GEORGIA BOARD OF PHARMACY
2 Peachtree St., NW, 5th Floor
Atlanta, GA 30303
November 16, 2022
9:00 a.m.

The following Board members were present:
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
Rick White, Special Agent, GDNA
Max Changus, Senior Assistant Attorney General
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I

Visitors:
Emily Yona, Cardinal Health
Stephen Georgeson
Stephanie Kirkland, Eldercare
Patricia McWilliams
Becca Hallum, GHA
Shea Ross-Smith, Kaiser Permanente
Sara Hernandez
Melissa Reybold, GPhA
Jennifer Duckett, Walgreens
Jeenu Philip, Walgreens
Susan Delmonico, Genoa Healthcare
Lauren Paul, CVS
Charlotte Davis, JLM
Bethany Sherrer, MAG
Diane Sanders, Kaiser Permanente
Angelique Turner
Josh Morgan, North Fulton Compounding Pharmacy

Public Hearing

Vice-President Azzolin called the public hearing to order at 9:02 a.m.

Rule 480-11-.02 Compounded Drug Preparations

No public comments were received. A written response was received from Melissa Reybold on behalf of the Georgia Pharmacy Association.

Mr. Brinson made a motion to adopt Rule 480-11-.02 Compounded Drug Preparations. Mr. Prather seconded, and the Board voted unanimously in favor of the motion.

Chapter 480-36, which consists of Rule 480-36-.01 Definitions, Rule 480-36-.02 Licensing, Rule 480-36-.03 Personnel and Supervision, Rule 480-36-.04 Policy and Procedures, Rule 480-36-.05 Record Keeping, Rule 480-36-.06 Patient Counseling, and Rule 480-36-.07 Notification to Patients.

Ms. Lauren Paul, CVS Health, spoke to the Board. Ms. Paul stated that CVS Health is requesting the Board's consideration in changing the language of the rule back from secondary remote pharmacist to secondary remote entry pharmacy and opening that up to a non-resident pharmacy that is properly licensed in Georgia. She further stated that this practice has been done safely in this state and across the country for some time without detriment to patient safety. She commented that there are multiple states that allow this between a resident and non-resident pharmacy. Ms. Paul requested the Board strike the requirement that only one secondary remote pharmacist or pharmacy assist the primary dispensing pharmacy per prescription from section (4) of Rule 480-36-.01 Definitions. Ms. Paul stated that with today's technology the processing of the prescription is split in many fashions. She added that there could be a pharmacy technician doing data entry, one pharmacist doing a DUR review, one pharmacist doing data entry, and one pharmacist doing product verification. Ms. Paul requested the Board's consideration in striking the proposed amendment.

Mr. Jeenu Philip, Walgreens, spoke to the Board. Mr. Philip stated that he is a member of the Florida Board of Pharmacy and thanked the Board for its time and for the opportunity to comment on the proposed rules. He explained that Walgreens operates multiple centralized prescription processing facilities located in both Florida and Arizona. He stated that these facilities currently serve 37 states where pharmacists and technicians in these facilities perform remote order entry, data, and clinical review as well as answer patient phone calls. He further stated that pharmacists and technicians in the locations that are serviced by these facilities have non-patient-facing work removed from their locations thereby freeing up time for pharmacists and technicians to provide additional services they may not otherwise have been able to provide. Mr. Philip stated that due to the existing regulations, Walgreens centralized services currently does not service any Georgia locations.

Mr. Philip continued by stating that one of the barriers is the definition of "Secondary remote entry pharmacist" in section (4) of Rule 480-36-.01 Definitions. He stated that as the rule is written, there can only be one secondary remote entry pharmacist per prescription. He explained that Walgreens existing centralization model involves pharmacists located in non-resident pharmacies performing either data review functions or clinical review functions. Mr. Philip stated that Walgreens cannot take both parts of that prescription and funnel it to a single pharmacist. He further stated that in order for that to occur, Walgreens would have to have a significant IT overhaul. He added that Georgia would be the only state that would require the same pharmacist to complete both of these functions and it would be a significant barrier to comply.

Mr. Philip stated that the next concern is regarding mandatory Georgia licensure. He continued by stating that the vast majority of states do not require individual pharmacist licensure. He stated that in the states that Walgreens services, a non-resident pharmacy permit is required and for some states the pharmacist in charge ("PIC") of that non-resident permit must be a licensed pharmacist in that respective state. Mr. Philip explained that North Carolina recently amended its remote processing rules and included mandatory licensure within its state. He stated that in the end, North Carolina compromised by using the NABP Verify program. He further stated that Mr. William Cover, NABP, submitted written comments to the Board regarding the NABP Verify program. Mr. Philip stated that it is a good compromise to fall back on as an alternative. He stated that the logistics of licensing thousands of pharmacists each maintaining 50 different licenses would an immense administrative burden.

Mr. Philip requested the Board consider the risks and reward of the decision. He stated that the risk is not disciplining the pharmacist. He added that the reward is the immense workload that will be offloaded onto the pharmacies. He continued by stating that a pharmacist in another state that may be doing this work,

whether he/she is licensed in Georgia or not, passed the NAPLEX and is fully capable of doing a data review and clinical review of prescriptions. Mr. Philip stated that if the pharmacist does make a mistake, the Board can hold the facility license accountable. He further stated if the pharmacist makes a mistake, there is no mal intent in this process. He added that when considering the just culture aspect of how the states are handling this, he does not believe this board or any other board around the country is looking to revoke a pharmacist's license for misfills. He requested the Board consider that aspect of accountability and how that is viewed from a just culture standpoint. He stated that there are no drugs in a remote processing situation, so there is no theft. Mr. Philip further stated that the risk is the potential for the pharmacist to make a prescription error.

Mr. Philip discussed the comparison of mail order pharmacies that employ pharmacists and technicians that ship millions of prescriptions into Georgia and these pharmacists and technicians are not licensed in Georgia. He stated that only the facility is licensed in Georgia. He explained that the only difference is talking about remote prescriptions being dispensed out of Georgia pharmacies and the other where prescriptions are being dispensed out of non-resident pharmacies. He stated it is the same type of pharmacists that are doing the same work such as data review and clinical review. He further stated that he does not see the Board going after individual pharmacists in mail order facilities who make prescription errors. Mr. Philip added that if the facility makes an error, the Board will look to hold that pharmacy accountable.

Mr. Philip discussed the proposed amendments to Rule 480-36-.04 Policy and Procedures regarding the procedures for having access to a list of pharmacists involved in remote order processing. He stated that Walgreens recommend having availability for that list as opposed to including a list of people in the policy and procedures manual. He continued by stating that several board members work for organizations that have policies and procedures. He requested the Board to consider what it would be like to have a rolling list of pharmacists and technicians in a policy and procedures manual. He commented that requiring such would not be feasible. Mr. Philip stated that Walgreens recommends that having access to a list would be the appropriate way to handle this.

In regard to amendments to Rule 480-36-.05 Record Keeping, Mr. Philip commented that it would be a burden to require prescriptions processed by a secondary pharmacist be separately identifiable and retrievable upon request by a GDNA agent during inspection. He stated that Walgreens does not have the capability of producing a list of prescriptions by pharmacists specifically for secondary work. He further stated that requiring such would require significant system enhancements. Mr. Philip suggested the language be amended to state, "*Prescriptions processed by a secondary pharmacist must be separately identifiable and readily retrievable upon request by a GDNA agent or the Board ~~during inspection~~."* He stated that corporate can pull those reports within 72 hours, which he believes is a reasonable compromise.

Mr. Philip stated that Walgreens believes the future of pharmacy involves pharmacists being more involved in patients' lives to produce a positive impact which can only be done by removing some functions from the pharmacists within the pharmacies. He further stated that Walgreens believes that the benefits of pharmacists having access to centralized remote processing capabilities completely outweigh the potential risks that the Board is considering within the existing proposed rules. He continued by stating that Walgreens understands the Board wants to protect its citizens; however, the proposed amendments create significant barriers to utilization and requests the Board make the necessary changes.

Mr. Page requested Mr. Philip expand on what he stated about the PIC being licensed. Mr. Philip responded by stating that it depends on the state's requirement. He explained that instead of requiring licensure of every pharmacist for that non-resident facility, the state requires the PIC for that facility to be licensed in the respective state. Mr. Philip stated that if the Board amended the language, it could require a facility to have non-resident permit and the PIC of that facility to have a Georgia pharmacist license. He

continued by stating that if there was a prescription error, the Board would have the capability of holding either the non-resident pharmacy accountable or the PIC accountable.

Vice-President Azzolin stated that part of the reason for the change from a secondary remote entry pharmacy to a secondary remote entry pharmacist was to allow for pharmacists to provide remote support from locations other than, but including, a licensed pharmacy, such as corporate and home offices. Regarding Mr. Philip's comments, Mr. Azzolin asked if Walgreens preferred for the entire facility and the entire utilization of remote services from that facility to be wiped out because of one pharmacist making a mistake who is not Georgia licensed in that facility. Mr. Philip responded by stating that it was possible for the Board to go down that pathway; however, they have not seen where any board has taken such an egregious action. Vice-President Azzolin agreed that the Board typically does not revoke pharmacists licenses for medication errors, however, the board does prevent pharmacists from being able to practice for varying amounts of time when a pharmacist is impaired and inquired as to what was expected of the Board if a pharmacist operating remotely from another state who is not licensed in Georgia, but the PIC and facility are licensed, was impaired and harms a patient in Georgia as a result of a remote order entry error. Mr. Philip responded by stating that if it involved revoking the license of the non-resident facility that would be appropriate. Vice-President Azzolin commented that suspending or revoking the non-resident facility's license would be the Board's only choice due to not being able to impact the license of the individual pharmacist because he or she would not have one. Mr. Azzolin then asked if a secondary remote entry pharmacy, including all of its staff, being negatively impacted due to the actions of a single pharmacist would be OK with Mr. Philip. Mr. Philip said it would. Mr. Azzolin further commented that in that scenario, the unfortunate thing would be the infracting pharmacist would still be able to move to another secondary remote entry pharmacy and practice back into Georgia while the secondary remote entry pharmacy he or she came from and possibly the PIC at that location would be punished, not to mention the livelihood of the remaining staff pharmacists. Mr. Philip stated that he had a similar discussion with Jay Campbell, North Carolina Board of Pharmacy. Mr. Philip continued by stating that the Board has the ability to impose discipline on the facility and revocation of the license is one of those steps. He stated that there are other aspects of discipline such as probation and fines. He further stated that at the end of the day he felt every facility would look to comply with the requirements and do the right thing.

Mr. Brinson commented on Mr. Philip stating he was a member of the Florida Board of Pharmacy and inquired about a scenario involving a pharmacist in Alabama and suddenly there being a rash of medication errors. He stated that Mr. Philip previously stated it would not go after individual errors. He inquired if it was correct that Florida would not impose discipline on that pharmacist if errors were made. Mr. Philip responded by stating that, as a member of the Florida Board of Pharmacy, each case is treated differently and on its own merits. He stated that if there is a prescription error that comes before him, he considers what the circumstances are involving that error. He further stated that his take on prescription errors is different from others. Generally speaking, he stated that he does not think they should be handled through discipline. Mr. Brinson asked if discipline would not be taken if there were repeated errors made by that pharmacist. Mr. Philip responded by stating that, hypothetically, if there is a single pharmacist making repeated errors, the question would be what the facility is doing in terms of reducing those errors and finding out why they keep happening. He stated that he would be looking for answers to that question from a systemic standpoint. He added that if the facility could not answer that question, he would look at holding the facility accountable for not being able to address the matter. He stated that one would think the employer and the facility would have held that pharmacist accountable at some point before it got to the point of being so many errors that were reported to the Board. Mr. Philip stated that there is an accountability issue for the facility itself that has to come into play. Mr. Brinson asked if what Mr. Philip was implying was that the Florida Board would not ask the Alabama Board to do anything. Mr. Philip stated that any board has the capability of filing a complaint with the other respective board to go after that individual pharmacist. He further stated that if it was a Florida patient that was hurt, he would think a

complaint would be filed with the respective board for action against the specific pharmacist if it was egregious enough.

Vice-President Azzolin inquired as to what the Florida Board of Pharmacy requires in terms of remote drug order processing from a retail perspective or a hospital perspective for out of state pharmacists providing remote services. Mr. Philip responded by stating the facility has to be licensed. He added that in most states the non-resident pharmacy permit requires a PIC of that facility to also be a licensed pharmacist. Vice-President Azzolin stated that his company provides remote services and the last time he looked at Florida's regulations, it did require a pharmacist from outside the state to be licensed. Mr. Philip commented that he would send Mr. Azzolin the Florida statute. He added that the other states are not creating the unnecessary barriers. Vice-President Azzolin listed states that require a facility license and a pharmacist license and stated he would provide the documentation reflecting such.

Director Troughton stated that in Georgia when a prescription is filled the records must be immediately retrievable and include information regarding the dispensing pharmacist. He asked Mr. Philip, when doing remote entry, do their records include the information of the pharmacist who touched the prescription. Mr. Philip responded affirmatively and stated the records include information on every individual that is involved in the filling of that prescription whether it is data entry, data and clinical review, product review, the filling technician, etc. Director Troughton inquired if that information could be provided immediately if GDNA did an inspection of a Walgreens facility in Georgia. Mr. Philip responded by stating that as long as the request was for a single prescription number, the information could be immediately provided; however, if GDNA was requesting a list of all prescriptions done through remote processing, corporate would have to retrieve that information. Mr. Philip stated that the problem is concerning the way the rule is written and that information being required during inspection. He added that it could be provided by corporate typically within 72 hours. Director Troughton asked, in terms of a dispensed prescription in Georgia, could that information be immediately provided to GDNA. Mr. Philip responded affirmatively.

Mr. Prather stated that he was one of the co-authors of the original rule being considered. He asked if a patient brings a prescription into the pharmacy, who owns the prescription. Mr. Phillip responded that he was unsure about the question of ownership as he is not an attorney. Mr. Prather commented that the patient owns the prescription. He stated that one of the changes being proposed is to remove the requirement that each person that had prescriptions sent someplace else had to give written permission for that to be done. Mr. Prather further stated that the current rule also requires the dispensing pharmacy to notify patients through use of a sign in the pharmacy regarding remote prescription drug order processing. He further stated that the amendment to Rule 480-36-.07(1)(a) removes the required written consent from the patient. Mr. Prather continued by stating that he felt the patient should have say on where his/her prescription is sent. He stated that Mr. Philip commented that the whole purpose of remote order entry is to free up the pharmacist to be able to consult with patients. He inquired as to why Walgreens does not hire more pharmacists rather than sending prescriptions all over the place. Mr. Philip responded by stating that as an employer Walgreens is struggling with hiring pharmacists nationally and there are shortages in almost every state. He stated that staffing issues were not the case pre-pandemic, but they are now.

Mr. Prather stated that it was not the purpose of the Board to ensure that Walgreens or any other store's particular business model is functioning in the most efficient way possible. He further stated that the Board's purpose is to protect the citizens of Georgia. Mr. Philip responded by stating that he appreciated Mr. Prather's comments and at the end of the day everyone wants the same thing, which is improvement of patient care and thinks the ability to offload some of the work improves patient care. Mr. Prather commented that he thinks what Walgreens is looking for is speed. He stated that he equates that with there being a reason the speed limit is different in a school zone, which is to protect the children because speed kills. Mr. Philip stated that 20 years ago he would have agreed that efficiency was the most important aspect of pharmacy; however, that is no longer the case. He further stated that right now the only way a

pharmacy will survive the profession is if the model is changed and the model has to include more patient care and greater touch points with patients. Mr. Philip stated that the aspect of a retail clinical drug store is no longer useful if the pharmacist does not play a greater role in impacting patient lives better. He continued by stating that the purpose is to allow pharmacists in the stores to have an opportunity to do more patient facing activities. Mr. Azzolin commented that, while he agrees with Mr. Philip, this was more of a philosophical discussion than it is a mechanical discussion around the rules. He continued by stating that could not happen until the structure changes, and it's about selling a service rather than a product.

Mr. Page commented that the Board is looking for the safety, discipline, and accountability part of this. He stated that what he was struggling with is that there were some good points made for the non-resident pharmacy structure and, as he understands today, the process, the prescription filling, the delivery, counseling, etc., is done with those pharmacists not being licensed in the state. He stated that he has concerns with adding the remote order entry aspect and feels the Board should discuss further. Vice-President Azzolin commented that the non-resident pharmacy that dispenses the physical product into Georgia is responsible for the final product physical product coming into Georgia. He continued by stating that in a remote services perspective the product is never touched by the non-resident pharmacy. He stated that it is the pharmacist doing the work and providing the data verification which turns into a physical product that has been dispensed in Georgia.

Vice-President Azzolin referred to O.C.G.A. § 26-4-5(37.2) which states, *""Remote order entry" means the entry made by a pharmacist licensed in this state, who is an employee or contractor of a pharmacy licensed in this state or that holds a nonresident pharmacy permit issued pursuant to Code Section 26-4-114.1, from a remote location anywhere in the United States indicating that the pharmacist has reviewed the patient specific drug order for a hospital patient, has approved or disapproved the administration of the drug for such patient, and has entered the information in the hospital's patient record system."* Vice-President Azzolin stated this particular statute was relative to hospitals and the point of him reading that is because the statute defines what a pharmacist can do in that setting. He further stated that the same thing is being done in a retail setting with verifying the prescription drug order. He added that it does not seem appropriate to deviate from what the law specifies for remote order entry for this practice setting and other practice settings.

Mr. Page inquired as to how the Board would handle a pharmacist misfill that occurred at a non-resident pharmacy that delivers to Georgia. Director Troughton responded by stating that the Board would hear the case, but any disciplinary imposed would only be on the non-resident pharmacy. He stated that there has not been many complaints of that nature received.

In regard to the concept of more than one pharmacist touching the prescription remotely, Vice-President Azzolin stated that, personally, he would be in support of that. He explained, however, that part of the reason this Board came up with that limitation is because of the potential for one pharmacist to do order entry and another pharmacist to do DUR review, and in doing that you open up the potential for the secondary order entry pharmacist performing order entry to have culpability in the event of a DUR review mistake by another secondary remote entry pharmacist. He added that if a prescription is not transcribed correctly or any kind of error occurs on the order entry side, then the pharmacist doing the DUR review is likewise not completely absolved from any responsibility of knowing there was a discrepancy on the order entry side. Vice-President Azzolin stated that the argument was it creates confusion from that perspective when the secondary remote entry pharmacist is not limited to touching only one prescription from a remote perspective. He further stated that there is always another pharmacist at the primary location finalizing that prescription.

Vice-President Azzolin discussed a pharmacist obtaining a license in multiple states being cumbersome, but stated that it was not difficult. He stated that if a pharmacist was not capable of passing the Board's jurisprudence exam, he was not sure if that individual should be practicing in Georgia.

Mr. Cordle inquired if the Board received any complaints regarding misfills from non-resident pharmacies. Director Troughton responded by stating that there have been a few. He stated that if a complaint regarding such was received, GDNA would investigate it like any other investigation by gathering as much information as possible. He further stated that it would be difficult for GDNA to travel out of state to investigate due to budget constraints; however, he stated that there have been no issues when GDNA contacts the other state for information.

Discussion was held by Vice-President Azzolin and Director Troughton concerning a hypothetical scenario where there was a pattern of misfills occurring at a non-resident pharmacy by an impaired pharmacist, how would GDNA narrow it down to the responsible pharmacist. Director Troughton stated that in that situation GDNA would request more information from the PIC and facility about the matter. He further stated that if the impairment was missed by both the facility and the Board of Pharmacy in that state, and the pharmacist ends up somewhere else, that is not on the Georgia Board of Pharmacy. He added that if it reached that point, that would be a big concern in that state. Mr. Chang inquired if in that scenario the error would be caught by utilizing NABP Verify. Vice-President Azzolin commented that in regard to NABP Verify, he did not see where that was a bad system. He stated that, currently, the Board was considering the current proposed modifications to the rules, but it could consider NABP Verify at a future time if it was determined to be a good method of keeping up with pharmacists' registrations in other states; however, he stated that NABP Verify only allows the pharmacist to be verified. Director Troughton commented that NABP Verify verifies the licensure of the pharmacist, but it does not provide information on any private disciplinary action that may have been imposed as that is not public information. Vice-President Azzolin commented that he felt it was worth keeping an eye on in his opinion, but did not think it was something the Board needed to rely on at this point. Mr. Chang stated that it would be helpful if there were public sanctions taken by another state that the Board needed to be aware of. Vice-President Azzolin stated that he thought the Board could begin participating in NABP Verify, but not lean on it as the sole methodology of credentialing until it is further vetted.

Mr. Chang talked about having one person held accountable. As a practicing pharmacist he feels having multiple eyes reviewing prescriptions could prevent errors. Vice-President Azzolin stated that he thinks there is the potential for that, but the good thing about the rule the way it is written is there is one line in the rule that prevents that from happening. If in the future the Board feels that is appropriate, it would be an easy fix.

There being no further discussion, Mr. Cordle made a motion to adopt Chapter 480-36 as written. Mr. Brinson seconded, and the Board voted in favor of the motion with the exception of Mr. Prather and Mr. Page who opposed, and Mr. Bracewell who abstained.

Written responses were received from Lauren Paul, CVS Health, Becca Hallum on behalf of Georgia Hospital Association, Jeenu Philip, Walgreens, Chad Madill, Kaiser Permanente, and William J. Cover, NABP, regarding Rule 480-36-.01 Definitions.

Written responses were received from Lauren Paul, CVS Health, Jeenu Philip, Walgreens, and William J. Cover, NABP, regarding Rule 480-36-.02 Licensing.

Written responses were received from Lauren Paul, CVS Health, and Jeenu Philip, Walgreens, regarding Rule 480-36-.03 Personnel and Supervision.

Written responses were received from Lauren Paul, CVS Health, and Jeenu Philip, Walgreens, regarding Rule 480-36-.04 Policy and Procedures.

Written responses were received from Lauren Paul, CVS Health, and Jeenu Philip, Walgreens, regarding Rule 480-36-.05 Record Keeping.

Written responses were received from Lauren Paul, CVS Health, and Jeenu Philip, Walgreens, regarding Rule 480-36-.06 Patient Counseling.

Written responses were received from Lauren Paul, CVS Health, and Jeenu Philip, Walgreens, regarding Rule 480-36-.07 Notification to Patients.

Rule 480-2-.04 Examinations
No public comments or written responses were received.

Mr. Prather inquired as to what the amendment to the rule was. Mr. Lacefield responded by stating that the amendment removes the requirement for the practical examination.

Mr. Brinson made a motion adopt Rule 480-2-.04 Examinations. Mr. Cordle seconded, and the Board voted unanimously in favor of the motion.

Rule 480-10-.01 Controlled Substances and Dangerous Drugs: Inspection, Retention of Records and Security
No public comments or written responses were received.

Mr. Brinson made a motion to adopt Rule 480-10-.01 Controlled Substances and Dangerous Drugs: Inspection, Retention of Records and Security. Mr. Chang seconded, and the Board voted unanimously in favor of the motion.

The public hearing concluded at 9:46 a.m.

Open Session

Vice-President Azzolin established that a quorum was present and called the meeting to order at 9:47 a.m.

Approval of Minutes
Mr. Prather made a motion to approve the Public and Executive Session minutes from the October 12, 2022, meeting. Mr. Page 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. Cordle seconded, and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance
Rule Variance Petition from Jefferson Hosp Phcy-Corp, PHH003567: The Board discussed this request for a variance of Rule 480-13-.01. Mr. Brinson made a motion to deny the petition and directed staff to remind the licensee to be mindful of the Board's law and rules regarding the transfer of prescription medications to a licensed practitioner. Mr. Chang seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Platinum Recovery, LLC: The Board discussed this request for a waiver of Rule 480-18-.05(1). Mr. Brinson made a motion to grant the petition. Mr. Page seconded, and the Board voted in favor of the motion, with the exception of Mr. Prather, who abstained.

Rule Waiver Petition from New Start Treatment, LLC: The Board discussed this request for a waiver of Rule 480-18-.05(1). Mr. Brinson made a motion to grant the petition. Mr. Chang seconded, and the Board voted in favor of the motion, with the exception of Mr. Prather, who abstained.

Mr. Prather suggested the Board further review the rules to consider amending the language regarding the minimum 150 square feet requirement be at the discretion of the Georgia Drugs and Narcotics Agency.

Rule Waiver Petition from Kingsley Iwudibia, RPH028300: The Board discussed this request for a waiver of Rule 480-10-.02(3). Mr. Prather made a motion to deny the petition and directed staff to inform Mr. Iwudibia that Board Rule 480-10-.02(3)(b) states, "This regulation does not prohibit a pharmacist from being in charge of one separately licensed Home Health Care Pharmacy, as defined by Board Rule 480-21, and/or one Nursing Home Pharmacy, and/or one Long Term Health Care Facility Pharmacy, as both are defined in Board Rule 480-24, in addition to being in charge of a retail pharmacy, licensed under Rule 480-10, as long as each pharmacy is operated under the same ownership and is located under the same roof, provided that there is a physical separation of the two pharmacies and separate inventories are maintained for the two pharmacies." Mr. Chang seconded, and the Board voted unanimously in favor of the motion.

Correspondences

Correspondence from Dina Kira, PHI-021237: The Board considered this request to receive credit for hours earned by research with Augusta University's Biochemistry and Cancer Biology program. Mr. Brinson made a motion to approve the request and grant two (2) hours of continuing education for every one (1) hour earned. Mr. Page seconded, and the Board voted unanimously in favor of the motion.

Correspondence from Joshua B. Morgan, North Fulton Compounding Pharmacy: Mr. Morgan was present and spoke to the Board regarding his correspondence. Mr. Morgan explained that he was concerned about a recent letter sent to the National Association of Boards of Pharmacy (NABP) by U.S. Food and Drug Administration (FDA) branch chief, Shannon Glueck, PharmD, in which Dr. Glueck declared desiccated thyroid extract (DTE) to be a biologic drug and therefore is ineligible for compounding. Mr. Morgan expressed his concerns regarding the potential impact this may have on patient access to critical thyroid medications.

Mr. Brinson suggested Mr. Morgan submit his comments and concerns to the FDA. Director Troughton commented that he has not seen any official statement regarding the matter. After further discussion, the Board thanked Mr. Morgan for bringing this matter to its attention; however, until an official statement was received, the Board could not do anything at this juncture and suggested Mr. Morgan submit his concerns in writing to the FDA.

Georgia Drugs and Narcotics Agency – Dennis Troughton

Director Troughton reported that GDNA conducted 934 inspections and received 178 complaints for FY2023.

Director Troughton reported that the FDA has extended additional time for consideration of the Memorandum of Understanding.

Director Troughton reported that changes to USP <795>, <797>, <800> and <825> would be effective November 1, 2023. He explained that enforcement of the changes will not take place until the effective date. He stated that GDNA will be doing additional training on all changes and revisions, and will try and

educate individuals and pharmacies as the effective date gets closer. Vice-President Azzolin suggested adding this topic to the quarterly newsletter.

Attorney General's Report – Max Changus
No report.

Executive Director's Report – Eric Lacefield
Continuing Education Report: Mr. Prather made a motion to ratify the below continuing education programs approved since the previous meeting. Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

June 2023 Meeting Date: Mr. Lacefield stated that the Board voted on its 2023 calendar at its October meeting, but tabled consideration of the June 2023 date. He stated that President Stone suggested keeping the proposed meeting date as June 14, 2023. Mr. Brinson made a motion to adopt the meeting date as presented. Mr. Page seconded, and the Board voted unanimously in favor of the motion.

Correspondence from NABP: Mr. Lacefield reported that an email was received from NABP concerning a third party software error that resulted in inaccurate exam results for 222 candidates taking the NAPLEX exam between June 30th and October 26th. He stated that the candidates identified were incorrectly informed that he/she failed when they in fact passed the exam. He further stated there was no overscoring. Mr. Lacefield continued by stating that there were eight (8) candidates that were affected in Georgia. He stated that out of those eight (8), five (5) have had their license issued, and three (3) have other requirements to fulfil, but staff have made the appropriate notations in each individual record. He added that the MPJE exam was not affected by this error.

Legal Services – Clint Joiner
No report.

Discussion Topics
Rule 480-10-.20 Required Notifications to the Board and Rule 480-16-.06 Theft, Loss, or Unaccounted for Controlled Substances: Mr. Page explained that subsection (1)(b) of Rule 480-10-.20 defines "Immediate notification" as "written notification sent within twenty-four hours of the event;". He added that subsection (2) of Rule 480-10-.20 list occurrences that require immediate notification to the Board. Mr. Page stated that subsection (2)(e) states, "Any theft or loss of drugs or devices of a licensed pharmacy. This notification must also be made to the Georgia Drugs and Narcotics Agency, and if involving controlled substances, the pharmacy must comply with Rule 480-16-.06."

Mr. Page stated that subsection (1) of Rule 480-16-.06 states, "The theft, loss, or the discovery of unaccounted for controlled substances, within three (3) days of its discovery, must be reported to the GDNA."

Mr. Page suggested amending each rule so that the timeframes would match with both being 72 hours as 24 hours can be burdensome. Vice-President Azzolin stated amending the rules to match would be appropriate.

Mr. Lacefield requested the Board advise staff on exactly what changes to the rules needed to be made. In regard to Rule 480-10-.20, Vice-President Azzolin responded by suggesting the removal of subsection (2)(e), or removal of subsection (2)(e) and creating a subsection (3) that states, "Any theft or loss of drugs or devices of a licensed pharmacy within 72 hours must be reported to the GDNA."

Mr. Joiner agreed with the suggestion of removing subsection (2)(e) and creating a subsection (3). He inquired if the Board wanted to amend subsection (1) of Rule 480-16-.06 by changing "three (3) days" to "72 hours". Vice-President Azzolin responded by suggesting it be changed to reflect "three (3) business days".

Mr. Changus commented that O.C.G.A. § 26-4-112(4) states that the Board shall be notified immediately upon the occurrence of "Any theft or loss of drugs or devices of a licensed pharmacy;". He stated that the Board has defined "Immediate notification" as "written notification sent within twenty-four hours of the event;" in its rule. He further stated that having the rules line up makes sense; however, it may be tricky. Vice-President Azzolin responded by asking if the Board could define "Immediate notification" as 24 hours with the exception of any theft or loss of dangerous drugs, which would require three (3) business days. Mr. Changus commented that some language along those lines would be helpful. He stated that what Mr. Page pointed out is a conflict and agreed that it needs to be addressed.

After further discussion was held, the Board directed staff to consult with the Attorney General's office on the appropriate changes and bring back to the Board for consideration.

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: Vice-President Azzolin stated this matter specifically pertained to subsection (1)(d)(i) of Rule 480-22-.12. He added that this matter was discussed at the Board's October Public Hearing and written comments were provided by Melissa Reybold, GPhA, regarding eliminating the need for the supervising physician information on scripts by a PA or NP. The Board agreed with Ms. Reybold's comments and directed staff to make the appropriate changes and bring back to the Board for consideration.

Rule 480-5-.03 Code of Professional Conduct: Mr. Page suggested adding a subsection (q) to the rule with the following language:

"No pharmacist, intern, extern, technician or pharmacy owner shall engage in any form of harassment. Harassment is the improper or unwelcomed conduct that might reasonably be expected or be perceived to cause offense or humiliation to another person. Harassment in any form because of gender, gender identity, sexual orientation, or unwanted sexual advances, physical ability, physical appearance, ethnicity, race, nation origin, political affiliation, age or religion is strictly prohibited."

Vice-President Azzolin agreed with Mr. Page's suggestion. However, he inquired as to how appropriate it was for the Board to add that language to the rule specific to that particular issue and where does the Board draw the line with adding further items to the rule. He stated that Rule 480-5-.03(a) reads in part "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…" Vice-President Azzolin stated that the reason he asked is if the Board leaves the language broader, then it may be able to apply more items to the rule without having to specify individual instances. Mr. Page commented that this was something that affects the public and not the staff and immediate associates behind the counter.

After further discussion was held, the Board directed staff to make the suggested changes and bring back to the Board for consideration.

Rule 480-35-.04 Requirements for a Protocol: The Board recommended tabling discussion of this matter until its next work session.

Rule 480-2-.05 Reciprocity: Mr. Page stated that when he initially requested to discuss subsection (a)(5) and (b) of the rule he did not realize that the language in the rule mirrors the language in the law. Mr. Page stated the reason he brought the matter up is if an individual obtains his/her initial license in South Carolina, for example, moves to another state and lets the South Carolina license lapse, and later that individual's job brings him/her to Georgia. He explained that the individual would not be eligible for licensure by reciprocity in Georgia because his/her initial license was no longer in good standing. Mr. Brinson suggested the Board ask GPhA to assist with changing the requirements in the law.

Mr. Page inquired if there had been an interpretation of "proof of initial licensure". Vice-President Azzolin commented that the Board did have a previous conversation on such and interpreted that "licensure by examination" applies to whatever state the applicant received NAPLEX approval in. Mr. Lacefield commented that the Board did make the distinction that the applicant could apply by score transfer. He further stated that if the applicant sent his/her NAPLEX score to three (3) states, for example, and that applicant was licensed in all three states, any of those licenses in an active status would meet the requirement. He added that it does not have to be the first license issued.

Pharmacist Interns/Externs: Vice-President Azzolin stated that he believed this was a topic that President Stone wished to discuss in terms of ratios and having multiple interns doing work in one location, which occurs frequently. He further stated that President Stone realized this requirement was in the law. Mr. Brinson commented that he was the one who originally changed the rule pertaining to ratio requirements. He stated that letter (e) was on the second page of the law. Additionally, he stated that language was stricken and sent over; however, with the way the law was written they forgot to remove that language. Mr. Brinson continued by stating that requirement pertains to working in a store. He suggested Mr. Changus and Mr. Joiner go back and review this matter. He stated the individual is not working in a pharmacy, but under the supervision of physician outside of the store.

CE Monitoring/Audits: Mr. Chang discussed the Board's current process of conducting manual audits. He stated that as the Board progresses technicians will be required to submit proof of continuing education (CE). He continued by stating that NABP does provide monitoring services for different boards. He discussed the possibility of the Board promulgating a rule regarding CE monitoring.

Vice-President Azzolin commented there are some CE courses the Board approves that are not ACPE approved. He added that those records are kept up with manually. He stated that would be hard to incorporate into the electronic piece. He further stated that a work around would be that it is the responsibility of the pharmacist, not board staff, to provide written documentation of the manual CE. Vice-President Azzolin stated that this would still require some level of validation by board staff.

Mr. Chang commented that the writing of the rule for CE monitoring would be the Board acting proactively and checking when the licensee is renewing versus conducting a post renewal audit. Mr. Azzolin commented that Florida will not allow him to renew his license until his NABP profile reflects that he completed all of the required CE.

Mr. Philip commented that Florida utilizes CE Broker. He continued by stating that CE is uploaded to CE Broker and CE Broker manages all of the data. Mr. Philip stated that the licensee cannot renew until CE Broker determines the licensee has met the requirements. He further stated that there are other states that utilize CE Broker. He added that all professional licenses in Florida use CE Broker.

Mr. Lacefield inquired if the Florida Board had to write a rule stating that all licensees were required to utilize CE Broker. Mr. Philip responded by stating that it is not in a rule, but rather a part of the MQA program. He stated that they are managing the CE process. He explained that the provider is required to upload the data to CE Broker. Mr. Azzolin inquired if he could manually upload CE that is not CE Broker

approved. Mr. Philip responded by stating that any CE completed outside of Florida that was not uploaded by the provider can be manually uploaded by the licensee. Mr. Philip added that any providers that are Florida approved providers are required to upload that CE to CE Broker.

Mr. Chang stated he previously provided the Board with information regarding NABP's CPE monitoring program and suggested the Board have further discussion on that moving forward. He further stated that he would resend that information to the members to review. Vice-President Azzolin suggested putting the information previously provided by Mr. Chang on a future agenda for discussion.

Mr. Lacefield commented that he has spoken with CE Broker and other companies that track CE. He stated that from a staff point of view, it is great if all licensees utilize it, but if it is not required and only half use it, at the end of the day, it will still be taxing on staff unless everyone does it.
Vice-President Azzolin asked Mr. Philip if the Florida Board receives pushback from licensees who say they do not have internet or access to a computer. Mr. Philip responded by stating that if the individual wants to keep his/her licensee, he/she will comply because they do not have a choice. He stated that most pharmacists do not need to do anything with CE Broker because if the pharmacist is completing CE in Florida, the CE will automatically be uploaded by the provider. He further stated that the licensee can log in to CE Broker to see if he/she has met the requirements. Mr. Philip explained that the licensee can upload CE without paying a fee, but there are other levels of access which do require a fee.

Mr. Chang stated that the intention is to move this from a manual to automated process. Mr. Philip commented that the rule change that may be needed would require every licensee to have an E-Profile number. Mr. Lacefield stated that he was for an automated process. He further stated that he is aware of other Boards in Georgia that use platforms such as CE Broker, for example. He explained that the rules state that the Board uses CE Broker, but does not require the licensee to use it. Mr. Lacefield stated that he was unsure as to whether this Board could require this in its rules since no one else was mandating it. Vice-President Azzolin inquired if language stating that the professions are required to use "a board approved system" and the Board chooses a system would be sufficient. He added that CE Broker, for example, may go out of business. Mr. Lacefield responded by stating that he would let legal counsel make a determination since no other Board has required this. Mr. Changus commented that having a rule stating that the licensee is required to utilize a specific service would be problematic.

There being no further discussions on the matter, Mr. Chang stated he would provide Mr. Lacefield with the information regarding NABP's CPE monitoring program and the Board will discuss at a later date.

Physical Inventory to Match Perpetual: Vice-President Azzolin commented this matter was discussed at a previous meeting, but there was not a consensus as to how often it should be done. He stated that one of the concerns was regarding trying to decrease the amount of diversion by doing physical inventories more frequently, and how that impacts workflow. Director Troughton responded by stating that every permit does not require a perpetual inventory. He stated that retail has the biggest diversion issues with hospital pharmacies being second. He further stated that doing an audit is where one finds out where the losses are. Director Troughton stated that the companies that have this in place are doing those audits. However, he stated that having to require such for smaller companies may be problematic. He added that a true audit is a big deal. He explained that when a diversion occurs, GDNA does its own audit. Director Troughton stated that when GDNA does an audit, it subpoenas the wholesalers and gathers its own information.

Addressing packaging devices and how they are verified: Vice-President Azzolin stated this topic was relative to a case where there was an error related to the individual unit dose packaging. He further stated that in some cases if the patient is taking a medication four (4) times a day and the pharmacist is providing a 30 day supply of that medication, with the way the rule is written, the pharmacist should put his/her eyes on

all packages for the one (1) patient. He added that if it is being packaged that way, it does not seem feasible for the pharmacist to be able to check thousands of packages every single day.

Deputy Director Karnbach stated that O.C.G.A. § 26-4-88(c) states in part that, "no prescription shall be given to the person requesting the same unless the contents and the label thereof shall have been verified by a licensed pharmacist or practitioner." He added that with the case Vice-President Azzolin was referring to the pharmacist was not manually verifying prescriptions. He continued by stating that the system flagged it if there was a problem. Deputy Director Karnbach stated that GDNA was not looking into whether they were looking at a portion or if they were looking at all of it. He stated that, in that particular case, the prescriptions were not being reviewed at all.

Discussion was held regarding if the Board could define the verification. Director Troughton commented that with all of the different and newer systems, it seems that it would be difficult to define final verification. He added that he does not know how the Board would do that with all the different systems already out there.

Vice-President Azzolin inquired if there was room in the law to allow for the definition of final verification be defined as whatever the entity itself defines it in its policies. Mr. Changus responded by stating he did not know what would be gained by defining it that way. Vice-President Azzolin stated that with the particular GDNA case discussed, the way the packaging device worked, the system was taking pictures to determine if the contents of the package matched the images built into its database. He continued by stating that in the event the images matched, it would not flag the prescription for the pharmacist to verify. He stated that if you conform to what the manufacturer of that device was trying to accomplish and if the device's artificial intelligence did not see a problem with any of the packages, then it would be verified if you defined verification as the artificial intelligence identifying that all the packages were appropriate. Director Troughton responded by stating that from an enforcement standpoint, that means all the pharmacy has to do is show GDNA its policies and procedures and that pharmacy would be off the hook if that has been verified. Vice-President Azzolin inquired if GDNA saw an appropriate pathway, based on the technology currently available and the way it has been utilized, for the Board to bridge the complications like the ones just described or should verification imply that the pharmacist has to put eyes on every single prescription. Director Troughton commented that once an investigation comes to the Board, the Board would be deciding if that was a proper verification.

Public Consent Orders Versus Private Consent Orders: Vice-President Azzolin asked if there were any comments relative to how the Board determines if a consent order should be public versus private. Mr. Brinson responded by stating that he felt Vice-President Azzolin was doing a great job in trying to keep things consistent. Mr. Prather commented that it may be a good idea for the President to appoint a two (2) man committee to study this with the idea of coming up with something similar to the Board's Misfill Policy concerning determining when a consent order should be public or private. Vice-President Azzolin stated he would defer this matter to the President for consideration.

House Bill 481 (2019) and O.C.G.A. § 16-12-141 (Heartbeat Bill): In reference to this topic, Vice-President Azzolin stated that he heard on the news that a Fulton County Superior Court judge overturned Georgia's ban on abortion. Since it is unknown how any appeals or future legislation will be impacted, Vice-President Azzolin suggested the Board table its discussion on this matter. The Board agreed.

Rule 480-24-.04 Drug Distribution: In regard to chart orders, Vice-President Azzolin stated he thought this was something former member Hal Henderson was passionate about and had valid points on. He stated that he thought it had to do with the fact that in nursing homes chart orders are written similar to how they are written in a hospital that does not necessarily meet all the requirements of a prescription or drug order relative to a retail dispensing model. Vice-President Azzolin further stated that the discussion pertained to

looking for some sort of compromise in how a retail pharmacy receives a nursing home prescription drug order when it does not come in like a traditional retail prescription. He continued by stating that from his experience, it is a problem. He added that there is no ill intent of a physician writing an order on a paper chart. Vice-President Azzolin commented that is how it is documented in a nursing home for state agencies. He stated that it creates some workflow issues for practitioners and the pharmacy, which increases the potential for mistakes. He continued by stating that he understands how it needs to be made more practical. He suggested having a committee made up of members with nursing home experience to contribute ideas.

Ms. Stephanie Kirkland was present and spoke to the Board. Ms. Kirkland stated she works with a long term care pharmacy and has dealt with this for many years. She further stated that they are constantly having issues; however, she commented that this problem is resolving itself somewhat because of the EHR information that is automating things. She stated that it is a little better in that situation, but where there are paper charts there is always an issue. Ms. Kirkland stated the full patient address, physician's DEA address, etc., are never on chart orders. Vice-President Azzolin stated that sometimes the nursing home is sometimes considered the patient's home address, which complicates matters. Ms. Kirkland commented that she appreciated the Board looking into this situation. Vice-President Azzolin stated the Board would research the matter and provide feedback. Mr. Brinson stated it would be helpful if Ms. Kirkland could provide any recommendations to the Board.

Low THC: Vice-President Azzolin commented that President Stone would like for the Low THC Committee to meet in the next several weeks. Mr. Prather stated that this Board has been charged with promulgating rules regarding this matter. He added that Georgia is only state in union that included pharmacy in its Low THC laws. He stated that there are five (5) states that require a pharmacist be involved, but not thru the Board of Pharmacy. Mr. Prather stated that he and Mr. Greg Reybold previously drafted a set of rules. He further stated that there needs to be rules for licensure and rules for dispensing. He explained that cannabis is still a Schedule I narcotic. He continued by stating that this topic is up in the air in Washington right now and he had seen on the news where they are floating the idea of having a Schedule VI, which would include cannabis. Mr. Prather stated he thought the reason it was being floated around is if they reschedule cannabis to a Schedule IV, for example, that would do away with all the dispensaries.

Mr. Prather stated that the Board, or a committee, needs to come up with some dispensing rules. Mr. Brinson inquired if Mr. Changus had any input regarding this topic. Mr. Changus responded by stating that there was no reason to delay this matter any further.

Mr. Prather stated that the Georgia Access to Medical Cannabis Commission awarded two (2) licenses to grow, manufacture, and sell low THC. He added that the two companies are obligated to be in production fairly quickly. Mr. Prather stated there are four (4) smaller licenses that could not be awarded due to litigation.

Director Troughton stated that O.C.G.A. § 16-12-206 (b) reads as follows:
(b) The State Board of Pharmacy and the commission shall separately adopt rules relating to the dispensing of low THC oil and products, with the State Board of Pharmacy promulgating rules and regulations for pharmacies that dispense low THC oil and products and the commission promulgating rules and regulations for other retail outlets that dispense low THC oil and products. Such rules shall include but not be limited to:

(1) Standards, procedures, and protocols for the effective use of low THC oil and products as authorized by state law and related rules and regulations;

(2) Standards, procedures, and protocols for the dispensing of low THC oil and products by a pharmacy with a dispensing license and by retail dispensing licensees and for the utilization of a tracking system;

(3) Procedures and protocols to provide that no low THC oil or products may be sold to or transferred to a location outside of this state;

(4) The establishment of standards, procedures, and protocols for determining the amount of usable low THC oil and products that is necessary to constitute an adequate supply for registered patients in this state to ensure uninterrupted availability for a period of one month, including amounts for topical treatments;

(5) The establishment of standards, procedures, and protocols to ensure that all low THC oil and products dispensed are consistently pharmaceutical grade;
(6) The establishment of standards and procedures for the revocation, suspension, and nonrenewal of dispensing licenses;

(7) The establishment of other licensing, renewal, and operational standards which are deemed necessary by the State Board of Pharmacy and the commission;
(8) The establishment of standards and procedures for testing low THC oil and products for levels of tetrahydrocannabinol or other testing parameters deemed appropriate by the State Board of Pharmacy and the commission;

(9) The establishment of health, safety, and security requirements for pharmacies and retail dispensing licensees dispensing low THC oil and products; and

(10) Requirements for the issuance of dispensing licenses to pharmacies and Class 1 and Class 2 production licensees.

Director Troughton stated it will be critical with what the Commission comes up with in their rules and it may be important for the Board to work closely with them. Vice-President Azzolin asked Mr. Prather, who is a member of the Georgia Access to Medical Cannabis Commission, if he would be able to share with the Board the Commission's proposed policies or rules. Mr. Prather responded by stating that the Commission is currently working on rules at this time. He stated that there will be two (2) sets of rules. He added that the Commission will have one set of rules which govern the manufacturing and oversight of the dispensaries and the Board of Pharmacy will create rules to deal with pharmacies. Director Troughton commented that both rules will need to cover the same items and minimum standards.

Mr. Lacefield commented that President Stone is working on getting information to the Low THC Committee, which consists of Mr. Cordle and Mr. Brinson.

Mr. Prather made a motion and Mr. Page 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, and Bill Prather.

Executive Session

Georgia Drugs and Narcotics Agency – Dennis Troughton

- GDNA Case # B34181

Cognizant's Report – Michael Azzolin

- GDNA Case # T34491
- GDNA Case # B34469
- GDNA Case # A34497
- GDNA Case # A34502
- GDNA Case # A34475
- GDNA Case # A34364
- GDNA Case # A34422
- GDNA Case # B34366
- GDNA Case # A34428
- GDNA Case # A34047

Appearances

- A.L.R.V.
- E.W.K.

Cognizant's Report – Michael Azzolin

- GDNA Case # A34315
- GDNA Case # B34359
- GDNA Case # B34513
- GDNA Case # A34384
- GDNA Case # B34389
- GDNA Case # B34453
- GDNA Case # B34346
- GDNA Case # B34329
- GDNA Case # B34454

Attorney General's Report – Max Changus

Mr. Changus presented the following consent orders for acceptance:

- E.D.I.
- J.M.E.
- A.M.S.
- R.T.D.
- F.C.P.

Mr. Changus presented the following Voluntary Cease & Desist order for acceptance:

- C.P.I.

Mr. Changus discussed the following cases:

- B.P.S.
- M.S.S.

Executive Director's Report – Eric Lacefield

No report.

Legal Services

No report.

Applications

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

Correspondences/Requests

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

- J.B.
- A.C.C.P.D.

No votes were taken in Executive Session. Vice-President Azzolin declared the meeting back in Open Session.

Open Session

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

Georgia Drugs and Narcotics Agency – Dennis Troughton

- GDNA Case # B34181 No Further Action Taken

Cognizant's Report – Michael Azzolin

- GDNA Case # T34491 Revoke Technician Registration
- GDNA Case # B34469 Close with Letter of Concern
- GDNA Case # A34497 Letter of Concern to PIC/Refer to the Department of Law for pharmacy
- GDNA Case # A34502 Refer to the Department of Law
- GDNA Case # A34475 Close with Letter of Concern
- GDNA Case # A34364 Refer to the Department of Law
- GDNA Case # A34422 Close and request facility submit a name change application to the board office.
- GDNA Case # B34366 Refer to the Department of Law
- GDNA Case # A34428 Refer to the Department of Law
- GDNA Case # A34047 Refer to the Department of Law

Appearances

- A.L.R.V.
- E.W.K.

Cognizant's Report – Michael Azzolin

- GDNA Case # A34315 Refer to the Department of Law
- GDNA Case # B34359 Table pending receipt of additional information
- GDNA Case # B34513 Misfill Policy #1
- GDNA Case # A34384 Refer to the Department of Law
- GDNA Case # B34389 Close with no action
- GDNA Case # B34453 Close with no action
- GDNA Case # B34346 Close with no action
- GDNA Case # B34329 Close with no action
- GDNA Case # B34454 Close with no action

Attorney General's Report – Max Changus

Mr. Changus presented the following consent orders for acceptance:

- E.D.I. Private Consent Order accepted
- J.M.E. Private Consent Order accepted
- A.M.S. Public Consent Order accepted
- R.T.D. Public Consent Order accepted
- F.C.P. Private Consent Order accepted

Mr. Changus presented the following Voluntary Cease & Desist order for acceptance:

- C.P.I. Voluntary Cease & Desist Order accepted

Mr. Changus discussed the following cases:

- B.P.S. Deny counterproposal
- M.S.S. Deny counterproposal

Executive Director's Report – Eric Lacefield

No report.

Legal Services

No report.

Applications

• V.R.R.	Pharmacy Technician	Approved for registration
• R.C.T.	Pharmacy Technician	Approved for registration
• D.A.M.	Pharmacy Technician	Approved for registration
• D.C.R.	Pharmacy Technician	Denied registration
• N.M.D.	Pharmacy Technician	Approved for registration
• K.J.G.	Pharmacy Technician	Approved for registration
• C.E.N.	Pharmacy Technician	Approved for registration
• M.N.	Pharmacy Technician	Approved for registration
• E.J.G.	Pharmacy Technician	Tabled pending receipt of additional information
• J.A.I.M.	Pharmacist Intern	Approved extension thru 11/30/2023
• D.B.L.	Pharmacist Reinstatement	Denied application
• K.F.	Pharmacist Reciprocity	Approved application
• M.M.	Pharmacist Examination	Approved application
• N.T.H.	Pharmacist Examination	Approved application
• J.B.H.	Pharmacist Renewal	Approved for renewal
• M.A.P.	Pharmacist Renewal	Approved for renewal
• H.T.O.	Pharmacist Renewal	Approved for renewal
• Z.N.H.	Pharmacist Renewal	Approved for renewal
• M.O.B.	Pharmacist Renewal	Approved for renewal
• E.T.B.	Pharmacist Certification of DTM	Tabled pending receipt of additional information
• K.A.M.	Pharmacist Certification of DTM	Approved application
• M.C.F.	Pharmacist Certification of DTM	Approved application
• M.S.B.	Pharmacist Certification of DTM	Approved application

Correspondences/Requests

• P.P.S.	Notice of Discipline	No action
• P.L.	Notice of Discipline	No action
• M.F.V.	Notice of Discipline	No action
• P.R.P.	Notice of Discipline	No action
• A.C.S.	Notice of Discipline	No action
• A.I.	Notice of Discipline	No action
• A.R.P.	Notice of Discipline	No action
• D.H.L.S.C.	Notice of Discipline	No action

• T.M.R.	Notice of Discipline	No action
• Z.S.H.I.	Notice of Discipline	No action
• E.S.	Notice of Discipline	No action
• A.A.A.U.I.	Notice of Discipline	No action
• C.	Notice of Discipline	No action
• K.H.G.	Request to lift PIC restriction	Approved request
• J.L.A.	Request to terminate probation	Approved request effective 12/22/2022
• R.M.P.	Request to lift supervised practice restriction	Approved request
• A.D.	Request for 4th attempt to retake MPJE	Approved request
• S.J.H.	Request for 4th attempt to retake MPJE	Approved request
• Y.I.C.	Request for 4th attempt to retake MPJE	Approved request
• J.L.S.	Request for 4th attempt to retake MPJE and NAPLEX	Approved request
• R.N.S.	Request for 4th attempt to retake NAPLEX	Approved request
• T.C.M.	Request for 4th attempt to retake NAPLEX	Approved request
• J.B.	Correspondence	The Board viewed this correspondence for informational purposes only.
• A.C.C.P.D.	Request for waiver of reinstatement and late renewal fees	Approved request

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

Miscellaneous

Mr. Page reminded the members that any suggestions for the quarterly newsletter were due on December 1, 2022. He added that the newsletter would be distributed on December 31, 2022.

There being no further business to discuss, the meeting was adjourned at 4:34 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held via conference call on Wednesday, December 14, 2022, at 9:00 a.m., at the Department of Community Health's office located at 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303.

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