GEORGIA BOARD OF PHARMACY
2 MLK Jr. Drive, 11th Floor East Tower, Atlanta, GA 30341
Minutes for October 22, 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. Robert Raybon, Special Agent, GDNA
Mr. Dowlin Ryals, Assistant Attorney General
Ms. Itovia Evans, Deputy Director of Licensing
Mrs. Angela Johnson, Board Admin. Secretary

Visitors:
Ben Wright, The Hudson Group
Jennifer Sain, Walgreens
John Long, CVS Health
Lauren Paul, Hims & Hers
Beth Jarrett, Walmart
Brandon Brooks, Publix
D. Scott Bass, GPhA
Katie Johnston, Revelation
Gabrielle Cosel, Novo Nordisk
Jordan Khail, UGA College of Pharmacy
Dawn Randolph, GPhA
Lisley Brooks, DPH
Stephanie Kirkland, Eldercare
Diane Sanders, Kaiser Permanente
Helen Sloat, Gold Dome Partners
Loryita Acey, Mercer/DPH
Jared Thomas, Pyramid Healthcare

Open Session

President Cordle confirmed that a quorum was present and called the meeting to order at 9:00 a.m. He thanked Board members, staff, and attendees, recognized October as National Pharmacy Month, and expressed appreciation for the contributions of pharmacists and pharmacy technicians to the State of Georgia.

Approval of Minutes

Mr. Stone made a motion to approve the Open and Executive Session minutes from the September 10, 2025, meeting. Mr. Page seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

Director Joiner reported that the Board has issued 931 new licenses since the last meeting. The Board has issued 5,730 new licenses year-to-date. He also reported that after the Board's renewal periods the Board currently regulates 48,264 licenses.

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

Petitions for Rule Waiver or Variance

Archbold Medical Centers (Archbold)

Mr. Stone asked if anyone was present from Archbold Medical Center. It was established that a representative was not present.

The Director of Pharmacy, Dr. Andrea Jarzyniecki, submitted a waiver request for Rule 480-13-.05(2)(b)(1) on behalf of Mitchell County Hospital and Brooks County Hospital. She noted that a combination of factors, including current USP <797> standards and the widespread availability of commercially prepared premixed IV infusion medications and nurse-connected devices has

effectively eliminated the need for sterile compounding in smaller hospitals. As a result, maintaining the required laminar flow hood equipment and infrastructure would pose a hardship for these facilities.

Mr. Stone made a motion to approve the waiver request. Dr. Azzolin seconded, and the Board voted unanimously in favor of the motion.

Dr. Jarzyniecki also submitted a variance request of Rule 480-15-.02(2)(b) on behalf of several facilities, citing significant labor shortages affecting both pharmacists and pharmacy technicians, as well as a declining number of individuals entering the profession.

Archbold, which already provides pharmacy technician training, intends to partner with local high schools to increase student exposure to pharmacy careers. As part of this initiative, they propose hiring high school work-based learning students as young as 15 years old.

The Board discussed the proposal to lower the minimum age for technician applicants. Several members raised concerns regarding the administrative and legal challenges of allowing minors as young as 15 to participate. These challenges included the requirement for background checks, necessary parental consent, and the lack of standard legal identification for this age group.

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

Ryder Integrated Logistics, Inc. (Ryder)– Waiver of Rule 480-7-.02
Ryder Integrated Logistics requested a waiver of Rule 480-7-.02, asserting that the wholesale/3PL licensing requirement applies only to the distribution of prescription drugs, not to OTC Class I medical devices. Ryder explained that they will distribute only OFF!® Adults & Kids Post-Bite Patches, an FDA-listed Class I medical device, and that they do not take ownership of, modify, or repackage the product. Ryder cited that requiring a 3PL license for this type of non-prescription device presents an unnecessary regulatory burden and asks the Board to waive the licensing requirement for this limited activity.

The Board reviewed the request related to wholesale/3PL licensure for handling an OTC/Class I product. The Board agreed the product described does not require licensure.

Mr. Stone made a motion to deny the request for waiver. Dr. Azzolin seconded, and the Board voted unanimously in favor of the motion.

Ohene Agyakwa Frimpong – Waiver of Rule 480-15-.02(f)
Mr. Frimpong requested a waiver of the Pharmacy Technician registration fee, citing economic hardship due to his recent relocation to Georgia.

Mr. Brinson made a motion to deny the request for waiver. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

Correspondences
Memorial Hospital & Manor in Bainbridge, Georgia – Request for Approval of Remote Pharmacy Order Enty Policy
Dr. Allison Howard-Denton, the Director of Pharmacy, submitted a remote pharmacy service policy for Board review. Mr. Page advised that he had reviewed the policy and found no issues with it.

Mr. Page made a motion to approve the request. Mr. Brinson seconded, and the Board voted

unanimously in favor of the motion.

Georgia Drugs and Narcotics Agency – Mr. Michael Karnbach

Director Karnbach introduced Special Agent Robby Raybon, who covers the middle and South Georgia region, and recognized his strong performance as he approaches his third year with the agency.

Director Karnbach provided an overview of GDNA's preliminary inspection and investigation data for the period beginning July 1, noting that GDNA is transitioning to a new reporting system that will eventually allow more detailed analytics, including trend identification by area and case type. Although investigations are still being migrated from the old system, he expects complete and more accurate reporting within the next several months.

GDNA's long-term goal is to use this data to identify common deficiencies, determine whether they reflect rule issues or education gaps, and bring recommendations back to the Board to support improved compliance statewide.

Director Karnbach reported that 734 inspections have been conducted year-to-date. Approximately 56% (414) resulted in no violations, demonstrating strong compliance across many pharmacies. Of the remaining inspections, 291 had 1–5 violations, 22 had 6–10, and 7 had 11–19, with higher counts typically associated with sterile compounding inspections. 177 inspections required two or more agents, and 40 required three or more, frequently pulling agents and supervisors out of their home territories. GDNA plans to request two additional agent positions in the upcoming legislative session.

He further reported 301 investigations year-to-date, 196 of which involved drug loss. Most losses involve controlled substances, and while thefts and losses over 100 tablets are fully investigated, lower-level discrepancies cannot always receive full review due to staffing limitations. Director Karnbach indicated the need for future Board discussion on what levels of drug loss are acceptable, expected, and how the Board wishes GDNA to prioritize investigative resources going forward.

Electronic Prescription Transfer Interpretation (Walmart Inquiry)

Director Karnbach introduced an inquiry from Dr. Kailey Thompson with Walmart seeking clarification on the rules governing electronic prescription (ERX) transfers of both controlled and non-controlled substances in Georgia.

Specific Questions Posed

1. Does the state allow electronic transfers of non-controlled medications between pharmacies that are not under common ownership?
2. Does the state allow electronic transfers of NEW, unfilled CIII-CVs (controlled substances)?
3. Does the state allow electronic forwarding of an unfilled CII prescription

Director Karnbach noted that the current state rule (Rule 480-27-.07 and 480-22-.11) is unclear in its application to new, unfilled prescriptions because the text permits transfer only "for the purpose of refill dispensing." This language conflicts with common practice, where new, unfilled prescriptions are regularly transferred. Director Karnbach mentioned that the DEA is considering a change to its regulations (CFR) regarding electronic prescription transfers to align with modern practice.

Board members generally agreed there is no practical reason why a new prescription should be restricted from transfer, especially since a patient could physically walk out with the prescription and take it to another pharmacy.

The current rule's mention of "refill dispensing" makes its application to new, unfilled prescriptions legally difficult.

Director Joiner proposed that drawing a clear line between "transfer" (for refills) and "forwarding" (for new, unfilled prescriptions) would be more efficient, as applying all transfer requirements to a new, never-filled prescription would complicate pharmacy operations.

Mr. Stone and Vice President Chang raised concerns about electronic transfers between pharmacies not under common ownership, which requires secure communication systems and "tokens" to meet federal security standards.

Director Karnbach commented that GDNA has not received instructions from the Board to enforce the rule to prohibit the transfer of new prescriptions, nor does the agency currently have a mechanism for catching violations.

President Cordle concluded that since the request was a late addition and the legal interpretation was complex, the Board would not issue an immediate response. Mr. Brinson volunteered to review the rules and assist in formulating a response and potentially proposing a rule change to influence that response.

Attorney General's Report – Mr. Dowlin Ryals

No Report.

Executive Director's Report – Mr. James Joiner

2026 Calendar

Proposed Meeting Dates for 2026 were approved with location pending until it can be confirmed with the facilities.

January 21, 2026	February 18, 2026	March 18, 2026
April 22, 2026	May 20, 2026	June 17, 2026
July 22, 2026	August 19, 2026	September 23, 2026
October 14, 2026	November 18, 2026	December 16, 2026

The Board discussed the possibility of holding the June 17, 2026, meeting at the Georgia Pharmacy Convention.

Budget

Director Joiner provided an update on the budget process, noting meetings with the Senate Budget Office and submissions to the House and the Office of Planning and Budget (OPB).

The Board is formally requesting two new employees, and a 3% staff raise for retention. This request was strategically limited due to an anticipated "flat budget year" and state fiscal constraints. The two new positions requested are an Executive Administrative Assistant and a Customer Service Representative (CSR).

Director Joiner stated that the director's role itself has expanded significantly in the last year, while at the same time he has also been serving as the acting Legal Services Officer for both the Pharmacy and Dental boards, necessitating an Executive Administrative Assistant to manage the increased workload.

Director Joiner noted that Board staff are phenomenal and frequently work long hours, making retention raises critical. Most staff are currently paid below the midpoint for their positions, and the

raise is necessary to combat high competition for licensing analysts and customer service roles. The average tenure for staff is 14 years, with over 6 years in their current roles.

Director Joiner advised that a new CSR is needed due to the current CSR staff not being able to handle the volume, leading to high missed call rates. He added that the data shows existing CSRs are on the phone an average of 59.2 minutes of every hour over a nine-hour day. Renewal periods create massive spikes in call volume. During a recent peak (June), the Board received over 10,000 phone calls and still had a ~21% miss rate, even with all available staff answering. This volume is exacerbated by major licensing classes, such as pharmacy technicians (~30,000) and dentists/dental hygienists (~16,000). An additional CSR can address constant public complaints about being unable to reach the Board by phone.

Legal Services – Mr. James Joiner
No Report.

Discussion Topics
Mass Marketed Compounded GLP-1 Drugs Presentation
Gabrielle Cosel with Novo Nordisk provided an informational presentation regarding GLP-1 compounding, impurity variances in non-FDA-approved APIs, and safety concerns related to manufacturing differences.

Old Business – Follow-up
Define Inpatient for Hospital-at-Home (Rule 480-13-.01)
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 suggested moving existing language from the definition that references providing medications to nursing homes to a more appropriate section of the rule (Rule 480-13-.06) for clarity and better organization.

Rule 480-13-.01 Definitions
For purposes of these Rules and Regulations, the following definitions apply:

1. "Hospital" means an institution which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
    a. As the following are defined in O.C.G.A. § 31-6-2, this term includes: public, private, psychiatric, rehabilitative, geriatric, osteopathic, micro-hospitals, general cancer hospitals, and other specialty hospitals.~~Hospital. As defined by the Department of Human Resources;~~
2. "Hospital pharmacy~~.~~" ~~Hospital pharmacy is defined as~~means that portion of a hospital facility which is engaged in the manufacture, production, sale and distribution of drugs, medications, devices, and other materials used in the prevention, diagnosis and treatment of injury, illness and disease (hereinafter referred to as "drugs"); and which is registered with the State Board of Pharmacy pursuant to O.C.G.A. § 26-4-110;
3. "Hospital pharmacy license~~.~~" ~~Hospital pharmacy license shall mean~~means a pharmacy license issued by the Georgia State Board of Pharmacy to ~~said~~ hospital pharmacies, which license is subject to special hospital pharmacy regulations as set forth herein, but exempt from other certain regulations and requirements pursuant to the provisions of O.C.G.A. §§~~Sections~~ 26-4-27, 26-4-28, and 26-4-110~~ whereas the licensee shall be subject to special hospital pharmacy regulations as set forth herein, but exempt from~~

~~other certain regulations and requirements. To obtain the hospital pharmacy license, there must be employed a Director of Pharmacy.~~

a. ~~"The Board authorizes the holder of a hospital pharmacy license to service 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 can only be serviced by the hospital pharmacy subject to the requirements as set forth by Georgia State Board of Pharmacy Rules 480-24, the rule for providing services to nursing homes, long term care facilities, and hospices. The hospital pharmacy is prohibited from maintaining standard ward (Floor Stock) inventories in such entities, but, it would allow the hospital pharmacy to supply emergency kits.~~

4. In-patient~~." In-patient shall mean~~means a patient who has been admitted to a hospital by order of a physician or other authorized healthcare practitioner for the purpose of receiving hospital medical, nursing, and related services, and whose care is the continuous responsibility of the hospital.~~who is confined to the hospital;~~

a. An in-patient may receive such care:

1. Within the hospital facility while occupying a hospital bed and receiving room, board, and treatment; or

2. Through a hospital-at-home program approved or authorized under applicable law and regulation, whereby the hospital furnishes inpatient services in the patient's home, via in-person or telemedicine care, including 24-hour nursing availability, physician oversight, and access to diagnostic, therapeutic, and emergency resources equivalent to those provided on-site.

5. "Out-patient~~." Out-patient shall mean~~means a patient who is not an in-patient, including patients on leave of absence;

6. "Remote ~~Location~~location". ~~Remote location shall mean~~means a location away from the hospital or hospital pharmacy located within the United States where a pharmacist reviews and enters patient specific prescription drug orders for a hospital's patients.

7. "Remote ~~Order~~ order ~~Entry~~entry". ~~Remote order entry shall mean~~ means the entry of information into a hospital's patient record system made by a ~~a pharmacist licensed in this state, who is an employee or contractor of either a pharmacy licensed in this state or a pharmacy that holds a Georgia nonresident pharmacy permit issued pursuant to Code Section 26-4-114.1,~~Remote Order Entry Pharmacist from a remote location anywhere in the United States indicating that the pharmacist has reviewed the patient specific drug order for a hospital patient, and has approved or disapproved the administration of the drug ~~for~~ to said patient~~, and has entered the information in the hospital's patient record system.~~.

8. "Remote Order Entry Pharmacist". ~~A remote order entry pharmacist shall mean~~means a pharmacist licensed in this state~~a pharmacist who is licensed to practice pharmacy in the State of Georgia~~, who is at a remote location ~~located~~ within the United States, who is an employee or contractor of a pharmacy licensed in this state or a pharmacy that holds a nonresident pharmacy permit issued pursuant to Code Section 26-4-114.1, and who is under contract with or employed by the hospital to review and enter patient specific prescription drug orders for hospital patients when the hospital pharmacy is closed.

9. "Standard ward inventory~~." means~~" means a stock of legend drugs kept at one or more locations within the hospital, for which the Director of Pharmacy has established a list of the kind and quantity of legend drugs to be always kept at such location(s).~~The Director of Pharmacy or his/her pharmacist designee may, in the best interest of the patients served, establish one or more lists of the kind and quantity of legend drugs to be kept at one or more locations at all times within said hospital and such stocks of legend drugs shall be known as standard ward inventory. The use of standard ward inventory shall be minimized. A copy of the list of items on standard ward inventory must be kept by the Director of Pharmacy or his/her pharmacist designee. A standard ward inventory may be placed on an emergency vehicle licensed with the State Department of Human Resources. A contract or agreement~~

~~must be signed between the hospital and the ambulance service and filed with the Department of Human Resources Licensure Division and the Georgia Drugs and Narcotics Agency (GDNA) before any legend drugs may be placed on said licensed vehicle. An agreement can be made with only one hospital.~~

Authority: O.C.G.A. §§ 26-4-5, 26-4-27, 26-4-28, 26-4-80, 26-4-83, 26-4-84, 26-4-110.

Mr. Stone made a motion to adopt the suggested changes to Rule 480-13-.01. Brinson seconded, and the Board voted in favor of the motion.

The Board also agreed to adopt the suggested changes to Rule 480-13-.06, and Director Joiner will prepare the revised language and bring it back for further discussion.

The proposed changes to both rules will require review by the Attorney General's office before they can be officially posted for a public hearing.

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

Mr. Page presented a proposed structure for Board-approved treatment providers. 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 added that the current list of approved providers (approximately 26) has not been recently reviewed. Once the new policy is finalized, all current providers will be required to fill out the new application to re-establish their credentials and ensure they are still active and providing the services needed.

The Board discussed the frequency of renewal for approved provider status. The Board agreed on a two-year renewal period. This term aligns with other existing licensing processes, making it easier to automate.

Director Joiner suggested incorporating the renewal process into the licensing system. This would allow automated renewal notices to be sent and eliminate the need for manual tracking, as well as ensure the list of services offered (initial care, aftercare, etc.) remains current.

The Board agreed that the changes to the policy will be brought back for review and adoption at the November meeting with the two-year approval cycle incorporated.

Intern License Renewal

Director Joiner provided an update on the development of an intern license renewal process. He noted that the process is authorized by O.C.G.A. § 26-4-48, except where there is pending action to suspend or revoke the license. While requests are currently handled via correspondence, Director Joiner recommended formalizing the process by developing a dedicated application for Board approval. The Board discussed that O.C.G.A. § 26-4-47 grants intern licenses a validity of up to five years unless renewed, confirming that a renewal process is statutorily required. The Board agreed that staff will develop the necessary renewal application and process and will bring it back for review and approval; at that time, the Board will establish the administrative authority for delegating application approvals.

Additionally, Director Joiner recommended extending the application life for initial pharmacist licensure to two years. This suggestion was prompted by a recent case where an applicant's one-year application life expired before they successfully passed the MPJE exam, forcing the applicant to

reapply and pay additional fees. Aligning the application life with the two-year validity of exam scores will help ease hardship on students.

Remote Entry Work for Pharmacy Technicians
Mr. Stone noted that current rules only allow remote data entry from another pharmacy location, and the Board has previously sought agency legislation to allow technicians to perform this function outside of a physical pharmacy. Mr. Stone advised that the Board must defer further discussion on this issue because the proposed rule language will be directly affected by the outcome of the upcoming legislative session regarding the agency legislation. Mr. Stone confirmed that he and Dr. Azzolin will begin preliminary drafting work, so that the rule is ready for review once the legislative decision is finalized, pushing the Board's action on this matter into 2026.

Reinstatement Pathway for Pharmacy Technicians
Director Joiner advised that in order to set up a reinstatement pathway for pharmacy technicians, it will require amendment of Rule 480-15-.02(5). He added that this could be achieved by removing the last sentence "an application for a new registration shall be required".

> **Rule 480-15-.02(5)**
> A registration, once issued, is renewable biennially, upon payment of a fee. Registrations shall expire on June 30th of each odd-numbered year. If the application for renewal is not made and the fee paid before September 1st of the odd-numbered year, the registration shall lapse and shall not be renewed. An application for a new registration shall be required.

The reinstatement pathway was clarified to primarily address technicians returning after successfully completing impairment treatment (using a Consent Order framework similar to pharmacists), aligning with O.C.G.A. § 26-4-28(7)(B)(i), which allows prohibited registrants the opportunity to demonstrate fitness to resume practice. The Board agreed to move forward with creating a Consent Order template for technicians to be presented at the next meeting.

Director Joiner suggested that since the rule related to technician registration is being amended, the Board should also address the Pharmacy Technician Continuing Education (CE) requirement in Rule 480-15-.02(6) at the same time to utilize a single submission process. The Board is currently considering striking the CE requirements for technicians other than those that are required by law.

A third issue was discussed concerning technicians with lapsed registrations. Mr. Brinson raised concern that the current rule requires technicians who lapse to obtain a new registration number upon reapplying, often resulting in individuals having multiple inactive numbers on record. The Board directed staff to review the licensing system's capabilities to identify changes that would allow technicians to retain their original registration number when reapplying after a lapse, thereby improving efficiency and tracking.

Remote Automated Medication System (RAMS) Licensing & Changes
The Board discussed potential changes to rules governing the use of Remote Automated Medication Systems (RAMS) to determine if they could be utilized in nursing homes and Hospice facilities.

Dr. Azzolin summarized the background of the review, noting that the initial assumption was that a rule change might be needed; however, after further analysis, several provisions in the current rule already support RAMS use in these settings.

Dr. Azzolin and Director Karnbach reviewed Rule 480-37-.03(1), which requires medications in RAMS units to be "packaged and labeled in compliance with board rules and laws." They

highlighted that the rule includes the phrase **"**and/or unit-use medication," meaning medications stocked in unit-dose packaging may be dispensed through a RAMS unit without requiring a patient-specific label at the cabinet, provided the pharmacy documents a valid prescription in its system.

Dr. Azzolin and Director Karnbach also reviewed the inspection requirements. While pharmacies must conduct RAMS inspections, the rule does not specify the frequency, giving pharmacies flexibility to set this in policy. Inventory requirements, however, must still occur at least every 30 days and may be delegated to nursing staff with appropriate verification.

The Board agreed that RAMS units could be used in nursing homes and hospice facilities under existing rule language, provided the pharmacy applies for and obtains a RAMS permit from the Board, maintains required DEA registrations, a valid prescription exists and is documented by the pharmacy and medications are stocked in unit-dose packaging when dispensed via RAMS.

The Board affirmed that the use of RAMS units would remain optional, not mandatory, for pharmacies serving long-term care or hospice facilities.

The Board discussed the fact that RAMS are currently not permitted in Crisis Stabilization Units (CSUs) under existing law, despite CSUs having patient care needs similar to nursing homes and hospice facilities. Board members noted that CSUs could benefit from RAMS due to the critical nature of their patients and the challenges of timely medication access. A legislative change rather than a rule change would be required to permit RAMS in CSUs.

The Board agreed that no rule change is necessary, and that the Board's interpretation allowing RAMS in nursing homes and hospice facilities should be reflected in the minutes.

Licensee Info Which Must be Public

Director Joiner updated the Board regarding the public disclosure of licensee information. He confirmed that, by statute, the licensee's name and address are required to be made public, while the license number and any other information displayed could be omitted if the Board desired.
The discussion focused on the application process, which currently offers two address fields. The Mailing Address must be a physical location used by the Board for official notifications and service of process and the Public Address would be intended for public display if the licensee provides one.

Director Joiner suggested that the application should be updated internally to clarify that the first address is for official use, and the second, if provided, will be the publicly displayed address. If the licensee fails to provide a public address, the official mailing address will be used, as required by law. President Cordle agreed, stating that this clarification is the most reasonable solution and can be handled as an internal update to the website/application without requiring formal Board action.

Remote Order Entry Signage Elimination (Rule 480-10A-.08)

Rule 480-10A-.08. ~~Notification to Patients~~[Repealed]
~~An originating pharmacy that utilizes central filling services must, prior to outsourcing the prescription, notify patients that prescription filing may be outsourced to another pharmacy. The patient shall have the choice to not have the prescription outsourced. Notification may be provided through the use of a sign located in the originating pharmacy which is clearly visible to and readable by the public.~~
Authority: O.C.G.A. § 26-4-60.

Dr. Azzolin made a motion to post the repeal of Rule 480-13-.01**.** Mr. Brinson seconded, and the Board voted in favor of the motion.

Facility Licensure During Change of Ownership
Director Joiner presented an issue concerning facility licensure during a change of ownership**,** a topic brought up for discussion at the request of the Governor's office.

Currently, when a facility's change of ownership transaction closes, the existing license immediately terminates ("ceases to exist"). This forces the new owner to suffer a lag period while they secure the new license, transfer contracts, and obtain DEA registration, which can significantly disrupt patient service. Historically, the AG's office advised against operating the old license under a Power of Attorney (POA) due to the license termination language.

Director Joiner suggested implementing a Board Policy to address this lag period. The policy would allow the Board to issue the new license while permitting the new owner to temporarily operate under the old license via a POA for a limited time. This is viewed as a "tail" mechanism, not a license transfer, to avoid hardship for the new owners while they transition contracts and DEA registration, which is the primary driver of the dilemma.

This policy would primarily apply when a change of ownership results in a change of license number or a change of location (which often involves temporary two-location operation). It was noted that this flexibility is crucial for large hospital systems, where a physical move cannot be accomplished in a single day.

Director Joiner advised that he would draft the administrative policy and bring it back to the Board for review, discussion, and official action.

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, November 19, 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, Young Chang, Cecil Cordle, Michael Farmer, Chuck Page, and Dean Stone.

Executive Session

Appearances: None

Georgia Drugs and Narcotics Agency - Mr. Michael Karnbach
No Report

Cognizant's Report – Mr. Young Chang

B35708	B35732	B35752	B35791	A35816	B35836	25-20	25-67	25-69
25-71	25-157	25-214	25-445	25-595	25-691	25-789	25-944	25-1059
B35569	B35665	B35713	B35735	B35746	B35750	B35800	B35814	B35837
B35860	25-19	25-24	25-38	25-158	25-243	25-370	25-543	25-1108

Attorney General's Report – Mr. Dowlin Ryals, Assistant Attorney General
Mr. Ryals presented the following consent orders for acceptance:

MV	WG	RSC	MM

Counterproposals: N/A
Status Open Cases

ESP	AH	PAJ	BTY	AMC	VLR	RH	VI

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

Legal Services – Mr. Clint Joiner
No Report.

Applications

JW	JB	NM	AV	AT	CS	LH	SP	JW	TH	AB	VI	MR	TF	NH	TB
SS	TC	AN	LJ	BL	MF	JY	RS	RE	SL						

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	TC	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:

Cognizant's Report – Mr. Young Chang

GDNA Case #	Licensee	Recommendation
B35708	KD / EN	Misfill Guidance #2A
B35732	WG / JM	Misfill Guidance #1A
B35752	TWC / CP / CNO	Close & Refer Case to the Composite Medical Board
B35791	TLP / JQ	Private Consent Order with $500 fine
A35816	CP/ AHS / ZHC / REP	Public Consent Order with $5,000 fine
B35836	PD / ADB	Misfill Guidance #1A
25-20	BIS / DHJ	Misfill Guidance #1A
25-67	SBS & WC/ LDJ / SNK	Close & Refer Case to the Composite Medical Board and Nursing

		Board
25-69	CP	Letter of Concern
25-71	CP	Misfill Guidance #1A
25-157	WG / CDK	Letter of Concern
25-214	PUC/ MPD / KAG	Close & Refer Case to the Composite Medical Board
25-445	DPI/ CES/ CDM	Private Consent Order with $500 fine
25-595	ANF	Revoke the technician's registration
25-691	AO/ JKH	Close & Refer Case to the Composite Medical Board
25-789	STL	Null and Void the License
25-944	CAT	Accept the signed voluntary surrender
25-1059	SSW	Revoke the technician's registration
B35569	WG/ SMM	Close
B35665	KD/ LA	Close
B35713	GD/ JJG	Close
B35735	PP	Close
B35746	WP	Close
B35750	RJH	Close
B35800	SAM	Close
B35814	CP	Close
B35837	MPLG	Close
B35860	WP	Close
25-19	WG	Close
25-24	CP	Close
25-38	CCP	Close
25-158	PP	Close
25-243	CP	Close
25-370	GPA	Close
25-543	PP	Close
25-1108	RT	Close

Applications

Licensee	Type of License	Decision
KW	Technician	Deny
NH	Technician	Tabled for additional information
LL	Technician	Approve
CR	Technician	Approve
JT	Technician	Approve
SD	Technician	Deny
LS	Technician	Approve
DH	Technician	Deny
MB	Technician	Deny
WP	Technician	Approve
KH	Technician	Approve
TD	Technician	Approved with conditions
BD	Technician	Approve
DF	Technician	Approve
MP	Technician	Approved with conditions
CB	Technician	Approved with conditions
CP	Technician	Tabled for additional information
MB	Technician	Approve
KS	Technician	Approve
CJ	Technician	Approve

TB	Technician	Approve
JG	Technician	Approve
LE	Technician	Approve
KO	Technician	Approve
TM	Technician	Approved with conditions
DB	Technician	Denied
BH	Technician	Approve
WR	Technician	Approve
MH	Technician	Approved with conditions
GM	Technician	Approve
BM	Technician	Approve
MS	Pharmacist	Approve
IM	Pharmacist	Approve
AH	Pharmacist	Approve
RR	Pharmacist	Approve
SS	Pharmacist	No action needed license inactivate per order
HC	Pharmacist	Approve
MD	Certification of DTM	Approve
CU	Certification of DTM	Denied
KD	Certification of DTM	Denied
RW	Certification of DTM	Approve

Correspondences/Requests

Licensee	Request	Decision
YL	Request for Extension through October 2026	Approve
EC	Request 4th Attempt to take NAPLEX	Approve
CR	Request for Extension through Jan. 2026	Approve
MD	Request for Extension through Dec. 2027	Approve
JFR	Request to Remove Supervised Practice Limitation	Approve
MG	Request to Remove Supervised Practice Limitation	Approve
AM	Request for License Extension	Approve
YP	Request 4th Attempt to take NAPLEX	Approve
KA	Request for Extension through October 2026	Approve
LSN	Request for Extension through May 2027	Approve
TT	Request for Extension through August 2027	Approve
MR	Request to Terminate Probation	Approve
SC	License status	Change license status to lapsed
MTG	Request to Terminate Consent Order	Approve

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 2:29 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, November 19, 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