

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE
BOARD OF REGISTRATION IN PHARMACY

April 7, 2022

Webex Information

The regular session is open to the public by video or phone.

For video access click on the following link:

<https://eohhs.webex.com/eohhs/onstage/g.php?MTID=e39f3e1f8a82c59fa9272fd50cdc8082c>

To access the meeting by phone:

Call in Number: 1-650-479-3208

Access Code: 2533 179 2692

Attendee: #

*If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator **Sofie Daley**, sofie.daley@mass.gov in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.*

Agenda

Time	#	Item	Page	Contact
8:00	I	CALL TO ORDER		S. Hamilton
8:02	II	APPROVAL OF AGENDA		
8:05	III	APPROVAL OF BOARD MINUTES <ul style="list-style-type: none">Draft of March 3, 2022 Regular Session Minutes		

8:07	IV	REPORTS <ul style="list-style-type: none"> • Applications approved pursuant to Licensure Policy 13-01 • Monthly report from Probation • Board Delegated Review pursuant to Licensure Policy 14-02 • PSUD Report-Policy 17-03 • Staff Action Policy 17-02: Approval of Pharmacy Technician Training Programs and Examinations • Staff Action Policy 18-02: Retail Pharmacy Participation in Research Drug Studies 		
8:20	V	FLEX <ul style="list-style-type: none"> • Pharmacy issues related to Covid-19 and the state of emergency • Pharmacy Advisory Committee meeting summary • PSUD REC appointment and re-appointments 		
8:30	VI	APPLICATIONS <ul style="list-style-type: none"> • Sobi, Inc; WD506 – Relocation • Medication Coordination Pharmacy – New Community Pharmacy • Advanced Compounding Solution – Wholesale Distributor • Genoa Healthcare (Boston) – New Community Pharmacy • Medwiz of Mass – New Community Pharmacy • Wells Healthcare Pharmacy-New Community Pharmacy 		
9:15	VII	POLICIES <ul style="list-style-type: none"> • Staff Action Policy 14-02: Board Delegated Review (BDR) • Policy 2021-02: Shared Pharmacy Service Models Including Central Fill, Central Processing, and Tele-pharmacy 		
9:30	VIII	ADVISORY <ul style="list-style-type: none"> • Media Fill Testing 		

9:35	IX	FILE REVIEW				
		1	CAS-2021-1082	SA-INV-18852		CAPS Pharmacy, DS3312
		2	CAS-2021-0710	PHA-2021-0064		Walgreens #4966, DS2924
		3	CAS-2021-1266	PHA-2021-0122		Walgreens #10209, DS3529
		4	CAS-2022-0018	PHA-2022-0005		Walgreens #10209, DS3529
		5	CAS-2021-1199	PHA-2021-0109		Walgreens #17230, DS90209
		6	CAS-2021-1176	PHA-2021-0118		Walgreens #17637, DS90223
		7	CAS-2021-1265	PHA-2021-0116		Pelham Community Pharmacy, DS89647
		8	CAS-2022-0106	PHA-2022-0014		Woodmark Pharmacy of MA, DS89875
		9	CAS-2021-0827	SA-INV-18403		Long Term Pharmacy Solutions, DS90330
		10	CAS-2021-0978	SA-INV-18621		Souchinda Nanthavongdouangsy, PH237342
		11	CAS-2021-1016	PHA-2021-0100		CVS #4981, DS89876
		12	CAS-2021-0873	PHA-2021-0088		CVS #505, DS89977
		13	CAS-2021-0893	PHA-2021-0082		CVS #1021, DS1543
14	CAS-2021-1305	PHA-2022-0002	CVS #1184, DS2123			
10:30	X	REVIEW OF COMPLIANCE <ul style="list-style-type: none"> CVS 7140, DS89720; PHA-2020-0070 			K. Fishman	
10:45	XI	EXECUTIVE SESSION The Board will meet in Executive Session as authorized pursuant to M.G.L. c. 30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition, or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. Specifically, to hold a sanction hearing and to evaluate the Good Moral Character as required for registration for a pending applicant.			CLOSED SESSION	
12:30		LUNCH BREAK				
1:00	XII	M.G.L. c. 112, § 65C SESSION			CLOSED SESSION	
2:00	XIII	ADJOURNMENT				

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY**

MINUTES OF THE GENERAL SESSION

Via Remote WebEx Meeting

April 7, 2022

Board Members Present

Sebastian Hamilton, Pharm D, MBA, RPh President
Caryn Belisle, RPh, MBA, President-Elect
Carly Jean-Francois, RN, NP Secretary (arrives 8:06 AM)
Julie Lanza, CPhT
Susan Cornacchio, JD, RN (leaves 2:05 PM)
John Rocchio, RPh, PharmD (leaves 2:05 PM)
Dr. Richard Lopez, MD
Sami Ahmed, Pharm D., RPh, BCPS, BCSCP (arrives 8:16 AM)
Delilah Barnes, RPh
Rita Morelli, PharmD, BCACP, RPh
Katie Thornell, RPh, MBA
Dawn Perry, JD (leaves 1:50 PM)

Board Members Not Present

Jennifer Chin, RPh

Board Staff Present

David Sencabaugh, RPh, Executive Director
Monica Botto, CPhT, Assistant Executive Director
Heather Engman, JD, Board Counsel
Michael Egan, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance
Michelle Chan, RPh, Quality Assurance Pharmacist
Richard Harris, Program Analyst
Ed Taglieri, MSM, NHA, RPh PSUD Supervisor
Joanna Chow, Office Support Specialist
Taylor Lee, Office Support Specialist
Joanne Trifone, RPh, Director of Investigations
Christina Mogni, RPh, Investigator
Gregory Melton, RPh, Investigator
Julienne Tran, PharmD, Investigator

TOPIC I. Attendance by roll call:

CALL TO ORDER 8:02 AM

A quorum of the Board was present, established by roll call. President Sebastian Hamilton chaired the meeting and he explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: J. Lanza, yes; S. Hamilton, yes; C. Belisle, yes; D. Barnes; J. Rocchio, yes; S. Cornacchio, yes; R. Lopez, yes; R. Morelli, yes; D. Perry, yes; K. Thornell. (C. Jean-Francois arrives 8:06 AM; S. Ahmed arrives 8:16 AM)

Topic II.

Approval of Agenda

TIME 8:03 AM

Agenda 04/07/22

DISCUSSION:

Defer: File Review cases: #9 Long Term Care Pharmacy Solutions DS90330 CAS-2021-0827; SA-INV-18403

ACTION:

Motion by J. Lanza, seconded by K. Thornell and voted unanimously by those present to approve the agenda with noted change by roll call vote.

Topic III

Approval of Board Minutes

TIME: 8:03 AM

Minutes

1. Draft 3/3/22

Change: no changes

Action:

Motion by D. Barnes seconded J. Lanza and voted unanimously to approve the regular session minutes of 3/3/22 with no noted changes by roll call vote.

TOIC IV

Reports

Applications approved pursuant to Licensure Policy 13-01

Time: 8:05 AM

Presented by: R. HARRIS

Discussion: R. HARRIS reported a total of 28 Change of Manager applications and 6 facility closures that were approved by Staff Action since the last Board meeting.

So noted.

TOPIC IV

REPORTS

Monthly Report from Probation

Time: 8:05 AM

Presented by: R. HARRIS

Discussion: R. HARRIS reported successful probation monitoring for one drugstore since the last Board meeting. Currently, there are 14 active probation monitoring cases.

So noted.

TOPIC IV

REPORTS

Monthly Report from BDCR pursuant to Policy 14-02

Time: 8:05 AM

Presented by: M. BOTTO

Discussion: M. BOTTO noted that all five current CE cases have been closed since the previous meeting, no discipline warranted.

So noted.

TOPIC IV	REPORTS	
PSUD report by Staff Action 17-03		Time: 8:06 AM
Presented by: E. TAGLIERI		

Discussion: E. TAGLIERI reported that there are currently 12 active participants enrolled in the PSUD program. There have been three reported inquiries; two individuals are expected to progress to applications with admission. Three discharges have been reported over the last couple of months in the program, two of which stated they were overwhelmed with expenses relating to the program. A committee with SARP, PSUD, and the Bureau of Substance Abuse Services (BSAS) has been formed to help update terms to current standards and seek a funding source to aid participants. E. TAGLIERI also shared a recent success story of an active participant in the program.

So noted.

TOPIC IV	REPORTS	
Staff Action Policy 17-02: Approval of PTT Training Programs and Examinations		Time: 8:09 AM
Presented by: M. CHAN, W. FRISCH		

Discussion: M. CHAN reported that there are currently 14 licensing exams and 3 Technician in Training programs that have been approved to date. Currently, there are 15 entities participating in the program.

So noted.

TOPIC IV	REPORTS	
Staff Action Policy 18-02: Retail Pharmacy Participation in Research Drug Studies		Time: 8:10 AM
Presented by: M. CHAN, W. FRISCH		

Discussion: M. CHAN reported that, to date, 4 retail pharmacies are actively participating in research drug studies. At present, there are 16 active drug studies, 15 of which involve commercially available drug substance and 1 involving investigational substance. There have been no new studies or reports of concluded studies since January 2022.

So noted.

TOPIC V	Flex	
1. Pharmacy Issues related to Covid-19 and state of emergency.		Time: 8:10 AM
Presented by: D. SENCABAUGH		

Discussion: The state has a greater supply of antivirals now so more eligible patients can be treated. See the state website for locations that have supplies: <https://www.mass.gov/info-details/treatments-for-covid-19>.

Second vaccine boosters are now being recommended for adults 50 years and older.

So noted.

2. Pharmacy Advisory Committee meeting summary

Time: 8:12 AM

Presented by: C. BELISLE; W. FRISCH

Discussion: The meeting of the Advisory Committee to the Board that was held on March 17 discussed development of a new advisory regarding environmental monitoring to supplement the requirements of USP <797>. Recommendations included policies and procedures, testing frequency, and documentation. A completed document will be brought forward to the Board in the future.

So noted.

3. PSUD REC appointment and re-appointments

Time: 8:19 AM

Presented by: E. TAGLIERI

Discussion: Four members of the PSUD REC Committee have their four-year terms expiring and would like to be reappointed. The open community seat is vacant, and a candidate put forth for the Board's consideration.

Action: Motion by J. LANZA, seconded by S. AHMED, and voted unanimously by roll call of those present, for William Irvine to be appointed into the open community seat.

Motion by J. LANZA, seconded by C. JEAN-FRANCOIS, and voted unanimously by roll call of those present, for Jeffrey Cone to be reappointed to the committee.

Motion by J. LANZA, seconded by C. JEAN-FRANCOIS, and voted unanimously by roll call of those present, for Anita Young to be reappointed to the committee.

Motion by D. BARNES, seconded by J. LANZA, and voted unanimously by roll call of those present, for Anthony Bashir to be reappointed to the committee.

Motion by D. BARNES, seconded by C. JEAN-FRANCOIS, voted unanimously by roll call of those present, except for S. AHMED who recused, for Robert Hallisey to be reappointed to the committee.

TOPIC VI

Applications

1. Sobi, INC WD506

Relocation

TIME: 8:29

Represented by: Rick Harris

Recusal: none

Discussion: The virtual wholesaler has held a WD license for long time. Sobi is seeking to continue with a WD license until 11/30/2022 when they will be switching to licensure by DCP only.

A motion was made by K. Thornell to approve the relocation application; Seconded by C. Belise; Board Members present voted unanimously by rollcall to approve motion.

2. Medication Coordination Pharmacy

New Community Pharmacy

TIME: 8:30

Represented by: Charlene Guarnaccia

Recusal: None

Discussion: The pharmacy will have a focus on diabetes education and packaging and delivery of meds for home care. The pharmacy has a process in place for deliveries when the resident is not at home to accept the delivery and for deliveries on weekends when the pharmacy is closed. The pharmacy will not be using pick up lockers.

A motion was made by C. Belisle to approve the application; Seconded by R. Morelli; Board Members present voted unanimously by rollcall to approve the application pending successful inspection.

3. Advanced Compounding Solutions

Wholesale Distributor

TIME: 8:40

Represented by: John Fantasia

Recused: None

Recusal: Caryn

Discussion: The location will be a separate location for the current 503B facility located at 4 Constitution Way in Woburn by providing expanded storage of IV fluids, needles/syringes, and supplies. There will be no transfer of compounded preparations from the 503B facility to the wholesale distributor for storage.

A motion was made by S. Hamilton to approve the application; Seconded by D. Barnes; Board Members present voted unanimously by rollcall to approve the application pending successful inspection.

4. Genoa Healthcare (Boston)

New Community Pharmacy

Time: 8:46am

Represented by: Julie Burkhardt, Megan Garrity, & Susan Delmonico

Recusal: None

Discussion: M. GARRITY indicated that GENOA HEALTHCARE (GENOA) wished for BORP to approve a new pharmacy application for a site in Boston, MA. GARRITY explained that GENOA concentrated on serving the needs of those in the behavioral health and substance use disorder communities. The site in Boston would be GENOA's 16th pharmacy and would be situated at a local addiction treatment center. GARRITY indicated that the new GENOA location would be open to the general public with an emphasis on its relationship with patients at the treatment center as well as staff at the center and their families.

Action: A motion was made by S. Hamilton approve Genoa's application including waivers pending a successful new pharmacy inspection; Seconded by K. Thornhill, then Board Members present voted unanimously by rollcall to approve motion.

5. Medwiz of Mass New Community Pharmacy TIME 8:52am
Represented by: Eric Newhouse, Brandon Roque, and Ernie Gates
Recusals: Susan Cornacchio and John Rocchio

Discussion: E. NEWHOUSE indicated that MEDWIZ OF MASS (MEDWIZ) wished for BORP to approve a new pharmacy application for a site in Foxboro, MA. NEWHOUSE explained that MEDWIZ pharmacies in New York currently served multiple long-term care and assisted living facilities in Massachusetts. He described that currently the New York pharmacies delivered to Massachusetts clients three times a day including orders for intravenous drugs. MEDWIZ wished to open a pharmacy in Massachusetts to enhance services provided to those clients. BORP questioned MEDWIZ's plan for sterile compounding. NEWHOUSE indicated that MEDWIZ had an internal onboarding training program for all pharmacy managers with training in sterile compounding. NEWHOUSE also indicated that an additional sterile compounding pharmacist would be hired when the new pharmacy opened its compounding suite. B. ROQUE indicated that he looked forward to completing sterile compounding training as part of his on boarding with MEDWIZ.

Action: A motion was made by C. Belisle to approve Medwiz's application including waivers pending a successful new pharmacy inspection; Seconded by D. Barnes, then Board Members present voted unanimously by rollcall to approve motion with the exception of Susan Cornacchio and John Rocchio, who recused.

6. Wells Healthcare Pharmacy New Community Pharmacy TIME 9:10am
Represented by: Isaac Adjei and Ernie Gates
Recusal: None

Discussion: I. ADJEI indicated that WELLS HEALTHCARE PHARMACY (WELLS) wished for BORP to approve a new pharmacy application for a site in Worcester, MA. ADJEI explained that WELLS planned to offer traditional retail pharmacy services with delivery services and adherence packaging. ADJEI indicated that he lived in the same area as the pharmacy, so he planned to provide pharmacy care to his local community. ADJEI described that delivery drivers would be employed directly by the pharmacy to maintain better oversight. ADJEI also explained that patients would be able to contact a pharmacist at all times though an emergency phone number. ADJEI next indicated that he

had experience in the pharmaceutical industry in Ghana and as a pharmacy technician and pharmacy intern in Massachusetts. He responded to questions regarding licensure as a foreign graduate pharmacy. He stated that he, in fact, graduated from MCPHS-University in Worcester, MA.

Action: A motion was made by C. Belisle to approve Wells's application including waivers pending a successful new pharmacy inspection; Seconded by K. Thornhill, then Board Members present voted unanimously by rollcall to approve motion.

TOPIC VII

POLICIES

1. Staff Action Policy 14-02: Board Delegated Review (BDR)

Time: 9:20 AM

Presented by: M. CHAN

Discussion: Since the Board approved updates to the licensing policy in February, the same definition updates of "adverse history" and "license in good standing" were made to this policy as well. The section regarding BDR approval of PTT extensions was also removed, since the Board has authorized Board staff to grant these extensions.

Action: Motion by J. LANZA, seconded by S. AHMED, and voted unanimously by roll call of those present, to approve the policy changes.

2. Policy 2021-02: Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy

Time: 9:22 AM

Presented by: M. CHAN

Discussion: After discussions with Board member J. ROCCHIO, there were various wording edits and link updates. The memo that had been attached was removed and verbiage regarding enforcement action with non-resident pharmacy participation on behalf of a Massachusetts-located pharmacy was added to the policy statement for clarification purposes.

Action: Motion by S. AHMED seconded by R. MORELLI, and voted unanimously by roll call of those present, to approve the policy changes.

TOPIC VIII

ADVISORY

1. Media Fill Testing

Time: 9:24 AM

Presented by: M. CHAN

Discussion: This new document provides additional practical guidance for conducting media fill tests to supplement the requirements of USP <797>. Recommendations include testing conditions, number and frequency of tests, interpretation of results, and corrective action.

Action: Motion by C. BELISLE, seconded by J. LANZA, and voted unanimously by roll call of those present, to approve the advisory.

TOPIC IX

File Review

Case #1/CAS-2021-1082

SA-INV-18852

CAPS Pharmacy, DS3312

Time: 09:38 AM

RECUSAL: C. BELISLE, S. CORNACCHIO, and D. BARNES recused and were not present for the discussion or vote in this matter.

DISCUSSION: J. TRIFONE presented and summarized the investigative report that pertained to this matter.

- On August 20, 2021, MOR Gomatos from CAPS Pharmacy in Woburn submitted the first in a series of seven AAL disclosures for the recovery of highly pathogenic organisms in their ISO classified space which occurred between August and November 2021. CAPS policies and procedures were followed and implemented to remediate these events. Remediation included reducing BUDs to no more than 3 days for all sterile compounded products and three consecutive days of total clean down of the affected areas followed by environmental monitoring (EM). A policy change did occur during the timeframe in question that reduced the number days that EM and clean downs were to be performed to 1 instead of 3 by the final reportable AAL event which occurred on 11/16/2021
- Documentation in the form of microbiology reports, cleaning logs, EM logs and SOPs were submitted and showed that CAPS Pharmacy remediated the AAL events disclosed with the exception of the events that occurred on September 13th, 2021, and October 12th, 2021. For the September 13th event, MOR Gomatos was only able to provide documentation of 1 total clean down having been performed instead of 3 but did provide logs that showed that the affected areas were cleaned anyway as part of the normal end of day cleaning. For the event that occurred on October 12th, 2021, MOR Gomatos again could only provide documentation that 1 total clean down was performed to remediate this event. MOR Gomatos reported that he verbally confirmed with his staff that all 3 clean downs were performed in remediating this event.
- The CAPS QA team identified the most likely root cause of the recoveries of highly pathogenic organisms as a water source in the hand washing sink area located outside of the cleanroom. Contributing causes identified included use of a different sterile gown than what was approved during the timeframe in question, poor gowning practices and aseptic technique. Compounding personnel were retrained and reevaluated. CAPS Pharmacy resumed assigning normal BUDs on January 25th, 2022.

ACTION: Motion by C. BELISLE, seconded by D. PERRY, and voted unanimously by those present, to CLOSE the matter (SA-INV-18852), No Discipline Warranted, Remediation Complete.

RECUSAL: NONE

DISCUSSION: J. TRAN presented and summarized the investigative report that pertained to this matter.

- RLCS-#104 oxycodone 5mg tablets on or about June 18, 2021, due to an unknown loss.
- MOR Leno indicated that on June 18, 2021, the loss of oxycodone 5mg tablet was discovered during the perpetual inventory count.
- The footage was not reviewed due to a malfunction with the saved files on the hard drive.
- MOR Leno indicated he searched the pharmacy for the missing medication but could not locate it and he double-checked the perpetual inventory against the dispensed scripts.
- MOR Leno indicated that the corrective action includes that only the pharmacist is to receive CII medication. Once the pharmacist breaks the seal on the tote, the medication must be logged into inventory (via TELXON) and immediately placed in the safe.
- A retail compliance inspection (ISP-16345) conducted on July 2, 2021, was deemed satisfactory.

ACTION: Motion by D. BARNES, seconded by C. BELSILE, and voted unanimously by those present, to refer the matter (PHA-2021-0064), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On November 27, 2021, WAG 10209 reported an unknown loss of 60 amphetamine mixed salts 30mg tablets which occurred on or about October 26, 2021.
- WAG 10209 explained that the loss was discovered on October 28, 2021, when a patient arrived to pick up their "ready prescription" for 60 amphetamine mixed salts 30mg tablets. Pharmacy staff were unable to find the patient's prescription in the "ready bins" at that time. Pharmacy staff filled the prescription again for the patient and an internal investigation was initiated.
- WAG 10209 described that video surveillance was reviewed and, receipts and claims, were reconciled in an attempt to determine the reason for the loss. Ultimately, MOR Saleem reported that a reason for the loss was unable to be determined. Of note, WAG 10209 also failed to submit an initial notification of loss to BORP within seven days.
- MOR Seleem implemented the following corrective action to mitigate recurrence of a similar incident. MOR Seleem indicated that pharmacy staff were verbally counselled "about the importance of filing the ready medications in the ready bins right away and verifying the patient information when selling multiple prescriptions."

ACTION: Motion by C. BELSILE, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2021-0122), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #4 /CAS-2021-0018

PHA-2022-0005

Walgreens #10209, DS3529

Time: 09:52 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- During a retail compliance inspection on December 30, 2021, OPP Investigator Lathum determined that Pharmacy Technician Trainee Lianna Mendez was working as a trainee with a license which expired on 07/08/2021. Of note, Trainee Mendez obtained an extension to July 8, 2022, on the expiration date for her license granted by BORP during the inspection.
- Investigator Lathum also observed that a refrigerator used to store vaccine had “no daily temp logs or online logs.” She noted that the refrigerator had two thermometers with temperatures of 37.9° and 41° F at 12:33pm on December 30, 2021. Investigator Lathum notified WAG 10209 that the product stored in the refrigerator without temperature logs could not be dispensed then issued a plan of correction to WAG 10209 based in part on Trainee Mendez’s expired license and the pharmacy’s failure to maintain temperature logs.
- MOR Seleem submitted a plan of correction which indicated that Trainee Mendez’s license was up to date. She then avowed that “all PT and PTT licenses will be renewed on time, and an extension to PTT will be requested if ...application is pending.” Next, MOR Seleem indicated that the products stored in the refrigerator lacking a daily temperature log were discarded and the refrigerator was placed out of use until a new sensor, ordered on December 30, 2021, “is received, installed, and connected to the online system.” MOR Seleem also stressed that “the local temp sensor never went off on any occasion during the store business hours.”
- MOR Seleem responded to the complaint by reiterating that Trainee Mendez’s license was up to date. She then explained that Trainee Mendez’s pharmacy technician application was resubmitted on January 1, 2022, after Investigator Lathum informed them that the initial application was missing information. Trainee Mendez’s pharmacy technician license was still pending at the time of this report. Next, MOR Seleem explained that the refrigerator missing a temperature log was a new refrigerator. She asserted that “the local temperature sensor never went off on any occasions during the store business hours.” She reiterated that the product stored in the refrigerator was discarded and the refrigerator remained out of use until a “[Smart Sense] sensor was installed.” MOR Seleem stated, “The new Smart Sense sensor is currently at the location and connected documenting temperatures online.”

ACTION: Motion by K. THORNELL, seconded by C. JEAN-FRANCOIS, and voted unanimously by those present, to refer the matter (PHA-2022-0005), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #5/CAS-2021-1199

PHA-2021-0109

Walgreens #17230, DS90209

Time: 09:57 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On November 29, 2021, OPP Investigator Paul Seed conducted a retail compliance inspection. During the inspection, Investigator Seed learned that the MOR, Janice Couture, listed in BORP records was no longer MOR and the MOR was, in fact, Shilpa Cunniffe. Upon further investigation, Investigator Seed determined that WAG 17230 failed to report the change in manager and failed to complete a change in MOR Scheduled II-V controlled substance inventory.
- Investigator Seed issued a plan of correction and WAG 17230 submitted a plan of correction response. According to WAG 17230, former MOR Couture left as MOR on September 3, 2021, and failed to complete an outgoing change in MOR Scheduled II-V controlled substance inventory. WAG 17230 did not offer an explanation for failing to submit a change in MOR application. WAG 17230 indicated going forward that all changes in MOR would be completed in a timely manner.
- Healthcare Supervisor McMurray responded to this complaint on behalf of WAG 17230 after the pharmacy initially failed to respond. Healthcare Supervisor McMurray explained that former MOR Couture left the company abruptly on October 6, 2021, and former MOR Cunniffe started on November 1, 2021. According to Healthcare Supervisor McMurray, former MOR Cunniffe was instructed to complete a change in MOR form and complete a controlled substance inventory. However, she failed to complete the form and the inventory at that time. He did note that MOR Cunniffe eventually completed a Schedule II-V controlled substance inventory on December 9, 2021.
- Significantly, Healthcare Supervisor McMurray indicated that former MOR Cunniffe left WAG 17230 effective February 13, 2022, and failed to complete an outgoing change in MOR inventory. Healthcare Supervisor McMurray stressed that WAG 17230 was “in the process of assigning the inventory and conducting interviews for a new MOR... [and] actively looking for an interim PIC until the role can be filled permanently.” As of February 25, 2022, an interim MOR has been named.

ACTION: Motion by S. AHMED, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2021-0109), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #6/CAS-2021-1176

PHA-2021-0118

Walgreens #17637, DS90223

Time: 10:01 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On December 20, 2021, Investigator Brosnan learned during a retail compliance inspection that the MOR, Zain Azam, listed in BORP records was no longer MOR and the pharmacy had not replaced former MOR Azam or appointed an interim MOR. Investigator Brosnan also determined that a change in MOR Scheduled II-V controlled substance inventory was not completed and WAG 17637 had failed to certify daily logs for prescription dispensing, refilling records captured by the pharmacy’s automated data-processing system, and Schedule II perpetual inventories as required every 10 days since the beginning of November 2021.
- Investigator Brosnan issued a plan of correction (POC). WAG 17637 submitted an incomplete POC which was rejected as unacceptable.

- Healthcare Supervisor DeLeo explained that former MOR Azam left the company on November 4, 2021. However, former MOR Azam did not complete an outgoing controlled substance inventory.
- Healthcare Supervisor DeLeo then explained that WAG 17637 had trouble obtaining a new MOR or appointing an interim MOR. She indicated that a new MOR, Joshua Bradley, started on December 22, 2021, but left the company on January 12, 2022. Healthcare Supervisor DeLeo noted that former MOR Bradley did complete a change in MOR inventory on January 9, 2022, and did not complete Schedule II perpetual inventories as required every 10 days. According to Healthcare Supervisor DeLeo, MOR Bradley indicated that he completed and submitted a change in MOR application. However, Healthcare Supervisor later determined that MOR Bradley failed to do so.
- Healthcare Supervisor DeLeo next indicated that a MOR for WAG 17637 had still not been obtained. She explained, “We now have an experienced Pharmacy Manager from another location that has started going up there once a week to make sure that things are running the way that they should be and following up with the team to make sure that things are getting taken care of and working with the covering pharmacist to ensure consistency and continuity.” Healthcare Supervisor DeLeo then emphasized that she was actively recruiting for staff pharmacist and MOR at WAG 17637. Of note, Healthcare Supervisor DeLeo reported to BOP that an interim MOR was appointed at WAG 17637 on or about February 18, 2022.

ACTION: Motion by K. THORNELL, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2021-0118), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #7/CAS-2021-1265

PHA-2021-0116

Pelham Community Pharmacy, DS89647

Time: 10:05 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On 12-10-2021, Wilmington Board of Health reported to DPH that Pelham failed to properly fill COVID-19 vaccines for a booster clinic. Wilmington Board of Health explained that Pelham was contracted with the Town of Wilmington to provide COVID-19 vaccines for a booster clinic on December 9, 2021. A pharmacist from Pelham arrived approximately 30 minutes late with a cooler of prefilled syringes. The prefilled syringes were not “filled to the correct dose and [the pharmacist] wasn’t sure if they were Moderna or Pfizer” because the syringes were not labeled properly. The pharmacist was later identified as Pharmacist Brenda Fortin
- Wilmington Board of Health rejected the delivery the prefilled syringes. Pelham then provided new vials of Moderna COVID-19 vaccine. However, the clinic preregistered patients for “all 3 types of boosters, [Pelham] did not bring enough Pfizer and had no J n J.” Wilmington Board of Health also reported that Pelham did not bring any blank registration forms for patients who forgot to bring their form to the clinic.
- A site visit was conducted on December 13, 2021. MOR Aimee Drew acknowledged that she was aware of the complaint. She indicated an internal investigation revealed that Pharmacist Fortin took the unlabeled prefilled syringes from the pharmacy prior to completion of preparation [i.e., attachment of proper labeling] in violation of procedures at Pelham.

- MOR Drew described that she unable to determine a reason for fill volume discrepancies. She explained that she was unable to inspect the prefilled syringes because disposal was accomplished at the clinic. MOR Drew indicated that Pelham’s standard procedure for COVID-19 vaccine preparation was to pre-draw syringes to the required volume. Then, the syringes were packed in a Ziplock bag. A label was attached to the bag with the lot number, expiration date, draw time, expiry time, and quantity of syringes. MOR Drew noted that prefilled syringes were usually only prepared for Moderna COVID-19 vaccines because dating information was available. Significantly, MOR Drew indicated that batch records were not kept for prefilled syringes drawn in bulk.

ACTION: Motion by S. CORNACCHIO, seconded by D. BARNES, and voted unanimously by those present with the exception of S. HAMILTON, to defer the matter (PHA-2021-0116). A separate motion was made by S. HAMILTON which was not seconded. Additionally, a motion was made by C. BELISLE, seconded by C. JEAN-FRANCOIS, to open a companion complaint on Pharmacist Brenda Fortin, PH21323.

Case #8/CAS-2022-0106

PHA-2022-0014

Woodmark Pharmacy of MA, DS89875

Time: 10:32 AM

RECUSAL: K. THORNELL, D. PERRY, C. JEAN-FRANCOIS, and J. TRIFONE recused and were not present for the discussion or vote in this matter.

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On or about January 20, 2022, Woodmark reported a loss of 1 manufacturer stock bottle of 100 oxycodone 5mg tablets discovered on January 18, 2022. Woodmark reviewed surveillance video and found that Pharmacy Technician Evan Nikonchuk was captured on video on January 16, 2022, removing and discarding package inserts attached to the outside of several bottles one at a time in a series of repetitive motions into the trash. This was part of SOP at Woodmark for preparation of stock for filling prescriptions in the controlled substance room. During removal and discard of the package inserts, he discarded a bottle into the trash with a package insert.
- Woodmark provided a copy of the video consistent with the description of the events in the report of loss. Woodmark also indicated that the loss occurred on January 16, 2022, but was not discovered until January 18, 2022, because pharmacy staff did not perform complete back counts. Staff only back counted tablets for the stock bottle or bottles used to fill a prescription.
- MOR Diebolt also indicated that the following corrective action was implemented to mitigate recurrence of a similar incident. He described that a meeting was held where the process, policies, and procedures were reiterated to staff followed by emails to reinforce highlights of the meeting.
- During the meeting, staff were apprised that a full back count must be completed after completion of a prescription for drugs in the controlled substance room and consequences for failure to abide by that rule. In addition, MOR Diebolt added a procedure “whereby all empty bottles, are collected and discarded once daily after checking and verifying they are indeed empty.” MOR Diebolt also indicated that “random, daily spot checks are to be made by all pharmacists to assure full compliance to the expectation that all stock, is to be verified and counted while appropriate back-counting is performed.”

ACTION: Motion by S. HAMILTON, seconded by J. ROCCHIO, and voted unanimously by those present, to refer the matter (PHA-2022-0014), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #9/CAS-2021-0827
SA-INV-18403

Long Term Pharmacy Solutions, DS90330

Time: N/A

DEFERRED

Case #10/CAS-2021-0978
SA-INV-18621

Souchinda Nanthavongdouangsy, PH237342

Time: 10:52 AM

RECUSAL: NONE

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- NABP Clearinghouse Action Report of an Agreed Order of a fine of \$6,045 by the OK BOP on 6/13/2018 for 372 counts of compounding #287 prescriptions of HCG 11,000 units/vial and #85 prescriptions of HCG 5,000 units/vial that the OK BOP alleged were commercially available or essentially copies of commercially available FDA-approved drug products. Pharmacist Nanthavongdouangsy is the Director of Pharmacy at Empower Pharmacy in TX, a 503A/503B outsourcing facility and compounding pharmacy.
- In the Agreed Order, Pharmacist Nanthavongdouangsy neither admitted nor denied guilt on all 372 counts but agreed to pay a fine of \$6,045 to resolve the matter outside of a hearing. The order was not considered “discipline” by the OK BOP but was a deferral of the same pending probationary period of two years. After two years, any discipline by the OK BOP would be suspended unless Pharmacist Nanthavongdouangsy violated the Agreed Order or any OK BOP rule.
- A response was provided by the General Counsel of Empower Pharmacy in TX where Pharmacist Nanthavongdouangsy has been the Director of Pharmacy since September 2012. The General Counsel contended Pharmacist Nanthavongdouangsy did not violate the provisions of 247 CMR 10.00 as the language cited actions available to the MA Board. Pharmacist Nanthavongdouangsy had considered whether she needed to report the Agreed Order and concluded there was no reporting requirement.

ACTION: Motion by J. ROCCHIO, seconded by D. BARNES, and voted unanimously by those present, to CLOSE the matter (SA-INV-18621), No Discipline Warranted, Remediation Complete.

Case #11/CAS-2021-1016
PHA-2021-0100

CVS #4981, DS89876

Time: 11:01 AM

RECUSAL: S. CORNACCHIO and J. ROCCHIO recused and were not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- RLCS for an unknown loss of #749 lorazepam 1mg tablets which the Pharmacy alleged was identified on 7/26/2021. The Pharmacy had a previous unknown loss of #477 alprazolam 0.25mg tablets on 09/25/2020 and signed a consent agreement (effective 5/24/2021) per the “Unknown Loss Protocol” for one year for all benzodiazepines. Controlled substance recordkeeping was reviewed but the reason for the loss was undetermined. Security footage was inconclusive.

- Loss Prevention initiated an investigation which included staff interviews, continued monthly counts, and monitoring of the NDC. A covert camera was placed on the lorazepam. MOR Murphy stated, “The loss is suspected to be a result of dispensing issues, accidental disposal, or possible theft...”. BOH Modification Flags Reports were provided which showed an initial discrepancy of -493 tablets was documented on 7/18/2021 with varying quantities documented through 08/15/2021 after which there was no further documentation.
- MOR Murphy stated, “We will be working with Loss Prevention to continue counts more frequently on this medication. I will continue to monitor lorazepam, and all Loss Prevention policy and procedures, including diligent inventory management, will be reviewed with the Pharmacy Team to prevent future losses”. Signed and dated statements were submitted by the Pharmacy staff indicating, “I hereby attest that all policies and procedure[s] for the proper storage and handling of controlled substances have been reviewed”.

ACTION: Motion by S. HAMILTON, seconded by D. BARNES, and voted unanimously by those present, to find the licensee in violation of the existing consent agreement and notify the licensee of the intent to lift the stayed probation and extend the PROBATION for a period of 1 year. An additional motion was made by S. HAMILTON, seconded by K. THORNELL, and voted by those present, to DISMISS the matter (PHA-2021-0100), and handle it as a violation of the existing consent agreement.

Case #12/CAS-2021-0873

PHA-2021-0088

CVS #505, DS89977

Time: 11:11 AM

RECUSAL: S. CORNACCHIO and J. ROCCHIO recused and were not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- On 08/09/2021, the Pharmacy submitted an initial report of loss of controlled substance for #100 hydrocodone/acetaminophen 7.5mg/325 mg tablets with the theft/loss date of 07/29/2021. On 08/19/2021 and on 09/09/2021, the Pharmacy submitted a letter stating the investigation remained open and they would continue to provide updates every 21 days.
- On 09/15/2021, the Pharmacy submitted an untimely final Board Report of Loss of Controlled Substances (RLCS) and DEA Form 106 Report of Theft or Loss of Controlled Substances (DEA 106) to the OPP. The DEA Form 106 has the loss documented as a packaging discrepancy and an unknown loss.
- CVS reports that video was reviewed and was inconclusive. Cameras reportedly cover the bench where Schedule II's are checked in, counted, and awaiting pick-up. CVS reports they reviewed recent prescriptions for potential dispensing errors and no dispensing errors were found.
- The pharmacy investigation into the loss is reported as inconclusive.
- The pharmacy response included a spreadsheet with 3 different strengths of hydrocodone/acetaminophen from 5/1/2021 to 8/17/2021. They document a variance of -100 hydrocodone/acetaminophen 7.5mg/325mg and a variance of +100 hydrocodone/acetaminophen 10mg/325mg. Both electronic perpetual inventory adjustments were performed on 07/24/2021. Product labeling is very similar, and they are both stored next to each other in the safe. CVS reports that according to their policy the pharmacist must scan every bottle of Schedule II's when dispensing.
- The pharmacy investigation into the two variances is reported as inconclusive.

ACTION: Motion by S. HAMILTON, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2021-0088), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #13/CAS-2021-0893

PHA-2021-0082

CVS #1021, DS1543

Time: 11:14 AM

RECUSAL: S. CORNACCHIO and J. ROCCHIO recused and were not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- On September 13, 2021, OPP Investigator Horn observed the following inspectional deficiencies:
- The pharmacy did not have an MOR. Outgoing MOR De Costa's last day worked in the pharmacy was on or about June 16, 2021, there was no MOR change paperwork or CS inventory available.
- Pharmacist Sundberg conducted a CS inventory on July 4, 2021, there was no associated change of manager paperwork.
- Pharmacist Sundberg was working in MA on a COVID Emergency Authorization for Out of State pharmacists and was informed during the change of MOR process that she was not eligible to assume MOR duties without a MA pharmacist license.
- The Biennial inventory was not available for inspection
- Graduate Intern Shannon-Eckhardt was unlicensed in MA and working in the pharmacy as an intern.
- The pharmacy needed to be cleaned and dusted.
- CVS 1021 submitted a POC which stated that on September 24, 2021, the CS inventory was completed and change of MOR paperwork submitted to the BORP. On September 27, 2021. Graduate Intern Shannon-Eckhardt obtained a trainee license, and now has a MA pharmacist license. MOR will monitor staff for licensure in the future. CVS said the Biennial inventory was reprinted and placed in the Regulatory Box and that the pharmacy is now cleaned, organized, and will be cleaned on a weekly basis.
- DL Day's response to the complaint stated that he has been in position since September 1, 2021, and was the District Leader Emerging Leader (DLEL) from July 5, 2021, supporting the previous DL. DL Day stated that going forward he will ensure that Pharmacies do not go without an MOR and that an interim MOR will be assigned if necessary.

ACTION: Motion by X. BELISLE, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2021-0082), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #14/CAS-2021-1305

PHA-2022-0002

CVS #1184, DS2123

Time: 11:17 AM

RECUSAL: S. CORNACCHIO and J. ROCCHIO recused and were not present for the discussion or vote in this matter.

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On December 16, 2021, CVS 1184 reported a loss of 61 oxycodone 5mg capsules when a staff pharmacist discovered upon opening a sealed manufacturer stock bottle of 100 oxycodone 5mg capsules (C-II) that the bottle, in fact, only contained 39 of 100 capsules. CVS 1184 indicated that video footage was used to confirm the manufacturer loss but was unable to provide a copy because the video was no longer available. CVS 1184 also indicated that “the manufacturer was contacted with no response.” However, CVS 1184 was unable provide any documentation regarding contact with the manufacturer because contact was made by phone only.
- Mayne Pharma (Mayne) was the manufacturer of the bottle of 100 oxycodone 5mg capsules reported to be short 61 of 100 capsules by CVS 1184. Mayne was unable to find any record of a report from CVS 1184 about the shortage. In addition, Mayne indicated that similar manufacturer shortages had not occurred. Mayne then expressed that an investigation (Case No. 12570) would be opened, and CVS 1184 would be contacted to gather further information about the shortage.
- CVS 1184 indicated that the pharmacy will continue to follow CVS protocol when receiving CII orders and report any manufacturer shortages upon discovery to mitigate recurrence of a similar loss.

ACTION: Motion by S. AHMED, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2022-0002), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

TOPIC X

Review of Compliance

1. PHA-2020-0070

Time: 11:20 AM

Presented by: K. FISHMAN

Recusals: S. CORNACCHIO, J. ROCCHIO

Discussion: K. FISHMAN presented and summarized the report that pertained to this matter.

- On 04/12/2021, the facility entered a 1-year probation for an unknown loss of 365 lorazepam 1mg tabs. The initial agreement was mailed to MOR MCGRATH & L. LARIVIERE, RI Director of Pharmacy Compliance
- Documentation was not submitted to the Board within the 30-day timeframe. A notice of violation with opportunity to cure was then mailed to the registrant (registrant has 14 days to respond). The registrant did not respond to the mailed correspondence before the provided deadline.
- On 1/11/2022, a copy of the initial notice was submitted to B. CONVERY, Senior Legal Counsel at Pharmacy Regulatory Affairs requesting that the matter be investigated.
- CONVERY informed FISHMAN that the MOR never received the fully executed copy of the consent agreement or notice of violation. A copy was sent to senior legal counsel the following day.
- On 01/22/2022 and 1/23/2022, the requested documents were received by the Board via fax. All training within the pharmacy was completed between 01/19/2022 and 01/23/2022.
- Inspection was completed on 02/11/2022 – BOP monthly counts had just implemented and MOR MCGRATH unaware of counts until recently. Inspector informed FISHMAN that former District leader G. CONSALVES, formally on medical leave in May of 2021 passed away the following month. As a result, multiple district leaders took responsibility of facility during the duration of the consent agreement

- In March of 2022, the Triage team forwarded the case to FISHMAN to present as violation of agreement
- Training documents were resubmitted, and CS inventory counts were implemented in January 2022.

Action: Motion by S. HAMILTON, seconded by R. MORELLI, and voted unanimously by those present, to extend the probation for one additional year with the enclosed terms which have been cited.

Topic XI: Executive Session Call to Order: Time: 11:30 AM

By: S. Hamilton reads the executive session language and requests a motion to enter executive session.

Action: A motion was made by to J. Lanza to enter Executive Session; Seconded by S. Ahmed and Board Members present voted unanimously by roll call to approve motion.

Roll call attendance: J. Lanza, yes; S. Hamilton, yes; C. Belisle, yes; D. Barnes; J. Rocchio, yes; S. Cornacchio, yes; R. Lopez, yes; R. Morelli, yes; C. Jean-Francois, yes; D. Perry, yes; S. Ahmed; K. Thornell, yes.

Topic XII: 65C Sessions MGL c. 112 section 65C Time: 12:39 PM

DISCUSSION: None

ACTION: President S. Hamilton request a motion to enter 65C.

At 12:39 PM J. Lanza, seconded by S. Ahmed and voted unanimously by all those present to enter 65C by roll call vote.

Lunch 12:39 pm to 1:20 PM

D. Perry leaves meeting 1:50 PM

J. Rocchio leaves meeting at 2:05 PM

S. Cornacchio leaves meeting at 2:05 PM

Topic XIII ADJOURNMENT OF MEETING TIME: 2:24 PM

ACTION: Motion by J. Lanza seconded by C. Jean-Francois and voted unanimously by those present, to adjourn from General Session by roll call vote.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 4/7/22 General Session
2. Draft Minutes of the 3/3/22 Meeting
3. Report on Applications approved pursuant to Licensure Policy 13-01
4. Report on probation
5. Report on Board Delegated Complaint Review to licensure policy 14-02
6. Report on PSUD 17-03
7. Report on staff action policy 17-02: Pharmacy Technician Training Programs and Examinations
8. Report on staff action policy 18-02 Retail Pharmacy Participation in Research Drug Studies
9. Sobi, Inc; WD506 – Relocation
10. Medication Coordination Pharmacy – New Community Pharmacy
11. Advanced Compounding Solution – Wholesale Distributor
12. Genoa Healthcare (Boston) – New Community Pharmacy
13. Medwiz of Mass – New Community Pharmacy
14. Wells Healthcare Pharmacy-New Community Pharmacy
15. Staff Action Policy 14-02: Board Delegated Review (BDR)
16. Policy 2021-02: Shared Pharmacy Service Models Including Central Fill, Central Processing, and Tele-pharmacy
17. Media Fill Testing
18. CAS-2021-1082 SA-INV-18852 CAPS Pharmacy, DS3312
19. CAS-2021-0710 PHA-2021-0064 Walgreens #4966, DS2924
20. CAS-2021-1266 PHA-2021-0122 Walgreens #10209, DS3529
21. CAS-2022-0018 PHA-2022-0005 Walgreens #10209, DS3529
22. CAS-2021-1199 PHA-2021-0109 Walgreens #17230, DS90209
23. CAS-2021-1176 PHA-2021-0118 Walgreens #17637, DS90223
24. CAS-2021-1265 PHA-2021-0116 Pelham Community Pharmacy, DS89647
25. CAS-2022-0106 PHA-2022-0014 Woodmark Pharmacy of MA, DS89875
26. CAS-2021-0827 SA-INV-18403 Long Term Pharmacy Solutions, DS90330
27. CAS-2021-0978 SA-INV-18621 Souchinda Nanthavongdouangsy, PH237342
28. CAS-2021-1016 PHA-2021-0100 CVS #4981, DS89876
29. CAS-2021-0873 PHA-2021-0088 CVS #505, DS89977
30. CAS-2021-0893 PHA-2021-0082 CVS #1021, DS1543
31. CAS-2021-1305 PHA-2022-0002 CVS #1184, DS2123
32. CVS 7140, DS89720; PHA-2020-0070

Respectfully Submitted,
Carly Jean-Francois, NP, Secretary