

**COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy**

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

December 1, 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=e4d19850b6542b641e5bf2e0afe217c8f>

To access the meeting by phone:

Call in Number: 1-650-479-3208

Access Code: 2530 706 2194

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Erin Bartlett, erin.bartlett2@mass.gov or 857-262-7431 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	
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 November 3, 2022 Regular Session Minutes		
8:10	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		

8:15	V	FLEX <ul style="list-style-type: none"> Pharmacy issues related to COVID-19 Election of President Elect and Secretary 		D. Sencabaugh
9:00	VI	APPLICATIONS <ul style="list-style-type: none"> Southcoast Pharmacy: DS2641 – Petition for Waiver Hopkinton Drug; DS8191- Petition for Waiver Genoa Healthcare-Worcester: New Pharmacy with waivers Vital Care of Hopkinton – New Pharmacy wither waivers Chicopee Pharmacy – New Pharmacy Whittier Street Health Center Pharmacy: DS90375 – Relocation Option Care: DS90107 – Central Fill arrangement request Boston Home Infusion: DS90029 – Request to decommission cleanroom Oula Zakaria; PH21569 - Reactivation Aida Metri; PH21517 - Reactivation 		
11:30	VII	PRESENTATION <ul style="list-style-type: none"> A presentation by CVS on proposed automated pharmacy systems 		
12:00	VIII	POLICIES <ul style="list-style-type: none"> Joint Policy 2020-12: Vaccine Administration by Qualified Pharmacy Technicians Policy 2022-07: Automated Pharmacy Systems 		
12:30		LUNCH BREAK		

1:00	IX	FILE REVIEW					
		1	CAS-2022-0418	PHA-2022-0089	Walgreens #19592, DS90122		
		2	CAS-2022-0814	PHA-2022-0141	Walgreens #19592, DS90122		
		3	CAS-2022-0611	PHA-2022-0131	Walgreens #11688, DS3598		
		4	CAS-2022-0244	PHA-2022-0101	Walgreens #17166, DS90213		
		5	CAS-2022-0715	PHA-2022-0130	Walgreens #17472, DS90139		
		6	CAS-2022-0516	PHA-2022-0135	Option Care, DS90107		
		7	CAS-2022-0871	PHA-2022-0149	Remedium Pharmacy, LLC, DS89943		
		8	CAS-2022-0391	PHA-2022-0082	CVS #2128, DS2720		
		9	CAS-2022-0816	PHA-2022-0138	CVS #2128, DS2720		
		10	CAS-2022-0586	PHA-2022-0117	CVS #299, DS3596		
		11	CAS-2022-0982	PHA-2022-0167	CVS #299, DS3596		
		12	CAS-2022-1100	PHA-2022-0180	CVS #299, DS3596		
		13	CAS-2022-0934	PHA-2022-0156	CVS #10083, DS89889		
		14	CAS-2022-0639	PHA-2022-0124	CVS #944, DS3538		
15	CAS-2022-0765	PHA-2022-0142	CVS #1862, DS2712				
2:00	X	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 evaluate the Good Moral Character as required for registration for a pending applicant.					
3:00	XI	M.G.L. c. 112, § 65C SESSION					
4:00	XII	ADJOURNMENT					

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

MINUTES OF THE GENERAL SESSION

Via Remote WebEx Meeting

December 1, 2022

Board Members Present

Sebastian Hamilton, Pharm D, MBA, RPh President
Caryn Belisle, RPh, MBA, President-Elect
Julie Lanza, CPhT
Jennifer Chin, RPh
John Rocchio, RPh, PharmD (Leaves meeting 3:00 PM)
Dr. Richard Lopez, MD
Sami Ahmed, Pharm.D., RPh, BCPS, BCSCP
Delilah Barnes, RPh
Rita Morelli, PharmD, BCACP, RPh
Katie Thornell, RPh, MBA
Johanna Lopez, MS
Dawn Perry, JD (leaves meeting 12:25 PM; returns to meeting 2:06 PM; leaves meeting 3:00 PM)

Board Members Not Present

Carly Jean-Francois, RN, NP Secretary

Board Staff Present

David Sencabaugh, RPh, Executive Director
Monica Botto, CPhT, Assistant Executive Director
Jacqueline Petrillo, PharmD, JD, Board Counsel
Michael Egan, JD, Board Counsel
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
Nancy Aleid, Compliance Officer
Christina Mogni, RPh, Investigator
Gregory G. Melton, JD, PharmD, BCPS, Investigator

TOPIC I. Attendance by roll call:

CALL TO ORDER 8:01 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; J. Chin, yes; D. Perry, yes; R. Lopez, yes; S. Ahmed, yes; R. Morelli, yes; J. Lopez, yes; K. Thornell, yes.

Topic II.

Approval of Agenda

TIME 8:02 AM

Agenda 12/1/22

DISCUSSION:

Application: defer Hopkinton Waiver request

Move order of Option Care file review/application to be done prior to application section.

ACTION:

Motion by J. Lanza, seconded by K. Thornell and voted unanimously by those present to approve the agenda with no noted change by roll call vote.

Topic III

Approval of Board Minutes

TIME: 8:04 AM

Minutes

1. Draft 11/3/22

Change: J. Lopez; add MS credentials to name and change time arrived to AM from PM

Action:

Motion by K. Thornell seconded D. Barnes and voted unanimously to approve the regular session minutes of 11/3/22 with no noted changes by roll call vote.

TOIC IV

Reports

Applications approved pursuant to Licensure Policy 13-01

TIME: 8:11 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported 43 Change of Manager applications and 4 facility closures that have been approved via Staff Action since the November 3rd Board meeting.

So noted.

Monthly Report from Probation

TIME: 8:11 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto indicated no new reports since the last Board meeting.

So noted.

Monthly Report from BDCR pursuant to Policy 14-02

TIME: 8:11 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported 2 cases of CE deficiencies since the last Board meeting. One case was deferred while the other was closed with no discipline warranted and remediation completed.

So noted.

PSUD report by Staff Action 17-03

TIME: 8:11 AM

PRESENTED BY: E. TAGLIERI

DISCUSSION: E Taglieri reported stable conditions with no new admissions to the program since the last board meeting. There are a total of 11 participants, nine of which are working in Pharmacy. So noted.

TOPIC V

Flex

1. Pharmacy Issues Related to COVID-19

Time: 8:12 AM

Presented by: D. SENCABAUGH

Nothing to report.

2. Election of President-Elect and Secretary

Time: 8:12 AM

Presented by: D. SENCABAUGH

Discussion: The final vote for Board officers for 2023 was held.

Action: Vote by roll call by the majority of those present for K. THORNELL to be President- Elect for 2023.

Action: Vote by roll call by the majority of those present for J. CHIN to be secretary for 2023.

TOPIC VI

Applications

1. Southcoast Pharmacy: DS2641 – Petition for Waiver

TIME: 9:02 AM

Represented by: Scott Flanagan

Recusal: none

Discussion:

Board members discussed, deliberated, and reviewed pages 21 to 32 of the board packet for Southcoast Pharmacy. S. Flanagan indicated that he is coming before the board because they attested that they would not engage in compounding services and never used the balance. S. Flanagan indicated that it was burdensome to seal and test the balance annually as they are not a compounding pharmacy.

Motion to approve the waiver as submitted made by D. Barnes; Seconded by S. Ahmed, then Board Members present voted unanimously by rollcall to approve motion.

2. Hopkinton Drug; DS8191- Petition for Waiver

Deferred

3. Genoa Healthcare-Worcester: New Pharmacy with waivers

TIME: 9:06 AM

Represented by: Megan Garrity

Recusal: none

Discussion:

Board members discussed, deliberated, and reviewed pages 39 to 72 of the board packet for Genoa Pharmacy. S. Hamilton indicates that it is the same Genoa model, and the waivers are the same ones that are being brought to the board as with any Genoa model. M. Chan indicates that there is a sterile compounding attestation and if they plan on not completing any compounding, they will need to notify the board in writing and withdraw that. M. Chan also inquires if the non-sterile compounding will be in compliance with the compounding requirements even if they don't plan on completing any compounding. M. Garrity indicates that they will be in compliance with those requirements even if they don't compound in case that happens to change down the road.

Motion to approve the application for a new pharmacy and waivers pending successful inspection made by J. Lanza; Seconded by D. Barnes, then Board Members present voted unanimously by rollcall to approve motion.

4. Vital Care of Hopkinton – New Pharmacy wither waivers

TIME: 9:12 AM

Represented by: Hadee Alkhandak, & Summer Bozart

Recusal: none

Discussion:

H. Alkhandak indicates that Vital Care is a specialty pharmacy and is seeking a retail license with a few waivers, for 247 CMR 6.01 (5)(a)(4) and 9.01 (15). S. Hamilton indicates that there is another waiver 247 CMR 18 (13) and M. Chan indicates that 247 CMR 18 has not yet been promulgated and the board cannot waive a draft regulation. Board members discussed, deliberated, and reviewed pages 73 to 87 of the board packet. S. Ahmed inquired about the medications listed and whether they would be shipped to the patient's home refrigerated and whether they provide filters for the medication. H. Alkhandak responds that the medication would be shipped same day or next day refrigerated and the nursing facility they are contracted with will mix the drugs and provide additional medical supplies depending on the type of contract they have. R. Harris indicates that the board also recommend that Vital Care include a waiver not to compound and storage of sufficient amount of medication which H. Alkhandak also plans on submitting. J. Lopez inquires if medication storage and instructions will be available in every language. H. Alkhandak responds that they have a preferred language section, and they are contracted with a translating company in case a patient had a language barrier. S. Hamilton inquired as to how Vital Care plans on ensuring that the patient receives the medication. S. Bozart responds that they complete an intake with the patient and obtain a list of people who are able to receive the medication. M. Chan inquired about the blueprint and what areas are to be considered licensed space on it. H. Alkhandak indicates that they sent an updated blueprint including the 3 rooms and a hallway.

Motion to approve the application for a new pharmacy and 2 submitted waivers pending successful inspection, an updated blueprint, and the submission of the 3 additional waivers as suggested by the board made by S. Hamilton; Seconded by K. Belisle, then Board Members present voted unanimously by rollcall to approve motion.

5. Chicopee Pharmacy – New Pharmacy

TIME: 9:48 AM

Represented by: Nageh Shenouda

Recusal: none

Discussion:

Board members discussed, deliberated, and reviewed pages 88 to 126 of the board packet for Chicopee Pharmacy. N. Shenouda gave a brief overview of his business model, delivery services, and etc. M. Chan indicates that the submitted blueprints were not sufficient and did not have all the requested details and will need to be resubmitted. R. Morelli inquired about the target customer population in the application (elderly and handicapped). N. Shenouda responds that through his experiences working in the retail setting he noticed that the senior citizen population were the most in need of medications and his focus is on communities with senior citizens. He plans on advertising in these communities. S. Hamilton inquired about the types of immunizations that are occurring and N. Shenouda responded that the most common vaccines are flu, COVID, and shingles and went on to describe how he plans on upkeeping the documentation and storage of the vaccines. S. Hamilton inquired what N. Shenouda's staffing plan is in case he were to open late or not open that day. N. Shenouda responded that he will hire several other pharmacists to staff the pharmacy. D. Barnes inquired about the blueprint and asked him to clarify the layout of the blueprint. N. Shenouda responds with the layout of the pharmacy. J. Chen inquired about the operating system to complete DURs. N. Shenouda responds that there is a company recommended by McKesson called Patriots and he signed a contract with them but has not yet received the equipment. J. Lopez asked for clarification on the hours of operation. N. Shenouda responds that 9-6 on Monday-Friday and will be closed on Sunday.

Motion to approve the application for a new pharmacy pending successful inspection and an updated blueprint made by S. Hamilton; Seconded by J. Chen, then Board Members present voted unanimously by rollcall to approve motion.

6. Whittier Street Health Center Pharmacy: DS90375 – Relocation

TIME: 10:11 AM

Represented by: Sabia Abdul Rauf

Recusal: none

Discussion:

S. Rauf indicated that Whittier Street Health is moving next door to a bigger space. There used to be a third-party pharmacy and they are moving out and Whittier Street Health plans on moving into the new space across the hallway. C. Belisle inquired if there were any waivers to be submitted and S. Rauf responds that there are no waivers.

Motion to approve the application for a relocation as submitted pending successful inspection made by D. Barnes; Seconded by S. Ahmed, then Board Members present voted unanimously by rollcall to approve motion.

7. Option Care: DS90107 – Central Fill arrangement request

TIME: 8:31 AM

Represented by: Katherine McDowell, Brier Olsen

Recusal: none

Discussion:

K. McDowell indicated that they are applying for the Central Fill arrangement request for emergency management planning and would not be used during their day-to-day planning. This plan is utilized during hurricanes, fires, and other impacts such as planned preventative maintenance or unprecedented emergencies within their clean room to ensure continuity of care plans. S. Hamilton inquired if the new terms of their probation and its impact on patients in case of an emergency. K. McDowell indicated that they don't have a dual cleanroom and if one of those rooms is impacted during an emergency, they would not be able to serve those patients. J. Petrillo inquired about dual service agreements, and K. McDowell indicated that the shared services plan works throughout their facilities to import and export compounded medications in case of an emergency. M. Chan inquires if the pharmacists would be licensed, and K. McDowell indicated that they would be licensed if they would come on site to provide support. M. Chan inquired about a pharmacist inspecting the drug once it reaches the facility in Massachusetts. K. McDowell responds that the processing occurs out of the dispensing pharmacy the PV1 is done by a Massachusetts pharmacy technician and pharmacist and the medication would then be compounded by a pharmacy in the shared agreement plan. The drug is then inspected by the other facility and the Massachusetts pharmacist inspects the product and it is repackaged by the Massachusetts pharmacy. J. Petrillo indicated that she was concerned given the repeat deficiencies and asked for Option Care to speak to a potential increase in volume during an emergency scenario and how they plan on ensuring compliance with their probation terms. K. McDowell indicates that Massachusetts is a large branch (100-150 TPN) and as part of the emergency plan they would ensure that they were in compliance with all regulations with increased volume. K. Belisle inquires if all SOPs, environmental monitoring trainings, etc. if they are uniform across all facilities and K. McDowell responds that they are fairly consistent across the different facilities.

Motion to defer the vote to the January 12th meeting pending requested information made by S. Hamilton; Seconded by K. Belisle, then Board Members present voted unanimously by rollcall to approve motion.

8. Boston Home Infusion: DS90029 – Request to decommission cleanroom

TIME: 10:16 AM

Represented by: Rachel Gallagher & David Trink

Recusal: none

Discussion:

Board members discussed, deliberated, and reviewed pages 145 to 149 of the board packet for Boston Home Infusion. R. Gallagher indicates that they are closing their cleanroom as they have only 2 home infusion patients and their parent company in New Jersey will plan to conduct the compounding for those two patients. They do not plan on taking on any additional patients. They will also deal with all

the clinical monitoring and patient care and the New Jersey facility will take care of the compounding for those patients.

Motion to approve the decommission of the cleanroom made by D. Barnes; Seconded by D. Perry, then Board Members present voted unanimously by rollcall to approve motion.

9. Oula Zakaria; PH21569 – Reactivation

TIME: 10:24 AM

Represented by: Oula Zakaria

Recusal: none

Discussion:

O. Zakaria indicates that she lives in Beirut, Lebanon and she plans on relocating to the United States and would like to reactivate her license here so that she can practice. S. Hamilton indicated that in similar circumstances the board asks the applicant to sit for the NAPLEX and the MJPE again. C. Belisle inquired about how long it has been since O. Zakaria has practiced in the United States, she states that she has continued to practice pharmacy even when she left the United States. Board members went on to deliberate whether the applicant should be required to retake the exams and other alternatives considering she has continued to practice pharmacy. D. Barnes inquired if the applicant has kept up to date with CEs. O. Zakaria responds that she is up to date on powerpack on new medications and she takes courses in Beirut and attends conferences to keep her up to date on the medications. O. Zakaria indicates that she has her own retail pharmacy and that she plans on coming to work in a retail pharmacy in the United States.

Motion to approve the license reactivation of Oula Zakaria pending a passing MPJE and NAPLEX scores made by S. Hamilton; Seconded by R. Morelli, then Board Members made the following votes-

S. Ahmed- I; C. Belisle Nay; S. Hamilton- I; D. Barnes- Nay; R. Morelli- I; K. Thornell- Nay; J. Lopez- I; J. Lanza- Nay; J. Chen- Nay; J. Rocchio -Nay; D. Perry ; R. Lopez- I

Motion to approve the license reactivation of Oula Zakaria pending a passing MPJE scores and completion of 20 CEs within 6 months of passing MPJE made by C. Belisle; Seconded by J. Lanza, then Board Members made the following votes-

C. Belisle- I; J. Lanza- I; J. Chen-I; J. Rocchio- Nay; D. Perry-Nay; R. Lopez-Nay; S. Ahmed- Nay; D. Barnes-I; R. Morelli-Nay; K. Thornell- I; J. Lopez- Nay; Sebastian- Nay

Passing Vote-

Motion to approve the license reactivation of Oula Zakaria pending a passing MPJE scores and completion of 40 additional remediation CEs within 6 months of passing the MPJE made by D. Barnes; Seconded by J. Lanza, then Board Members made the following votes-

C. Belisle- I; J. Lanza- I; J. Chen-I; J. Rocchio- I; D. Perry-I; R. Lopez-I; S. Ahmed- I; D. Barnes-I; R. Morelli-I; K. Thornell- I; J. Lopez- I; Sebastian- Nay

10. Aida Metri PH21517

Reactivation

TIME: 10:48 AM

Represented by: Aida Metri

Recusal: none

Discussion:

S. Hamilton indicates that A. Metri is coming before the board for a reactivation of her license for reasons similar to the applicant before her. A. Metri indicates that she worked to CVS for a few years and moved to Lebanon and she plans on relocating to Weymouth as this is where her family is currently located. She had her own private pharmacy for 25 years and indicates that she is updated on all new medications as Lebanon keeps up with new medications and therapies. She indicates that she has completed 60 CEs accredited from the NABP and is required to complete 20 CEs and attend different conferences. A. Metri indicates that she plans on coming to the United States to work in a retail pharmacy.

Motion to approve the license reactivation of Aida Metri pending a passing MPJE scores and completion of 40 additional remediation CEs within 6 months of passing the MPJE made by J. Chen; Seconded by R. Morelli, then Board Members made the following votes-

C. Belisle- I; J. Lanza- I; J. Chen-I; J. Rocchio- I; D. Perry-I; R. Lopez-I; S. Ahmed- I; D. Barnes-I; R. Morelli-I; K. Thornell- I; J. Lopez- I; Sebastian- Nay

TOPIC VII

Presentation

CVS presentation on proposed automated pharmacy systems

Presented by: Alicia Palombo

Recusal: J. ROCCHIO, D. PERRY

Discussion: CVS is piloting the use of an automated pharmacy system (APS) in the Bellingham location as well as other areas in the country. The APS is built into a wall of the pharmacy, loaded from inside the pharmacy, and accessed by the patient from outside the pharmacy. Locking doors are on each side. Usage will not include refrigerated or reconstituted medications, federally controlled medications, or gabapentin.

The process requires patient consent as well as a phone call by a pharmacist to offer counseling for new and changed prescriptions prior to placing the prescription in the APS.

Although usage remains low at this time, Alicia stated that there have not been any negative outcomes but will provide any available statistics for the Board's review.

Action: Motion by C. BELISLE, seconded by R. LOPEZ, and voted unanimously by roll call by all present to approve use of the existing locker system in the CVS Bellingham location.

TOPIC VIII

Policies

1. Joint Policy 2020-12: Vaccine Administration by Qualified Pharmacy Technicians

Time: 11:35 AM

Presented by: M. CHAN

Discussion: The training requirements outlined in this policy have been updated to accept 2 hours of live training as part of the 6-hour training program. Additionally, there is a new requirement to complete at least 2 hours of documented on-the-job training with an experienced certified immunizer.

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

2. Policy 2022-07: Automated Pharmacy Systems (APS)

Time: 11:37 AM

Presented by: M. CHAN

Discussion: This policy clarifies the requirements in order to place Schedule IV, V, or Schedule VI additional drugs such as gabapentin in an APS for patient pickup. Request for approval includes an Application for Pharmacy Modifications Including Remodeling, Change in Configuration, or Change in Square Footage.

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

TOPIC IX

File Review

Case #1 /CAS-2022-0418

PHA-2022-0089

Walgreens #19592, DS90122

Time: 11:39 AM

RECUSAL: NONE

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

- On April 7, 2022, Investigator Stephen Horn travelled to WAG 19592 to conduct a retail compliance inspection. Upon arrival, Investigator Horn noted that the pharmacy was in disarray and staffing levels were inadequate for the volume of patients served by the pharmacy. Consequently, Investigator Horn contacted the area district manager to report that conditions existed at the pharmacy that required immediate attention. In addition, Investigator Horn learned that the current MOR according to BOP records was no longer MOR at WAG 19592. Furthermore, WAG 19592 had operated without a MOR since October 2021. A POC was issued and WAG 19592 corrected the conditions including appointing a MOR which prompted Investigator Horn to contact the area DM. As a result, this complaint was opened for not reporting the change in MOR and operating without an MOR.
- Investigator Horn later conducted a retail compliance inspection at WAG 19592 in the interim and discovered that WAG 19592 underwent further changes in MOR during May 2022 when Former MOR Kim ceased serving as MOR and during June 2022 when Former Interim MOR Medeiros was appointed

MOR despite assurances in the POC that changes would be reported. Investigator Horn issued a POC and WAG 19592 again gave assurances that changes in MOR would be submitted to BORP as required going forward. BORP then amended the original complaint to include the repeat violations observed by Investigator Horn.

- CA: WAG 19592 underwent an additional change in MOR in July 2022 and a change in MOR application was completed and submitted in accordance with BORP regulations including completion of outgoing and incoming inventory.

ACTION: Motion by S. HAMILTON, seconded by J. CHIN, and voted unanimously by those present, to consolidate the matter (PHA-2022-0418) with PHA-2022-1041, and refer 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 #2/CAS-2022-0517

PHA-2022-0141

Walgreens #19592, DS90122

Time: 11:42 AM

RECUSAL: NONE

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

- WAG 19592 reported unknown losses of 139mL hydromet oral solution and 40 amphetamine 30mg mixed salts tablets discovered on June 9, 2022. WAG 19592 indicated that they believed the loss of hydromet was due to a spill and the loss of amphetamine tablets was caused when a prescription was returned to stock for not being pick up then accidentally thrown away.
- CA: Former Interim MOR Erin Medeiros indicated that “there were no changes in operations, policies, or procedures at the time the loss was discovered.” Instead, she described that “proper accountability policies were not being following prior to April 8, 2022.” She then described that reconciliation of Schedule II controlled substance inventory was now performed on a weekly basis. In addition, Former Interim MOR Medeiros indicated that the weekly reconciliations had been performed since April 10, 2022, after Former MOR Kim was appointed as MOR. Of note, WAG 19592 went without a MOR from October 2021 until April 2022 when Former MOR Kim was appointed.

ACTION: Motion by S. HAMILTON, seconded by J. CHIN, and voted unanimously by those present, to consolidate the matter (PHA-2022-0141) with PHA-2022-0418, and refer 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 #3/CAS-2022-0611

PHA-2022-0131

Walgreens #11688, DS3598

Time: 11:45 AM

RECUSAL: NONE

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

- On May 18, 2022, the Pharmacy loss of #500 ml diazepam 5mg/5ml oral solution discovered on March 3, 2022.

- MOR Tran indicated that the loss was discovered during a review of a weekly negatively adjusted inventory report in preparation for a switch to a new inventory system (from SIMS to RX Inventory). It was determined that on 02/23/2022, the SIMS inventory system automatically zeroed out the quantities of medications that had not been recently dispensed or received. MOR Tran determined that this item was last received and dispensed at the Pharmacy in July 2018. Upon discovering the loss, she checked the entire Pharmacy to see if the stock bottle was placed on the incorrect shelf and checked past salvage claims to confirm that it had not been “claimed out as an expired product”.
- Previous controlled substance inventories were checked and noted that this product was listed on the 2019 annual controlled substance inventory with 560 ml on hand but 0 ml according to the 2020 and 2021 annual controlled substance inventories. The annual controlled substances inventory is not linked to the SIMS inventory system, so the quantity was never zeroed out in that system until February 2022.
- The Walgreens help desk was contacted to see if there were any salvage claims between the 2019 and 2020 annual controlled substance inventories. One salvage claim for expiry reasons in July 2019 for 60 ml was found. A possible explanation offered by MOR Tran was that a full stock bottle could have been accidentally put in the claims return box after its barcode was used to create a salvage claim.
- Corrective actions put into place were that only the pharmacist is to create and ship CIII – V salvage claims and if diazepam solution is ordered and received at the Pharmacy, the bottle will be stored in the CII safe with weekly counts conducted.
- On 11/08/2022, the Board of Pharmacy received an Initial Closing Notice for this location with an anticipated closing date of 11/09/2022. Files will be transferred to Walgreens 17673 which is also in Chicopee. Patients will be notified by letters, store postings and through the press.

ACTION: Motion by D. BARNES, seconded by R. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2022-0131), 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-2022-0244

PHA-2022-0101

Walgreens #17166, DS90213

Time: 11:49 AM

RECUSAL: NONE

DISCUSSION: N. ALEID presented and summarized the investigative report that pertained to this matter.

- Failure to comply with the requirements for a change in MOR.
- DM Cantella detailed that there were 3 interim MORs from 09/1/2021-01/24/2022 before MOR Bui became the Current MOR. The DM acknowledged that he did not inform the Board of the changes for the interim MORs.
- The interim MORs noted that they were not aware that they had to notify the Board either.
- DM Cantella indicated that he has since reviewed all the processes and procedures related to the permanent and interim change for the MOR with HS Deleo to ensure actions taken are compliant with the Board’s expectations moving forward.

ACTION: Motion by S. AHMED, seconded by J. CHIN, and voted unanimously by those present, to refer the matter (PHA-2022-0101), 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-2022-0715

PHA-2022-0130

Walgreens #17472, DS90139

Time: 11:51 AM

RECUSAL: C. BELISLE recused and was not present for the discussion or vote in this matter.

DISCUSSION: N. ALEID presented and summarized the investigative report that pertained to this matter.

- Failure to comply with the requirements for a change in MOR. During a retail compliance inspection (ISP-18766) on 06/09/2022, it was observed that the MOR on file with the Board was Former MOR Brown, although he has not worked in that capacity since November 2021.
- Current MOR Calomo noted that on 11/18/2021, she came into the Pharmacy to complete the Change of Pharmacist in Charge inventory and application before her first day working at the Pharmacy on 11/19/2021 and to forward the application to the store manager who never sent it to Walgreen's licensing.
- On 06/22/2022, MOR Calomo submitted a new MOR application and sent it to the Walgreens licensing department via FedEx who then sent it to the Board.
- Current MOR Calomo indicated that going forward, she will follow up and confirm that any required paperwork was sent and received.
- DM Landry noted that moving forward that the store managers will send the DM the FedEx tracking number via email and the DM will follow up by checking the Board's website to ensure that the MOR paperwork is on the next Board monthly meeting docket for review.

ACTION: Motion by D. BARNES, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2022-0130), 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-2022-0516

PHA-2022-0135

Option Care, DS90107

Time: 08:21 AM

RECUSAL: NONE

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

- Pharmacy reported an above action level in the ISO 7, negative pressure room, air sample with 1 CFU penicillium (fungus).
- Failed to properly remediate in accordance with Board Policy 2019-08: Sterile Compounding Pharmacy Response to Above Action Level Environmental Monitoring Results.
- On 04/27/2022, the Pharmacy completed a re-sampling of location #11, one isolated area which showed no growth after 7 days incubated. This one isolated area was the only sample taken as part of the resampling for remediation.
- MOR Olsen stated that Board Policy 2019-08 required resampling of all sample locations in the affected ISO classified area. However, their internal policy "OCH Policy P-165" requires the cleaning and disinfecting of the room with an approved sterile germicidal agent and retesting the sample with growth. MOR noted that "OCH Policy P-165" at the time did not address the Board's requirement to include a repeat EM of the affected ISO classified space based on the Pharmacy's EM sampling plan.
- As a corrective action the Pharmacy developed and implemented a new policy (Policy P-MA-165: Microbial Monitoring and Response to Above Action Levels) on 06/15/2022. This new policy addressed the Board's requirement to resample all sample locations in the affected ISO classified space at the same time.

- Additionally, the Pharmacy resampled all air and surface locations in the ISO NPR on 07/01/2022 and retrained staff on the new policy (P-MA-165) on 06/20/2022.
- Of note, the Pharmacy has another complaint (PHA-2020-0066) Pending Board Counsel for the same violation of Board Policy 2019-08.

ACTION: Motion by D. BARNES, seconded by R. MORELLI, and voted unanimously by those present, to consolidate the matter (PHA-2022-0135) with PHA-2020-0066. A second motion was made by C. BELISLE, seconded by S. AHMED, and voted unanimously by those present, to refer the consolidated matters (PHA-2022-0135 and PHA-2020-0066), 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 PROBATION for a period of 1 year, with special terms to include:

1. Monthly environmental monitoring (EM) for all ISO-classified spaces (primary and secondary engineering controls) conducted by a qualified third-party vendor in accordance with the facility's EM sampling plan for the term of probation to include non-viable (particulate) and viable (air and surface) using a two-plate method (general growth media and fungal-specific media). All results, including no growth results, must be provided to the Board's Probation Monitor.
2. Quarterly media fill qualification for all compounding personnel for the term of probation. A summary of all results including corrective actions for any failed tests provided to the Board's Probation Monitor.
3. Quarterly gloved thumb/fingertip sampling (post media fill) of all compounding personnel for the term of probation. A summary of all results including corrective actions for any failed tests provided to the Board's Probation Monitor.
4. An evaluation of the pharmacy's material transfer process (prior to and within the clean room suite) and compliance plan to assure compounding personnel adherence to the company policy. Written report to be provided to the Board's Probation Monitor within 30 days.
5. Engage a qualified third-party professional with expertise in clean room operations and the newly published USP <797> / USP <800> to assess all clean room procedures including but not limited to staff training & competency, hand hygiene & garbing, aseptic technique, cleaning & disinfecting, environmental sampling procedures, and policies & procedures. Written report to be submitted to the Board's Probation Monitor within 120 days to include the qualified third-party professional's assessment & recommended corrective actions and registrant's action plan and timeline for implementing said corrective actions.
6. Establish a dedicated-on site Compliance Officer (CO) that is not the MOR to ensure compliance with Option Care's policy and procedures, current USP <797> published 11.01.2022, USP <800> and all Board regulations and policies. Additionally, CO to monitor that third party corrective action is sustained.

Case #7/CAS-2022-0871

PHA-2022-0149

Remedium Pharmacy, LLC, DS89943

Time: 11:54 AM

RECUSAL: NONE

DISCUSSION: N. ALEID presented and summarized the investigative report that pertained to this matter.

- During a retail compliance inspection (ISP-19051) conducted on 07/20/22, it was noted that the pharmacy had a pharmacy technician trainee working with an expired license.
- PTT Chhun-Chhoeun was observed performing pharmacy technician duties with an PTT license that expired on 11/23/2021.
- MOR Iepure indicated that PTT Chhun-Chhoeun did not work as a PTT after his license expired on 11/23/2021 until 07/2022. The PTT worked unlicensed from 07/18/2022 through 07/20/2022 when the Pharmacy was cited for the deficiency.

- Going forward, MOR Iepure stated, “An electronic TODO list which alerts the pharmacists about the expiration dates for the licenses of every employee (at least a month before the expiration date) was created.” Additionally, effective 08/03/2022, any personnel that returns to work at the Pharmacy after being absent for longer than one month will need to have their license validated prior to commencing work.

ACTION: Motion by J. LOPEZ, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2022-0149), 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 #8/CAS-2022-0391

PHA-2022-0082

CVS #2128, DS2720

Time: 11:58 AM

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

DISCUSSION:N. ALEID presented and summarized the investigative report that pertained to this matter.

- RLCS-unknown loss of #545 clonazepam 0.5mg tablets due to a suspected discard of medication in the trash.
- MOR Lynch indicated that the clonazepam variance was discovered by the Loss Prevention team via corporate controlled substance monitoring.
- The MOR indicated that the loss was ruled out by both the Pharmacy Manager and District Asset Protection Leader reviewing all invoices, changes to balances on hand, video footage, doing a search of the pharmacy under shelves, behind refrigerators, in the refrigerators and freezers, waiting bin areas, drug shelves, outdated drug sections. Video reviewed could not confirm if the medication was accidentally discarded.
- The MOR noted that Pharmacists will make sure that stock bottles are empty before discarding in the trash. The Pharmacy will review with the Pharmacy Team and continue to follow loss prevention policy and procedures, including bag and smock checks when Pharmacy employees are leaving the store as well as diligent inventory management and dispensing standards.

ACTION: Motion by S. HAMILTON, seconded by C. BELISLE, and voted unanimously by those present, to consolidate the matter (PHA-2022-0082) with PHA-2022-0138, then refer to the office 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 PROBATION for a period of 1 year with special terms to include the Controlled Substance Loss Protocol for all benzodiazepines.

Case #9/CAS-2022-0816

PHA-2022-0138

CVS #2128, DS2720

Time: 11:59 AM

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

DISCUSSION: N. ALEID presented and summarized the investigative report that pertained to this matter.

- RLCS- unknown loss of #969 lorazepam 0.5mg (NDC#13107-0083-05), #14 lorazepam 0.5mg (NDC#69315-0904-05) and #2 lorazepam 0.5mg tablets (NDC#00093-3425-05) discovered on 06/13/2022.

- MOR Lynch indicated that the loss of lorazepam 0.5mg tablets was discovered via corporate controlled substance monitoring. The loss is believed to be due to an error during the check-in process which caused an increase in the amount of product suspected to be on hand.
- MOR Lynch said it is not suspected to be the result of any dispensing errors based on the quantity in review.
- Video footage reviewed which has not produced signs of colleague theft or mishandling, video has shown colleagues abiding by proper policies and procedures.
- MOR Lynch indicated that they would continue to monitor for employee tampering/theft and compliance with all policies and procedures regarding the handling of CII-CV prescription medications, bag and smock checks continue to occur, and all policies related to check-in, dispensing, filing have been reviewed with the pharmacy staff. The Pharmacist team will continue to be diligent when checking in all CII-CV medications to ensure any and all discrepancies are identified and resolved.
- A Retail Compliance Inspection (ISP-18794) conducted on 06/13/2022 was deemed satisfactory.

ACTION: Motion by S. HAMILTON, seconded by C. BELISLE, and voted unanimously by those present, to consolidate the matter (PHA-2022-0138) with PHA-2022-0082, then refer to the office 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 PROBATION for a period of 1 year with special terms to include the Controlled Substance Loss Protocol for all benzodiazepines.

Case #10/CAS-2022-0586

PHA-2022-0117

CVS #299, DS3596

Time: 12:03 PM

RECUSAL: J. ROCCHIO and D. PERRY 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 #60 amphetamine 10mg reported as discovered on 3/17/22. RLCS only was submitted for final report indicating “The Pharmacist reviewed dispensing reports, contacted patients, and CCTV footage. The investigation confirmed 30 of the initial 60 tablets reported to be from a filled and sold prescription, but the remaining 30 tablets still remains as an unknown loss”. Those 30 tablets were deemed an insignificant loss by CVS. A notification letter to the DEA was provided which stated, “An investigation of this matter has concluded there was no theft or significant loss of controlled substances at this pharmacy”.
- MOR Ray identified a discrepancy of #60 on 3/14/22 while performing a back count after filling a prescription. The perpetual inventory had been reconciled on 3/11/22 with 2 prescriptions since that date. The 2 prescriptions which were still in the waiting bin were recounted and confirmed accurate. MOR Ray and Pharmacist Sabri searched the CII safe shelves and RTS vials and reviewed security footage. MOR Ray discovered the camera covering the area where CII medications are checked and counted was not working. Security footage was inconclusive. Attempts were made to contact 4 patients who were dispensed the medication since the previous reconciliation on 3/6/22. Two patients denied an over-dispensing and 2 patients could not be reached. Contrary to the final RLCS report, MOR Ray did not report a dispensing error. MOR Ray attributed the loss to Floater Pharmacist Powers disposing an open stock bottle on 3/13/22 but the trash was picked up before this could be verified.
- A statement signed and dated by the Pharmacy staff was provided attesting all policies and procedures for the proper storage and handling of controlled substances have been reviewed.

ACTION: Motion by D. BARNES, seconded by J. LOPEZ, and voted unanimously by those present, to consolidate the matter (PHA-2022-0117) with PHA-2022-0167 and PHA-2022-0180, then refer 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 PROBATION for a period of 1 year, with special terms to include the Controlled Substance Loss Protocol for all benzodiazepines.

Case #11/CAS-2022-0982

PHA-2022-0167

CVS #299, DS3596

Time: 12:06 PM

RECUSAL: J. ROCCHIO and D. PERRY 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 a total of #325 lorazepam 0.5mg tablets discovered on 07/21/2022 via controlled substance monitoring.
- MOR Ray indicated the loss was fully investigated with field leadership. It was believed that an unidentified pharmacist mistakenly threw out a bottle of lorazepam. Video was reviewed but was inconclusive. Asset Protection interviewed employees and determined there was no evidence of internal theft with no further losses determined. Cycle counts provided showed significant overages and shortages for counts performed between 4/29/22 and 9/11/22.
- MOR Ray realigned all employees on the proper policies and procedures pertaining to safe handling of controlled substances to prevent future losses. The Pharmacy staff provided a signed statement attesting all policies and procedure for the proper storage and handling of controlled substances had been reviewed.

ACTION: Motion by D. BARNES, seconded by J. LOPEZ, and voted unanimously by those present, to consolidate the matter (PHA-2022-0167) with PHA-2022-0117 and PHA-2022-0180, then refer 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 PROBATION for a period of 1 year, with special terms to include the Controlled Substance Loss Protocol for all benzodiazepines.

Case #12/CAS-2022-1100

PHA-2022-0180

CVS #299, DS3596

Time: 12:07 PM

RECUSAL: J. ROCCHIO and D. PERRY 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.

- Inspectional deficiencies for 2 unlabeled pre-drawn syringes with a Pfizer COVID vaccine vial in a plastic container and 2 emergency bags/kits containing epinephrine auto injectors stored in the locked immunization booth in the front store. Two cases of needles/syringes were observed stored on the floor in a second immunization booth used for storage.
- MOR Ray stated that immunizing Pharmacist Felch proactively drew 2 COVID vaccine doses in unlabeled syringes on 9/12/22 due to a high influx of vaccines but that practice has stopped. Of note,

per the CVS policy provided, "Pre-filling syringes for later use is not permitted; all vaccines drawn up must be used immediately or discarded". The emergency bags were left in the immunization booth because it was believed the booth was secure since the door was locked.

- MOR Ray retrained all Pharmacy immunizers on the immunizing policies and procedures, specifically for the Pfizer COVID vaccine. MOR Ray stated, "All vaccine vials are now labeled with a white sticker when removed from the refrigerator and when the first vaccine is drawn from that vial, the vials are placed into the plastic container with the corresponding label". The emergency bag containing epinephrine auto-injectors is now brought back and forth from the Pharmacy when an immunization is administered. Additionally, the boxes of needles/syringes were removed from the immunization booth. A signed and dated statement was provided from all immunizing Pharmacy staff attesting all policies and procedures for immunization and the handling of COVID-19 vaccines with all EUA sheets had been reviewed.

ACTION: Motion by D. BARNES, seconded by J. LOPEZ, and voted unanimously by those present, to consolidate the matter (PHA-2022-0180) with PHA-2022-0117 and PHA-2022-0167, then refer 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 PROBATION for a period of 1 year, with special terms to include the Controlled Substance Loss Protocol for all benzodiazepines.

Case #13/CAS-2022-0934

PHA-2022-0156

CVS #10083, DS89889

Time: 12:11 PM

RECUSAL: J. ROCCHIO and D. PERRY 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 unknown loss of #60 methylphenidate ER 36mg reported by DL Cook as identified on 7/12/22 by MOR Duong during the reconciliation of the perpetual inventory. MOR Duong stated she identified the variance on 7/9/22 and determined on 7/6/22, Pharmacist Halloul processed a RTS label for the prescription which could not be located in the waiting bin. Pharmacist Halloul failed to notify MOR Duong or the other staff pharmacist.
- Video was reviewed from 6/23/22 when the prescription was filled to 7/6/22. MOR Duong stated, "The security footage showed that the prescription bag for the lost drug was stuck under the label of another prescription and was sold to a customer at the drive-thru". The patient was contacted and denied receipt of the drug. MOR Duong claimed Loss Prevention determined the prescription was sold at POS to the wrong patient on 6/29/22 but the "Rx Details" showed the transaction on 7/8/22.
- In the final reports, DL Cook stated, "All Loss Prevention policy and procedures have been reviewed with the Pharmacy Team to prevent future losses. This includes point of sale procedures". MOR Duong formally trained the Pharmacy staff on the proper behavior at POS for the sale of prescriptions. A statement signed and dated by the Pharmacy staff was provided attesting to the review of all policies and procedures for the proper storage and handling of controlled substances.

ACTION: Motion by J. CHIN, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2022-0156), 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: J. ROCCHIO and D. PERRY 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.

- RCLS for #513 alprazolam 0.25mg tablets reported as discovered on or about 04/28/22. Final RLCS and DEA 106 submitted 05/19/22 confirmed an unknown loss of #485 alprazolam 0.25mg tablets. Amended RLCS and DEA 106 submitted 06/27/22 amending the quantity of the loss to #516 alprazolam 0.25mg tablets.
- MOR Biga said that the loss was identified during corporate controlled substance monitoring and attested that with regards to alprazolam 0.25mg tablets that they reviewed cycle counts, biennial inventories, staffing schedules and inventory reports, invoices and reverse distribution records for the applicable time period and were unable to identify the reason for the loss, all policies and procedures were followed, and video footage was reviewed and no evidence of diversion or mishandling could be identified. MOR Biga stated, "My own internal investigation of this loss revealed a potential fault in the electronic BOH data for this medication as the most likely cause of the incident."
- In the final reports MOR Biga stated that all Loss Prevention policy and procedures will be reviewed with Pharmacy Team to prevent future losses, this includes diligent inventory management, as well as back counting of all narcotics. He also stated that employees have had to attest to and review multiple CVS policies related to handling of controlled substances, that bag checks have increased, and the District Asset Protection Leader has submitted a request for another camera in the pharmacy that will provide a direct view of the area where the alprazolam is stored.

ACTION: Motion by C. BELISLE, seconded by J. CHIN, and voted unanimously by those present, to refer the matter (PHA-2022-0124), 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 STAYED PROBATION for a period of 1 year, with special terms to include the Controlled Substance Loss Protocol for all benzodiazepines.

RECUSAL: J. ROCCHIO and D. PERRY 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.

- RLCS for #100 methylphenidate CD 20mg capsules and #200 dextroamphetamine – amphetamine ER 20mg capsules reported as discovered on 06/06/2022.
- MOR Nguyen reported the loss was identified as a variance during the reconciliation of the perpetual inventory on 06/06/2022. MOR Nguyen stated, "...I, Tram Nguyen physically checked in the CII order immediately upon arrival. The tote containing the order was then set aside next to unopened totes from the delivery. Sometime during the day, each tote was opened so that the staff could retrieve the medications from the delivery and fill the necessary prescriptions. It is believed that during this

process, the empty totes were mistakenly stacked on top of the tote containing the CII order. The next day, the stack of totes were sent back to the warehouse.”

- MOR Nguyen also reported that security footage from seven security cameras were reviewed from 05/09/2022 from 10:50am until 3:00pm. She stated, “Cardinal Delivery and tote exchange was reviewed and all visible activity by staff and patients was reviewed for indications of diversion. None was seen”.
- A statement signed and dated by the Pharmacy staff was provided attesting all policies and procedures for the proper storage and handling of controlled substances have been reviewed.

ACTION: Motion by R. MORELLI, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2022-0142), 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.

Lunch: 12:25 PM to 1:00 PM

D. Perry leaves meeting 12:35 PM; returns 2:06 PM; leaves meeting 3:00 PM
J. Rocchio leaves meeting 3:00 PM

Topic X: Executive Session Call to Order: Time: 12:21 PM
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 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. Chin, yes; J. Lopez, yes; R. Lopez, yes; S. Ahmed, yes; R. Morelli, yes; K. Thornell, yes.

Topic XI: 65C Sessions MGL c. 112 section 65C

#1 Call to order: Time: 1:42 PM

DISCUSSION: None

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

At 1:42 PM S. Hamilton, seconded by J. Lanza and voted unanimously by all those present to enter 65C by roll call vote.

Topic XII ADJOURNMENT OF MEETING TIME: 3:39 PM

ACTION: Motion by J. Lanza seconded by J. Lopez 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 12/1/22 General Session
2. Draft Minutes of the 11/3/22 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. Application: Southcoast Pharmacy: DS2641 – Petition for Waiver
8. Application: Hopkinton Drug; DS8191- Petition for Waiver
9. Application: Genoa Healthcare-Worcester: New Pharmacy with waivers
10. Application: Vital Care of Hopkinton – New Pharmacy wither waivers
11. Application: Chicopee Pharmacy – New Pharmacy
12. Application: Whittier Street Health Center Pharmacy: DS90375 – Relocation
13. Application: Option Care: DS90107 – Central Fill arrangement request
14. Application: Boston Home Infusion: DS90029 – Request to decommission cleanroom
15. Application: Oula Zakaria; PH21569 – Reactivation
16. Application: Aida Metri; PH21517 – Reactivation
17. A presentation by CVS on proposed automated pharmacy systems
18. Joint Policy 2020-12: Vaccine Administration by Qualified Pharmacy Technicians
19. Policy 2022-07: Automated Pharmacy Systems
20. CAS-2022-0418 PHA-2022-0089 Walgreens #19592, DS90122
21. CAS-2022-0814 PHA-2022-0141 Walgreens #19592, DS90122
22. CAS-2022-0611 PHA-2022-0131 Walgreens #11688, DS3598
23. CAS-2022-0244 PHA-2022-0101 Walgreens #17166, DS90213
24. CAS-2022-0715 PHA-2022-0130 Walgreens #17472, DS90139
25. CAS-2022-0516 PHA-2022-0135 Option Care, DS90107
26. CAS-2022-0871 PHA-2022-0149 Remedium Pharmacy, LLC, DS89943
27. CAS-2022-0391 PHA-2022-0082 CVS #2128, DS2720
28. CAS-2022-0816 PHA-2022-0138 CVS #2128, DS2720
29. CAS-2022-0586 PHA-2022-0117 CVS #299. DS3596
30. CAS-2022-0982 PHA-2022-0167 CVS #299, DS3596
31. CAS-2022-1100 PHA-2022-0180 CVS #299, DS3596
32. CAS-2022-0934 PHA-2022-0156 CVS #10083, DS89889
33. CAS-2022-0639 PHA-2022-0124 CVS #944, DS3538
34. CAS-2022-0765 PHA-2022-0142 CVS #1862, DS2712

Respectfully Submitted,
Carly Jean-Francois, NP, Secretary