GEORGIA STATE BOARD OF PHARMACY
MEETING MINUTES
2 MLK Jr. Drive, SE, 11th Floor, East Tower, Atlanta, GA 30334
December 18, 2024
9:00 a.m.

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

Board Staff Present:
J. Clinton Joiner II, Executive Director
Michael Karnbach, Director, GDNA
Alec Mathis, Deputy Director, GDNA
Itovia Evans, Deputy Director of Licensing
Stacy Altman, Deputy Director of Investigations
Tommy McNulty, Sr. Assistant Attorney General
Dowlin Ryals, Assistant Attorney General
Angela Johnson, Board Administrative Support

Visitors:
Diane Diver, Recovery Place
Jordan Khail, UGA
Emily Doppel, McKesson
Brandon Brooks, Publix Pharmacy
Jason Strow, Encompass Health
Dawn Saoine,
Helen Sloat, Nelson Mullins
Jennifer Sain, Walgreens Pharmacy
Chad Baker, FlavorX
Heather Hughes, Publix Pharmacy
Stephanie Kirkland, Elder Care
Mary Kate Snead, Guardian Pharmacy
Lea Winkles, Mercer University College of Pharmacy
Matt Roberts
Rita Coleman
Chris Madigan
Jaime Shockley, Walgreens Pharmacy
John Hoin, Georgia Dental Association
Bryce Carter
Jennifer Sain, Walgreens Pharmacy
Becca Hallum, GHA
Ben Wright, The Hudson Group
Diane Sanders, Kaiser Permanente
Traci Collier, Olympia Pharmacy
Katie Johnston, Revelation Pharma

Open Session

President Page established that a quorum was present and called the public hearing to order at 8:01 a.m.

Mr. Brinson made a motion and Vice-President Cordle seconded and the Board voted to enter into Executive Session in accordance with O.C.G.A. § 43-1-19(h), § 43-11-47(h), § 43-1-2(h) and § 50-14-3(b)(2). Voting in favor of the motion were those present who included Mr. Cecil Cordle, Mr. Michael Azzolin, Mr. Michael Brinson, Mr. Jim Bracewell, Mr. Young Chang, Mr. Michael Farmer, and Mr. Dean Stone.

Executive Session

Appearances:

- M.R.
- R.C.
- C.M.

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

Public Hearing

President Page welcomed the guests again and called the public hearing to order at 9:40 a.m. He apologized that the hearing started later than planned.

Vice President Cordle mentioned to the guests that the Board is testing some new equipment that will allow for the meetings to be recorded in the future.

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 reminded everyone that this rule was previously discussed about removing the supervising physician information on scripts that were sent by fax or electronically and that reminded everyone that hard copy scripts still require that supervising physician information on there. During the last discussion about this issue, Georgia House Bill 557 (HB557) was passed which allowed physicians to delegate the authority to prescribe certain schedule II-controlled substances to a physician's assistant (PA), or an advanced practice registered nurse (APRN). At that time, the Board discussed this issue the Board did not feel that it was necessary to go ahead and adopt the rule and then bring that back for additional changes.

Now that the bill has passed the Board is ready to adopt the amendment to the rule. The amendment removes the supervising physician requirement and language regarding the prescription authority.

President Page discussed written comments submitted by Keri F. Conley, General Counsel & Chief Health Policy Officer on behalf of the Georgia Hospital Association (GHA)

President Page asked if anyone was present on behalf of GHA. It was established that a representative Becca Hallum with GHA was in attendance at the hearing. President Page thanked her for being present.

President Page advised that he was not going to read the whole letter verbatim but advised that it was in favor of the proposed amendment to the rule. President Page asked Ms. Hallum if she had any additional comments. She said no. President Page asked the Board if they had any additional questions for Ms. Hallum. The Board viewed this correspondence for informational purposes only.

The Board reviewed the correspondence from Theresa M. Rohr-Kirchgraber with American Medical Women's Association (AMWA)

President Page asked if anyone was present on behalf of AMWA. It was established that a representative was not present.

President Page advised that he was not going to read the whole letter verbatim but read the last sentence of the correspondence that GHA urges the Georgia Board of Pharmacy to reject the proposed changes and protect patients, families and communities. President Page advised that the main argument of the letter is regarding physicians' required continuing education (CE) requirements versus no additional CE requirements for PAs and APRNs.

President Page stated that while he understands AMWA's opinion, HB557 does give legal authority to those persons to prescribe, and the Board cannot change the law. Mr. Azzolin commented that the Board also has no authority over the CE requirements for PAs and APRNs. Mr. Brinson agreed that it would be up to the medical board to make the CE requirements.

Mr. Farmer commented that was a great discussion but that it should have been brought up during the

legislative process. President Page advised that he recommends that this issue needs to be brought to the Medical Board for proposal of CE changes. The Board viewed this correspondence for informational purposes only.

The Board reviewed the correspondence from Matthew Burnette, PharmD with Gayco Healthcare

President Page asked if anyone was present on behalf of Gayco. It was established that a representative was not present. Mr. Burnette requested to remove the requirement of a supervising physician from the hard copy of the prescription format. President Page advised that based on his understanding of the Georgia Composite Medical Board's Rule 43-34-103(d)(1)(3) still dictates that information is required on prescriptions. President Page stated that this amendment was not within the Board's authority and that the Board viewed this correspondence for informational purposes only.

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

Mr. Brinson thanked the GHA for their support of this proposed amendment.

Mr. Stone made a motion to adopt the amendment. Vice President Cordle seconded, and the Board voted unanimously in favor of the motion.

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 December 18, 2024, meeting of the Georgia State Board of Pharmacy to order at 9:59 a.m.

Approval of Minutes

Mr. Stone made a motion to approve the Open and Executive Session minutes from the November 7, 2024, meeting. Vice President Cordle seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

Director Joiner reported that the Board has issued 566 licenses since the last meeting.

Mr. Farmer made a motion to ratify the list of licenses issued. Vice President Cordle seconded, and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance

- **Memorial Hospital & Manor – Rule(s) 480-13-.05(2)(b)1; 480-13-.06(2)(a) & 480-11-.04(3)(b)1**

  President Page asked if anyone was present on behalf of Memorial Hospital & Manor. It was established that a representative was not present. The facility requested a waiver of Rule(s) 480-13-.05(2)(b)1; 480-13-.06(2)(a) & 480-11-.04(3)(b)1 and are requesting to go to an immediate use model for compounding and waive the laminar flow hood requirement. President Page commented that the Board has granted several waivers of Rule(s) 480-13-.05(2)(b)1 and & 480-11-.04(3)(b)1 but that Rule 480-13-.06(2)(a) would release the pharmacist's responsibility for the products prepared under the hood or utilizing such other equipment to protect the integrity of the product. President Page suggested that the Board approve the waiver of Rule(s) 480-13-.05(2)(b)1 & 480-11-.04(3)(b)1 but deny the waiver request for Rule 480-13-.06(2)(a).

Discussion was had regarding which rules of this request will allow what the facility is asking for about to the flow hood.

Mr. Farmer made a motion to approve the suggested changes and deny the waiver request for Rule 480-13-.06(2)(a). Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

- **Piedmont Healthcare Encompass Health Rehabilitation Hospital of Athens, LLC. d/b/a Rehabilitation Hospital of Athens) – Rule 480-13-.05(2)(b)(1)**
  President Page asked if anyone was present on behalf of Piedmont Healthcare Encompass Health Rehabilitation Hospital of Athens. It was established that Jason Strow was present representing Encompass Health. The request is asking to waive the flow hood requirement. President Page asked the Board if Rule 480-11-.04(3)(b)1 should be included in this request. The Board agreed. President Page asked Director Joiner if the rule could be added to the current request and Director Joiner advised that they would have to submit another waiver requesting Rule 480-11-.04(3)(b)1 because it has to be posted on the Secretary of State's website for 15 days.

  Mr. Azzolin made a motion to approve the request with communication to Piedmont Healthcare Encompass Health that another waiver needs to be submitted to include Rule 480-11-.04(3)(b)1. Mr. Bracewell seconded, and the Board voted unanimously in favor of the motion.

  Director Karnbach asked Mr. Strow if the facility is operational and if this would interfere with the facility's use at this time. Mr. Strow responded that the facility is scheduled to open in February. Director Karnbach suggested that the Board view the voting of this one rule as meaning that the facility does not have to have the flow hood, and the submittal of the second rule waiver is just a formality. President Page agreed.

Correspondences

Correspondence from Julie Knight with Clinch Memorial Pharmacy: Request for a prescription hardcopy lockbox. President Page asked if anyone was present on behalf of Clinch Memorial Pharmacy. It was established that a representative was not present.

Ms. Knight requested permission to use a lockbox for overnight employees to drop off hard copies of prescriptions outside of the pharmacy operating hours and provided documentation for the request.

The Board reviewed the documentation provided and discussed this correspondence. It was determined that the Board and GDNA did not see any problems with the request.

President Page directed the Board Staff to respond to the correspondence as discussed.

Correspondence from Survam Patel/ Southend Pharmacy – question about 503A & 503B.
President Page asked if anyone was present on behalf of Southend Pharmacy. It was established that a representative was not present.

The Board reviewed the correspondence from Mr. Patel requesting permission to ship Parenteral Drug IV Products to hospitals in the state of Georgia. The Board denied the request and advised that Southend Pharmacy must comply with all of the state laws and regulations that govern the shipping of drugs into Georgia.

President Page directed the Board Staff to respond to the correspondence as discussed.

Correspondence from David Hyman, CMO for Eli Lilly & Company – Mounjaro & Zepbound Supply Update and Patient Safety Concerns.
President Page asked if anyone was present on behalf of Eli Lilly and Company. It was established that a representative was not present. Mr. Hyman is requesting that the Board take action against entities based in/or licensed by the State of Georgia that are engaging in improper mass-manufacturing, mass marketing, and mass-distribution of unapproved tirzepatide compounding drug products.

Director Karbach suggested that GDNA should investigate these allegations and report back to the Board. The Board agreed that this correspondence is more of a complaint and that will be referred to GDNA for investigation.

Correspondence from Susan Atkinson, Esq. with Smith, Gambrell & Russell: President Page asked if anyone was present on behalf of Smith, Gambrell & Russell. It was established that a representative was not present. The Board discussed this correspondence seeking guidance regarding Walmart Pharmacy's refusal to fill any prescriptions for controlled substances written by the firm's clients.

President Page suggested that this subject was not something that this Board should rule on and it was outside of the Board's authority. The Board agreed and President Page directed the Board Staff to respond to the correspondence as discussed.

Email from Kailey Thomson, PharmD who is the Director of Specialty Compliance and Ethics for Walmart.
Ms. Thompson's email notices that beginning on December 23, 2024, Walmart is required to obtain a completed attestation form before providing PHI or allowing Board representatives to view/ inspect PHI if that PHI could potentially relate to reproductive healthcare. The new HIPPA requirements are based upon the April 2024, Office for Civil Rights (OCR) issuance of the HIPPA Privacy Rule to Support Reproductive Health Care Privacy.

Director Karnbach mentioned that GDNA has received similar correspondence from Walgreens. He is concerned about the new HHS requirement to complete an attestation form before any PHI can be released by a pharmacy that states that the entity is not investigating an issue with regard to someone's reproductive health.

Director Karnbach asked the AG's office for advice on how to handle the situation because it has always been the Board's stance for GDNA not to sign anything and that relative to Georgia law this new requirement conflicts with Georgia law. He also commented that GDNA does not disclose what they are investigating all of the time and sometimes GDNA will not know the outcome of what is being investigated until the evidence has been obtained. GDNA cannot conduct an investigation without access to the information and records.

Director Joiner advised that it also violates the statute, O.C.G.A. §26-4-60 (L), relating to grounds for revocation of a license which is expressly made applicable to entities as well as persons.

O.C.G.A. § 26-4-60 (L)(1)

> "…Any person properly conducting an investigation on behalf of the board shall have access to and may examine any writing, document, or other material relating to the fitness of any licensee or applicant."

O.C.G.A. § 26-4-60 (L)(2)

"**(2)** If a licensee is the subject of a board inquiry, all records relating to any person who receives services rendered by that licensee in his or her capacity as licensee shall be admissible at any hearing held to determine whether a violation of this chapter has taken place, regardless of any statutory privilege…"

Director Karnbach asked for guidance on how to proceed with regard to signing any attestation form. The Board suggested that the AG's office review this correspondence along with the correspondence that GDNA received from Walgreens and advise the Board and GDNA on how to proceed. Mr. McNulty advised the AG's office was aware of the correspondence from Walgreens and is reviewing it. Director Karnbach advised that until a determination can be made GDNA is blocked. Mr. McNulty asked that GDNA keep the AG's office informed about the complications because at that point the issue will no longer be a conceptual problem it will become a practical problem.

Georgia Drugs and Narcotics Agency – Mr. Michael Karnbach

Director Karnbach announced that Mr. Alec Mathis will replace him as Deputy Director and that there is a job posting for Mr. Mathis's former role that should be filled by March.

Deputy Director Karnbach reported that GDNA has conducted 1,897 inspections and was involved in 212 investigations for FYD.

Attorney General's Report – Mr. Dowlin Ryals

No Report.

Executive Director's Report – Mr. James Joiner

No Report.

Legal Services – Mr. James Joiner

No Report.

Discussion Topics - None.

Miscellaneous

Green Acres Wellness: The Board received an email from Dan Dixon the CEO of Green Acres Wellness seeking to be placed on the Board's provider list.

President Page asked if anyone was present on behalf of Green Acres Wellness. It was established that a representative was not present. President Page suggested that the Board needs more information to render an opinion and asked staff to reach out to Green Acres Wellness and invite them to appear for questions and to provide further information about the programs offered and the facility.

Work Session

1. **Rules requiring documentation: Rule 480-10A-.05, 480-22-.06; Rule 480-36-.01 and Rule 480-36-.07**

   President Page advised that the Governor has approved these rules and that they will become effective on January 1, 2025

2. **Rules 480-15.02 (6)(c)4 & 480-15-.04 – Technician CE Requirements and Immunization Guidelines**

President Page reminded everyone that this rule originates from House bill 416. President Page wanted to clarify the language of the rule even though it is in the law. This rule will go into effect on July 1, 2025. This will be the first time that a two (2) hour immunization-related continuing education (CE) will be required for a pharmacy technician registration renewal for pharmacy technicians qualified to administer vaccines.

Rule 480-15.02 (6)(c)4

"A pharmacy technician qualified to administer vaccines pursuant to O.C.G.A. 26-4-52 and Ga. Comp. R. & Regs. R. 480-15-.04(8), shall complete two hours, or 0.2 C.E.U.'s, of immunization related continuing pharmacy education from an approved continuing education course per biennium for registration renewal."

Rule 480-15.04(1)(h)(i)(j)(k)(l)

"(h) At the discretion of the supervising pharmacist, a qualified pharmacy technician may be authorized to administer vaccines pursuant to this Rule, under the following conditions:

1. Vaccine administration has been delegated by the supervising pharmacist to the qualified pharmacy technician;
2. The supervising pharmacist is and remains readily and immediately available to the qualified pharmacy technician administering the vaccine;
3. The patient receiving such vaccine is not less than 18 years of age;
4. The vaccine being administered is authorized or licensed for use by the United States Food and Drug Administration; and
5. In the case of a COVID-19 vaccine, the vaccine shall be dispensed and administered according to the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention COVID-19 vaccine recommendations.

(i) To be qualified to administer vaccinations pursuant to this Rule, a pharmacy technician shall:

1. Have completed a course of training accredited by the Accreditation Counsel for Pharmacy Education or similar health authority or professional body approved by the Board, which course shall include hands-on training in injection techniques, and recognition and treatment of emergency adverse reactions to vaccines; and
2. Maintain current certification in Basic Cardiac Life Support.

(j) The supervising pharmacist shall:

1. Comply with all record-keeping and reporting requirements established by the Board;
2. Make and document reasonable efforts to obtain the name of the patient's primary care provider and to notify such provider of the administration of the vaccine within 72 hours of such administration;
3. Be responsible for compliance with reporting requirements relative to adverse events;
4. Check the Georgia Registry of Immunization Transactions and Services prior to dispensing the vaccine or authorizing a qualified pharmacy technician to administer a vaccine;
5. Be responsible for entering the patient's vaccine information into the Georgia Registry of Immunization Transactions and Services in accordance with said registry's requirements; and
6. Comply with any applicable requirements or conditions of use set forth in the United States Centers for Disease Control and Prevention's COVID-19 vaccine provider agreement, and any other federal requirements that apply to the administration of COVID-19 vaccines.

(k) Nothing in this rule shall be construed to require any pharmacist to authorize a pharmacy technician to administer vaccines or to require any pharmacy technician to administer vaccines.

(l) Nothing in this rule shall be construed to authorize a qualified pharmacy technician to

order vaccines."

President Page asked if anyone had questions about these proposed rules and reminded everyone that this language comes directly from the House bill.

Vice President Cordle asked how the Board would know who is qualified to give immunizations. Director Joiner advised that is covered under Rule 480-15-.04(1)(i). Director Joiner added that it will be up to the pharmacist to verify that the technician is qualified to administer the vaccines and maintain the records for auditing. It is not something that the Board will be tracking at this time.

Vice President Cordle asked Director Karnbach if GDNA would be requesting this information upon an inspection. Director Karnbach advised that this is not something that GDNA has been looking at during an inspection because it is part of the Public Readiness and Emergency Preparedness Act (PREP Act). He also commented that if this is something that needs to be addressed in inspections, the Board will need to give GDNA more specific information on how to proceed with enforcing this rule. At this point is it assumed that the Pharmacist in charge has verified that the technicians are registered and have met the requirements for licensure.

Director Joiner advised that for a CE audit during renewal, the Board could have a question on the renewal survey asking the technician if they are authorized to administer vaccines. He added that it could be added before the renewal period.

President Page asked if anyone had any further questions.

Mr. Stone made a motion to post the amendments to the Rules. Mr. Chang seconded, and the Board voted unanimously in favor of the motion. Director Joiner noted that anything voted on today to post would be at least February until the public hearing could be scheduled.

3. Rules 480-7C-.01 & 480-7C.02 – 3PL Definition and License Requirements

President Page reminded everyone that a couple of public questions were raised at the previous public hearing. The first question raised was about the definition of a Third-Party Logistics (3PL).

According to O.C.G.A. § 26-4-5 the definition for a 3PL is spelled out in law and President Page commented that he did not see a need to provide a further definition of a 3PL and that the Board cannot change the language of the law.

O.C.G.A. § 26-4-5(40.1)

]"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.]

The second question asked for clarification of the first paragraph in Rule 408-7C-.02 on who that rule applies to.

Rule 480-7C-.02 Third-Party Logistics Provider Licensing Requirements

"(1) Every third-party logistics provider, located in the State of Georgia, and every out-of-state third-party logistics provider which is not licensed by its

resident state or by the United States Food and Drug Administration, must be licensed by the Georgia State Board of Pharmacy (Board) in accordance with the laws and regulations of this state before providing third-party logistics services involving dangerous drugs and controlled substances."

President Page asked if anyone had any questions. Mr. Farmer asked if the language suggested, "every out-of-state third-party logistics provider which is not licensed by its resident state or by the United States Food and Drug Administration", was added to the final version of this draft. President Page confirmed that the language was taken directly from the suggestion received.

Mr. Bracewell made a motion to post the Rule. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

4. **Rule 480-24-.06 – Destruction of Drugs by Consultant RPH**

President Page advised that the proposed amendment changes stemmed from a previous waiver request. The proposed changes in paragraph (1)(a)2 deletes the word consultant pharmacist. President Page suggested that "consultant pharmacist" needs to be taken out because the waiver request that the Board reviewed was a dedicated courier would pick the drugs up and return them for destruction. He commented that the proposed language needs further clarification as to who can pick up and drop off the medicine. He asked Director Karnbach his thoughts from an enforcement and legal side if there is a better way to add further clarification on this issue.

Director Karnbach commented that removing the word consultant helps because there is already a requirement for a consultant pharmacist by regulations outside of the Board's authority. The removal still defines what a pharmacist has to do, whether they call it a consultant pharmacist, staff pharmacist or a Pharmacist in Charge (PIC), as long as they are complying with the rules and regulations. He suggested removing the word vendor or vendor pharmacy. He clarified that as long as it is a licensed pharmacist making the business decision. President Page asked if the word pharmacist should remain in the language. Director Karnbach answered not in the area in section (1)(a)2, where it talks about bringing the drugs back for destruction. He agreed that the word consultant needs to be removed from this rule. He further commented that if a pharmacy trusts a delivery person to deliver the medicine to the pharmacy, then they should be allowed to transport it for destruction also.

President Page asked whether or not the word pharmacist needs to be removed from this section. Director Karnbach answered yes because there are other requirements that discuss consultant pharmacist. He commented that consultant pharmacists are not licensed in Georgia and there are currently no special requirements for a consultant pharmacist outside of the requirements to be a licensed pharmacist in Georgia.

Mr. Azzolin asked if the first sentence in the very first paragraph, where it says "…or other facility where a consultant pharmacist's services are required under state or federal regulations." is appropriate. Director Karnbach stated he believes that the proposed wording needs further scrutiny because there are areas that need the word pharmacist and other areas that do not need the word pharmacy. Mr. Stone commented that even if the word pharmacist is removed from the area discussing who can remove the drugs from a facility, should verbiage say someone who is an authorized person to remove the drugs for destruction. Director Karnbach agreed that someone needs to be specified in that area.

Mr. Farmer made a motion to table this rule change until such time as the wording can be

further reviewed. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

5. **Rule 480-11-.10 – USP Guidelines and Flavoring**
Vice President Cordle commented that sections two and three where it states,

Rule 480-11-.10. Exceptions

> "(2) ….The act of adding flavoring agents to conventionally manufactured drug products, on its own, shall not be considered an act of pharmaceutical compounding. (3) In addition to a policy and procedure, a pharmacy must ensure that the additional of the flavoring agent does not affect stability or alter the final concentration beyond the parameters outlined in USP-NF. Available scientific data or studies, whether published or unpublished, may be utilized for this purpose."

is carving out the under the compounding rules to add the inclusion of flavoring.

President Page asked if the suggested language in paragraph three (3) is necessary to add and if there is more information that needs to be added. Vice President Cordle responded that the intent is there is a policy procedure in place.

Mr. Farmer asked Vice President Cordle when he talks about policy and procedures does the Board consider that to be the content of a master record, which is required for USP 795. Vice President Cordle answered that the intent is to make sure that our rule has guidelines as to what is used as a flavoring agent.

Vice President Cordle asked Director Joiner if that was close to the interpretation plan. Director Joiner answered that the main intent was to make sure that the Board preserves the intent of exception, which is to allow the addition of flavoring and not have that get into otherwise modifying the drug.

Mr. Azzolin commented that he would recommend changing the word additional to "addition" in section three (3) and asked if the wording in the last sentence of section three (3) was necessary. Director Karnbach advised that from the agency standpoint the wording gives an example of what the pharmacist can use but that the wording needs to be more specific because from an agency standpoint, they would not be able to challenge the pharmacist's use of flavoring agents.

Mr. Azzolin asked if every pharmacy would need to have some sort of documentation for every flavoring agent used. Director Karnbach advised that when the agency goes to inspect a pharmacy that is not something they would look for because there is no black and white way to proceed. He added that this is a good suggestion but as it stands now it would not be an inspectable suggestion unless something happens, and a complaint has been made.

Mr. Stone commented that he appreciates the board bringing this issue again because he has a lot to say about USP and changes to the flavoring and mixing of commercially available products. He commented that when the Board talks about including the wording, "…the act of adding flavoring agents to conventionally of manufactured drug products own its shall not be considered an act of pharmaceutical compounding," he feels like the Board is regulating out what the Board wanted to do to alleviate that problem. He added with the proposed wording "…a pharmacy must ensure that the addition of the flavoring agent does not affect stability or alter the final concentration beyond the parameters outlined in USP-NF…" takes the rule back to USP again. He believes that adding too much to section three (3) cuts out

what the Board was trying to accomplish. Director Karbach commented that if the proposed wording of section three (3) is not added, the Board can still sanction a pharmacist of a Misfill and that adding section three (3) would not give the Board any additional authority to sanction someone. Mr. Stone advised that he would rather leave out the proposed wording of section three (3).

Mr. Stone advised that Mr. Chad Baker, who is the Vice President and General Manager at FlavorX, was present at the meeting. Mr. Stone advised in full disclosure that some of the information that he gave to the Board last year, after being researched by himself, that Mr. Baker helped him with some of the information because Mr. Baker is in this business and FlavorX does studies and obtains useful information. Mr. Stone asked that Mr. Baker be allowed to speak.

Mr. Baker stated that Georgia has been one of the more active states with flavoring and that usage has dropped off with the publication of USP759 when it initially came out in November of 2022 and then when it was made official in February 2023. FlavorX's research found that pharmacists are reluctant to provide flavoring services because they are unclear if flavoring is considered compounding and are afraid of being inspected for compounding. Mr. Baker stated that he and FlavorX's approximately 1,300 pharmacy partners, that provide the flavoring in Georgia, appreciate that the Board is looking into this issue. He advised that some of the pharmacies have stopped this service because they are too nervous about the issue. Mr. Baker commented that based on the language the Board is considering, the proposal is better than what USP States have done. Mr. Baker advised that FlavorX has stability tests that make sure that medication potency doesn't change and that the PH is correct. He added that FlavorX assures to their pharmacy partners that what they are adding to the medications is not going to change it. He stated that he agreed with Mr. Stone that the focus should be on how to help as many kids as possible take their medicine.

Mr. Azzolin commented if he was a pharmacist adding flavoring to medicines that he would be nervous about it and go to USP to figure out what to do. He stated that if the flavoring is not done by the pharmacist a parent might be adding it themselves which is not safe. He suggested that the Board leave out the proposed wording in section three (3). Mr. Page advised that after hearing the comments he agrees that it is not necessary to have section three (3).

Mr. Stone commented that GDNA is going to inspect things and will find the facts about how something was added and what took place. He stated that he feels like over the years the Board is taking pharmacy away from the pharmacists and that pharmacists are not able to do things that they learned in pharmacy school. He agrees that the proposed wording for section three (3) should be left out.

Mr. Azzolin asked if the Board wanted to define flavoring agents. Director Joiner advised that it depends on whether a flavoring agent is a commonly understood term to be a specific thing. President Page stated that was a good question because if a pharmacist is using a product that the pharmacist supplied versus a flavoring that is on the shelf it makes a difference on how the language is used in context to the rule. Director Karnbach advised that if the Board wanted to provide a standard flavoring definition, or perhaps look at language from other states, it would be beneficial.

Vice President Cordle asked the Board if section three (3) needs to be removed completely from the proposed language or did the Board want to keep the sentence about ensuring that the addition of the flavoring agent does not affect stability or alter the final concentration.

Mr. Page and Mr. Farmer agreed that all of section three (3) should be removed. Mr. Farmer suggested that there are a couple of grammatical errors. In section one (1) the second line should be approved "drug" and not approved drugs and next to the language "…including but not limited to reconstitution…" add the words "or mixing." Vice President Cordle asked if Mr. Farmer wanted to open the rule up for magic mouthwash. President Page advised the intent of the rule is flavoring only. President Page commented that the Attorney General's Office (AG) advised the Board to follow the USP guidelines. The Board had further discussion about the wording and USP guidelines.

The Board determined that section three (3) of the proposed wording would be removed, and that section two (2) would remain as proposed with the exception that the "s" would be removed from "drugs" to read as "drug".

Mr. Farmer made a motion to post the Rule with the updates. Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

6. **Rule 480-5.03 Code of Professional Conduct (RPH)**

Vice President Cordle advised that he had a discussion with Director Joiner and former Director Troughton about the language of section D and whether or not it could be enforceable. It was agreed that section D could be removed. Another area where the language was changed is the removal of the word "any" and the words "… tends to reduce the public confidence in the ability and integrity of the profession of pharmacy or…" in section one (1). The history of this rule was to address ethical issues with the broadest possible breach. Vice President Cordle stated that he found the proposed language vague and subjective. Mr. Azzolin asked Director Joiner why the rule was going from letters to numbers. Director Joiner advised that many of these rules were written before the Secretary of State adopted the new lettering rule and that as rules are updated the correction is being made. Mr. Azzolin was concerned about sending too many rules over for change at the same time. Vice President Cordle replied that while the Board is amending some of the rules it is an opportunity to clean up some of the language.

Vice President Cordle moved on to the next proposed change in #6 (formerly "G"), adding the word "intentionally" to "No pharmacist or licensed pharmacy shall <u>intentionally</u> disseminate through any communication media any false, misleading or fraudulent advertising". The Board agreed to add the word "intentionally" to #6. Discussion was had about ignorance to the law or rule to being a possible defense. The Board discussed removing "…, and ignorance of said laws, rules, regulations shall not be a valid defense of the same" from the last sentence of #12 (formerly "m"). The Board agreed to the change.

Vice President Cordle moved on to the last proposed change for this rule #15 (formerly "p") removing "purge the profession" and adding "maintain quality, accountability, and integrity within the profession, and to remove…"

Rule 480-5-.03. Code of Professional Conduct

"The Board is authorized to take disciplinary action for unprofessional conduct. Consistent with the authority to assure that licensees operate in a professional manner and the Board's responsibility to protect the public health with a safe, dependable and sufficient supply of medication, the Board establishes a Code of Professional Conduct which shall apply to and be observed by all persons engaged in the practice of pharmacy in the State of Georgia.

1. ~~(a)~~ Ethics. No pharmacist, intern, extern, technician, or pharmacy owner shall engage in

~~any~~ conduct in the practice of pharmacy or in the operation of a pharmacy which ~~tends to reduce the public confidence in the ability and integrity of the profession of pharmacy, or~~ endangers the public health, safety and welfare, or have been guilty of any fraud, misrepresentation, culpable negligence, concealment, dishonest dealings, fix, scheme or device, or breach of trust in the practice of pharmacy or in the conduction of business related to prescriptions, drugs or devices.

2. ~~(b)~~ Patient Self-Referral. No pharmacist, employee or agent thereof acting on his/her behalf, shall offer, agree to accept, or receive compensation in any form for the referral of professional services to or from another health care provider or entity. This prohibition includes any form of fee division or charging of fees for the referral of patients.
3. ~~(c)~~ Error or Uncertain Prescriptions. No pharmacist or pharmacy intern/extern shall compound or dispense any prescription, which, in his/her professional opinion, contains any error omission, irregularity or ambiguity. Upon receipt of such prescription, the pharmacist, pharmacy intern/extern shall contact the prescriber and confer with him/her before dispensing the prescription. No pharmacist or intern/extern shall dispense any medication by virtue of a prescription if said pharmacist or intern has any doubt existing in his mind that such prescription is not legitimate.
4. ~~(d) Betrayal of Confidence. A pharmacist shall not discuss with the patient or representative such matters that should be discussed only with the prescriber.~~
4. ~~(e)~~ Diagnosis or Treatment. No pharmacist or employee of a pharmacy shall diagnose, treat, prescribe for, or attempt to do so, any disease, illness, or organic disorder. This limitation shall not be construed to prevent a licensed pharmacist from advising individuals on matters concerning simple ailments, first aid measures, sanitary matters, or the merits and qualities of medicines, nor shall it prevent the full practice of pharmacy as provided in O.C.G.A. Section 26-4-4.
5. ~~(f)~~ Coded Prescriptions. No pharmacist, pharmacy intern, or extern shall compound or dispense any prescription that is coded. A "coded" prescription is one which bears letters, numbers, words or symbols, or any other device used in lieu of the name, quantity, strength and directors for its use, other than normal letters, numbers, words, symbols or other media recognized by the profession of pharmacy as a means for conveying information by prescription. No symbol, word or any other device shall be used in lieu of the name of said preparation.
6. ~~(g)~~ False or Misleading Advertising. No pharmacist or licensed pharmacy shall intentionally disseminate through any communication media any false, misleading or fraudulent advertising.
7. ~~(h)~~ Changes in Prescriptions. No pharmacist, pharmacy intern or extern shall supply medications or devices which contain an ingredient or article different in any manner from the medication or device that is prescribed upon a prescription unless prior approval has been obtained from the prescriber thereof. Such difference shall immediately be recorded upon said prescription after being approved by said prescriber, showing the date, time and method of ascertaining the said approval.
8. ~~(i)~~ Prescription Sub-Stations. No pharmacist, employer or employee of a licensed pharmacy shall maintain a location, other than a pharmacy for which a permit has been issued by the Board, from which to solicit, accept or dispense prescriptions.
9. ~~(j)~~ Physician Agreements. No pharmacist or licensed pharmacy, or employee or agent thereof, shall enter into or engage in any agreement or arrangement with an physician or other practitioner for the payment or acceptance of compensation in any form or type for the recommending of the professional services of either; or enter into a rebate or percentage rental agreement if any kind, whereby in any way a patient's free choice of a pharmacist or licensed pharmacy is or may be limited.
10. ~~(k)~~ Independent Judgment and Practices. No pharmacist shall offer or engage in

professional pharmaceutical services under any terms and conditions that shall tend to interfere with or impair the free and complete exercise of professional judgment and skill of a pharmacist or enter into any agreement that denies the public the right of free choice of pharmacists or pharmacies.

11. ~~(l)~~ Return of Prescriptions. Except as authorized by Rule 480-10-.17, no pharmacist or employer or employee of a pharmacy may knowingly place in the stock of any pharmacy any part of any prescription dispensed to, or compounded for, any patient of any pharmacy and returned by said patient.
12. ~~(m)~~Evasion of Code of Professional Conduct. No pharmacist, licensed pharmacy or employee or agent thereof, shall act in any way to evade the rules and regulations of the Board and the laws applying to licensed pharmacies and pharmacists, interns, externs and technicians, but may apply methods of their own to enhance compliance with said laws, rules and regulations. Said persons shall be responsible for being acquainted with said laws, rules and regulations.~~, and ignorance of said laws, rules, regulations shall not be a valid defense of the same.~~
13. ~~(n)~~ Refusal to Fill Prescription. It shall not be considered unprofessional conduct for any pharmacist to refuse to fill any prescription based on his/her professional judgment or ethical or moral beliefs.
14. ~~(o)~~ Valid Prescription Drug Orders. Prescription drugs shall be dispensed only pursuant to a valid prescription drug order. A pharmacist shall not dispense a prescription which the pharmacist knows or should know is not a valid prescription. A pharmacist shall have the same corresponding liability for prescriptions as an issuing practitioner as set forth in 21 C.F.R. as such regulation exists on January 1, 2013. Valid prescription drug orders shall include those issued by a physician, dentist, podiatrist, veterinarian, or other person licensed, registered, or otherwise authorized under the laws of this state, or of any state or territory of the United States, to prescribe dangerous drugs or controlled substances or both.
15. ~~(p)~~ Violations of the Code of Professional Conduct. The above set out Code of Professional Conduct is expressly adopted by the Board and shall govern the conduct of all those admitted to practice pharmacy in their capacities as pharmacists, all those issued licenses as a pharmacy in their capacities as licensees and all pharmacy interns/externs in their capacities as pharmacy interns/externs. A license to practice pharmacy or a permit to operate a licensed pharmacy confers to vested right to the holder thereof, but is a conditional privilege revocable for cause. The primary purpose of this Code of Professional Conduct is the protection of the profession of pharmacy and the public health, safety and welfare. It is the responsibility of the Board to ~~purge the profession~~ maintain quality, accountability, and integrity within the profession, and to remove ~~of~~ those unworthy to practice pharmacy or operate pharmacies in this state. It is the obligation of every licensed pharmacy holder and every licensed pharmacist to give unlimited cooperation and assistance to the Board in the discharge of this responsibility. Violation of this code may subject the violator to suspension or revocation of any license issued to him/her by the Board and/or public reprimand, fines, probation, letters of concern or other disciplinary actions deemed appropriate by the Board.

President Page asked if anyone had any questions about the changes. Mr. Stone made a motion to post the Rule with the proposed wording. Mr. Bracewell seconded, and the Board voted unanimously in favor of the motion.

7. **Rule 480-2-.03 – Intern License Renewals**

The Board discussed the changes proposed to this rule. The Board decided to leave the rule as is until the policy is drafted. The Board will draft changes to the application to allow for an intern to apply for an extension for one (1) year.

Mr. Stone made a motion to set up this issue as a policy instead of a rule. Mr. Farmer seconded, and the Board voted unanimously in favor of the motion.

8. **Rule 480-XX-.XX – Direct to Patient Delivery Systems Parata Lockers**

The Board discussed using North Carolina's rule to draft a rule for Georgia. President Page asked the Board for their viewpoint regarding the use of the lockers and locker placement.

Mr. Brinson commented that he was in favor of using the lockers and would like the Board to take action to allow for the smart lockers.

Mr. Azzolin commented that he has seen systems like these used in other states and that it is helpful for patients and employees to be able to access their prescriptions from the lockers. Mr. Azzolin asked what differentiates this from third-party logistics (3PL). He commented that a 3PL ships the drug and puts it in a box for the patient to access. The lockers are another form of delivery. He added that the use of the lockers is more secure and is an automated system that can be monitored. Mr. Azzolin stated that he is for less regulation on this issue and that he believes that North Carolina is too strict on their policy. He stated that he does not think that the lockers need to be licensed but registered in some manner with a policy of advising the Board that the facility is requesting the use of the lockers.

Director Karnbach commented that there are several ways that the Board could handle this issue. If the Board allows for usage offsite from a pharmacy, then the location would need to be licensed because you would have drugs being stored in a location that is not a pharmacy. The application process would involve site inspections for each location. The workload associated with the application process would increase and more staff would be needed. He advised that the impact of allowing this will need to be discussed before a final decision is made. He commented that if it is allowed in an area of the pharmacy that is not licensed, such as an authorized collector, where patients are allowed to drop off drugs to store them not in the prescription department already then there are already rules in place and additional personnel wouldn't necessarily be needed. Director Karnbach stated that he sees Mr. Azzolin's point that the locker system could be similar to what is already allowed. He commented that the Board could handle the request similar to that of an authorized collector and make an exception for hospitals. He added that in a retail setting, there would need to be oversight by the pharmacy whether it is attached to the pharmacy wall or it's on an independent system outside of the building. He stated that his concern is that the Board would be authorizing the dispensing of medication without a pharmacist present. Mr. Farmer stated that he had concerns about allowing the lockers to be free-standing from a pharmacy notwithstanding those being used in a hospital setting.

A member of the South Carolina Board of Pharmacy was present and Mr. Page asked her how South Carolina handles their process. She advised that the majority of the usage of the lockers is in hospitals for hospital employees only because the pharmacy is not open 24/7. She also mentioned that South Carolina does have a drug wholesaler that has a locker in their lobby for their employees as well, but the medication is still owned by the dispensing pharmacy until the patient takes possession of the medication. Mr. Farmer asked if there was a pharmacy onsite for the wholesaler. She responded that there is not a pharmacy onsite but there is video capability to contact a pharmacist and get counseling if needed. She added that this was for refills of prescriptions only. Mr. Azzolin asked if the prescriptions were in final form. She responded that yes, the medication is in final form, the prescriptions are properly labeled and there is refrigeration if needed. She added that the dispensing pharmacy is

required to check the lockers frequently. Director Karnbach asked about the terminology that is being used. She advised that the one used by the wholesaler is similar to a lockbox where the patient has to submit their driver's license to be scanned, and they are given a code to access the box. Mr. Farmer asked if controlled substances are allowed to be dispensed in South Carolina. She advised no it is not allowed.

Vice President Cordle stated that he sees Mr. Azzolin's point about viewing the use of lockers as another form of delivery as opposed to dispensing. He commented that he views this as a possible path to allow for better patient access in rural areas. Mr. Azzolin suggested that the Board could speak with some of the manufacturers of these lockers to get more input on how the security aspects of the lockers.

Mr. Stone recommended that the Board table the discussion until more information can be gathered and to start fresh for the draft. The Board discussed the complicated nature of this request and determined that more research is needed to create a rule. The Board agreed that the issue needs to be revisited at a later date. Mr. Azzolin advised that he would look into this issue further.

Mr. Stone made a motion to table this discussion. Mr. Azzolin seconded, and the Board voted in favor of the motion.

9. **Rule 480-13-01 – Hospital at Home**

Mr. Page advised that this subject originated from past discussions and waivers about hospital at-home scenarios and two (2) changes that need to be defined. The definition of hospital and inpatient in a hospital-at-home setting.

Director Joiner advised that there is not a draft for this rule yet. Mr. Azzolin commented that the definition of hospital needs to be clarified because the current definition states "as defined by the Department of Human Resources. He suggested that the definition should be as defined by the Department of Public Health (DPH) or the Department of Community Health (DCH).

The other issue is the definition of inpatient. The current DCH definition of inpatient, "in-patient shall mean a patient who is confined to the hospital", does not work for a home hospital scenario. Director Joiner advised that in a previous meeting, the Board discussed adopting DCH's definition of inpatient and not just reference DCH's definition.

Director Karnbach reminded the Board that during previous discussions about this subject one of the concerns was the labeling of medicine used for the inpatients. He added that if the Board changed the definition of an inpatient the Board would also need to review the impact of the labeling change. Since the medicine is going to a patient's home there is not always a healthcare practitioner. The labeling that is used for inpatients in the hospital does not include directions. Director Karnbach commented that for the patient's safety, the directions would need to be included on the label for medicine used outside of the hospital.

480-13-.06(3) (a) & (b) Labeling.

"(a) For use inside the hospital, all drugs dispensed by a hospital pharmacy, including those for standard ward inventory, shall be dispensed in appropriate containers and adequately labeled so as to identify at a minimum, brand name or generic name, strength, lot number, and expiration date.

(b) For use outside the hospital, all drugs dispensed by a hospital pharmacy to patients

about to be discharged or on leave of absence shall be labeled with the following information:

1. Name, address, and telephone number of the hospital pharmacy;
2. Date and identifying serial number;
3. Patient's given and last name;
4. Name of drug, (brand or generic) and strength;
5. Directions for use by patient;
6. Name of prescribing practitioner;
7. Required precautionary information regarding controlled substances; and
8. Such other and further accessory cautionary information as may be required or desirable for proper use by and safety of the patient."

Mr. Farmer asked if the labeling should follow the rule as it is for retail. Director Karnbach answered that the hospital versus retail labeling is different, but the fundamental things would be similar. He added that if this practice is allowed rules would need to be laid out so that there is no confusion. Mr. Azzolin and Mr. Brinson commented that what the Board discussed previously is that the label used from hospital-at-home scenarios must be properly labeled with instructions. Director Karnbach commented that for this scenario the inpatient is not about to be discharged from the hospital or on leave of absence so section B would not apply here. Mr. Azzolin suggested that section B be modified to remove "…about to be discharged or leave of absence" and add it for use outside of the hospital.

Mr. Azzolin recommended that the Board table the discussion until the language of the rule change can be drafted. The Board agreed that the issue needs to be revisited at a later date so that a draft of the proposed changes can be made.

10. Chart Orders

President Page advised that he is comfortable with the proposed changes. President Page asked the Board if they had any questions or comments about the proposed rule changes. Mr. Brinson stated that he is in favor of posting the changes since Director Karnbach has gone through them already. President Page asked Director Karnbach if he was comfortable with the wording of the changes. Director Karnbach answered that he has no objections to the wording but that this issue is not an easy fix, and it might require further discussions.

Rule 480-24-.01 Definitions

"For purposes of these Rules and Regulations, the following definitions apply:

1. **Board**. Board shall mean the Georgia State Board of Pharmacy.
2. **Chart Order**. An order from a practitioner, acting within the scope of his or her license to practice, for a drug or device for a specific patient in an institutional setting, ~~which are administered by authorized personnel in the institutional setting and expire~~ that expires upon the patient's departure from the institutional setting.
3. **Consultant Pharmacist**. Consultant Pharmacist shall mean a pharmacist licensed in this state, who is responsible for developing, coordinating, and

supervising pharmaceutical services in the nursing facility.

4. **GDNA**. GDNA shall mean the Georgia Drugs and Narcotics Agency.
5. **Hospice emergency drug kits**. A hospice emergency drug kit shall mean an emergency drug kit placed by a provider pharmacy in a licensed hospice facility. ~~hospice licensed by the Department of Human Resources.~~
6. ~~**Licensed nursing home**.~~ Institutional Setting
   a. An **institutional** setting shall include but is not limited to a nursing home, a correctional facility, a hospice facility, or a facility which provides residential patient care and which a pharmacy dispenses such substances to be administered and used by a patient on the premises of the facility;
7. ~~**Unit dose**. A unit dose is a single dose of a medication(s), which is individually packaged, sealed, and properly labeled to maintain the integrity and the identity of the drug, and patient ready at the time of dispensing by the pharmacist.~~ **Prescription Drug Order**. A lawful order from a practitioner, acting within the scope of his or her license to practice, for a drug or device for a specific patient. Such order includes a written order from the practitioner, a telephone order reduced to writing by a pharmacist, and an electronic image prescription drug order, and an electronic data prescription drug order.
8. **Unit Dose**. A unit dose is a single dose of a medication(s), which is individually packaged, sealed, and properly labeled to maintain the integrity and the identity of the drug, and patient ready at the time of dispensing by the pharmacist.
9. **Vendor Pharmacist**. Vendor Pharmacist shall mean a pharmacist licensed in this state, who is responsible for supervising the dispensing and delivery of drugs to a nursing facility.
10. **Vendor Pharmacy**. A licensed retail pharmacy under contract to provide primary pharmacy services in an institutional setting.

Rule 480-24-.02 Personnel

1. ~~Consultant Pharmacist. A consultant pharmacist is a pharmacist licensed to engage in the practice of pharmacy in this state who is responsible for developing, coordinating, and supervising pharmaceutical services in the nursing facility. These services~~ The responsibilities of the Consulting Pharmacist shall include, at a minimum, review of each patient's drug regimen monthly and report of any irregularities to the Medical Director and Administrator of the nursing facility, written reports of pharmaceutical services, and monitoring of established policies and procedures for medication handling and storage.
2. ~~Vendor Pharmacist. A vendor pharmacist is a pharmacist licensed to engage in the practice of pharmacy in this state who is responsible for supervising the proper dispensing and delivery of drugs to a nursing facility. These services~~ The responsibilities of the Vendor Pharmacist shall include, at a minimum, proper drug labeling, storage, transport, and record keeping in compliance with all federal, state and local laws and regulations.

Rule 480-24-.03. Physical Requirements

The ~~vendor~~ Vendor ~~pharmacist~~ Pharmacist shall establish standards to ensure that all drugs are stored in a manner sufficient to insure the proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.

Rule 480-24-.04. Drug Distribution

1. ~~Dispensing~~ Dispensing of ~~of all~~ drugs to the facility shall be pursuant to a legal lawful prescription drug orders for ~~an~~ individual patients; standing medication orders shall not be allowed. ~~Policies may be established by the vendor pharmacist in conjunction with the appropriate committee of the facility.~~

a. Chart Orders shall be considered lawful prescription drug orders, provided such Order includes the following:
    1. Date of issue;
    2. Name of the patient;
    3. Address of the patient, or the location of the patient in an institutional facility;
    4. Patient's date of birth or medical record number;
    5. Name of the prescribing ordering practitioner;
    6. Name, strength and dosage form of the drug ordered prescribed;
    7. Directions for use by the facility; and
    8. Any cautionary statements as may be required or necessary.

2. All drugs supplied to the facility must be obtained from a pharmacy having a retail pharmacy permit.
3. For use inside the facility, all drugs dispensed shall be dispensed in appropriate containers, as defined by the Food and Drug Administration and the Consumer Protection Agency, and adequately labeled with the following information:
    a. Name, address, and telephone number of the pharmacy;
    b. Date of issuance and identifying serial number;
    c. Full name of patient;
    d. Brand and/or generic name of drug, strength, and quantity dispensed;
    e. Directions for use, which may be placed on the container label or on a Medication Administration Record available and consulted at the time of the administration of each dose, provided, however, that both methods may be utilized inside a single facility;
    f. Name of ~~physician prescribing~~ ordering practitioner;
    g. Required precautionary information regarding controlled substances;
    h. Such other and further accessory cautionary information as may be required or desirable for proper use and absolute safety to the patient; and
    i. Expiration date.

~~4. If a unit dose drug distribution system is utilized, the above information shall be readily available on the patient medication profile. A drug distribution system in a long term care facility may be regarded as a unit dose drug distribution system if:~~
~~a. The pharmacist maintains medication profiles on each patient and refers to these files each time a medication is filled;~~
~~b. Doses of solid oral medications dispensed are pharmacy-prepared or manufacturer-prepared in individually packaged and sealed doses which are identifiable and properly labeled to include, at a minimum:~~
~~1. Brand and/or generic name of the drug;~~
~~2. Strength;~~
~~3. Lot number; and~~
~~4. Expiration date.~~
~~c. Doses of medication for individual patients are placed into individual patient containers, bins, compartments, or drawers and whenever possible, are subdivided by dose and administration time and not to exceed a 72-hour supply. Drug distribution systems which exceed a 72-hour supply must follow labeling requirements of 480-24-.04(2).~~

~~(5) Partial filling of Schedule II drugs will be allowed but limited to 60 days only.~~
~~(6) Drugs added to parenteral, enteral, or irrigation solutions. Whenever any drugs are added to such solutions, whether within or outside the direct and personal supervision of a registered pharmacist, such admixture shall be labeled with a distinctive supplementary label indicating the name and amount of the drug added, date and time of addition, expiration date and time if applicable, and identity of the person so~~

~~adding.~~

4. Prescription drug orders and Chart Orders.
   a. Drugs may be dispensed or administered only upon orders of an authorized prescriber. For schedule II drugs refer to the Georgia Controlled Substances Act, Code Section 16-13-41, and Chapter 480-22 of the Board rules and regulations. For other drugs orders may be received by the pharmacy by fax or delivery of:
      1. A direct copy of a prescription drug order;
      2. A direct copy of a chart order;
      3. Obtaining a signed prescription drug order from the prescriber ordering practitioner; or
      4. A verbal or telephone order from an authorized prescriber the authorized practitioner or duly authorized agent.
      5. An electronically prescribed chart order from an institutional patient's chart.

   ~~b. The consultant pharmacist will verify orders as required by current state and federal laws, rules and regulations.~~

   For purposes of recordkeeping under this chapter, all original prescriptions, those hard copies written by a practitioner, telephoned to the pharmacist by a practitioner and reduced to writing, or sent via facsimile machine or other electronic means must be retained as a permanent record for two years in the retail pharmacy and must be filed by the usually consecutively serial numbered prescription file or by patient name or by any other means that assures a complete, retrievable and accurate record. Any refill information subsequently authorized by a practitioner must be maintained in the manner required by O.C.G.A. § 26-4-80(3).
5. Emergency kits. Emergency kits may be placed in licensed nursing homes by the pharmacy of the consultant or vendor pharmacist provided the following guidelines are met:
   a. A record of the drugs to be kept in an emergency drug kit be kept in the nursing home and the ~~provider~~ Vendor Pharmacy ~~pharmacy~~;
   b. Drugs shall not be accessed for use from the emergency drug kit in an emergency situation without a new prescription drug order from a licensed practitioner. A valid, signed prescription drug order or chart order for any such drug must be issued to the vendor pharmacy, supplying the emergency drug kit, within 72 hours of the drug being taken from the kit.
   c. Emergency drug kits shall be stored in limited access areas and sealed to prevent unauthorized access and to insure a proper environment for preservation of the drugs therein. The provider pharmacy shall develop a method to readily determine if an emergency drug kit has been accessed without authorization;
   d. An emergency drug kit must be inventoried at least once a month by a pharmacist from the ~~provider~~ Vendor ~~pharmacy~~ Pharmacy and ~~sign a card attached to the kit indicating the date it was inspected,~~ and a record of the dates of each such inventory shall be kept with the kit. Nothing herein, shall prohibit the inventory record from being maintained electronically, provided the electronic record is immediately retrievable for inspection by GDNA. The ~~provider pharmacy~~ Vendor Pharmacy must maintain an adequate record of such inspections.
   e. Special Agents of the GDNA shall have the authority to check emergency drug kits as well as the records in the provider pharmacy to determine that drugs and records are accurate, and the emergency drug kit is being properly used;
   f. The ~~provider pharmacy~~ Vendor Pharmacy must apply on an individual basis to the Board, in care of the GDNA Director, for approval to place an emergency drug kit in each individual nursing home and a copy of this approval will be kept on file in both the nursing home and the provider pharmacy. Upon recommendation by the GDNA Director, the Board may revoke the approval for an emergency drug kit in any nursing home where abuse or misuse of drugs from the emergency drug kit is used for any

purpose other than emergency purposes;

g. The Board shall have the authority to approve on an individual basis the drugs and the amounts of each individual drug allowed to be kept in an emergency drug kit. Any change in the drugs and amounts kept in a kit must be submitted in writing to the GDNA Director who shall make recommendations to the Board. After Board approval, a copy of this approval will be maintained in the GDNA provider pharmacy file and by the nursing home. Any emergency drug kit approval becomes null and void once the approved pharmacy ceases to provide that kit.

h. Each solid oral dosage form placed in an emergency drug kit must be individually labeled with the name and strength of the drug, lot number, expiration date, and other appropriate cautionary information; and

i. The exterior of an emergency drug kit shall be labeled so as to clearly and unmistakably indicate that it is an emergency drug kit and is for "EMERGENCY USE ONLY", ~~and the label shall be physically signed and dated by the pharmacist who sealed the kit.~~." The name of the pharmacist and the dates of inventory should be readily available on or within the kit. This information may be provided electronically. In addition, a listing of the drugs contained therein, including the name, address, and telephone number(s) of the provider pharmacy shall be attached to both the exterior and the interior of an emergency drug kit.

6. Accountability of scheduled drugs and other specified drugs.

   a. Proof of use. Proof of use of Schedule II, III, IV and V controlled substances and such other drugs as may be specified by the appropriate committee of the facility, shall be ~~upon proof of use forms~~ provided to the Vendor Pharmacy. Proof of use may be provided by written or electronic means and ~~which~~ shall specify at a minimum:

      1. Name and strength of the drug;
      2. Dose and route of administration for the drug;
      3. Name of ordering prescriber;
      4. Name of patient;
      5. Date and time of administration to patient;
      6. Signature and title of individual administering, the medication; and
      7. Documentation of destruction of all unused portions of single doses shall include signature verifications of two licensed authorized personnel.

   b. Container requirement. Any medication that has to be counted and accounted for with by proof of use ~~forms~~ must be dispensed in a container that allows verification of individual doses. Containers for solid oral doses must allow identification of individual doses and individual accountability.

7. Medications brought by patients. When patients bring drugs into the facility, such drugs shall be sent to the vendor pharmacist who shall handle these drugs in accordance with guidelines established by the appropriate committee within the facility.

8. The vendor pharmacy shall establish policies and procedures for safe and effective drug therapy, distribution, use, and control. At a minimum, the pharmacist shall:

   a. Make periodic inspections, which shall occur at least every 30 days of drugs and medication records kept within the facility. A written report of inspection shall be maintained at the facility; and,

   b. Remove for proper disposal any drugs or narcotics which are in a deteriorated condition, expired, discontinued for use, or the patient for whom they are ordered is no longer a patient These drugs shall be the responsibility of the vendor pharmacy.

Rule 480-24-.05. Duties of Consultant Pharmacist

(1) A pharmacist serving as a consultant to a facility must contract with the facility in writing for those services.

(2) ~~Notification Written notification must also be made to the Board in writing when a pharmacist becomes a consultant to a facility. The pharmacist must also notify the Board and when the consultant services are terminated with a facility.~~

(3) When providing contracted ~~services~~ services, the consultant pharmacist is held to the same professional standards for a licensed pharmacist as set forth in state law and by the rules and regulations of the Board.

(4) If a Consultant Pharmacist is required, ~~The Consultant Pharmacist~~ they shall be responsible ~~for verification of~~ to review orders as required by federal and state law and by the rules and regulations of the Board.

~~(2) The pharmacist, through the appropriate committee within the facility, shall establish policies and procedures for safe and effective drug therapy, distribution, use, and control. At a minimum, the pharmacist shall:~~

~~a. Make periodic inspections, which shall occur at least every 30 days of drugs and medication records kept within the facility. A written report of inspection shall be maintained at the facility; and,~~

~~b. Remove for proper disposal any drugs or narcotics which are in a deteriorated condition, expired, discontinued for use, or the patient for whom they are ordered is no longer a patient These drugs shall be the responsibility of the vendor pharmacy.~~

Rule 480-24-.06 Destruction of Drugs

(1) The following methods of destruction of non-controlled substances are approved by the Board for medications dispensed to patients residing in long term care facilities (nursing home or skilled nursing facility) or other facility where a consultant pharmacist's services are required under state or federal regulations:

(a) When non-controlled drugs are expired, discontinued from use or the patient for whom they were ordered is no longer a patient, the drugs shall be immediately removed from the active stock and inventoried by two people who shall be licensed either as ~~a pharmacists~~ pharmacists, ~~a~~ nurses, or ~~a~~ licensed practical nurses. The completed inventory record shall be signed and dated by these two individuals. The original inventory record shall be maintained by the facility for two years, and a copy shall be kept with the drugs until their final disposition. Once inventoried, these drugs can either be:

1. Placed in a secure storage area at the facility separated from medications with active orders. The drugs can be destroyed at the facility by the consultant pharmacist and another pharmacist, nurse, or licensed practical nurse designated by the facility. However, before the destruction can take place it must be verified that an inventory has been taken and recorded. The facility must maintain a written record of the destruction along with the inventory record for two years. This record shall include at a minimum the date, time, personnel involved with the destruction and the method of destruction; or
2. Removed from the facility and kept by the consultant pharmacist until they are returned to the ~~vendor~~ Vendor ~~pharmacist~~ Pharmacy for destruction. The ~~consultant~~ Consultant ~~pharmacist~~ Pharmacist shall make a receipt for the drugs removed, and the original receipt to be kept by the facility and a copy of the receipt kept by the pharmacist. The receipt shall reflect: the date the drugs were removed from the facility, the name of the person removing the drugs, the name and address of the pharmacy to which the drugs have been removed. Both the receipt and its copy must be maintained for two years. Before any drugs can be removed for destruction, their inventory must be verified by at least one pharmacist

and one other licensed health care practitioner. Once taken to the vendor pharmacy, the drugs must be stored in a secure, location, separate from active inventory, within the pharmacy. When the drugs are destroyed, a record of the manner of disposal of the drugs must be maintained by the ~~vendor~~ Vendor ~~pharmacy~~ Pharmacy for two years. The disposal record shall include at a minimum~~,~~:

2. Whether ~~whether:~~

~~(i) T~~the drugs ~~are~~ were destroyed at the pharmacy, ~~and~~

(ii) Manner of destruction;

(ii) Date and time of destruction;

iv. Names of at least one pharmacist and one other licensed health care practitioner witnessing the destruction; or

~~3. The drugs for destruction are r~~Removed from the pharmacy by transfer to a reverse distributor with a current permit issued by the Board; and

(i) The date and time the drugs were taken from the pharmacy;

(ii) The name, Board permit number, address, and telephone number of the reverse distributor removing the drugs;

(iii) The name and signature of the responsible person representing the reverse distributor physically removing the drugs;

(iv) The name and signature of the pharmacist transferring the drugs to the reverse distributor.

(2) The following methods of on-site destruction of controlled substances are approved by the Board:

(a) When controlled drugs are expired, discontinued from use or the patient for whom they are ordered is no longer a patient, the medication shall be removed from the active stock of the facility immediately and inventoried and verified by two people who shall be licensed either as a pharmacist, a nurse, or a licensed practical nurse. The completed inventory record shall be signed and dated by those two individuals. An inventory form will be established by the pharmacist, which must include the following data:

1. Date of discontinuance or inventory date;
2. Name of patient;
3. Name of issuing pharmacy;
4. Identifying serial numbers of the prescriptions;
5. Name and strength of drug; and
6. Quantities of drugs in containers when inventoried.

(b) After being removed from active stock, controlled substances to be destroyed must be placed in a secure cabinet or area as identified by the consultant or vendor pharmacist.

(c) On-site destruction can be as follows:

1. The consultant or vendor pharmacist will notify the GDNA as to the date and time the destruction will take place at least two weeks prior to destruction at the facility. (Please note that the consultant may set up a specific schedule of destruction - an example would be the first Tuesday in each month at 10:00 a.m.)
2. Three licensed professionals or law enforcement officers, one of whom must be a pharmacist, must witness the destruction of these drugs.
3. Destruction must take place within the facility.
4. Inventory of final destruction must be taken in duplicate, one copy shall be retained by the facility, and one copy shall be retained by the consultant pharmacist. The inventory shall be certified by all three witnesses present at the destruction in the following format:

"We, whose signatures appear below, certify that these controlled substances have been reconciled, accounted for, and destroyed at ____(location) on _____(date) at _____o'clock."

_____ _____(Signature)
_____(Signature)

_____(Signature)

5. The Board and/or the GDNA, or the DEA, may prohibit any consultant pharmacist or facility from utilizing this method.

(3) Methods of offsite destruction as follows:

(a) When controlled substances are expired, discontinued from use or the patient for whom they are ordered is no longer a patient, the medication shall be removed from the active stock immediately and inventoried and verified by two people who shall be licensed either as a pharmacist, a nurse, or a licensed practical nurse. The completed inventory record shall be signed and dated by those two individuals. An inventory form will be established by the pharmacist, which must include the following data:

1. Date of discontinuance or inventory date;
2. Full name of patient;
3. Name of issuing pharmacy;
4. Identifying serial numbers of the prescriptions;
5. Name and strength of drug; and
6. Quantities of drugs in containers when inventoried.

(b) After being removed from active stock, controlled substances to be destroyed must be placed in a secure cabinet or area as identified by the consultant or vendor pharmacist.

(c)The drugs, along with a copy of the permanent record, can then be transferred to the vendor pharmacy by the consultant pharmacist to hold for disposal by a Board licensed reverse drug distributor or by a GDNA Agent. The consultant pharmacist shall make a receipt for the drugs removed, and the original receipt is to be kept by the facility and a copy of the receipt kept by the consultant pharmacist, both for two years. The receipt shall reflect at a minimum:

1. The date the drugs were removed from the facility;
2. The name and signature of the consultant pharmacist removing the drugs;
3. The name and signature of the Director of Nursing witnessing the drug removal;
4. The name and address of the pharmacy to which the drugs are being removed.

(d) Once received by the pharmacy, the drugs for disposal must be stored in a secure location within the pharmacy. When disposal of the drugs takes place, a record of the disposal will be maintained by the pharmacy for two years. The type of disposal record shall be, either:

1. On a separate receipt showing the drugs for destruction were removed from the pharmacy by transfer to a Board licensed reverse distributor, showing:
   (i) The date and time the drugs were taken from the pharmacy;
   (ii) The name, address, telephone number and Board permit number of the reverse distribution firm taking possession of the drug;
   (iii) The name and signature of the responsible person representing the reverse distributor firm and physically removing the drugs;

(iv) The name and signature of the pharmacy representative transferring possession of the drugs; and
(v) A copy of the permanent drug inventory destruction record from the facility; or

2. On the permanent record showing the drugs were destroyed by a GDNA Agent with:
(i) The signature of the GDNA Agent;
(ii) The signature of the pharmacy manager as listed on the pharmacy license; and
(iii) The date and time of the drug destruction.

Mr. Stone made a motion to post the rules as amended. Mr. Bracewell seconded, and the Board voted unanimously in favor of the motion.

11. Board Polices:

The Board had discussion on the Board's policies. The board will be putting out a new policy manual in February.

12. Application Fees Evaluation:

Director Joiner advised that the Governor's Office of Planning and Budget (OPB) has not provided their recommendations yet for 2025. He advised that he would provide an update to the Board once the recommendations from OPB have been received.

13. Amendments to Application Process regarding questions on arrests versus convictions

The Board considered the application process which asks the applicant "have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contender to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation."

Discussion was had about assuming that a person is innocent until proven guilty. Director Joiner explained that an arrest is not a conviction. The Board considered removing the word "arrested" from the application and changing it to "convicted." Mr. Farmer commented that if the arrest deals with a drug offense would that make a difference when reviewing applications. Mr. Chang asked should pretrial diversions or drug court be considered when reviewing the applications. Mr. Farmer suggested making the question more specific to drug offenses. Mr. McNulty advised that other boards still have similar language in their applications. He added that the recommendation is to consider the application as a whole independent of the arrest because the individual would be innocent until proven guilty.

Director Karnbach pointed out that the law and rules already state that the licensee is required to notify the Board of felony convictions within ten (10) days of conviction.

O.C.G.A. § 26-4-28.2. Notification to board of convictions.

> "Any licensee, registration holder, or permit holder who is convicted under the laws of this state, the United States, or any other state, territory, or country of a felony shall be required to notify the board of the conviction within ten days of the conviction. The failure to notify the board of a conviction shall be considered grounds for revocation of his or her license, registration, permit, or other authorization to engage in the practice of pharmacy or another profession regulated under this chapter."

The Board discussed the sensitive nature of this request and determined to leave the

application as it is currently.

14. **Amendments to the Interim Consent Order**
    The Board discussed the two (2) versions of the Interim Consent Order. The most used version is the one that GDNA presents to the licensee. Director Karnbach advised that the agents are frequently asked how long the license will be inactive if the licensee agrees to the order. The order also does not mention a time frame for how long the licensee has to wait until they can appear before the Board to request reinstatement once all of the terms have been completed.

    The Board considered possible timeframes. Director Joiner suggested that the order be amended to add to the verbiage that the licensee would not be able to request reinstatement until they comply with the terms of the OMPE. Director Karnbach advised that another area of the order that might need to be amended is regarding the treatment program and timeframes under sections three (3) and four (4). He mentioned that not every Board approved treatment facility has the same terms as the interim consent order as the treatment plan would need to be specified for the treatment plan that works best for the individual. It was suggested that the verbiage be changed to consider allowing the Board-approved provider to determine the appropriate treatment plan instead of the ones specified in the order.

    The Board discussed adding verbiage such as "until such time as the provider is willing to advocate for the return of the license". Mr. Brinson mentioned that the Board has never established the definition of an advocate. The Board discussed the differences between an advocate and a sponsor. The Board agreed that an advocate would be the Board-approved treatment provider and not someone who is a sponsor.

    The Board determined to amend the interim consent order to add verbiage regarding the timeframes and treatment plans. President Page instructed the Board staff to amend the language of the interim consent order and bring the draft back to the Board for approval.

15. Administrative Approval Policy Changes
    The Board agreed to table this discussion regarding adding or modifying the policy.

16. Election of officers for 2025:
    Mr. Brinson nominated Vice President Cordle to serve as Board President for 2025. Mr. Bracewell seconded, and the Board voted unanimously in favor of the motion.

    Mr. Stone nominated Mr. Chang to serve as Board Vice President for 2025. 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.

Mr. Brinson made a motion and Mr. Stone 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. Voting in favor of the motion were those present who included Jim Bracewell, Michael Brinson, Young Chang, Cecil Cordle, Michael Farmer, Chuck Page, and Dean Stone. The Board voted unanimously in favor of the motion.

Executive Session

Appearances:

M.R.	R.C.	C.M.

Georgia Drugs and Narcotics Agency – Mr. Michael Karnbach

B.P.	F.W.	M.W.	M.P.

Cognizant's Report – Mr. Cecil Cordle

GDNA #A34887	GDNA #A35309	GDNA #35357	GDNA #B35543	GDNA #B35498
GDNA #B35404	GDNA #A35573	GDNA #A35554	GDNA #A35538	GDNA#B35497
GDNA#B35504	GDNA#B35544	GDNA#B35533	GDNA#B35536	GDNA#B35471

Attorney General's Report – Mr. Dowlin Ryals, Assistant Attorney General

Matters/ Orders

1. C.P.L. – Private Consent Order
2. J.F.M. – Private Consent Order for Reinstatement
3. D.S.I. – Private Consent Agreement
4. J.F.R. – Public Consent Order for Reinstatement
5. H.M.G. – Private Consent Order
6. C.P. – Private Consent Order
7. M.A. – Private Consent Order

Status Open Cases

- C.P.S./ E.J.H. -Final Decision
- N.D. – Matters Asserted
- E.F.P. – OSAH Hearing December 3, 2024
- J.M. – Public Consent Order (pending)
- A.H. / P.A. – Public Consent Order (pending)
- M.R.B. – Delaware County Court of Common Pleas Sentence and Probation terms

Executive Director's Report – Mr. James Joiner

- C.H.
- J.S.
- PEP. Standing Order / G.S.

Legal Services – Mr. James Joiner

- N.M.S.

Applications

J.A.T.	A.R.J.	S.S.J.	A.A.T.	B.L.C.	C.C.
D.M.	F.D.	G.M.	J.W.	K.T.	K.C.
A.M.	A.A.	A.D.	C.C.	D.R.	D.H.
H.C.	J.K.	J.C.	J.E.	K.H.	M.V.

M.H.	M.B.	P.C.	R.W.	S.S.	W.W.
Y.S.	A.S.	R.N.	N.A.		

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

Appearances:

M.R.	Request to Terminate Probation	Approved
R.C.	Request to Reinstate License	Denied
C.M.	Request to Terminate Probation	Approved

Cognizant's Report – Mr. Cecil Cordle

Case #	Licensee	Recommendation
GDNA#A34887	H.M.L.	Null & Void DME Permit
GDNA#A35309	S.M.S.L.	Approve application pending Public Consent Order & $1,750 fine
GDNA#35357	C.M.I.	Approve application pending Public Consent Order & $1,250 fine
GDNA#B35543	K.P. / L.E.S.	Misfill Guidance 1A for Pharmacist
GDNA#B35498	C.P. / E.N.F.	Letter of Concern
GDNA#B35404	C.P. / E.H.C.	Close no action
GDNA#A35573	C.H. & O.M.L.	Null and void permit
GDNA#A35554	R.P.I..	Private Order and $5,000 fine
GDNA#A35538	C.S.O.S.L. / S.T.	Pharmacy - $500 Fine and Private Order / Wholesaler- Cease and Desist order & Flag reinstatement application when received to be reviewed with $500 fine and public consent order
GDNA#B35497	C.P.	Close no action
GDNA#B35504	C.P	Close no action
GDNA#B35544	W.P.	Close no action
GDNA#B35533	K.D.	Close no action
GDNA#B35536	V.P.L.	Close no action
GDNA#B35536	T.L.L.	Close no action
GDNA#B35471	C.C.	Close no action

Applications

Applicant	Application Type	Decision
J.A.T.	Pharmacy Technician	Approved
A.R.J.	Pharmacy Technician	Approved
S.S.J.	Pharmacy Technician	Approved
A.A.T.	Pharmacy Technician	Approved
B.L.C.	Pharmacy Technician	Approved
C.C.	Pharmacy Technician	Approved
D.M.	Pharmacy Technician	Approved
F.D.	Pharmacy Technician	Tabled: Board is requesting her appearance, and she will need to bring identification
G.M.	Pharmacy Technician	Approved
J.W.	Pharmacy Technician	Approved
K.T.	Pharmacy Technician	Tabled: Board is requesting more information about her

		remote technician job
K.C.	Pharmacy Technician	Approve
A.M.	Pharmacist	Denied
A.A.	Pharmacist	Approved
A.D.	Pharmacist	Approved
C.C.	Pharmacist	Approved
D.R.	Pharmacist	Approved
D.H.	Pharmacist	Approved
H.C.	Pharmacist	Approved
J.K.	Pharmacist	Approved
J.C.	Pharmacist	Approved
J.E.	Pharmacist	Approved
K.H.	Pharmacist	Approved
M.V.	Pharmacist	Approved
M.H.	Pharmacist	Approved
M.B.	Pharmacist	Table: Board requesting an appearance with advocate
P.C.	Pharmacist	Approved
R.W.	Pharmacist	Approved
S.S.	Pharmacist	Approved
W.W.	Pharmacist	Approved
Y.S.	Pharmacist	Approved
A.S.	Pharmacist Certification DTM	Approved
R.N.	Pharmacist Certification DTM	Approved
N.A.	Nuclear Pharmacist	Approved

Correspondences/Requests

Notices of Discipline: The Board reviewed the notices and agreed that these notices are for information only and that no further action is necessary at this time

A.I.	Notice of Discipline	No Action
F.O.	Notice of Discipline	No Action
H.W.C.	Notice of Discipline	No Action
P.R.N.A.L.	Notice of Discipline	No Action
A.A.	Notice of Discipline	No Action
A.V.D.	Notice of Discipline	No Action
P.C.P.	Notice of Discipline	No Action
M.S.C.	Notice of Discipline	No Action
W.G.	Notice of Discipline	No Action
F.P.P.	Notice of Discipline	No Action
B.D.D.	Notice of Discipline	No Action
S.C.	Notice of Discipline	No Action
S.C.	Notice of Discipline	No Action
S.C.	Notice of Discipline	No Action
S.C.	Notice of Discipline	No Action
S.C.	Notice of Discipline	No Action
R.E.L. dba E.M.S.	Notice of Discipline	No Action
M.E.I.U.	Request to extend time to take NAPLEX & MPJE	Extension approved to March 30, 2025
J.M.C.	Requesting Clarification on Consent Order	Order Stays
M.E.B.	Requesting a hearing regarding the revocation of license	Needs results of her testing and will be reviewed by the Board

		again
Z.P.	Request to extend Pharmacy Intern license through December 2026	Extension approved to December 31, 2026
N.A.	Request to extend application until March 31, 2025	Extension approved to March 31, 2025
R.F.	Request to retake NAPLEX – 4th Attempt	Approved
T.N.	Request to extend Pharmacy Intern license through November 30, 2025	Extension approved to December 31, 2025
T.B.	Request to extend application until June 30, 2025	Extension approved to June 30, 2025

There being no further business to discuss, the meeting was adjourned at 4:06 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, January 15, 2025, at 9:00 a.m. at Mercer University College of Pharmacy, 3001 Mercer University Drive, Atlanta, GA 30341

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