

GEORGIA STATE BOARD OF PHARMACY
Philadelphia College of Osteopathic Medicine (PCOM)
625 Old Peachtree Road NW, Suwanee, GA 30024
August 21, 2024 - Minutes

Board Members present:

Chuck Page, President
Cecil Cordle, Vice-President
Michael Azzolin
Jim Bracewell
Michael Brinson
Young Chang
Michael Farmer
Dean Stone

Board Staff present:

James Joiner, Executive Director
Dennis Troughton, Director, GDNA
Michael Karnbach, Deputy Director, GDNA
Tommy Roe, Special Agent GDNA
Alec Mathis, Special Agent GDNA
Justin Cotton, Assistant Attorney General
Itovia Evans, Deputy Director of Licensing
Angela Johnson, Board Administrative Secretary

Visitors:

Johnathan Marquess, GPhA Academy of
Independent Pharmacies
John Mayhall, Stim Labs, LLC
Christi Heys, Emory Healthcare
Jennifer Duckett, Walgreens Pharmacy
Lauren Pollow, McKesson
Julie Wickman, PCOM
Ben Cowart, Georgia Retailers
Brandon Brooks, Publix Pharmacy
Bryce Carter, Georgia Cancer Specialists
Phillip Coule, Wellstar Health System
Susan Wright, Wellstar Health System
Robert Brennan, Esq., Parker Hudson Rainer &
Dobbs, LLP on behalf of Wellstar Health System
Faizan A. Mirza, Walmart Pharmacy

Mary Kate Snead, Guardian Pharmacy
D. Scott Bass, Esq., Hobgood & Bass & GPhA
Helen Sloat, Nelson Mullins
Michelle Blalock, Cardinal Health
Tracy Jarvis, Botanical Sciences
Diane Sanders, Kaiser Permanente
Angelique Turner
Dawn Sasine
Jordan Khail, University of Georgia College of
Pharmacy
Matt Lyon, Wellstar Health System
Keith Mauriello, Wellstar Health System
Becca Hallum, GHA
Melissa Bishop-Murphy, Pfizer, Inc.
Stephanie Kirkland, Elder Care Pharmacy

Public Hearing

President Page established that a quorum was present and called the public hearing to order at 9:00 a.m.

President Page welcomed guests and thanked PCOM for hosting the meeting.

1. Public Hearing @ 9:00 a.m.
 - a. Rule 480-7C-.01 Definitions, and Notice of Public Hearing
 - b. Rule 480-7C-.02 Third-Party Logistics Provider Licensing Requirement, and Notice of Public Hearing

President Page began the hearing by reviewing written comments submitted by Kyle Libby with Iqvia regarding the rules under consideration. President Page inquired whether Mr. Libby or anyone from Iqvia was present at the meeting. It was established that a representative was not present.

Mr. Libby requested that the Board include clarifying language regarding nonresident third-party logistics providers in the proposed rules. President Page asked the Board if they had any questions regarding the language of the proposed rules and suggestions given by Mr. Libby. President Page deferred to Director

Joiner and Assistant Attorney General Cotton for their input.

Mr. Stone commented that the suggestions from Mr. Libby made sense, and like President Page he defers to the advice of Director Joiner and Mr. Cotton regarding the wording of the changes to the rules. Mr. Cotton agreed that clarification is always helpful, and he believed that the first option would provide clarity, and Director Joiner agreed. Director Joiner explained that if the rules change and the law were read side by side, you'd have a more complete picture. Director Joiner stated that he sees Mr. Libby's point that if you just read the rule and did not know the law the wording could be confusing. Director Joiner pointed out that in Georgia every licensee is charged with knowing the rules and along with the law.

Mr. Brinson made a motion to table the discussion until the proposed changes can be made to clarify and provide a more definite statement of what constitutes a 3PL. Mr. Bracewell seconded, and the Board voted in favor of the motion.

The Board discussed making the suggested changes to the proposed rule and whether there was a swifter way to handle the issue. Director Joiner advised the Board that they could adopt the proposed wording from Mr. Libby and that the proposed rule could be amended to reflect the wording change which would speed up the process.

Mr. Azzolin stated that he would like to see the rules more clearly stated relative to the law. Mr. Stone and Mr. Bracewell agreed with Mr. Azzolin to allow the changes proposed by Mr. Libby. The Board agreed to adopt the proposed amendment to clarify and provide a more definite statement. Director Joiner said he would amend the proposed rule changes to adopt the language.

Mr. Farmer made a motion to approve the amended language. Mr. Cordle seconded, and the Board voted unanimously in favor of the motion. President Page opened the floor for additional comments or questions.

President Page recognized Ms. Christy Hayes from Emory Healthcare. Ms. Hayes requested clarification on the definition of what is considered a 3PL. She further elaborated that she wants to know if they contract with a courier or shipping service, would the courier or shipper take the responsibility of the product.

Mr. Farmer mentioned that the definition is provided in the rule. President Page asked Ms. Hayes if her question was whether the rule applies to couriers. Mr. Cotton mentioned that he sees language regarding other services in Rule 480-7-.01(3) and wonders if that would satisfy Ms. Hayes' question about courier and shipping services.

Mr. Azzolin did not like the definition as stated and questioned whether a chain pharmacy is defined in any rule and wondered why it wouldn't apply also to non-chain pharmacies. Mr. Farmer agreed that he did not like the definition as stated.

Director Joiner touched on the fact that the reason why chain pharmacies are mentioned in the rule is because that is how it is defined in the statute. Director Joiner advised that Georgia law defines 3rd party logistics provider in O.C.G.A. § 26-4-5(40.1), stating:

“Third-party logistics provider” means an entity that provides or coordinates warehousing, distribution, or other services on behalf of a manufacturer, wholesale distributor, or chain pharmacy but does not take title to a drug or have general responsibility to direct the sale or other disposition of the drug.

Mr. Azzolin asked if an independent pharmacy could use a 3PL provider without being subject to the law. Director Joiner replied that if the statute was read strictly, then the answer would be yes. Mr. Azzolin commented that it sounds like all this does is match what the law says, and that the wording Director Joiner

read straight from the law specifies the meaning of other services. Mr. Azzolin further commented that he didn't see how one could deviate from that, and he would like to see more strict wording.

President Page asked Ms. Hayes if the Board's answer satisfied her question. Ms. Hayes replied yes.

Mr. Azzolin suggested that perhaps the discussion should be tabled until the wording can be revised to provide a more definite statement. The Board decided to table the discussion and to revisit the proposed language at another meeting.

President Page asked if anyone had any further questions or comments.

There being no further comments on the public hearing portion, President Page declared the public hearing adjourned.

Open Session

President Page established that a quorum was present and called the open session of the August 21, 2024 meeting of the Georgia State Board of Pharmacy to order at 9:10 a.m.

Approval of Minutes

Mr. Stone made a motion to approve the Open and Executive Session minutes from the July 17, 2024, meeting. Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

Mr. Stone made a motion to ratify the list of licenses issued. Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance

Alex S. Tucker, Coastal Medical Services, LLC dba Medical Center Pharmacy:

President Page asked if anyone was present on behalf of Coastal Medical Services. It was established that a representative was not present. The facility requested a waiver of Rule 480-10-.06(d), which is a change of ownership and retain the same licenses' number.

President Page reminded the board that the rule had recently been changed. As the rule has been approved, the Board is allowed to approve waiver requests. Director Joiner confirmed that the rule went into effect August 13, 2024. Discussion was had about whether the facilities still needed to complete the waiver request. Mr. Azzolin stated that per the law the change of ownership still requires that the facility to send some form of request or documentation to the Board to maintain the same license. Mr. Stone commented that the application will need to be changed. Director Joiner agreed that the application will need to be updated. Director Joiner advised that the Board could accept this waiver request as the facility's formal request to change of ownership. The Board agreed that this would be the best way to handle this waiver since the rule was approved before this application but had not been posted.

Mr. Brinson made a motion to approve both requests for waivers. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

Correspondences

Correspondence from Omolola Otubaga, PMHNP-BC: President Page asked if anyone was present on behalf of MindSet Healthcare, PC. It was established that a representative was not present. The Board discussed this correspondence seeking guidance on behalf of MindSet Healthcare, PC. The correspondence

is specifically requesting assistance in obtaining the Board's approval to allow the correspondent, who is a nurse practitioner with a DEA license, to order medications from outside of 503B pharmacy and whether Omolola Otubaga could continue in the role of ordering medications.

President Page suggested that this subject was not something that this Board should rule on and that this is more of a Medical Board situation. Director Troughton agreed that this is not a Pharmacy Board issue and would be best addressed by the Medical Board. Director Troughton advised that he had never encountered a situation in which a nurse practitioner could order medications without prior authorization or protocol from a licensed physician. He further stated that it is his understanding that a nurse practitioner is under a certain protocol with their supervising physician and that her ability order drugs would have to be a part of that protocol. Director Troughton suggested that for this issue, she should reach out to the Georgia Composite Medical Board, and then to the DEA.

Mr. Brinson wondered how she was able to do this previously within the guidelines of the law, since it is unlawful for her to do so. Director Troughton agreed. The Board agreed that this subject was not something that this Board should rule on and that this is more of a Medical Board situation.

President Page welcomed Mr. Brennan and others there on behalf of Wellstar Health System.

Correspondence from Robert M. Brennan, Esq., The Board discussed this correspondence seeking guidance on behalf of Wellstar Health System Hospital at Home Program ("H@H").

President Page stated he believed there were three (3) items that need to be addressed: two (2) waiver requests and correspondence.

President Page wanted to address the waiver of 480-13-0.6(3)(b). President Page advised that he was struggling to see a substantial hardship and asked Mr. Brennan to elaborate on Wellstar's request.

Mr. Brennan advised that the issue is the definition of what is considered to be a hospital patient. Mr. Brennan mentioned that the Board rules define a patient as either bedded in a hospital or on leave. The facility is seeking a waiver because in their program a patient is a hospital patient but is not bedded in a hospital. Mr. Brennan said without this waiver they would be unable to provide medicine to the patient. Mr. Brennan stressed that they are asking for direction from the Board on how to proceed with providing the necessary tools to be able to provide this service to their patients.

Director Troughton wanted clarification as to what Mr. Brennan meant that they could not provide medicine to the patients and wanted to know how typing out a label would affect the facilities' ability to provide the patients with their medicine. He further added that just because Wellstar is categorizing these patients as inpatients does not change the fact that these patients are not in fact in a hospital setting, so the rules that would normally apply to prescriptions given in a hospital setting should not apply.

Mr. Brennan mentioned that it was discussed at a previous meeting that perhaps a waiver would be required to be able to provide this service. Mr. Brennan reminded the Board that at a previous meeting there was discussion regarding the definition of a hospital patient and that the Board's rules and the Department of Community Health's (DCH) are different in that DCH provides a broader definition. Mr. Brennan advised that the patients are admitted to the hospital but remain at home while the hospital provides care for the patient.

Director Troughton emphasized that he is looking at this from the investigative side. He does not want the ambiguity of the Board's and DCH's definition of a hospital patient to limit the enforcement of the Board's intended rules or cause potential harm to a patient. Director Troughton added that he looks down the road and wonders if this will potentially become a problem and what kind of cases will come up and how the

problems should be addressed. Director Troughton expressed that his main concern was that the patient is in the home where the environment is not controlled. He inquired as to how the healthcare provider could be assured that the patient is actually getting the medication as prescribed by the physician. He further questioned why a waiver is needed and why all the pertinent information couldn't be placed on the label.

Ms. Wright, also appearing on behalf of Wellstar, answered that the prescriptions are labeled with the dosage instructions from the hospital pharmacy and the prescriptions would be primarily given by a licensed healthcare worker. Ms. Wright stated that what they needed answered was whether they should follow the labeling instructions based on hospital rules and regulations or label it as a retail prescription.

Director Troughton stressed that in this type of situation where the rules, laws and attorney's input matter. He further added that if the Board was to approve a waiver for labeling and someone dies, then the investigation is over because the investigators must follow the rule waiver. Director Troughton stated that it puts patients at risk.

Ms. Wright clarified that they are not sending a patient home with a 30-day supply. The prescriptions are usually for a 24 to 48-hour period and have been approved by the physician and administered by a healthcare provider. Director Troughton and Mr. Brinson both asked Ms. Wright if that was always the case.

Mr. Brinson commented that this was not the way this idea was presented to the Board. He further stated that he likes the idea of the program, but he agreed that it would be difficult to control how the prescription is handled and would be just like anyone else picking up prescriptions from a pharmacy, and he didn't see how it could be managed at a level of safety to the patient. He stressed that the provider would not be able to provide 24-hour care.

Mr. Coule, also from Wellstar, added that the other occasions where the patient is receiving the medication would be monitored remotely by the healthcare provider via a telehealth session. Mr. Coule further stated that he believes that this is a safer way of handling prescriptions than a lot of other situations patients face. He stressed that the patient would be monitored and watched carefully for compliance. He added that the labeling issues are nuances, and they are concerned with the patients' health and access to their prescriptions. He further added that Wellstar will comply with whatever the Board believes is best.

Director Troughton stated that he would want more documentation on how this enhances patient care. He also stressed that the provider would not be able to tell exactly what the patient is taking remotely and would not be able to control the at-home caregiver. Director Troughton repeated his assertion that once the prescription has left the hospital or pharmacy, the provider loses control. He added that most of the investigations happen because of misfiled prescriptions, errors and labeling issues.

Mr. Azzolin stated that he believes that retail labels should be used because the patient is not truly an inpatient, so the hospital rules should not apply. He further added that the Board's definition of a hospital patient needs to match the DCH rules to eliminate any possible misinterpretation.

Mr. Stone agreed that everyone is concerned about the safety of the patients. He added that programs like this are already being done in 315 hospitals and 37 states. Mr. Stone believes that this is something that the Board needs to address and that perhaps new rules need to be added to keep patients safe and provide a path forward for this level of care.

Mr. Azzolin commented that he believes that two (2) simple things need to happen: First that the Board's rule providing the definition of an inpatient as stated in rule 480-13-.01(d), "In-patient shall mean a patient who is confined to the hospital," needs to come into compliance and match the DCH rule so it

does not limit to only patients that are confined to the hospital. Secondly, possibly take it a step further and add to the section of Rule 480-13-.06 defining inpatients that have been discharged, to allow for some kind of mechanism for hospitals to dispense medication to a patient that is not confined to a hospital.

Since the two rules conflict on the definition, Mr. Azzolin believes without these changes that the Board should defer to the DCH definition of an inpatient so that the process can move forward until the Board can address the rule definition. Stone agreed with Mr. Azzolin's comment and agreed that the Board needed to move forward with this issue.

Mr. Azzolin believes that the Board should deny the waiver request for using the definition of an inpatient for labeling the prescribed medication as a hospital would do normally and wanted it stated in minutes that we concur with Wellstar's use of the DCH definition of an inpatient in so far as medication can be dispensed to the patient from the hospital pharmacy, but the label must be properly labeled as if it would be for a patient outside the hospital.

Director Joiner advised that when the Board decides to make the amendment to the definition of an inpatient that it is fine to copy the language from DCH's rule, but he would discourage the Board from directly deferring to DCH's rule since the Board is attached to DCH, but the Board is not beholden to the DCH Board and that he believed that the Board should avoid any possible entanglement which could be against the Board's future interest.

Mr. Azzolin agreed with Mr. Joiner and added that the Board also needs to look at the wording of Rule 480-13-.01(a) that defines a hospital as "...defined by Department of Human Resources", which he believes should have already been changed to say DCH but regardless, should not directly defer to the other department's rule or definition. Director Joiner agreed that would also need to be amended.

Mr. Azzolin made a motion to deny the waiver request but add language to the minutes stating that the Board concur's with Wellstar's use of the DCH definition of an inpatient regarding allowing medications to be dispensed to H@H patients from the hospital pharmacy as long as it meets labeling requirements as it would for a patient outside the hospital. Vice President Cordle seconded, and the Board voted unanimously in favor of the motion to deny the waiver request.

Correspondence from Robert Brennan, Esq. on behalf of Wellstar Health System MCG Health

The Board discussed this correspondence seeking guidance on behalf of Wellstar Health System MCG Health and their waiver request regarding the disposition of returned drugs – Rule 480-13-.06(4).

Wellstar's position is that the rule as written may not allow for Wellstar to retrieve and dispose of any discontinued medications dispensed to H@H patients using the hospital's normal procedures that apply to traditional, non-H@H patients. Wellstar further believes that the rule poses a substantial hardship to the H@H program and its patients, because it would not afford H@H patients the same level of care that is being provided to traditional, non-H@H patients. Wellstar is requesting a waiver to allow visiting H@H team members, either an RN, EMT or Pharmacy Technician to retrieve any discontinued medications dispensed to the H@H patient by the hospital pharmacy and return these unused medications to the hospital pharmacy for destruction as required by law.

President Page advised that he was struggling to see a substantial hardship and asked Mr. Brennan to elaborate on Wellstar's request regarding the disposal of the drugs.

Mr. Brennan advised that this waiver is necessary to allow a H@H team member to properly dispose of the unused medicine without having to have a device at the patient's home. Mr. Brinson advised that he

believes that the medicine should be returned to the hospital for destruction. Mr. Azzolin asked what the current process for how the hospital handles unused medication from inpatients. Ms. Wright advised that the unused medications go back to the hospital pharmacy via reverse distribution if that is appropriate or destroyed with the guidelines. Director Troughton expressed his concern that this would open a door that would allow anyone to do this and does not want an open rule because there would be no control over access to the drugs. Any potential rule change would apply to the whole state.

Director Joiner advised the Board that a vote on this issue would be untimely as the waiver was not submitted. The Board agreed to table this discussion.

Correspondence from Robert M. Brennan, Esq., The Board discussed this correspondence seeking guidance on behalf of Wellstar Health System Hospital

The Board agreed that the on-campus buildings may be serviced by the hospital pharmacy, but that only the buildings specifically identified in Wellstar's request could be so serviced. Any additional buildings would require additional requests be made by the hospital pharmacy.

Georgia Drugs and Narcotics Agency – Mr. Dennis Troughton

Director Troughton introduced Special Agents Tommy Roe and Alec Mathis. Director Troughton stated that Special Agent Mathis currently covers eighteen (18) counties and Agent Roe covers (19) counties. Director Troughton reported that GDNA conducted 442 inspections and were involved in 42 investigations for FYD.

Mr. Brinson commended the agents for their hard work.

Attorney General's Report – Mr. Justin Cotton

No report other than to thank GDNA for their hard work.

Executive Director's Report – Mr. James Joiner

Director Joiner reported no change on the Continuing Education Report.

Legal Services – Mr. James Joiner

No report.

Discussion Topics:

a. Direct-to-Patient Delivery Systems/ Pharmacy Lockers and Offsite Kiosks

Documentation from Phoebe Putney regarding the above-mentioned topic was corrupted and none of the members were able to open the document in SharePoint.

Mr. Brinson reiterated his stance on the importance of having conversations about the use of smart lockers. Mr. Brinson mentioned that while he is in favor of discussing the topic of smart lockers, he is reluctant to approve any requests where the proposed lockbox would not be attached to the pharmacy using the boxes. Mr. Brinson pointed out that he believes these lockers are a wave of the future. Mr. Brinson noted that other states and chains are already using these lockers.

President Page agreed that this issue does need to be addressed and that the Board needs to come up with specific rules and guidelines before the Board can give an answer to Phoebe Putney.

b. Rule 480-22-.12 Requirements of Prescription Drug Orders as Issued by a Physician's Assistant (PA), or an Advanced Practice Registered Nurse (APRN) Licensed to Practice in the State of Georgia

President Page asked Director Joiner if this would be coming up for a public hearing. Director Joiner advised that if the Board approves the language today it would go forward, and a public hearing would be scheduled.

President Page asked if anyone had any comments or questions. Mr. Farmer requested that Director Joiner clarify that this version has the agreed upon verbiage as previously discussed. Director Joiner responded that this was the amended version and the Board had agreed to adopt the rule but pulled it back from being posted in May to make the necessary amendments.

Mr. Farmer made a motion to post the proposed rule. Mr. Bracewell seconded, and the Board voted unanimously in favor of the motion.

Mr. Stone made a motion and Mr. Brinson seconded that the formulation and adoption of the proposed rule amendments does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule amendments cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, the Board also votes that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed in O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of the proposed rule amendments will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of pharmacy

c. CBD - SB494

Mr. Stone advised the Board that he was getting questions about low THC and medicinal uses. The legislature is looking to the Board for advice on proposed rules for how it can be dispensed. He reminded the Board that this is really a reform bill and that the 2018 Federal Farm bill allowed CBD containing products with less than 0.3% THC to be sold. After the 2018 legislation, Georgia was able to carry the products under strict guidelines. With the passing of SB494 and the Georgia Hemp Reform bill, he is getting a lot of questions because the pharmacies are ready to dispense, and many agencies have enforcement questions. He stated that the Board needs to get a head of this to education everyone because several big changes are coming. Some examples provided were new requirements for licenses, compliance regulations, more facilities will be allowed to sell, age restrictions, packaging changes, testing and mandates on anyone selling TCH and CBD. Director Troughton added that there is a meeting with the commissioner before the Board's September meeting for further discussions about the legislation and that he would have more information after the September meeting. Director Troughton mentioned that the changes could see legal challenges soon.

Mr. Stone mentioned that the Board would need to communicate the new rule and discussion. President Page agreed. Tracy with Botanical Sciences asked Mr. Stone if she could speak briefly. She advised that Botanical Sciences is working as a partner with many pharmacies currently and that their legal counsel is working to come up with a checklist to make sure that all steps of the process will be complied with. She believes that she should have the checklist ready later in the week.

Mr. Chang agreed and suggested that adding it to the newsletter would allow the Board to advise the licensees. Mr. Stone and Mr. Farmer agreed.

d. Handling of Change of Location for Research Permit Holders.

Director Troughton would like to see changes to the rule that researchers would not have to apply for a change of location if the address of the relocation remains the same, but the building or floor number or

room number has been changed. A new rule would need to be created to advise the researchers that they must notify the Board of any room, floor or building relocations so long as the primary address remains the same, otherwise the existing rule still applies. He further added that the research changes often and that the application to change the room or building is sometimes held up in the license process. The rule would take some of the administrative burden off the Board staff. Director Joiner agreed with Director Troughton. He added that the changes would need to be made from a legal standpoint and additional discussions will be needed and that adding it to the Board's website would be appropriate.

President Page asked if this would be another situation that might need to be added to the newsletter. Mr. Farmer and Director Troughton agreed.

Mr. Stone made a motion and Mr. Brinson seconded, and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h) and § 43-1-2(h) to deliberate and to receive information on applications, investigative reports, and the Assistant Attorney General's report. The Board voted unanimously in favor of the motion.

Executive Session

Appearances

- A.L.
- C.H.P.
- J.F.R.
- J.E.

Georgia Drugs and Narcotics Agency

No report.

Cognizant's Report – Mr. Cecil Cordle

GDNA Case #A35356	GDNA Case #T35313	GDNA Case #B35260
GDNA Case #B35312	GDNA Case #A35382	GDNA Case #A35392
GDNA Case #B35181	GDNA Case #B35302	GDNA Case #B35350
GDNA Case #B35402	GDNA Case #A35318	GDNA Case #T35372
GDNA Case #B35151	GDNA Case #B35408	GDNA Case #B35361
GDNA Case #B35266	GDNA Case #B35376	GDNA Case #B35363
GDNA Case #B35362	GDNA Case #B35360	GDNA Case #B35341
GDNA Case #B35326	GDNA Case #B35393	

Attorney General's Report – Mr. Justin Cotton

Status Report/ Orders Signed:

- C.H.P.
- M.B.G.
- N.R.S.P.
- W.P.

OSAH Hearing(s): E.J.H. hearing is awaiting final order from Judge Barnes.

Executive Director's Report – Mr. James Joiner

- No report.

Legal Services – Mr. James Joiner

- H.H.S.

Applications

- 1) A.I.
- 2) A.J.
- 3) C.F.
- 4) J.D.
- 5) K.C.
- 6) K.F.
- 7) M.O.
- 8) Q.W.
- 9) S.H.
- 10) Z.B.
- 11) A.N.
- 12) H.P.
- 13) N.P.
- 14) B.B.
- 15) I.R.
- 16) R.S.
- 17) G.I.

Correspondence/ Requests

- 1) A.T.
- 2) C.N.A.
- 3) E.I.
- 4) E.S.P.
- 5) H.D.M.
- 6) B.L.
- 7) D.O.
- 8) D.P.
- 9) H.K.
- 10) L.T.
- 11) L.H.
- 12) T.B.

No votes were taken in Executive Session. President Page declared the meeting back in Open Session.

Open Session

Mr. Stone made a motion for the Board to take the following The Board voted to accept all of their recommendations.

Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

There being no further business to discuss, the meeting was adjourned at 3:19 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, September 18, 2024, at 9:00 a.m. at 2 MLK Jr., Drive, SE, 11th Floor, East Tower, Atlanta, GA 30334.

Minutes recorded by Angela Johnson, Board Administrative Secretary
Edited by J. Clinton Joiner, II, Executive Director