GEORGIA BOARD OF PHARMACY
2 MLK Jr. Drive, 11th Floor East Tower, Atlanta, GA 30341
Minutes for November 19, 2025 Board Meeting

Board Members present:
Dr. Cecil Cordle, President
Mr. Young Chang, Vice President
Dr. Michael Azzolin
Mr. Jim Bracewell, Consumer Member
Mr. Michael Brinson
Mr. Michael Farmer
Mr. Chuck Page
Mr. Dean Stone

Board Staff present:
Mr. Clint Joiner, Executive Director
Mr. Michael Karnbach, Director, GDNA
Mr. Alec Mathis, Deputy Director, GDNA
Mr. Rick White, Special Agent, GDNA
Ms. Carla Leary, GDNA
Mr. Tommy McNulty, Assistant Attorney General
Ms. Itovia Evans, Deputy Director of Licensing
Mrs. Angela Johnson, Board Admin. Secretary

Visitors:
Ben Wright, The Hudson Group
Scott Tommerlin, Walgreens
John Long, CVS Health
Beth Jarrett, Walmart
Brandon Brooks, Publix
Kenneth Bailey, Vet Teaching Hospital
Katie Johnston, Revelation
Max Turner, Troutman
Jackie Hyatt, Tanner Health
Steve Minor, Tanner Health
Stephen Snow, RX Harmony
Eric Holgate, Custom Pharmacy
Brad Bolton, Cardinal Health NPHS
Ron Hartman, Tanner Health/ GSHP
Kamryn Wham, Georgia Hospital Association
Jonathan Marquess, GPhA/ AIP
Helen Sloat, Gold Dome Partners
Rebecca Rice, CVS
Mark Clayton
David Gibbs
Bart Anderson, Innovation Group
Brett Carter, Tanner Health
Mark Connett, RX Harmony

Open Session

President Cordle confirmed that a quorum was present and called the meeting to order at 9:00 a.m. He then welcomed the members of the public in attendance.

Approval of Minutes
Mr. Stone made a motion to approve the Open and Executive Session minutes from the October 22, 2025, meeting. Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued
Director Joiner reported that 467 new licenses have been issued since the Board's last meeting. He further noted that, following the close of the renewal periods, the Board now regulates 49,013 active licenses, reflecting a net increase of 749 from the previous month due to late renewals and reinstatements.

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

Petitions for Rule Waiver or Variance
Tanner Medical Center – Villa Rica (PHH008006) – Waiver of Rule 480-13-.02(f)
Mr. Stone asked if anyone was present from Tanner Medical Center. Representatives from Tanner, including attorney Steve Minor and pharmacy leadership, addressed the Board.

Tanner Medical Center requested a waiver of the rule requiring a separate license for hospital pharmacies operating in more than one location. Tanner sought to continue having its Villa Rica

hospital pharmacy serve its Willowbrook behavioral health facility, which is 515 yards away but operates under the same hospital license.

Tanner representatives described the behavioral health facility, which provides short-term inpatient and outpatient services, and outlined current processes for secure transport and replenishment of medications. They asserted that Georgia's pharmacy laws intentionally give the Board discretion to consider unique circumstances and hardships.

Mr. Minor noted that the term "location" is not defined in statute or rule and argued that the Board has historically interpreted this flexibly. He stated that Willowbrook has been safely served by the hospital pharmacy for more than 16 years and that establishing a separate pharmacy would require approximately $300,000 in startup costs and $320,000 in annual operating costs, resources the facility needs for behavioral health services.

Board members discussed precedent, patient safety, distance limitations, and alternative pathways, including transferring drug ownership to a facility physician or the potential future use of RAMS permits if authorized by law. Concerns were raised regarding the need for consistent boundaries and the risk of setting broad precedent for facilities located off the main hospital campus.

Mr. Stone made a motion to deny the variance request. Mr. Bracewell seconded, and the Board voted in favor of the motion.

Correspondences

DCH Request to Poll Board Members regarding Pharmacies Not Distributing Blood Pressure Monitor Cuffs to Medicaid Members

Mr. Page presented correspondence from DCH regarding a recent Medicaid policy change (effective July) allowing retail pharmacies to dispense blood pressure monitor cuffs to Medicaid members. He noted that the policy appears similar to coverage for blood glucose meters (e.g., limited frequency of one device every five years) and that Board member and staff had not previously been aware of this change.

The Board discussed practical concerns raised by pharmacies, including low maximum reimbursement (approximately $35 per device versus higher acquisition costs), the time and effort required for billing and patient education, and delays in reimbursement. The Board also noted potential billing barriers, such as the need for an NDC number for adjudication, the fact that most blood pressure cuffs do not have an NDC, and questions about diagnosis codes and claim requirements.

The Board did not identify any regulatory concerns with pharmacies distributing blood pressure monitors under the Medicaid policy. However, it was acknowledged that reimbursement and billing logistics may limit pharmacy participation, particularly for independent pharmacies.

The Board agreed to post notice and related information on the Board's website and in the Board's newsletter to inform pharmacists about the policy.

Director Joiner thanked DCH for bringing the issue forward and highlighted the value of this type of data exchange for supporting patient care in Georgia.

Letter from Kevin Patrick

Mr. Page presented correspondence from Kevin Patrick requesting that the Board consider

authorizing pharmacists to perform pharmacogenetic and stimulant-response testing related to ADHD treatment. After reviewing the detailed submission, Mr. Page stated that the matter appears to fall primarily within the scope of medical practice rather than pharmacy practice and recommended that the issue be directed first to the Georgia Composite Medical Board for evaluation before any legislative consideration.

The Board discussed the request and agreed that current pharmacy statutes do not authorize pharmacists to perform such testing. Mr. Stone noted that O.C.G.A. § 26-4-4 limits pharmacists to CLIA-waived, FDA-approved home-use tests, and broader genetic testing would require statutory change. Board members expressed agreement with this assessment.

Georgia Drugs and Narcotics Agency – Mr. Michael Karnbach

Director Karnbach introduced Special Agent Rick White and Ms. Carla Leary. He reported that GDNA has conducted 817 inspections year-to-date and received 356 complaints year-to-date.

Attorney General's Report – Mr. Tommy McNulty

No Report.

Executive Director's Report – Mr. James Joiner

No Report.

Legal Services – Mr. James Joiner

No Report.

Old Business – Follow-up

Approved Treatment Providers – Proposed Board Policy No. 9 (new)

Mr. Page presented a proposed structure for Board-approved treatment providers at the October meeting. The policy outlines the specific approval process for applicants (both organizations/institutions and individual/small groups) requesting to become Board-approved service providers. The policy includes a screening process for these applications. The policy will also provide a clear description of services offered (evaluation, aftercare, monitoring, etc.).

Mr. Page led the discussion regarding the updated treatment provider policy and associated application forms. He noted that the website currently displays only one provider request form, but there are two forms that require Board approval—one for organizations/institutions and one for individual providers.

> **Board Policy 9**
> Guidelines for the initial recognition and periodic review of facilities, organizations, and individuals seeking designation as Board-approved treatment providers for registrants diagnosed with, or suspected of having, substance use disorders or mental health disorders.
>
> This applies to entities located in the State of Georgia as well as those operating in other states or U.S. jurisdictions.
>
> Approval Process
> 1. Submit the appropriate form based on your classification:
>   a. Individual Provider or Small Group
>   b. Organization or Institution
> 2. If the entity is located in more than one location, a separate request must be submitted for each location.
> 3. Email the completed form to the Georgia State Board of Pharmacy at pharmacyboard@dch.ga.gov

4. The Board will evaluate the submission during its next scheduled meeting as availability allows. This review will be conducted during a public session, and representatives from the treatment provider are welcome to attend.
5. Treatment providers will receive written notification regarding the Board's decision to approve or deny the request.
6. Approved providers will be listed on the Board's website.
7. Recognition as an approved treatment provider must be renewed every 2 years by repeating the application process.

He summarized the next required steps:

1. Board review and approval of the policy and both provider request forms.
2. Determine the timeframe for current providers to return updated information once the forms are sent.
3. Update and repost the approved provider list on the website following the review of returned submissions.

Mr. Page stated the only substantive change to the policy since the prior meeting was adding a requirement that approved providers must reapply every two years.

The Board discussed and determined that it would be appropriate for the Board office to send the updated forms to current providers. The Board discussed the appropriate turnaround timeframe, ultimately agreeing to allow 60 calendar days, with the forms to be sent on or around January 2 due to holiday workload.

Director Joiner clarified that the Board needed a single vote to approve the updated policy and both provider forms collectively.

Mr. Bracewell made a motion to adopt the suggested changes to proposed Board Policy #9 and accept the updated provider forms. Mr. Farmer seconded, and the Board voted in favor of the motion.

Intern License Extension Application

Director Joiner reported that he and Ms. Evans developed a new Intern License Extension Application. He explained that, unlike regular license renewals that occur on a fixed statewide schedule, intern extensions will occur on an as-needed basis, making "extension" the more appropriate route.

The Board reviewed a draft of the proposed application and the length of each extension. Members noted that most interns would likely require up to one additional year, depending on the remaining time in their program.

Discussion then focused on whether intern license extensions could be administratively approved by staff or whether each request must come before the full Board. Director Joiner stated that delegation of authority would be required if the Board wished to allow administrative processing.

Mr. Stone made a motion to approve the extension application process as proposed. Dr. Azzolin seconded, and the Board voted in favor of the motion.

Mr. Stone made a second motion to approve the delegation authority to the Board office to administratively approve extension requests, consistent with existing delegation policies. Mr. Page seconded, and the Board voted in favor of the motion.

The Board clarified that intern licenses are valid for up to five years, and an intern who needs

additional time would submit the new extension application. Extensions would generally be granted for one year, after which the intern may reapply if further extension is needed. Extensions would be granted when there are no legal, disciplinary, or other issues; any application involving concerns would still be presented to the Board.

Reinstatement Pathway for Pharmacy Technicians & Facility Licensure During Change of Ownership

Director Joiner reported that both the technician reinstatement pathway and the change of ownership/ change of location "tail period" process for facilities still need to be drafted into the Board's policy manual. These drafts are not yet ready but will be brought back to the Board for review in December

Laminar Flow Hood Rule Revisions and Broader Compounding Rule Review

The Board had discussion regarding proposed amendments to several compounding-related rules addressing laminar flow hoods and USP compliance. Dr. Azzolin explained that the proposed revisions were intended to align Georgia rules with USP 797, which allows certain immediate-use sterile preparations to be compounded without a laminar flow hood. The goal was to clarify when a hood is required for sterile compounding versus when USP standards exempt that requirement. Language was drafted to reference USP exemptions so the rule would automatically align with future USP updates.

Discussion of Rule 480-11-.04

Rule 480-11-.04. Facilities and Equipment

(1) Facilities.
   (a) Pharmacies engaging in compounding shall have an adequate area for the orderly compounding of prescriptions, including the placement of equipment and materials. The drug compounding area for sterile preparations shall be separate and distinct from the area used for the compounding of non-sterile drug preparations. The area(s) used for compounding of drugs shall be maintained in a good state of repair.
   (b) Bulk drugs and other chemicals or materials used in the compounding of prescription drug orders must be stored in adequately labeled containers in a clean, dry area or, if required, under proper refrigeration.
   (c) Adequate lighting and ventilation shall be provided in all drug-compounding areas. Potable water shall be supplied under continuous positive pressure in a plumbing system free of defects that could contribute to contamination of any compounded drug preparation. Adequate washing facilities, easily accessible to the compounding area(s) of the pharmacy shall be provided. These facilities shall include, but not be limited to, hot and cold water, soap or detergent, and air dryers or single-use towels.
   (d) Sewage, trash, and other refuse in and from the pharmacy and immediate drug compounding area(s) shall be disposed of in a safe and sanitary manner.
(2) Equipment.
   (a) Equipment used in the compounding of drug preparation shall be of appropriate design, appropriate capacity, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance. Equipment used in the compounding of drug preparations shall be of suitable composition so that surfaces that contact components, in-process materials, or drug preparations shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug preparation beyond that desired.
   (b) Equipment and utensils used for compounding shall be cleaned and sanitized immediately prior to use to prevent contamination that would alter the safety, identity, strength, quality, or purity of the drug preparation beyond that desired. In the case of equipment, utensils, and

containers/closures used in the compounding of sterile drug preparations, cleaning, sterilization, and maintenance procedures as set forth in Board Rules.

(c) Equipment and utensils used for compounding drugs must be stored in a manner to protect them from contamination. Immediately prior to the initiation of compounding operations, they must be inspected by the pharmacist and determined to be suitable for use.

(d) Automatic, mechanical, electronic, or other types of equipment other than commercial scale manufacturing or testing equipment, may be used in the compounding of drug preparations. If such equipment is used, it shall be routinely inspected, calibrated (if necessary), or checked to ensure proper performance.

(3) Physical requirements for pharmacies compounding sterile parenteral preparations.

(a) A pharmacy compounding or preparing sterile parenteral preparations shall have a designated area for preparing compounded, sterile parenteral preparations as defined in USP 797. This area shall be physically separate from other areas and should be designed to avoid unnecessary traffic and airflow disturbances. It shall be used only for the preparation of sterile parental preparations.

(b) Equipment and supplies for compounding sterile parenteral preparations. A pharmacy compounding sterile parenteral preparations shall have the following minimum equipment and supplies:

~~1. Laminar airflow hood (ISO 5) located within a clean room, or barrier isolator as described in USP 797;~~

~~2.~~1.Infusion pumps, if appropriate;

~~3.~~2.Sink, in working condition, with hot and cold running water, which is convenient to the compounding area for the purpose of hand scrubs prior to compounding;

~~4.~~3.Facility for light/dark field examination;

~~5.~~4.Appropriate disposal containers for used needles, syringes, etc., and if applicable, cytotoxic waste from the preparation of chemotherapy agents;

~~6. A Class II, vertical flow biological safety cabinet or appropriate barrier isolator, if chemotherapy agents are routinely prepared;~~

~~7.~~5.Refrigerator/freezer in working condition;

~~8.~~6.If compounding onsite using components which must be weighed, Class A Balance with an assortment of metric weights or a Class I or II Electronic Balance;

~~9.~~7.Disposable needles, syringes and other supplies needed for aseptic admixture;

~~10.~~8. Disinfectant cleaning solutions;

~~11.~~9. Handwashing agent with bactericidal action;

~~12.~~10. Disposable, lint free towels or an automatic hand dryer;

~~13.~~11. Appropriate filters and filtration equipment;

~~14.~~12. Disposable masks and sterile, disposable gloves, gowns, hair and shoe covers and goggles when indicated;

~~15.~~13. An oncology drug spill kit, if chemotherapy agents are routinely prepared.

~~16.~~14. For the purpose of emergency or immediate patient care, compounded sterile preparations are exempted from the requirements as outlined in USP 797.

(4) Minimum equipment for pharmacies compounding non-sterile preparations.

(a) A compounding pharmacy must have all equipment required of a pharmacy in Chapter 480-10 of the Board Rules.

(b) Additionally, a compounding pharmacy must have the appropriate equipment for use in compounding as defined in USP Chapters 795 and 797.

(5) References. In addition to references required of a pharmacy, pharmacies compounding sterile pharmaceuticals shall also have a current edition of or electronic access to an established reference on IV stability and incompatibility, such as, Handbook on Injectable Drugs or King's

Guide to Parenteral Admixtures, current Federal requirements for sterile compounding and other reference material including but not limited to:

(a) "USP Pharmacists Pharmacopeia",

(6) Variances.

(a) The pharmacist-in-charge may submit to the Georgia State Board of Pharmacy a typed request for a variance to the provisions relating to minimum equipment requirements. The reasons for the request for a variance must be included in the submitted request. A variance shall be granted by the Board only when, in the judgment of the Board, there are sound reasons for doing so that relate to the necessary or efficient delivery of health care. After consideration by the Board, the requestor will be notified of the Board's decision in writing.

(b) If approved, said letter(s) will serve as proof of the Board's approval for the variance indicated in the letter, and must be posted next to the inspection report.

Authority: O.C.G.A. §§ 26-4-5, 26-4-27, 26-4-28, 26-4-86, 26-4-110.

Director Karnbach recommended a broader simplification: rather than identifying specific equipment (e.g., laminar or biological safety hoods), the rules should rely on the statutory requirement that all sterile compounding must comply with USP standards. He advised striking the hood-specific requirements (items 1 and 6) entirely, noting that pharmacies must already comply with USP to compound steriles and that multiple chapters (USP 797, USP 800, etc.) evolve regularly.

Board members discussed whether to revise the full compounding rule chapter now or make targeted changes. Members agreed to proceed with limited changes at this time and revisit the larger rewrite later.

Dr. Azzolin made a motion to adopt the suggested changes to Rule 480-11-.04 striking items 1 and 6 regarding laminar flow hoods from Rule 480-13-.04, as shown on the screen as proposed. Mr. Stone seconded, and the Board voted in favor of the motion.

Related Rule Revisions: Rules 480-13-.05 and 480-13-.06

Dr. Azzolin noted that similar laminar flow hood requirements appear in Rules 480-13-.05 and 480-13-.06, which apply to hospitals and other sterile-compounding settings. Consistent with the Board's decision on Rule 480-11-.04, the Board proceeded to strike the parallel language in these sections as well. Director Joiner also removed the outdated word "amended" from one rule title as this is the only such instance in the rulebook.

Rule 480-13-.05. Physical Requirements. ~~Amended~~

1. Area. A hospital pharmacy shall have within the hospital which it serves, sufficient floor space allocated to it to insure that drugs are prepared in sanitary, well-lighted and enclosed places, and which meet the other requirements of this section and the Georgia Pharmacy Laws. The hospital pharmacy space requirements should be a minimum of 10 square feet per hospital bed, which includes all areas assigned and under the direct control of the Director of Pharmacy.

a. The pharmacy of substance abuse treatment or mental health facility shall be exempt from the minimum square footage requirement provided that the pharmacy receives a satisfactory inspection from the Georgia Drugs and Narcotics Agency that shows that the pharmacy space is sufficient to supply the needs of the patients and that all aspect of the management and operations of the pharmacy comply with the law and the rules of the Board to ensure that the health, safety, and welfare of the patients served by the pharmacy are protected. No application for licensure of a pharmacy of a substance abuse

treatment or mental health facility seeking an exemption shall be approved without a satisfactory inspection.

b. "Mental health facility" shall mean a specialized hospital, inpatient unit, or other institution that is licensed to provide twenty-four (24) hour care and has as its primary function the diagnosing and treating of patients with psychiatric disorders.

c. "Substance abuse treatment facility" shall mean a specialized hospital, inpatient unit, or other institution that is licensed to provide twenty-four (24) hour care and has as its primary function the diagnosing and treating of patients with substance use disorders.

2. Equipment and supplies. Each hospital pharmacy shall have sufficient equipment and physical facilities for proper compounding, dispensing, and storage of drugs, including parenteral preparations. The equipment and physical facilities shall include the following:

a. Compounding and dispensing area:

1. A refrigerator in operating condition with a thermometer, preferably a biological refrigerator;

2. A sink in operating condition with hot and cold running water;

3. A Class A Balance and an assortment of metric weights if utilizing a Class A Balance or a Class I or II Electronic Balance, if compounding onsite using components which must be weighed;

4. Graduates of assorted sizes;

5. Mortar and pestle;

6. Two (2) spatulas and a counting tray;

7. Typewriter, word processor, or computer with a label printer;

8. Pill tile; and

9. Other equipment as deemed necessary by the Director of Pharmacy.

b. Parenteral solution additives area as required in 480-13-.06(2)(a);

1. ~~Laminar flowhood; and~~

1. Facility for light-dark field examination.

c. Storage and receiving area;

d. Manufacturing and packaging area; and

e. Office space area.

3.

a. The pharmacy of a substance abuse treatment or mental health facility shall be exempt from (2)(a)(3.), (2)(b)(1.), and (2)(b)(2.) under the following terms and conditions:

1. The Director of Pharmacy attests that the pharmacy will purchase only commercially prepared medications and intravenous preparations;

2. The Director of Pharmacy attests that no compounding will occur on-site;

3. The pharmacy includes the attestations in its application for licensure as a hospital pharmacy; and

4. The pharmacy receives a satisfactory inspection from the Georgia Drugs and Narcotics Agency that shows that in the absence of the equipment, the pharmacy is sufficient to supply the needs of the patients and that all aspect of the management and operations of the hospital pharmacy comply with the law and rules of the Board to ensure that the health, safety, and welfare of the patients served by the pharmacy are protected.

b. No application for licensure of a pharmacy of a substance abuse treatment or mental health facility seeking an exemption shall be approved without a satisfactory inspection.

c. "Mental health facility" shall mean a specialized hospital, inpatient unit, or other institution that is licensed to provide twenty-four (24) hour care and has as its primary function the diagnosing and treating of patients with psychiatric disorders.

d. "Substance abuse treatment facility" shall mean a specialized hospital, inpatient unit, or other institution that is licensed to provide twenty-four (24) hour care and has as its primary function the diagnosing and treating of patients with substance use disorders.

4. Each hospital pharmacy shall maintain a reference library which includes, at a minimum, the following:

a. Copy of and/or electronic or computer access to the latest edition of the Georgia Pharmacy Practice Act, the Georgia Controlled Substances Act and the Rules and Regulations of the Georgia State Board of Pharmacy;

b. Copies of and/or electronic or computer access to current reference materials appropriate to the practice of the hospital pharmacy;

c. Copy of and/or electronic or computer access to the latest edition of the American Society of Health-system Pharmacists Formulary Service;

d. Compatibility charts;

e. Current drug interaction references;

f. Current antidote information;

g. Copy of and/or electronic access or computer access to the latest edition of text and reference works covering theoretical and practical pharmacy, reference materials on general, organic, pharmaceutical and biological chemistry, toxicology, pharmacology, sterilization and disinfection.

5. Storage. All drugs shall be stored in the hospital pharmacy within designated areas which are sufficient to insure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Drug storage cabinets and unit dose carts at the nursing station shall be locked when the station is not in attendance by nursing personnel.

6. Controlled drug storage for Schedule II drugs. An enclosed controlled room with limited access capable of showing forced entry is preferable. However, a safe or metal cabinet adequately locked that is permanently affixed to the structure is acceptable.

7. Unattended areas. Whenever any area of a hospital pharmacy is not under the personal and direct supervision of authorized personnel, such areas shall be locked.

8. Security. All areas occupied by a hospital pharmacy shall be capable of being locked by key or combination, so as to prevent access by unauthorized personnel by force. The Director of Pharmacy shall designate in writing, by name and specific area, those persons who shall have access to particular areas within the pharmacy. These areas shall meet the security requirements of Federal and State Laws and Regulations. Only those persons so authorized shall be permitted to enter these areas.

9. Variances.

a. The Director of Pharmacy may submit to the Board a typed request for a variance to the provisions relating to minimum equipment requirements. The reasons for the request for a variance must be included. A variance may be granted by the Board only when, in the judgment of the Board, there are sound reasons for granting the variance which relate to the necessary or efficient delivery of health care. After consideration by the Board, the Director of Pharmacy will be notified of the Board's decision in writing.

b. If approved, said letter(s) will serve as proof of the Board's approval for each variance(s) indicated in the letter, and shall be posted next to the Georgia Drugs and Narcotics Agency inspection report.

Authority: O.C.G.A. §§ 26-4-27, 26-4-28, 26-4-80, 26-4-110.

Mr. Stone made a motion to adopt the suggested changes to Rule 480-13-.05, striking items regarding laminar flow hoods from the rule, as shown on the screen. Mr. Brinson seconded, and the Board voted in favor of the motion.

Rule 480-13-.06. Drug Distribution Control

1. General. A drug distribution system is the entirety of that mechanism by which a prescription drug order is executed, from the time the practitioner transmits the order either orally or in writing to an authorized health professional to the time the ordered drug is administered to the patient or delivered to the patient for self-administration.

2. Responsibility. The Director of Pharmacy shall be responsible for the safe and efficient distribution, control, and accountability for drugs, including IV solutions and irrigation solutions. The other professional staff of the hospital shall cooperate with the Director of Pharmacy in meeting this responsibility and in ordering, administering, and accounting for the pharmaceutical materials to achieve this purpose. The Director of Pharmacy shall establish written procedures for the distribution of parenteral medications to achieve this goal. Accordingly, the Director of Pharmacy shall be responsible for, at a minimum, the following:

a. The compounding, admixture, and quality control of large volume parenterals is the responsibility of a pharmacist and shall be prepared ~~under a Laminar Flow Hood or utilizing such other equipment to protect the integrity of the product, within the pharmacy department~~in such a way as to meet the requirements of USP 797. Individuals who prepare or administer large volume parenterals must have special training to do so. These functions of IV admixture compounding shall be done primarily by the pharmacy department with exceptions allowed for specialty-care areas such as Intensive Care Units, Cardiac Catheterization Laboratories Intensive Care Units, etc., during emergency situations, or during unattended hours of the pharmacy department. When any part of the above functions (preparing, sterilizing, and labeling parenteral medications and solutions) is performed within the hospital but not under direct pharmacist supervision, the Director of Pharmacy shall be responsible for providing written guidelines and for approving the procedures to assure that all pharmaceutical requirements are met;

b. All drugs must be identified up to the point of administration;

c. It shall be the responsibility of the pharmacist on duty to sign the invoice(s), including signature, legible Georgia pharmacist license number, and date, for all controlled substances upon receipt and verification;

d. The pharmacy must receive a direct copy, electronic or mechanical copy of a practitioner's order before the first dose of medication is dispensed except as defined by hospital stat order policy;

e. Utilization of a pharmacy-generated patient profile. The patient profile shall be the official record of medications dispensed to the patient. The patient profile or the ability to generate such profile electronically shall be under the control of the Director of Pharmacy for a period of two (2) years. The patient profile shall contain at a minimum:

1. Given and last name of the patient;
2. Age;
3. Sex;
4. Provisional diagnosis;
5. Room number;
6. Drug product dispensed, date dispensed, strength, dosage form, quantity and directions, and identification of dispensing pharmacist;
7. Identification or differentiation of controlled substances;
8. Intravenous therapy;
9. Selected medical data;
10. Drug history interview (when possible); and
11. Sensitivities and allergies to drugs and foods;

f. Manufacture of drugs, if applicable;

g. Establishment of specifications or use of compendia specifications for procurement of drugs, chemicals, devices and biologicals, subject to approval of the appropriate committee of the hospital;

h. Participation in the development of a drug formulary for the hospital;

i. filling and labeling all containers from which drugs are to be administered, after visual screening to determine that same are neither adulterated nor misbranded;

j. Maintaining and making available a sufficient inventory of antidotes and other emergency drugs. Current antidote information, telephone numbers of regional poison control center(s) and other emergency assistance organizations, and other material and information as may be deemed necessary shall be maintained;

k. Records of all transactions of the hospital pharmacy as may be required by law, and as may be necessary to maintain accurate control over the accountability for all pharmaceutical drugs, devices and materials. Nothing in this section shall prohibit the use of computer hard copy, where such copy meets all other requirements of the law;

l. Participation in those aspects of the hospital patient care evaluation program which relate to pharmaceutical drug, device and material utilization and effectiveness; and

m. Efficient messenger and delivery service to connect the pharmacy with appropriate parts of the facility throughout the normal workday.

3. Labeling.

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

b. For use outside the hospital, all drugs dispensed by a hospital pharmacy to patients about to be discharged or on leave of absence shall be labeled with the following information:

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

c. Drugs added to parenteral solutions. Wherever any drugs are added to parenteral solutions, whether within or outside the direct and personal supervision of a licensed pharmacist, such admixture shall be labeled with a distinctive supplementary label indicating the name and amount of the drug added, date and time of addition, expiration date and time if applicable, and the identity of the person so adding.

4. Discontinued drugs. The Director of Pharmacy shall develop and implement policies and procedures to insure that outdated drugs and containers with worn, illegible, or missing labels are returned to the pharmacy for proper disposition.

a. Full doses of controlled substances prepared for administration and not given must be destroyed by a licensed pharmacist or a licensed nurse and one witness. Any portions of controlled substances discontinued and taken from a medication delivery device shall be destroyed by a licensed pharmacist or a licensed nurse and one witness. The two persons witnessing the destruction must sign the destruction record at the time of destruction. The destruction record shall be returned to the pharmacy and must be signed by the pharmacist who is ultimately responsible for the accuracy of the information contained therein.

b. In accordance with the policies and procedures developed by the Director of Pharmacy, discontinued non-controlled substances dispensed to hospital patients shall be returned to the pharmacy and evaluated by the licensed pharmacist to assure the integrity of the medication. If the integrity can be assured, the medication may be returned to the

hospital's drug distributions system for re-issue. When the integrity cannot be assured, the medication must be separated immediately from the regular drug inventory and destroyed or transferred to a reverse distributor with a current license issued by the Board. The following method of destruction of non-controlled substances is approved by the Board for medications dispensed to hospital patients or patients residing in nursing homes or long term care units which are part of a hospital facility;

1. Placed in a secure storage area at the facility separated from other medications. The drugs may be destroyed at the facility by the pharmacist and another licensed healthcare practitioner designated by the facility. However, before the destruction can take place, it must be verified that an inventory has been taken and recorded. The facility must maintain a written record of the destruction and the inventory for a two year period. This record shall include at a minimum the date, time, and personnel involved with the destruction and the method of destruction; or

2. If the drugs are to be transferred to a reverse distributor with a current license issued by the Board, a record of the following must be maintained by the hospital pharmacy for a minimum of two years:

i. An inventory of the drugs to be transferred including the names of the drugs; the dosage form(s) of the drugs and the quantity of the drugs; the inventory shall be verified by a pharmacy representative and a representative of the reverse distributor;

ii. The date and time the drugs were taken from the pharmacy;

iii. The name, Board permit number, address and telephone number of the destruction firm removing the drugs;

iv. The name and signature of the responsible person representing the reverse distributor who is physically removing the drug(s);

v. The name and signature of the pharmacist representing the pharmacy transferring the drug(s) to the reverse distributor.

c. The following methods of destruction of controlled substances are approved by the Board of Pharmacy:

1. A securely attached wooden or metal cabinet within a locked limited-access area shall be used to store the drugs until the drugs are destroyed. When controlled drugs are discontinued or the patient expires, the medication shall be pulled from the active stock immediately and inventoried and verified by a pharmacist along with another licensed healthcare professional. The inventory must be recorded into a permanent record and the drugs shall then be placed in the aforementioned cabinet. This medication shall remain within the locked cabinet until such time as it is removed for destruction.

2. The pharmacist shall establish a form, which shall include the following data:

i. Date of discontinuance or inventory date;

ii. Name of patient;

iii. Name of pharmacy;

iv. Identifying serial numbers;

v. Name and strength of the drug; and

vi. Quantity of the drugs in container(s) at the time of inventory.

3. A licensed pharmacist or licensed nurse and one witness must destroy the drugs.

4. Inventory of the drugs included in the final destruction must be taken with one copy retained by the facility. The inventory shall be certified by the two witnesses present at the destruction in the following format:

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

Name of drug
Strength of drug
Dosage form
Quantity of drug

_____
(Signature and Title)

_____
(Signature and Title)

_____
(Signature and Title)

5. The Board and/or the GDNA may prohibit any pharmacist or hospital pharmacy from utilizing this method.

d. A method of off-site destruction allowable by the Board is as follows:

1. The drugs to be destroyed shall be immediately removed from the active stock and stored in a separate and secure location in the pharmacy until the drugs are transferred. When the drugs are transferred to a reverse distributor licensed by the Board, an inventory must be recorded and include the following information: the names of the drugs, the dosage forms of the drugs and the quantities of the drugs taken and witnessed by an authorized representative of the hospital pharmacy and the responsible person representing the reverse distributor.

2. A receipt including the date and time the drugs were taken from the pharmacy; the name, Board permit number, address and telephone number of the reverse distributor removing the drugs; the inventory of the drugs; the name, signature and title of the responsible person representing the reverse distributor; and the name, signature and title of the pharmacy representative transferring the drugs. This receipt/record must be maintained by the hospital pharmacy for a minimum of two years.

5. Prescription drug orders. Drugs may be dispensed from the hospital pharmacy only upon written orders, direct or mechanical copies thereof, of authorized practitioners.

a. Authorization. The appropriate committee of the hospital shall, from time to time as appropriate, designate those practitioners who are authorized to issue prescription drug orders to the pharmacy.

b. Abbreviations. Orders employing abbreviations and chemical symbols shall be utilized and filled only if such abbreviations and symbols appear on a published list of accepted abbreviations developed by the appropriate committee of the hospital.

c. Requirements - Prescription drug orders for drugs, devices or materials for use by in-patients. Prescription drugs orders for use by in-patients shall, at a minimum, contain:

1. Patient name and room number;
2. Drug name, strength, directions for use; and
3. Date and practitioner's signature.

d. Requirements - Prescription drug orders for drugs, devices or materials for use by outpatients. Prescription drug orders for drugs, devices or materials for use by outpatients shall, at a minimum, contain all of the information required by Rule 480-13-.06(5)(c), and in addition include:

1. Quantity to be dispensed;
2. Practitioner's address and Drug Enforcement Administration identification code, if applicable, and
3. Patient's address, if applicable.

6. Accountability of controlled drugs.

a. Proof of use of controlled drugs on standard ward inventory. Proof of use of controlled substances and such other drugs as may be specified by the appropriate committee of the hospital, shall be submitted to the pharmacy, on forms provided by the pharmacy. Proof of use forms shall specify at a minimum:

1. Name of drug, strength, and dosage form;
2. Dose administered;
3. Name of authorized practitioner. This shall include, at a minimum, the initial and last name;
4. Given and last name of the patient;
5. Date and time of administration to the patient;
6. Signature of the individual administering, which shall include at a minimum, the initial, last name, and title;
7. Documentation of the destruction of any and all unused portions by two signature verifications;
8. Proof of receipt of the medications that bears identifying serial numbers; and
9. Date the medication was issued and the date that the proof of use form was returned to the pharmacy.

b. Anesthesia departments that obtain controlled drugs from the hospital pharmacy must show accountability of the controlled drugs by proof of use as defined above.

c. Use of computer generated hard copy is permitted where such copy meets all other requirements of the law.

d. Any hospital pharmacy licensed by the Georgia State Board of Pharmacy and in which controlled substances are administered to patients, may make on-premises destruction of small quantities of controlled substances prepared for parenteral and oral administration provided:

1. The controlled substance is either a whole dose or a partial dose of a single-dosage unit; and
2. The single-dosage unit from which the ordered dose was prepared is the nearest possible size to the dose ordered.

e. Perpetual inventory of Schedule II substances shall be required and accountability of said drugs shall be by a proof of use form.

7. Recall. The Director of Pharmacy shall develop and implement a policy and procedure to assure that all drugs within the hospital included on a recall are returned to the pharmacy for proper disposition.

8. Suspected adverse drug reactions. All suspected adverse drug reactions shall be reported immediately to the ordering authorized practitioner, the pharmacy, and to the appropriate committee of the hospital. An appropriate entry on the patient's medical record shall also be made.

9. Records and reports. The Director of Pharmacy shall maintain access to and submit, as appropriate, such records and reports as are required to insure the patient's health, safety and welfare. Such records shall be readily available and subject to inspections by the Board of Pharmacy, the GDNA or its employees. These shall include, at a minimum, the following:

a. Patient profile;
b. Proof of use;
c. Reports of suspected adverse drug reactions;
d. Inventories of night cabinets and emergency kits/crash carts;
e. Inventories of the pharmacy;
f. Biennial controlled substances inventories;
g. Alcohol and flammables reports; and

h. Such other records and reports as may be required by state Law and the Rules and Regulations of the Board of Pharmacy.

10. Standard ward inventory (floor stock). The pharmacy department may distribute drugs within a hospital for the purpose of establishing and/or maintaining a standard ward inventory. Such drugs may be distributed only upon a signed requisition from a nurse or other authorized representative of said hospital or by an inventory replacement system. These drugs may be administered only pursuant to a practitioner's order. This practitioner's order will be forwarded to the pharmacy and these medications will be recorded on the pharmacy patient profile. A record of administration of drugs administered to patients in ancillary areas such as but not limited to the operating room, emergency room, anesthesiology, and x-ray shall be forwarded to the pharmacy and these medications shall be recorded on the patient profile. A survey of usage trends of each standard ward inventory shall be prepared monthly. Such records shall be retained for a period of two years.

11. Emergency room dispensing. An authorized practitioner may, when drugs or controlled substances are not otherwise available from a licensed pharmacy, dispense an emergency amount of medication, but only sufficient quantities until such time as medication can be obtained from a pharmacy licensed as a retail pharmacy. Nurses or other unauthorized personnel may not dispense medication from the emergency room. The total act of dispensing shall be performed by an authorized practitioner in accordance with Pharmacy Laws, Rules and Regulations. Such medications shall be labeled as required in Section 480-13-.06(3)(b).

12. Service of facilities under common ownership. A hospital pharmacy may service the patients of Nursing Homes, Long Term Care Facilities, or Hospices as long as these entities are under the same ownership as the hospital pharmacy; however, such entities may only be services by the hospital pharmacy subject to the requirements set forth in Ga. Comp. R. & Regs. Ch. 480-24. A hospital pharmacy may supply emergency kits in the serviced facility, but is prohibited from maintaining standard ward inventories (floor stock) in any such facility.

Authority: O.C.G.A. §§ 26-4-27, 26-4-28, 26-4-110.

Mr. Brinson made a motion to adopt the suggested changes to Rule 480-13-.06, striking items regarding laminar flow hoods from the rule, as shown on the screen. Mr. Stone seconded, and the Board voted in favor of the motion.

The Board discussed having a compounding work group reconvene, likely mid-year, to begin the more comprehensive review of the compounding chapter, including potential restructuring around USP compliance and removal of unnecessary equipment-specific language.

Smart Lockers

Mr. Page opened the discussion by raising a foundational question: whether smart-locker pickup of prescriptions is legally permissible under current Georgia law, given that both O.C.G.A. § 26-4-110 and Rule 480-10-.02(4)(b) state that the prescription department must be open and no prescription may be dispensed in the absence of a licensed pharmacist. Before proceeding with rule development, he asked whether smart-locker pickup can legally occur, especially after pharmacy hours.

The Board discussed the definition of **"**dispense**"**, including whether dispensing occurs when the pharmacist places the medication into the locker or when the patient takes possession. Members emphasized the need to maintain patient safety and preserve the statutory requirement for pharmacist involvement.

Director Joiner suggested that dispensing could be viewed as a process, initiated by the pharmacist but completed when the patient retrieves the medication.

Director Karnbach cautioned that Georgia law requires a pharmacist to be present at the time of dispensing, meaning that if pickup is considered the moment of dispensing, after-hours retrieval would not be permitted and would defeat the purpose of smart lockers.

Several members noted that treating placement into the locker as the moment of dispensing creates its own conflicts, because once "dispensed," a prescription cannot be returned to stock. Board members compared this to delivery, brown-bagging, and existing hospital-based locker waivers, but recognized that none fully resolve the legal question for community pharmacy use, especially after hours.

Several Board members acknowledged that many states already allow pharmacy pickup lockers and that Georgia patients increasingly need after-hours access to maintenance medications. It was also agreed that retail pharmacies should not be disadvantaged compared to hospitals or mail-order services.

However, since legal uncertainty remains regarding whether after-hours pickup constitutes unlawful dispensing without a pharmacist present. The Board agreed that it cannot proceed with rule development until receiving legal guidance. The Board will request that the Attorney General's Office provide an interpretation addressing when "dispensing" legally occurs—when the pharmacist loads the locker, or when the patient retrieves the prescription, whether dispensing may be considered a multi-step process that begins under pharmacist supervision and completes later when the patient picks up the medication and whether after-hours pickup from a secured smart locker is permissible under Georgia's pharmacist-presence requirement.

Several members noted that if the AG determines smart-locker pickup is not permissible, legislative change may be necessary.

The Board took no formal action pending the AG's opinion and will revisit the topic once guidance is received.

Drone Delivery (Pharmaceutical Autonomous Delivery Systems – PADS)
The Board discussed draft rules and definitions addressing the use of drone-based pharmaceutical autonomous delivery systems (PADS).

Mr. Farmer stated that the draft was well written but raised two primary concerns: the allowance of controlled substances to be delivered by drone and the ability to ensure secure delivery to multi-unit or multi-family dwellings. While acknowledging potential benefits of drone delivery for certain patient populations, such as hospice patients or individuals with limited access to pharmacy services, he recommended that all references to controlled substances be removed from the proposed rules. Mr. Farmer expressed concern that permitting controlled substances to be delivered by drone presents significant diversion and public-safety risks due to the ease with which such technology could be exploited. He further questioned how secure, verifiable delivery could be ensured in settings such as apartments, townhomes, or dormitories, where identifying a clear, individualized delivery location may be challenging.

Several members noted that delivery to multi-unit residences already occurs through traditional pharmacy delivery methods and that internal pharmacy policies currently govern whether controlled substances may be left when a patient is not present.

Board members discussed the current and anticipated capabilities of drone technology, including prior presentations to the Board regarding features such as geofencing and patient confirmation at the delivery site. Members also noted that early deployment of drone delivery is likely to occur in urban and suburban areas, which typically have higher delivery volumes and a greater concentration of multi-family residences.

The Board also discussed experiences in other states, noting that initial drone delivery regulations have generally excluded controlled substances.

The Board further discussed whether PADS should be regulated as pharmacy delivery or as delivery by mail, and how that classification could impact payer contracts and operational standards. The Board expressed concern that certain proposed provisions—such as detailed temperature monitoring and tracking record requirements specific to drone delivery—could impose more stringent requirements on drones than on other delivery methods without a clear corresponding benefit.

Additional discussion addressed a separate draft provision that would have allowed Board inspectors or law enforcement to inspect PADS-related facilities that are not otherwise licensed by the Board. Director Karnbach cautioned that such language could exceed the Board's authority and potentially overlap with common-carrier protections applicable to entities such as UPS, FedEx, or USPS. The Board generally agreed that the inspection authority language should be removed or substantially revised, and that PADS providers should not be regulated more heavily than other lawful carriers absent on a clear legal basis.

Given the number of unresolved issues, including the treatment of controlled substances, delivery to multi-unit dwellings, classification of PADS as mail versus pharmacy delivery, and the overall structure of delivery regulations, the Board agreed that the draft required further revision.

The Board did not adopt the current PADS/drone delivery draft. It was determined that the Board members working on this issue will reconvene to revise the proposed rules, with direction to reconsider references to controlled substances in drone delivery, reevaluate delivery standards to ensure drones are not subject to unnecessary or inconsistent requirements compared to other delivery methods, and consider consolidating and simplifying the delivery framework so that standards are consistent across delivery modalities.

The group will present a revised draft to the Board at a future meeting for further review and possible action.

Review of Pharmacy/ Pharmacist Language – Rule 480-24-.06
President Cordle noted this item has been postponed/rescheduled for discussion in December.

Amendments to the Interim Consent Order
Director Joiner presented proposed amendments to the private intern consent order for assessment, explaining that the revised format removes the prior "omnibus" structure. Under the new language, the order will require only that an assessment be completed, with any subsequent conditions or restrictions to be addressed, as appropriate, in a separate consent order based on the assessment results. He submitted the revised language for Board acceptance.

Director Karnbach expressed appreciation for the revisions, noting that the existing format has created compliance difficulties for interns and that the new structure should significantly improve clarity and practicality for both the Board and future pharmacists.

Mr. Brinson made a motion to approve the proposed amendments to the Interim Consent Order as proposed. Mr. Stone seconded, and the Board voted in favor of the motion.

C-II Pickup Identification Requires Clarification
Director Joiner reported that the proposed draft for this policy is still under development and will be available at a later date.

Nonresident Pharmacies Shipping Into Georgia
The Board discussed concerns regarding out-of-state pharmacies shipping medications into Georgia. Director Karnbach noted that Georgia pharmacies are inspected and held to high operational standards, while pharmacies in other states may operate under different or less rigorous standards yet are still permitted to ship into Georgia at lower cost. He emphasized the need for the Board to consider how to ensure appropriate oversight and parity when nonresident pharmacies apply for licensure or renewal. The issue was raised in response to ongoing interest both within and outside the Board.

Director Joiner stated that he would prepare a draft of proposed rule amendment and return it to the Board at a subsequent meeting for review, discussion, and formal action.

Define Inpatient for Hospital-at-Home (Rule 480-13-.01) & Drug Distribution Control (Rule 480-13-.06?
At the October meeting the Board considered revisions to rule language concerning "inpatient services" for hospital-at-home programs. The revisions seek to clarify that inpatient services in hospital-at-home programs may be provided via in-person or telemedicine care.

Director Joiner presented the follow-up rule amendment related to Hospital at Home services. He explained that during last month's revision to Rule 480-13-.01, the Board removed language authorizing hospital pharmacies to service commonly owned facilities, not because the Board intended to eliminate this authorization, but because such language did not belong in a definitions section. The follow-up amendment restores the same authorization language in a more appropriate section of the rule. He noted that this amendment appears at the bottom of the rule draft and is connected to the broader set of changes previously discussed.

Rule 480-13-.06. Drug Distribution Control

(1) General. A drug distribution system is the entirety of that mechanism by which a prescription drug order is executed, from the time the practitioner transmits the order either orally or in writing to an authorized health professional to the time the ordered drug is administered to the patient or delivered to the patient for self-administration.

(2) Responsibility. The Director of Pharmacy shall be responsible for the safe and efficient distribution, control, and accountability for drugs, including IV solutions and irrigation solutions. The other professional staff of the hospital shall cooperate with the Director of Pharmacy in meeting this responsibility and in ordering, administering, and accounting for the pharmaceutical materials to achieve this purpose. The Director of Pharmacy shall establish written procedures for the distribution of parenteral medications to achieve this goal. Accordingly, the Director of Pharmacy shall be responsible for, at a minimum, the following:

(a) The compounding, admixture, and quality control of large volume parenterals is the responsibility of a pharmacist and shall be prepared ~~under a Laminar Flow Hood or utilizing such other equipment to protect the integrity of the product, within the pharmacy department~~in such a way as to meet the requirements of USP 797. Individuals who prepare or administer large volume parenterals must have special training to do so.

These functions of IV admixture compounding shall be done primarily by the pharmacy department with exceptions allowed for specialty-care areas such as Intensive Care Units, Cardiac Catheterization Laboratories Intensive Care Units, etc., during emergency situations, or during unattended hours of the pharmacy department. When any part of the above functions (preparing, sterilizing, and labeling parenteral medications and solutions) is performed within the hospital but not under direct pharmacist supervision, the Director of Pharmacy shall be responsible for providing written guidelines and for approving the procedures to assure that all pharmaceutical requirements are met;

(b) All drugs must be identified up to the point of administration;

(c) It shall be the responsibility of the pharmacist on duty to sign the invoice(s), including signature, legible Georgia pharmacist license number, and date, for all controlled substances upon receipt and verification;

(d) The pharmacy must receive a direct copy, electronic or mechanical copy of a practitioner's order before the first dose of medication is dispensed except as defined by hospital stat order policy;

(e) Utilization of a pharmacy-generated patient profile. The patient profile shall be the official record of medications dispensed to the patient. The patient profile or the ability to generate such profile electronically shall be under the control of the Director of Pharmacy for a period of two (2) years. The patient profile shall contain at a minimum:

1. Given and last name of the patient;
2. Age;
3. Sex;
4. Provisional diagnosis;
5. Room number;
6. Drug product dispensed, date dispensed, strength, dosage form, quantity and directions, and identification of dispensing pharmacist;
7. Identification or differentiation of controlled substances;
8. Intravenous therapy;
9. Selected medical data;
10. Drug history interview (when possible); and
11. Sensitivities and allergies to drugs and foods;

(f) Manufacture of drugs, if applicable;

(g) Establishment of specifications or use of compendia specifications for procurement of drugs, chemicals, devices and biologicals, subject to approval of the appropriate committee of the hospital;

(h) Participation in the development of a drug formulary for the hospital;

(i) filling and labeling all containers from which drugs are to be administered, after visual screening to determine that same are neither adulterated nor misbranded;

(j) Maintaining and making available a sufficient inventory of antidotes and other emergency drugs. Current antidote information, telephone numbers of regional poison control center(s) and other emergency assistance organizations, and other material and information as may be deemed necessary shall be maintained;

(k) Records of all transactions of the hospital pharmacy as may be required by law, and as may be necessary to maintain accurate control over the accountability for all pharmaceutical drugs, devices and materials.

Nothing in this section shall prohibit the use of computer hard copy, where such copy meets all other requirements of the law;

(l) Participation in those aspects of the hospital patient care evaluation program which relate to pharmaceutical drug, device and material utilization and effectiveness; and

(m) Efficient messenger and delivery service to connect the pharmacy with appropriate parts of the facility throughout the normal workday.

(3) Labeling.

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

(b) For use outside the hospital, all drugs dispensed by a hospital pharmacy to patients about to be discharged or on leave of absence shall be labeled with the following information:

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

(c) Drugs added to parenteral solutions. Wherever any drugs are added to parenteral solutions, whether within or outside the direct and personal supervision of a licensed pharmacist, such admixture shall be labeled with a distinctive supplementary label indicating the name and amount of the drug added, date and time of addition, expiration date and time if applicable, and the identity of the person so adding.

(4) Discontinued drugs. The Director of Pharmacy shall develop and implement policies and procedures to insure that outdated drugs and containers with worn, illegible, or missing labels are returned to the pharmacy for proper disposition.

(a) Full doses of controlled substances prepared for administration and not given must be destroyed by a licensed pharmacist or a licensed nurse and one witness. Any portions of controlled substances discontinued and taken from a medication delivery device shall be destroyed by a licensed pharmacist or a licensed nurse and one witness. The two persons witnessing the destruction must sign the destruction record at the time of destruction. The destruction record shall be returned to the pharmacy and must be signed by the pharmacist who is ultimately responsible for the accuracy of the information contained therein.

(b) In accordance with the policies and procedures developed by the Director of Pharmacy, discontinued non-controlled substances dispensed to hospital patients shall be returned to the pharmacy and evaluated by the licensed pharmacist to assure the integrity of the medication. If the integrity can be assured, the medication may be returned to the hospital's drug distributions system for re-issue. When the integrity cannot be assured, the medication must be separated immediately from the regular drug inventory and destroyed or transferred to a reverse distributor with a

current license issued by the Board. The following method of destruction of non-controlled substances is approved by the Board for medications dispensed to hospital patients or patients residing in nursing homes or long term care units which are part of a hospital facility;

1. Placed in a secure storage area at the facility separated from other medications. The drugs may be destroyed at the facility by the pharmacist and another licensed healthcare practitioner designated by the facility. However, before the destruction can take place, it must be verified that an inventory has been taken and recorded. The facility must maintain a written record of the destruction and the inventory for a two year period. This record shall include at a minimum the date, time, and personnel involved with the destruction and the method of destruction; or
2. If the drugs are to be transferred to a reverse distributor with a current license issued by the Board, a record of the following must be maintained by the hospital pharmacy for a minimum of two years:
   i. An inventory of the drugs to be transferred including the names of the drugs; the dosage form(s) of the drugs and the quantity of the drugs; the inventory shall be verified by a pharmacy representative and a representative of the reverse distributor;
   ii. The date and time the drugs were taken from the pharmacy;
   iii. The name, Board permit number, address and telephone number of the destruction firm removing the drugs;
   iv. The name and signature of the responsible person representing the reverse distributor who is physically removing the drug(s);
   v. The name and signature of the pharmacist representing the pharmacy transferring the drug(s) to the reverse distributor.

(c) The following methods of destruction of controlled substances are approved by the Board of Pharmacy:

1. A securely attached wooden or metal cabinet within a locked limited-access area shall be used to store the drugs until the drugs are destroyed. When controlled drugs are discontinued or the patient expires, the medication shall be pulled from the active stock immediately and inventoried and verified by a pharmacist along with another licensed healthcare professional. The inventory must be recorded into a permanent record and the drugs shall then be placed in the aforementioned cabinet. This medication shall remain within the locked cabinet until such time as it is removed for destruction.
2. The pharmacist shall establish a form, which shall include the following data:
   i. Date of discontinuance or inventory date;
   ii. Name of patient;
   iii. Name of pharmacy;
   iv. Identifying serial numbers;
   v. Name and strength of the drug; and
   vi. Quantity of the drugs in container(s) at the time of inventory.
3. A licensed pharmacist or licensed nurse and one witness must destroy the drugs.
4. Inventory of the drugs included in the final destruction must be taken with one copy retained by the facility. The inventory shall be certified by the two witnesses present at the destruction in the following format:

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

Name of drug
Strength of drug
Dosage form
Quantity of drug

_____
(Signature and Title)

_____
(Signature and Title)

_____
(Signature and Title)

5. The Board and/or the GDNA may prohibit any pharmacist or hospital pharmacy from utilizing this method.

(d) A method of off-site destruction allowable by the Board is as follows:

1. The drugs to be destroyed shall be immediately removed from the active stock and stored in a separate and secure location in the pharmacy until the drugs are transferred. When the drugs are transferred to a reverse distributor licensed by the Board, an inventory must be recorded and include the following information: the names of the drugs, the dosage forms of the drugs and the quantities of the drugs taken and witnessed by an authorized representative of the hospital pharmacy and the responsible person representing the reverse distributor.

2. A receipt including the date and time the drugs were taken from the pharmacy; the name, Board permit number, address and telephone number of the reverse distributor removing the drugs; the inventory of the drugs; the name, signature and title of the responsible person representing the reverse distributor; and the name, signature and title of the pharmacy representative transferring the drugs. This receipt/record must be maintained by the hospital pharmacy for a minimum of two years.

(5) Prescription drug orders. Drugs may be dispensed from the hospital pharmacy only upon written orders, direct or mechanical copies thereof, of authorized practitioners.

(a) Authorization. The appropriate committee of the hospital shall, from time to time as appropriate, designate those practitioners who are authorized to issue prescription drug orders to the pharmacy.

(b) Abbreviations. Orders employing abbreviations and chemical symbols shall be utilized and filled only if such abbreviations and symbols appear on a published list of accepted abbreviations developed by the appropriate committee of the hospital.

(c) Requirements - Prescription drug orders for drugs, devices or materials for use by in-patients. Prescription drugs orders for use by in-patients shall, at a minimum, contain:

1. Patient name and room number;
2. Drug name, strength, directions for use; and
3. Date and practitioner's signature.

(d) Requirements - Prescription drug orders for drugs, devices or materials for use by outpatients. Prescription drug orders for drugs, devices or

materials for use by outpatients shall, at a minimum, contain all of the information required by Rule 480-13-.06(5)(c), and in addition include:

1. Quantity to be dispensed;
2. Practitioner's address and Drug Enforcement Administration identification code, if applicable, and
3. Patient's address, if applicable.

(6) Accountability of controlled drugs.

(a) Proof of use of controlled drugs on standard ward inventory. Proof of use of controlled substances and such other drugs as may be specified by the appropriate committee of the hospital, shall be submitted to the pharmacy, on forms provided by the pharmacy. Proof of use forms shall specify at a minimum:

1. Name of drug, strength, and dosage form;
2. Dose administered;
3. Name of authorized practitioner. This shall include, at a minimum, the initial and last name;
4. Given and last name of the patient;
5. Date and time of administration to the patient;
6. Signature of the individual administering, which shall include at a minimum, the initial, last name, and title;
7. Documentation of the destruction of any and all unused portions by two signature verifications;
8. Proof of receipt of the medications that bears identifying serial numbers; and
9. Date the medication was issued and the date that the proof of use form was returned to the pharmacy.

(b) Anesthesia departments that obtain controlled drugs from the hospital pharmacy must show accountability of the controlled drugs by proof of use as defined above.

(c) Use of computer generated hard copy is permitted where such copy meets all other requirements of the law.

(d) Any hospital pharmacy licensed by the Georgia State Board of Pharmacy and in which controlled substances are administered to patients, may make on-premises destruction of small quantities of controlled substances prepared for parenteral and oral administration provided:

1. The controlled substance is either a whole dose or a partial dose of a single-dosage unit; and
2. The single-dosage unit from which the ordered dose was prepared is the nearest possible size to the dose ordered.

(e) Perpetual inventory of Schedule II substances shall be required and accountability of said drugs shall be by a proof of use form.

(7) Recall. The Director of Pharmacy shall develop and implement a policy and procedure to assure that all drugs within the hospital included on a recall are returned to the pharmacy for proper disposition.

(8) Suspected adverse drug reactions. All suspected adverse drug reactions shall be reported immediately to the ordering authorized practitioner, the pharmacy, and to the appropriate committee of the hospital. An appropriate entry on the patient's medical record shall also be made.

(9) Records and reports. The Director of Pharmacy shall maintain access to and submit, as appropriate, such records and reports as are required to insure the patient's health, safety and welfare. Such records shall be readily available and

subject to inspections by the Board of Pharmacy, the GDNA or its employees. These shall include, at a minimum, the following:

(a) Patient profile;
(b) Proof of use;
(c) Reports of suspected adverse drug reactions;
(d) Inventories of night cabinets and emergency kits/crash carts;
(e) Inventories of the pharmacy;
(f) Biennial controlled substances inventories;
(g) Alcohol and flammables reports; and
(h) Such other records and reports as may be required by state Law and the Rules and Regulations of the Board of Pharmacy.

(10) Standard ward inventory (floor stock). The pharmacy department may distribute drugs within a hospital for the purpose of establishing and/or maintaining a standard ward inventory. Such drugs may be distributed only upon a signed requisition from a nurse or other authorized representative of said hospital or by an inventory replacement system. These drugs may be administered only pursuant to a practitioner's order. This practitioner's order will be forwarded to the pharmacy and these medications will be recorded on the pharmacy patient profile. A record of administration of drugs administered to patients in ancillary areas such as but not limited to the operating room, emergency room, anesthesiology, and x-ray shall be forwarded to the pharmacy and these medications shall be recorded on the patient profile. A survey of usage trends of each standard ward inventory shall be prepared monthly. Such records shall be retained for a period of two years.

(11) Emergency room dispensing. An authorized practitioner may, when drugs or controlled substances are not otherwise available from a licensed pharmacy, dispense an emergency amount of medication, but only sufficient quantities until such time as medication can be obtained from a pharmacy licensed as a retail pharmacy. Nurses or other unauthorized personnel may not dispense medication from the emergency room. The total act of dispensing shall be performed by an authorized practitioner in accordance with Pharmacy Laws, Rules and Regulations. Such medications shall be labeled as required in Section 480-13-.06(3)(b).

(12) Service of facilities under common ownership. A hospital pharmacy may service the patients of Nursing Homes, Long Term Care Facilities, or Hospices as long as these entities are under the same ownership as the hospital pharmacy; however, such entities may only be serviceds by the hospital pharmacy subject to the requirements set forth in Ga. Comp. R. & Regs. Ch. 480-24. A hospital pharmacy may supply emergency kits in the serviced facility, but is prohibited from maintaining standard ward inventories (floor stock) in any such facility.

Authority: O.C.G.A. §§ 26-4-27, 26-4-28, 26-4-110.

Mr. Stone made a motion to adopt the suggested changes to Rule 480-13-.06. Mr. Brinson seconded, and the Board voted in favor of the motion.

Rule Amendment – Rule 480-37-.03 Remote Automated Medication System (RAMS) Minimum Requirements

Director Karnbach presented a proposed amendment to the RAMS rule, explaining that while current rule language allows only Georgia-registered nurses (RNs) to remove controlled substances from a RAMS unit, state law does not prohibit licensed practical nurses (LPNs) from doing so. He noted that LPNs are frequently utilized in long-term care and hospital settings, and restricting access to RNs only significantly limits operations. The proposed amendment would allow both RNs and

LPNs to access RAMS units for controlled and non-controlled substances. The Board discussed the proposal.

Mr. Brinson made a motion to adopt the suggested changes to Rule 480-37-.03. Mr. Page seconded, and the Board voted in favor of the motion.

Rule 480-37-.03. Minimum Requirements

Minimum Requirements. A pharmacy may use a RAMS provided that:

(a) The pharmacy has a policy and procedure manual at the skilled nursing facility or hospice that includes:
    1. The type or name of each RAMS including a serial number or other identifying nomenclature.
    2. A method to ensure security of a RAMS to prevent unauthorized access. Such method may include the use of electronic passwords, biometric identification (optic scanning or fingerprint) or other coded identification.
    3. A process of filling and stocking a RAMS with drugs; an electronic or hard copy record of medication filled into the system including the product identification, lot number, and expiration date.
    4. Documentation of inventory procedures including removal of any discontinued/outdated medications.
    5. Compliance with a Continuous Quality Improvement Program.
    6. A method to ensure that patient confidentiality is maintained.

(b) No more than a 30-day supply of each individual medication may be stocked in a RAMS at one time.

(c) All drugs in a RAMS must inventoried no less than once every 30 days and documentation must be maintained of the inventories including the removal of any discontinued/out of date medications.

(d) All the registered pharmacists, licensed pharmacy interns or registered pharmacy technicians involved in the process of stocking, entering information into RAMS, or inventorying the RAMS must be identified. No person shall be permitted to perform a function related to the machine that they are not authorized to do in the pharmacy. Specifically, where direct supervision is required in the pharmacy, such supervision must occur in duties related to the RAMS.

(e) Patient confidentiality must be maintained.

(f) The PIC, or a pharmacist designated by the PIC, must be able to revoke, add, or change access to RAMS at any time.

(g) Only a Georgia registered nurse or a Georgia licensed practical nurse may be assigned to access and remove dangerous drugs from a RAMS.

(h) Only a Georgia registered nurse or a Georgia licensed practical nurse may access and remove controlled substances from a RAMS.

(i) The system ensures that each prescription is dispensed in compliance with the definition of dispense and the practice of the profession of pharmacy.

(j) The system shall maintain a readily retrievable electronic record to identify all pharmacists, pharmacy interns, or registered pharmacy technicians involved in the processing of the prescription order.

(k) A RAMS shall provide the ability to comply with product recalls generated by the manufacturer, distributor, or pharmacy. The system shall have a process in place to isolate affected lot numbers including an intermix of drug product lot numbers.
(l) The stocking or restocking of a dangerous drug or controlled substances shall be completed by:
    1. A Georgia licensed pharmacist,
    2. A Georgia licensed pharmacy intern/extern under the direct on-site supervision of a Georgia licensed pharmacist, or
    3. A Georgia registered pharmacy technician only under the following circumstances:
        i. f the remote automated medication system utilizes radio frequency identification or bar coding in the filling process, the pharmacy shall retain an electronic record of the filling activities of the pharmacy technician; or
        ii. If the remote automated medication system does not utilize radio frequency identification or bar coding in the filling process, a pharmacist shall supervise continuously the filling activities of the pharmacy technician through a two-way audiovisual system.
(m) A RAMS must use at least two separate verifications, such as bar code verification, electronic verification, weight verification, radio frequency identification (RFID) or similar process to ensure that the proper medication is being dispensed from a RAMS.
(n) All medication shall be packaged and labeled in compliance with Board rules and laws for patient specific labeled medication and/or unit of use medication.
(o) The licensed pharmacist responsible for filling, verifying, or loading the RAMS shall be responsible for their individual action.
(p) A prescription drug dispensed by the RAMS pursuant to the requirements of this rule shall be deemed to have been certified by the pharmacist.
(q) A licensed pharmacist may remove discontinued and/or outdated medications from the RAMS and return such medications to the licensed pharmacy for proper disposition.
(r) A registered or licensed practical nurse may remove discontinued and/or outdated medications and place them in the designated secured return bin in a RAMS.

Director Joiner noted that the amendment must be submitted to the Attorney General's Office for review before a public hearing can be scheduled.

Mr. Stone made a motion and Mr. Brinson seconded that the formulation and adoption of the proposed rule amendments does not impose excessive regulatory costs on any licensee and any cost to comply with the proposed rule amendments cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, the Board also votes that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed in O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of the proposed rule amendments will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of pharmacy

President Cordle asked if anyone had any questions or comments. President Cordle reminded everyone that the next scheduled meeting of the Georgia State Board of Pharmacy will be held on Wednesday, December 17, 2025 at 9:00 a.m. at the Board's office located at 2 Martin Luther King Jr Drive SE, East Tower, 11th floor, Atlanta, GA 30334.

He requested that any department or member of the public that wishes to be added to an upcoming meeting must submit the information prior to the Wednesday before the scheduled meeting to be considered for the agenda. He thanked the public for their attendance and participation.

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

Executive Session

Appearances: UU & KW

Georgia Drugs and Narcotics Agency - Mr. Michael Karnbach
Application FAI

Cognizant's Report – Mr. Young Chang

A35693	A35876	B35761	25-23	25-211	25-270	25-435	25-546	25-630
25-674	25-1117	25-718	B35775	25-430	25-455	25-545	25-800	

Attorney General's Report – Mr. Tommy McNulty, Assistant Attorney General
Mr. Ryals presented the following consent orders for acceptance: AS & DP
Counterproposals: N/A
Status Open Cases

ESP	AH	PAJ	AMC	VLR	VI	TLFP

Executive Director's Report – Mr. Clint Joiner
No Report.

Legal Services – Mr. Clint Joiner

QTIC	MP	BFI	AHI	ABI	HVP

Applications

JW	JBJ	NM	AV	ADT	CS	LH	SP	TH	AB	VI	MR	TF
NH	TB	SS	TC	MO	AN	LJ	BL	MF	JY	RS	RE	SPL

Notices of Discipline

APL	APL	IL	TAC	SPS	VFP	NC

Miscellaneous

YT	RC	MO	GS	PT	WS	AM	EM	CO	QT

At the close of the Executive Session, President Cordle declared the meeting to be back in Open Session.

Open Session

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

Appearances:

UU	Self- Report	Issue Private Consent Order

KW	Application Denial	Grant licensure
RXH	Compliance	Issue taken under advisement

Cognizant's Report – Mr. Michael Farmer

GDNA Case #	Licensee	Recommendation
A35693	PRH/ AM/ UPL/ RAW/ BNT/ BNA/ CS	Letter of Concern to Pharmacist and refer the case to the Medical Board
A35876	PARMC/DWT	Letter of concern
B35761	PP/ DEA	Misfill Guidance #1A
25-23	WG/CNM	Letter of concern
25-211	CP/ RFL	Private Order with a $500 fine to the pharmacist
25-270	VHS /LKC	Revoke the technician's registration.
25-435	BLD/ RIL	Misfill Guidance #2A
25-546	BLD/ RIL	Letter of concern
25-630	CP/ SHY	Misfill Guidance #1A
25-674	CP/ JMR	To the pharmacist - Private Consent Order with a $500 fine
25-764	CP/ TMT	Misfill Guidance #2A
25-1117	BLT	Revoke the technician's registration
25-718	ZZFC/ SB/ WAB/ JAC	Close & refer case to Composite Medical Board & Nursing Board.
B35775	DBP/ FOA	Close
25-430	BHC	Close
25-455	KPHP	Close
25-545	KD/ VRN	Close
25-800	AP	Close

Legal Services – Director Clint Joiner

Pending applications for renewal with location changes & violations for failure to report.

Licensee	App. Date	Violation	Decision
QTIC	07/14/2025	Changed location w/o notifying the Board on 04/01/2024 & cont'd to ship into GA after location change	Issue Private Consent Order with $5,000
MP	09/17/2025	Changed location w/o notifying the Board April 2017, June 2021 & June 2025 & cont'd to ship into GA after each location change	Issue Public Consent Order with $15,000
BI	08/19/2025	Location change submitted July 2019 with deficiencies. (App. expired July 2020) & cont'd to ship into GA after location change	Issue Private Consent Order with $5,000
AHI	04/29/2025	Changed location w/o notifying the Board on 10/31/2023 (insufficient filing) & cont'd to ship into GA after location change. Applicant is a virtual wholesaler, and does not possess a DEA registration despite taking title to controlled substances.	Issue Private Consent Order with $5,000
ABPI	04/30/2025	Changed location w/o notifying the Board on 10/31/2023 (insufficient filing) & cont'd to ship into GA after location change.	Issue Private Consent Order with $5,000
HVP	11/02/2023	Had a change of ownership 10/01/2023. Application was deficient and expired 11/02/2024. Applicant cont'd to ship into GA	Issue Private Consent Order with $5,000

Applications

Licensee	Type of License	Decision
JW	Pharmacy Technician	Approved
JB	Pharmacy Technician	Approved

NM	Pharmacy Technician	Approved
AV	Pharmacy Technician	Approved
ADT	Pharmacy Technician	Approved
CS	Pharmacy Technician	Approved but provide final case disposition w/in 30 days of receipt
LH	Pharmacy Technician	Approved
SP	Pharmacy Technician	Approved
TH	Pharmacy Technician	Approved
AB	Pharmacy Technician	Approved
VI	Pharmacy Technician	Approved
MR	Pharmacy Technician	Approved
TF	Pharmacy Technician	Approved
NH	Pharmacy Technician	Approved
TB	Pharmacy Technician	Approved
SS	Pharmacy Technician	Approved
TC	Pharmacy Technician	Approved
MO	Pharmacy Technician	Denied failure to disclose
AN	Pharmacist	Approved
LJ	Pharmacist	Approved
BL	Pharmacist	Approved
MF	Pharmacist	Approved
JY	Pharmacist	Approved
RS	Nuclear Pharmacist	Tabled
RE	Nuclear Pharmacist	Approved
SL dba AWC	Durable Medical	Deny

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

APL	APL	IL	TAC	SPS	VFP	NC

Correspondences/Requests

Licensee	Request	Decision
YT	Request for Extension through Nov. 2028	Approved
RC	Request 4th Attempt to take MPJE	Approved
MO	Request for Extension of License through March 30, 2026	Approved
GS	Request 4th Attempt to take NAPLEX	Approved
PT	Request for Extension through November 2028	Approved
WS	Request to terminate his probation	Approved
AM	Request for Extension through Dec. 2026	Approved
EM	Request 4th Attempt to take NAPLEX	Approved
CO	Request 4th Attempt to take MPJE	Approved
BB	Self-Report	No Action
SS	Question about his Sponsor & AA Group	Appear with Advocate

Dr. Azzolin seconded, and the Board voted unanimously in favor of the motion. There being no further business to discuss, the meeting was adjourned at 3:25 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, December 17, 2025, at 9:00 a.m. at 2 MLK Jr., Drive, SE, 11th Floor, East Tower, Atlanta, GA 30334.

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