Founder Mike Gohlke Retires Dec. 31 After 17 Years as APRx President

American Pharmacies President Mike Gohlke is retiring at the end of 2019 from the fast-growing and highly successful organization he founded in San Antonio in 2001. Gohlke will be succeeded as president on Jan. 1 by Laird Leavoy, senior vice president of sales and operations.

“It is bittersweet to leave something that you love so much, but there comes a time when each of us must step away from our career,” Gohlke said. “The sadness of my departure as president is softened by my confidence that your future and that of APRx are in good hands. I have been blessed with an exceptionally talented and motivated team, and I have no doubt that their excellence on your behalf will keep American Pharmacies positioned as the best purchasing group for our nation’s independents in the years ahead.”

A Goliad, Texas, native, Gohlke worked 27 years at McKesson before joining Walsh Healthcare Solutions in 1999 to help start a wholesale distribution center for Texas independents. He later helped create the APCI-affiliated purchasing cooperative that he spun off into the freestanding American Pharmacies in 2002. He has since led APRx from its modest Texas beginnings to a fast-growing organization with 600 pharmacies in 32 states.

“We wouldn’t be where we are today without Mike’s vision and leadership” said APRx Board Chairman Alton Kanak. “He committed to a total customer focus and to out-working other independent groups to help independent pharmacy.”

Leavoy joined American Pharmacies in 2010 as VP of sales after serving as segment VP for AmerisourceBergen, overseeing a region stretching from Texas to Florida. He earned President’s Club honors from 2007-09 as the wholesaler’s top-performing retail VP and multiple top district director honors. Previously, he directed the Texas pharmacy sales team for FoxMeyer Drug.

Leavoy is no stranger to most APRx members, as he travels frequently to meet members and prospects alike in his role leading the cooperative’s 12-member Sales Team. He has for the last nine years preached the merits of American Pharmacies with an evangelical zeal and conviction.

“What I enjoy most in meeting members and prospects is showing them how hard the APRx team works each day to protect, defend and enhance their business model,” Leavoy said.

Executive Staff

President
Mike Gohlke

Sr. Vice-President, Sales & Operations
Laird Leavoy

Vice President, Sourcing & Consulting Services
John Cooper

Executive Director, Texas Pharmacy Business Council
Michael Wright

General Counsel
Miguel Rodriguez
It’s Always Hard to Say Goodbye

Valued Shareholders & Members,

It is bittersweet to leave something that you love so much, but there comes a time when each of us must step away from our career. That time has come for me. My sadness on departing as president is tempered by my confidence that your future and that of APRx are in good hands. I have been blessed with an exceptionally talented and motivated team, and I have no doubt that their excellence on your behalf will keep American Pharmacies positioned as the nation’s best purchasing group for independents in the years ahead.

My story starts in a small South Texas town. Goliad is deeply steeped in Texas history and was America at its best in the late 1950s and early 60s. The town square was the heartbeat of the community and the Saturday matinee on the square was usually on our agenda, followed by a trip to the soda fountain at Von Dohlen Byrd Pharmacy. My twin sisters were fixtures selling tickets at the theater and behind the fountain counter at the drugstore. It was my first introduction to the pharmacy world, even if the Case knife display and chocolate sundaes were my interests at the time. Little did I know that years later, Leonard Von Dohlen, R.Ph. would be instrumental to my entry into independent pharmacy.

After graduating from Goliad High School and Victoria Junior College, I joined the Marine Corps and completed a tour of duty in Vietnam. Upon my return, I worked briefly for Texas Eastern (an oil and gas company) in Edinburg before returning to school on the GI Bill at Texas A&I University in Kingsville. I studied business administration at A&I, but my greatest achievement was meeting and marrying the love of my life, Darcy Fisher. A Raymondville, Texas girl from 70 miles to the south, Darcy was a graduate assistant teaching shorthand and typing at the A&I School of Business. I actually enrolled in her shorthand class just to ask her out on a date. True love prevailed and Darcy and I married in December 1972 in my final semester, then moved to Corpus Christi after I finished up.

Corpus was a difficult job market in 1972, but I eventually landed an interview with McKesson. I knew nothing about the wholesale drug business, but I went to my interview with lots of confidence. Tom Wilson put me at ease with some personal questions, and when he learned I was from Goliad, asked if he could call Leonard Von Dohlen for a reference. I said of course, that he knew my family well and would have only good things to say about us. The next day, Wilson called to say that Mr. Von Dohlen had nothing but good things to say about my family. “Wow!” I thought . . . pharmacists have clout!

I accepted a sales position with McKesson and launched my career in wholesale drugs and independent pharmacy. When I look back at the beginning of my career, I am always thankful for the opportunities that Mr. Wilson, Mr. Von Dohlen, and independent pharmacy have afforded me and my family.

My time with McKesson was grounded in calling on independent pharmacies in South Texas. I prospered and had multiple opportunities to move up, but I chose not to uproot my family from Texas and continued to do what I enjoyed — calling on independent pharmacies. The business changed over the years, but the independents always evolved with the times. I jumped when the chance arose in 1999 to start a wholesale house that focused on independents — an opportunity I felt would better serve the needs of independent pharmacies. I became Director of Sales for a startup wholesale distribution operation in San Antonio for Walsh Healthcare Solutions out of Texarkana, Tx.

Continued on Next Page
Walsh CEO Ron Nelson put a lot of faith in my ability to jumpstart sales. Looking back, I had no idea what I had gotten myself into. The Marines taught me that you either sink or swim, so we put in a monumental effort and chose to swim.

I learned so much during my time at Walsh about wholesale distribution and the various roles that group purchasing organizations played in our business. We were closely aligned with American Pharmacies Cooperative Inc. (APCI) out of Alabama, and Walsh worked closely with them in both Alabama and Arkansas distribution centers. The San Antonio distribution center was very successful as independent pharmacy grew rapidly, and Ron subsequently asked me to start a Texas-based, member-owned cooperative. I accepted the challenge and we immediately started up as a branch of APCI Texas and formed a Board of Directors for oversight. I spearheaded the sale of stock to new members with the Walsh team, and the die was cast. After considerable growth in Texas, it was mutually decided that we should form our own cooperative apart from APCI, and American Pharmacies was born in 2002.

We have come a long way from the old Walsh Distribution building to our comfy HQ in downtown Corpus. Some Board members remember those days, and can appreciate our growing success as much as I do. It is truly impressive in this industry, and it would not have been possible without their guidance and stewardship. I have been greatly rewarded with the service and friendship of those who have served this organization. All helped me set a very high standard for member-owned cooperatives, and the best is yet to come.

My tenure as President is the highlight of my working career. Independent Pharmacy has provided much for my family and I have been blessed to be in a role that has helped me give something back. American Pharmacies was built on the philosophy of always putting our members first. This ethic resonates deeply with our team, and these values will endure after I’m gone.

Yes, there will always be challenges, but APRx always will meet them head-on with the goal of protecting your interests. We will scour the landscape for additional value-added programs and services like our APRx health care offering. We’ll continue to enhance the Rx Compass technology platform. And stay tuned for an enhanced advocacy effort that will support our expanding national member base.

We now do business in 32 states, and are the fastest-growing group in the country. We will continue to leverage our growth with vendors to bring value to our members. In the coming year, I ask that you take an ownership position in that growth by sharing our important mission with your peers. If you share my belief that American Pharmacies is the best of the best, then commit to bringing a new pharmacy on board in 2020 to share in our success.

Well, on to the next chapter. Darcy and I will be spending more time with family and friends. We’ll sprinkle in a bit of travel as Darcy says I’m not good at “puttering around the house.” And, of course, we’re blessed with two wonderful children and seven amazing grandchildren: Our son, Col. Christopher Michael Gohlke, and his wife, Teresa, and their four children Austin (16), Andrew (16), Helena (13), and Gavin (11); and our daughter, Amanda Gohlke Fields, and her husband, Beckham, and their three children Betty (7), Darcy (7), and Faith (1). There are always lots of activities in these kids’ lives, and nobody can cheer louder than Grandpa!

Thank you for the honor and opportunity to lead American Pharmacies. It has been a true privilege. As you read this, be confident that the hard-working APRx Board and our dedicated and talented staff will remain vigilant in keeping American Pharmacies the premiere pharmacy organization in our industry.

Vaya con Dios, amigos, and let’s continue to face the future with courage, resilience and humility.
Laws vary considerably around the country on the legality of marijuana (medical or recreational) and hemp-derived products containing cannabidiol (CBD). Before stocking any type of cannabis products in your store, it is essential that you understand both federal and state laws governing the sale and use of these products.

**Federal Law**

All strains of marijuana with a THC content exceeding .3 percent are illegal under federal law. The Drug Enforcement Administration classifies marijuana as a Schedule 1 drug and there are penalties under federal law for its sale or possession. Passage of the 2018 Farm Bill legalized the cultivation of low-THC hemp nationwide and the production, transport and sale of hemp-derived products with a THC level of less than .3 percent. This means the sale of CBD-based topical products and consumable CBD supplements is legal in all 50 states under federal law. However, many states that may allow some use of medical marijuana still classify other substances derived from cannabis — whether hemp or marijuana — as illegal.

The FDA has approved only four cannabis-related drugs — Epidiolex, Marinol, Syndros and Cesamet — and these are certainly legal. But even if your state has legalized marijuana or products containing THC levels exceeding .3 percent, all those remain illegal under federal law. The U.S. Justice Dept., however, has for several years not actively enforced federal law in states where marijuana laws contravene federal statutes.

The FDA excludes THC and CBD products from the definition of a dietary supplement under 201(ff)(3)(B) of the FD&C Act. Consequently, it is illegal under federal law to sell CBD-derived products that are labeled or marketed as dietary supplements. The FDA also considers any food product to which CBD is added (energy drinks, coffee, tea, baked goods, etc.) illegal because CBD was the subject of an Investigational New Drug (IND) application.

**Health Claims**

The FDA has sent warning letters to companies selling CBD products that claim to prevent, diagnose, treat, or cure serious diseases, such as cancer. The FDA deemed some of these products to be in further violation of the FD&C Act because they were marketed as dietary supplements or because they involved the addition of CBD to food.

**State Laws**

The legality of recreational and medical marijuana as well as CBD-derived products varies widely by state.

---

**Know the Laws on Cannabis-Derived Products**

Laws vary considerably around the country on the legality of marijuana (medical or recreational) and hemp-derived products containing cannabidiol (CBD). Before stocking any type of cannabis products in your store, it is essential that you understand both federal and state laws governing the sale and use of these products.

**Federal Law**

All strains of marijuana with a THC content exceeding .3 percent are illegal under federal law. The Drug Enforcement Administration classifies marijuana as a Schedule 1 drug and there are penalties under federal law for its sale or possession. Passage of the 2018 Farm Bill legalized the cultivation of low-THC hemp nationwide and the production, transport and sale of hemp-derived products with a THC level of less than .3 percent. This means the sale of CBD-based topical products and consumable CBD supplements is legal in all 50 states under federal law. However, many states that may allow some use of medical marijuana still classify other substances derived from cannabis — whether hemp or marijuana — as illegal.

The FDA has approved only four cannabis-related drugs — Epidiolex, Marinol, Syndros and Cesamet — and these are certainly legal. But even if your state has legalized marijuana or products containing THC levels exceeding .3 percent, all those remain illegal under federal law. The U.S. Justice Dept., however, has for several years not actively enforced federal law in states where marijuana laws contravene federal statutes.

The FDA excludes THC and CBD products from the definition of a dietary supplement under 201(ff)(3)(B) of the FD&C Act. Consequently, it is illegal under federal law to sell CBD-derived products that are labeled or marketed as dietary supplements. The FDA also considers any food product to which CBD is added (energy drinks, coffee, tea, baked goods, etc.) illegal because CBD was the subject of an Investigational New Drug (IND) application.

**Health Claims**

The FDA has sent warning letters to companies selling CBD products that claim to prevent, diagnose, treat, or cure serious diseases, such as cancer. The FDA deemed some of these products to be in further violation of the FD&C Act because they were marketed as dietary supplements or because they involved the addition of CBD to food.

**State Laws**

The legality of recreational and medical marijuana as well as CBD-derived products varies widely by state.
11 States have legalized both recreational and medical marijuana and all cannabis-derived products:
Alaska | California | Colorado | Illinois | Maine | Massachusetts | Michigan | Nevada | Oregon | Vermont
Washington

14 states have legalized the sale and use of low-THC, CBD-based products:
Alabama | Georgia | Indiana | Iowa | Kentucky | Mississippi | New Mexico | North Carolina | South Carolina
Tennessee | Texas | Virginia | Wisconsin | Wyoming

These states have legalized the use of medical marijuana only:
Arizona | Arkansas | Connecticut | Delaware | District of Columbia | Florida | Hawaii | Louisiana | Maryland

The sale of CBD products containing any level of THC may not be legal in these states. It is best to check with the legal authorities in your state to see if the sale of low-THC CBD products is considered legal.

These states have not legalized access to any type of cannabis, whether marijuana or CBD:
Idaho | Kansas | Nebraska | South Dakota

Health & law enforcement authorities in these states may or may not tolerate the sale of CBD products that satisfy federal law by having a THC content of .3 percent or less. In these states, it is best to get a legal opinion on whether you are safe in selling CBD products.

Try to Keep It Legal

1. Learn the laws in your state governing medical and recreational marijuana and cannabis-derived products. Your state attorney general’s office is a good place to start.


3. Don’t buy CBD products from manufacturers or vendors that make unsubstantiated health claims about the benefits of CBD or whose products are labeled or marketed as dietary supplements. The FDA has sent warning letters to many such vendors, and they could be targeted for enforcement actions.

4. Be highly selective in choosing a reputable CBD vendor. We strongly urge you to follow American Pharmacies guidelines in navigating the overwhelming array of sellers and products on the market: www.aprx.org/business-center/how-to-select-cbd-vendors-products.

5. Avoid products and sellers that don’t adhere to FDA guidelines. Don’t sell food products that are infused with CBD, as the FDA considers them illegal.

6. Be prepared for some confusion & inconsistency. State regulators and local law enforcement are not always on the same page when it comes to the legality of medical marijuana and CBD. Authorities in many states are fielding lots of questions and are still sorting through the complexities of the issues.

Coming Soon: APRx-Endorsed Vendors for CBD Products

There are 1000+ companies making and/or selling CBD products. Trying to find the right ones can be overwhelming – that’s why we’re doing it for you. APRx is painstakingly screening CBD companies to find those that meet our high standards for purity, potency, rigorous product testing, responsible marketing and transparent business practices. We’ll announce our select group of endorsed companies early next year.
GNP Marketing Focus Shifts to Digital & Social

Good Neighbor Pharmacy is in the final stages of rolling out major changes to its marketing program that represent a fundamental transition from traditional advertising to digital ads and social media. GNP’s marketing initiative also shifts content focus from the Good Neighbor Pharmacy brand and products to the individual pharmacy and its staff and services, said Missy Ervin, director of brand and program development for GNP.

Ervin said GNP spent 18 months gathering data and input from member pharmacies and came to a very important realization: “They love GNP, the support, services and programs we provide them, but they don’t want the (GNP) name” she said. “They really want to market themselves as their own business.”

GNP has also done a major reworking of Brand Central Station to provide significant resources for what Ervin calls “self-service marketing” – digital ad collateral and social media resources that “drill down to a very local focus.” The revamped Brand Central Station site was launched in mid-September.

**GNP’s Community Marketing Components**

- **Advertising Manager** – The single most critical element of GNP’s overhauled marketing strategy is the dedicated advertising manager (AM) who is assigned to work with you. Your AM will review your digital assets and help you beef up your online presence with campaigns to reinforce promotions that drive business and revenue. “These guys have really transformed from advisors to hands-on assistants,” Ervin said.

- **Reputation Management** – Use one platform to manage your pharmacy’s views on Yelp, Google, Facebook and other channels. Reviews are often the first things patients see when they research a pharmacy, so respond to high-profile comments to influence attitudes.

- **Social Media Support** – GNP offers a user-friendly management platform and an extensive content that make it easy to run your accounts. Your AM will provide analytics and advice to help you plan out topics and campaigns to expand your reach in your community. “A lot of our customers have really gotten on board with social media in the last year,” Ervin said.” “Once you get into the rhythm and flow, it’s really not that hard.”

- **Google Ads** – Advertising on Google is an effective, cost-efficient way to deliver highly targeted ads within your community on the #1 search engine and relevant websites. Google ads make it easy to reach prospective patients at the height of their interest in your pharmacy or related subjects.

- **Outbound Calls** – Send your patients timely, targeted messages in your own voice to increase their engagement and adherence. Select your patient group, choose a campaign (Part D open enrollment, flu prevention, opioid awareness, etc.) and then use ready-made scripts to record your messages. Outbound calls have been wildly successful,” Ervin said. “It can be as simple as a Happy Birthday message or a refill reminder.”

GNP also is helping pharmacies develop local content for their Facebook and website pages that underscores the pharmacy’s services and personality. “People really do want to see photos of the staff and store, listings of services and other local content,” Ervin said. “Local listings are a good way to get more traffic through the doors.”

Learn about GNP’s new marketing strategies and resources at [www.wearegnp.com/marketing](http://www.wearegnp.com/marketing). You can check out 700+ pieces of digital and print marketing collateral 03 Brand Central Station at [gnpbrandcentralstation.com](http://gnpbrandcentralstation.com).
Join Us
For a Bigger
And Better
Conference!

June 17-20, 2020
La Cantera Resort
San Antonio

La Cantera Resort & Spa
16641 La Cantera Parkway | San Antonio, TX  78256

$259 Conference Rate
Call 855.499.2960 to book or visit: https://book.passkey.com/e/49845958

Discounted Registration Opens January 1.
**TPBC Hard at Work Preparing for 2021 Session**

Texas Pharmacy Business Council’s planning for the 2021 legislative session is well underway, with TPBC largely having solidified its agenda for 2021 and the list of bills it plans to run. Meetings with potential sponsors are already occurring and development of bill language is underway.

At their Dec. 12 meeting in Austin, TPBC Executive Director Michael Wright told the APRx and TPBC Boards of Directors that TPBC will have its hands full in the 2021 session with an ambitious agenda and expected threats from attempts to raise the technician-pharmacist ratio and expand telepharmacy and physician dispensing.

TPBC has also remained highly engaged on the regulatory scene. The Texas State Board of Pharmacy met Nov. 5 to consider a proposed rule to eliminate the current 4-1 technician-pharmacist ratio in favor of an unlimited ratio favored by chain drugstore advocates. TPBC submitted a letter to the Pharmacy Board supporting a limited expansion to a 5-1 ratio and opposing an unlimited ratio. TPBC also was instrumental in getting five prominent state senators to send a letter to the Pharmacy Board supporting only a limited expansion to 5-1. The Board subsequently took no action on the issue and deferred any further discussion until May 2020.

**NMPBC Names Officers, Starts 2021 Session Planning**

Meeting Nov. 17 in Santa Fe, the New Mexico Pharmacy Business Council began finalizing its proposed agenda for the 60-day regular session that convenes Jan. 19, 2021. Although the state’s legislature meets annually, sessions held in even-numbered years are shorter (30 days) and restricted to fiscal issues.

The Board also named new member Brian Hunt as vice-chairman. Hunt, originally from Farmington, is a 2012 graduate of the University of New Mexico College of Pharmacy who currently oversees operations as a managing partner for three Del Norte pharmacies and one closed door pharmacy in the Santa Fe area.

Former chairman Danny Cross of Carlsbad was named secretary/treasurer.

The Office of the Superintendent of Insurance (OSI) will hold a public hearing Jan. 10 on the proposed rules to implement MAC transparency legislation passed in 2015. NMPBC has worked very closely with OSI on development of the rules.

**APRx Helping PUTT Lay Advocacy Groundwork in Arizona**

American Pharmacies is working closely with PUTT (Pharmacists United for Truth & Transparency) to build an effective advocacy presence for independent pharmacy in Arizona. TPBC Executive Director Michael Wright, APRx National Accounts Manager Nathan Rawls and PUTT Executive Director Monique Whitney met in Phoenix in September with 15 Arizona independent owners who are motivated to strengthen independents’ political voice in the state.

APRx provided financial support to help the Arizona group hire a lobbyist and TPBC is providing ongoing strategic guidance on grassroots advocacy and setting a legislative agenda. Wright, Rawls and Whitney will meet with independent owners again in Phoenix on Jan. 15.

**TPBC Shares Transaction Fee Bill Language with Michigan Pharmacy Association**

At the request of Michigan shareholder Grant Brown, TPBC has shared the language of its groundbreaking transaction fee bill – the first ban on the fees to be passed in the nation – with the Michigan Pharmacy Association. Michael Wright continues to work closely with Brown and Michigan shareholder John Gross on advocacy issues important to Michigan independent owners. The Michigan Legislature reconvenes on Jan. 8.
Microsoft Ending Support of Windows 7
Switch to Windows 10 by Jan 14 to Ensure Security & HIPAA Compliance

Microsoft is ending its support of the Windows 7 operating system (OS) on Jan. 14, 2020. After that date, Microsoft will no longer offer technical support and will no longer release system or security updates for Windows 7. This does not mean that your computers running Windows 7 will cease to operate after Jan, 14; but the elimination of support for the OS does have several major ramifications:

▪ Microsoft will no longer offer security patches (updates) for the OS, although many third-party software vendors will continue to offer anti-virus/anti-malware suites that support Windows 7.
▪ There will be no more updates to eliminate bugs, improve functionality and reduce software conflicts.
▪ Many software vendors will no longer develop or update software in support of Windows 7.

Why the Update Is Critical
Without ongoing security patches from Microsoft, Windows 7 will become increasingly vulnerable to external attacks, viruses and malware. Microsoft about 800 security patches for Windows 7 over its lifespan, and when those stop, your risk will increase exponentially. The attacks mounted against Windows XP users after support ended for that OS in 2014 are a good predictor that adversaries will step up attacks on Windows 7 users after Jan. 14.

Legal and Compliance Issues
Running Windows 7 after Jan. 14 could violate security and privacy safeguards for HIPPA and PCI DSS. HIPAA requires devices that handle PHI (Protected Health Information) to be capable of receiving security patches, and Windows 7 devices won’t meet that requirement after Jan. 14.

The Payment Card Industry Data Security Standard (PCI DSS) is a set of security standards designed to ensure that ALL companies that accept, process, store or transmit credit card information maintain a secure environment. PCI DSS 6.2 requires that “all system components and software must be protected from known vulnerabilities by installing applicable vendor-supplied security patches within one month of release.”

After Jan. 14, the legal and financial liability for attacks on Windows 7 systems shifts to the computer owners — financial institutions and retailers (pharmacies) — that decide not to adhere to industry security risk standards.

What You Need to Do
1. Review the age, capabilities and operating systems of all your equipment.
2. Determine which computers need to be replaced when you migrate to Windows 10. Minimum requirements to run Windows 10 are low; just meeting them does not guarantee acceptable performance.
3. Decide how you want to handle the migration of your equipment to Windows 10. We recommend that you strongly consider professional IT assistance in your migration to Windows 10 if:
   ▪ Your point of Sale (POS) computer needs to be replaced or updated to Windows 10;
   ▪ You have a robotic system and/or security system that interfaces with your pharmacy network; or
   ▪ You are replacing a large number of computers and migrating to Windows 10 at the same time.

Get More Information & Resources @ www.aprx.org/home/windows-10-migration-2020
RxCompass Users Top $2 Million in Revenue Gains

Users of RxCompass’ Refills on Time (ROT) report continue to report impressive results, with confirmed gains now in excess of $2.3 million in total revenue! More than 33,000 total fills have been captured following almost 18,000 successful patient interactions. With this effort, ROT users are addressing ongoing gaps in medication therapy and Star Ratings performance while increasing Rx volume, boosting med sync and auto-refill enrollment, and strengthening patient relationships through personal outreach.

Successful calls typically last 1-2 minutes and provide an opportunity to target high-value patients and showcase pharmacy programs, quality and customer service. Participating members enjoy improved Star Ratings as a result, and can pinpoint patients with select plan coverage as needed. Ask your Pharmacy Business Consultant today about Refills on Time and how you can take action!

<table>
<thead>
<tr>
<th>Confirmed fills</th>
<th>33K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual patient interactions</td>
<td>17K</td>
</tr>
<tr>
<td>Total revenue</td>
<td>$2.3M</td>
</tr>
<tr>
<td>Total gross profit</td>
<td>$0.4M</td>
</tr>
<tr>
<td>Fills per patient</td>
<td>2</td>
</tr>
<tr>
<td>Gross profit per patient</td>
<td>$30</td>
</tr>
<tr>
<td>Gross profit per Rx</td>
<td>$15</td>
</tr>
<tr>
<td>Gross Profit Margin</td>
<td>24%</td>
</tr>
</tbody>
</table>

(Profit values are pre-rebate)

*Values in blue are aggregate gains. Values in green are weighted, and result from using the Guided Growth Initiative.

If you have technical questions about the RxCOMPASS portal or how to use the program, please contact the RxCOMPASS support team: 877-244-2305 option 2 | websupport@mydatamart.net.


We have buyers interested in acquiring & operating independent pharmacies! Don’t sell under pressure before you are fully ready. Contact RxLegacy today to start building an exit plan that protects your financial & emotional investments.

The RxLegacy Ownership Program is a cooperative initiative of American Pharmacies & AmerisourceBergen. To learn how RxLegacy can help you plan your exit strategy, buy a pharmacy, or explore ownership opportunities, contact APRx General Counsel Miguel Rodriguez at 512-579-0414 | mrodriguez@aprx.org.