GEORGIA BOARD OF PHARMACY
2 MLK Jr. Drive, SE, 11th Floor, East Tower
Atlanta, GA 30334
February 14, 2024
9:00 a.m.

The following Board members were present:
Chuck Page, President
Cecil Cordle, Vice-President
Michael Azzolin
Jim Bracewell
Michael Brinson
Young Chang
Michael Farmer
Dean Stone

Staff present:
Eric Lacefield, Executive Director
Dennis Troughton, Director, GDNA
Michael Karnbach, Deputy Director, GDNA
Michael Poblet, Special Agent, GDNA
Max Changus, Senior Assistant Attorney General
Justin Cotton, Assistant Attorney General
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I
Sandra Mason, Licensing Analyst

Visitors:
Jason Strow, Encompass Health
Shamira Sarangi, Walmart H&W
Becca Hallum, GHA
Andy Gish, Georgia Overdose Prevention
Katie Johnston, Revelation Pharma
Stephanie Kirkland, ElderCare
Emily Doppel
Michelle Blalock, Cardinal Health
Travis Clark, CAPS-Atlanta
Ira Katz, GPhA/AIP
Jonathan Marquess, GPhA/AIP
Dawn Sasine
Melissa Reybold, GPhA
Jennifer Duckett, Walgreens
Jordan Khail, UGA
Sam Dindoffer, Impact Public Affairs
Brandon Brooks, Publix
Heather Hughes, Publix
Stephen Georgeson, GRA
Josh Mackey, Capital City P.A.
Amber Littlejohn, CFRC
Kenneth Bailey, UGA
Brandy Burgess, UGA
Jeff Mesaro, Mesaros Group

Open Session

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

Approval of Minutes

Mr. Stone made a motion to approve the Public and Executive Session minutes from the January 10, 2024, meeting. Mr. Brinson seconded. Discussion was held regarding clarifying the minutes related to the denial of the rule waiver petition submitted by CVS/pharmacy. Mr. Changus commented that minutes are supposed to reflect what was actually discussed and decided on at previous meetings. He stated that if the Board was looking to revisit the discussion that was had it should do that at this meeting; however, minutes reflect what was taken down, discussed and voted on, and the Board relies on Ms. Howell's notes for that. President Page inquired if the Board could approve the minutes as is and then hold for discussion. Mr. Lacefield responded by stating that there was a motion to approve the minutes as provided. He stated that if there was some clarity that needed to be had with the decision made, the Board could revisit that and talk about that this meeting. He explained that the minutes are the minutes and staff took notes to the best of their ability. He stated that if there was not enough clarity regarding last month's discussion and the Board felt it needed to discuss the topic again, it would not be a minutes discussion, it would be a clarification of the issue at hand.

Mr. Azzolin inquired as to who's authority it was to approve or modify the minutes. Mr. Lacefield responded by stating that it was the Board's authority. Mr. Azzolin stated that the Board may choose not to modify the minutes, but if the Board was following Roberts Rules of Order, then it would have discussion before the vote. Mr. Changus stated that there was a motion and a second and the Board wants to engage in discussion on that. He further stated that his point was to say what the purpose of the vote and what the minutes were, but if the Board felt there was something erroneous in the minutes, it could amend the minutes.

Mr. Azzolin commented that he made suggested changes to the Open Session minutes. He clarified that he never makes suggestions or changes to anything someone else said unless he felt it was incorrect and then he would ask that person to look at it. Mr. Azzolin stated that, as a pharmacist, he has had to rely on the minutes in the past to reflect on things that have gone years between what happened in the minutes and how things are operating in the pharmacy. He further stated that he believed in the accuracy of minutes; however, he does not think they are inaccurate. Mr. Azzolin commented that Ms. Howell does a good job on the minutes, but from time to time, it is incumbent upon the Board to make sure that the wording in the minutes reflects the intent of the decisions especially if a pharmacist or pharmacy needed to use them as evidence of why they were doing something.

Mr. Stone stated that he thought the Board was approving the minutes as presented and have a new discussion about the issue concerning CVS/pharmacy that would be reflected in today's minutes. He further stated that it seemed, based on the conversation, that the Board would have to correct the January minutes and have them re-presented to them. Mr. Azzolin responded by stating that if a pharmacist or pharmacy needed to refer to the minutes relative to the vote made on the petition they submitted, he did not think they would go looking in another month's minutes to find out how the Board tried to correct the minutes. He explained that they would go to the month they were actually here and discussed the petition. Mr. Stone agreed.

President Page stated that there was an updated version of the January Open Session minutes. He inquired if the Board agreed on what the amended version stated. Mr. Azzolin explained that the reason he provided the language in the amended version was because he was asked to do so by President Page even though it was a decision made by the Board collectively.

Mr. Bracewell inquired if the minutes could be amended. Mr. Lacefield responded by stating that if the Board agreed on what the understanding was from the January meeting, based on the changes provided, it could amend the minutes. He added that from staff's point of view, that was not the understanding. He

explained that his notes did not reflect that, nor did Ms. Howell's and that is why the Board has the minutes that were first presented.

President Page inquired if the Board felt the minutes from the January meeting presented were clear, or did it want to make changes. Mr. Stone stated he read the minutes several times. He further stated that in regards to the petition from CVS/pharmacy, he was okay with everything presented at the meeting and that was why he voted to deny the petition because they could do what they requested concerning remote drug order processing and there was no reason for a rule petition to be submitted. He added that he did not clearly see that reflected in the minutes. Mr. Azzolin commented that it was not necessary for them to request a waiver because the law allows for what they are doing.

Mr. Stone withdrew his previous motion. Mr. Stone made a motion to approve the Public and Executive Session minutes from the January 10, 2024, meeting as amended. Mr. Brinson seconded, and the Board voted in favor of the motion with the exception of Mr. Cordle, who abstained from the vote.

Report of Licenses Issued

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

Petitions for Rule Waiver or Variance

Rule Waiver Petition from Hinesville Pharmacy, PHRE005618 and Rule Waiver Petition from Richmond Hill Pharmacy, PHRE006285: The Board considered the petitions for both facilities requesting a waiver of Rule 480-6-.01(3). Mr. Stone made a motion to grant both petitions. Mr. Farmer seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Rehabilitation Hospital of Atlanta: The Board considered this petition for a waiver of Rule 480-13-.05(2)(b)(1). Mr. Brinson made a motion to grant the petition. Mr. Farmer seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Micah E. Hansford, PHI-023203: The Board considered this petition for a waiver of Rule 480-2-.03. Mr. Lacefield stated that Rule 480-2-.03(3)(c) states, "The Board may give internship credit to an applicant that has demonstrated to the satisfaction of the Board that such applicant has experience in the practice of pharmacy that meets or exceeds the minimum internship requirements. An applicant must petition the Board to receive credit." Mr. Lacefield commented that foreign-trained applicants must complete an education equivalency through NABP. Once they receive certification, the applicant can apply for an intern license and they must complete the required 1500 hours of pharmacy internship. He added that once the 1500 hours are completed, the individual can apply for a pharmacist license. He explained that Ms. Hansford provided information showing she was foreign trained, but also worked as a pharmacist for over 1500 hours. Mr. Brinson inquired if Ms. Hansford had worked in the United States. Mr. Lacefield responded by stating that she had not. Mr. Stone stated that taking the foreign competency exam from NABP does not exempt the applicant from having to obtain the hours. Mr. Lacefield agreed and commented that it does not exempt the applicant from any state's specific requirements. After further discussion, Mr. Stone made a motion to deny the petition as there was no substantial hardship demonstrated. Mr. Brinson seconded, and the Board voted in favor of the motion with the exception of Mr. Azzolin, who abstained.

In regards to the Report of Licenses Issued, Mr. Brinson stated that there were 665 licenses issued last month. He thanked Mr. Lacefield and staff for the job well done. Mr. Lacefield extended thanks to GDNA, who assists with moving the applications along.

Correspondences

Correspondence from Sarah Mattmuller, HCA Healthcare South Atlantic Division: The Board discussed Ms. Mattmuller's request regarding storage of medications. Ms. Mattmuller submitted a request that was denied by the Board at its December meeting. Director Troughton explained that in the last request, they wanted to store the medications in a separate security office that was not under control of pharmacy. He stated that Rule 480-13-.08 Drugs from Outside Sources reads in part, "…Nothing in this section shall prohibit another method of accomplishing the intent of this section provided such method is approved by an agent of the Board of Pharmacy." He stated that GDNA has agents out in the field. He further stated that they have seen different suggestions on how hospitals want to store medications. He further stated that they have not seen where they want to store them in a separate uncontrolled area of the hospital. He continued by stating that HCA has submitted a new plan and suggested GDNA go to each site to see it and make a determination as to whether or not it is sufficient. President Page inquired if GDNA would inspect it first, prior to the Board voting on it. Director Troughton answered affirmatively and stated that HCA is a large corporation that has a number of facilities and the Board's response would pertain to all of their facilities.

Mr. Brinson stated he was all for it, but thought the law stated the medications have to be in control of the pharmacy. Mr. Azzolin commented that he spoke with Ms. Mattmuller. He further stated that the reason it was brought to the attention of the Board is because of what the DEA guidelines say regarding the handling of controlled substances. He continued by stating that the guidelines state if you take controlled substances from a patient, the DEA considers that unlicensed distribution of a controlled substance. He added that what they are saying is the person who gives you those drugs is unlicensed and you, as a DEA permit holder, cannot keep those drugs as you got them from an unlicensed person. Mr. Azzolin stated that the Board's rule states that in a hospital, the pharmacy department is supposed to keep all medications if the patient cannot take them home. He further stated that the Board's rule contradicts what the DEA is saying relative to controlled substances. He added that HCA was trying to have the security office keep the drugs because they are not a licensed location in the hospital. He stated that the question is where do they keep the controlled substances if the patient cannot take them home. He explained that the DEA allows for a locked safe inside the patient's room, which was what HCA was requesting to do at their Memorial Meadows location. Mr. Azzolin stated that at their other locations, they want to store them in a combination and/or key locked safe at the nurse's station. Director Troughton explained that Rule 480-13-.08 allows the Board to have flexibility to allows GDNA to help make those decisions.

Mr. Brinson commented that a hospital pharmacist does not wants to take medications that are not theirs and keep them in the pharmacy. He stated that when the patient is discharged, the pharmacist has to get them back to the patient and sometimes the patient leaves and does not take their medications with them. He continued by stating that his pharmacy has a policy on how long to keep them and after so many days the medications are destroyed. He added that they have to document everything that is being done when destroying the medications. He agreed with allowing GDNA to go to each site to make the determination regarding storage of medications.

Vice-President Cordle requested the rule be placed on the Board's next two (2) day work session for discussion since there is a conflict with DEA regulations.

President Page asked if the Board agreed to allowing GDNA inspect the sites and come back with a recommendation. Director Troughton inquired if the Board wanted GDNA to do that every time because they do not do that now. He explained that GDNA would only bring it to the Board if there was a concern. The Board agreed with Director Troughton's suggestion.

Correspondence from Amber Littlejohn, Ice Miller LLP: Ms. Littlejohn was present and spoke to the Board regarding her correspondence. Ms. Littlejohn represents the Coalition for Responsible Compounding

(CFRC) which are compounding pharmacies, medical practitioners, and other concerned professionals committed to promoting safe and responsible compounding practices to provide safe compounded medicines. Ms. Littlejohn spoke about the CFRC's concern regarding the sale of dangerous and illegal compounded peptide products within the state and requested immediate action to end the sale of illicit compounded peptide products the Food and Drug Administration (FDA) has determined "raise significant health risks" to the public including melanoma, accelerated cancer call growth, heart disease, dysregulation of blood sugar, detrimental effects on male reproduction, and even death. Ms. Littlejohn stated that the CFRC requested any coordination between the Board, FDA, and the Georgia Composite Medical Board to go after this problem. Ms. Littlejohn added that she was available as a resource and if the Board had any questions to let her know. She stated that they do not want another health and safety crisis in compounding and want to protect the public and integrity of the practice.

President Page thanked Ms. Littlejohn for her comments. He stated that this was a situation the Board was aware of as well as GDNA. He further stated that GDNA does a great job with complaints and investigations and they look for this when conducting inspections. He added that the Board was actively attacking the problem as it goes.

Director Troughton commented that GDNA was aware of the issue. He explained that GDNA has fifteen (15) post certified officers who are pharmacists. He stated that as GDNA receives complaints, it investigates every one of them. Director Troughton further stated that GDNA has worked with the FDA for years and are always open to working with any agency to address these kind of issues. He explained that GDNA will continue to follow up when complaints arise and will bring the cases before the Board. He added that GDNA was tied by the resources the legislation has provided to him.

Mr. Brinson inquired if Ms. Littlejohn if she had discussed this matter with the Georgia Composite Medical Board. Ms. Littlejohn responded by stating that she was going to speak to them next, as well as the FDA. There being no further discussion, the Board took Ms. Littlejohn's correspondence as information only.

Georgia Drugs and Narcotics Agency – Mr. Dennis Troughton

Director Troughton introduced Special Agent Michael Poblet to the Board. He stated that Special Agent Poblet covers thirteen (13) counties in the northeast Georgia area and has been with for GDNA ten (10) years.

Director Troughton reported that GDNA conducted 1907 inspections and received 340 complaints for FY2024.

Attorney General's Report – Mr. Max Changus

No report.

Executive Director's Report – Mr. Eric Lacefield

Continuing Education Report: Mr. Stone made a motion to ratify the below continuing education program approved since the previous meeting. Mr. Farmer seconded, and the Board voted unanimously in favor of the motion.

Date of Program	Hours	Sponsoring Group	Program Title	CE Code
2/24,3/14,4/11,5/9, 6/13,7/11/24	5	Northside Hospital (NSH)	NSH BMT Fundamentals Course	2024-0001
03/06/2024	.5	The Medical Center – Navicent Health	Oral Antibiotics for Serious Infections	2024-0002

March Meeting: Mr. Lacefield reported that the March meeting will be held at South University.

Quarterly Newsletter: Mr. Lacefield reported that the first quarter newsletter had been posted on the Board's website.

Introduction of Staff: Mr. Lacefield introduced Ms. Sandra Mason to the Board. He stated that the board staff were cross training and Ms. Mason is currently an analyst that processes applications for pharmacists, interns, and helps out with applications for pharmacy technicians.

Correspondence from Lauren Paul, CVS Health: Mr. Lacefield stated that correspondence was received from Ms. Paul informing the Board that the IT enhancement to add a pharmacist's license number to the electronic invoices was completed as requested upon approval of the petition considered by the Board at its December meeting.

Legal Services – Mr. Clint Joiner

Mr. Joiner stated that President Page requested he put together an updated list of rules that have become effective and what was outstanding. He referred the Board to the list located on Sharepoint. The list of rules is as follows:

Amendments Effective in 2023

Rule		Effective Date
480-2-.04	Examinations	May 24, 2023
480-2-.05	Reciprocity	May 24, 2023
480-2-.06	Temporary Licenses	May 24, 2023
480-9-.03	Conditions	February 28, 2023
480-10-.01	Controlled Substances and Dangerous Drugs: Inspection, Retention of Records and Security	May 24, 2023
480-10-.02	Prescription Department, Requirement, Supervision, Hours Closed	June 9, 2023
480-10-.06	Licensure, Applications, and Display of License and Renewal Certificate	June 9, 2023
480-11-.02	Compounded Drug Preparations	May 24, 2023
480-13-.06	Drug Distribution Control	February 28, 2023
480-15-.02	Registration of Pharmacy Technicians and Continuing Education Requirements	February 20, 2023
480-15-.03	Use of Registered Pharmacy Technicians and Other Pharmacy Personnel	February 28, 2023
480-22-.07	Requirements of Schedule III, IV and V (C-III, IV, V) Controlled Substance Prescription Drug Orders	February 28, 2023
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	June 9, 2023
480-27-.01	Definition	June 9, 2023
480-27-.02	Prescription Drug Order Requirements	June 9, 2023
480-27-.04	Use of Facsimile Machine to Transmit or Receive Prescription Drug Order	June 9, 2023
480-27-.05	Record-Keeping When Utilizing an Automated Data Processing System	June 9, 2023
480-28-.10	Loss or Theft of Controlled Substances	February 20, 2023
480-31-.01	Patient Counseling	February 28, 2023
480-34-.15	[Repealed] (Formerly "Additional Compounds Under Schedule V")	February 28, 2023
480-36-.01	Definitions	May 24, 2023
480-36-.02	Licensing	May 24, 2023
480-36-.03	Personnel and Supervision	May 24, 2023
480-36-.04	Policy and Procedures	May 24, 2023
480-36-.05	Record Keeping	May 24, 2023
480-36-.06	Patient Counseling	May 24, 2023
480-36-.07	Notification to Patients	May 24, 2023

480-52-.01	Definitions	October 4, 2023
480-52-.02	Low THC Products: Inspection, Retention of Records and Security	October 4, 2023
480-52-.03	Prescription Department, Requirement, Supervision, Hours Closed	October 4, 2023
480-52-.04	Location of Low THC Products	October 4, 2023
480-52-.05	Sufficient Space in Prescription Department	October 4, 2023
480-52-.06	Refrigeration	October 4, 2023
480-52-.07	Licensure, Applications, and Display of License and Renewal Certificate	October 4, 2023
480-52-.08	Sanitation	October 4, 2023
480-52-.09	Storage of Equipment	October 4, 2023
480-52-.10	Requirements for Dispensing Low THC Products	October 4, 2023
480-52-.11	Outdated, Deteriorated Drugs	October 4, 2023
480-52-.12	Minimum Equipment for Prescription Departments	October 4, 2023
480-52-.13	Destruction of Low THC Products	October 4, 2023
480-52-.14	Security System Approval	October 4, 2023
480-52-.15	Required Notifications to the Board	October 4, 2023
480-52-.16	Purchase of Low THC Products by a Low THC Pharmacy Dispensary	October 4, 2023

Mr. Joiner reported that forty-three (43) rules and amendments became effective last year including Chapter 480-52 Retail Pharmacy Requirements For Dispensing Low-THC Products. He added that the Board approved twenty-eight (28) rule amendments which were currently under review by the Governor's office and he expected those back in early May. He continued by stating that five (5) rules were still in the pre-public hearing stages with the Board and those were listed on today's agenda for discussion. Mr. Joiner stated that three (3) rules were ready to be considered at a public hearing in April and two (2) rules were ready for a vote to post today.

Mr. Azzolin stated that the Board voted to post Rules 480-36-.01 and 480-36-.07 in October. He inquired as to the reason for the delay with the public hearing being scheduled for April. Mr. Joiner responded by stating that the rules would have been ready for March, but February was a short month. He added that the reason it had taken so long was because they were mistakenly left off the list, but were moved along now.

Miscellaneous

Legislative Session – Bills Touching Pharmacy: President Page informed the Board that the below list was for informational purposes only:

- House Bill 1035
- House Bill 1046
- House Bill 1072
- House Bill 343
- House Bill 546
- House Bill 856
- House Bill 857
- House Bill 880
- House Bill 924

Rule change for point-of-care testing in pharmacies: Mr. Stone stated that he was aware this would require a change in the law; however, he stated that pharmacists should be able to do CLEA waived, FDA approved point-of-care testing, not just for home use. He further stated that pharmacists play a great role in the screening and monitoring of different diseases. He added that pharmacists have the opportunity to work with physicians and make it broader for any CLEA waived test.

Rule 480-10A-.05 Transmission and Labeling, Rule 480-36-.01 Definitions, and Rule 480-36-.07 Notification to Patients: President Page stated that the Board previously voted to post these three (3) rules.

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 discussed the amendments to the rule. Mr. Azzolin made a motion to post 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. Mr. Farmer seconded, and the Board voted unanimously in favor of the motion.

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

(1) Under O.C.G.A. § 43-34-103(e.1), a physician assistant (PA) licensed by the Georgia Composite Medical Board is permitted to issue a prescription drug order or orders for any dangerous drugs, as defined in O.C.G.A. § 16-13-71, or for any Schedule III, IV, or V controlled substance without the co-signature of a supervising physician under the following conditions:
   (a) The supervising physician has delegated the authority to prescribe dangerous drugs and/or controlled substances in the PA's job description on file with the Georgia Composite Medical Board.
   (b) If the prescription is for controlled substances, the PA has a DEA number.
   (c) If the prescription is a hard-copy of an electronic visual image prescription drug order given directly to the patient or his/her agent, the hard copy must be printed on security paper with the wording that indicates the signature was electronically generated.
   (d) The prescription drug order must include the following:
      1. ~~(i)~~ The name, address, and telephone number of the ~~supervising physician and the~~ PA;
      2. ~~(ii)~~ The patient's name and address;
      3. ~~(iii)~~The drug name, strength and quantity prescribed;
      4. ~~(iv)~~The directions to the patient with regard to taking the drug;
      5. ~~(v)~~ The number of authorized refills, if any; and
      6. ~~(vi)~~If applicable, the DEA permit number of the PA.
   (e) If the prescription is transmitted by facsimile or computer, the prescription shall include:
      1. ~~(i)~~ The complete name and address of the ~~supervising physician and the~~ PA;
      2. ~~(ii)~~ In the case of a prescription drug order for a controlled substance, the DEA registration number of the PA;
      3. ~~(iii)~~The telephone number of the PA for verbal confirmation;
      4. ~~(iv)~~The name and address of the patient;
      5. ~~(v)~~ The time and date of the transmission;
      6. ~~(vi)~~The full name of the person transmitting the order;
      7. ~~(vii)~~ The drug name, strength and quantity prescribed;
      8. ~~(viii)~~ The directions to the patient with regard to taking the drug;
      9. ~~(ix)~~The number of authorized refills, if any; and
      10. ~~(x)~~ The signature of the PA as provided in Rule 480-27-.02(2) or, in the case of a controlled substances prescription, in accordance with 21 C.F.R. 1301.22.
   (f) No prescription drug order issued by a PA can be used to authorize refills more than twelve (12) months past the date of the original drug order.
(2) Under O.C.G.A. § 43-34-25, an advanced practice registered nurse (APRN) who is recognized by the Georgia Board of Nursing as having met the requirements to engage in advanced nursing practice, and whose registered nurse license and advanced practice registered nurse license are in good standing with the Georgia Board of Nursing, is permitted to issue a prescription drug order or orders for any dangerous drugs, O.C.G.A. § 16-13-71 except for drugs intended to cause an abortion to occur

pharmacologically, or for any Schedule III, IV, or V controlled substance without the co-signature of a delegating physician under the following conditions:

(a) The APRN has been delegated the authority to issue prescription for the dangerous drugs and controlled substances by a physician licensed by the Georgia Composite Medical Board in a nurse protocol agreement and that agreement has been filed with the Georgia Composite Medical Board.

(b) If the prescription is for controlled substances, the APRN has a DEA number.

(c) If the prescription is a hard-copy of an electronic visual image prescription drug order given directly to the patient or his/her agent, the hard copy must be printed on security paper with the wording that indicates the signature was electronically generated.

(d) The prescription drug order must include the following:

1. ~~(i)~~ The name, address, and telephone number of the ~~delegating physician and the~~ APRN;
2. ~~(ii)~~ The patient's name and address;
3. ~~(iii)~~The drug name, strength and quantity prescribed;
4. ~~(iv)~~The directions to the patient with regard to taking the drug;
5. ~~(v)~~ The number of authorized refills, if any; and
6. ~~(vi)~~If applicable, the DEA permit number of the APRN.

(e) If the prescription is transmitted by facsimile or computer, the prescription shall include:

1. ~~(i)~~ The complete name and address of the ~~delegating physician and the~~ APRN;
2. ~~(ii)~~ In the case of a prescription drug order for a controlled substance, the DEA registration number of the APRN;
3. ~~(iii)~~The telephone number of the APRN for verbal confirmation;
4. ~~(iv)~~The name and address of the patient;
5. ~~(v)~~ The time and date of the transmission;
6. ~~(vi)~~The full name of the person transmitting the order;
7. ~~(vii)~~ The drug name, strength and quantity prescribed;
8. ~~(viii)~~ The directions to the patient with regard to taking the drug;
9. ~~(ix)~~The number of authorized refills, if any; and
10. ~~(x)~~ The signature of the APRN as provided in Rule 480-27-.02(2) or, in the case of a controlled substances prescription, in accordance with 21 C.F.R. 1301.22.

(f) No prescription drug order issued by an APRN can be used to authorize refills more than twelve (12) months past the date of the original drug order unless the prescription drug order is for oral contraceptives, hormone replacement, or prenatal vitamins. Oral contraceptives, hormone replacement and prenatal vitamins may be refilled up to twenty-four (24) months from the date of the original drug order.

(3) Nothing in this Rule, Title 16, Chapter 13 or Title 43, Chapter 34, shall be construed to create a presumption of liability, either civil or criminal, on the part of a pharmacist who in good faith fills a prescription drug order presented by a patient that had been issued by a PA or an APRN consistent with this Rule.

(a) A pharmacist shall presume that a prescription drug order issued by a PA or APRN was issued by a PA or APRN duly licensed and qualified under Title 43, Chapter 34 to prescribe pharmaceutical agents.

(b) A pharmacist shall presume that the drug prescribed by the PA is a drug approved by the supervising physician in the PA's job description and that the drug prescribed by an APRN is a drug authorized by the delegating physician in the APRN's nurse protocol agreement, unless the pharmacist has actual or constructive knowledge to the contrary.

(4) Any prescription drug order form containing less information than that described in this Rule shall not be offered to or accepted by any pharmacist.

Rule 480-22-.06 Partial Filling of a Schedule II (C-II) Controlled Substance Prescription Drug Order:
President Page discussed the amendments to (2)(b) of the rule, which states:

(b) Non-emergency Prescription Drug Orders. If all the conditions of paragraph (2)(a) of this section are satisfied, and the prescription drug order is partially filled, remaining portions of a partially filled prescription drug order for a schedule II (C-II) controlled substance, if filled, must be filled not later than 30 days after the date on which the prescription drug order is written.

Mr. Azzolin inquired if the thirty (30) days was a DEA limitation. President Page answered affirmatively. Mr. Azzolin suggested changing the language to state "30 days or the maximum permitted by the DEA" in case the DEA changes the limitation to sixty (60), for example, the Boad would not have to amend the rule every time the DEA changes the limitation. The Board agreed.

Mr. Joiner stated he made the suggested change and posted the amended draft to Sharepoint for the Board's review. He read the following language added to (2)(b):
"…after the date on which the prescription drug order is written; or within such other time as provided by 21 C.F.R. § 1306.13."

Mr. Farmer made a motion to post Rule 480-22-.06 Partial Filling of a Schedule II (C-II) Controlled Substance Prescription Drug Order. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

Rule 480-22-.06. Partial Filling of a Schedule II (C-II) Controlled Substance Prescription Drug Order

(1) The partial filling of a schedule II (C-II) prescription drug order is permissible, if the pharmacist is unable to supply the full quantity prescribed in a written or emergency oral prescription drug order, and the pharmacist makes a notation of the quantity dispensed on the face of the written prescription, written record of the emergency oral prescription, or in the electronic prescription record.~~makes a notation on the face of the written prescription drug order of the quantity supplied (dispensed).~~

(a) ~~Except as provided for in paragraph (b), t~~The remaining portion of the prescription drug order may be filled within 72 hours of the first partial filling.

(b) If the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist shall notify the prescribing individual practitioner~~After this 72 hour period, the remaining quantity shall not be dispensed, thereby causing the remaining quantity to be void. No additional quantity may be dispensed without receipt of a new prescription drug order.~~.

~~(b)~~(c) No further quantity may be supplied beyond 72 hours without a new prescription drug order.

(2) Partial filling of a prescription drug order for a schedule II (C-II) controlled substance at the request of the prescribing practitioner or patient:

(a) A prescription drug order for a schedule II (C-II) controlled substance may be partially filled if all of the following conditions are satisfied:

1. The prescription drug order is written and filled in accordance with State and Federal law;
2. The partial fill is requested by the patient, by one acting on behalf of the patient (parent or legal guardian of a minor patient, or caregiver of an adult patient named in a medical power of attorney), or by the practitioner who wrote the prescription drug order; and
3. The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

(b) Non-emergency Prescription Drug Orders. If all the conditions of paragraph (2)(a) of this section are satisfied, and the prescription drug order is partially filled, remaining portions of a partially filled prescription drug order for a schedule II (C-II) controlled substance, if filled, must be filled not later than 30 days after the date on which the prescription drug order is written.

(c) Emergency Oral Prescription Drug Orders. If all the conditions of paragraph (2)(a) of this section are satisfied, and the prescription drug order is partially filled, remaining portions of a partially filled emergency oral prescription drug order for a schedule II (C-II) controlled substance, if filled, must be filled not later than 72 hours after the prescription is issued.

~~(2)~~(3) A prescription drug order for a schedule II (C-II) controlled substance written for a patient in a Long Term Care Facility (LTCF), a hospice patient, or for a patient with a medical diagnosis documenting a terminal illness may be filled in partial quantities.

(a) If there is any question whether a patient may be classified as having a terminal illness (TI), the pharmacist must contact the prescribing practitioner prior to partially filling the prescription drug order. The pharmacist must record on the prescription drug order whether the patient is "terminally ill," ~~;~~ a "hospice patient," ~~;~~ or a "LTCF patient." ~~.~~

(b) A prescription drug order may not be partially filled unless it contains the notation "terminally ill," ~~;~~ "hospice patient," ~~;~~ or "LTCF patient," ~~;~~ or it shall be deemed an unlawful prescription drug order.

(c) For each partial filling, the dispensing pharmacist shall record on the back of the prescription drug order (or on another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist.

(d) The total quantity of a schedule II (C-II) controlled substance dispensed in all partial fillings may not exceed the total quantity prescribed. Such C-II prescription drug orders may be partially filled for a period not to exceed 60 days from the dispensing date or sooner if the medication is discontinued.

~~(3)~~(4) Information pertaining to current schedule II (C-II) prescription drug orders for patients in a LTCF, a hospice, or for terminally ill patients may also be maintained in a computerized system if this system has the capability to permit the following:

(a) Output (display or printout) of the original prescription drug order serial number, date of dispensing, identification by name of the prescribing practitioner, identification by name of the patient, address of the LTCF, hospice, the hospital, or residence of the patient, identification of the medication dispensed to include, dosage, form, strength, and quantity, listing of the partial fillings that have been dispensed under each prescription drug order, and the information required in this rule.

(b) Immediate updating of the prescription drug record each time a partial filling is conducted.

(c) Retrieval of partially filled C-II prescription drug order information is the same as required by Rule 480-22-.09 for Schedule III and IV prescription refill information.

Mr. Farmer inquired as to the status of a rule change regarding the transfer of unfilled schedule II prescriptions. Mr. Joiner responded by stating that it was on the list to be drafted.

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.

New Wholesaler Permits for Virtual and O2 Distributors: President Page requested to table this topic to a later date.

Chart Orders Committee: President Page commented that he did not believe a committee was necessary at this point. He added that there would be something for the Board to review at its March meeting.

Policy Manual Update: President Page stated that it had been a while since the policy manual had been reviewed. He made the following assignments and requested the Board discuss further at its March meeting:

- President Page and Mr. Bracewell: Policies 1, 2, 6, 9, and 14
- Mr. Farmer and Mr. Stone: Policies 3A, 3B, 4 and 8
- Vice-President Cordle and Mr. Brinson: Policies 5, 7, and 12
- Mr. Azzolin and Mr. Chang: Policies 10, 11, and 13

Mr. Stone 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) 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 Michael Azzolin, Jim Bracewell, Michael Brinson, Young Chang, Cecil Cordle, Michael Farmer, Chuck Page, and Dean Stone.

Executive Session

Appearances

- N.A.
- C.T.M.

Cognizant's Report – Mr. Cecil Cordle

- GDNA Case # T35035
- GDNA Case # A35126
- GDNA Case # B35087
- GDNA Case # B35074
- GDNA Case # B35032
- GDNA Case # B35043
- GDNA Case # B35076
- GDNA Case # B35084
- GDNA Case # B35033
- GDNA Case # B35139
- GDNA Case # B35018
- GDNA Case # B34976
- GDNA Case #A35160

Attorney General's Report – Mr. Max Changus

Mr. Cotton presented the following consent orders for acceptance:

- B.E.
- N.L.F.
- C.V.S.P.
- B.P.
- S.G.
- R.
- S.
- S.G.T.C.
- B.P.
- I.C.
- R.D.
- J.W.R.

- S.P.
- T.P.
- G.K.

Mr. Cotton discussed the following cases:

- P.S.
- A.W.G./S.G.
- R.H.P.
- R.A.
- A.C.P.
- B.S.S.P.
- M.D.C.

Executive Director's Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

- E.D.F.

Applications

- S.N.B.
- D.J.K.
- M.W.M.
- M.A.M.
- T.L.T.
- G.L.L.
- T.A.S.
- R.S.C.
- J.I.A.
- C.D.L.
- E.A.E.
- E.K.S.
- G.U.E.
- H.K.K.
- L.D.C.
- R.N.E.
- R.K.S.
- G.A.O.
- H.M.P.
- L.C.L.
- M.K.W.
- F.S.
- N.S.M.I.
- U.R.M.D.

Correspondences/Requests

- A.L.I.
- B.B.I.
- I.P.S.

- K.P.B.
- M.D.C.
- O.P.
- V.P.
- Q.P.
- C.L.A.
- E.A.O.
- J.P.
- R.H.A.
- C.V.M.T.H.
- G.H.

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

Open Session

Mr. Brinson made a motion for the Board to take the following actions:

• N.A.	Denied Pharmacist Exam	Denial Upheld
• C.T.M.	Request to Reinstate Pharmacist License	Refer to the Department of Law

Cognizant's Report – Mr. Cecil Cordle

- GDNA Case # T35035 Accept Voluntary Surrender
- GDNA Case # A35126 Refer to the Department of Law
- GDNA Case # B35087 Misfill Guidance #2A
- GDNA Case # B35074 Close and with referral to external agencies
- GDNA Case # B35032 Close with No Action
- GDNA Case # B35043 Close with No Action
- GDNA Case # B35076 Close with No Action
- GDNA Case # B35084 Close with No Action
- GDNA Case # B35033 Close with No Action
- GDNA Case # B35139 Close with No Action
- GDNA Case # B35018 Close with No Action
- GDNA Case # B34976 Accept application for Inactive Status
- GDNA Case #A35160 Accept Private Interim Consent Order

Attorney General's Report – Mr. Max Changus

Mr. Cotton presented the following consent orders for acceptance:

- B.E. Public Consent Order accepted
- N.L.F. Private Consent Order accepted
- C.V.S.P. Private Consent Order accepted
- B.P. Public Consent Order accepted
- S.G. Public Consent Order accepted
- R. Public Consent Order accepted
- S. Private Consent Order accepted
- S.G.T.C. Private Consent Order accepted
- B.P. Private Consent Order accepted
- I.C. Private Consent Order accepted
- R.D. Private Consent Order accepted

- J.W.R. Public Consent Order accepted
- S.P. Public Consent Order accepted
- T.P. Private Consent Order accepted
- G.K. Private Consent Order accepted

Mr. Cotton discussed the following cases:

- P.S. Accept counterproposal concerning Private Consent Order
- A.W.G./S.G. Close case with no action
- R.H.P. Deny counterproposal
- R.A. Accept counterproposal
- A.C.P. Accept counterproposal
- B.S.S.P. Accept counterproposal concerning Private Consent Order
- M.D.C. Deny counterproposal

Executive Director's Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

• E.D.F.	Records request	Approved request

Applications

• S.N.B.	Pharmacy Technician	Approved for registration
• D.J.K.	Pharmacy Technician	Approved for registration
• M.W.M.	Pharmacy Technician	Approved for registration
• M.A.M.	Pharmacy Technician	Approved for registration
• T.L.T.	Pharmacy Technician	Approved for registration
• G.L.L.	Pharmacy Technician	Approved for registration
• T.A.S.	Pharmacy Technician	Table pending receipt of additional information
• R.S.C.	Pharmacy Technician	Approved for registration
• J.I.A.	Pharmacy Technician	Approved for registration
• C.D.L.	Pharmacist Reciprocity	Approved application
• E.A.E.	Pharmacist Reciprocity	Approved application
• E.K.S.	Pharmacist Reciprocity	Approved application
• G.U.E.	Pharmacist Reciprocity	Approved application
• H.K.K.	Pharmacist Reciprocity	Approved application
• L.D.C.	Pharmacist Reciprocity	Approved application
• R.N.E.	Pharmacist Reciprocity	Approved application
• R.K.S.	Pharmacist Reciprocity	Approved application
• G.A.O.	Pharmacist Certification of DTM	Approved application
• H.M.P.	Pharmacist Certification of DTM	Table pending receipt of additional information
• L.C.L.	Pharmacist Certification of DTM	Approved application
• M.K.W.	Pharmacist Certification of DTM	Approved application
• F.S.	Pharmacist Certification of DTM	Approved application
• N.S.M.I.	Durable Medical Equipment Supplier	Denied application
• U.R.M.D.	Durable Medical Equipment Supplier	Approved application

Correspondences/Requests

• A.L.I.	Notice of Discipline	No action
• B.B.I.	Notice of Discipline	No action
• I.P.S.	Notice of Discipline	No action
• K.P.B.	Notice of Discipline	No action
• M.D.C.	Notice of Discipline	No action
• O.P.	Notice of Discipline	No action
• V.P.	Notice of Discipline	No action
• Q.P.	Notice of Discipline	No action
• C.L.A.	Request for 4th attempt to retake MPJE	Approved request
• E.A.O.	Request for 5th attempt to retake NAPLEX	Approved request
• J.P.	Request for extension to retake NAPLEX	Approved request through June 30, 2024
• R.H.A.	Remote Order Entry	Denied request
• C.V.M.T.H.	Remote Order Entry	Approved request
• G.H.	Lockbox Request	Approved request

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

There being no further business to discuss, the meeting was adjourned at 2:46 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, March 6, 2024, at 9:00 a.m. at South University School of Pharmacy, 709 Mall Blvd, Savannah, GA 31406.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Eric Lacefield, Executive Director