GEORGIA BOARD OF PHARMACY
Board Meeting
University of Georgia College of Pharmacy
250 W. Green St.
Athens, GA 30602
June 10, 2015
9:00 a.m.

The following Board members were present:
Laird Miller, Chairperson
Mike Faulk, Vice-Chairperson
Vicki Arnold
Jim Bracewell
Chris Jones
Bob Warnock

Staff present:
Tanja Battle, Executive Director
Rick Allen, GDNA
Janet Wray, Senior Assistant Attorney General
Anil Foreman, Legal Officer
Brandi Howell, Business Operations Specialist

Visitors:
Krystal Troutman
Joan Schuckenbrock, Biofusion/Modern Health
James Markis, Biofusion
Brad Stoltz, Cardinal Health
Michael Mone, Cardinal Health
Scott Biddulph, Target
Mike King, Publix
Liza Chapman, Kroger/GPhA
Heather Lindell, UGA
Alastair Hay, Mercer
Adam Schnepp, Walgreens
Matt Wilson, CVS
Amit Jain, CVS
Martin Kelvas, DeKalb Medical
Kallarin Mackey, GHA
John Hodgson, TROY Group, Inc.
Robert Stannard, BSL
Patricia Yeatts, MAG
Lauren Fralick, GeorgiaLink/CVS

Chairperson Miller established that a quorum was present and called the meeting to order at 9:03 a.m.

Jim Bracewell made a motion and Chris Jones 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, Chris Jones, Laird Miller, and Bob Warnock.

Executive Session

Georgia Drugs and Narcotics Agency – Rick Allen

- A.E.
- E.P.

Attorney General's Report – Janet Wray

- Legal Advice: House Bill 504 Vaccines-Immunization

Ms. Wray presented the following consent orders:

- W.B.B.
- W.H.C.
- M.M.F.
- T.A.R.

Applications

- K.M.W.
- K.M.L.
- N.E.K.
- J.K.L.
- J.N.M.
- W.M.M.
- C.S.L.
- J.C.D.
- A.L.K.
- C.K.F.
- G.E.
- S.R.R.
- S.K.G.
- J.W.M.
- E.K.M.
- C.J.F.
- P.B.B.
- C.Y.L.

Appearances

- K.N.T.
- B.L.
- C.H.

Georgia Drugs and Narcotics Agency – Rick Allen

- P.R.
- W.C.L.C.M.S.E.
- R.R.
- M.C.P.
- P.P.
- D.P.S.
- C.M.I.
- Q.S.P.
- A.I.

No votes were taken in Executive Session. Chairperson Miller declared the meeting back in Open Session.

Public Rules Hearing

Chairperson Miller called the public hearing to order at 11:39 a.m.

Rule 480-6-.01 Pharmacy Licenses
No comments or written responses were received.

Rule 480-6-.02 Nonresident Pharmacy Permit
No comments or written responses were received.

Rule 480-7-.01 Manufacturer's Permit
No comments or written responses were received.

Rule 480-7-.03 Drug Wholesale Distribution Licensing Requirements
No comments or written responses were received.

Rule 480-7-.05 Reverse Distributors
No comments or written responses were received.

Rule 480-8-.02 Registration
No comments or written responses were received.

Rule 480-15-.02 Registration of Pharmacy Technicians
No comments or written responses were received.

Rule 480-18-.02 Licensure and Registration
No comments or written responses were received.

Rule 480-33-.02 Licensure and Registration
No comments or written responses were received.

Rule 480-49-.01 Federal Student Loan Default
No comments or written responses were received.

Bob Warnock made a motion to adopt Rules 480-6-.01 Pharmacy Licenses, 480-6-.02 Nonresident Pharmacy Permit, 480-7-.01 Manufacturer's Permit, 480-7-.03 Drug Wholesale Distribution Licensing Requirements, 480-7-.05 Reverse Distributors, 480-8-.02 Registration, 480-15-.02 Registration of Pharmacy Technicians, 480-18-.02 Licensure and Registration, 480-33-.02 Licensure and Registration, and 480-49-.01 Federal Student Loan Default. Vicki Arnold seconded and the Board voted unanimously in favor of the motion.

The hearing adjourned at 11:47 a.m.

Open Session

Chairperson Miller welcomed the visitors.

Appearance
Appearance by John Hodgson, TROY Healthcare Solutions: Mr. Hodgson spoke to the Board regarding software offered by TROY Healthcare that is currently being used by nearly 20 hospitals and health systems within the State of Georgia. Mr. Hodgson explained the software prints prescriptions onto plain

paper. This includes industry recognized security features for anti-copy, anti-alternation and anti-counterfeit. He stated that Centers for Medicare & Medicaid Services ("CMS") did issue a rule that states printing prescriptions on electronic paper is allowed as long as the three features previously mentioned were met. He explained that since these various health systems have gone live with this software, they have saved over a million dollars in costs compared to buying the pre-printed sheets and added that this is a conservative estimate of how much is being saved. He stated that one of the benefits is that practitioners do not have to lock up the pre-printed security form.

Mr. Hodgson answered questions from the Board. Chairperson Miller asked what the true net pay per copy was. Mr. Hodgson replied that a one-time license is sold, depending on the number of printers, and stated that the more licenses you buy, the less it is. If you were just buying one, it would be around $800 per printer. Chairperson Miller asked if a special kind of printer needed to be used. Mr. Hodgson replied no. He stated that you can use any standard printer, but it has to support PCL 5 code. Robert Stannard, BSL, stated that the CMS requirements they are familiar with seems fairly clear that at least those security features are on there.

Chairperson Miller asked Ms. Wray if it would be her opinion that this would be in compliance with the law. Ms. Wray responded that O.C.G.A. § 26-4-5 defines "Security Paper" as having (i) one or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription form; (ii) One or more industry recognized features designed to prevent the erasure or modification of information written on the prescription form by the practitioner; and (iii) One or more industry recognized features designed to prevent the use of counterfeit prescription forms; or (B) A prescription pad or paper that is an approved prescription pad or paper of the Centers for Medicare and Medicaid Services on January 1, 2013. Ms. Wray added that CMS has a list of frequently asked questions on its website and it states that while special paper may be used to achieve copy resistance, it is not necessary. Electronic medical record (EMR) or ePrescribing generated prescriptions may be printed on plain paper and be fully compliant with all three categories of the tamper-resistant regulations presuming they contain at least one feature from each of the three categories.

Chairperson Miller asked if the information presented by Mr. Hodgson is deemed to be complaint with CMS criteria. He stated that he felt they do not need Board approval. Ms. Wray responded that she feels they are asking for clarification as to whether or not the Board deems this CMS approved or complaint with the Board. Mr. Jones commented that pharmacies are audited by CMS. He asked Mr. Hodgson if he was aware of any pharmacies that were audited by CMS and whether or not this a valid prescription for CMS. Mr. Hodgson responded that he was not aware of any auditing for compliance with this. He stated that there are no issues with any other states. Mr. Jones stated that, speaking for himself, if he saw a prescription on this paper, he would probably fill it; however, if a pharmacist is doing a lot of Medicare Part D, all pharmacists will have to pay for it because they made the decision to fill it. If all these pharmacies starting filling these and are audited, they will have to reimburse these companies and that will be an issue. Chairperson Miller stated that the Board sets standards for what constitutes a legal prescription. If CMS will not come out and make that statement, how do we know we are not at risk? Mr. Hodgson stated that-CMS is not saying which ones are authorized and which ones are not. He added that if you look at the criteria for what CMS has set forth, there would be no basis for them to reject it. Martin Kelvas, DeKalb Medical, stated that it seems the issue is not necessarily the paper, but what is printed on the paper. Mr. Stannard commented that no hospital should be compelled to fill these. It is more of an issue of pharmacies wanting to be able to fill without any fear that they are undermining a board rule or run afoul of an inspection from GDNA.

Ms. Wray stated that a presentation was done before the Board regarding this matter and the paper being used by these hospitals meets the requirements as provided in the law. She went on to say that it will be up to any pharmacist as to whether or not they will fill a prescription. The issue from the Board's

standpoint is does this meet the requirements? If the Board thinks it does, then you take a position saying it does. As far as providing a link for items you are supposed to be looking at, you can provide that information. The individual pharmacist has to have a comfort level that this is a legitimate prescription. Chairperson Miller suggested a link on the Board's website containing FAQ's from CMS's website and language stating that the pharmacist can make the informed decision on their own. He added that if the pharmacy feels they are unduly cited, the Board can put information regarding an appeal's process.

Jim Bracewell made a motion and Chris Jones 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, Chris Jones, Laird Miller, and Bob Warnock.

Executive Session

Applications

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

Correspondences

- W.K.F.P.
- S.R.
- D.W.W.

- T.S.R.
- C.C.
- S.B.D.
- M.D.L.

Executive Director's Report – Tanja Battle

- A.M.E.

No votes were taken in Executive Session. Chairperson Miller declared the meeting back in Open Session.

Open Session

Approval of Minutes

Jim Bracewell made a motion to approve the Public and Executive Session minutes for the May 13, 2015 meeting and the Public and Executive Session minutes for the May 26, 2015 Conference Call. Bob Warnock seconded and the Board voted unanimously in favor of the motion.

Ratifications

Chris Jones made a motion to ratify the list of issued licenses. Bob Warnock seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Variance from Monali Patel

Chris Jones made a motion to grant the rule variance petition. Jim Bracewell seconded and the Board voted unanimously in favor of the motion.

Petition for Rule Waiver from Daisey Martinez

Mike Faulk made a motion to deny the rule waiver petition. Chris Jones seconded and the Board voted unanimously in favor of the motion.

Correspondence from Michelle S. Lernor

The Board considered this correspondence requesting clarification regarding Rule 480-27-.02 Prescription Drug Order Requirements. The Board directed staff to respond to Ms. Lernor by stating that she is referencing the wrong regulations in her correspondence and that the Board is concerned that she may not be complying with Georgia Law. Additionally, refer her to O.C.G.A. Section 26-4-80 (c) and Board Rule 480-27-.04 Use of Facsimile Machine to Transmit or Receive Prescription Drug Orders.

Correspondence from John Fullard, Maximum Rx Credit, Inc.

The Board discussed this correspondence requesting to know the difference between handling in-date medicine versus handling outdated medicine. Mr. Fullard was present at the meeting and spoke to the Board regarding his inquiry. He asked if it was acceptable to allow medical waste companies to haul narcotics and hazardous wastes for disposal. He referred to medical waste haulers collecting in the hospitals on the floors and in drums as an example. Director Allen responded by stating that is hazardous wastes and does not fall under the Board's purview.

Heather Lindell stated that will be permitted by the EPA. She went on to state if you make it non-retrievable prior to disposing it, then it is no longer regulated. Mr. Fullard asked if there was any concern regarding the medical waste haulers. Director Allen stated that the Board does not regulate such. Ms. Lindell stated that pharmaceutical wastage and inventory stock are two different things. She stated some people are putting it in sharps containers. Pharmaceutical waste is a little different. If you make it non-retrievable, it is no longer regulated. Mr. Fullard stated he was just concerned as to whether

or not the company needs to be registered as a reverse distributor in order to haul the waste. Director Allen responded by stating that they are licensed by the EPA and not the Board of Pharmacy.

Correspondence from S. Reed Gallman, Rise Up Georgia

The Board considered this correspondence requesting the Board make recommendations on a drug recycling program for low-income, ill, elderly and individuals in Georgia who are unable to afford their medications. The Board directed staff to respond by stating that a change in legislation would be required in order for the Board to do such.

Correspondence from David Hoover, International Pharma Packaging and Distribution

The Board considered this correspondence regarding a Third-Party Logistics provider currently licensed with the Georgia Board of Pharmacy as a Wholesaler. The Board directed staff to respond to Mr. Hoover by stating that the Board will not be renewing the wholesale distributor licenses of those entities who have identified themselves as Third-Party Logistics Providers ("3PLs"). Additionally, the Board is looking into an alternative registration of 3PLs as permitted under federal law.

Correspondence from R. Scott Brunner, GPhA

The Board considered this correspondence regarding recent legislation expanding pharmacists' authority to administer certain immunizations without a prescription and within a protocol agreement with a physician. Chairperson Miller stated that the Georgia Board of Pharmacy cannot do anything regarding this issue until the Georgia Composite Medical Board decides on what the requirements are going to be. Ms. Wray responded by stating that the Medical Board met last week and may ask for a Pharmacy Board member to participate on its Protocol Committee. The Board needs to identify a board member that can be prepared to answer any questions.

Correspondence from Krystyn Buddemeyer, South Point Medical Supply

The Board considered this correspondence requesting an exemption letter pertaining to enteral pumps and supplies. The Board recommended tabling this correspondence until the July meeting to allow for additional time to consider this matter.

Georgia Drugs and Narcotics Agency Open Session – Rick Allen

Mr. Allen discussed proposed Rule 480-24-.06 Destruction of Drugs. Amended and Chapter 480-50 Drug Disposal by Authorized Collectors.

Jim Bracewell made a motion to post Rules 480-24-.06 Destruction of Drugs. Amended, 480-50-.01 Drug Disposal by Authorized Collectors, 480-50-.02 Definitions, 480-50-.03 Collection Receptacles Located at Authorized Collectors, 480-50-.04 Collection Receptacles Located at Long Term Care Facilities (LTCF), 480-50-.05 Numbered Inner-Liner Requirements, 480-50-.06 Mail-back Programs, 480-50-.07 Reverse Distributors, and 480-50-.08 Inspections. Chris Jones seconded and the Board voted unanimously in favor of the motion.

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

(1) The following methods of destruction of controlled substances and non-controlled substances are approved by the Board for medications dispensed to patients residing in long term care facilities (nursing home or skilled nursing facility) or other facility where a consultant pharmacist's services are required under state or federal regulations:

(a) When controlled substances or non-controlled drugs are expired, discontinued from use or the patient for whom they were ordered is no longer a patient, the drugs shall be immediately removed from the active stock and inventoried by two people who shall be licensed either as a pharmacists, a nurses, or a licensed practical nurses. The completed inventory record shall be signed and dated by these two individuals. The original inventory record shall be maintained by the facility for two years, one kept by a

supervisor-level facility member and a copy shall be kept with the drugs until their final disposition. Once inventoried, these drugs can either be:
1. Placed in a collection receptacle at the facility containing a numbered secure inner-liner which has been provided by an authorized collector (retail pharmacy). One supervisor-level employee of the LTCF (e.g., charge nurse or supervisor), designated by the authorized collector, may assist in changing the collection receptacle inner liner under the supervision of one pharmacist representative for the authorized collector pharmacy.
(i) Upon removal, sealed inner liners may be stored at the LTCF for up to three business days in a securely locked, substantially constructed cabinet or a securely locked room with controlled access.
~~1. Placed in a secure storage area at the facility separated from medications with active orders. The drugs can be destroyed at the facility by the consultant pharmacist and another pharmacist, nurse, or licensed practical nurse designated by the facility. However, before~~
(ii) Before the ~~destruction~~ drugs can ~~take~~ be placed in an authorized receptacle, each drug ~~it~~ must be verified ~~that~~ and an inventory of the drug ~~has been~~ taken and recorded. The facility must maintain a written record of the destruction along with the inventory record for two years. This record shall include at a minimum the date, time, personnel involved with placing the drug in the receptacle.~~the destruction and the method of destruction~~; or
2. ~~Removed~~ Secured in a storage area at ~~from~~ the facility separated from medications with active orders. The controlled and/or non-controlled drugs and kept by the consultant pharmacist until they can be destroyed at the facility by the consultant pharmacist and another pharmacist, nurse, or licensed practical nurse designated by the facility. Non-controlled drugs may be removed from the facility and ~~are~~ returned to the vendor pharmacist for destruction. The facility licensed staff or consultant pharmacist shall make a receipt for the drugs removed.~~, and t~~The original receipt to be kept by the facility and a copy of the receipt kept by the consultant pharmacist, and a copy of the receipt kept with the returned drugs. The receipt shall reflect: the date the drugs were removed from the facility, the name of the person removing the drugs, the name and address of the pharmacy to which the drugs have been removed. Both the receipt and its copy must be maintained for two years. Before any drugs can be removed for destruction, their inventory must be verified by at least one pharmacist and one other licensed health care practitioner. Once taken to the vendor pharmacy, the drugs must be stored in a secure, location, separate from active inventory, within the pharmacy. When the drugs are destroyed, a record of the manner of disposal of the drugs must be maintained by the vendor pharmacy for two years. The disposal record shall include at a minimum, whether:
(i) The drugs are destroyed at the pharmacy, and
(I) Manner of destruction;
(II) Date and time of destruction~~;~~ or
(III) Names of at least one pharmacist and one other licensed health care practitioner witnessing the destruction; ~~or~~
~~(2) The~~ (b) Any drugs for destruction placed in an authorized receptacle and stored in secure inner liner can only be removed from the facility for disposal ~~are removed from the pharmacy~~ by transfer to a representative of a reverse distributor with a current permit issued by the Board and authorized by the DEA as a collector as follows:~~; and~~
(I) The date and time the numbered inner liners ~~drugs~~ were taken from the facility and the numbers of the inner liners recorded in logs, one maintained by the facility for two years and one maintained by the reverse distributor for each facility for two years ~~pharmacy;~~
(II) The name, Board permit number, address, and telephone number of the reverse distributor removing the drugs;
(III) The name and signature of the responsible person representing the reverse distributor physically removing the drugs;
(IV) The name and signature of the persons ~~pharmacist~~ transferring the ~~drugs~~inner-liners to the reverse distributor.
~~(2)~~(c) The following methods of on-site destruction of controlled substances are approved by the Board:

~~(a)~~1. When controlled drugs are expired, discontinued from use or the patient for whom they are ordered is no longer a patient, the medication shall be removed from the active stock immediately and inventoried and verified by two people who shall be licensed either as a pharmacist, a nurse, or a licensed practical nurse. The completed inventory record shall be signed and dated by those two individuals. An inventory form will be established by the pharmacist, which must include the following data:
~~1.~~(i) Date of discontinuance or inventory date;
~~2.~~(ii) Name of patient;
~~3.~~(iii) Name of issuing pharmacy;
~~4.~~(iv) Identifying serial numbers of the prescriptions;
~~5.~~(v) Name and strength of drug; and
~~6.~~(vi) Quantities of drugs in containers when inventoried.
~~(b)~~2. After being removed from active stock, controlled substances to be destroyed must be placed in a secure cabinet or area as identified by the consultant or vendor pharmacist.
~~(c)~~3. On-site controlled substance destruction can be as follows:
~~1.~~(i) The consultant or vendor pharmacist will notify the GDNA as to the date and time the destruction will take place at least two weeks prior to destruction at the facility. (Please note that the consultant may set up a specific schedule of destruction - an example would be the first Tuesday in each month at 10:00 a.m.)
~~2.~~(ii) ~~Three~~Two licensed professionals or law enforcement officers, one of whom must be a pharmacist, must witness the destruction of these drugs.
~~3.~~(iii) Destruction must take place within the facility.
~~4.~~(iv) Inventory of final destruction must be taken in duplicate, one copy shall be retained by the facility, and one copy shall be retained by the consultant pharmacist. The inventory shall be certified by all three witnesses present at the destruction in the following format: "We, whose signatures appear below, certify that these controlled substances have been reconciled, accounted for, and destroyed at _____(location) on
_____(date) at _____o'clock."
_____(Signature) and
_____(Signature)
~~_____(Signature)~~
~~5.~~(v) The Board and/or the GDNA, or the DEA, may prohibit any consultant pharmacist or facility from utilizing this method.
~~(3) Methods of off site destruction as follows:~~
~~(a) When controlled substances are expired, discontinued from use or the patient for whom they are ordered is no longer a patient, the medication shall be removed from the active stock immediately and inventoried and verified by two people who shall be licensed either as a pharmacist, a nurse, or a licensed practical nurse. The completed inventory record shall be signed and dated by those two individuals. An inventory form will be established by the pharmacist, which must include the following data:~~
~~1. Date of discontinuance or inventory date;~~
~~2. Full name of patient;~~
~~3. Name of issuing pharmacy;~~
~~4. Identifying serial numbers of the prescriptions;~~
~~5. Name and strength of drug; and~~
~~6. Quantities of drugs in containers when inventoried.~~
~~(b) After being removed from active stock, controlled substances to be destroyed must be placed in a secure cabinet or area as identified by the consultant or vendor pharmacist.~~
~~(c) The drugs, along with a copy of the permanent record, can then be transferred to the vendor pharmacy by the consultant pharmacist to hold for disposal by a Board licensed reverse drug distributor or by a GDNA Agent. The consultant pharmacist shall make a receipt for the drugs removed, and the~~

~~original receipt is to be kept by the facility and a copy of the receipt kept by the consultant pharmacist, both for two years. The receipt shall reflect at a minimum:~~
~~1.The date the drugs were removed from the facility;~~
~~2. The name and signature of the consultant pharmacist removing the drugs;~~
~~3. The name and signature of the Director of Nursing witnessing the drug removal;~~
~~4. The name and address of the pharmacy to which the drugs are being removed.~~
~~(d) Once received by the pharmacy, the drugs for disposal must be stored in a secure location within the pharmacy. When disposal of the drugs takes place, a record of the disposal will be maintained by the pharmacy for two years. The type of disposal record shall be, either:~~
~~1. On a separate receipt showing the drugs for destruction were removed from the pharmacy by transfer to a Board licensed reverse distributor, showing:~~
~~(i) The date and time the drugs were taken from the pharmacy;~~
~~(ii) The name, address, telephone number and Board permit number of the reverse distribution firm taking possession of the drug;~~
~~(iii) The name and signature of the responsible person representing the reverse distributor firm and physically removing the drugs;~~
~~(iv) The name and signature of the pharmacy representative transferring possession of the drugs; and~~
~~(v) A copy of the permanent drug inventory destruction record from the facility; or~~
~~2. On the permanent record showing the drugs were destroyed by a GDNA Agent with:~~
~~(i) The signature of the GDNA Agent;~~
~~(ii) The signature of the pharmacy manager as listed on the pharmacy license; and~~
~~(iii) The date and time of the drug destruction.~~

480-50: Drug Disposal by Authorized Collectors

480-50-.01 Drug Disposal by Authorized Collectors.

(1) In general, this rule follows DEA's "The Secure and Responsible Drug Disposal Act of 2010" ("Disposal Act"), Federal Rule 21 CFR 1300 through1321, for drug disposal. It sets the manner for the delivery, collection, and destruction of expired, unused, or otherwise unwanted pharmaceuticals that are lawfully possessed by non-registrants or patients in Georgia. Patients, their family members, or their representatives may deposit their unwanted pharmaceutical pharmaceuticals into a secure container, aka "collection receptacle," for disposal or use mail-back packages to ship drugs to reverse distributors. Patients cannot be required to provide personal information to the collector.
(2) This rule does not apply to law enforcement agencies.
(3) If this rule does not address a matter pertaining to drug disposal which differs from the federal rules on drug disposal, then the federal rules take precedent.

480-50-.02 Definitions.

(1) "Authorized Collectors." Authorized collectors are registrants which are retail pharmacies, hospitals/clinics with an on-site pharmacy, narcotic treatment programs, manufacturers, distributors, and reverse distributors which have registered with the DEA to become authorized collectors of pharmaceuticals for disposal. These registrants must already be authorized to handle controlled substances in order to become an authorized collector. All pharmaceuticals, controlled substances and non-controlled drugs, will be treated like controlled substances.
(2) "Authorized Employees." Authorized employees are agents and employees of authorized collectors with access to or influence over acquired pharmaceuticals have to meet DEA employment standards. These standards would require authorized collectors to employ persons that have never been convicted of any felony related to controlled substances and have never had an application for registration with the DEA denied; have had a license revoked or suspended; or otherwise have surrendered a DEA registration.

(3) “Collection Receptacles.” Collection receptacles must be lockable, sturdy, securely fixed in the immediate vicinity of and can be observed from the prescription department areas where controlled substances are stored by registrants. Receptacles can only be available to receive pharmaceuticals when the registrant is open for business and only when an authorized employee is present. The receptacle must display a sign stating that non-controlled and controlled drugs in Schedule II, III, IV, or V may be accepted, and it must also feature a removable, tamper-evident, and tear-resistant Inner-liner bearing a unique identification number. Receptacles can only be accessed by authorized employees.
(4) “Mail-back Packages.” Mail-back packages are pre-paid postage packages provided by authorized collectors at a price or at no cost to the a patient or patient’s family
(5) “Mail-back Programs.” Mail-back programs utilize mail-back packages provided by authorized collectors in which the packages are mailed directly to a reverse distributor and can never be mailed back to the authorized collector.
(6) “Non-registrant.” A non-registrant is either a patient, a member of the patient’s family, a patient’s representative, or a firm which does not hold either a DEA controlled substances permit number or a license number issued by any Georgia state board licensing authority to possess pharmaceuticals. A Long Term Care Facility (LTCF) is considered a non-registrant.
(7) “Numbered Inner-liner.” An inner-liner is a removable, tamper-evident, and tear-resistant liner used inside a collection receptacle and which can be securely sealed for transfer to a reverse distributor for transportation to a drug destruction site. Each inner-liner must bear a unique identification number traceable to a specific authorized collector from the beginning of the collection process until the destruction process.
(8) “Pharmaceuticals.” Pharmaceuticals as used in this rule chapter includes both dangerous drugs and controlled substances.
(9) “Registrant.” A registrant is a practitioner which holds a DEA controlled substances permit number and/or a license number issued by their respective Georgia state board licensing authority to possess pharmaceuticals.

480-50-.03 Collection Receptacles Located at Authorized Collectors.
(1) DEA specially authorized registrants, who are also licensed by the Board, may place, utilize, and maintain collection receptacles at their DEA registered location. Georgia does not allow on-site disposal of any drug and requires all drugs to be disposed of using a Board-licensed reverse distributor to receive inner-liners from a collection receptacle. Patients and their family members may deposit their unwanted drugs, controlled substances and non-controlled into a collection receptacle for disposal. Patients cannot be required to provide personal information to the collector.
(2) Receptacles must be lockable, sturdy, securely fixed in the immediate vicinity of and can be observed from the prescription department areas where controlled substances are stored by registrants and where an authorized employee is present, and display a sign stating that non-controlled and controlled drugs in Schedule II, III, IV, or V can be accepted and placed in the receptacle.
(3) Each receptacle must also be capable of holding a removable, tamper-evident, and tear- resistant inner-liner bearing a unique identification number to receive the drugs.
(a) To dispose of the contents of a receptacle, the sealed liners may be promptly delivered or transferred to a representative for a licensed reverse distributor for destruction. Only authorized employees can remove and seal an inner-liner and maintain records required by this rule.
(b) Authorized collectors may store inner-liners that have been sealed upon removal from a collection receptacle in a securely locked, substantially constructed cabinet or a securely locked room with controlled access for up to three business days until the liners can be transferred for destruction, and then transferred to a representative for a licensed reverse distributor for destruction.
(c) Collectors are encouraged to schedule inner-liner removals and installations as frequently as necessary.

(d) Drugs placed in the authorized receptacle and stored in secure inner-liners can only be removed from the authorized collector location for destruction by transfer to a reverse distributor with a current permit issued by the Board and authorized by the DEA as a collector.
(e) The date and time that the numbered inner-liners were taken from the collector and the numbers of the inner-liners must be recorded in logs: one maintained by the collector for two years and one maintained by the reverse distributor for each facility for two years.
(f) The name, Board permit number, address, and telephone number of the reverse distributor removing the drugs must be recorded in logs maintained by the collector and by the reverse distributor for a period of at least two years; and
(g) The name and signature of the responsible person representing the reverse distributor physically removing the inner-liners must be recorded in logs maintained by the collector and by the reverse distributor for a period of at least two years. Nothing in this rule shall prevent a DEA authorized common carrier from serving as the authorized representative of the reverse distributor.

480-50-.04 Collection Receptacles Located at Long Term Care Facilities (LTCF).
(1) The following methods of destruction of controlled substances and non-controlled substances are approved by the Board for medications dispensed to patients residing in long term care facilities (nursing home or skilled nursing facility) or other facilities where a consultant pharmacist's services are required under state or federal regulations:
(a) When controlled substances or non-controlled drugs are expired, discontinued from use, or the patient for whom they were ordered is no longer a patient, the drugs shall be immediately removed from the active stock and inventoried by two people who shall be licensed either as a pharmacists, a nurses, or a licensed practical nurses. The completed inventory record shall be signed and dated by these two individuals. The original inventory record shall be maintained by the facility for two years by one supervisor-level employee, and a copy shall be kept with the drugs until their final disposition. Once inventoried, these drugs can either must be:
1. Placed in a collection receptacle at the facility containing a numbered secure Inner-liner which has been provided by an authorized collector (retail pharmacy). One supervisor-level employee of the LTCF (e.g., charge nurse or supervisor), designated by the authorized collector, may assist in changing the collection receptacle inner-liner under the supervision of one pharmacist representative for the authorized collector pharmacy.
(i) Upon removal, sealed inner-liners may be stored at the LTCF for up to three business days in a securely locked, substantially constructed cabinet or a securely locked room with controlled access.
(ii) Before the drugs can take be placed in an authorized receptacle, each drug must be verified and an inventory of the drug has been taken and recorded. The facility must maintain a written record of the destruction along with the inventory record for two years. This record shall include at a minimum the date, time, personnel involved with placing the drug in the receptacle
2. The drugs placed in the authorized receptacle and stored in secure inner-liner can only be removed from the facility for disposal for destruction by transfer to a representative for a reverse distributor with a current permit issued by the Board and authorized by the DEA as a collector.
(i) The date and time that the numbered inner-liners were taken from the facility and the numbers of the inner-liners recorded in logs, one maintained by the facility for two years and one maintained by the reverse distributor for each facility for two years;
(ii) The name, Board permit number, address, and telephone number of the reverse distributor removing the drugs;
(iii) The name and signature of the responsible person representing the reverse distributor physically removing the Inner-liners; and
(iv) The name and signature of the persons transferring the drugs Inner-liners to the reverse distributor.
(2) Collectors may not transfer sealed inner-liners from LTCFs to their primary registered location (i.e., the hospital/clinic or retail pharmacy location). Instead, collectors should deliver sealed inner-liners to a

reverse distributor or distributor's registered location by common or contract carrier pick-up or by reverse distributor or distributor pick-up at the LTCF

480-50-.05 Numbered Inner-Liner Requirements.

(1) A numbered inner-liner shall meet the following requirements:
(a) The inner-liner shall be waterproof, tamper-evident, and tear-resistant;
(b) The inner-liner shall be removable and sealable immediately upon removal without emptying or touching the contents;
(c) The contents of the inner-liner shall not be viewable from the outside when sealed;
(d) The size of the inner-liner shall be clearly marked on the outside of the liner (e.g., 5-gallon, 10-gallon, etc.); and
(e) The inner-liner shall bear a permanent, unique identification number that enables the inner-liner to be tracked.
(2) Access to the inner-liner shall be restricted to authorized employees for the collector.
(3) The inner-liner shall be sealed by two authorized employees immediately upon removal from the permanent outer container, and the sealed inner-liner shall not be opened, x-rayed, analyzed, or otherwise penetrated.
(4) The authorized collector shall maintain a sequential log of all numbered inner-liners. The log shall indicate, at a minimum:
(a) If the Inner-liner has been placed in a receptacle;
(b) If the Inner-liner has been damaged and rendered not usable;
(c) If the Inner-liner has been sealed and removed from the receptacle;
(d) The names of the collector employees sealing and removing the inner-liner from the collector; and
(e) The date and name of the reverse distributor, and authorized representative, by which the inner-liner was removed from the collector's facility

480-50-.06 Mail-back Programs

(1) Pre-paid mail-back packages may be provided by authorized collectors to patients and their families for a price or at no cost to the patient.
(2) In Georgia, mail-back packages cannot be returned or mailed back to the authorized collector, unless that collector is a licensed reverse distributor. Collectors that are pharmacies cannot receive or dispose of mail back packages. All such mail-back packages must be shipped directly to a licensed reverse distributor for disposal.

480-50-.07 Reverse Distributors

(1) Any person that reverse distributes a controlled substance shall be registered with the United States Drug Enforcement Administration as a reverse distributor.
(2) A reverse distributor shall acquire controlled substances and non-controlled drugs from a collector in the following manner:
(a) Pick-up of sealed inner linter from a collector at the collector's licensed location or authorized receptacle collection site such as a LTCF; or
(b) Receive controlled substances delivered by common or contract carrier or delivered directly by a registrant or non-practitioner registrant such as a LTCF.
(i) Delivery to the reverse distributor by common or contract carrier may only be made to the reverse distributor at the reverse distributor's registered location. Once *en route*, such deliveries may not be re-routed to any other location or person, regardless of registration status.
(ii) All controlled substance and non-controlled drug deliveries to a reverse distributor shall be personally received by an employee of the reverse distributor at the registered location.
(3) Upon acquisition of a drug by delivery or pick-up, a reverse distributor shall:
(a) Immediately store the controlled substance, in accordance with the security controls in accordance with DEA rules at the reverse distributor's registered location or immediately transfer the drugs to the

reverse distributor's registered location for secure storage, in accordance with the security controls in DEA rules, until timely destruction.
(4) A reverse distributor shall destroy or cause the destruction of any drug received for the purpose of destruction no later than 30 calendar days after receipt.

480-50-.08 Inspections
(1) The Georgia Drugs and Narcotics Agency (GDNA) shall have the authority to conduct inspections of any place, premises, or receptacle utilized by any authorized collector in relation to collection, retention, and disposal of drugs.
(2) GDNA shall have the authority to examine, copy, or remove all records required by this rule, and to examine, remove, or inventory all numbered inner-liners.
(3) It shall be the responsibility of any authorized collector to make same available for such inspection, copying, examination, or inventorying by said GDNA.
(4) Following any such examination, inventory, or inspection of records or receptacles, GDNA shall provide to the authorized collector a copy of any written inspection report produced on which any deficiencies or violations are made along with any recommendations, if any, concerning the satisfactory storage, record-keeping, handling, and security of drugs for disposal.
(5) The Pharmacist-in-Charge of each authorized collector shall obtain a copy of the current Board permit of every reverse distributor to which inner-liners are returned. Such copies shall be made available during the GDNA's inspection.
(6) The Pharmacist-in-Charge of each authorized collector shall respond in a written report addressing any discrepancies or deficiencies noted in a GDNA inspection report within two weeks after receipt of the inspection notice. The deficiencies shall be corrected within ten (10) business days.

A motion was made by Chris Jones, seconded by Jim Bracewell, and the Board voted that the formulation and adoption of these rules do 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 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§ 50-13-9 16 5 9 4(a)(3)(A), (B), (C) and (D). The formulation and adoption of these 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.

Executive Director's Report Open Session – Tanja Battle
Ms. Battle requested the Board and guests to remind licensees about renewals as the expiration date is rapidly approaching. There are currently over 10,000 licensees that have not renewed.

Ms. Battle discussed the upcoming examination and stated that a letter from Steve Glass, Executive Vice-President, Georgia Society of Health-System Pharmacists, was received thanking the Board and staff for its efforts regarding the practical examination.

Ms. Battle reported that staff is in the process of issuing almost 200 non-resident pharmacy licenses. She commended GDNA for assisting in the application review process. She added that almost 1000 have been issued thus far. She also commended staff for the additional effort it has taken to process the influx of applications.

Ms. Battle discussed correspondence received from Ambrosia Treatment Center as they are requesting to become an approved treatment facility for the Board. The Board has previously reviewed this request and tabled its recommendation pending receipt of additional information. That additional information

has now been received. Bob Warnock made a motion to approve Ambrosia Treatment Center as a treatment facility for the Georgia Board of Pharmacy. Mike Faulk seconded and the Board voted unanimously in favor of the motion.

Miscellaneous

Jim Bracewell made a motion to post Rules 480-49-02 Non-Compliance with an Order for Child Support, 480-22-.15 Refilling of Ophthalmic Topical Products, 480-34-.08 Lidocaine, 480-37-.02 Licensure. Mike Faulk seconded and the Board voted unanimously in favor of the motion. In the same motion, the Board voted to re-title Chapter 480-34 as "Controlled Substances and Dangerous Drugs" instead of "Controlled Substances".

480-49-.02 Non-Compliance with an Order for Child Support

(1) A person holding a current license issued by the Georgia Board of Pharmacy ("Board") may have his/her license indefinitely suspended if s/he is a person for whom an order for child support has been rendered and s/he is not in compliance with that order.
(2) After receiving notice of non-compliance with a child support order from the Department of Human Services, the Board shall suspend the license and shall provide written notice to the licensee via certified or registered mail at the licensee's address of record. If the license is suspended, the licensee shall not practice during the period of suspension.
(3) A person whose license was suspended for being non-compliant with an order for child support may apply to have the suspension lifted. In order to have the suspension lifted, the licensee must:
(a) Request in writing to the Board that the suspension be lifted;
(b) Ensure that the Department of Human Services provides a written notice of compliance and request for release indicating:
1. That the licensee has made satisfactory arrangements to pay the arrearage; or
2. That the licensee is now in compliance with his/her obligation to pay child support.
(c) Demonstrate to the satisfaction of the Board that the license has been timely renewed, where applicable, and other than the suspension provided by this rule, is otherwise in good standing; and
(d) Submit a notarized declaration that all continuing education requirements, if any, for the entire suspension period have been met.
(4) Upon compliance with paragraph (3), the Board shall lift the suspension on the license. However, the Board may impose any conditions on the lifting of the suspension that it deems necessary to protect the public.
(5) If the licensee fails to timely renew his/her license during the period of suspension, the license shall be considered to be revoked by operation of law and subject to reinstatement in the sole discretion of the Board. The person who held the lapsed suspended license must comply with the Board's rules for reinstatement, pay any reinstatement fee, and provide the Board with a written notice of compliance and request for release from the Department of Human Services. The release must indicate that the licensee has made satisfactory arrangements to pay the arrearage or that the licensee is now in compliance with his/her obligation to pay child support. It will be within the discretion of the Board whether to reinstate the license.

480-22-.15 Refilling of Ophthalmic Topical Products.

Ophthalmic topical products may be refilled without authorization from a practitioner to prevent unintended interruptions in drug therapy provided that:
(1) The original prescription order contains valid refills;
(2) Refills occur at 70 percent or greater of the predicted days of use; and
(3) Refills are purchased through retail and/or mail order pharmacies.

480-34-.08 Lidocaine.
(1) This rule was adopted to protect the health, safety, and welfare of the public. Lidocaine topical, 40 mg/gm. or less (4.0%) is deleted from Official Code of Georgia Annotated (O.C.G.A.) §16-13-71(b)(520).
(2) This rule is based on the following findings of the Board:
(a) that lidocaine topical, 40 mg/gm. or less (4.0%) does not have a high potential for abuse;
(b) that the Board has considered the scientific evidence of its pharmacological effects, the state of current scientific knowledge regarding the drug, the history and current pattern of abuse, the scope, duration, and significance of abuse, the potential of the drug to produce psychic or physiological dependence liability; and
(c) that the drug is no longer included as a prescription drug under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. Section 301, et. seq., as amended.

480-37-.02 Licensure.
(a) In order to install or operate a RAMS, a Georgia licensed pharmacy must make application for licensure to the Board on a form approved by the Board, and pay a fee. No person other than an approved licensed pharmacy may install or operate a RAMS. Each location having a RAMS must have a separate license from the Board. If more than one licensed pharmacy operates a RAMS at the same skilled nursing facility or hospice, each licensed pharmacy must maintain a registration at the skilled nursing facility or hospice. A Georgia licensed pharmacy that has paid a fee for one RAMS location will not be required to pay fees for the additional locations.
(b) Licenses are renewed for two years and expire on June 30th of each odd-numbered year. Licenses 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 odd-numbered year, the license shall lapse, and an application for reinstatement shall be required. Reinstatement is at the sole discretion of the Board.
~~(b)~~(c) A Georgia licensed pharmacy may only use the RAMS at a skilled nursing facility or hospice licensed as such pursuant to O.C.G.A. T. 31, Ch. 7, that does not have an on-site licensed pharmacy.
~~(c)~~(d) The Pharmacist-in-Charge (PIC) for a licensed pharmacy shall be considered the PIC for each separate license to operate a RAMS at a skilled nursing facility or hospice.
~~(d)~~(e) The RAMS must collect, control, and maintain all transaction information.

A motion was made by Chris Jones, seconded by Jim Bracewell, and the Board voted that the formulation and adoption of these rules do 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 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§ 50-13-9 16 5 9 4(a)(3)(A), (B), (C) and (D). The formulation and adoption of these 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.

Chris Jones made a motion to amend the Non-Resident Pharmacy Permit application by adding the following questions:

Does your facility compound medications? Yes___ No___
If yes, Sterile? Yes___ No___
Non-sterile? Yes ___ No___
Or Both? Yes___ No___

Does your state inspect compounding pharmacies according to USP 795/797 standards?
Yes___ No___

Does your state contract with other sources (e.g. NABP, etc.) for such inspections?
Yes___ No___
(Please provide GDNA with a non-redacted copy of your most recent inspection report)

Is your facility registered with FDA as a 503B "outsourcing facility"?
Yes___ No___

Has your pharmacy ever been inspected by the FDA?
Yes___ No____
(If yes, please provide GDNA with a non-redacted copy of the inspection report)

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

Chris Jones made a motion and Vicki Arnold 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, Chris Jones, Laird Miller, and Bob Warnock.

Executive Session

Miscellaneous

- K.H.
- Discussed the June examination

No votes were taken in Executive Session. Chairperson Miller declared the meeting back in Open Session.

Open Session

Chris Jones made a motion for the Board to take the following actions:

Georgia Drugs and Narcotics Agency – Rick Allen

• A.E.	Pharmacist	Renew with letter of concern
• E.P.	Correspondence	Directed GDNA to respond

Attorney General's Report – Janet Wray

- The Board received advice from Ms. Wray regarding House Bill 504 Vaccines-Immunization.

Ms. Wray presented the following consent orders:

• W.B.B.	Private consent order accepted
• W.H.C.	Private consent order accepted
• M.M.F.	Private consent order accepted
• T.A.R.	Private consent order to be accepted and signed with express permission upon receipt of the original

Applications

• K.M.W.	Pharmacy Technician	Denied registration
• Katoria M. Lemon	Pharmacy Technician	Approved for registration
• Nekea Edwards King	Pharmacy Technician	Approved for registration
• J.K.L.	Pharmacy Technician	Table pending receipt of additional information
• J.N.M.	Pharmacy Technician	Table pending receipt of additional information
• W.M.M.	Pharmacy Technician	Denied registration
• Christopher S. Lee	Pharmacy Technician	Approved for registration
• J.C.D.	Pharmacy Technician	Denied registration
• Adrianne L. Keen	Pharmacy Technician	Approved for registration
• Cardasha K. Ford	Pharmacy Technician	Approved for registration
• G.E.	Pharmacy Technician	Table pending receipt of additional information
• Stephanie R. Riley	Pharmacy Technician	Approved renewal
• S.K.G.	Pharmacy Technician	Approved renewal with letter stating the Board is not waiving its right to take disciplinary action should the final disposition result in a conviction.
• Jacob W. McLeod	Pharmacy Technician	Approved renewal
• Emma K. Maxwell	Pharmacy Technician	Approved renewal
• Christopher J. Fortune	Pharmacy Technician	Approved renewal
• Polina B. Ball	Pharmacy Technician	Approved renewal
• C.Y.L.	Pharmacy Technician	Overturn denial and approve renewal with letter stating the Board is not waiving its right to take disciplinary action should the final disposition result in a conviction.

Appearances

• K.N.T.	Denied Pharmacy Technician	Table pending receipt of additional information
• B.L.	Denied Non-Resident Pharmacy	Denial upheld
• C.H.	Denied Non-Resident Pharmacy	Overturn denial and approve for registration

Georgia Drugs and Narcotics Agency – Rick Allen

• Prime Rx	Non-Resident Pharmacy	Approved for registration
• W.C.L.C.M.S.E.	Non-Resident Pharmacy	Denied registration
• R.R.	Non-Resident Pharmacy	Denied registration
• M.C.P.	Non-Resident Pharmacy	Overturn denial and approve for registration
• P.P.	Non-Resident Pharmacy	Denied registration
• D.P.S.	Non-Resident Pharmacy	Denied registration
• C.M.I.	Non-Resident Pharmacy	Denied registration
• Q.S.P.	Non-Resident Pharmacy	Denied registration
• A.I.	Non-Resident Pharmacy	Denied registration

Applications

- J.B.R. Pharmacist Exam Applicant Approved to sit for the exam
- R.A.P. Pharmacist Exam Applicant Approved to sit for the exam
- S.J.R. Pharmacist Exam Applicant Approved to sit for the exam
- Stephanie J. Henklein Pharmacist Reinstatement Approved application
- J.J.R. Pharmacist Exam Applicant Approved to sit for the exam
- M.G.D. Pharmacist Renew with letter of concern
- Air Gas Wholesaler Pharmacy Approved renewal
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- Baxter Healthcare Wholesaler Pharmacy Approved renewal
- American Pharm Ingredients Wholesaler Pharmacy Approved renewal
- Fresenius Kabi USA, LLC Wholesaler Pharmacy Approved renewal

• Guaranteed Returns-Corp	Wholesaler Pharmacy	Approved renewal
• Premium Rx National, LLC	Wholesaler Pharmacy	Approved renewal
• Spot-On Specialties, LLC	Wholesaler Pharmacy	Approved renewal
• Taylor Pharmaceuticals	Wholesaler Pharmacy	Approved renewal
• Zo Skin Health, Inc.	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Linde Gas North America	Wholesaler Pharmacy	Approved renewal
• Keysource Medical, Inc.	Wholesaler Pharmacy	Approved renewal
• Owens & Minor	Wholesaler Pharmacy	Approved renewal
• Owens & Minor	Wholesaler Pharmacy	Approved renewal
• St. Mary's Med Park Pharm	Wholesaler Pharmacy	Approved renewal
• Air Gas	Manufacturing Pharmacy	Approved renewal
• Air Gas	Manufacturing Pharmacy	Approved renewal
• Fresenius Kabi, USA, LLC	Manufacturing Pharmacy	Approved renewal
• Linde Gas North America	Manufacturing Pharmacy	Approved renewal
• Linde Gas North America	Manufacturing Pharmacy	Approved renewal
• Linde Gas North America	Manufacturing Pharmacy	Approved renewal
• Baxter Healthcare Corp	Manufacturing Pharmacy	Approved renewal
• Baxter Healthcare Corp	Manufacturing Pharmacy	Approved renewal
• Barnes Drug Store Valdosta	Retail Pharmacy	Approved renewal
• Baxter Healthcare Corp	Retail Pharmacy	Approved renewal
• Barnes Healthcare Services	Retail Pharmacy	Approved renewal
• Barnes Healthcare Services	Home Healthcare Retail	Approved renewal

Correspondences

• W.K.F.P.	Notice of discipline	Approved renewal with letter stating the Board is not waiving its right to take disciplinary action should the final disposition result in a conviction.
• S.R.	Request removal of PIC restriction and no pharmacy ownership restriction	Request approved
• D.W.W.	Request to lift supervised practice restriction	Request approved
• T.S.R.	Appearance request	Request approved
• C.C.	Notice of discipline	No action taken
• S.B.D.	Request for waiver of reinstatement fee	Request denied
• M.D.L.	Records request	Request approved pending receipt of additional information

Executive Director's Report – Tanja Battle

• A.M.E.	Request for exemption	Request approved

Miscellaneous

- K.H. Pharmacist applicant No action taken
- Discussed the June examination No action taken

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

There being no further business to discuss, the meeting was adjourned at 3:25 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy is scheduled for Wednesday, July 15, 2015 at 9:00 a.m. at the Department of Community Health's office located at 2 Peachtree Street, N.W., 5th Floor, Atlanta, GA 30303.

Minutes recorded by Brandi P. Howell, Business Operations Specialist
Minutes edited by Tanja D. Battle, Executive Director