GEORGIA BOARD OF PHARMACY
Board Meeting
2 Peachtree Street, NW, 5th Floor
Atlanta, GA 30303
July 12, 2017
9:00 a.m.

The following Board members were present:
Chris Jones, President
Bob Warnock, Vice-President
Vicki Arnold
Mike Faulk
Lisa Harris
Laird Miller
Jim Bracewell *(departed @ 12:54 p.m.)*

Staff present:
Tanja Battle, Executive Director
Rick Allen, Director, GDNA
Max Changus, Assistant Attorney General
Anil Foreman, Attorney
Brandi Howell, Business Support Analyst I

Visitors:
Stephen Georgeson, GACDS
TJ Kaplan, JLM
Kiddy Getachew-Smith, Kroger
Mike King, Publix
Laura Ko, Shepherd Apothecary
Destiny Kelley, GHA
Cecil Cordle, CVS
John Rocchio, CVS Health
Young Chang, Walgreens
Temple Sellers, GHA
Teresa Tatum, GAMES
Jesse Wethington, GAMES
Scott Piper, GVMA
William Van Story, GPhA/PCOM
Stephen Snow, Misc
Jennifer Bellis, Misc
Megan Freeman, GSHP
Vince Bsitnik, GVMA
Travis Lindsey, CSG
Elizabeth Newcomb, Eli Lilly
Karla Kiriako, Sanofi
Devin Kreel, CSG
Christy Norman, Emory Healthcare
Rondell Jaggers, Grady
Josh Albert, MWC
Tyler Adams, Novo Nordisk
Karine Alleyne
John Lovelace, Grady Health
Maria Thacker, Ga Bio
Stan Jones, Ga Bio
Holly Snow, Ga Bio/Amgen
Robert Stannard
Kimberly Reese, Encompass Rx
Diane Sanders, Kaiser Permanente

Aros Mahmud, Optum/UGA
James W. Marrone
Jonathan W. Taylor
James Bartling

Open Session

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

President Jones welcomed the visitors.

Approval of Minutes
Jim Bracewell made a motion to approve the Public Session minutes from the June 7, 2017 meeting. Bob Warnock seconded and the Board voted unanimously in favor of the motion.

Jim Bracewell made a motion to approve the Executive Session minutes from the June 7, 2017 meeting. Bob Warnock seconded and the Board voted unanimously in favor of the motion.

Jim Bracewell made a motion to approve the Public Session minutes from the June 29, 2017 Conference Call. Bob Warnock seconded and the Board voted unanimously in favor of the motion.

Jim Bracewell made a motion to approve the Executive Session minutes from the June 29, 2017 Conference Call. Lisa Harris seconded and the Board voted unanimously in favor of the motion.

Report of Licenses Issued
Lisa Harris made a motion to ratify the list of licenses issued. Mike Faulk seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Variance from Optim Medical Center-Tattnall, PHH007785
Laird Miller made a motion to grant the rule variance petition. Vicki Arnold seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Waiver from Aqua Pharmaceuticals, PHMA000362
Lisa Harris made a motion to grant the rule waiver petition. Mike Faulk seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Waiver from Augusta University Medical Center Cancer Center, PHCL000012
Bob Warnock made a motion to grant the rule waiver petition. Mike Faulk seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Waiver from Candler County Hospital, PHH003723
Vicki Arnold made a motion to grant the rule waiver petition. Laird Miller seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Waiver from Putney, Inc., PHWH002433
Jim Bracewell made a motion to grant the rule waiver petition. Lisa Harris seconded and the Board voted unanimously in favor of the motion.

Correspondence from Peter Mangs, LicenseLogix
The Board considered this correspondence regarding manufacturing pharmacy licensure. The Board directed staff to respond by requesting more information regarding the operations of the facility.

Correspondence from Linda Stevens, Pipeline Rx
The Board considered this correspondence regarding licensure for a facility/call center. The Board directed staff to respond by stating the law and rules do not require licensure at this time, but will likely in the future.

Correspondence from Jane Walter, GA Dental Recovery Network
The Board considered this correspondence regarding applicants on Suboxone. The Board directed staff to respond by stating an applicant on Suboxone is not automatically precluded from receiving a license and such applicant would likely be required to meet with the Board as part of the application process. The Board would then make a determination thereafter.

Correspondence from Tony Fountain, Northeast Georgia Diagnostic Clinic
The Board considered this correspondence requesting clarification on diagnosis codes and prescriptions. The Board directed staff to respond by stating the Board does not have any requirements for such.

Correspondence from Ashley Strait, Quarles & Brady
The Board considered this correspondence regarding non-resident pharmacy licensure and whether or not a pharmacy located in another state that contacts patients in Georgia to evaluate patient medications, monitor drug therapy and then engage with prescribers to help patients switch or optimize medications would need to obtain a non-resident pharmacy license since the facility is not shipping, mailing or delivering any medications. The Board directed staff to respond by stating in order to provide services to Georgia residents, the pharmacists would need to be licensed if the facility is not licensed.

Correspondence from Craig B. Greenfield, Aegis Healthcare Solutions, Inc.
The Board considered this correspondence regarding two pharmacies related through common ownership. The Board directed staff to respond by requesting additional information regarding each pharmacy such as the location, type of pharmacy, in state or out of state, etc.

Correspondence from Catherine Maynard-Parker, PointClickCare
The Board considered this correspondence asking whether or not a physician in Long Term Care can give a verbal order to a nurse and another physician who sees that resident also sign that other physician's orders. The Board directed staff to respond by suggesting Ms. Maynard-Parker contact the Georgia Medical Composite Board regarding this matter.

Georgia Drugs and Narcotics Agency - Rick Allen
No report.

Attorney General's Report – Max Changus
No report.

Executive Director's Report - Tanja Battle
Renewals: Ms. Battle reported that 16,000 pharmacy technicians and 4,800 facilities have renewed. She stated there are almost 10,000 technicians that are in "Lapsed-Late Renewal" status.

Addiction Program Criteria: Ms. Battle reported this matter was tabled at the previous meeting to allow additional time for the Board to review. Bob Warnock made a motion to approve the following information presented as policy:

Evaluation/Assessment Program Criteria

- *Providers performing evaluations/assessments should have demonstrable expertise in the recognition of the unique characteristics of health professionals with addictive illness.*

- *The evaluation of addictive illness requires that the licensee agree to the release of any and all records regarding diagnosis, indicated treatment, prognosis and continuing care recommendations of such licensee.*

- *Upon completion of the evaluation, release of all applicable evaluation results should be made available to the State Board of Pharmacy.*

Treatment Program Criteria

- *The treatment provider(s) should have demonstrable expertise in the recognition of the unique characteristics of health professionals with addictive illness. Providers should have the ability and resources to offer the level of care indicated in each particular case.*

- *Admission for treatment of addictive illness requires that the licensee agree to the release of any and all records to the Board of Pharmacy regarding diagnosis, prognosis, and continuing care recommendations.*

- *When the treatment for addictive illness requires any level of care (residential, hospital inpatient, or outpatient care), it should be for an appropriate period of time as determined by the treatment professionals.*

- *Upon completion of treatment, release of all applicable treatment documents should be made to the Board of Pharmacy.*

- *A licensee who refuses to enter recommended treatment or leaves treatment prior to its successful conclusion will be subject to Board notification.*

Addictive Continuing Care Criteria

Continuing care of the program participant is crucial to the successful recovery, safe return to practice, and ultimately the completion of participation. After the initial phases of intervention, evaluation and primary treatment have been completed, the licensee must enter into Continuing Care.

- *All participants should be required to sign a written contract.*

- *In the event of relocation or other credible reason, the continuing care contract should allow transfer to another approved continuing care provider.*

- *The provider should have the expertise and ability to individualize continuing care and make appropriate referrals.*

- *The provider should be able to make determinations about a licensee's suitability to work based on the licensee's safety to practice, stability in recovery, and health related readiness to resume professional duties.*

- *The provider should report to the Board on the status of program participants on a regular basis.*

- *The provider should be willing to appear personally before the Board as an advocate with the participant as changes in license status are requested.*

- *The provider must require random specimen collection for forensic testing. Use of a certified laboratory ensures the availability of a Toxicologist and Medical Review Officer (MRO) for screening samples and confirming sample results.*

- *All forensic specimens require chain-of-custody handling.*

- *Drug panels should include the participant's drug of choice as well as other substances of abuse including alcohol. Screens should be performed at an appropriate frequency based on individual case specifics.*

- *The recovering participant should have a personal primary care physician (PCP) who knows that the participant is in a recovery program.*

- *Regular attendance at mutual help program meetings such as AA, NA or other equivalent programs is required after completion of 90 in 90.*

- *All participants are required to attend at least twice monthly meetings of a professional peer support group.*

- *A therapist, psychiatrist or psychologist should be utilized as clinically indicated.*

- *Consent for release of information should be executed, maintained and shared between the various healthcare providers and the Board as appropriate.*

- *Any relapse with chemical use should be immediately be reported to the Board of Pharmacy.*

Jim Bracewell seconded and the Board voted unanimously in favor of the motion.

Continuing Education Report: Ms. Battle reported that no additional programs have been approved for this time period.

Correspondence from Dr. Vince Obsitnik, The Animal Medical Clinic: Ms. Battle stated that the Georgia Veterinary Medical Association Task Force (GVMA) is inviting one or more members of the Georgia Board of Pharmacy to participate on the task force. Mr. Miller volunteered to serve on the task force.

Miscellaneous

NABP District III Meeting: President Jones stated that the annual meeting will be held on August 6-8 in Kentucky if any members are interested in attending.

Director Allen reported that the annual Maltagon meeting will be held on October 22-25 in Charleston, South Carolina.

Mike Faulk made a motion to post Rule 480-13-.03 Personnel. Laird Miller seconded and the Board voted unanimously in favor of the motion.

Rule 480-13-.03 Personnel.
(1) Director of Pharmacy. Each hospital pharmacy shall be directed by a pharmacist, hereinafter referred to as the Director of Pharmacy, who is licensed to engage in the practice of pharmacy in this State, and who is knowledgeable in and thoroughly familiar with the specialized functions of hospital pharmacies. The Director of Pharmacy shall be responsible for all activities of the hospital pharmacy, and for meeting the requirements of the Georgia Pharmacy Laws and Rules and Regulations of the Board of Pharmacy. The Director of Pharmacy or his/her pharmacist designee should be employed on a fulltime basis consistent with need.
(2) Supportive personnel. The Director of Pharmacy shall be assisted by a sufficient number of additional pharmacists~~,~~ and ancillary personnel as may be required to operate such pharmacy competently, safely, and to meet the needs of the patients of the hospital facility.
(a) The Director of Pharmacy shall insure that trained personnel shall be employed in the pharmacy. The Director of Pharmacy shall develop and implement written policies and procedures to specify the duties to be performed by such personnel. These policies and procedures shall, at a minimum, specify that such personnel are personally and directly supervised by a licensed pharmacist and that such personnel are not assigned duties which may be performed only by licensed pharmacists. The Director of Pharmacy shall be responsible for the implementation of the written policies and responsible to the Georgia State Board of Pharmacy for the activities of the pharmacy.
(b) Secretarial and clerical assistance and support shall be provided as required to assist with record keeping, report submission, and other administrative duties, provided such personnel do not perform any dispensing duties.
(c) Any licensed pharmacist performing pharmaceutical duties within the hospital shall operate under a contract with the hospital and fall under the supervision of the Director of Pharmacy.
(3) Supervision. All of the activities and operations of each hospital pharmacy shall be personally and directly supervised by its Director of Pharmacy. All functions and activities of non-licensed pharmacy personnel shall be personally and directly supervised by an adequate number of licensed pharmacists to insure that all such functions and activities are performed competently, safely, and without risk of harm to patients. Personal supervision can only be accomplished by the physical presence of a licensed pharmacist in the hospital.

Jim Bracewell made a motion to post Rule 480-24-.08 Crisis Stabilization Unit (CSU) Emergency Drug Kits. Mike Faulk seconded and the Board voted unanimously in favor of the motion.

Rule 480-24-.08 Crisis Stabilization Unit (CSU) Emergency Drug Kits.
Emergency drug kits may be placed in licensed Crisis Stabilization Units (CSU) by the pharmacy of the consultant or vendor pharmacist provided the following conditions are met:
(1) A record of the drugs to be kept in an emergency drug kit must be kept in the CSU and the provider pharmacy;
(2) Drugs shall not be accessed for use from the emergency drug kit in an emergency situation without a prescription drug order from a licensed practitioner. A valid, signed prescription drug order for any such drug must be issued to the vendor pharmacy, supplying the emergency drug kit, within 72 hours of the drug being taken from the kit.
(a) Whenever an emergency drug kit is accessed and a drug is removed, personnel shall immediately reseal the kit with a tamper-proof, serial-numbered seal, with the seal serial number to be recorded in a log along with the name of the person removing the drug and resealing the kit and date the kit was opened.
(3) Emergency drug kits shall be stored in limited access areas and sealed to prevent unauthorized access and to insure a proper environment for preservation of the drugs therein. The provider pharmacy shall develop a method to readily determine if an emergency drug kit has been accessed without authorization;

(4) An emergency drug kit must be inventoried once a month by a pharmacist from the provider pharmacy and sign a card attached to the kit indicating the date it was inspected. The provider pharmacy must maintain an adequate record of such inspections.
(5) Special Agents of the GDNA shall have the authority to check emergency drug kits as well as the records in the provider pharmacy to determine that drugs and records are accurate and the emergency drug kit is being properly used;
(6) The provider pharmacy must apply on an individual basis to the Board, in care of the GDNA Director, for approval to place an emergency drug kit in each individual CSU and a copy of this approval will be kept on file in both the CSU and the provider pharmacy. Upon recommendation by the GDNA Director, the Board may revoke the approval for an emergency drug kit in any CSU where abuse or misuse of drugs from the emergency drug kit is noted;
(7) The Board shall have the authority to approve on an individual basis the drugs and the amounts of each individual drug allowed to be kept in an emergency drug kit. Any change in the drugs and amounts kept in a kit must be submitted in writing to the GDNA Director who shall make recommendations to the Board. After Board approval, a copy of this approval will be maintained in the GDNA provider pharmacy file and by the CSU. Any emergency drug kit approval becomes null and void once the approved pharmacy ceases to provide that kit.
(8) Each solid oral dosage form placed in an emergency drug kit must be individually labeled with the name and strength of the drug, lot number, expiration date, and other appropriate cautionary information; and
(9) The exterior of an emergency drug kit shall be labeled so as to clearly and unmistakably indicate that it is an emergency drug kit and is for "EMERGENCY USE ONLY", and the label shall be physically signed and dated by the pharmacist who sealed the kit. In addition, a listing of the drugs contained therein, including the name, address, and telephone number(s) of the provider pharmacy shall be attached to both the exterior and the interior of an emergency drug kit.

Jim Bracewell made a motion to post Rule 480-7-.05 Reverse Distributors. Lisa Harris seconded and the Board voted unanimously in favor of the motion.

Rule 480-7-.05 Reverse Distributors.
(1) Every firm, whether located inside or outside the State of Georgia, which receives drugs for destruction, return credit, or otherwise disposes of drugs received from a registrant located in the State of Georgia which holds a permit or license to dispense or possess drugs, shall be known as a Reverse Distributor or a Reverse Drug Distributor.
(2) In order or any Reverse Distributor, wherever located, to engage in the business of receiving drugs for destruction, return credit, or other disposal from a registrant located in Georgia, it must be licensed as a Reverse Distributor by the Georgia State Board of Pharmacy ("Board").
(3) The minimum information required by the Board in order to register a Reverse Distributor will be the same as required under Rule 480-7-.03(2).
(4) The minimum requirements for applications for registration as a Reverse Distributor with the Board will be the same as required under Rule 480-7-.03(3).
(5) Personnel: The licensed Reverse Distributor shall employ adequate personnel with the education and experience necessary to safely and lawfully engage in the process of receiving drugs for destruction, credit return, or other means of disposal. Each such person shall have a working knowledge of the requirements for the law and rules for handling such drugs.
(6) Violations:
(a) A license issued to a Reverse Distributor pursuant to this part ~~shall~~ may be subject to revocation or suspension upon conviction of the license holder of or an employee of a reverse distributor for violations related to federal, state or local laws and/or rules.
(b) Violation of any provisions of any applicable Board Rules shall be grounds for the suspension, revocation, or other sanctions of the permit issued hereunder.

(c) Any action taken on a license pursuant to this part shall be carried out pursuant to the Georgia Administrative Procedure Act, O.C.G.A. Title 50, Chapter 13.
(7) Minimum requirements for the storage and handling of prescription drugs and or the establishment and maintenance of prescription drug distribution records by Reverse Distributors. A Reverse Distributor shall follow the same requirements as listed under Board Rule 480-7-.03(7), except as follows:
(a) A Reverse Distributor does not have to maintain a separate quarantine area for storing drugs which are outdated, damaged, etc., as noted under Rule 480-7-.03;
(b) A Reverse Distributor does not have to maintain drugs under controlled temperature and humidity as required under Rule 480-7-.03;
(c) A Reverse Distributor does not have to ensure the condition of drugs that are received or shipped as required under Rule 480-7-.03(7)(d) or (e)~~.~~;
(d) ~~In addition to a Reverse Distributor having to follow all of the requirements of Rule 480-7-.03(7),~~ pPrior to a Reverse Distributor removing ~~or receiving drugs~~ from a registrant, the Reverse Distributor must generate paperwork, a copy of which must be provided to and maintained by the registrant and a copy to be maintained by the Reverse Distributor, both for two (2) years, which at minimum records the following:
1. The date and time that the drugs left or were taken from the registrant;
2. A complete inventory of the drugs being transferred to the Reverse Distributor;
3. The name, Board permit number, address, and telephone number of the Reverse Distributor removing the drugs;
4. The name and signature of the responsible person representing the Reverse Distributor physically removing the drugs~~ or receiving the drugs~~; ~~and~~
5. The name and signature of the pharmacist representing a pharmacy~~,~~ or responsible person representing another type of registrant transferring the drugs to the Reverse Distributor and the name and principal address of the pharmacy or other registrant from which the drugs are removed; and
6. Any and all other information required under Ga. Comp. R. & Reg. c. 480-50 and applicable federal law and regulation.
(e) Upon a Reverse Distributor's receipt of drugs from a registrant by contract or common carrier, the Reverse Distributor must generate paperwork, a copy of which must be maintained by the Reverse Distributor for two (2) years, which at minimum records the following:
1. The date and time that the drugs were received by the Reverse Distributor;
2. A complete inventory of the drugs received by the Reverse Distributor;
3. The name and signature of the pharmacist representing a pharmacy or responsible person representing another type of registrant sending the drugs to the Reverse Distributor and the name and principal address of the pharmacy or other registrant from which the drugs are sent; and
4. Any and all other information required under Ga. Comp. R. & Reg. c. 480-50 and applicable federal law and regulation.

The Board discussed Chapter 480-7B Durable Medical Equipment Suppliers and recommended tabling this rule until the Board's August meeting.

A motion was made by Jim Bracewell, seconded by Bob Warnock, and the Board voted that the formulation and adoption of these rule amendments does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed 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 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 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.

Jim Bracewell made a motion and Bob Warnock seconded, and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h)(2) and §43-1-2(k) 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 Vicki Arnold, Jim Bracewell, Mike Faulk, Lisa Harris, Chris Jones, Laird Miller and Bob Warnock.

Executive Session

Georgia Drugs and Narcotics Agency - Rick Allen
Director Allen discussed staffing matters.

Cognizant's Report – Bob Warnock

- GDNA Case # T-32214
- GDNA Case # T-32218
- GDNA Case # T-32203
- GDNA Case # B-17-08
- GDNA Case # T32175
- GDNA Case # A-32153
- GDNA Case # B-32129
- GDNA Case # B-31841
- GDNA Case # B-31976
- GDNA Case # B-32083

Attorney General's Report – Max Changus
Mr. Changus presented the following consent orders:

- C.V.S.P.
- B.P.
- A.G.
- D.K.

Mr. Changus discussed the following cases:

- A.A.S.
- C.D.C./R.L.C.
- C.Z.
- P.P.S./J.C.

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

Public Hearing

President Jones called the public hearing to order at 11:37 a.m.

Rule 480-8-.06 Drug Distribution and Control.
Public comments from Jennifer Bellis, Stephen Snow and Robert Stannard, Bendin Sumrall & Ladner, LLC, were received. Ms. Bellis commented that a lot of the provisions in the rule are also the same exact language in 480-13-.06. She stated the comments would be the same for both rules.

Ms. Bellis stated both rules require a final report be submitted to GDNA; however, that provision does not

address the reporting of lost, stolen, or unaccounted for controlled substances. She stated the proposed amendments to the rule require hospital pharmacies to notify GDNA upon the discovery of the suspected loss, theft, or inability to account for a "significant amount" of controlled substances within 72 hours. Ms. Bellis asked if the proposed rule requires the final reports be submitted for any theft or loss, or is it losses or thefts of "significant amounts"? Vice-President Warnock commented that it was only relating to significant losses. Mr. Snow suggested adding the word "significant" to sub paragraph (e) to be consistent.

Ms. Bellis asked the Board if pharmacies are required to complete a separate investigation under the proposed rule. President Jones replied that the idea was if there is a loss or investigation, the Board needs to know about it right away. He stated the final report does not need to be submitted right then. He added that an investigator can assist if needed. If the store is an independent, they may not have someone they can access to conduct the investigation. He stated the Board was asking GDNA be notified. That did not mean GDNA was going to do the investigation. Once this was done, there should be follow up with a final report. Mr. Snow commented that sub paragraph (e) does not distinguish a significant loss. President Jones replied that there will be no way to know it is significant until the investigation is conducted. He added the point is the loss is reported. Mr. Snow asked if it is not a significant loss, is it still reported? President Jones responded by stating that you would follow up with GDNA and report that it was not considered significant.

Ms. Bellis asked what constitutes a final report as "final report" is not defined in the proposed rule. She asked if the Board would accept the pharmacy's own determination. President Jones responded by stating that a final report is whatever is submitted as such. Mr. Changus added that if you tried to define it, you must trust English language. Ms. Bellis commented that they would not want to run into any kind of situation. Mr. Changus responded by stating that the rule, as written, is not designed to deliberate cause issues for their clients. It is to get the information to the Board. President Jones added that internal theft is a huge issue. Discussion was held with Mr. Stannard regarding when a final report would need to be submitted. The Board recommended tabling adoption of this rule so that this matter could be further clarified.

Rule 480-10-.01 Controlled Substances and Dangerous Drugs: Inspection, Retention of Records, and Security.

No comments or written responses were received. Bob Warnock made a motion to adopt Rule 480-10-.01 Controlled Substances and Dangerous Drugs: Inspection, Retention of Records, and Security. Lisa Harris seconded and the Board voted unanimously in favor of the motion.

Rule 480-13-.06 Drug Distribution and Control.

See public comments above for Rule 480-8-.06. Written comments received from Bendin, Sumrall & Ladner, LLC. The Board recommended tabling adoption of this rule based on public and written comments received regarding Rule 480-8-.06 Drug Distribution and Control.

Rule 480-13-.11 Required Notifications to the Board.

Public comments from Temple Sellers, GHA, were received. Ms. Sellers stated that the concern is regarding the sentinel event component. The rule requires the Director of Pharmacy to notify the Board initially when there is an occurrence of any unanticipated death from medication that is unrelated to the natural course of the patient's illness or underlying condition and then follow up with the Board with the results from the hospital's internal investigation. She stated that proposed language really raised concerns from their members. Hospitals routinely conduct these investigations as part of their peer review processes and Georgia law provides broad confidentiality protections for peer review information. Creating the ability for providers to have a safe harbor where they can report sentinel events is important for people to feel comfortable that those will not be made public. For that reason, the law provides

confidentiality. She stated the law does provide that the Department of Community Health (DCH) can have access to peer review information, but the law has language stating that those documents will not be subject to open records requests. She added that if every licensing board requires this, then that would create a lot of concern. She stated the suggested language of the rule is really broad. President Jones responded that what the Board ran into when writing this rule was that retail pharmacies are already required to report this. He added that what is written may be broad, but Ms. Sellers' comments have gone way beyond what was intended. Ms. Sellers stated if the Board is limiting it to certain circumstances, there is still concern. She stated there is nothing in the rule or law that ensures confidentiality of the information. President Jones stated he understood this is a hospital, but asked what happens when the investigation finds there is an incompetent pharmacist. What happens if he shows up on that report you have. What will stop him from going and getting a job somewhere else? That is what is happening. Ms. Sellers responded by stating that is a legitimate point. One of the things they require the hospitals do is have a meaningful peer review process. That is the only time that information is allowed to be used in the proceedings. Ms. Sellers gave medication administration errors as an example. She stated the Department's responsibility is to make sure the hospital conducts an appropriate review. The Department surveys the peer review process. If the hospital does not do an appropriate peer review, action can be taken. Mr. Miller responded by stating the Board is just looking at pharmacists here. The hospital does not license them, the Board does. He added that every pharmacist is subject to sanctions for misfills and she is taking that responsibility off from hospital pharmacists if the Board does not receive that information. Mr. Miller stated that the Board's job is to protect the citizens of Georgia and to do that is by having policies. He further added if a sentinel event occurs, the Board needs to know what pharmacist is involved. Mr. Faulk responded by stating this is not about a peer review. He stated that if a sentinel event occurs, the Board wants to know about it. President Jones added that it is not just the nurse giving the wrong dose. It is about the pharmacist making an error killing someone. This is asked of retail and compounding pharmacies all the time. If a mistake is made, the Board wants to know what is being done to correct it? He stated that the Board came up with the term "sentinel event" from an insurance company that reported an event to the Board. Ms. Sellers stated the concern is about the lack of language when you are talking about a sentinel event. She stated this is typically part of a peer review process, and they would just request the Board go back and look and if you require a report, a recognition be made stating that the Board maintains confidentiality. Mr. Changus commented that it should be clarified that a peer review is not what the Board is looking for here in terms of confidentiality. Ms. Sellers responded that if the Board is asking for hospital internal investigation that is not peer review. Mr. Changus suggested adding more language. Mr. Stannard commented that it seems the Board's concern is targeted at pharmacists, techs, who have a pattern of mistakes, and if that is the goal, he thinks the language should be narrowed substantially. Mr. Faulk commented that it does not have to be a pattern. It can be a single event. Mr. Stannard replied by stating because of the sentinel event language and review, and what we have in place with the Department of Community Health, the Board will have same issues. Discussion was held. President Jones stated if it does not involve the pharmacy, the Board does not want to know about it. Vice-President Warnock stated that as you are describing this whole process, his employer has very similar rules pertaining to exactly what you are describing. For instance, confidentiality around reporting of errors. His company has those, but they report pharmacist errors. When you described this complex practice that occurs, his company has those. He thinks this idea we are different we can't do this is incorrect. We just need to figure out how. President Jones asked Ms. Sellers and Mr. Stannard if they had suggested language they could send to the Board. Mr. Stannard responded that he would be happy to propose something and send it to the Board. President Jones stated that he understands this is a work in progress. The Board is not trying to make it harder on hospitals. The Board is trying to protect the public.

Public comments from Dr. Vince Obsitnik, Georgia Veterinary Medical Association, were received. Dr. Obsitnik stated, as per Georgia code, veterinarians are included under practitioners. He stated adverse reactions occur between humans and species. He asked is it the Board's intent to receive reports from

veterinarians? President Jones responded that the Board is not looking for adverse reactions. It is looking for pharmacist errors.

Ms. Arnold stated that as a hospital pharmacist, she has worked with multiple pharmacists that make errors that come from other hospitals. She stated that she appreciates what Ms. Sellers says about the peer review; however, sometimes the peer review is not catching them.

The Board recommended tabling adoption of this rule.

Written responses received from Daniel Huff, Huff Powell Bailey, LLC, Temple Sellers, GHA, Bendin, Sumrall & Ladner, LLC, Gary Baxter, UGA Veterinary Teaching Hospital, and Sarah Wheat, GA Veterinary Medical Association.

Rule 480-15-.05 Duties or Functions Prohibited from Being Performed by a Registered Pharmacy Technician.

Public comments from Jennifer Bellis and Robert Stannard, Bendin Sumrall & Ladner, LLC, were received. Ms. Bellis stated the proposed amendment provides that upon receipt of a shipment from a licensed wholesaler, a pharmacist must verify the inventory of the package of controlled substances and confirm the accuracy of the invoice. She stated the primary concern here is the unintended impact on smaller pharmacy departments, which may not always have multiple pharmacists present on site. There is concern that prohibiting a pharmacy technician from verifying the inventory may compromise the ability of a pharmacy to preserve segregation of duties amongst individuals who handle controlled substances, resulting in the loss of important internal safety control. Mr. Stannard commented that to avoid one person having all the information, hospitals have one person ordering the controlled substances, a separate person receiving the order, and a separate person reviewing and processing invoices. He discussed how expensive it would be to have an additional pharmacist come in. Vice-President Warnock responded by stating that it is not the Board's job as to how expensive it is. Mr. Stannard asked if there would not be a mechanism involved in a procurement of controls for practices like this that have been approved by the Board in the past, but where you have already taken the effort when the system is working. After further discussion, President Jones requested Mr. Stannard submit any suggestions he has to the Board in writing. The Board recommended tabling adoption of this rule.

Written response received from Bendin, Sumrall & Ladner, LLC.

Rule 480-16-.06 Theft, Loss, or Unaccounted for Controlled Substances.

See public comments above for Rule 480-8-.06. The Board recommended tabling adoption of this rule based on public comments received regarding Rule 480-8-.06 Drug Distribution and Control.

Rule 480-18-.06 Drug Distribution and Control.

See public comments above for Rule 480-8-.06. The Board recommended tabling adoption of this rule based on public comments received regarding Rule 480-8-.06 Drug Distribution and Control.

Rule 480-24-.06 Destruction of Drugs. Amended.

Public comments from John Rocchio, CVS Health, were received. Mr. Rocchio commented that he loves what has been done to secure drugs for destruction. He stated the Georgia Board of Pharmacy has gone to great lengths to see those drugs are destructed and commended the Board for its hard work. He added that all are working towards a solution for protecting the public. Mr. Rocchio stated the rule requires the drugs must be destroyed by pharmacist. He suggested the rule not mandate it be a consultant pharmacist out of respect for that time. The Board recommended tabling adoption of this rule.

Rule 480-33-.06 Drug Distribution and Control.
See public comments above for Rule 480-8-.06. The Board recommended tabling adoption of this rule based on public comments received regarding Rule 480-8-.06 Drug Distribution and Control.

Rule 480-34-.11 Levocetirizine Dihydrochloride.
No comments or written responses were received. Laird Miller made a motion to adopt Rule 480-34-.11 Levocetirizine Dihydrochloride. Lisa Harris seconded and the Board voted unanimously in favor of the motion.

Chapter 480-51 Interchangeable Biological Products.
Public comments from Stan Jones and Holly Snow, GA Bio, were received. Mr. Jones thanked the Board for its effort regarding this rule. However, he did have a concern regarding the definition of substitution in the proposed rule being the same language from O.C.G.A. §26-4-81(a)(1) and could be read by a pharmacist to permit a substitution of drugs other than interchangeable biological products for the biosimilar that has been prescribed. It is suggested that this be removed so that it is clearer when and which type of substitution is permissible. Ms. Snow thanked the Board for working with GA Bio. She stated over thirty (30) states have passed similar legislation. She stated they applaud the Board and are thankful to the Board for doing this. She believes this will make biologics more accessible, less expensive and putting safe guards there that need to be in place. The Board recommended tabling adoption of this rule.

Written responses were received from Leigh Knotts, NACDS and Steve Georgeson, Stan Jones, and Maria Thacker, Georgia Bio.

The hearing adjourned at 1:05 p.m.

Lisa Harris made a motion and Laird Miller seconded, and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h)(2) and §43-1-2(k) 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 Vicki Arnold, Mike Faulk, Lisa Harris, Chris Jones, Laird Miller and Bob Warnock.

Executive Session

Appearances
- J.W.T.
- J.W.M.

Applications
- G.C.S.
- W.C.G.
- I.S.C.
- J.C.Y.
- R.L.W.
- K.M.G.
- D.K.F.
- D.H.T.
- H.A.G.
- K.L.C.
- K.L.C.

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

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

- M.M.S.I.
- M.M.S.I.
- M.M.S.I.
- M.M.S.I.
- M.M.S.I.
- M.S.D.
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- M.S.D.
- M.S.D.
- M.S.D.
- A.I.
- B.T.M.
- B.T.M.
- B.T.M.
- H.S.A.H.
- H.S.A.H.
- H.S.A.H.
- H.S.A.H.
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- H.S.A.H.
- M.P.B.
- P.P.
- S.M.M.P.P.I.
- S.H.
- W.P.W.
- N.A.
- S.U.
- G.L.
- P.I.
- T.M.C.N.H.
- G.I.
- S.P.I.
- W.P.N.

Correspondences/Requests

- B.S.P.S.
- C.P.U.
- C.V.S.S.
- M.P.
- O.R.C.A.
- S.M.P.
- S.V.P.
- S.P.
- W.P.N.
- A.H.

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- A.H.
- E.C.P.
- A.U.M.C.
- C.D.P.
- J.D.H.
- J.J.S.
- G.E.T.
- G.L.H.
- K.M.D.
- K.L.B.
- J.M.J.
- K.W.S.
- W.J.W.
- A.S.D.
- S.T.G.
- L.A.
- M.C.F.
- R.P. and A.P.
- E.J.A.
- O.R.M.C.
- R.A.S.
- B.M.P.I.

Executive Director's Report – Tanja Battle

- G.P.L.

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

Open Session

Bob Warnock made a motion to appoint Dennis Troughton as Interim Director of Georgia Drugs & Narcotics Agency effective September 1, 2017 due to the retirement of current Director Rick Allen. Lisa Harris seconded and the Board voted unanimously in favor of the motion.

Vicki Arnold made a motion to allow Director Rick Allen to keep his state issued GDNA weapon upon his retirement. Laird Miller seconded and the Board voted unanimously in favor of the motion.

Laird Miller made a motion for the Board to take the following actions:

Georgia Drugs and Narcotics Agency - Rick Allen

Director Allen discussed staffing matters.

Cognizant's Report – Bob Warnock

- GDNA Case # T-32214 Accept Voluntary Surrender
- GDNA Case # T-32218 Accept Voluntary Surrender

- GDNA Case # T-32203 Accept Voluntary Surrender
- GDNA Case # B-17-08 Summary Suspension of Pharmacist License
- GDNA Case # T32175 Revoke Technician Registration
- GDNA Case # A-32153 Schedule for Investigative Interview (if individual is a "no show", revoke registration)
- GDNA Case # B-32129 Misfill Policy #1
- GDNA Case # B-31841 Close with no action
- GDNA Case # B-31976 Close with no action
- GDNA Case # B-32083 Send certified letter giving the individual thirty (30) days to respond; if individual does not respond, suspend pharmacist license

Attorney General's Report – Max Changus

Mr. Changus presented the following consent orders:

- C.V.S.P. Private Consent Order accepted
- B.P. Private Consent Order accepted
- A.G. Private Consent Order accepted
- D.K. Private Consent Order accepted and will be effective 08/01/2017

Mr. Changus discussed the following cases:

- A.A.S. Rescind referral and close with no action
- C.D.C./R.L.C. Voluntary Surrender to be accepted and signed with express permission upon receipt of the original
- C.Z. Approve request
- P.P.S./J.C. Update provided

Appearances

- J.W.T. Denied Pharmacist Reinstatement Overturn denial and refer to the Department of Law
- J.W.M. Pharmacist Reinstatement Refer to the Department of Law

Applications

- Gretchen C. Stephens Pharmacy Technician Approved for registration
- W.C.G. Pharmacy Technician Denied registration
- Iesha S. Carson Pharmacy Technician Approved for registration
- Joshua C. York Pharmacy Technician Approved for registration
- Recheka L. Woodard Pharmacy Technician Approved for registration
- Kellee M. Green Pharmacy Technician Approved renewal
- D.K.F. Pharmacy Technician Table pending receipt of additional information
- Dontevian H. Toler Pharmacy Technician Approved renewal
- Hernando A. Gresham Pharmacy Technician Approved renewal
- K.L.C. Pharmacy Technician Denied renewal
- K.L.C. Pharmacy Technician Table pending receipt of additional information
- Mitchell A. Davis Pharmacy Technician Approved renewal
- Patience O. Robinson Pharmacy Technician Approved renewal
- Lynna J. Hanes Pharmacy Technician Approved renewal
- Lamar D. Heyward Pharmacy Technician Approved renewal
- Meyoshia K. Stanley Pharmacy Technician Approved renewal

• Jennifer N. Caceres	Pharmacy Technician	Approved renewal
• Dana C. Drummer	Pharmacy Technician	Approved renewal
• M.N.L.	Pharmacy Technician	Denied renewal
• Devon M. Tousignant	Pharmacy Technician	Approved renewal
• Davonne R. Winfrey	Pharmacy Technician	Approved renewal
• Nicole A. Johnson	Pharmacy Technician	Approved renewal
• Carrie L. Cooper	Pharmacy Technician	Approved renewal
• Abigail M. MacDonald	Pharmacy Technician	Approved renewal
• Tyller J. Black	Pharmacy Technician	Approved renewal
• Katie L. Glass	Pharmacy Technician	Approved renewal
• S.N.P.	Pharmacy Technician	Approved renewal with a letter stating the Board is not waiving its right to take disciplinary action should the final disposition of criminal case results in a conviction.
• S.K.G.	Pharmacy Technician	Approved renewal with a letter stating the Board is not waiving its right to take disciplinary action should the final disposition of criminal case results in a conviction.
• Tarrell R. Warner	Pharmacy Technician	Approved Renewal
• Victor G. Gaspar	Pharmacy Technician	Approved Renewal
• Joshua T. Gelineau	Pharmacy Technician	Approved Renewal
• Siraje H. Yusuf	Pharmacist Intern	Approved Renewal
• Kathryn B. Granitz	Pharmacist Intern	Approved Renewal
• Chailyn A. Hicks	Pharmacist Intern	Approved Renewal
• Nicholas D. Smith	Pharmacist Intern	Approved Renewal
• A.S.	Pharmacist Reciprocity	Approved to sit for the exam
• D.Z.H.	Pharmacist Examination	Approved to sit for the exam
• D.L.S.	Pharmacist Examination	Approved to sit for the exam
• Carly L. Weisser	Temporary Pharmacist	Approved application
• Emily J. Petrak	Temporary Pharmacist	Approved application
• Melissa A. Johnson	Temporary Pharmacist	Approved application
• C.M.T.	Temporary Pharmacist	Denied application
• S.R.M.	Pharmacist Reinstatement	Table pending receipt of additional information
• Bobby D. Perry	Pharmacist Reinstatement	Approved application
• H.M.F.	Pharmacist Reinstatement	Denied application
• John S. Spilliards	Pharmacist Reinstatement	Approved application
• M.L.M.	Pharmacist Reinstatement	Table pending receipt of additional information
• J.R.C.	Pharmacist Reinstatement	Table pending receipt of additional information
• Cardinal Health	Non-Resident Pharmacy	Approved renewal
• Cardinal Health	Non-Resident Pharmacy	Approved renewal
• Cardinal Health	Wholesaler Pharmacy	Approved renewal
• Cardinal Health	Manufacturing Pharmacy	Approved renewal
• Cardinal Health	Non-Resident Pharmacy	Approved renewal
• Cardinal Health	Non-Resident Pharmacy	Approved renewal

• Cardinal Health	Non-Resident Pharmacy	Approved renewal
• Cardinal Health	Non-Resident Pharmacy	Approved renewal
• Central Drugs	Non-Resident Pharmacy	Approved renewal
• Diplomat Spc Infusion Grp	Non-Resident Pharmacy	Approved renewal
• Designer Drugs	Non-Resident Pharmacy	Approved renewal
• Advanced Pharmacy	Non-Resident Pharmacy	Approved renewal
• Amber Pharmacy	Non-Resident Pharmacy	Approved renewal
• Amber Pharmacy	Non-Resident Pharmacy	Approved renewal
• Amber Pharmacy	Non-Resident Pharmacy	Approved renewal
• AmEx Pharmacy	Non-Resident Pharmacy	Approved renewal
• AmEx Pharmacy	Manufacturing Pharmacy	Approved renewal
• AmEx Pharmacy	Non-Resident Pharmacy	Approved renewal
• A.H.	Non-Resident Pharmacy	Refer to the Department of Law
• BriovaRx	Non-Resident Pharmacy	Approved renewal
• BriovaRx of Florida	Non-Resident Pharmacy	Approved renewal
• Brookfield Pharmacy	Non-Resident Pharmacy	Approved renewal
• Cardinal Health 414, LLC	Non-Resident Pharmacy	Approved renewal
• Cardinal Health 414, LLC	Non-Resident Pharmacy	Approved renewal
• Cardinal Health 414, LLC	Non-Resident Pharmacy	Approved renewal
• Cardinal Health 414, LLC	Wholesaler Pharmacy	Approved renewal
• Cardinal Health 414, LLC	Non-Resident Pharmacy	Approved renewal
• Cardinal Health 414, LLC	Nuclear Pharmacy	Approved renewal
• Executive Pharmacy, LLC	Non-Resident Pharmacy	Approved renewal
• Greer Pharmacy	Non-Resident Pharmacy	Approved renewal
• Health Warehouse.com	Non-Resident Pharmacy	Approved renewal
• Hopkinton Drug	Non-Resident Pharmacy	Approved renewal
• KRS Global Biotechnology	Non-Resident Pharmacy	Approved renewal
• KRS Global Biotechnology	Manufacturing Pharmacy	Approved renewal
• Linden Care	Non-Resident Pharmacy	Approved renewal
• Vasco Rx	Non-Resident Pharmacy	Approved renewal
• Optum Rx	Non-Resident Pharmacy	Approved renewal
• PETNET Solutions	Non-Resident Pharmacy	Approved renewal
• PETNET Solutions	Non-Resident Pharmacy	Approved renewal
• PETNET Solutions	Non-Resident Pharmacy	Approved renewal
• PETNET Solutions	Non-Resident Pharmacy	Approved renewal
• PETNET Solutions	Manufacturing Pharmacy	Approved renewal
• PETNET Solutions	Nuclear Pharmacy	Approved renewal
• Reliant Pharmacy Services	Non-Resident Pharmacy	Approved renewal
• Reliant Pharmacy Services	Non-Resident Pharmacy	Approved renewal
• Reliant Pharmacy Services	Non-Resident Pharmacy	Approved renewal
• Lincare Pharmacy Services	Wholesaler Pharmacy	Approved renewal
• Safety Drugs	Non-Resident Pharmacy	Approved renewal
• USRC Pharmacy, LLC	Non-Resident Pharmacy	Approved renewal
• Wellness Pharmacy Inc.	Non-Resident Pharmacy	Approved renewal
• Wellness Pharmacy Network	Non-Resident Pharmacy	Approved renewal
• D.S.I.G.	Non-Resident Pharmacy	Refer to the Department of Law
• D.S.I.G.	Non-Resident Pharmacy	Refer to the Department of Law
• D.S.P.	Non-Resident Pharmacy	Refer to the Department of Law

Med-Care Diabetic & Med	Non-Resident Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
McKesson Medical Surgical	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Medical Specialties Distrib	Wholesaler Pharmacy	Approved renewal
Alexso, Inc.	Wholesaler Pharmacy	Approved renewal
Bound Tree Medical, LLC	Wholesaler Pharmacy	Approved renewal
Bound Tree Medical, LLC	Wholesaler Pharmacy	Approved renewal
Bound Tree Medical, LLC	Wholesaler Pharmacy	Approved renewal
Henry Schein Animal Health	Wholesaler Pharmacy	Approved renewal
Henry Schein Animal Health	Wholesaler Pharmacy	Approved renewal
Henry Schein Animal Health	Wholesaler Pharmacy	Approved renewal
Henry Schein Animal Health	Wholesaler Pharmacy	Approved renewal
Henry Schein Animal Health	Wholesaler Pharmacy	Approved renewal
Henry Schein Animal Health	Wholesaler Pharmacy	Approved renewal
McKesson Plasma & Bio.	Wholesaler Pharmacy	Approved renewal
McKesson Plasma & Bio.	Wholesaler Pharmacy	Approved renewal
P.P.	Wholesaler Pharmacy	Table pending receipt of additional information
St. Mary’s Med Park Pharm	Wholesaler Pharmacy	Approved renewal
Stokes Healthcare, Inc.	Wholesaler Pharmacy	Approved renewal
Walmart Pharmacy WH #13	Wholesaler Pharmacy	Approved renewal
N.A.	Wholesaler Pharmacy	Refer to the Department of Law
Seqirus USA, Inc.	Wholesaler Pharmacy	Approved change in location
G.L.	Wholesaler Pharmacy	Approved renewal
P.I.	Wholesaler Pharmacy	Approved with letter of concern
T.M.C.N.H.	Hospital Pharmacy	Refer to the Department of Law
Genco I, Inc.	Limited Chem Wholesale	Approved Renewal
Sun Pharmaceutical Indust	Manufacturing Pharmacy	Approved Renewal
Wells Pharmacy Network	Manufacturing Pharmacy	Approved application

Correspondences/Requests

B.S.P.S.	Notice of discipline	No action taken
C.P.U.	Notice of discipline	No action taken
C.V.S.S.	Notice of discipline	No action taken

• M.P.	Notice of discipline	No action taken
• O.R.C.A.	Notice of discipline	No action taken
• S.M.P.	Notice of discipline	No action taken
• S.V.P.	Notice of discipline	No action taken
• S.P.	Notice of discipline	No action taken
• W.P.N.	Notice of discipline	No action taken
• A.H.	Voluntary compounding recall	No action taken
• A.H.	Voluntary compounding recall	No action taken
• A.H.	Voluntary compounding recall	No action taken
• A.H.	Voluntary compounding recall	No action taken
• A.H.	Voluntary compounding recall	No action taken
• A.H.	Voluntary compounding recall	No action taken
• E.C.P.	Consultant Pharmacist List	Approved
• A.U.M.C.	Pt Medication Assistance Program	The Board viewed this correspondence for informational purposes only.
• C.D.P.	Request to terminate probation	Approved request
• J.D.H.	Remote order entry	Table pending receipt of additional information
• J.J.S.	Request for appearance	Approved request
• G.E.T.	Request to lift PIC restriction	Approved request
• G.L.H.	Request to terminate probation	Approved request
• K.M.D.	Request to terminate probation	Denied request
• K.L.B.	Request to terminate consent order	Approved request
• J.M.J.	Request to lift supervised practice restriction	Approved request
• K.W.S.	Request to be supervised by J.B.	Approved request
• W.J.W.	Request to terminate probation	Approved request
• A.S.D.	Malpractice report	Refer to GDNA
• S.T.G.	Malpractice report	Refer to GDNA
• L.A.	Request to make public consent order private	Denied request
• M.C.F.	Regarding failed MPJE	Suspend license until individual provides proof of passing the examination as required per consent agreement
• R.P. and A.P.	Request regarding MPJE	Denied request
• E.J.A.	Request to take NAPLEX a 4th attempt	Denied request
• O.R.M.C.	Bankruptcy documentation	The Board viewed this correspondence for informational purposes only.
• R.A.S.	Request for appearance	Denied request
• B.M.P.I.	Request for waiver of late renewal fee	Denied request

Executive Director's Report – Tanja Battle

• G.P.L.	Non-Resident Pharmacy	Table pending receipt of additional Information

Lisa Harris seconded and the Board voted in favor of the motion, with the exception of Chris Jones who abstained from the vote regarding J.W.M.

There being no further business to discuss, the meeting was adjourned at 3:19 p.m.

The next meeting of the Georgia Board of Pharmacy is scheduled for Wednesday, August 2, 2017 at 9:00 a.m. at the Philadelphia College of Osteopathic Medicine (PCOM), 625 Old Peachtree Rd, NW, Suwanee, GA 30024.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Tanja D. Battle, Executive Director