

**GEORGIA BOARD OF PHARMACY**  
**Conference Call**  
**2 Peachtree St., NW, 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**July 13, 2022**  
**9:00 a.m.**

**The following Board members were present:**

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

**Staff present:**

Eric Lacefield, Executive Director  
Dennis Troughton, Director, GDNA  
Michael Karnbach, Deputy Director, GDNA  
Max Changus, Assistant Attorney General  
Clint Joiner, Attorney  
Brandi Howell, Business Support Analyst I

**Visitors:**

Rashad Darby, AU Medical Center Employee  
Pharmacy  
Christi Heys  
Stephanie W. Kirkland, Eldercare Pharmacy  
Melissa Reybold, GPhA  
Jonathan Marquess, GPhA-AIP

**Open Session**

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

Mr. Lacefield asked the visitors on the call to send an email via the “Contact Us” portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

**Approval of Minutes**

Mr. Brinson made a motion to approve the Public and Executive Session minutes from the June 15, 2022, meeting. Mr. Prather seconded, and the Board voted unanimously in favor of the motion.

**Report of Licenses Issued**

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

**Petition for Rule Waiver or Variance**

**Rule Waiver Petition from Rx Universal, LLC, PHRE010802:** Mr. Brinson made a motion to grant the petition. Discussion was held. Mr. Azzolin commented that he did not see it indicated in the petition if the request was due to a change of location or mode of operation. Director Troughton responded by stating that GDNA verified it was for a change in location. There being no further discussion, Mr. Azzolin seconded, and the Board voted unanimously in favor of the motion.

**Rule Waiver Petition from AU Medical Center Employee Pharmacy, PHRE009871:** Mr. Brinson made a motion to grant the petition. Mr. Page seconded, and the Board voted unanimously in favor of the motion.

## Correspondences

**Correspondence from Sam Maneen, Genoa Healthcare:** The Board discussed this correspondence concerning Genoa Healthcare's Meds to Beds program. Mr. Maneen's correspondence asked the following questions:

- 1) Can our Meds to Beds liaison deliver the medications to a nurse, or do they need to go directly to the patient?
- 2) Where are the medications allowed to be stored:
  - In the Hospital Med Room? Or in a secured, locked cabinet in the Genoa space?
- 3) Does our plan for counseling meet the requirements of the Board?

President Stone commented that it was his understanding that, based on the rule, medications would have to go directly to the patient and could not be stored in a med room or lockbox unless they had a licensed facility to store them at.

Mr. Azzolin commented that there are multiple instances relative to white bagging where the prescriptions are sent from a pharmacy to a provider and the provider dispenses them. He stated to keep in mind there is always a provider at the hospital and as long as the medication is under control of the provider and stored properly it would be permissible. President Stone asked if the medication was going to the provider. He stated that when saying "provider", he thinks of the physician. Mr. Azzolin responded by stating that when there are IV medications being dispensed under insurance requirements to go from an outsourced pharmacy and shipped to the provider location to be administered the medication does not land in the provider's hands. He continued by stating that, in those locations, the medication is going to nursing staff and they are storing the medications and giving them to patients. Mr. Azzolin explained that medications are still going to the clinic, but not necessarily landing in the provider's hands.

President Stone stated that in the scenario given by Mr. Azzolin, those medications will be administered by the provider there. He further stated that is not the case with the correspondence provided by Genoa Healthcare as they are giving the medication to the patient, and the patient will be discharged. Mr. Azzolin responded by stating that there are other instances where that same thing happens.

Director Troughton referred the Board to Rule 480-16-.02 Receipt of Prescription Drug Order by a Non-Pharmacy. He explained that as long as that pharmacy filling the prescription has written authorization from the patient for the provider to receive the medication, and either hold it, administer it, or deliver it, it would be permissible. Director Troughton added that if this occurs, there is no opening for delivering the medication to a facility and it being handed to a nurse or liaison of the pharmacy. He stated that this matter was a Board decision, but from an enforcement standpoint, he does not know if it would be legal for a pharmacy to deliver to a facility and give a patient's medication to a nurse without having the physician in the loop and obtaining the signed authorization from the patient per the requirements of Rule 480-16-.02. Director Troughton stated that another issue would be freedom of choice. He inquired as to how the patient would know that was an option. He continued by stating that these facilities are primarily Crisis Stabilization Units (CSU), substance abuse stabilization units, health departments, etc.

Mr. Sam Maneen was on the call and spoke to the Board. Mr. Maneen stated there is a choice given to the patient by the facility that he/she has other pharmacy options. He further stated that the facility is just trying to make arrangements for the patient to receive his/her medications in a timely manner and be discharged, rather than the patient trying to get to a pharmacy on his/her own. Mr. Maneen explained that the patient is not forced to use Genoa Healthcare's services. He stated that the facility is trying to find a good solution for the patients to get their medications and walk out of

the building with the medications in their hands. He further stated that this was the reason why they wanted to try to permit a nurse to obtain them from a locked cabinet, or whatever the Board deems appropriate.

Mr. Maneen stated that Genoa Healthcare wanted to know what it could offer legally to ensure it follows the direction of the Board. If there is a roadblock, he asked if there could be discussion on how the facility can make sure the patients receive the medication in a timely manner. He explained that there are barriers for transportation, for costs, etc. Mr. Maneen stated that Genoa Healthcare does provide lower cash prices for patients, bills out insurance, and works with the patient on co-pays. Director Troughton responded by stating that, from GDNA's standpoint, there are things to think about in order to be in compliance with the rules, such as records of dispensing. Director Troughton commented that he thinks a lot of this would be up to the facility as it is contracting with Genoa Healthcare to provide the pharmacy services.

Director Troughton inquired if the facility was a hospital with no pharmacy. Mr. Maneen answered affirmatively. Director Troughton stated that someone would have to be in control of the medication. He further stated that the more people the bag is handed to, the more likely things are to go array. Mr. Maneen responded by stating that they can deliver directly to the patient when they are there. He added that the concern is when the patient is not there. Mr. Maneen stated that they make sure to obtain a signature from anyone receiving that medication. He further stated that the facility would keep all dispensing records from the pharmacy.

Mr. Brinson commented that he was not familiar with any type of pharmacy delivery service that delivers to the facility and added that he was only familiar with the ones where the outside pharmacist delivers directly to the patient and the patient signs for the medication.

Mr. Bracewell commented that his wife was discharged from the hospital in March. He stated to Mr. Maneen that the services are needed, but was unsure as to how that would work. Mr. Bracewell stated to Mr. Azzolin that one of the issues with the discharging of his wife was that he did not know who the provider was that wrote her prescriptions. He added that there were different providers on different prescriptions. He stated that the hospital gave him a multiple page document to sign before he left in which he had to affirm that he read all of the document and agreed to the terms outlined. He added that it is hard for someone to understand what he/she is signing. Mr. Bracewell stated that he thinks it is a great idea, but it needs to be refined.

Mr. Maneen commented that he appreciated the Board's concerns and wanted to address those in any way possible. He stated that Mr. Bracewell's situation is a perfect example of how discombobulated things are. Mr. Maneen stated that Mr. Bracewell and his wife are capable of understanding, but there are people that do not have the social skills necessary to handle their affairs and this is why this is so important. Mr. Maneen stated that Genoa Healthcare was doing this in other states across the country. He further stated that it is all about patient care. President Stone responded by stating that he understood that the patient population was different from his. He continued by stating that his pharmacy takes the medication directly to the patient. President Stone added that, depending on when discharge orders get there, they try to time it before the patient leaves the hospital. President Stone stated that he thinks the medications needs to go directly to the patient, unless there is a pharmacy in the facility. He added that, in response to Mr. Maneen's question in the correspondence that asks, "Does our plan for counseling meet the requirements of the Board?", the Board recently adopted amendments to Rule 480-31-.01(c)(1) which states in part: If the prescription is being delivered, then the personal offer to counsel may be made verbally or in written format. A written offer must provide a telephone number and business hours during which a pharmacist can be reached.

President Stone explained that this change was currently being reviewed by the Governor's office. He inquired if any board members had comments or questions. In regard to Rule 480-16-.02 as discussed by Director Troughton, Mr. Azzolin asked if it was correct that Genoa Healthcare could provide these services as long as the facility follows the rule. Director Troughton responded affirmatively by stating the facility would need to follow the rule and the medication would have to go to a provider. He recommended the facility documenting who gives the patient the medication. He added that if that physician's office has the written authorization from the patient, it is up to them as to how they handle it after that.

Mr. Chang discussed the question in Mr. Maneen's correspondence that asks if the medications are allowed to be stored in a secured, locked cabinet in the Genoa space. He stated that the Board does not know what that space looks like in the hospital. Mr. Maneen described the space to the Board. He stated that the space is a secure office space controlled by Genoa Healthcare. He explained that there are locked cabinets. In regard to patient counseling, Mr. Maneen stated that there is a liaison at the facility, but an iPad is also available for virtual counseling and a pharmacist is on site during business hours.

Mr. Brinson inquired as to what is the typical day supply dispensed. Mr. Maneen responded by stating that it is determined by the prescriber as to how much he/she wants to write. Mr. Brinson asked if it was controls and very few narcotics. Mr. Maneen stated that he could not speak to the number of controlled substances and did not know what the prescribing habits were at this facility. He further stated that he thought it was standard behavioral health medications, but other than that the facility does not see many controlled substances in this situation.

President Stone asked if there were any further comments. Mr. Bracewell inquired of a scenario where the pharmacist can deliver the prescription to a practice or physician in a hospital. Director Troughton responded by stating that he thought it would have to be that specific provider who agreed to accept the medication for the patient and then the patient giving written authorization to the pharmacy to give the medication to that provider. He stated that if there was a problem, GDNA would go in and ask if it could be traced from the pharmacy to the provider to make sure there was authorization. He further stated that once the medication got into the facility, if written authorization was given and if anything happened to the medication, it would be on the provider who said they would accept it. Director Troughton explained that someone is responsible for that medication until the patient walks out with it. He added that if the medication was given to someone else, that would be a case GDNA would turn over to the Georgia Composite Medical Board because the physician accepted that drug for a patient. Director Troughton stated there would be a number of questions from GDNA's standpoint that would need to be answered.

Mr. Azzolin commented that the law and rule permits this. He stated that there are a lot of hands in that particular hospital. He further stated that, in his opinion, it is not the Board's job to say that just because it looks messy, it is not permissible. He continued by stating that as long as the practitioner agrees to it and follows the rules, it is his/her responsibility to get it right. Mr. Azzolin stated that, from his perspective, he has to separate himself from it as it is not his job to determine.

President Stone stated to Mr. Maneen that the Board has provided direction regarding his questions. Mr. Maneen responded by stating that he was still confused on where the Board actually landed. President Stone responded by stating that the facility would need to follow the requirements of Rule 480-16-.02. He added that the Board would not be comfortable with the medication being stored in the Genoa space. In regard to the plan for counseling, President Stone stated that the facility would need to follow the requirements of Rule 480-31-.01(c) and the amendments to such once those become effective.

Discussion was held concerning the medications being in the control of the provider. Mr. Maneen asked if the medications could be delivered to the provider's nurse. President Stone responded by stating that the medications must go directly to a provider and that provider's office space. Director Troughton commented that the nurse in a facility is not employed by or under direct supervision of that provider. He stated that if they are, that is the facility's particular business model, but to deliver to a nurse in a facility is something GDNA would question and bring back to board. He added that most nurses in a hospital, or in a facility, are not considered that physician's employee just because they are in the same hospital. Director Troughton suggested Mr. Maneen seek the advice of legal counsel for additional clarification. Mr. Maneen thanked the Board for its time.

**Correspondence from Leigha Davis:** The Board considered this correspondence regarding administering conscious sedation bedside with a provider. In her inquiry, Ms. Davis asked if there was a law in place that would allow a pharmacist to administer ketamine in assistance to a provider performing a procedure in the emergency department of a hospital. In response, the Board directed staff to respond to Ms. Davis and suggest she refer to O.C.G.A. § 43-34-47 for additional information, and if she had any further questions regarding this matter, she should seek the advice of legal counsel.

Discussion was held by Mr. Azzolin, who inquired if it were legal for a pharmacist to administer an IV of insulin in a pharmacy. He stated that during the pandemic, a pharmacist was allowed to prescribe, dispense, and administer anything related to COVID, such as monoclonal antibodies. President Stone suggested the Board further discuss the topic at its next scheduled workshop.

#### **Georgia Drugs and Narcotics Agency – Dennis Troughton**

Director Troughton reported that GDNA conducted 2573 inspections and received 527 complaints for FY2022.

Director Troughton reported there was a 3% increase in fuel consumption and 45% increase in fuel costs.

#### **Attorney General's Report – Max Changus**

No report.

#### **Executive Director's Report – Eric Lacefield**

**Continuing Education Report:** No report for July.

**NABP Conference:** Mr. Lacefield reported that he received a reminder from NABP District 3 concerning registration for the conference in August. He stated that he would forward the information to any member interested in attending.

**August Meeting:** Mr. Lacefield reminded the members and visitors on the call that the August meeting would be held in person only at the Philadelphia College of Osteopathic Medicine (PCOM). He stated that, as of this morning, he received new covid protocols for PCOM. He explained that there is no proof of vaccination requirement, no proof of negative covid testing requirement, and no mask requirements. Mr. Lacefield stated that anyone who has covid or covid symptoms is advised not to attend. He further stated that if anything changes, he will pass that information along.

**Reappointment:** Mr. Lacefield congratulated Mr. Chang on his reappointment to the Board.

#### **Miscellaneous**

**Emergency Use Authorization for Paxlovid:** President Stone discussed the U.S. Food and Drug Administration (FDA) update to the Emergency Use Authorization (EUA) that permits pharmacists

to order and prescribe Paxlovid under certain conditions. He suggested everyone follow the FDA's guidance and keep documentation for inspection.

Mr. Brinson commented that this was a hot topic at the Georgia Society of Health System Pharmacist meeting. He asked Director Troughton to elaborate. Director Troughton commented that this is federal law and will be a part of The Public Readiness and Emergency Preparedness Act (PREP Act). He stated that this was allowed and the pharmacist would need to use his/her own professional judgement. Director Troughton further stated that if the pharmacist has any legal questions regarding the matter to consult with his/her counsel to ensure he/she is in compliance with the Act. He continued by stating that he recommends documenting everything clearly.

**Dispensing of Abortion Inducing Drugs:** Mr. Prather suggested the Board begin to prepare to discuss abortion inducing drugs and the dispensing of such because he believes the Board will start receiving inquiries soon on this matter. President Stone agreed.

**House Bill 316:** Mr. Brinson commented that this law went into effect last July. He inquired as to the status of the rule amendment. Mr. Changus responded that the Board voted to adopt the amendment and it was currently being reviewed by the Governor's office.

**Epidiolex:** Mr. Brinson stated that there has been some confusion regarding Epidiolex. He further stated that it was declassified from a Schedule V to a dangerous drug in April 2020. Director Troughton responded that Epidiolex is now on the dangerous drug list. Mr. Brinson commented that Rule 480-34-.15 Additional Compounds under Schedule V discusses Epidiolex. He stated the language needs to be stricken in order to be in compliance with Georgia law. Mr. Changus responded by stating that the rule needed to be repealed. He added that the statute controls it and the rule would not apply as it has been reclassified properly.

Mr. Brinson made a motion to repeal the rule. Mr. Prather seconded. Discussion was held by Mr. Lacefield. Mr. Lacefield explained that staff would need to make the appropriate amendments to the rule and bring it back to the Board to vote on. Mr. Azzolin commented that staff would need to strike through the language and the Board would need to vote to post the changes. Mr. Brinson stated that he thought Mr. Changus stated the Board did not have to post the rule for a public hearing. Mr. Changus responded by stating that the Board could not eliminate the rule. He explained that the Board has statutory authority to repeal it, but would still have to follow the process of amending the language, posting it, and having a public hearing. President Stone clarified that the motion would be to direct staff to amend Rule 480-34-.15 with the discussed changes and bring back to the Board for consideration. Mr. Brinson inquired as to why a public hearing would need to be held. He stated that the Board is being compliant with Georgia law. He further stated that he could not find where the law states the rule has to be posted for public hearing if the Board was being compliant with Georgia law. President Stone responded by stating that O.C.G.A. § 50-13-4(a)(1) requires the Board to give 30 days' notice of its intended action. There being no further discussion, the motion passed.

**Emergency Use Authorization for Paxlovid:** In regard to the Board's discussion regarding this matter, Mr. Page inquired if the pharmacist would be the prescriber or would the pharmacist put down who he/she spoke with to get the information. Director Troughton responded that this is a gray area. He stated that the law is in conflict. He continued by stating that, from GDNA's standpoint, the only prescriber would be the pharmacist. He added that if the physician only sends the test results, the pharmacist would be the prescriber, and that should be reflected in the record. Director Troughton stated that the pharmacist is administering it based on protocol. He further stated the recommendation is if it is not under a protocol, and under the PREP Act, that pharmacist is responsible as the prescriber.

Mr. Prather made a motion and Mr. 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, Chuck Page, Bill Prather, and Dean Stone.

## **Executive Session**

### **Appearance**

- J.C.A.

### **Georgia Drugs and Narcotics Agency – Dennis Troughton**

No report.

### **Cognizant's Report – Michael Azzolin**

- GDNA Case # T34322
- GDNA Case # A34283
- GDNA Case # B34292
- GDNA Case # A34306
- GDNA Case # B34274
- GDNA Case # B34277
- GDNA Case # B34152
- GDNA Case # B34250
- GDNA Case # B34270
- GDNA Case # B34218

### **Attorney General's Report – Max Changus**

The Board received legal advice regarding House Bill 481 (2019) and O.C.G.A. § 16-12-141.

Mr. Changus presented the following Consent Orders for acceptance:

- U.E.
- A.B.D.C.
- R.P.
- H.P.
- A.S.I.
- R.M.I.
- C.C.I.
- M.E.M.
- F.C.G.
- C.S.R./A.V.P.
- P.G.
- T.D.

Mr. Changus discussed the following case:

- GDNA Case #A33551

### **Executive Director's Report – Eric Lacefield**

No report.

### Applications

- L.K.A.
- B.E.K.
- S.S.H.
- K.K.K.
- L.W.T.
- K.P.O.
- A.A.
- J.P.H.
- T.A.P.
- A.L.Y.

### Correspondences/Requests

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

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

### **Open Session**

**August and September Meetings:** President Stone reminded the members that the August meeting would be held at the Philadelphia College of Osteopathic Medicine (PCOM). He stated that he was working on the September meeting potentially being at GPhA. He further stated he would get with Mr. Lacefield on finalizing that meeting.

Mr. Brinson inquired if Mercer University had been contacted to host a meeting. President Stone responded by stating that it would be hard for Mercer University to host a meeting in August or September due to classes starting back up. Mr. Lacefield commented that Mercer was interested in hosting a meeting. He added that he would reach back out to them to see if there was a date that worked for them. President Stone asked Mr. Lacefield to check with Mercer University to see if they could host a meeting in September. He stated that he thinks GPhA could provide a room to hold the meeting, but would not be able to provide lunch.

**Inventory:** Mr. Bracewell stated when he was previously on the Board he remembered the Board having discussion about missing drugs. He inquired if there was a bill or rule in front of the



Governor regarding having a regular inventory. President Stone responded by stating that the Board previously discussed doing an inventory on a quarterly basis. He stated that he thought amendments to Rule 480-27-.03 were sent to the Governor and it was sent back, but he may be wrong. Mr. Brinson stated that the Board talked about requiring an inventory every three to six months. He continued by stating that when you start talking about counting something every day, that is a large amount of time and labor. He stated that it was not feasible to do an inventory on a daily or weekly basis, especially for chains that work 24 hours.

Discussion was held regarding a biennial inventory. Director Troughton commented that the requirement of a biennial inventory is a DEA regulation. He stated that it was a helpful tool for any shortage. He added that he has used the biennial inventory to go back in and distinguish an actual loss. He explained that was before all the technology that is now available and Loss Prevention. Director Troughton stated that a two year interval fits with the Board's laws since records have to be kept for two years. He further stated that a biennial inventory is critical when GDNA has to investigate and prove there was a loss.

Mr. Bracewell stated that he wondered how the Board justified having such a broad span. He stated that he thought the pharmacist knows what he/she starts out with and because of today's technology, thought the pharmacist reorders based on what was dispensed. Director Troughton responded that the pharmacy has to comply with federal law by doing a biennial inventory. He added that if GDNA is investigating a diversion case, he has to draw lines of where he puts his resources. He continued by stating that he does not go in and take what is given to him. He explained that he goes in with a subpoena and obtains two years' worth of information on what was dispensed. Director Troughton stated that GDNA agents have to testify in criminal court very often and he has to have records showing what was lost.

Mr. Bracewell asked when does the pharmacy know it is missing controlled substances. Director Troughton responded by stating that it depends on how the pharmacy does its inventory and the system that is in place. Additionally, Director Troughton stated that it could be somebody seeing another individual going into a safe, or noticing that invoices or a monthly summary that is received from the wholesaler shows an abnormal order of hydrocodone being ordered, for example.

Mr. Bracewell commented that he wanted to raise the question as he remembered the Board discussing the subject many times. Director Troughton stated that, speaking as a pharmacist, it would be impossible to count every controlled substance daily. In terms of discipline, he stated that requiring an accountability audit more often than biennially, such as every three to six months, has been done previously by the Board in a consent order.

Mr. Prather commented that there are cases where the Board requires the pharmacist to keep a perpetual inventory. He inquired if it was a big deal for GDNA to go in and inspect a pharmacy that has to maintain a perpetual inventory on all scheduled narcotics. Director Troughton responded that technology has changed over the years and now most every computer system for independents, chains, hospitals, etc., maintains a perpetual inventory. He stated that the more information GDNA is able to obtain is helpful when investigating a diversion case. He added that a perpetual inventory is not the same thing as an audit.

Discussion was held regarding perpetual inventories and physical inventories. Mr. Brinson commented that there is a big difference in having a perpetual inventory and doing a physical inventory. He further stated on the hospital side, a perpetual inventory and audit are done every seven days. Mr. Brinson stated that many people do not understand the time and labor that it takes to do an inventory. He further stated that chain stores may not like it, but thinks it can be done every six months. President Stone responded that chain stores may do it more often. Mr. Page

commented that Kroger does it once a year. Mr. Brinson commented that it should be left up to the pharmacy to determine when it wants to do a physical count and match it with the perpetual inventory.

Mr. Azzolin commented that diversion can take place no matter how many times the pills are counted. He stated that it is more about the ongoing records. Director Troughton commented that when GDNA brings an audit to the Board, that means GDNA has done the physical counts, reviewed the historical counts, subpoenaed records, and pulled the dispensing records to cover that time period and compare. He stated that this information can be used in a criminal case. He further stated that the Board previously had discussions on a policy for diversion, but there was not a consensus on how often it should be done.

Mr. Azzolin commented that there is a perpetual inventory requirement for most license types, if not all. He stated that he knows the hospital side, as well as clinics, require a perpetual inventory of Schedule II substances. He inquired if there was a requirement for retail pharmacies. Director Troughton stated there was not. Mr. Azzolin commented that on the hospital and clinic side, a perpetual inventory is valuable. He added that an actual inventory meets the requirements of the DEA, but issues will typically be caught on a perpetual inventory.

Mr. Page commented that there are a back counts, double counts, etc., and doing such helps with accountability. He stated that there is a lot to discuss with this topic. He further stated that only doing an inventory every two years is quite a long time.

Mr. Prather commented that what bothers him is if a bank teller has \$50 missing, the employees do not leave the bank until that money is found. He stated that it does not take long to figure out someone is stealing. He further stated that it bothered him that banks pay more attention to small amounts of money than the Board does with Schedule II narcotics missing.

**Monitoring of Continuing Education:** Mr. Chang updated the Board regarding his research on what other states require for monitoring of continuing education completion and audits. He stated that Florida uses CE Broker. He further stated that NABP is piloting a CE monitoring service in Louisiana. He added that he should have a summary from NABP this week and would forward it to the Board and Mr. Lacefield to review.

Mr. Lacefield noted that staff could add any of the topics to the Board's next agenda for discussion. President Stone requested CE monitoring be added to the agenda.

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

**Appearance**

- J.C.A. Denied Reciprocity Applicant Denial Upheld

**Georgia Drugs and Narcotics Agency – Dennis Troughton**

No report.

**Cognizant's Report – Michael Azzolin**

- GDNA Case # T34322 Accept Voluntary Surrender
- GDNA Case # A34283 Refer to the Department of Law
- GDNA Case # B34292 Close with letter of concern
- GDNA Case # A34306 Refer to the Department of Law
- GDNA Case # B34274 Refer to the Department of Law
- GDNA Case # B34277 Close with letter of concern

- GDNA Case # B34152      Close with no action
- GDNA Case # B34250      Close with no action
- GDNA Case # B34270      Close with no action
- GDNA Case # B34218      Close with no action

**Attorney General’s Report – Max Changus**

The Board received legal advice regarding House Bill 481 (2019) and O.C.G.A. § 16-12-141.

Mr. Changus presented the following Consent Orders for acceptance:

- U.E.                      Public Consent Order accepted
- A.B.D.C.                Private Consent Order accepted
- R.P.                      Public Consent Order accepted
- H.P.                      Private Consent Order accepted
- A.S.I.                    Private Consent Order accepted
- R.M.I.                    Public Consent Order accepted
- C.C.I.                    Private Consent Order accepted
- M.E.M.                  Private Consent Order accepted
- F.C.G.                   Private Consent Order accepted
- C.S.R./A.V.P.          Private Consent Order accepted
- P.G.                      Public Consent Order accepted
- T.D.                      Private Consent Order accepted

Mr. Changus discussed the following case:

- GDNA Case #A33551      Close case

**Executive Director’s Report – Eric Lacefield**

No report.

**Applications**

- |          |                                 |                                    |
|----------|---------------------------------|------------------------------------|
| • L.K.A. | Pharmacy Technician             | Approved for registration          |
| • B.E.K. | Pharmacy Technician             | Approved for registration          |
| • S.S.H. | Pharmacy Technician             | Denied registration                |
| • K.K.K. | Pharmacist Intern               | Approved extension thru 08/31/2024 |
| • L.W.T. | Pharmacist Intern               | Approved extension thru 09/30/2024 |
| • K.P.O. | Pharmacist Examination          | Approved application               |
| • A.A.   | Pharmacist Certification of DTM | Approved application               |
| • J.P.H. | Pharmacist Certification of DTM | Approved application               |
| • T.A.P. | Pharmacist Certification of DTM | Denied application                 |
| • A.L.Y. | Pharmacist Certification of DTM | Approved application               |

**Correspondences/Requests**

- |            |                      |           |
|------------|----------------------|-----------|
| • F.L.I.   | Notice of Discipline | No action |
| • I.P.C.   | Notice of Discipline | No action |
| • I.P.C.   | Notice of Discipline | No action |
| • A.H.G.I. | Notice of Discipline | No action |
| • P.I.     | Notice of Discipline | No action |
| • I.R.S.P. | Notice of Discipline | No action |
| • L.S.C.P. | Notice of Discipline | No action |

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|--------------|---|---|
| • D.P.S.     | Notice of Discipline  | No action   |
| • V.P.I.     | Notice of Discipline  | No action   |
| • V.P.I.     | Notice of Discipline  | No action   |
| • C.L.N.     | Correspondence  | Board viewed this correspondence for informational purposes only. |
| • J.W.T.     | Request to Terminate Probation                              | Approved as of 08/15/2022   |
| • J.A.O.     | Request for 4 <sup>th</sup> attempt to retake MPJE          | Approved request  |
| • K.C.V.N.   | Request for 4 <sup>th</sup> attempt to retake MPJE          | Approved request  |
| • P.E.S.     | Request for 4 <sup>th</sup> attempt to retake MPJE & NAPLEX | Approved request  |
| • C.M.C.     | Request regarding place of employment                       | Approved request  |
| • S.S.H.S.I. | Remote Order Entry  | Approved request  |

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

There being no further business to discuss, the meeting was adjourned at 1:31 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, August 17, at 9:00 a.m., at the Philadelphia College of Osteopathic Medicine (PCOM), 625 Old Peachtree Rd, NW, Suwanee, GA 30024.

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