

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

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

February 5, 2026

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

Join link:

<https://eohhs.webex.com/eohhs/j.php?MTID=m17157711bdaf11da306834b454fc6d3a>

Webinar number: 2533 320 9773

Webinar password: BOP123

Join by phone:

+1-617-315-0704 United States Toll (Boston)

+1-650-479-3208 United States Toll

*If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator **Stacy Hart**, Stacy.Hart@mass.gov or 857-274-1120 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodation may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.*

Agenda

8:00	I	CALL TO ORDER		S. Dinno
8:05	II	APPROVAL OF AGENDA		
8:10	III	APPROVAL OF BOARD MINUTES <ul style="list-style-type: none">• Draft of January 8, 2026, Regular Session Minutes		
8:15	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• URAMP Quarterly Report		
8:30	V	FLEX <ul style="list-style-type: none">• Revisions to URAMP Operational Policy, 24-08• NABP Annual Meeting – May 12-15, 2026 - Boston		

8:45	VI	<p>APPLICATIONS</p> <ul style="list-style-type: none"> • Mass Vax <ul style="list-style-type: none"> ○ Retail Pharmacy - DSNE10000411 • Rutland Family Pharmacy <ul style="list-style-type: none"> ○ Retail Pharmacy - DSNE10000389 ○ Complex Non-Sterile - DSNE46255NS • Massachusetts General Hospital <ul style="list-style-type: none"> ○ Nuclear Pharmacy - NUNE10000022 • Option Care, DS100404 <ul style="list-style-type: none"> ○ Petition for Waiver - DSPW10092 • Option Care, DS90107 <ul style="list-style-type: none"> ○ Petition for Waiver - DSPW10093 • East West Pharmacy LLC <ul style="list-style-type: none"> ○ New Retail Pharmacy - DSNE10000488 • New England Life Care, DSRN10176 <ul style="list-style-type: none"> ○ Renovation, DSRN10176 • PPS of Massachusetts LLC dba Partners Pharmacy <ul style="list-style-type: none"> ○ New Retail Pharmacy DSNE10000512 • Optimal Balance Pharmacy LLC <ul style="list-style-type: none"> ○ Non-Resident Retail Pharmacy License NDSNE32205 ○ Non-Resident Retail Pharmacy - Complex Non-Sterile Compounding License NDSNE62204NS ○ Non-Resident Retail Pharmacy - Sterile Compounding License NDSNE97562SC 																		
10:00	VII	<p>FILE REVIEW</p> <table border="1" data-bbox="245 1157 1239 1356"> <tr> <td>1</td> <td>CASE-2025-2386</td> <td>PHA-2025-0086</td> <td>Trang Pharmacy, DS100215</td> </tr> <tr> <td>2</td> <td>CASE-2025-3001</td> <td>PHA-2025-0124</td> <td>The Baker Pharmacy, DS12518</td> </tr> <tr> <td>3</td> <td>CASE-2025-3459</td> <td>PHA-2025-0122</td> <td>ProRx, NO10087</td> </tr> <tr> <td>4</td> <td>CASE-2025-2476</td> <td>PHA-2025-0088</td> <td>CVS #444, DS2704</td> </tr> </table>	1	CASE-2025-2386	PHA-2025-0086	Trang Pharmacy, DS100215	2	CASE-2025-3001	PHA-2025-0124	The Baker Pharmacy, DS12518	3	CASE-2025-3459	PHA-2025-0122	ProRx, NO10087	4	CASE-2025-2476	PHA-2025-0088	CVS #444, DS2704		
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4	CASE-2025-2476	PHA-2025-0088	CVS #444, DS2704																	
10:30	VIII	<p>EXECUTIVE SESSION</p> <p>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. And, pursuant to M.G.L. c. 30A § 21(a)(3) To discuss strategy with respect to litigation.</p>																		
11:30	LUNCH BREAK																			

12:00	IX	ADJUDICATORY SESSION (M.G.L. c. 30A, § 18)		
12:15	X	M.G.L. c. 112, § 65C SESSION		
4:00		ADJOURNMENT		

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

MINUTES OF THE GENERAL SESSION

Via Remote WebEx Meeting

February 5, 2026

Board Members Present

Saad Dinno, RPh, FACP/FACA, President
Timothy Fensky, RPh, President-Elect
Mark Sciaraffa, CPhT
Sami Ahmed, PharmD., RPh, BCPS, BCSCP
Katie Thornell, RPh, MBA
Caryn Belisle, RPh, MBA
John Rocchio, RPh, PharmD
Delilah Barnes, RPh50
Rita Morelli, PharmD, BCACP, RPh
Stephanie Patel, MD, MBA, FFHPM, HMDC
Patricia Wolohan, RN, BLS, ACLS

Board Members Not Present

Julie Dorgan, RN, Secretary
Frank Lombardo

Board Staff Present

Michael Godek, Executive Director
Monica Botto, Associative Executive Director
Jacqueline Petrillo, PharmD, RPh, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance
Michelle Chan, RPh, Quality Assurance Pharmacist
Richard Harris, Program Analyst
Joanna Chow, Program Analyst
Taylor Lee, Office Support Specialist
Joanne Trifone, RPh, Director of Investigations
Julienne Tran, RPh PharmD, Investigator
Gregory Melton, JD, PharmD, BCPS, Investigator
Keith Johnstone, Compliance Officer
Gayatri Ramasubramanian, Pharmacy Intern
Biak Chin, Pharmacy Intern

TOPIC I. Attendance by roll call:

CALL TO ORDER 8:02 AM

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

Roll call attendance: T. Fensky, present; D. Barnes, present; C. Belisle, present; R. Morelli, present; S. Patel, present; J. Rocchio, present; K. Thornell, present; M. Sciaraffa, present; P. Wolohan, present; S. Dinno, present.

Topic II.

Approval of Agenda

TIME 8:03 AM

Agenda: 02/05/25

DISCUSSION: No changes.

ACTION: Motion by K. THORNELL, seconded by M. SCIARAFFA and voted unanimously by those present to approve the agenda with the noted change by roll call vote.

Topic III

Approval of Board Minutes

TIME: 8:04 AM

Minutes

1. Draft **01/08/25**

Change: No changes.

ACTION: Motion by K. THORNELL seconded M. SCIARAFFA and voted to approve the regular session minutes of 01/08/2026 with an abstention from D. Barnes by roll call vote with one noted change.

Topic IV.

REPORTS

Applications approved pursuant to Licensure Policy 13-01

TIME: 8:04 AM

PRESENTED BY: R. HARRIS

DISCUSSION: R. Harris reported a total of 41 Resident Change Pharmacist Manager of Record applications, 12 Non-Resident Change Designated Pharmacist-in-Charge applications, and 6 facility closures, all of which have been approved via Staff Action since the February 5th Board meeting.

So noted.

Topic IV.

REPORTS

Monthly Report from Probation

TIME: 8:04 AM

PRESENTED BY: R. HARRIS

DISCUSSION: R. Harris reported 1 case of compliance monitoring for DS90429 PharmaHealth Pharmacy that has been closed since the last report.

So noted.

Topic IV.

REPORTS

Monthly Report from BDCR pursuant to Policy 14-02

TIME: 8:05 AM

PRESENTED BY: R. HARRIS

DISCUSSION: R. Harris reported 2 Controlled Substance loss cases, each of which were issued a reprimand. 1 additional Controlled Substance loss case was reported that was issued a non-disciplinary stayed probation order for 1 year with CS loss protocol for all benzodiazepines and buprenorphine products. 2 instances of inspectional deficiencies were each issued a reprimand, as well as 1 failure to report, which also resulted in a reprimand. 3 Transfer of Ownership applications have been approved since the last report in addition to 1 waiver approval for DS100177 Brighton Marine Health Center Pharmacy.

So noted.

Topic IV.

REPORTS

URAMP Quarterly Report

TIME: 8:06 AM

PRESENTED BY: E. TAGLIERI

DISCUSSION: E. Taglieri provided a 2nd quarterly report, touching on updates to the URAMP operational policy. Out of 67 participants in the program, 8 identify as Pharmacists. 3 of the pharmacist participants are licensed out-of-state and are monitored by other jurisdictions, leaving 5 participants as being MA-licensed pharmacists. Currently, updates to the program are being made based on previous lessons and feedback, including streamlining the admission process to accept new participants more efficiently.

So noted.

S. Ahmed enters the meeting at 8:08 AM

TOPIC V

FLEX

- **Revisions to URAMP Operational Policy, 24-08**

TIME: 8:09 AM

Presented by: E. TAGLIERI, M. WAKSMONSKI

Discussion: There are now 22 Boards participating in URAMP necessitating several updates to the operational policy. Among them, updates to terminology/definitions, streamlined staff action authority, formalized mental health component process, and clarity to the discharge process.

Action: Motion by K. THORNELL, seconded by T. FENSKY, and voted unanimously by roll call of those present, to approve and affirm the revisions to the policy.

TOPIC V

FLEX

- **NABP Annual Meeting – May 12 – 15, 2026 – Boston**

TIME: 8:19 AM

Presented by: M. GODEK

Discussion: A delegate and alternate will be needed to represent the Board at the annual meeting. Board members will contact Board staff if interested and a vote will be held in March if needed.

So noted.

TOPIC VI:

APPLICATIONS

- **Mass Vax**
 - **Retail Pharmacy - DSNE1000411**

TIME: 8:20 AM

Presented by: Eugenio Fernandez

Recusal: None

Discussion: Massvax is a walk-in vaccination clinic. We noticed that the vaccination rates in our area (fall River and Seekonk). The vaccination rate is low, 4.5%, compared to the state average.

Questions:

- You are requesting a waiver from the non-sterile compounding requirement, but your floor plan shows a nonsterile compounding space. Can you explain that?
 - Two versions of the plan were made; one was assuming that no waivers were passed so the board can see that as asked by the application.
- Your primary focus is to provide onsite vaccinations. What about being a pharmacy and dispensing other medications?
 - We are primarily focused on vaccines and will refer people to pharmacies nearby for those needs.
- So, your application is for a retail pharmacy?
 - Yes, this is similar to other iterations of pharmacy. Sometimes a pharmacy is closed door or offers a specialty medication. Ours just happens to be vaccines
- Are you planning to carry all vaccines or are you limited to influenza/covid?
 - All vaccines
- What is your temperature monitoring plan for your freezers, refrigerators, and room temp?
 - We have partnered with the immunization department, and we have a connection to the department of health so that as people get vaccinated it will be uploaded to DPH.
- Will you be buying vaccine from DPH or will you be buying it separately?
 - Both because they are not all available from the state.
- What is your planned staffing model?
 - We have a staff of about 10 people. We will work within the Massachusetts pharmacy ratios

- Your hours are 12pm-6pm Mon -Thursday and 9am to 5pm Friday, and you're closed on the weekends is that correct?
 - Yes
- How long have you all been operating in Rhode Island?
 - Since July 19th, 2018
-

Requested Waivers:

- 247CMR 9.19(2)
- 247CMR 9.19(1)(e)
- 247CMR 9.01(15)
- 247CMR 9.19(10)
- 247CMR 9.19(1)(g)
- 247CMR 9.19(1)(j)
- 247CMR 9.19 (11)
- 247CMR 9.19(1)(a)
- 247CMR 9.19(1)(b)
- 247CMR 9.19(1)(d)
- 247CMR 9.19(1)(f)

Action: T. FENSKY made a motion to approve the application with waivers, only Schedule VI for vaccines, pending successful inspection; seconded by C. BELISLE and voted unanimously by roll call of those present to approve the motion.

TOPIC VI: APPLICATIONS

- **Rutland Family Pharmacy** **TIME: 8:47 AM**
 - **Retail Pharmacy – DSNE10000389**
 - **Complex Non-Sterile – DSNE46255NS**

Presented by: David Beck
Recusal: None

Discussion: This applicant was previously before the board and application approved upon inspection, but there was a discrepancy regarding the Complex Non-sterile compounding room. The Board understood that this Complex Nonsterile Compounding room was a dedicated room, but when inspectors appeared they found that this was a room with a partition. USP guidelines do not require a full floor to ceiling wall.

Questions:

- This is only non-hazardous compounding?
 - Yes, no hazardous compounding will be conducted here.

Action: T. FENSKY made a motion to approve the Retail drug store application (DSNE10000389) upon successful inspection; Seconded by K. THORNELL and voted unanimously by roll call to approve the motion

Action: T. FENSKY made a motion to approve the Complex Non-Sterile Compounding Application (DSNE46255NS) upon successful inspection; seconded by R. MORELLI and voted unanimously by roll call to approve the motion.

K. Thornell leaves the meeting at 8:55 AM

TOPIC VI: APPLICATIONS

- **Massachusetts General Hospital** **TIME: 9:27 AM**
 - **Nuclear Pharmacy – NUNE1000022**

Presented by: Peter Rice

Recusal: S. Ahmed, C. Belise, M. Sciaraffa

Discussion:

Who will be the manager of record?

- I, Peter Rice, will be the MOR
- What is the staffing of this facility?
 - There will be 4 Nuclear Pharmacists and 1 technician. In the future, we will have 1 more technician added
- This is a currently operating nuclear pharmacy in the hospital that is now seeking to change to a retail license. Can you explain why you are changing to the retail license?
 - We are looking to provide support to our satellite hospitals in Massachusetts and improve access to medications for our patients.

Action: T. FENSKY made a motion to approve application NUNE1000022 upon successful inspection; seconded by D. BARNES and voted unanimously by roll call of those present to approve the motion.

TOPIC VI: APPLICATIONS

- **Option Care, DS100404** **TIME: 8:55 AM**
 - **Petition for Waiver – DSPW10092**

Presented by: Alexandra Lazarev, Glen Gard, Dominic Giammichele

Recusal:

Discussion: We are looking to obtain this waiver so that we can transition patients to this pharmacy in case of emergency or closure. A total of 6 waivers has been requested. 5 were previously approved at BDR, but the 6th waiver is being brought to The Board for approval.

Requested Waiver:

BORP Policy 2021-02 Section IV(b)(v): The central filling of compounded sterile preparations or complex non-sterile preparations to be dispensed into, within, or from Massachusetts is prohibited.

Questions:

- What are the shared services you want to use for compounding?
 - If I am unable to service patients for an extended amount of time, we want to use the other facility as a backup compounding pharmacy. We plan to continue acting as a dispensing pharmacy. The compounding pharmacy will only compound the medication, pack it accordingly, have verification and then shipped to the dispensing location where final verification will occur.
 - Everything will be monitored electronically
- Will there be anything to indicate where the product was compounded?
 - Yes, the label will say “compounded by [Facility A] on behalf of [Facility B]”
- The Marlborough location for Option Care is currently on probation; can you speak to that?
 - We are under probation there until 2027. We’ve engaged with Gates Healthcare to visit us on a quarterly basis and evaluate our processes and procedures. We submit these reports to our probation coordinator quarterly. We also submit our own quarterly report based on the Gates assessment in 2024 and the findings from that plan of correction. Thus far we have met those deadlines throughout the probation period.
- Clarification: Option care originally entered into a consent agreement in August 2024. In June 2025, they were sent a notice of violation which came back to the board and the board found option care in violation of that agreement. This led to modifications and an extension of the probation agreement. There was also a notice of violation in November 2025, and the board found the licensee in violation of the agreement, but considering the modifications to the agreement the board found no further action was warranted.

Action: J. ROCCHIO made a motion to approve the waiver DSPW10092; Seconded by T. FENSKY and voted unanimously by roll call of those present to approve the motion.

TOPIC VI: APPLICATIONS

- **Option Care, DS90107**
 - **Petition for Waiver – DSPW10093**

TIME: 9:07 AM

Presented by: Alexandra Lazarev, Glen Gard, Dominic Giammichele

Recusal:

Discussion: See discussion for Option Care DS100404

Requested Waiver:

BORP Policy 2021-02 Section IV(b)(v): The central filling of compounded sterile preparations or complex non-sterile preparations to be dispensed into, within, or from Massachusetts is prohibited.

Action: J. ROCHIO made a motion to approve the waiver DSPW10093; Seconded by T. FENSKY and voted unanimously by roll call of those present to approve the motion.

TOPIC VI: APPLICATIONS

- **East West Pharmacy LLC** **TIME: 9:10 AM**
 - **New Retail Pharmacy – DSNE10000488**

Presented by: R. Harris (Board Staff), T. Nguyen (Owner/MOR)

Recusal: None

Discussion: R. Harris discussed that this is an initial licensure for East West Pharmacy in Somerville, Massachusetts. It will operate as an independent retail pharmacy providing prescription refills and OTC medication to the local community. They will not be compounding besides diluting powdered drugs such as amoxicillin. They have submitted one waiver for the balance 247 CMR 9.19 1E.

The waiver would be:

247 R 9.19 1E - A pharmacy shall maintain a balance capable of accurately weighing quantities as small as ten milligrams, which shall be tested and sealed by the state or local sealer of weights and measures at least once each calendar year on the pharmacy premises. All new balances shall have "legal for trade" designation.

- Their hours of operation will be Mon-Fri 9 – 6 pm and Saturday 9 – 4 pm, closed on Sundays. It will just be MR. NGUYEN and a part-time tech in the beginning. The store will have a backup pharmacist in case of emergency. MR. NGUYEN was previously an MOR with Walmart.
- The pharmacy is located at 1210 Broadway in a strip of commercial building with a coffee shop and cell phone shop nearby. The pharmacy was previously an electrician shop.
- Most of the delivery will be done by him after hours. After he closes at 6, he will make the round of deliveries. After business picks up, he plans to hire part-time delivery driver and convert to full-time afterwards. MR. NGUYEN clarifies that he will do all the deliveries after the pharmacy closes. For any items not delivered, he will bring them back to the pharmacy and wait until the next day to deliver.

Action: D. BARNES made a motion, seconded by R. MORELLI, and voted unanimously by roll call of those present, to approve the new retail pharmacy license DSNE10000488 upon successful inspection and the waiver.

TOPIC VI: APPLICATIONS

- **New England Life Care, DSRN10176
New Retail Pharmacy – DSRN10176**

TIME: 9:15 AM

Presented by: R. Harris (Board Staff), M. Desmond (MOR)

Recusal: T. Fensky, C. Belisle

Discussion: R. Harris discussed New England Life Care in Canton, Massachusetts submitted a renovation application that indicates an expansion of that pharmacy into a non-contiguous space. The current pharmacy is in suite 300 and the renovation will take place in suite 400 next door. The new space will add an additional 4,800 sq ft and is in its 2nd phase of a multi-phase process that the Board was informed of previously.

- Their purpose of expanding the pharmacy is because their hemophilia team currently sits in suite 300, and they need additional space, so they plan to move them to suite 400. They will be storing drugs in the new space. They will have monitoring and security systems.

Action: D. BARNES made the motion, seconded by S. AHMED, and voted unanimously by roll call of members present, to approve the renovation application for New England Life Care DSRN10176 of the non-contiguous pharmacy space upon successful inspection.

K. Thornell enters the meeting at 9:32 AM

TOPIC VI: APPLICATIONS

- **PPS of Massachusetts LLC dba Partners Pharmacy
New Retail Pharmacy DSNE10000512**

TIME: 9:43 AM

Presented by: R. Harris (Board Staff), J. Matthews (Chief Operating Officer), M. Vogel (MOR), C. Mikel (Corporate Counsel), E. Folino (VP)

Recusal: T. Fensky

Discussion: R. Harris presented that PPS of Mass. Has submitted a new retail pharmacy application by transfer of ownership. Partners of Massachusetts is currently a licensee with Massachusetts in Marlborough. Their business model is a closed-door pharmacy serving long term, assisted and independent living facility. They are requesting schedule 2-6. The current licensee, Partners of Massachusetts, entered into Consent Agreement on January 22, 2026, for probation due to a complaint for allegation on severe adverse drug event.

- MONA VOGEL was the MOR of Partners of Massachusetts through July-August 2025, and she will also be the MOR for PPS.

- Partners of Massachusetts management changed in October 2025 and will remain essentially the same under the new ownership. Since then, they have hired 2 new people for corporate oversight and management operation.
- The day-to-day operations are essentially the same for PPS as they were for Partners of Massachusetts.

Board counsel clarifies that Partner entered a Consent Agreement for probation January 22, 2026, regarding 2 complaints (PHA-2025-00-93 serious adverse drug event, 2025-00-94 inspectional deficiencies). Although the new owners are not bound by that Consent Agreement, they state that they have every intention of abiding by the terms of that agreement. Through their attorney, PPS has agreed to enter a non-disciplinary state probation consent agreement with the same terms as Partner's consent agreement.

- The affiliated corporate umbrella has multiple long term close door pharmacies across multiple states. They are bringing in a 3rd party professional to do a review on system capability and training processes and will share those consultant reports and corrective actions with the Board.

Board counsel proposed a new motion to...

1. Approve the application for licensure for retail pharmacy by PPS of MA dba Partners Pharmacy, DSNE10000512 conditioned upon the applicant entering into a consent agreement for Non-Disciplinary Stayed Probation for a period of 24-months with the following special terms:

- a. Comply with all laws and regulations governing the practice of pharmacy.
- b. Engage a qualified third-party professional(s) with expertise in pharmacy operations including sterile compounding, work process flow, pharmacy processing software systems, and prevention of medication errors. They must assess all activities related to sterile compounding, quality assurance, and drug utilization review, including, but not limited to:
 - i. systems capabilities and quality procedures to identify and prevent medication errors for new and refill prescriptions;
 - ii. review of RCA and CAPA processes;
 - iii. staff training and competency;
 - iv. hand hygiene and garbing;
 - v. aseptic technique;
 - vi. material transfer process;
 - vii. cleaning and disinfecting;
 - viii. environmental monitoring; and
 - ix. written policies and procedures for all pharmacy activities including sterile compounding, reporting quality-related events, and prevention of medication errors.

The Licensee shall submit a written report to the Board within 120 days of the Effective Date summarizing the consultant's assessments and recommended corrective actions, as well as the Pharmacy's action plan and timeline for implementing said corrective

actions including any changes to the Pharmacy's policies, procedures, and systems. After submission of the initial report, the pharmacy shall provide quarterly progress reports to the Board regarding implementation of said corrective actions and ensuing results.

- c. The Licensee shall submit unredacted, original copies of any and all reports received from any and all third-party professional(s) hired, consulted, or otherwise engaged to satisfy paragraph (b) above within 120 days of the Effective Date.
 - d. Train all employees directly or indirectly engaged in compounding of any kind in LEAN concepts, which are tools that assist in the identification and steady elimination of waste and promote continuous improvement in quality and efficiency. The Licensee shall provide the Board written confirmation that this has been completed within 90 days of the Effective Date.
 - e. Documentation supporting compliance with the above will be readily retrievable and available to the Board upon request and to Board inspectors at the time of inspection.
2. Further move to open a complaint against PPS of MA dba Partners Pharmacy for the sole purpose of assigning the docket number to the aforementioned Consent Agreement for Non-Disciplinary Stayed Probation and with the understanding that no further investigatory action will be taken on the complaint and the matter will not be brought back to Board as the aforementioned Consent Agreement for Non-Disciplinary Stayed Probation is the final resolution of the matter.

Action: C. BELISLE made the motion, seconded by S. AHMED, and voted unanimously by roll call of members present, to approve DSNE10000512 upon the applicant entering into a consent agreement for Non-Disciplinary Stayed Probation for a period of 24-months with the terms listed above.

TOPIC VI: APPLICATIONS

- **Optimal Balance Pharmacy** **TIME: 10:01 AM**
 - **Non-Resident Retail Pharmacy – DSNE10000488**
 - **Non-Resident Retail Pharmacy – Complex Non-Sterile Compounding License NDSNE62204NS**
 - **Non-Resident Retail Pharmacy – Sterile Compounding License NDSNE97562SC**

Presented by: R. Harris (Board Staff), C. Quintana (Optimal Founder), K. Henry (Director of Compliance), R. Amirdehaz (PIC)

Recusal: None

Discussion: R. Harris discussed that this is an application for a non-resident retail pharmacy, non-resident complex non-sterile compounding pharmacy, and non-resident sterile compounding pharmacy.

They are a dedicated compounding pharmacy located in Houston, Texas, and their licenses are active with no prior discipline. They had an inspection by NABP in June 2025 and Texas Board in 2025.

- When they were visited by NABP, they had some deficiencies particularly for non-sterile compounding, sterile compounding, and USP 800 chapter. Since then, they sent a response on how those issues were being handled to the Board and are still in the process of correcting a few more things. They noted that they are in compliance with their state, Texas, and had a satisfactory state inspection.
- They are currently testing deficiencies related to 795 and stability testing along with issues with sterile compounding particularly as it relates to required testing in category 3 to ensure they are in satisfactory requirements with Massachusetts. They have also agreed to get another inspection by one of Massachusetts' approved 3rd parties upon completing NABP's corrective actions.

Board staff advises to defer the applications until they have everything in place and get another inspection.

The applicants added that they had initially invited NABP to conduct the inspection to be guided on compliance as they wish to obtain accreditation. They implemented corrective actions moving forward to the point where 31 states approved them, so they were unaware that certain deficiencies remained that could result in boards denying them.

Board staff clarified not all items have been corrected yet and that the proposed completion timelines are unclear.

Board counsel further clarified that although the applicant may have received approval from other states, this Board holds sole discretion to approve, deny, or to require additional information based on its standards. Counsel also noted that a license denial is reportable to the National Practitioner Data Bank and other jurisdictions and is considered a disciplinary action.

Board staff strongly recommend deferring the application and submitting another application when they get another inspection and finish their plan of corrective action.

- Besides GLP-1, they compound over 200 different formularies. They started off as a hormone base compounding pharmacy, but 6 months later when GLP-1 came out, they shifted to meet the market demand.

Board counsel reminds the applicant that for sterile compounding, they are required to be inspected every calendar year and that inspection can count as their renewal.

Action: T. FENSKY made a motion, seconded by C. BELISLE, and voted unanimously by roll call of members present, to defer the matter until further satisfactory inspection and corrective actions are taken for non-resident retail pharmacy NDSNE32205.

Action: T. FENSKY made a motion, seconded by M. SCIARAFFA, and voted unanimously by roll call of members present, to defer the matter until further satisfactory inspection and corrective actions is taken for non-resident retail pharmacy complex non-sterile compounding NDSNE62204NS.

Action: T. FENSKY made a motion, seconded by C. BELISLE, and voted unanimously by roll call of members present, to defer the matter until further satisfactory inspection and corrective actions are taken for non-resident retail pharmacy sterile compounding NDSNE97562SC.

C. Belisle leaves the meeting at 10:26 AM

TOPIC VII:

FILE REVIEW

Case #1/CASE-2025-2386

PHA-2025-0086

Trang Pharmacy, DS100215

Time: 10:28 AM

RECUSAL: NONE

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

- During a Retail compliance inspection conducted on 07/17/2025, the Investigator documented that the licensee had been conducting sterile compounding without the proper license. BORP opened this complaint and later amended it after the licensee disclosed that the Pharmacy improperly accepted dispensed medication for return/destruction.
- MOR Le indicated that she prepared the sterile product, ketamine syringe, for a prescriber located in the same building. The syringe is delivered to the prescriber's office and the prescriber then injected the ketamine into an intravenous bag for administration to the patient in the clinic.
- MOR Le noted that she started sterile compounding on 04/11/2025 (while working at the Pharmacy under previous ownership) and ended on 07/17/2025. She believed the drawing up of the ketamine syringes was allowed based on her previous role in hospital pharmacy that permitted "immediate use" compounding.
- MOR Le related that she immediately stopped sterile compounding without proper licensure. Trang Pharmacy stopped providing ketamine syringes to the provider for Ketamine IV administration effective July 17, 2025. Trang Pharmacy will dispense the whole ketamine vial to the provider (for a prescribed order) with the instruction to waste the rest after individual use (use MDV ketamine vial as an SDV) on the prescription label.
- On 08/14/2025, MOR Le disclosed that she accepted return of previously dispensed ketamine syringes from the provider and later wasted the unused ketamine syringes, in violation of 247 CMR 9.01(7). On 09/25/2025, the complaint against the Pharmacy was amended to include this violation.
- On 09/19/2025, MOR Le was provided a copy of Board Policy 2024-05: Schedules II and III Quantity Limits which clarifies dispensing limitations of Schedule III medications, for her review.

ACTION: Motion by D. BARNES, seconded by T. FENSKY, and voted unanimously by those present, to refer the matter (PHA-2025-0086), 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. A second motion was made by D. BARNES, seconded by R. MORELLI, and voted unanimously by those present, to open a complaint against MOR Mytrang Le (PH23526).

Case #2/CASE-2025-3001

PHA-2025-0124

The Baker Pharmacy, DS12518

Time: 10:33 AM

RECUSAL: NONE

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

- During a retail compliance inspection conducted on 09/08/2025, the MOR did not have his immunization training certification readily available or a current immunization standing order.
- MOR Littlewood indicated that immunizations ceased until a new standing order was obtained on 09/15/2025. Since 02/01/2025 when the standing order expired, 150 vaccinations were given without a valid standing order.
- The MOR responded that he was able to locate his immunization training certificate and subsequently filed it in the regulatory box .
- MOR Littlewood obtained a new standing order for immunization and emergency vaccine management on 09/15/2025. He will be more vigilant in keeping these standing orders up to date.

ACTION: Motion by S. AHMED, seconded by M. SCIARAFFA, and voted unanimously by those present, to refer the matter (PHA-2025-0124), 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 REPRIMAND.

Case #3/CASE-2025-3459

PHA-2025-0122

ProRx, NO10087

Time: 10:35 AM

RECUSAL: NONE

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

- On 10/7/2025, ProRx notified BORP by email of its most recent FDA inspection and the issuance of an FDA Form 483. According to the Form 483, FDA conducted an inspection at ProRx between 09/09/2025 and 09/19/2025. FDA then issued the Form 483 to ProRx on 09/19/25. Consequently, ProRx failed to notify BORP about the inspection or Form 483 within 14 days as required. Furthermore, FDA investigators cited seven observations of objectionable conditions, and the inspection was still open as of 12/10/2025.
- ProRx admitted that the facility failed to notify BORP within 14 days about the FDA inspection and Form 483 as required. However, ProRx stressed that the notice to BORP about the inspection and

Form 483 were “only two weeks after the 14-day notification deadline...” and “only four days after the deadline...”, respectively.

- ProRx prepared and circulated a memorandum to all employees involved in Quality and Compliance that clearly sets forth the reporting requirements in 247 CMR 21.09... ProRx also requested and received confirmation that all relevant individuals had reviewed and understood the memorandum...”

ACTION: Motion by T. FENSKY, seconded by M. SCIARAFFA, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2025-0122), with PHA-2025-0018. A second motion was made by T. FENSKY, seconded by R. MORELLI, and voted unanimously by those present, to refer the consolidated matters 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/CASE-2025-2476

PHA-2025-0088

CVS #444, DS2704

Time: 10:40 AM

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

DISCUSSION: K. JOHNSTONE presented and summarized the investigative report that pertained to this matter.

- On 07/30/2025, CVS Pharmacy #444 submitted a final RLCS which confirmed the unknown loss of #500 zolpidem 10 mg tablets on 07/09/2025.
- On 09/10/2025, CVS Pharmacy #444 submitted an amended RLCS which stated the loss was due to an in-transit loss. After further review of video footage, the Pharmacy confirmed the bottle was left in the delivery tote and returned to Cardinal, who was unable to confirm that the zolpidem was received.
- Current MOR Ahern checked in a delivery from Cardinal and then placed all the bottles back into the delivery tote. The tote was mistakenly returned to Cardinal.
- In addition to the #500 zolpidem 10 mg tablets, 11 other controlled substances were in the tote. The Pharmacy could not provide documentation that these were received by Cardinal. No other RLCS was submitted by the Pharmacy.
- As corrective action, a pharmacist must scan each controlled substance and immediately place each item into inventory. The bottles cannot be placed back into the tote to be put away at a future time.
- Pharmacy staff attested to having reviewed all policies and procedures regarding the proper storage and handling of controlled substances.

ACTION: Motion by R. MORELLI, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2025-0088), 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.

Topic VIII: Executive Session Call to Order: TIME: 10:45 AM

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

ACTION: Motion by S. AHMED seconded by P. WOLOHAN, voted unanimously by roll call to enter executive session #1.

Topic IX: Adjudicatory Session TIME: 05:00 PM

By: President S. Dinno request a motion to enter Adjudicatory Session.

ACTION: At 05:00 PM T. FENSKY seconded by R. MORELLI and voted unanimously by all those present to enter the Adjudicatory Session by roll call vote.

Topic X: 65C Sessions MGL c. 112 section 65C TIME: 01:05 PM

By: President S. Dinno request a motion to enter M.G.L 65 c Session.

ACTION: Motion by S. AHMED, seconded by M. SCIARAFFA and voted unanimously by all those present to enter M.G.L. chapter 65 C Session by roll call vote.

Topic XI: ADJOURNMENT OF MEETING TIME: 5:05 PM

ACTION: Motion by S. AHMED seconded by M. SCIARAFFA and voted unanimously by those present, to adjourn the meeting by roll call vote.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. February 5, 2026, Agenda
2. January 6, 2026, Board Minutes
3. Licensure Policy 13-01 Report
4. Monthly Probation Report
5. BDR Licensure Report pursuant Policy 14-02
6. URAMP Quarterly Report
7. Revisions to URAMP Operational Policy 24-08
8. Policy 13-01 Licensure Applications and Notices
9. Policy 14-02 Board Delegated Review (BDR)
10. Policy 2023-09 Action Level Environmental Monitoring Results
11. Mass Vax– New Retail Pharmacy
12. Rutland Family Pharmacy- New Retail Pharmacy
13. Mass General Hospital-New Nuclear Pharmacy
14. Option Care-Petition for waiver
15. Option Care – Petition for waiver
16. East West Pharmacy – New Retail Pharmacy
17. PPS of Massachusetts dba/ Partners Pharmacy
18. Optimal Balance Pharmacy LLC- New Retail pharmacy, Complex Non-Sterile Pharmacy Sterile Pharmacy
19. PHA-2025-0086 Trang Pharmacy
20. PHA-2025-0124 The Baker Pharmacy
21. PHA-2025-0122 ProRX
22. PHA-2025-0088 CS #444