

**GEORGIA BOARD OF PHARMACY**  
**Conference Call**  
**2 Peachtree Street, NW, 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**November 17, 2021**  
**9:00 a.m.**

**The following Board members were present:**

Michael Brinson, President  
Dean Stone, Vice-President  
Carrie Ashbee  
Michael Azzolin  
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  
Kimberly Emm, Attorney  
Brandi Howell, Business Support Analyst

**Visitors:**

Becca Hallum, Georgia Hospital Association  
Diane Sanders, Kaiser Permanente  
Travis Clark

**Open Session**

President Brinson established that a quorum was present and called the meeting to order at 9:02 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.

**Appearance**

**Appearance by Mr. Joe Lavino and Mr. John Long, CVS Health Regulatory Affairs:** Mr. Lavino and Mr. Long provided the Board with an overview of CVS Health’s virtual verification process. Mr. Long explained there was nothing virtual about the process as everything occurs within the four (4) walls of the pharmacy. He stated that CVS was live with the virtual verification in 7,000 retail pharmacies, 47 states and territories. Additionally, Mr. Long stated that CVS retail pharmacies have dispensed 268 million prescriptions through the virtual verification process. He stated that, as of November 9<sup>th</sup>, virtual verification is live in 295 pharmacies in Georgia.

Mr. Long explained that in today’s workflow, physical handling consumes much of the pharmacist’s time during product verification. With respect to the handling of the product, the following steps are taken:

1. Retrieve basket
2. Remove label and product from basket
3. Scan label
4. Scan product label
5. Open vial
6. Pour contents into VVT
7. Inspect product compared to stock image
8. Pour contents back into vial
9. Close vial

10. Retrieve empty prescription bag
11. Place contents into bag
12. Affix label to bag
13. Staple label to bag
14. Place bag into holding area

Mr. Long stated that 90% of the process is spent physically handling the product and performing manual tasks. He explained that schedule II medications go through the manual process, not virtual verification process.

Mr. Long stated that intake was still being done by the pharmacy technician and data entry verification was handled by the pharmacist. He further stated that technicians take pictures of the product at Production and technicians will bag the prescriptions. Mr. Long continued by stating that the pharmacist will initiate Product Verification from the queue instead of by label scan. He added that pharmacist will perform Product Verification from the image captured. Lastly, pharmacists would no longer bag prescriptions.

Mr. Long explained the sources of value and ways in which virtual verification would improve workflow. He stated that it increases pharmacist capacity and allows the pharmacist to focus on other tasks. He further stated that virtual verification elevates the role of the pharmacist and frees him/her up to spend more time with patients. Mr. Long stated that doing this reduces overall workload and improves service and quality.

Mr. Long discussed the workflow steps involved with processing a prescription. After this discussion, Mr. Long and Mr. Lavino responded to questions from the board members. Vice-President Stone inquired as to if at any point could the pharmacist physically look at what was going into the bags, rather than looking at an image. Mr. Long responded by stating that the image of the product is what the pharmacist was verifying. He continued by stating that if the pharmacist wanted to manually look at the product, there is a process for him/her to do so.

Discussion was held regarding labeling. Vice-President Stone inquired if the pharmacist ever saw the label on the bottle. Mr. Long explained the “safe zone” which is monitored closely to ensure there is just one product in the zone at any time. He stated the bar codes have to match.

In regard to patient counseling, Vice-President Stone inquired as to what steps were taken with the virtual process. He asked if the product was bagged up or was it taken out to show the patient. Mr. Long responded that the product is bagged and in the waiting bin area. He continued by stating if counseling were needed, the pharmacist would open the bag and show the patient how the product worked, such as an inhaler, for example. Mr. Long stated that the product is sealed in the bag so that other products do not get placed in the bag.

Mr. Page discussed an example of a pharmacy technician needing to use multiple stock bottles to fill an order. He inquired as to what safeguards were in place if the wrong bottle was pulled. Mr. Long responded by stating when the technician pulls the product from the shelf there is a barcode to barcode match that occurs. Mr. Page asked if the technician did not follow that procedure and the wrong stock bottle was pulled, how confident is CVS Health with the image of the product and that the pharmacist would catch the error. Mr. Lavino responded by stating that following policies and procedures is paramount. He stated that making sure only one (1) prescription at a time was in the “safe zone” is key and making sure every barcode is scanned is top priority. He added that if someone were to deviate from that process, it would not be a virtual verification issue, but rather a work ethic issue. Mr. Lavino stated that CVS has discovered in pilots and in the prescriptions verified with this process that there was no difference with any deviations from prescription

quantities to the previous workflow in place. He added that CVS Health was very confident with the image.

Mr. Page asked, hypothetically, if one prescription was in the “safe zone” at a time and if there was a deviation in the process, would it be possible for the wrong label to be put on the wrong patient’s vial and be bagged. Mr. Lavino responded by stating that it was hard to answer a hypothetical question, but anything could happen at any time. He added that enforcement of the policies and procedures in the workflow process is key. He explained that he is a CVS pharmacist as well as a lawyer, and understands that everyone is pulled in different directions; however, it was critical to put patient safety first. He stated that if one were to deviate in any setting, bad things could occur.

Mr. Prather inquired as to where the pharmacist was physically located during the virtual verification process. Mr. Long responded by stating that the pharmacist is within the four (4) walls of the pharmacy. Mr. Prather asked if the pharmacist was located close enough to where he/she could stop the virtual process at any time and walk over to where the work was being done and verify the product. Mr. Long responded affirmatively and stated that the pharmacist could do that at any point in time because he/she were physically located in that space. Mr. Prather inquired if the pharmacists were encouraged to take the necessary steps to ensure everything was correct. Mr. Lavino responded that the pharmacist utilizes the steps in the workflow. He added that ultimately the pharmacist utilizes the pharmacy technician and workflow at his/her discretion. He continued by stating the pharmacist has clinical judgement and if he/she did not want to use the workflow, it would be critical for them to have a conversation and understand why that was. Mr. Lavino explained that there could be a variety of factors that get in the way. He stated that CVS Health has studied it and they know it works and know it is safe.

Mr. Prather inquired as to why the Board was just now hearing about the new virtual verification process. Mr. Lavino responded that he was not sure he had the true answer. He continued by stating that CVS Health makes enhancements every day and does not want to bog down the Board with every change that is made. He stated that CVS Health does review the law and rules and further stated that CVS Health did not see it as being required to bring this matter before the Board. Mr. Lavino stated that CVS Health would encourage any member to come to one of its pharmacies to observe the process. He added that it was important to them that there is a collaborative relationship. Mr. Prather commented that he had been in several pharmacies and spoke with the Pharmacist-In-Charge (PIC) at each location and did not speak to one that liked the process.

Mr. Azzolin commented that Mr. Lavino and Mr. Long stated that they know the system works well in terms of patient safety because they studied it. Mr. Azzolin inquired as to what types of studies had been conducted. Mr. Lavino responded by stating that when the workflow was piloted, they looked at accuracy in all aspects such as how many prescriptions go out with the wrong label, wrong quantity, etc. He added that CVS Health has a Patient Safety Organization (PSO) they contract with and any error is reported to the PSO, and actionable improvements are recommended and integrated into the workflow. He stated that, based on the data they have, there was no statistical difference with this workflow versus the other workflow.

Mr. Azzolin stated that he leans towards data and statistics. He inquired if CVS Health had statistics on the number of misfills that have occurred with the virtual verification process versus the traditional process. Additionally, Mr. Azzolin asked if CVS Health had any statistics on the timeliness of refills or taking of medications by patients as a result of increased interaction by the pharmacist. Mr. Azzolin stated that if there was no statistical difference with errors in this process versus the traditional process, then there would be no statistical improvement. To Mr. Prather’s earlier comment, Mr. Azzolin inquired if CVS Health had followed up with the pharmacists to see if he/she liked the virtual verification process or the traditional process better. Mr. Lavino responded

by stating that there is “studying the errors” and there is “studying the benefits”. He stated the benefits are the increased amount of time the pharmacist is now available. In terms of statistics, Mr. Lavino commented that there are statistics that are reported to the PSO, but are confidential. Mr. Azzolin stated that he understood patient information was confidential; however, he inquired if information related to the number of errors was anything Mr. Lavino could allude to. Mr. Lavino responded that from a number’s standpoint, he did not have that information.

Mr. Azzolin stated that he did not know what the follow up to this meeting would entail, but would love to see any statistics that CVS Health could provide in terms of whether or not the virtual verification process was helpful or not helpful. After further discussion, the Board thanked Mr. Lavino and Mr. Long for providing this information.

### **Approval of Minutes**

Vice-President Stone made a motion to approve the minutes from the October 13, 2021, Conference Call and the Public and Executive Session minutes from the October 14, 2021, Conference Call. Mr. Azzolin seconded and the Board voted unanimously in favor of the motion.

### **Report of Licenses Issued**

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

### **Petitions for Rule Waiver or Variance**

**Rule Waiver Petition from Kings Hometown Pharmacy, PHRE010777:** Vice-President Stone made a motion to grant the petition. Mr. Prather seconded and the Board voted unanimously in favor of the motion.

**Rule Variance Petitions from Liberty Regional Medical Oncology Pharmacy and St. Joseph-Candler Pembroke Infusion Center:** Vice-President Stone made a motion to grant each petition. Mr. Page seconded and the Board voted unanimously in favor of the motion.

**Rule Waiver Petition from Kaiser Permanente Refill Pharmacy, PHRE008623:** Vice-President Stone made a motion to grant the petition. Mr. Page seconded and the Board voted unanimously in favor of the motion.

### **Correspondences**

#### **Correspondence from Ryne Roseberry, Piedmont Eastside Medical Center**

The Board considered this correspondence regarding potential plans for an infusion center at Piedmont Eastside Medical Center. In his inquiry, Mr. Roseberry asked if there would be any issue compounding patient specific medications in the main campus pharmacy and walking them to the clinic. Additionally, Mr. Roseberry asked if a pyxis machine could be placed at the clinic. Mr. Azzolin made a motion to direct staff to respond to Mr. Roseberry by stating that, based on the information provided, the Board had no issues with the proposal. Vice-President Stone seconded and the Board voted unanimously in favor of the motion.

#### **Correspondence from Jody Farrell, Boehringer Ingelheim**

The Board considered this correspondence regarding whether or not licensure is required for foreign firms to ship into Georgia. Additionally, the correspondence contained various questions related to completing the Georgia Pharmacy Facility Application. In response, the Board directed staff to respond by stating that in order to ship prescription drugs into Georgia, a license is required and suggested the application be completed to the best of his/her abilities.

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

Director Troughton reported that GDNA conducted 893 inspections and received 179 complaints for FY2022.

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

No report.

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

**Continuing Education Report:** Report presented. Mr. Prather made a motion to ratify the below continuing education programs approved since the previous meeting. Mr. Cordle seconded, and the Board voted unanimously in favor of the motion.

<b>Date of Program</b>	<b>Hours</b>	<b>Sponsoring Group</b>	<b>Program Title</b>	<b>CE Code</b>
10/06/21	0.5	Atrium Health - Navicent	Paralytic Safety	2021-0015
11/04/21	1	Kaiser Permanente	Unlocking the Memories: A Discussion on Alzheimer's Disease and the Potential Keys to its Successful Treatment	2021-0016
11/17/21	1	Kaiser Permanente	Kerendia (finerenone) Use in Diabetic Kidney Disease	2021-0017

**2022 Proposed Meeting Dates:** Vice-President Stone made a motion to adopt the 2022 meeting dates as presented. Mr. Page seconded and the Board voted unanimously in favor of the motion.

**Legal Services – Kimberly Emm**

No report.

**Miscellaneous**

**Chapter 480-36 Retail Pharmacy Requirements for Remote Prescription Drug Order**

**Processing:** Mr. Azzolin provided the Board with an overview of the suggested amendments to this chapter. He explained that the spirit behind the changes was that the Board held several discussions concerning remote entry and trying to equalize hospital and retail. Mr. Azzolin stated the way the rule was previously written was it imparted the ability to provide remote order drug processing to a pharmacy, not a pharmacist. He stated that the first change was to amend the rule so that a Georgia licensed pharmacist could provide remote order drug processing, not tethering it to the pharmacy. Additionally, Mr. Azzolin stated that the remote entry could only occur from a Georgia licensed pharmacy within the state of Georgia. He continued by stating the Board has had multiple instances where pharmacies from outside of Georgia, that have a Georgia licensed pharmacist, wanted to be able to assist on the retail side of things as a secondary remote pharmacy from outside the state. Mr. Azzolin stated the Board had granted several rule petitions to allow that to happen.

Mr. Azzolin discussed proposed changes to Rule 480-36-.02. Specifically, he discussed amendments that would require secondary remote entry pharmacies who perform remote prescription drug order processing to be licensed by the Board and when a secondary remote entry pharmacist performs remote prescription drug processing from any pharmacy must be licensed in Georgia. Lastly, Mr. Azzolin stated the secondary remote entry pharmacists who perform prescription drug processing shall either be employed by or contracted with the primary dispensing pharmacy or be employed by an organization that has a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy and the contractor. He stated that 480-36-.02 breaks down how those pharmacists could work and provide

those services. Mr. Azzolin stated that this matter brought up the question of how do pharmacy technicians fit into this role. He stated that if the pharmacist was not in a pharmacy while performing remote prescription drug processing, the pharmacist could not be supervising technicians. He further stated that Georgia's law and rules addressed having a technician inside of a pharmacy; however, if you were the secondary pharmacist processing for a primary pharmacy, pharmacy technicians could be utilized in that setting. Mr. Azzolin stated that the pharmacy would have to hold a Georgia license and follow Georgia's rules and regulations concerning technicians.

Director Troughton commented that, from an enforcement standpoint, to require an out of state pharmacy to comply with Georgia's technician ratio may not be necessary. He stated that the Board may want to consider stating that, if in Georgia, you must comply with Georgia's law and rules regarding ratios because every other law or rule states they would have to comply with regulations of their home state. Mr. Azzolin responded that he did not disagree with that. He commented that he worked with Ms. Emm on the changes and in conversations with her, they elected to leave as much as the original rule, but to Director Troughton's point, that would be a wise decision.

Director Troughton discussed amendments to Rule 480-36-.03. Specifically, removing Rule 480-36-.03(1) of the original rule. He stated this outlined what the primary dispensing pharmacy should do. He further stated this is a retail pharmacy in the state of Georgia. Director Troughton stated that the retail pharmacy already has to do more than this. Mr. Azzolin agreed.

Mr. Azzolin commented that the reason technicians were being addressed was because Georgia law requires direct supervision of technicians by a pharmacy and that has to occur in the pharmacy. He continued by stating if the law changed, the Board could come back and edit the rule; however, until that time, the Board would not be able to make any changes.

Director Troughton discussed the suggested amendments to Rule 480-36-.04(b), which read, "A list of the name, address, telephone numbers, and permit/registration/license numbers of all pharmacies and pharmacists involved in remote processing;" Director Troughton suggested adding language stating that if a technician was assisting, he/she must be identified. After further discussion, Mr. Azzolin recommended section (b) be amended to read, "A list of the name, address, telephone numbers, and permit/registration/license numbers, where applicable, of all pharmacies and pharmacists, interns and externs involved in remote processing;"

Mr. Azzolin discussed Rule 480-36-.07(2), which requires written consent from the patient or patient's representative. Mr. Azzolin stated that section (2) was stricken from the proposed amendment as he felt that it was cumbersome.

Mr. Prather stated that he was a member of the Board when the Board was first approached by a large chain that wanted to do remote prescription drug processing. He stated that the chain had a store in Atlanta and wanted to send the prescription to a store in south Atlanta to adjudicate the prescription and send the adjudicated label back to the original pharmacy. He further stated that the chain wanted to go from pharmacy A to pharmacy B to pharmacy C and so forth. Mr. Prather explained that the Board did not like that idea so it promulgated these rules. He further explained that the Board's purpose is to protect the health, safety and welfare of the citizens of Georgia, and with that in mind, the Board created this rule. Mr. Prather stated that the Board job is not assist with someone's particular business model or to expand pharmacies all over the United States. He stated that the Board's job is to protect the public, and as such, requested Mr. Azzolin point out how the suggested amendments discussed do such. In response, Mr. Azzolin stated that in Rule 480-36-.01(4), the essence of Mr. Prather's first comment was retained. He stated that the amendment to section (4) reads in part, "There shall only be one secondary remote entry pharmacist to assist the primary dispensing pharmacy with remote prescription drug order processing per prescription" Mr.

Azzolin stated that the original language that was put into the rule was retained. He continued by stating that the only change made referenced a pharmacist, not pharmacy.

Mr. Azzolin commented to Mr. Prather's point regarding protect the public and patients of Georgia. Mr. Azzolin stated that the fact of the matter was, in terms of a pharmacist counseling a patient, the face to face interaction with that pharmacist is what will make the patient understand his/her medications best and be compliant. He continued by stating that by allowing an offsite pharmacist to process part of the prescription, the pharmacist would be free to ensure patient safety. Mr. Azzolin stated that broadening the rules would give the pharmacist an opportunity to improve patient care.

Mr. Prather inquired if Mr. Azzolin could statistically show that this process has dramatically increased the interactions between pharmacists and patients. Mr. Azzolin responded that he could provide data from how it worked in a hospital. Mr. Prather stated that he was not talking about a hospital pharmacy. Mr. Azzolin stated that many if not most of the medications used in filling orders in hospitals are the same as those used to fill prescriptions in retail environments and that using remote pharmacists to assist in either environment would have a similar impact in both settings. Mr. Prather stated that the practice of pharmacy in a hospital pharmacy and a retail pharmacy were two different things. He added that he hoped there was someone from the press listening to the Board's call because if the Board was going to expand to another state, why could it not expand to the whole world. Mr. Prather stated that he believes the public needed to weigh in on this matter. Mr. Azzolin stated that he appreciated Mr. Prather's input and would do some research; however, in regard to Mr. Prather's comment about the public needing to weigh in on the matter, he stated that the process for such would be for the Board to post suggested changes and then a public hearing would be scheduled. He added that, at that point, the public would be able to submit his/her input on the proposed changes.

After further discussion, the Board requested Ms. Emm make the suggested changes and bring back to the Board in December.

Mr. Page made a motion and Vice-President Stone seconded, and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h) and § 43-1-2(h) to deliberate and to receive information on applications, investigative reports, and the Assistant Attorney General's report. Voting in favor of the motion were those present who included Carrie Ashbee, Michael Azzolin, Michael Brinson, Young Chang, Cecil Cordle, Chuck Page, Bill Prather, and Dean Stone.

### **Executive Session**

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

- M.S.H.
- A.M.
- GDNA Case #T31581

#### **Cognizant's Report – Dean Stone**

- GDNA Case # T33953
- GDNA Case # A33983
- GDNA Case # B33942
- GDNA Case # A33891
- GDNA Case # A33941
- GDNA Case # A33931
- GDNA Case # A33873

- GDNA Case # B33877
- GDNA Case # A33904
- GDNA Case # B33887
- GDNA Case # A33815
- GDNA Case # T33863
- GDNA Case # B33922
- GDNA Case # B33894
- GDNA Case # A33789
- GDNA Case # A33911
- GDNA Case # B33944
- GDNA Case # A33974
- GDNA Case # B33909
- GDNA Case # B33932
- GDNA Case # B33898
- GDNA Case # B33852
- GDNA Case # B33929
- GDNA Case # B33921

**Applications**

- M.R.A.
- K.A.O.
- N.L.S.
- B.S.
- R.N.B.
- C.O.M.
- M.H.T.
- T.M.P.
- C.C.R.
- C.D.C.
- L.B.T.
- L.I.T.
- M.M.P.
- B.H.
- B.I.A.H.U.
- B.I.A.H.U.
- B.I.A.H.U.
- S.N.I.
- K.B.M.
- M.M.

**Correspondences/Requests**

- H.F.P.A.S.
- P.H.I.
- P.S.A.
- P.C.P.
- P.V.S.I.
- P.V.S.I.
- S.P.
- A.P.C.



- A.M.S.
- B.U.I.
- B.D.D.C.
- B.E.T.P.
- B.E.T.P.
- M.S.P.
- P.S.
- U.S.C.
- U.S.C.
- W.C.M.
- C.M.C.
- C.N.S.
- J.P.
- W.R.R.

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

- V.B.

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

- T.D.S.
- B.H.S.
- E.C.
- B.D.
- H.P.I.
- C.H.P.
- W.R.S.I.
- T.A.B.

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

**Open Session**

Vice-President Stone made a motion for the Board to take the following actions:

- |                |                        |                      |
|----------------|------------------------|----------------------|
| • M.S.H.       | Correspondence         | Approved request     |
| • A.M.         | DME Supplier Applicant | Approved application |
| • Case #T31581 | Records Request        | Approved request     |

**Cognizant’s Report – Dean Stone**

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|----------------------|-------------------------------------------|
| • GDNA Case # T33953 | Accept Voluntary Surrender                |
| • GDNA Case # A33983 | Refer to the Department of Law            |
| • GDNA Case # B33942 | Misfill Policy #1                         |
| • GDNA Case # A33891 | Refer to the Department of Law            |
| • GDNA Case # A33941 | Table to allow time for additional review |
| • GDNA Case # A33931 | Null and void permit                      |
| • GDNA Case # A33873 | Table to allow time for additional review |
| • GDNA Case # B33877 | Refer to the Department of Law            |
| • GDNA Case # A33904 | Refer to the Department of Law            |
| • GDNA Case # B33887 | Close case with a letter of concern       |

- GDNA Case # A33815 Refer to the Department of Law
- GDNA Case # T33863 Close case and flag file for renewal
- GDNA Case # B33922 Misfill Policy #1
- GDNA Case # B33894 Close case with a letter of concern
- GDNA Case # A33789 Refer to the Department of Law
- GDNA Case # A33911 Refer to the Department of Law
- GDNA Case # B33944 Refer to the Department of Law for pharmacy and owner/pharmacists/Letter of concern to PRN pharmacist and technician
- GDNA Case # A33974 Refer to the Department of Law
- GDNA Case # B33909 Close case with a letter of concern
- GDNA Case # B33932 Close case
- GDNA Case # B33898 Close case
- GDNA Case # B33852 Close case
- GDNA Case # B33929 Close case
- GDNA Case # B33921 Close case

### **Applications**

- M.R.A. Pharmacy Technician Approved for registration
- K.A.O. Pharmacy Technician Approved for registration
- N.L.S. Pharmacy Technician Approved for registration
- B.S. Pharmacy Technician Approved for renewal
- R.N.B. Pharmacy Technician Approved for renewal
- C.O.M. Pharmacist Intern Denied application
- M.H.T. Pharmacist Intern Approved application
- T.M.P. Pharmacist Intern Approved application
- C.C.R. Pharmacist Intern Approved for reinstatement with an expiration date of 06/30/2024
- C.D.C. Pharmacist Reciprocity Approved application
- L.B.T. Pharmacist Reciprocity Approved application
- L.I.T. Pharmacist Reinstatement Policy 3A
- M.M.P. Nuclear Pharmacist Approved application
- B.H. Wholesaler Pharmacy Approved for renewal
- B.I.A.H.U. Wholesaler Pharmacy Approved for renewal
- B.I.A.H.U. Wholesaler Pharmacy Approved for renewal
- B.I.A.H.U. Wholesaler Pharmacy Approved for renewal
- S.N.I. Wholesaler Pharmacy Approved for renewal
- K.B.M. Pharmacist Certification of DTM Approved application
- M.M. Pharmacist Certification of DTM Approved application

### **Correspondences/Requests**

- H.F.P.A.S. Notice of Discipline No action
- P.H.I. Notice of Discipline No action
- P.S.A. Notice of Discipline Null and void license
- P.C.P. Notice of Discipline No action
- P.V.S.I. Notice of Discipline No action
- P.V.S.I. Notice of Discipline No action
- S.P. Notice of Discipline No action
- A.P.C. Notice of Discipline No action

• A.M.S.	Notice of Discipline	No action
• B.U.I.	Notice of Discipline	No action
• B.D.D.C.	Notice of Discipline	No action
• B.E.T.P.	Notice of Discipline	No action
• B.E.T.P.	Notice of Discipline	No action
• M.S.P.	Notice of Discipline	No action
• P.S.	Notice of Discipline	No action
• U.S.C.	Notice of Discipline	No action
• U.S.C.	Notice of Discipline	No action
• W.C.M.	Notice of Discipline	No action
• C.M.C.	Notice of Discipline	No action
• C.N.S.	Notice of Discipline	No action
• J.P.	Notice of Discipline	No action
• W.R.R.	Notice of Discipline	No action

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

• V.B.	Correspondence	Board directed staff to respond that a search of the Georgia Board of Pharmacy’s records shows no violation of Georgia law by the facility and the facility maintained ISO-2716:2007 Certificate Number 0059142-05-02, affirming good manufacturing practices related to cosmetics in compliance with the United States F.D.A.
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**Attorney General’s Report – Max Changus**

Mr. Changus discussed the following cases:

• T.D.S.	Close case with no action
• B.H.S.	Close case with no action
• E.C.	Close case and null/void license

Mr. Changus presented the following consent orders for acceptance:

• B.D.	Public Consent Order accepted
• H.P.I.	Public Consent Order accepted
• C.H.P.	Public Consent Order accepted
• W.R.S.I.	Public Consent Order accepted
• T.A.B.	Public Consent Order accepted

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 3:35 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held via conference call on Wednesday, December 15, 2021, at 9:00 a.m., at the Department of Community Health’s office located at 2 Peachtree Street, N.W., 6<sup>th</sup> floor, Atlanta, GA 30303.

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