

GEORGIA BOARD OF PHARMACY
Mercer University College of Pharmacy
3001 Mercer University Drive
March 8, 2023
9:00 a.m.

The following Board members were present:

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

Staff present:

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

Visitors:

Melissa Reybold, GPhA
Simy Casasola, Walgreens
Jennifer Duckett, Walgreens
Kendall Looney, Walgreens
Lea Winkles, Mercer University
Jonathan Marquess, GPhA
Heather Hughes, Publix
Ryan Kelley, Genoa
Diane Diver, Recovery Place
John Reuter
Stephanie Kirkland, ElderCare
Becca Hallum, GHA
Angelique Turner
Chukwuka Onyekaba, UGA

Open Session

President Azzolin established that a quorum was present and called the meeting to order at 9:04 a.m.

President Azzolin welcomed new board member, Michael Farmer.

Approval of Minutes

Mr. Brinson made a motion to approve the Public and Executive Session minutes from the February 15, 2023, meeting as amended. Mr. Bracewell seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

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

Correspondences

Correspondence from Rondell Jagers, Grady Health System: The Board considered this request for approval for Grady Memorial Hospital's inpatient pharmacy to provide standard ward medications to its Correll Pavillion clinics located at a different address. Discussion was held by the Board regarding the request. Director Troughton stated that in the past, if the facility/clinic was closely connected and there was a way to get the drugs back and forth without the person having to leave the campus, the Board had no issue with the request. President Azzolin pointed out that in this particular case, the location had a different physical address. Director Troughton responded by stating that it will be treated like it is a department of the hospital. He added that if it were a pharmacy they were putting there, that is when there would be a problem with it having a different address.

President Azzolin asked Director Troughton if it was correct that there is no specific rule that addresses if the department of the hospital is not physically connected to the hospital and has a different physical location. Director Troughton responded that there is nothing in the law or rules that addresses such specifically. Mr. Stone stated that he thought it had to be connected through a covered walkway. Director Troughton responded by stating that was not the case with regards to a hospital. He added that it is up to the Board who reviews these types of requests on an individual basis.

President Azzolin commented that at its January meeting, the Board discussed three different scenarios of how drugs can get to an outpatient clinic or area and be in control of the physician. He stated one scenario involved the pharmacy providing the drugs as long as the provider signs off on being responsible for the handling those drugs. Director Troughton responded by stating that involved a different scenario. He stated that request involved a place that was several miles away was not going to be treated as a department of the hospital. Director Troughton stated that, in this particular case, if you are including that place as a department of the hospital and it is considered within the same structure, you do not have to look at those scenarios because you are providing the drugs as the hospital pharmacy. President Azzolin commented that the difference with this scenario is the provider does not have to say he/she is responsible for the drugs. Director Troughton agreed and stated that the pharmacist is responsible for those drugs the whole time.

There being no further discussion, Mr. Brinson made a motion to direct staff to respond to Mr. Jagers by stating that based on Georgia law and rules pertaining to pharmacy, the Board has no objections with his request. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

Correspondence on behalf of the American Pharmacists Association, the Council on Radionuclides and Radiopharmaceuticals, Inc., the National Association of Nuclear Pharmacies, and the Society of Nuclear Medicine and Molecular Imaging: The Board viewed this correspondence regarding the National Association of Boards of Pharmacy's ("NABP") draft *Verified Pharmacy Program Nuclear USP <825> Inspection Form* ("Blueprint") for informational purposes only. Director Troughton commented that GDNA appreciates everything NABP does and its function. He stated that GDNA has looked at the blueprints; however, GDNA has never used NABP blueprints for its inspection forms. He explained that GDNA's inspection forms follow Georgia's law and rules. Director Troughton added that GDNA's inspection forms do not come from any other organization or blueprint.

Georgia Drugs and Narcotics Agency – Mr. Dennis Troughton

Director Troughton introduced Special Agent Robbie Raybon, to the Board. Director Troughton stated that Special Agent Raybon will be working the Middle to Midwest Georgia areas. He added that Special Agent Raybon will be starting the Police Academy soon.

Director Troughton reported that last year, the General Assembly added two new positions for GDNA and both of those have been filled. He added that GDNA does have an open agent position in the Southwest Georgia area.

Director Troughton stated that GDNA is currently working on a database that the General Assembly provided funds to GDNA for last year. He further stated that GDNA is in good shape fiscally and with the number of agents going forward.

Director Troughton reported that GDNA conducted 1735 inspections and received 326 complaints for FY2023.

President Azzolin inquired as to the name of the database Director Troughton mentioned. Deputy Director Karnbach responded by stating that GDNA is still going through the procurement and bidding process. Director Troughton stated that GDNA is trying to obtain a database that would tie background checks and licensing together. He further stated that the General Assembly provided GDNA with a position for an individual that would be responsible for running the database. He added that it is his hope to have the database in place for testing by the end of 2023.

President Azzolin asked if any of the data that is public record would be able to be viewed by the public. Director Troughton responded by stating that information would not be viewable at this point. He added that the only public information released by GDNA would be through open records requests. He continued by stating that it is not something that has been considered at this point and GDNA can certainly have a conversation about it; however, Director Troughton stated that he was not aware of anything GDNA would have would be available for public viewing.

President Azzolin commented that the rule waiver registry on the Board's website is a valuable resource as one can view petitions that have been granted in the past. He stated that with the decision the Board made concerning the request from Grady Health System, if that was in a database that could be searched, then the pharmacy would not need to bring the matter to the Board. Director Troughton responded by stating that would be considered board business and GDNA is a separate agency from the Board. President Azzolin requested to add to the Board's next work session a discussion concerning database management of decisions relative to being able to search those records. Mr. Lacefield commented that the Board's minutes are available to the public on the Board's website. He added that there is a "search" option available where one can search for a specific term and the results would show any documents or minutes related to that term. Mr. Joiner commented that is how board staff retrieves certain information as well.

Attorney General's Report – Mr. Max Changus

Mr. Changus introduced himself to Mr. Farmer and explained his role with the Board. He suggested Mr. Farmer review Title 26-4 and 16-13, along with Board of Pharmacy Rules and Regulations. Mr. Changus provided information on the duties and powers of the Board.

Mr. Changus discussed the Georgia Open Meetings Act. He explained that currently the Board was in Open Session and was discussing a number of items, along with the members of the public present. He explained that following Open Session, there would be a motion for the Board to enter Executive Session to discuss applications and complaints, which are confidential matters as provided in statute.

Mr. Changus explained that the Board's purpose is to protect the public. He stated that one of the Board's duties is to grant licensure to facilities and to individuals such as technicians, interns, and pharmacists. He further stated that the applicant must meet the required qualifications and if the qualifications are met, a license is issued. He continued by stating that the Board has the ability to discipline based on violations of the Pharmacy Practice Act and rules. Mr. Changus stated that there are policy discussions and the Board also promulgates rules.

Mr. Changus stated that he is with the Attorney General's office, which is part of the Executive Branch. He further stated that the board staff is comprised of a Legal Services Officer, who provides legal support, as

well as an Executive Director, Ms. Howell, and additional staff. Mr. Changus explained that the Attorney General's office has eleven (11) attorneys on staff and represents about forty-five (45) licensing boards.

Mr. Changus stated that Mr. Farmer would be asked questions related to board business and when this occurs to refer those to Mr. Lacefield to handle. He added that Mr. Farmer should watch his communications about board business. He continued by stating that there is an email address that is provided to board members with the Department of Community Health. He suggested Mr. Farmer use his DCH email address for board business and not his personal email address.

Executive Director's Report – Mr. Eric Lacefield

Continuing Education Report: No report for March.

April Two Day Meeting: Mr. Lacefield reported that the board office has been informed that the move to the Sloppy Floyd Building will take place during the week of April 10th. He stated that he has been informed there will not be any access available to 2 Peachtree Street or the Sloppy Floyd Building that week. As such, Mr. Lacefield stated that the Board is scheduled to have a work session the week of the move on April 12th and April 13th and there will not be a space available for the Board to hold the meetings. Mr. Lacefield continued by stating that he has asked to be notified if there are any rooms available at the Sloppy Floyd Building, but as of today he has not received any information. Mr. Lacefield stated that there is the option of holding the April meetings virtually. President Azzolin responded by asking if the staff could look into alternative locations such as the University of Georgia or GPhA. Ms. Lea Winkles commented that she could look into availability at Mercer University. After further discussion was held, the Board recommended keeping the meeting dates the same and requested that day one of the meeting (April 12th) be for Open Session items only and be held at an alternative location to be determined. The Board stated that day two of the meeting (April 13th) would be for discussion of Executive Session items only and would be held virtually via Microsoft Teams.

Facility Renewal Application: Mr. Lacefield stated that staff was interested in being able to identify 503B outsourcing pharmacies. He continued by stating that the easiest way to identify those is by adding a question to the facility renewal application regarding such. He added that facilities and technicians are required to renew before June 30, 2023, and the renewal portal would be available shortly. Mr. Lacefield stated that renewal notices would be sent out the following week. There being no further discussion, Mr. Cordle made a motion to direct staff to amend the facility renewal application by adding a question that asks if the facility is a 503B outsourcing facility. Mr. Brinson seconded, and the Board voted unanimously in favor of the motion.

Legal Services – Mr. Clint Joiner

Correspondence from Josh Potter, PRSRx.com: Mr. Joiner discussed this correspondence asking if the Board of Pharmacy requires USP <800> compliance for non-compounding pharmacies. Mr. Joiner stated that USP <800> will go into effect later this year. He added that the question arises from the fact that USP <800> will apply itself to all healthcare professionals that will handle hazardous drugs. Mr. Joiner continued by stating that the Board of Pharmacy rules only apply to USP broadly in the context of compounding.

President Azzolin commented that in regards to USP and what a pharmacy will be required or not required to do, USP requirements exist, but there is currently no official enforcing organization or government entity on behalf of USP other than the Board of Pharmacy. Currently, the Board, through the GDNA inspects pharmacies with the intent of enforcing USP <800>. If the Board were to choose to not enforce certain aspects of USP <800> there is currently no other mechanism to hold licensed pharmacies accountable to the standard. He gave an example regarding counting methotrexate in a non-compounding retail pharmacy, which is considered a hazardous drug according to USP <800>, on a counting tray and later counting a non-

hazardous drug on that same tray without cleaning the tray as per USP <800> guidelines. He stated that even though the pharmacy is not a compounding pharmacy, it will need to be compliant with USP <800> guidelines regardless because it is preparing and dispensing a hazardous drug. He inquired if GDNA intends to enforce those expanded components of USP regulations when chapter 800 is in effect.

Director Troughton commented that O.C.G.A. § 26-4-87 regarding the storage and handling of controlled substances and dangerous drugs states that, “The board shall promulgate rules and regulations governing the appropriate and proper storage and handling of controlled substances and dangerous drugs as defined in Chapter 13 of Title 16 which are consistent with those standards established by the United States Pharmacopeial Convention.” Director Troughton stated that seems to apply to anyone who has dangerous control substances, which applies to retail pharmacies. He added that the gist of USP <800> is protecting employees and USP <797> and <795> are about protecting the public and patients. He stated that if the Board looks at O.C.G.A. § 26-4-87 and agrees that would apply, then GDNA would adapt and come November 1st, as part of its inspection, it will ask those questions.

President Azzolin read the following information from USP <800>:

“This chapter applies to all healthcare personnel who handle HD [*hazardous drug*] preparations and all entities that store, prepare, transport, or administer HDs (e.g., pharmacies, hospitals and other healthcare institutions, patient treatment clinics, physicians' practice facilities, or veterinarians' offices). Personnel who may potentially be exposed to HDs include, but are not limited to: pharmacists, pharmacy technicians, nurses, physicians, physician assistants, home healthcare workers, veterinarians, and veterinary technicians.”

Mr. Azzolin continued by reading the following information:

- Entities that handle HDs must incorporate the standards in this chapter into their occupational safety plan.
- The entity’s health and safety management system must, at a minimum, include:
 - A list of HDs
 - Facility and engineering controls
 - Competent personnel
 - Safe work practices
 - Proper use of appropriate Personal Protective Equipment (PPE)
 - Policies for HD waste segregation and disposal
- Nonantineoplastic, reproductive risk only, and final dosage forms of antineoplastic HDs may be stored with other inventory if permitted by entity policy
- HDs that do not require any further manipulation, other than counting or repackaging of final dosage forms, may be prepared for dispensing without any further requirements for containment unless required by the manufacturer or if visual indicators of HD exposure hazards are present (e.g., HD dust or leakage).
- Clean equipment should be dedicated for use with HDs and should be decontaminated after every use.
- Tablet and capsule forms of antineoplastic HDs must not be placed in automated counting or packaging machines, which subject them to stress and may create powdered contaminants.

Director Troughton stated that if the law was not specific, the Board could change its rule; however, with the way the law is written, he does not see where GDNA has a choice but to make that a part of its inspections. He stated that at this time, GDNA will not be telling pharmacies that if they are not compliant with USP <800>, then it will be reported to the Board. Director Troughton stated that GDNA understands that this is changing an industry and pharmacies will need to be educated. He further stated that at some

point, the Board may have to make the decision as to what would happen if a pharmacy does not comply. President Azzolin commented that it would seem counterintuitive to have a compounding pharmacy comply with USP <800>, but not have it apply to any other pharmacy that also handles those same hazardous drugs.

Mr. Stone agreed and expressed his concerns regarding the matter. He stated that this is an issue the Board needs to talk about. He further stated that he agrees the Board has to follow the law, but feels the Board should begin to prepare for this and start educating and providing information for pharmacies.

Director Troughton commented that GDNA will begin to enforce this come November. He stated that GDNA's plan is to start educating pharmacies around the summer. He further stated that GDNA will attempt to get information out to the pharmacies as it conducts its inspections.

President Azzolin stated that he believes the question from Mr. Potter is a valid question. He added that this topic warrants discussion as to how it will be handled and suggested the Board further discussing this matter at its April meeting.

Mr. Joiner stated that he thinks the Board will need to pass new rules that would apply to everyone. He further stated that the only places in the rules where USP is currently broadly applied is in Chapter 480-11 and Rule 480-6-.02 both of which deal with compounding.

President Azzolin stated that, from his perspective, the law references a non-governmental agency by referencing the United States Pharmacopeia. He inquired as to what would happen if that organization ceased to exist. He continued by stating that the law references an organization as opposed to referencing a concept. He asked that if the law addresses the concept broadly, even if referencing USP in the language, is it a requirement that there has to be a rule to address the concept at all? Mr. Joiner responded by stating that the way he reads O.C.G.A. § 26-4-87 is the legislature directing the Board to establish rules that comply with these conventions in USP. Mr. Changus agreed that under O.C.G.A. § 26-4-87 the Board is obligated to promulgate rules in line with USP.

Mr. Joiner stated that O.C.G.A. § 26-4-87 does not apply to USP itself. He added that it directs the Board to establish rules that would apply. He stated that O.C.G.A. § 26-4-87 states, "The board shall promulgate rules and regulations governing the appropriate and proper storage and handling of controlled substances and dangerous drugs as defined in Chapter 13 of Title 16 which are consistent with those standards established by the United States Pharmacopeial Convention."

President Azzolin commented that the statute states in part that, "The board shall promulgate rules and regulations..." Director Troughton stated that if that is the interpretation and if the Board's decision is to say that does not apply to USP <800> because of the difference and that statute, he does not want GDNA to start talking about it with pharmacists if the Board is not sure it wants it to be enforced. He further stated that if the Board discusses this matter further at the April meeting, that will help GDNA to prepare one way or the other. President Azzolin stated that based on the statute read by Mr. Joiner, it is clear the Board needs address it and have a rule in place, which would make it clear and eliminate any ambiguity. Mr. Lacefield stated that staff would add this topic to the Board's April work session.

Faxes received electronically: Mr. Joiner stated that he and Deputy Director Karnbach have discussed a question received regarding whether a prescription drug order received by fax has to be hard copied in the pharmacy. Mr. Joiner stated that when the rule was written faxes were only received as a hardcopy. He added that technology has changed and instead of receiving faxes as hard copies, faxes can now be received as emails. He continued by stating that Board Rule 480-27-.04(4) states, "A prescription drug order may be accepted by a licensed pharmacist, a pharmacy intern or extern, acting under the direct supervision of a registered pharmacist, in written form, orally, via facsimile, or electronically as set forth in O.C.G.A. § 26-

4-80 and the Rules of the Board. Provisions for accepting a prescription drug order for a schedule II controlled substance are set forth in Chapter 480-22.”

Mr. Joiner stated that it is repeated in Board Rule 480-27-.04(5), which states in part, “Prescription drug orders transmitted either electronically or via facsimile...” Mr. Joiner continued by stating that this has been addressed in the rules as separate topics.

President Azzolin explained that faxes are analog whereas electronic is digital. He stated that when you send an electronic fax over email or in a way that it is received over the internet, then it is not transmitted the same way as a fax. He continued by stating that it is uploaded to a server and transmitted over the internet using a secure protocol and you can download the transmission. President Azzolin stated that many entities want to use e-faxes; however, the problem with it is unless that e-fax is uploaded to a server and emailed, then it is technically not HIPAA secured. He explained that an analog fax is HIPAA secured. He added that an e-fax is a lot like an e-prescription, which goes from a physician’s computer to pharmacist’s computer. He stated that those two are similar even though it comes in as a fax.

Deputy Director Karnbach stated that from an enforcement standpoint, GDNA does not know how it is sent. He further stated that GDNA only knows how it is received, which poses a problem. Director Troughton stated that GDNA has not told pharmacies they have to print out every prescription. He continued by stating the rule states the pharmacy does not have to print out electronic prescriptions. He stated that as long as the pharmacy can produce the original image upon request, that is sufficient and has been GDNA’s enforcement standard. Director Troughton stated if there is a prescription in a profile, the pharmacy must be able to provide GDNA with the original document.

President Azzolin stated that his point is that if you are allowed to interpret an e-fax as an electronic prescription, not a fax, the pharmacy could just produce evidence it is an electronic prescription by showing that it was delivered to and accessed in a server database. Director Troughton inquired if fax machines that produce paper copies are being used in pharmacies now. Vice-President Page discussed being able to produce the paper copy upon request and stated the Board may need to tweak the language of the rule. President Azzolin responded by stating that the pharmacy does not have to based on the interpretation of what a fax actually is. Director Troughton discussed whether or not the rule could be interpreted to say it does not have to be printed as it could be looked at as two different things, which are electronic and hardcopy. He continued by stating that, based on previous conversations with previous board members, the Attorney General’s office and staff, that is how GDNA has enforced it.

Mr. Stone commented that most faxes now come in electronically and if he faxes something, it is sent to the pharmacy and is received electronically as a pdf file. He added that if the fax is received electronically, it should be producible upon request.

Mr. Lacefield stated that staff would respond to Mr. Potter by stating that the Board’s interpretation is the fax does not have to be printed, but must be readily available immediately upon request. Mr. Changus inquired if this included emails because the rule requires emails to be printed out.

Mr. Joiner stated that Rule 480-27-.04(5)(d) states, “Electronically generated prescriptions may be transmitted directly or indirectly thru one or more Intervening Electronic Formatters to a pharmacy's computer or other similar electronic device;” Additionally, Mr. Joiner stated that Rule 480-27-.04(5)(f)(1) requires electronically generated prescriptions as e-mails be reduced to hard copy.

After further discussion, the Board requested this rule be added to the Board’s April agenda for further discussion.

Rules Discussion

Low THC Draft Rules: Mr. Cordle stated that, in summary, the Committee suggested creating a subset retail license for dispensing low THC products and rules for obtaining that license.

Mr. Stone commented that when the Committee first discussed creating rules, it discussed several options. He explained that the Committee decided to move forward with creating a subset license that is attached to the underlying pharmacy at the same location and draft rules based on the retail pharmacy rules.

Mr. Joiner stated the template for the low THC draft rules was based on the retail pharmacy rules because the retail pharmacy rules already have language that is sufficient for having controls and dangerous drugs in the pharmacy. He added that low THC is seen as a less than dangerous drug and the Committee started with the retail rules and adjusted them as appropriate for this particular product.

Discussion was held by the Board regarding the proposed draft rules presented. Vice-President Page discussed section (2) under Low THC Products: Inspection, Retention of Records and Security, which states, "All Low THC Products shall be kept in the prescription department, accessible only to an authorized person, except where contained in a collection receptacle compliant with state and federal law and regulation." In regards to "collection receptacle", he asked if this was for outdated or expired returns? Mr. Stone responded by stating that collection receptacles in retail pharmacy have sharps. He stated that there would not be a collection receptacle for low THC, but it has to follow the process.

President Azzolin inquired if a collection receptacle was addressed in any other rule. Mr. Stone responded that it was addressed in the retail rules. President Azzolin stated that some retail pharmacies will have a collection receptacle whether it has low THC or not. He further stated if the rule addresses it when the pharmacy does not have low THC, there should be language that addresses what to do with the collection receptacle. Mr. Joiner commented that the language comes directly from Rule 480-10.01.

Vice-President Page discussed section (5) under Low THC Products: Inspection, Retention of Records and Security, which states, "Any person possessing Low THC Products and/or records may request that such an inspection be made, and upon receipt of such written request, the GDNA Director shall make, or cause to be made, without reasonable delay, an inspection in compliance with said request." Vice-President Page inquired as to who is "Any person" and what type of inspection or request would that be for that person. Mr. Joiner responded that the language comes from Rule 480-10-.01(5).

Vice-President Page discussed section (3) under Requirements for Dispensing Low THC Products, which states, "A pharmacist who dispenses Low THC Products shall seek and review information on a Registered Patient from the prescription drug monitoring program data base established pursuant to O.C.G.A. § 16-13-57 prior to dispensing Low THC Products to the Registered Patient. (O.C.G.A. § 16-12-230(b))". Vice-President Page inquired if low THC records would be downloaded to that system. Mr. Joiner responded by stating that the law is unclear as to what a pharmacist should look for. He stated that the statute requires a pharmacist to review information from the Prescription Drug Monitoring Program ("PDMP"). He added that is an ambiguity from the legislature.

Mr. Stone commented pharmacists want to help protect the patient and help improve his/her disease states. He stated the pharmacist is making sure there are no interactions and should be knowledgeable about what strains the patient is using and dosages. He added that the pharmacist would not be reporting to the PDMP, but only reviewing the PDMP. Mr. Stone discussed there having to be a way to track from seed to sale, which the growers would track. He inquired if there would be a way to review if the product was going somewhere else. Mr. Brinson responded by stating that he has not seen any information regarding such. Mr. Stone stated that he had not seen anything either and that is an issue.

Mr. Brinson asked Director Troughton how he would envision low THC being entered into the PDMP. Director Troughton responded by stating that, at this point, it is not entered into the PDMP. He added that would be a matter for the General Assembly to decide.

President Azzolin inquired if low THC products would be filled like a traditional prescription with full labeling. Mr. Stone responded by stating that, from his understanding, the dispensaries have a labeling requirement. He added that the law states that how the product comes to the pharmacy is how the pharmacist will dispense it. He continued by stating that the pharmacist cannot open it or change it, but will put the label on the bottle and dispense it to the patient. Aside from the label, President Azzolin asked if the pharmacist would be processing the prescription in the system. Mr. Stone responded by stating that if he is working with a patient there has to be some type of follow up and feels it would be good for the pharmacist to try and track it, but it is not a requirement.

Vice-President Page asked if the product itself would have a label or not. Mr. Stone responded by stating that when the product is dispensed it will have a label. Mr. Joiner commented he imagines that since the product cannot be covered and since the dispensaries put a label on the package, there will be space for a label. He stated that the Georgia Access to Medical Cannabis Commission (“Commission”) is clear in that it requires the product to not be covered up, but it has to be labeled. Mr. Brinson stated that, depending on the size of the bottles and how small they are, there may not be a way to put a label on it.

Mr. Chang discussed the draft stating that the low THC license will be a predicate license under an active retail pharmacy license. He inquired if other pharmacy settings want to dispense the product, would they have to obtain a retail pharmacy license in order to proceed. He stated that it feels like the Board is narrowing the scope. President Azzolin responded by stating that at last month’s meeting the Board had a discussion about what does a hospital do when a patient is admitted that uses low THC. He continued by stating that there is a provision in the law that allows other healthcare settings to dispense it, but the statute does not address getting a license to dispense it the way a retail pharmacy dispenses it. Mr. Cordle commented that would be the case only if it is a continuation of therapy.

Discussion was held regarding the process of posting the rule. Mr. Changus explained that once the Board votes to post a rule, it is sent to the Attorney General’s office to determine if there is statutory authority. He stated that if there is statutory authority, the Board will post a notice of its intended action and a public hearing will be scheduled. He further stated the notice must be posted for at least 30 days to allow the public to submit written comments. Mr. Changus continued by stating that at the public hearing, the Board can vote to adopt the rule, can make changes to the rule and vote to post again, or the Board can vote to not adopt the rule. He added that once a rule has been adopted, it goes to the Governor’s office for review. Mr. Changus stated that the Governor’s office has 90 business days to approve or reject the rule. He further stated that once the rule has been approved by the Governor’s office, it comes back to the board office and is then referred to the Secretary of State’s office. He added that there is a waiting period before the Secretary of State’s office can post the rule on its website.

Mr. Brinson inquired if Mr. Changus could provide a timeline with regard to when the rule would become effective after the Board votes to post. Mr. Changus responded by stating that this matter is being discussed by the General Assembly today and there is some desire for this to move faster. He added that after the rule is sent to the Attorney General’s office to determine if there is statutory authority, it will not stay in the Attorney General’s office for more than a month and would be back to the Board for a public hearing possibly for the May meeting. He stated that once the Board votes to adopt the rule, it will be referred to the Governor’s office for review.

Discussion was held by Mr. Farmer. He stated that there is a distribution chain through the dispensaries or a retail pharmacy that chooses to dispense the product. He asked if it was correct that with the dispensary

mode of distribution, there is no pharmacist involvement. The Board responded affirmatively. Mr. Farmer stated that pharmacists have knowledge and background of medications that have a myriad of drug interactions that are extremely problematic. He inquired if there was any discussion about requiring a minimum continuing education requirement that would apply to both distribution channels. Mr. Brinson responded by stating that there has not been any discussion about that.

Mr. Farmer expressed his concerns about the dispensaries not having a pharmacist present and the possible interactions that could occur. Discussion was held concerning the Board not having jurisdiction. Director Troughton commented that GDNA can conduct an inspection. He further stated that if there were major issues, GDNA would turn the matter over to the Georgia Bureau of Investigation.

President Azzolin inquired how the public is notified about the notice of a public hearing. Mr. Lacefield responded by stating that the notice is posted on the Board's website and those that have signed up for the Interested Parties list will receive an email notification. President Azzolin asked how one can sign up to be on the list. Mr. Lacefield responded by stating that the individual can email Mr. Joiner or send an email through the Board's Contact Us portal on its website. President Azzolin commented that with as many pharmacists this may apply to, he feels it is important to hear their feedback.

Mr. Brinson made a motion to post the following rules. Mr. Stone seconded, and the Board voted unanimously in favor of the motion.

Rule 480-52-.01 Definitions

- (1) **"Board"** shall mean the Georgia Board of Pharmacy.
- (2) **"Consultation room"** is an area adjacent to the pharmacy where patient or customer consultations are done, and more in-depth pharmacy care may be provided.
- (3) **"Direct supervision"** shall mean that a pharmacist is physically present, providing care at the address listed on the pharmacy license, and is in the prescription department, consultation room, vaccination room, or areas where over-the-counter drugs, devices, or durable medical equipment are displayed. The supervising pharmacist is professionally responsible and accountable for all activities performed by authorized pharmacy personnel and is available to provide assistance and direction to authorized pharmacy personnel. This shall not require a pharmacist to maintain a direct line of sight to authorized pharmacy personnel. The supervising pharmacist shall provide a final check of prepared products and document final checks before any prescription drug is dispensed.
- (4) **"Immediate notification"** shall mean written notification sent within twenty-four hours of the event.
- (5) **"Low THC oil"** shall mean an oil that contains an amount of cannabidiol and not more than 5 percent by weight of tetrahydrocannabinol, tetrahydrocannabinolic acid, or a combination of tetrahydrocannabinol and tetrahydrocannabinolic acid which does not contain plant material exhibiting the external morphological features of the plant of the genus Cannabis. Such term shall not mean products approved by the federal Food and Drug Administration under Section 505 of the federal Food, Drug, and Cosmetic Act.
- (6) **"Low THC Pharmacy Dispensary"** shall mean a retail pharmacy, previously licensed by the Georgia Board of Pharmacy, which has obtained a permit Low THC Pharmacy Dispensary license.
- (7) **"Low THC Product"** shall mean low THC oil delivered through an oil, tincture, transdermal patch, lotion, or capsule, except as prohibited by O.C.G.A. § 16-12-234, but not including any food products infused with low THC oil, including, but not limited to, cookies, candies, or edibles.
- (8) **"Pharmacy"** shall mean all areas of a facility when the prescription department is not closed or locked separately from the facility or only the area of the prescription department in those facilities where the prescription department is locked and separated.

- (9) **“Pharmacy care”** shall mean those services related to the interpretation, evaluation, or dispensing of prescription drug orders, the participation in drug and device selection, drug administration, and drug regimen reviews, and the provision of patient counseling related thereto.
- (10) **“Predicate Retail License”** shall mean the presently active Retail Pharmacy license, previously issued by the Georgia Board of Pharmacy, to the applicant for, or licensee of a Low THC Pharmacy Dispensary license.
- (11) **“Predicate Retail Licensee”** shall mean the entity licensed by the Georgia Board of Pharmacy as a Retail Pharmacy and attendant to whose licensure a Low THC Pharmacy Dispensary license has been applied for or obtained.
- (12) **“Preparation”** shall mean the functions of preparing a prescription to be dispensed, including product selection, data entry into a pharmacy dispensing system, and any other functions required to have the prescription ready to be verified, checked, and dispensed by a pharmacist or pharmacy intern working under the direct supervision of a pharmacist.
- (13) **“Prescription Department”** shall mean an area set aside for the preparation and dispensing of prescription drugs and Low THC Products. In a facility offering other departments and types of merchandise not requiring a pharmacist to be open for business, this term shall apply only to the area in which prescriptions are prepared and dispensed.
- (14) **“Registered Patient”** means an individual who is legally authorized to possess and use low THC oil and products pursuant to O.C.G.A. § 31-2A-18.
- (15) **“Significant adverse drug reaction”** shall mean any reaction which requires any medical treatment beyond a consultation between Pharmacist/patient, Pharmacist/Prescriber, patient/prescriber or Pharmacist/patient/Prescriber.
- (16) **“Vaccination room”** is an area adjacent to the pharmacy where vaccinations are administered.
- (17) **“Written notification”** shall mean in writing and sent by statutory overnight delivery or by email.

Rule 480-52-.02 Low THC Products: Inspection, Retention of Records and Security

- (1) Every licensed pharmacy, possessing or having possessed any Low THC Product, within a period of two years, and/or possessing any record related to the same, shall exercise diligent care in protecting such Low THC Products and/or records related to the same from loss or theft.
 - (a) Records relative to Low THC Products required to be maintained in compliance with this rule shall be those records which would be required to be kept relative to a Dangerous Drug by O.C.G.A. T. Ch. 16-13. All records relative to Low THC Products shall be kept, secured, and safeguarded in the same manner as similar records relating to Dangerous Drugs.
 - (b) Every licensed Low THC Pharmacy Dispensary shall ensure that all Low THC Products are purchased from and/or returned to firms holding a current permit issued by the Georgia Access to Medical Cannabis Commission (“Commission”). This requirement can be met by a pharmacy maintaining a copy of such firms' current Commission permit.
- (2) All Low THC Products shall be kept in the prescription department, accessible only to an authorized person, except where contained in a collection receptacle compliant with state and federal law and regulation.
- (3) The Georgia Drugs and Narcotics Agency (“GDNA”) shall have the authority to conduct inspections of any place or premises used by any such licensed Low THC Pharmacy Dispensary in relation to such Low THC Products and/or any records pertaining to their acquisition, dispensing, disposal, or loss.
- (4) The GDNA shall have the authority to examine, copy, or remove all such records, and to examine, copy, remove, or inventory all such Low THC Products.
 - (a) It shall be the responsibility of such person possessing such Low THC Products and/or records to make the same available for such inspection, copying, examination, or inventorying by said GDNA.
 - (b) At the conclusion of an inspection, the GDNA personnel examining said Low THC Products and/or records shall have the responsibility of providing to such Low THC Pharmacy

Dispensary a copy of an inspection report on which any deficiencies or violations are listed along with any recommendations, if any, concerning the satisfactory storage, keeping, handling and security of Low THC Products.

- (5) Any person possessing Low THC Products and/or records may request that such an inspection be made, and upon receipt of such written request, the GDNA Director shall make, or cause to be made, without reasonable delay, an inspection in compliance with said request.

Rule 480-52-.03 Prescription Department, Requirement, Supervision, Hours Closed

- (1) The physical spatial bounds of a Low THC Pharmacy Dispensary shall be the same as and co-terminus with, the same such space occupied by the Predicate Retail Licensee, and the activities of the Low THC Pharmacy Dispensary shall be conducted therein. That area or areas designated as the “Prescription Department” pursuant to Rule 480-10-.02(2), for the Predicate Retail Licensee shall constitute the same such area for the Low THC Pharmacy Dispensary and the activities of the Low THC Pharmacy Dispensary may be conducted therein.
- (2) The pharmacist in charge of the Low THC Pharmacy Dispensary shall be the same pharmacist who is designated pharmacist in charge for the Predicate Retail Licensee, and in operation of the Low THC Pharmacy Dispensary shall be subject to Rule 480-10-.02(3).
- (3) A licensed pharmacist shall be present and on duty in a Low THC Pharmacy for the same time and in the same manner as required for operation of the Predicate Retail Licensee.

Rule 480-52-.04 Location of Low THC Products

- (1) All Low THC Products shall be stored within the prescription department of the Predicate Retail Licensee possessing such drugs or devices; and
 - (a) In complying with this Rule, all Low THC Products shall, at minimum, be stored and secured in the same manner required for dangerous drugs (legend drugs) by Board Rule 480-10-.03.
- (2) All Low THC Products shall be kept from the public in a secure manner.

Rule 480-52-.05 Sufficient Space in Prescription Department

There shall be provided within the prescription department of each Low THC Pharmacy Dispensary sufficient shelf, drawer, counter or cabinet space for the neat and orderly storage of all Low THC Products, equipment, publications and other items kept therein. Low THC Products may be stored apart from or together with other dangerous drugs stored in the prescription department.

Rule 480-52-.06 Refrigeration

There shall be provided within each prescription department adequate facilities for the proper storage of Low THC Products which require refrigeration, and such Low THC Products shall be stored therein in such manner as to preserve their therapeutic activity.

Rule 480-52-.07 Licensure, Applications, and Display of License and Renewal Certificate

- (1) Licensure and Applications
 - (a) Every Low THC Pharmacy Dispensary must be licensed by the Board in accordance with the laws and regulations of this State. The term “Low THC Pharmacy Dispensary” shall have the meaning ascribed in Board Rule 480-52-.01.
 - (b) All Low THC Pharmacy Dispensary licensees shall renew this license annually by June 30th with the Georgia State Board of Pharmacy; pharmacy dispensary licenses shall be issued only to those pharmacies who comply with this rule.
 - (c) Low THC Pharmacy Dispensary licenses shall be issued only to those licensed retail pharmacies who meet the following requirements:
 1. Submission of an application with the following information:

- i. The name, full business address, telephone number, and current Georgia Board of Pharmacy license number of the licensee;
 - ii. All trade or business names used by the licensee;
 - iii. Address, telephone number, and the name of the Pharmacist in Charge;
 - iv. The type of ownership or operations (i.e., partnership, corporation, or sole proprietorship);
 - v. The name(s) of the owner and/or operator of the licensee, including:
 - (I) If a person, the name of the person;
 - (II) If a partnership, the name of the partnership and the name of each partner;
 - (III) If a sole proprietorship, the full name of the sole proprietorship and the name of the business entity; or
 - (IV) If a corporation, the corporate name, the name and title of each corporate officer and director, the state of incorporation; and the name of the parent company, if any.
 - vii. Documentation of one of the following:
 - (I) Written certification from the applicant that the applicant's operation of a Low THC Pharmacy Dispensary at the proposed location would comply with the location restrictions imposed by O.C.G.A. § 16-12-215(a); or
 - (II) Certified copy of an Order from the local zoning authority permitting the applicant to operate a Low THC Pharmacy Dispensary in the proposed location, as provided by O.C.G.A. § 16-12-215(a).
2. Payment of an application fee. Application fees shall not be refundable.
 3. Filing a report from the Director of the Georgia Drugs and Narcotics Agency (GDNA) certifying the applicant possesses the necessary qualifications for a license.
- (d) Low THC Pharmacy Dispensary licenses shall be nontransferrable.
- (e) Low THC Pharmacy Dispensary licenses are renewed annually and expire on June 30th of each year and may be renewed upon the payment of the required fee and the filing of an application for renewal. If the application for renewal is not made and the fee paid before September 1st, of the same year, the license shall lapse and shall not be renewed except by application for a new license.
- (f) Changes in any information in this rule shall be submitted to the Board prior to such change.
- (g) The Board will consider the following factors in determining eligibility for licensure of applicants in charge of the facility and the applicant licensee who are applying for a Low THC Pharmacy Dispensary license:
1. Any convictions of the applicant under any Federal, State, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances;
 2. Any felony convictions of the applicant under Federal, State, or local laws;
 3. The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;
 4. Suspension or revocation by Federal, State, or local government of any pharmacist, pharmacy or other health care license currently or previously held by the applicant;
 5. Compliance with licensing requirements under previously granted licenses;
 6. Compliance with requirements to maintain and/or make available to the State Licensing Authority or to Federal, State, or local law enforcement officials, those records required to be maintained by the licensee pharmacy and by a Low THC Pharmacy Dispensary;
 7. The disciplinary history of the Predicate Retail Licensee, if any; and

8. Other factors or qualifications the Board considers relevant to and consistent with the public health and safety.
- (h) The Board reserves the right to deny a license to an applicant if it determines that the granting of such a license would not be in the best interest of the public.
- (2) The Low THC Pharmacy Dispensary wall certificate issued by the Georgia State Board of Pharmacy (Board), along with the current renewal license of each full-time Pharmacist employed at the Low THC Pharmacy Dispensary, as well as any letter(s) from the Board which have granted a licensee any exception(s) and/or exemption(s) from this, or any other rule, shall be displayed in the same manner as that required by Rule 480-10-.06 for the Predicate Retail Licensee.
- (3) No pharmacist or intern/extern shall display his or her license in any Low THC Pharmacy Dispensary where he or she is not employed or engaged in the practice of pharmacy and dispensing of Low THC Products, and shall not knowingly permit any other person to use his or her license for the purpose of misleading anyone to believe that such person is the holder or recipient of said license or intern certificate.

Rule 480-52-.08 Sanitation

A Low THC Pharmacy Dispensary shall be operated in the same clean and sanitary manner as that required by Rule 480-10-.07 for the Predicate Retail Licensee.

Rule 480-52-.09 Storage of Equipment

The required equipment of a Low THC Pharmacy Dispensary shall be cleaned and stored in the same manner as that required by Rule 480-10-.08 for the Predicate Retail Licensee.

Rule 480-52-.10 Requirements for Dispensing Low THC Products

- (1) Low THC Products shall only be dispensed by a Georgia Board of Pharmacy licensed Low THC Pharmacy Dispensary.
- (2) Low THC Pharmacy Dispensaries shall only dispense Low THC Products to Registered Patients and shall physically view and inspect the patient's identification and patient registry card, and shall verify the validity of the patient's registration, prior to dispensing Low THC Products.
- (3) A pharmacist who dispenses Low THC Products shall seek and review information on a Registered Patient from the prescription drug monitoring program data base established pursuant to O.C.G.A. § 16-13-57 prior to dispensing Low THC Products to the Registered Patient.
- (4) All Low THC Products dispensed shall be labeled by the Low THC Pharmacy Dispensary with the following information:
 - (a) Date the Low THC Product is dispensed to the patient;
 - (b) Patient identification information:
 1. Patient's first and last name;
 2. Patient's date of birth;
 3. Patient's unique patient registry serial number;
 4. Patient's caregiver's first and last name and unique patient registry serial number, if applicable.
 - (c) Name, address, and license number of the Low THC Pharmacy Dispensary;
 - (d) Directions for use of the Low THC Product; and
 - (e) Any cautionary statement or symbols required.
- (5) Prior to dispensing any Low THC Product, a Georgia licensed pharmacist shall review the drug label to ensure compliance with Rule 480-52-.10(4).

Rule 480-52-.11 Outdated, Deteriorated Drugs

The Pharmacist in Charge of each Low THC Pharmacy Dispensary shall cause examination of the stock of the prescription department of that Pharmacy, by persons qualified to do so, and shall cause to be removed from stock all out-dated and deteriorated Low THC Products, and such shall be done at regular intervals of

not more than six months duration, and under no circumstances will any Low THC Pharmacy Dispensary or Pharmacist permit any Low THC Product to be dispensed which bears a date of expiration which has been reached, or any Low THC Product which is in a deteriorated condition.

Rule 480-52-.12 Minimum Equipment for Prescription Departments

- (1) No Low THC Pharmacy Dispensary licensed in accordance with O.C.G.A. T. 16, Ch. 12, shall engage in the practice of dispensing Low THC Products unless it shall possess the following items:
 - (a) Copies of and/or computer or electronic access to current reference materials appropriate to Low THC Pharmacy Dispensary practice. These reference materials shall be authoritative on at least the topics of drug interactions; patient counseling; compounding and pharmaceutical calculations; and generic substitution.
 - (b) The telephone number of a poison control center. This number shall be conspicuously posted within the prescription department.
 - (c) Current copies of and/or computer or electronic access to the following:
 1. Georgia Pharmacy Practice Act, O.C.G.A. T. 26, Ch. 4;
 2. Access to Medical Cannabis, O.C.G.A. T. 16, Ch. 12, Art. 9;
 3. Georgia Controlled Substances Act & Dangerous Drug Act, O.C.G.A. T. 16, Ch. 13; and
 4. Official Rules of the Georgia State Board of Pharmacy.
 - (d) Adequate supply of Low THC Products most commonly prescribed (ONLY to be on hand after a permit has been issued by the Board).
- (2) The pharmacist-in-charge of a Low THC Pharmacy Dispensary may submit to the Georgia State Board of Pharmacy a typed request for a variance to these provisions relating to minimum equipment requirements. Stated reasons for application for variances must be included in submitted request. A variance may be granted by the Board only when, in the judgment of the Board, there are sound reasons for doing so which relate to the necessary or efficient delivery of health care.
 - (a) Any variance granted by the Board must be in writing.

Rule 480-52-.13 Destruction of Low THC Products

Low THC Products which are outdated or expired must be disposed of by return to the originating Georgia Access to Medical Cannabis Commission licensed producer.

Rule 480-52-.14 Security System Approval

As set forth by O.C.G.A. § 16-12-206(b)(9), the Board may provide in its rules and regulations the manner in which the prescription department of a Low THC Pharmacy Dispensary may be secured. This requirement will be met in in the same manner described in Rule 480-10-.16 for the Predicate Retail Licensee.

Rule 480-52-.15 Required Notifications to the Board

A Low THC Pharmacy Dispensary shall be required to provide immediate notification to the Board of any event the occurrence of which the Predicate Retail Licensee would be required to immediately notify the Board pursuant to Rule 480-10-.20(2).

Rule 480-52-.16 Purchase of Low THC Products by a Low THC Pharmacy Dispensary

All Low THC Pharmacy Dispensaries are required to purchase or receive Low THC Products from a firm licensed by the Georgia Access to Medical Cannabis Commission.

Mr. Stone made a motion and Mr. Brinson seconded that the formulation and adoption of these proposed rules does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rules 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 voted 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 at O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of these proposed rules will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of pharmacy.

Mr. Brinson made a motion and Mr. Farmer 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

Appearance

- J.W.R.

Cognizant's Report – Mr. Chuck Page

- GDNA Case # B34656
- GDNA Case # T34529
- GDNA Case # B34644
- GDNA Case # T34631
- GDNA Case # B34621
- GDNA Case # A34643
- GDNA Case # A34396
- GDNA Case # A34519
- GDNA Case # B34584
- GDNA Case # B34607
- GDNA Case # B34485
- GDNA Case # B34526
- GDNA Case # A34399
- GDNA Case # A34555
- GDNA Case # A34616
- GDNA Case # A34617
- GDNA Case # A34615
- GDNA Case # A34570
- GDNA Case # A34634
- GDNA Case # A34647
- GDNA Case # B34507
- GDNA Case # B34541
- GDNA Case # B34620
- GDNA Case # B34484
- GDNA Case # B34583
- GDNA Case # B34629
- GDNA Case # B34618
- GDNA Case # B34348
- GDNA Case # B34542
- GDNA Case # A34662

Georgia Drugs and Narcotics Agency – Mr. Dennis Troughton

- C.N.N.

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed board member recusal from applications/investigative matters.

Mr. Changus presented the following consent orders for acceptance:

- S.P.
- K.S.P.
- N.S.M.

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

No report.

Applications

- B.M.G.F.
- A.J.V.
- J.R.A.
- J.P.W.
- R.M.C.
- R.H.S.

Correspondences/Requests

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

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

Miscellaneous

April Meetings: Mr. Lacefield commented that Mercer University had space available for the April 12th meeting to be held in person. He added that the April 13th meeting would be held virtually. President Azzolin stated that he received a call that the University of Georgia may have space available for April 12th. He added that he would contact Mr. Lacefield following the meeting to discuss whether to hold the April 12th meeting at Mercer University or the University of Georgia.

Georgia Access to Medical Cannabis Commission Meeting: Mr. Lacefield reported that the Commission would be holding a public hearing at 4:00 p.m. that afternoon to consider adoption of proposed rules.

GPhA Convention: Mr. Stone provided the members with information regarding registering for the annual GPhA Convention scheduled for May.

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

Appearance

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • J.W.R. | <p>Request to reinstate pharmacist license</p> | <p>Denied request. Allow individual to continue aftercare/monitoring with requested out of state recovering professionals program. Individual may submit another request for an appearance in six months.</p> |
|--|--|---|

Cognizant’s Report – Mr. Chuck Page

- | | |
|--|--|
| <ul style="list-style-type: none"> • GDNA Case # B34656 • GDNA Case # T34529 • GDNA Case # B34644 • GDNA Case # T34631 • GDNA Case # B34621 • GDNA Case # A34643 • GDNA Case # A34396 • GDNA Case # A34519 • GDNA Case # B34584 • GDNA Case # B34607 • GDNA Case # B34485 • GDNA Case # B34526 • GDNA Case # A34399 • GDNA Case # A34555 • GDNA Case # A34616 • GDNA Case # A34617 • GDNA Case # A34615 • GDNA Case # A34570 • GDNA Case # A34634 • GDNA Case # A34647 | <p>Accept Private Interim Consent Order for Assessment</p> <p>Revoke Technician Registration</p> <p>Refer to the Department of Law</p> <p>Revoke Technician Registration</p> <p>Close with Letter of Concern</p> <p>Refer to the Department of Law</p> <p>Refer to the Department of Law</p> <p>Refer to the Department of Law</p> <p>Close with Letter of Concern</p> <p>Close with Letter of Concern</p> <p>Issue Cease & Desist/Refer case to the FDA</p> <p>Close with Letter of Concern</p> <p>Close with Letter of Concern</p> <p>Close with Letter of Concern</p> <p>Refer to the Department of Law</p> <p>Close with Letter of Concern</p> <p>Refer to the Department of Law</p> <p>Close with Letter of Concern</p> <p>Refer to the Department of Law</p> <p>Refer to the Department of Law</p> <p>Refer to the Department of Law</p> |
|--|--|

- GDNA Case # B34507 Close with no action
- GDNA Case # B34541 Close with no action
- GDNA Case # B34620 Close with no action
- GDNA Case # B34484 Close with no action
- GDNA Case # B34583 Close with no action
- GDNA Case # B34629 Close with no action
- GDNA Case # B34618 Close with no action
- GDNA Case # B34348 Close with no action
- GDNA Case # B34542 Close with no action
- GDNA Case # A34662 Accept Voluntary Surrender

Georgia Drugs and Narcotics Agency – Mr. Dennis Troughton

- C.N.N. Pharmacist Renewal Approved for renewal

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed board member recusal from applications/investigative matters.

Mr. Changus presented the following consent orders for acceptance:

- S.P. Private Consent Order accepted
- K.S.P. Private Consent Order accepted
- N.S.M. Private Consent Order accepted

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

No report.

Applications

- B.M.G.F. Pharmacist Technician Approved for registration
- A.J.V. Pharmacist Reciprocity Approved application
- J.R.A. Pharmacist Renewal Table pending receipt of additional information
- J.P.W. Pharmacist Renewal Approved for renewal
- R.M.C. Pharmacist Renewal Approved for renewal
- R.H.S. Pharmacist Certification of DTM Approved application

Correspondences/Requests

- I.R. Notice of Discipline No action
- V.P.I. Notice of Discipline No action
- I.P.I. Notice of Discipline No action
- B.M.S.P.N.J. Notice of Discipline No action
- B.P. Notice of Discipline No action
- H.V. Notice of Discipline No action
- H.V. Notice of Discipline No action
- T.H.C.P. Notice of Discipline No action
- A.H.G. Notice of Discipline No action
- R.P.I. Appearance request Request denied
- L.H. Correspondence The Board viewed this

- | | | |
|--------------|--|---|
| | | correspondence for informational purposes only. |
| • J.R.H. | Request to terminate probation | Approved request |
| • A.M. | Request for extension of intern license | Approved for extension through 08/31/2024 |
| • D.S.P. | Request for waiver of reinstatement fees | Approved request |
| • G.S.U. | Request for waiver of reinstatement fees | Denied request |
| • E.C. | Request for 4th attempt to retake MPJE | Approved request |
| • K.M.C. | Request for 4th attempt to retake MPJE | Approved request |
| • K.S.M. | Request for 4th attempt to retake NAPLEX | Approved request |
| • K.S.P. | Request for 4th attempt to retake NAPLEX | Approved request |
| • G.S.H. | Remote order entry | Approved request |
| • S.M.S.H.H. | Remote order entry | Approved request |

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

There being no further business to discuss, the meeting was adjourned at 2:53 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held on Wednesday, April 12, 2023, at 9:00 a.m., at the University of Georgia College of Pharmacy, 250 W Green St., Athens, GA 30602.

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