates drug prices on behalf of health plans and employers.
- CVS Caremark decides which medications are “preferred” or excluded from coverage.
- Then CVS Pharmacy sells those drugs directly to patients—at prices influenced by its own PBM.

If this sounds like a conflict of interest, that's because it is. But thanks to decades of quiet consolidation, regulatory loopholes, and aggressive lobbying, it remains entirely legal.

Monopoly by Design

PBMs were originally created to streamline drug benefits and



reduce costs. But over the years, they've evolved into powerful middlemen who set the rules of the game—while also playing in it. The largest three PBMs—CVS Caremark, Express Scripts (owned by Cigna), and OptumRx (owned by UnitedHealth)—control nearly 80% of the market.

They decide which drugs make it onto formularies (the lists of covered medications), how much pharmacies get paid, and what patients pay at the counter. And because they're vertically integrated with insurers and pharmacy chains, they can tilt the playing field in their own favor.

It's like letting a referee also coach one of the teams—and own the stadium.

The Real-World Impact

Independent pharmacies often get reimbursed less than what it costs to acquire the medication, forcing them to fill prescriptions at a loss. Patients are steered toward PBM-owned mail-order services or chain pharmacies. Meanwhile, insurers—also part of the same conglomerates—claim to be managing costs, even as drug prices keep rising.



This isn't just unfair competition. It's a system that prioritizes profit over patients.

Time for Transparency—and Accountability

If McDonald's tried to dictate Burger King's pricing, the FTC would step in. If Amazon told Walmart what it could sell, there'd be hearings on Capitol Hill. But when PBMs quietly determine the cost, access, and availability of life-saving medications, the public hears crickets.

It's time we stopped pretending this is normal.

We need legislation that separates PBMs from the insurers and pharmacies they're supposed to regulate. We need transparent pricing that shows who's making money—where, and how. And we need regulators to treat healthcare monopolies with the same urgency they apply to Big Tech or fast food.

The Bottom Line

You wouldn't let Coca-Cola run Pepsi's bottling lines. You wouldn't let Nike decide how much Adidas can charge for shoes. But somehow, we let CVS decide what drugs its competitors can sell—and for how much.

That's not innovation. That's market manipulation dressed as healthcare. And the longer we allow it, the more patients, pharmacies, and communities will suffer.

Break up the PBM cartel. Defund the price-setters. Demand transparency now.

RxPR

RxPR.net



PHARMACY'S 1ST PUBLIC RELATIONS AGENCY





DID SOMEONE SAY, ROAD TRIP?

THE ROAD TRIP GUY, BRUCE KNEELAND, ANNOUNCES PLANS FOR HIS TWELFTH PHARMACY ROAD TRIP

By Bruce Kneeland

Over the past 18 years, I've had the privilege of organizing and embarking on eleven pharmacy road trips. Now, I'm thrilled to announce that my twelfth trip is scheduled for May 5–9, 2025. What makes this journey especially meaningful to me is that the five pharmacies I plan to visit are located in—or very near—towns where I grew up.

Like my previous road trips, this outing will include visits, taking pictures, and interviewing the

owners or senior managers at each location. The official report of the findings will be published in July or August in America's Pharmacist magazine, the official journal of the National Community Pharmacists Association.

The goal of all my road trips is to learn about and then share the ideas, programs, and innovative services these pharmacies use to stay vibrant and viable. Thus, the pharmacies on this trip have

been carefully chosen for their innovation and forward-thinking. They represent just a few of the hundreds of pharmacies across the country that are actively shaping the future of our profession.

Because of journal publication timelines, the deadline for this article falls in late April, while the trip itself will take place in early May. By the time you're reading this, the adventure will already be complete.



With that in mind, let me introduce you to the pharmacies featured on this upcoming journey:

1. ABC PHARMACY, ALHAMBRA

This high-volume pharmacy takes pride in serving the diverse needs of a multicultural community. That's no small feat, considering how dramatically the local population has changed over the past few decades. Alhambra has transitioned from a predominantly Anglo town in the 1980s to a vibrant, mixed community, with a significant portion of residents having immigrated from various Asian countries.

One of my key goals during this visit will be to learn how the management team has adapted to such rapid demographic changes. I am told they have

personnel on staff who speak several foreign languages.

2. EL MONTE PHARMACY, EL MONTE

This stop will be especially nostalgic—it's just a quarter mile from where I lived when I was in the seventh grade. El Monte Pharmacy was the first pharmacy opened by Ken Thai, PharmD, in 2006. He started it from scratch, converting what had been a wedding photo studio. Today, Ken is the CEO and co-founder of K&B Pharmacy Associates, one of the two companies sponsoring this trip.

I first connected with this innovative, high-volume pharmacy in 2016, when I wrote a story about their early adoption of the scripClip pick-to-light, will-call system. I'm excited to visit and learn more about how technologies like this, along with other cutting-edge solutions, help them maintain a high level of personalized care—while filling far more prescriptions per day than the average pharmacy.

3. 986 PHARMACY, MONROVIA

This pharmacy is part of the 986 Pharmacy franchise program and is located about 20 miles due east of Los Angeles. Nestled at the base of the San Gabriel Mountains, Monrovia is only a few miles from Altadena, a community recently devastated by the Eaton Fire earlier this year.

One of the key topics I plan to explore here is the pharmacy's work with boarding homes and long-term care (LTC) facilities. I'm particularly interested in learning how they got involved in the LTC

business and what technologies they've implemented to meet the stringent requirements of skilled nursing facilities.

4. LUCKY PHARMACY, SAN GABRIEL

This visit will bring back memories, as I lived in San Gabriel during sixth grade. I even earned a starting spot on a Little League baseball team sponsored by the local Chevrolet dealer—and we won the league championship!

Lucky Pharmacy has been a trusted part of the community for decades. Located on the ground floor of the three-story San Gabriel Professional Center, the pharmacy has developed strong working relationships with the physicians in the building. One notable service they provide is helping prescribers and patients navigate various medication options to identify the most cost-effective choice based on the patient's prescription insurance plan.

5. BRIGHT PLAZA PHARMACY, WHITTIER

This pharmacy has recently undergone a significant transformation. Earlier this year, after much deliberation, the owners decided to merge their operations with another nearby pharmacy. Because Bright Plaza had a larger footprint and better visibility, it became the new home for both businesses.

The increased volume from the merger has allowed them to expand what were previously limited DME (Durable Medical Equipment) offerings at both stores. The now larger and better-merchandised DME department



The goal of all my road trips is to learn about and then share the ideas, programs, and innovative services these pharmacies use to stay vibrant and viable.

has contributed to growth in both DME product and prescription sales. I'm looking forward to learning more about the logistics and lessons from this merger—a scenario I believe will become increasingly common in the future of community pharmacy.

As you might expect, planning and executing a trip like this requires significant resources to cover rental cars, fuel, lodging, and meals. Google Maps estimates this six-day trip will involve driving just over 1,800 miles. To help cover these expenses, I sought out sponsors—and I'm pleased to report that two companies, both committed to the success of independent community pharmacies, have stepped up to support this project.

K&B Pharmacy Associates

Headquartered in San Marino, California—about 15 miles east of Los Angeles—this boutique GPO (Group Purchasing Organization) has approximately 300 member pharmacies. While the majority of members are in California, K&B has recently begun expanding its services to other states. Robert Ojeda, the group's President, also owns and actively manages several pharmacies himself.

K&B is known for its extremely competitive Primary Vendor Agreement, but what truly sets it apart is the close-knit, collaborative nature of its membership. New members are selected not just for their business potential, but also for their willingness to share insights and support their peers.

For more information, please visit: www.kb-rx.com

digitalRX

Yes, they use a lowercase “d” in their name! This innovative pharmacy management system (PMS) provider is based in Tustin, California, about 30 miles southwest of Los Angeles. CEO and founder Yasser Rousy began his career as a senior developer with the former Etreby pharmacy software company. After Etreby was acquired by Cerner about 20 years ago, Yasser held several senior IT roles before founding digitalRX.

With more than 1,000 customers across 20+ states, digitalRX is the largest PMS provider I had never heard of—until I started planning this trip. They claim to be the first PMS company built entirely as a SaaS (Software as a Service) platform. They take pride in being early adopters of major technologies and are already incorporating AI features to help pharmacists manage complex, multi-drug regimens—enhancing both patient counseling and physician collaboration.

More information is available at: www.digital-rx.com





OFFSET YOUR GCR... YES, IT'S POSSIBLE! INCREASE YOUR BOTTOM LINE WITH CAPITAL DRUG

At Capital Wholesale Drug Company, we provide the brand and generic medications you need to keep your pharmacy competitive.

We supply top pharmaceutical brands, including:

- ✓ Pfizer
- ✓ Eli Lilly
- ✓ Novo Nordisk
- ✓ & More!

RELIABLE
SUPPLY.
COMPETITIVE
PRICING.
EXCEPTIONAL
SERVICE.



YOUR SUCCESS IS OUR BUSINESS!



(800) 525-0022
www.capital-drug.com





SYNC, PACK, & DELIVER: A KEYSTONE HABIT IN COMMUNITY PHARMACY

SYNC: ORGANIZE, OPTIMIZE, AND ENGAGE

Medication synchronization (med sync) isn't just about convenience—it's about creating a more proactive, patient-centered dispensing model. Syncing prescriptions improves medication adherence, reduces last-minute refills, and gives your staff a rhythm that enables better time management.

But the true value of med sync is what it opens the door to. With a predictable fill cycle and dedicated patient touchpoints, pharmacies gain the opportunity to shift from problem-solving to *service offering*. Sync calls can include:

- Annual flu shot reminders
- Nutrient depletion counseling
- Medicare Part D plan reviews

Each call becomes a mini-consultation—an opportunity to add value, reinforce adherence, and position your pharmacy as a trusted healthcare partner.

PACK: A DIFFERENTIATOR THAT ADDS VALUE

Once your sync process is humming, the next keystone habit to implement is compliance packaging. Multidose blister cards or pouch packaging offer clarity and convenience to patients, especially those managing multiple medications or caregivers overseeing someone else's regimen.

When health gurus talk about optimizing physical and mental wellbeing, they often emphasize the power of *keystone habits*—those foundational behaviors that, once adopted, trigger a cascade of positive changes. In personal health, these might include sleep, hydration, and nutrition. But what about in the community pharmacy? What keystone habits can we adopt to unlock greater efficiency, profitability, and patient outcomes?

For forward-thinking pharmacies, the answer lies in a powerful trio: **Med Sync, Compliance Packaging, and Delivery**. Together, these three pillars form a keystone workflow strategy—*Sync, Pack, & Deliver*—that builds momentum, improves care, and differentiates your practice in a competitive marketplace.

Packaging sets you apart from chains and opens doors to partnerships with:

- Caregivers
- Home health agencies
- Geriatric providers
- Long-term care professionals

Marketing this service to local stakeholders—such as your area's Office on Aging—can yield referral opportunities and help support patients who need structured support to stay adherent and independent.

Deliver: Extend Your Reach Profitably
Once med sync and packaging are in place, **delivery becomes not only feasible—it becomes profitable.**

With synced refills and pre-packaged meds, deliveries can be batched and scheduled efficiently, avoiding multiple trips and optimizing route planning. This model is particularly beneficial when serving:

- Assisted Living Facilities (ALFs)
- Independent Living Communities
- Group Homes and Sober Living Residences

In these settings, the reimbursement opportunities—especially under combo long-term care (LTC) models—can be substantial. Government payers are incentivizing the stabilization of high-risk populations in the lowest-cost care environments. Pharmacies that can demonstrate consistent adherence support, minimize hospital readmissions, and enhance medication access are being financially rewarded.

There are even **purchasing advantages** and margin improvements when serving LTC patients under these models, helping increase overall store profitability. Reach out to GeriMed <https://www.gerimedgso.com/> for more information.



Sync, Pack, and Deliver isn't just a strategy—it's a keystone habit system that builds a better future for your patients, your team, and your business.



A SYSTEM THAT BUILDS MOMENTUM

Just like health is built on sleep, nutrition, and hydration, a thriving pharmacy can be built on Sync, Pack, and Deliver. Each layer reinforces the next. Together, they:

- Improve workflow
- Elevate patient care
- Create new revenue streams
- Deepen community partnerships

Rather than reacting to problems, your pharmacy can lead with purpose. Sync, Pack, and Deliver isn't just a strategy—it's a keystone habit system that builds a better future for your patients, your team, and your business.



NAT-RUL Health



BLUE JAY™

An Elite Healthcare Brand

DME PLANOGRAM

2ft W x 4ft H

Item	Description	Cost Each	MSRP Each
BJ210130	Folding Cane	\$ 9.99	\$ 19.99
BJ210100	Quad Cane Tip	\$ 5.99	\$ 9.99
BJ210161	Crutch Pillows	\$ 10.99	\$ 18.99
BJ110301	Suction Grab Bar	\$ 11.99	\$ 19.99
BJ100158	Reacher Ergonomic	\$ 7.99	\$ 14.99
BJ110101	Cast Protector Arm	\$ 12.49	\$ 19.99
BJ110104	Cast Protector Leg	\$ 12.49	\$ 19.99
BJ100100	Sock Aid	\$ 7.49	\$ 11.99
BJ140100	Water Bottle Hot/Cold	\$ 8.99	\$ 14.99
BJ100145	Shoehorn	\$ 5.99	\$ 9.99
10078C	Ice It! Hot/Cold Wrap	\$ 22.99	\$ 37.99
BJ185200	Electric Heating Pad	\$ 20.00	\$ 33.99

OPENING ORDER:

2 pieces each item

Total Retail: \$464

Store Cost: \$275

Sales@Nat-rulHealth.com (800) 628-7855



A proven remedy for solving *legal challenges.*

For 25 years, Frier Levitt has helped pharmacies navigate legal complexities so you can focus on delivering quality care.

Whether dealing with Pharmacy Benefit Managers (PBMs) or State Boards of Pharmacy, Frier Levitt delivers the legal insight and advocacy pharmacies need to protect their operations and fuel growth.

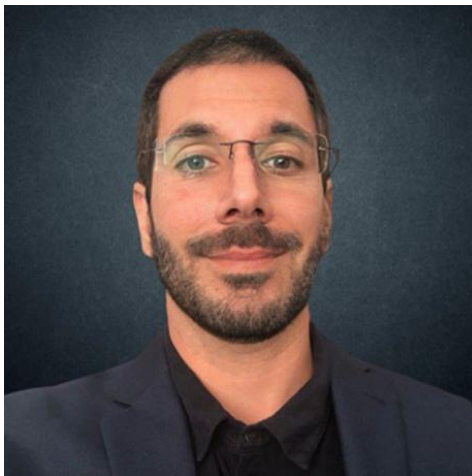
- PBM Matters Including Audit Defense, DIR Fees, and GER
- Pharmacy Transactions and Corporate Governance
- Regulatory Compliance and Enforcement Defense
- State Board of Pharmacy Matters
- Litigation and Arbitration

Protect Your Pharmacy. Strengthen Your Business.

FRIER LEVITT
ATTORNEYS AT LAW

THE HIDDEN COST OF “SAVINGS”:

HOW GOODRX HURTS INDEPENDENT PHARMACIES AND EXPLOITS PATIENT DATA



Joshua R. Pirestani
Contributing Writer

In an era when transparency and affordability in healthcare are more important than ever, companies like GoodRx have gained immense popularity by offering quick access to prescription discounts. But for independent pharmacies, these “savings” often come at a steep cost both to their business and to their patients’ privacy.

Independent pharmacy owners have long struggled against shrinking reimbursements, DIR fees, and the aggressive spread of vertically integrated pharmacy benefit managers (PBMs). GoodRx, which positions itself as a patient-friendly savings platform, unfortunately operates in ways that further weaken the community pharmacy model.

The Hidden Costs of GoodRx

Category	GoodRx Model	Independent Pharmacy Direct
Patient Price	Appears cheaper via coupon	Often matches or beats price
Pharmacy Reimbursement	Low; loses money on many fills	Fair, sustainable
Data Privacy	Shares user data with advertisers (<i>FTC case</i>)	Protected under HIPAA
Patient Relationship	Disconnected, transactional	Personalized care
Who Profits Most	PBMs, Tech Platforms	Local Community Business

Based on publicly available data and independent pharmacy reports. Graphic for educational/editorial use only.



If healthcare is to remain truly patient-centered, then we must take a closer look at how “free” services like GoodRx operate.

The Business Model Behind the Coupon

At first glance, GoodRx seems helpful. Patients type in their medication and zip code, find a low price at a nearby pharmacy, and present a coupon. But behind the scenes, GoodRx works with PBMs to offer those prices—essentially acting as a middleman that inserts itself into the transaction, even if the patient could have paid less using the pharmacy’s own cash price.

For independents, the problem is twofold:

1. **Lower Reimbursement:** Pharmacies get paid a reduced rate when GoodRx is used—often barely covering the cost of the drug itself.
2. **Lost Relationships:** When patients rely on coupons rather than consult with their pharmacist, they miss the chance to establish a care relationship that could actually help manage health and medication adherence.

Many independents would offer better prices directly—if given the opportunity. But the game is stacked against them when patients are conditioned to think savings only come from a third-party app.

The Data Dilemma

There’s also a more insidious concern: **patient data**. GoodRx’s business is not just about prescriptions—it’s about information. In 2023, the Federal Trade Commission fined the company for allegedly sharing sensitive health data with third parties like Google and Facebook for advertising purposes, without patient consent. While the company did not admit wrongdoing, it agreed to a \$1.5 million settlement and changes to its privacy practices.

This should raise serious red flags for anyone concerned about the confidentiality of health

information. The very act of searching for a medication on GoodRx may be enough to trigger targeted ads and marketing. For patients, that’s a violation of trust. For independent pharmacies, it’s another way control over patient care is being siphoned away.

The Illusion of Empowerment

GoodRx’s marketing makes it seem like patients are being empowered. In reality, they are being funneled through a system that:

- Weakens their relationship with local pharmacists
- Drives revenue to PBMs and tech companies
- Compromises the confidentiality of their health data

Meanwhile, the community pharmacy—the one healthcare provider who still knows your name, understands your medication history, and advocates for you—struggles to survive.

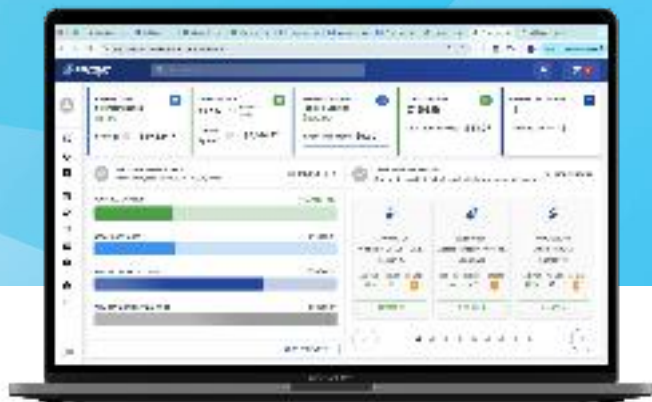
What Can Be Done?

Independent pharmacists are fighting back through transparency and education. Many now offer *cash discount cards*, *price matching*, or *membership-based savings programs* that keep pricing fair without routing patients through data-mining tech platforms.

The key is making patients aware that they don’t need an app to get affordable care—they need a pharmacist they trust.

If healthcare is to remain truly patient-centered, then we must take a closer look at how “free” services like GoodRx operate. Convenience should never come at the cost of privacy, quality, or the long-term health of independent care.

This article represents the opinion of the author and does not necessarily reflect the views of the publication or its sponsors. Patients are encouraged to speak with their healthcare providers about prescription costs and privacy concerns.



Expert Compliance Coaching for Smarter Purchasing

Navigate Compliance with Confidence

Compliance can be complex, but our dedicated **Compliance Coaches** make it simple. With tailored guidance, your pharmacy gains the insight needed to balance purchasing efficiency while maintaining primary wholesaler compliance.

- **Personalized Coaching Sessions** – Monthly one-on-one coaching helps identify purchasing gaps and maximize rebate opportunities.
- **Strategic Compliance Planning** – Understand your rebate tiers, purchasing patterns, and the true cost-benefit of compliance.
- **Accountability & Behavior Change** – Overcome purchasing habits that hinder compliance and adopt sustainable strategies that drive profitability.

Optimize Purchasing Without Sacrificing Compliance

- **Data-Driven Compliance Strategy** – Compliance Coaches analyze your PVA and purchasing data to develop an investment strategy that aligns with your pharmacy's goals.
- **Rebate Maximization Guidance** – Learn how to compare secondary wholesaler discounts with primary wholesaler rebates, ensuring your pharmacy captures maximum savings.
- **Secondary Spend Guardrails** – Stay within recommended secondary wholesaler budgets to avoid unintentional noncompliance while optimizing purchasing power.

Support You Can Trust

- **Independent, Unbiased Advice** – Our Compliance Coaches have no financial incentives tied to your purchasing decisions, fostering trust and transparency.
- **Ongoing Education & Support** – Monthly check-ins keep your pharmacy on track and ensure continuous improvement in purchasing habits.

Transform Your Pharmacy's Purchasing Strategy Today!

Let our Compliance Coaches guide you to increased savings, improved compliance, and long-term success.

Visit **www.pharmacymarketplace.com** or call **800.958.5540** to learn more and book a consultation.



Every Dollar Counts
Cash Flow for Independent Pharmacies

EVERY DOLLAR COUNTS IN PHARMACY TODAY!

FACING A FINANCIAL SQUEEZE? WE CAN HELP.

Independent pharmacies across the country are feeling the financial strain due to the aggressive reimbursement tactics of the PBM Mafia this year. The pressure is mounting, but at Waypoint, we believe there's always a way forward.

We've designed proven solutions to help you fight back against the cash crunch, including:

1.

Helping You Establish a Medicare Insurance Agency

Build a new revenue stream by setting up your own Medicare insurance agency alongside your pharmacy.

2.

Evaluating Employee Benefits for Cost Savings

Maximize your benefits program while saving money.

3.

Lowering Your Credit Card Processing Fees

Cut unnecessary expenses and keep more of your hard-earned money.

4.

The Waypoint TrueAdvantage Program:

Learn how to improve pharmacy cash flow by creating a Retail/LTC Combo Shoppe and ways to make money from Medicare Advantage Plans

5.

Saving on Your Pharmacy's Commercial and Liability Insurance

Through the Pharmacy Insurance Group, part of the Waypoint family, get better coverage for less—securing your business without breaking the bank.

6.

Inventory Management

Integrate direct primary care services into your pharmacy for enhanced patient care.

Every Dollar Saved is a Dollar Invested Back into Your Pharmacy's Future!

To learn more and schedule your personalized consultation, visit us at:
Every Dollar Counts –

Waypoint Solutions

WaypointRx

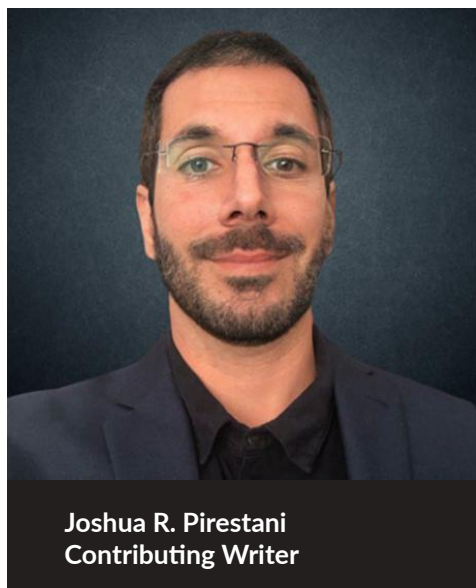
With Pharmacy Insurance Group, ensuring independent pharmacies thrive.

843-873-4420

www.waypointus.com

TOO BIG TO CARE?

HOW THE MAJOR WHOLESALERS LEAVE INDEPENDENT PHARMACIES BEHIND



Joshua R. Pirestani
Contributing Writer

When independent pharmacies look at the pharmaceutical supply chain, they often see themselves at the bottom of a long, complex, and increasingly costly hierarchy. At the top sit the “Big Three” wholesalers—McKesson, Cardinal Health, and AmerisourceBergen (now operating as Cencora)—who collectively dominate over 90% of the wholesale drug distribution market in the United States.

While these companies are essential players in delivering medications across the country, many independent pharmacy owners argue that the system is rigged against them. The question isn’t whether these wholesalers serve a purpose—it’s whether they serve all pharmacies equally. And the answer, increasingly, seems to be no.

Dominance Without Leverage

McKesson, Cencora, and Cardinal Health have enormous buying power and logistics networks. But independent pharmacies—unlike national chains or health systems—don’t have the same negotiating strength. They often pay higher prices, face stricter credit terms, and receive fewer rebates or

incentives compared to their larger counterparts.

This leaves independents in a position where they are buying drugs at prices that squeeze already thin margins, especially when they’re reimbursed below cost by PBMs (pharmacy benefit managers). The wholesalers aren’t directly responsible for those reimbursements, but the prices they offer play a key role in whether an independent pharmacy can stay afloat.

Conflicts of Interest

Each of the Big Three wholesalers owns or has stakes in other entities that compete directly with independent pharmacies. McKesson owns Health Mart, a chain of franchise-like stores. Cardinal Health owns the Medicine Shoppe and Medicap. Cencora has pharmacy services operations and deep ties with vertically integrated health systems.

While these relationships may make business sense from a corporate standpoint, they raise serious questions about how fairly independents are treated in pricing, access to drugs, or customer service. Can a wholesaler truly advocate for a small pharmacy when it is also invested in competing interests?

The Promise—and Limits—of PSAs

To level the playing field, many independents join PSAs (Pharmacy Services Administrative Organizations), often facilitated or owned by the wholesalers themselves. PSAs help negotiate contracts with PBMs and may offer purchasing benefits. However, some pharmacy owners report feeling locked into agreements that offer minimal transparency and limited recourse when issues arise.

In effect, the very organizations that promise to protect independents from the system may actually keep them tethered to it—with little leverage to negotiate or change suppliers without major disruption.

What Independent Pharmacies Need

Independent pharmacies are not asking for handouts—they're asking for a fair shot. That means:

- **Transparent pricing** on drugs and purchasing programs
- **Better terms** that reflect the realities of small business operations
- **Real advocacy** from wholesalers that claim to support independents

Some smaller or regional wholesalers are stepping up with flexible terms, innovative pricing models, or cooperative ownership. But without meaningful reform among the Big Three, independents will continue to operate under a ceiling they didn't build—and can't break through.



Some smaller or regional wholesalers are stepping up with flexible terms, innovative pricing models, or cooperative ownership.

This article reflects the author's opinion and is based on industry data, market trends, and feedback from independent pharmacy owners. It does not allege wrongdoing but highlights structural challenges within the pharmaceutical distribution model.



**SITTING ON
THE SIDELINES IS
NO LONGER AN
OPTION.**

**JOIN THE REVOLUTION
TODAY!**

The time has come to empower your pharmacy and revolutionize patient care through tailored insurance solutions. Partner with Pharmacy Insurance Group and unlock the following benefits:

Keep Patients in the Pharmacy:

Offer insurance plans that ensure patients stay connected to your services.

Improved Profitability:

Optimize plans to enhance your pharmacy's financial health.

New Revenue Stream:

Earn commissions on insurance products, adding to your bottom line.

**JOIN HUNDREDS OF OTHER
PHARMACY OWNERS IN
STARTING AN AGENCY TODAY.**



**WHY
PARTNER
WITH US?**

Commitment:

25 years serving independent pharmacies

Support:

Dedicated resources for licensing and agency performance

Performance:

Our agents serve more patients and earn more on average than other agents



CONTACT BEN COAKLEY:

Schedule a consultation to explore partnership opportunities and maximize your pharmacy's potential.
www.rxinsurancegroup.com

PHARMACY INSURANCE GROUP

Transforming Patient Care Through
Strategic Insurance Solutions

WHEN THE BOARD COMES KNOCKING:

HOW COMMUNITY PHARMACISTS CAN SURVIVE (AND THRIVE) DURING A PHARMACY BOARD AUDIT

Darshan Kulkarni PharmD, MS, Esq.

Community pharmacists are trusted professionals who manage one of the most highly regulated areas of healthcare. But that trust is regularly put to the test—especially when a state Board of Pharmacy announces an audit or walks through the front door unannounced. Whether it's routine or triggered by a complaint, pharmacy audits are becoming more frequent, more thorough, and more punitive. Unfortunately, many pharmacies remain unprepared, treating these audits as rare events rather than inevitable milestones in the life of a licensed facility.

RISE IN AUDIT RISKS

State boards are under increasing pressure to demonstrate oversight, especially in the wake of ongoing opioid abuse concerns, questions about 340B program integrity, expansion of telepharmacy services, and continued focus on patient safety. This environment has led to a sharp uptick in pharmacy inspections. Community pharmacies, particularly independent ones, are being scrutinized more heavily due to perceptions of lower compliance resources and less robust infrastructure.

Audits may be random, but they are often triggered by red flags. These include unusual controlled substance volumes which have already led to lawsuits, out-of-state prescriber activity especially with problematic telemedicine based

engagement, patient or employee complaints, or errors reported to the board.

AREAS OF RISK

Once an audit is initiated, regulators typically examine key areas: controlled substance management, prescription accuracy, licensing and training documentation, physical and digital security of the pharmacy, and compliance with patient counseling obligations.

Controlled Substance Management

One of the most heavily scrutinized areas is controlled substance handling. Inspectors will review DEA Form 222 records, reconciliation logs, and verify whether proper authorization and refill protocols are followed. They will also assess if the

pharmacy is meeting prescription monitoring program (PMP) reporting obligations in the relevant states and whether those reports align with dispensing activity. Inaccuracies or missing documentation—especially for Schedule II drugs—can quickly escalate into formal investigations.

Record Keeping

Beyond controlled substances, inspectors will look at whether prescription files are organized, stored securely, and retrievable on demand. They will examine patient counseling records, signature logs, and even temperature logs for proper drug storage. If the pharmacy is participating in special programs such as 340B, expect a deeper dive into documentation supporting compliance, including proof of patient eligibility and tracking of discounted inventory.

PLANNING

To avoid surprises, pharmacies should take proactive steps. This may often mean conducting a gap analysis and following up based on the Plan-Do-Check-Act format as advocated by the American Society for Quality.

Self Audits

The most essential is conducting an initial and continuing self-audits. These internal reviews should simulate real inspections and rely on the same standards state boards use. By regularly pulling sample prescriptions, checking inventory logs, reviewing storage conditions, and verifying training records, pharmacists can catch small problems before they become major violations. These self-audits should not be one-time events—they need to be part of a continuous quality improvement process as discussed above.

Policies and Procedures

Policy and procedure manuals also require regular attention. Too often, pharmacies operate with outdated documents that don't reflect actual workflows. For example, if your standard operating procedure on naloxone dispensing references outdated standing orders or fails to address current state laws, you're exposing your practice to unnecessary risk. Every policy should be aligned with how the pharmacy truly operates—and every staff member should understand what those policies require of them.

Training

Speaking of staff, training is critical. It's not enough to rely on onboarding modules and occasional

CE credits. Community pharmacies should hold brief monthly training sessions focused on high-risk areas like controlled substance handling, patient privacy, and recognizing suspicious prescribing patterns. All training should be documented and tailored to the pharmacy's operations and risk profile.

Audit Plan

In addition to internal controls and documentation, every pharmacy should have an audit response plan. Identify a lead pharmacist who is responsible for handling interactions with inspectors. That person must know where every key record is stored, how to present them professionally, and how to respond to audit findings without compromising the pharmacy's legal standing. Importantly, the pharmacy should have a plan for immediate legal consultation in case the audit turns adversarial.

During the audit, professionalism is essential. Inspectors should be treated respectfully and provided with requested documentation in an orderly and timely manner. However, pharmacists and staff must avoid the urge to over-explain, speculate, or offer guesses when asked questions. If a deficiency is noted, acknowledge it factually and commit to reviewing and responding in writing. Copies of all inspector requests, comments, and findings should be retained, and originals should never be surrendered without proper review.

Post Audit Management

Once the audit concludes, the response timeline begins. If a clean report is issued, that's excellent—but more often, the board will issue a

warning letter or deficiency notice. In some cases, the pharmacy may be subject to a formal complaint or disciplinary process. It's important not to panic, and equally important not to delay. Responses should be prompt, accurate, and supported by corrective action plans. The pharmacy must implement necessary changes, retrain staff if needed, and submit documentation confirming that improvements have been made.

ASKING FOR HELP

This is where experienced legal counsel becomes invaluable. Even minor citations can affect your license, your DEA registration, and your insurance relationships. Partnering with a law firm like the Kulkarni Law Firm gives you an immediate advantage. Our team focuses on pharmacy regulatory compliance, board defense, and audit preparation. We know how boards think, what language they respond to, and how to position your pharmacy as compliant—even after mistakes.

We help pharmacies conduct proactive risk assessments, prepare for audits, draft responses, and when necessary, defend against board actions. Our goal is not just to help you avoid penalties—but to strengthen your operation so that audits become opportunities to demonstrate excellence rather than landmines waiting to explode. If your pharmacy is due for inspection—or if you simply want to be ready when the time comes—reach out to the Kulkarni Law Firm. We'll help you prepare, protect your license, and ensure your practice continues to serve your community safely and legally.



Our goal is not just to help you avoid penalties—but to strengthen your operation so that audits become opportunities to demonstrate excellence rather than landmines waiting to explode.

TELCOMM1.com

Best Reliability, Functionality, Support



ZULTYS

**RETAIL PHARMACY's Next
Generation Telephone System!**

HIPAA Compliant Encrypted Calls

Most Reliable - 99.99998%

Scalable 5 to 10,000 phones

65 Free Call Reports

Live 24/7 US Based Support

**Call Recording, LD, SMS, Video
Conferencing, Teams Integration ,
Conference Bridge**

**To Better Serve You and your Patients
[Contact Travis Smith 801-234-0289](tel:801-234-0289)**

Maximizing Reliability and Support

Zultys has a robust system architecture featuring redundant data centers which offers seamless failover and reduces downtime due to network failures. If your organization loses power, you have the ability to load your phone system from our mobile app and stay in business. This gives users the peace of mind knowing their systems will remain operational even in the event of a network issue.

Our ring-all functionality enables phones to all ring at the same time, with the ability to set up different types of call handling rules. If one pharmacy technician is on the phone, the call can be automatically transferred to another technician, allowing your organization to take every call and make every refill.

With Zultys Cloud Services, our integrated “easy” button is on every phone and connects end users directly to our 100% US-based support team, with an industry-leading 16-second average hold time. Our cloud services solution delivers 99.999 reliability, with multiple redundant data back-up centers that are monitored 24/7/365.

EASY IMPLEMENTATION

Dedicated Sales Engineer

Dedicated Implementation Specialist

Quick Access to Technical Support

We're Not Happy, Until You Are!



THE OPIOID PANDEMIC: ESCAPING ITS CLUTCH

By Steve Connell, Contributor, Dispense Times Magazine

What began as a clinical approach to pain management became one of the deadliest man-made epidemics in American history. What began as a pain relief solution, quickly moved to a profit generating strategy for powerful organizations who flooded the market with highly addictive drugs, underplayed their risks, and reaped billions while our communities unraveled.

AA Nation Hooked—Then Abandoned

At its peak, over 2.1 million Americans suffered from opioid use disorder. In some small towns, prescriptions outnumbered residents. When the heat of public outrage finally caught up, the system's reaction wasn't measured or humane—it was a crackdown.

Physicians once encouraged to prescribe opioids found themselves criminalized, pharmacies closed, licenses revoked and owners were fined and imprisoned. Patients were following medical guidance from their doctor, were abruptly cut off, left to face withdrawal and desperation alone. Illicit opioid use soared, overdose deaths surged, and recovery became a mirage but some businesses were booming.

Suboxone: Lifeline or Lifelong Lease?

Enter Suboxone—hailed as a cornerstone of Medication-Assisted Treatment (MAT). For many, it was a lifesaving alternative. It curbed cravings, reduced withdrawal, and significantly lowered overdose risk.

But a deeper look reveals another uncomfortable truth: we've replaced one form of chemical dependence with another— and institutionalized it.

Suboxone: The Pros

- Manages withdrawal symptoms
- Lowers risk of fatal overdose
- More accessible than methadone treatment

Suboxone: The Cons

- Extremely long half-life makes tapering difficult
- Withdrawals can be longer and more brutal than heroin
- Many patients stay on it indefinitely, often without an exit strategy
- Ongoing costs become a recurring revenue stream for manufacturers

Instead of helping patients regain control, Suboxone has trapped many in a cycle of managed dependency. For them, the idea of true recovery—being medication-free—isn't just elusive; it's strongly discouraged.

Crisis Converted to Cash Flow

Once again, a crisis has become a profit center. The same industry that contributed to the opioid epidemic is now monetizing its aftermath. But this time, it's not just the pharmaceutical manufacturers—it's the entire supply chain.

Manufacturers manufacture. Doctors write the prescriptions. Wholesalers distribute the product. Independent pharmacies are educating patients on alternatives but in most cases, have no choice to dispense.

This isn't recovery. It's retention. It's not healthcare. It's revenue management.

What Must Change

Breaking this cycle will take more than treatment—it will take courage. We must be willing to educate our patients, question the system and

demand reform that puts patients above profits.

Here's where we start:

- Educate our patients on alternatives
- Evaluate beyond the physical pain; mental and spiritual health stability is critical
- Fund, implement and update tapering protocols that allow patients to safely wean off MAT drugs
- Invest in holistic, non-pharmaceutical treatments—CBT, peer support, trauma recovery, and community-based care
- Enforce transparency in the pharmaceutical and distribution chain
- Shift public health policy away from private sector profiteering

Ask Yourself - Who is benefiting?

The PBMs? The wholesalers? The doctors? The manufacturers? Who? We've seen the shutdowns and the fines? So why does this continue? Independent pharmacy owners are stuck in the middle. Educating patients, evaluating mental and spiritual stability, ensuring safe dispensing, and trying to provide the best outcomes while navigating an increasingly unsustainable system. We would like to hear from you. Please send your feedback to steve@dispense-marketing.com

Disclaimer

The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of Dispense Times Magazine or its affiliates. This article is intended for commentary and public discourse. It does not offer medical or legal advice. Any references to organizations are based on publicly available information and are not intended as allegations of misconduct.

PHARMACY PODCAST NETWORK



The **Pharmacy Podcast Network (PPN)** is the world's largest network of podcasters dedicated to the pharmacy profession and industry insiders leading pharmacy care.

Find us on      

Learn more at pharmacypodcast.com



Award-Winning Content

Recognized for its excellence, the PPN was voted "Pharmacy 500" by RxInsider in 2024 & 'Healthcare Podcast of the Year' in 2022 by the Healthcare & IT Marketing Community (HITMC)



Education Focused

Powered by Pharmacists, the PPN was the first "evidence-based" podcast to offer continuing education, starting in 2019.



Amplify your Message

Reaching thousands of pharmacists, industry professionals, & associations everyday, the PPN is ready to help grow your brand & amplify your message. Let's collaborate at conferences, build multi-part series, & boost your content through social media.

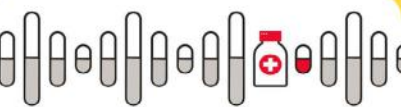
FEATURED SHOWS:

 **FrameworkFocus**
A Softwriters Podcast

Framework Focus
A Softwriters Podcast

 **Locked on**
Pharmacy

Locked on Pharmacy
APhA Podcasts

 **Counter**
Talk™

The CounterTalk Podcast
by Cardinal Health



Podbean



Amazon



Apple



Youtube



Spotify



iHeartRadio

Dispense Times

www.dispensemarketing.com