

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

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

March 5, 2026

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

Join link:

<https://eohhs.webex.com/eohhs/j.php?MTID=m573d52fccabf423809abc90564d9f3a7>

Webinar number: 2536 820 3619

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 February 5, 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		
8:30	V	FLEX <ul style="list-style-type: none">• NABP Annual Meeting – May 12-15, 2026 – Boston• Proposed Resolutions for NABP Annual Meeting		

9:00	VI	<p>APPLICATIONS</p> <ul style="list-style-type: none"> • Walgreens Central Fill #21400, DS90395 <ul style="list-style-type: none"> ○ Petition for Waiver DSPW10098 • Vital Care of Springfield, DS100462 <ul style="list-style-type: none"> ○ Renovation DSSRN10177 • South Lake Pharmacy <ul style="list-style-type: none"> ○ Complex Non-Sterile Compounding NDSNE62091NS ○ Sterile Compounding License NDSNE97453SC • MGB Specialty Pharmacy at MGH <ul style="list-style-type: none"> ○ Retail Pharmacy DSNE10000487 • BILH Specialty Pharmacy DS90335 <ul style="list-style-type: none"> ○ Petition for Waiver DSPW10100 																																																						
10:00	VII	<p>REVIEW OF COMPLIANCE</p> <ul style="list-style-type: none"> • CVS #507, DS89841, PHA-2024-0136 		K. Fishman																																																				
10:30	VIII	<p>FILE REVIEW</p> <table border="1" data-bbox="217 837 1286 1558"> <tr> <td>1</td> <td>CASE-2025-3332</td> <td>PHA-2025-0123</td> <td>Agnes Rubin, PH20522</td> </tr> <tr> <td>2</td> <td>CASE-2025-3506</td> <td>PHA-2025-0131</td> <td>Walgreens 19441, DS90140</td> </tr> <tr> <td>3</td> <td>CASE-2025-4253</td> <td>INV23815</td> <td>Daniel Nova Castaner, PH237608</td> </tr> <tr> <td>4</td> <td>CASE-2025-3007</td> <td>PHA-2025-0107</td> <td>J&B Pharmacy Services Inc, NDS31294</td> </tr> <tr> <td>5</td> <td>CASE-2025-3212</td> <td>PHA-2025-0116</td> <td>Boothwyn Pharmacy, NDS31968</td> </tr> <tr> <td>6</td> <td>CASE-2025-2431</td> <td>PHA-2025-0152</td> <td>Boothwyn Pharmacy, NDS31968</td> </tr> <tr> <td>7</td> <td>CASE-2025-2858</td> <td>PHA-2025-0095</td> <td>Caring Pharmacy, DS89747</td> </tr> <tr> <td>8</td> <td>CASE-2025-2928</td> <td>PHA-2025-0105</td> <td>Seaside Pharmacy, DS89919</td> </tr> <tr> <td>9</td> <td>CASE-2025-3455</td> <td>PHA-2025-0127</td> <td>CVS #8437, DS3549</td> </tr> <tr> <td>10</td> <td>CASE-2025-2857</td> <td>PHA-2025-0110</td> <td>CVS #10649, DS90096</td> </tr> <tr> <td>11</td> <td>CASE-2025-3971</td> <td>PHA-2025-0155</td> <td>CVS #10649, DS90096</td> </tr> <tr> <td>12</td> <td>CASE-2025-2985</td> <td>INV21298</td> <td>CVS #109, DS3586</td> </tr> <tr> <td>13</td> <td>CASE-2025-2985</td> <td>PHA-2026-0003</td> <td>Amelia Teabo, PT28717</td> </tr> </table>	1	CASE-2025-3332	PHA-2025-0123	Agnes Rubin, PH20522	2	CASE-2025-3506	PHA-2025-0131	Walgreens 19441, DS90140	3	CASE-2025-4253	INV23815	Daniel Nova Castaner, PH237608	4	CASE-2025-3007	PHA-2025-0107	J&B Pharmacy Services Inc, NDS31294	5	CASE-2025-3212	PHA-2025-0116	Boothwyn Pharmacy, NDS31968	6	CASE-2025-2431	PHA-2025-0152	Boothwyn Pharmacy, NDS31968	7	CASE-2025-2858	PHA-2025-0095	Caring Pharmacy, DS89747	8	CASE-2025-2928	PHA-2025-0105	Seaside Pharmacy, DS89919	9	CASE-2025-3455	PHA-2025-0127	CVS #8437, DS3549	10	CASE-2025-2857	PHA-2025-0110	CVS #10649, DS90096	11	CASE-2025-3971	PHA-2025-0155	CVS #10649, DS90096	12	CASE-2025-2985	INV21298	CVS #109, DS3586	13	CASE-2025-2985	PHA-2026-0003	Amelia Teabo, PT28717		
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11:30	IX	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.		
12:00		LUNCH BREAK		
12:45	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

March 5, 2026

Board Members Present

Timothy Fensky, RPh, President-Elect
Mark Sciaraffa, CPhT
Sami Ahmed, PharmD., RPh, BCPS, BCSCP
Katie Thornell, RPh, MBA
John Rocchio, RPh, PharmD
Delilah Barnes, RPh
Frank Lombardo
Stephanie Patel, MD, MBA, FFHPM, HMDC

Board Members Not Present

Saad Dinno, RPh, FACP/FACA, President
Julie Dorgan, RN, Secretary
Caryn Belisle, RPh, MBA
Rital Morelli, PharmD, BCACP, RPh
Patricia Woolhan, RN, BLS, ACLS

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
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 8:00 AM

A quorum of the Board was present, established by roll call. President-Elect Timothy Fensky chaired the meeting and explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: S. Ahmed, present; Mark Sciaraffa, present; K. Thornell, present, S. Patel, present; F. Lombardo, present; J. Rocchio, present; D. Barnes, present; present; T. Fensky, present.

Topic II.

Approval of Agenda

TIME 8:01 AM

Agenda: 03/05/25

DISCUSSION: Deferred Applications: Vital Care of Springfield, MGB Specialty Pharmacy at MGH.
Applications withdrawn: South Lake Pharmacy.

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

Topic III

Approval of Board Minutes

TIME: 8:05 AM

Minutes

1. Draft **02/05/25**

Change: No changes.

ACTION: Motion by D. BARNES seconded S. PATEL 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: 8:01 AM

PRESENTED BY: R. HARRIS

DISCUSSION: R. Harris reported a total of 28 Resident Change Pharmacist Manager of Record applications and 8 Non-Resident Change Designated Pharmacist-in-Charge applications, all of which have been approved via Staff Action since the last report.

So noted.

Topic IV.

REPORTS

Monthly Report from Probation

TIME: 8:02 AM

PRESENTED BY: R. HARRIS

DISCUSSION: R. Harris disclosed that there have been no new Staff Assignments since the last report.

So noted.

Topic IV.

REPORTS

Monthly Report from BDCR pursuant to Policy 14-02

TIME: 8:02 AM

PRESENTED BY: R. HARRIS

DISCUSSION: R. Harris reported a total of 13 Continuing Education discrepancies, all of which were closed with no discipline warranted, remediation completed. Additionally, 3 cases of failures to report discipline, 4 inspectional deficiencies, and 1 instance of Controlled Substance loss have been reported, all of which were issued a reprimand. There has been one waiver approval since the last Board meeting.

So noted.

TOPIC V

FLEX

1. NABP Annual Meeting – May 12-15, 2026 – Boston

Time: 8:03 AM

Presented by: M. BOTTO

Discussion: A delegate and alternate are needed to represent the Board at the annual meeting.

Action: Motion by S. AHMED, seconded by M. SCIARAFFA, and voted unanimously by roll call of those present, for JOHN ROCCHIO to be the delegate with KATIE THORNELL as the alternate.

2. Proposed Resolutions for NABP Annual Meeting

Time: 8:05 AM

Presented by: M. BOTTO

Discussion: Two resolutions approved at the district meeting will be presented at the annual meeting. The topics are lyophilization and public access to vaccines by pharmacy personnel.

So noted.

TOPIC VI:

APPLICATIONS

- **Walgreens Central Fill #21400, DS90395**
 - **Petition for Waiver DSPW10098**

TIME: 8:06 AM

Presented by: Jeenu Philip, Kevin Mc Murray, Ahlam Antar

Recusal: None

Discussion: Walgreens presented with slides to explain that they felt BOP policy 2020-15 does not align with the operations of their Central Fill location. Specifically, that the unlicensed personnel do not complete Technician level duties. Further explaining that the work completed in this facility would be limited in scope, repetitive, and routinely monitored. Walgreens further explained that this facility does not process Schedule II-V substances and that the involvement of people is limited with the level of automation utilized in this facility.

Questions:

- What is your current staffing at your facility?
 - We have a full time pharmacist and will be expanding to 9 pharmacists as of 3/12/2026. We have 4 per diem pharmacists, we have 93 pharmacy technicians, and 68 specialists
 - We have about 21 technicians to 3 pharmacists. We have about including non-licensed staff 41 staff members total for 3 pharmacists

Requested Waiver:

Policy 2020-15

247CMR 8.06(3)

Action: S. AHMED made a motion to deny the waiver of Policy 2020-15; seconded by M. SCIARAFFA and voted 7:1 by roll call to approve the motion. Nay: J. Rocchio

Action: D. BARNES made a motion to take the waiver of 247CMR8.06(3) increase the ratio of Pharmacists to Technicians to 20:1 under advisement; seconded by M. SCIARAFFA and voted unanimously by roll call to approve the motion.

TOPIC VI:

APPLICATIONS

- **Vital Care of Springfield, DS100462**
 - **Renovation DSSRN10177**

TIME:

Presented by:

Recusal: None

Discussion:

DEFERRED

Action:

TOPIC VI: APPLICATIONS

- **South Lake Pharmacy**
 - **Complex Non-Sterile Compounding NDSNE62091NS**
 - **Sterile Compounding License NDSNE97453SC**

TIME:

Presented by:

Recusal:

Discussion: DEFERRED

Action:

TOPIC VI: APPLICATIONS

- **MGB Specialty Pharmacy at MGH**
 - **Retail Pharmacy DSNE10000487**

TIME:

Presented by:

Recusal:

Discussion: DEFERRED

Action:

TOPIC VI: APPLICATIONS

- **BILH Specialty Pharmacy DS90335**
 - **Petition for Waiver DSPW10100**

TIME: 8:55 AM

Presented by: Luca Cattaneo

Recusal:

Discussion: We provide comprehensive patient centered care to patients with serious or chronic health conditions. This requires us to have a higher staffing model than comparable pharmacies.

Questions:

- Will the technicians in this expanded ration, will they be assisting the pharmacist in the prescription filling process?
 - Yes, all of the technicians would be assisting the pharmacist at some point.
 - We currently employ 10 pharmacists with 30 technicians

Waiver Requested:

247 CMR 8.06(3)

Action: D. BARNES made a motion to approve the waiver of 247 CMR 8.06(3) and to approve a ratio of 6:1; seconded by K. THORNELL and voted unanimously by those present to approve the waiver.

TOPIC VII:

FILE REVIEW

Case #1/CASE-2025-3332
PHA-2025-0123

Agnes Rubin, PH20522

Time: 09:04 AM

RECUSAL: NONE

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

- BORP received notification from NABP that Pharmacist Rubin surrendered her VA Pharmacist license to the VA BOP effective 9/23/2025. However, the licensee failed to notify the BORP of this action with 14 calendar days as required.
- Pharmacist Rubin’s VA pharmacist license was surrendered because she violated the terms of her probation by failing to comply with all terms of the Order within 5 years of the date the Order on 12/21/2018.
- Pharmacist Rubin responded that she was unaware that she needed to inform MA BORP of her voluntary surrender.

ACTION: Motion by S. AHMED, seconded by M. SCIARAFFA, and voted unanimously by those present, to refer the matter (PHA-2025-0123), 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/CASE-2025-3506
PHA-2025-0131

Walgreens 19441, DS90140

Time: 09:06 AM

RECUSAL: NONE

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

- On 10/17/2025, Investigator Horn discovered during an RCI that WAG 19441 failed to implement a “hazardous drug handling program...” and issued a POC.
- In turn, MOR Rijo submitted a POC in which he identified the corporate individual responsible for overseeing compliance and described remediation completed to comply with requirements for handling hazardous drugs in USP 800 including monthly reviews and updates as needed of the NIOSH list, identification of hazardous drugs, provision of proper equipment to handle hazardous drugs, personnel training prior to handling hazardous drugs.

- MOR Rijo summarized the POC in his response to the complaint then pledged that he “fully understand the importance of proper handling of hazardous materials and will maintain compliance with all USP requirements moving forward”.

ACTION: Motion by M. SCIARAFFA, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2025-0131), 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 #3/CASE-2025-4253
INV23815

Daniel Nova Castaner, PH237608

Time: 09:08 AM

RECUSAL: NONE

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

- On 01/19/2025, Pharmacist Castaner disclosed to BORP that he failed to complete annual CE requirements in 2024. Upon review, Pharmacist Castaner was deficient 1 contact hour (CH) of CE in any format and any topic. Of note, Pharmacist Castaner completed annual CE requirements in 2025.
- CA: Pharmacist Castaner submitted proof of completion of remediation of the aforementioned CE deficiency on a 1:1 basis in 2025.
- Of note, Pharmacist Castaner previously disclosed in 2022 that he was deficient 4 CH in total and 2.5 CH in live format which resulted in opening of SA-INV 21353. Pharmacist Castaner remediated his deficiency on a 1:1 basis in 2022. BORP closed the matter (closed; discipline not warranted, remediation complete) as part of the April 6, 2023 Board Meeting.

ACTION: Motion by D. BARNES, seconded by S. AHMED, and voted unanimously by those present, to CLOSE the matter (INV23815), No Discipline Warranted, Remediation Complete.

Case #4/CASE-2025-3007
PHA-2025-0107

J&B Pharmacy Services Inc, NDS31294

Time: 09:10 AM

RECUSAL: NONE

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

- On 09/09/2025, J&B untimely notified BORP about a transfer of ownership which occurred on 04/29/2025.
- Current PIC Slindee asserted that “[J&B] remains the active entity and is the licensed pharmacy... the operating entity has not changed. The ownership change consisted of an assignment to individuals or entities owned by the same persons who made the assignment. There has been no change in day-to-day operational control of the pharmacy, and the current owners continue to own the company indirectly.”

- Next, Current PIC Slindee confirmed that “no prescriptions were dispensed and shipped into Massachusetts during the period from 04/29/2025, through the date of this response... no prescriptions were dispensed, as reflected in the attached report confirming zero dispensing activity. We do not plan to ship into Massachusetts until all required ownership and licensure changes have been completed and approved.”
- J&B notified BORP that the pharmacy was out of business as of 09/16/2025. In addition, Current PIC Slindee confirmed that no prescriptions were dispensed and shipped into Massachusetts by J&B after the transfer of ownership on 04/29/2025. J&B was also notified that J&B and/or successor entities were prohibited from dispensing controlled substances into Massachusetts until a new non-resident drug store pharmacy license was obtained.

ACTION: Motion by M. SCIARAFFA, seconded by D. BARNES, and voted unanimously by those present, refer the matter (PHA-2025-0107), 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/CASE-2025-3212

PHA-2025-0116

Boothwyn Pharmacy, NDS31968

Time: 09:12 AM

RECUSAL: NONE

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

- Boothwyn Pharmacy failed to notify the Massachusetts BOP within 14 calendar days about discipline by the Pennsylvania Board of Pharmacy.
- On 08/26/2025, Boothwyn entered into a consent agreement with PA BOP.
- On 09/24/2025, Director of Pharmacy Operations Giordano notified the Massachusetts BOP that Boothwyn was placed on an indefinite probation and given a civil penalty of 1,000,000.
- On 09/03/2024, Boothwyn started compounding GLP-1 medications but did not submit an application to the PA BOP to conduct compounding in the space until 04/15/2025.
- As corrective action, notifications of discipline are prepared by Compliance and co-signed by the PIC before transmittal within 14 calendar days.
- Training was conducted in reporting requirements. Annual training will be held.
- Compliance will audit reportable event timelines quarterly.
- On 12/03/2025, BOP amended the complaint to include the discipline in another jurisdiction for dispensing medication from unlicensed space, as described in the Pennsylvania consent agreement.
- Boothwyn was issued Massachusetts license NDS31968 on 04/08/2025. Boothwyn submitted an application to the PA BOP for the unlicensed space on 04/15/2025. In response to providing a list of medications shipped into Massachusetts after the issuance of NDS31968 but before receiving approval from Pennsylvania for the unlicensed space, Boothwyn provided a list of approximately 1944 medications. It is not known if any of these medications were compounded and/or dispensed in the unlicensed space cited by the PA BOP.
- Boothwyn provided a schematic but did not clearly identify specific areas as designated by Massachusetts licenses for sterile and nonsterile compounding.
- Director Giordano implemented rigorous training and digitalized quality assurance documents. Boothwyn has successfully passed PA BOP inspections on 10/16/2025 and 12/19/2025.

ACTION: Motion by S. AHMED, seconded by K. THORNELL, and voted unanimously by those present, to DEFER the matter (PHA-2025-0116), and to have the licensee appear before the Board for an Investigative Conference.

Case #6/CASE-2025-2431
PHA-2025-0152

Boothwyn Pharmacy, NDS31968

Time: 09:16 AM

RECUSAL: NONE

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

- On 06/23/2025, the California BOP issued a Cease-and Desist Order to Boothwyn Pharmacy to immediately cease shipping CSPs into California. The Pharmacy failed to notify the Massachusetts BOP of the Order.
- The C & D Order resulted from an annual renewal inspection conducted on 04/24/2025, where it was observed that two lots of non-sterile to sterile CSPs were dispensed before bacterial endotoxin testing (BET) results were available. BET levels exceeded limits by 2-3 times. The Pharmacy was unable to provide documentation that patients were notified or that a recall occurred. Additionally, many of the CSPs were labeled as “keep frozen” without supporting data.
- On 06/09/2025, FDA issued a 483 which cited these and additional observations.
- On 07/10/2025, after a hearing was held on July 1 and 3, 2025, the Cease-and Desist Order was lifted as evidence established circumstances had changed and no immediate threat to the public existed.
- In response to this complaint, Compliance Pharmacist Ducre stated that as the order was lifted and no discipline occurred, therefore it was not reported to BOP.
- The Pharmacy updated internal procedures and created a tracking system to ensure compliance with Massachusetts reporting requirements.

ACTION: Motion by K. THORNELL, seconded by D. BARNES, and voted unanimously by those present, to DEFER the matter (PHA-2025-0152), and to have the licensee appear before the Board for an Investigative Conference.

Case #7/CASE-2025-2858
PHA-2025-0095

Caring Pharmacy, DS89747

Time: 09:20 AM

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

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

- During a retail compliance inspection conducted on 08/25/2025, and the Pharmacy was cited for allowing PTT Vu and PTT Nguyen to work with expired licenses, storing returned prescription vials from patients outside of licensed space, and last conducting the biennial inventory on 05/20/2023.
- MOR Dang immediately removed both unlicensed PTTs from the schedule. Their trainee licenses were immediately renewed.

- The Pharmacy no longer accepts any returns. MOR Dang stated that the vials observed were from patients with limited mobility or limited public transportation who requested assistance with disposal of medications.
- A biennial inventory was conducted 08/30/2025. The Pharmacy conducts weekly counts of all C2-5 medications.
- A digital calendar system was created with alerts set for 60 days and 30 days before any staff license expiration. A quarterly audit process was established. License verification was added to the monthly checklist. Also, a monthly spreadsheet is being created that will require each employee to attest that their license is active.
- Staff attested to reviewing new, formalized policies on storing all prescription medications within licensed space and not accepting returned medications.
- Staff also attested to having reviewed all policies on the proper storage and handling of controlled substances.
- MOR Dang attested to having reviewed technician training guidelines.

ACTION: Motion by D. BARNES, seconded by M. SCIARAFFA, and voted unanimously by those present, to refer the matter (PHA-2025-0095), 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/CASE-2025-2928

PHA-2025-0105

Seaside Pharmacy, DS89919

Time: 09:23 AM

RECUSAL: NONE

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

- During a site visit conducted with DEA on 09/02/2025 and 09/03/2025, Investigator Geaney observed two unlicensed staff members conducting technician duties.
- MOR Vu stated that she did not realize the regulations requiring technician trainees to be licensed before training had changed. Immediately after the site visit, she instructed staff members Palacios and Ouldzenagui to register with the BORP. Both individuals were licensed as PTTs on 09/15/2025.
- PTT Palacios and PTT Ouldzenagui responded that they did not know of the licensure requirement.
- MOR Vu provided a copy of the Pharmacy's updated policy on the hiring and training of pharmacy technicians to ensure compliance with 247 CMR 8.00.
- MOR Vu attested to having reviewed the BORP technician training guidelines, including 247 CMR 8.03.

ACTION: Motion by S. AHMED, seconded by M. SCIARAFFA, and voted unanimously by those present, to refer the matter (PHA-2025-0105), 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 recused and was not present for the vote or discussion in this matter.

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

- During a retail compliance inspection conducted on 10/14/2025, the investigator observed that the licensee was storing vaccines, needles, and syringes outside of the licensed pharmacy space. Additionally, the investigator observed expired medication in the ScriptPro unit and signs of rodent droppings which are repeat deficiencies.
- MOR Yu indicated that all the vaccines, needles, and syringes will be stored in the pharmacy and not left unattended in the immunization room. He removed all the expired tablets within the ScriptPro unit and cleaned the areas where mice droppings were observed.
- MOR Yu indicated that he has spoken to all the pharmacists and that they are expected to bring back all the vaccination supplies to the Pharmacy after each use. He educated all pharmacy staff to update the expiration date every time a ScriptPro cell is refilled, and the lead technicians have been tasked with going through the ScriptPro the first of every month to ensure that no medications are expiring within 3 months. Lastly, a daily cleaning schedule has been implemented, and a pest control company will be on site 3-4 times a week to address any rodent concerns.

ACTION: Motion by D. BARNES, seconded by M. SCIARAFFA, and voted unanimously by those present, to refer the matter (PHA-2025-0127), 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 recused and was not present for the vote or discussion in this matter.

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

- On 08/29/2025, a complaint was received from a veterinarian alleging that on 08/29/2025, the Pharmacy refused to fill a fluticasone inhaler for a feline patient without the veterinarian providing her DEA number. The client filled the prescription the same day at another pharmacy.
- MOR Briggs responded that Technician Dietrich-Cook and Pharmacist Boaitey were on duty at the time of the incident.
- Technician Dietrich-Cook responded that she could not find the provider in the computer system and requested her DEA number as it was the easiest solution. At the time, she did not know how to enter a veterinarian without a DEA number.
- Pharmacist Boaitey stated that Technician Dietrich-Cook did not bring the incident to his attention and that he was likely occupied with another task at the time.

- MOR Briggs educated staff on how to properly enter a veterinarian into the computer system without using a DEA number. Additionally, the computer system recently had a provider search update, making it easier to locate and add prescribers.
- MOR Briggs and staff reviewed the Massachusetts Veterinary Association’s FAQ’s regarding pharmacies requesting a DEA number for Schedule VI medications.

ACTION: Motion by S. AHMED, seconded by D. BARNES, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2025-0110), with PHA-2025-0155. A second motion was made by S. AHMED, seconded by M. SCIARAFFA, 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 #11/CASE-2025-3971

PHA-2025-0155

CVS #10649, DS90096

Time: 09:29 AM

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

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

- CVS 10649 reported on October 9, 2025 that 60 XCOPRI 100mg tablets were lost in transit on September 19, 2025 and on November 10, 2025 that 90 XCOPRI 25mg tablets and 30 XCOPRI 100mg tablets were lost in transit on October 21, 2025.
- CVS Regulatory Affairs asserted that the drugs on both occasions were lost in transit by Cardinal Health 110. However, the delivery date for the 60 XCOPRI 100 mg tablets was September 18, 2025 while the date of discovery of the loss was reported as September 19, 2025. In addition, the delivery date for 90 XCOPRI 100mg tablets and 30 XCOPRI 25mg tablets was October 16, 2025 while the date of discovery of the loss was reported as October 21, 2025.
- Furthermore, CVS Regulatory Affairs admitted that “the number of totes received in each instance matched the number of totes shipped on the manifest provided by the Cardinal Delivery Driver. These invoices would drop into our electronic queue to be checked in, with no matching tote.”
- MOR Briggs indicated that the following corrective was implemented at CVS 10649 to mitigate recurrence of a similar incident. MOR Briggs wrote, “The pharmacy will continue to follow CVS protocol when receiving controlled substance orders to ensure we receive all drugs that are on the receiving paperwork. If tampering is identified the pharmacist will refuse the order.”

ACTION: Motion by S. AHMED, seconded by D. BARNES, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2025-0155), with PHA-2025-0110. A second motion was made by S. AHMED, seconded by M. SCIARAFFA, 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.

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

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

- During 09/2025, BORP received information from a technician at CVS 109 that pharmacists were sharing credentials with technicians so the technicians could perform DUR on prescriptions.
- MOR Tessier indicated that Technician Teabo admitted that she used Pharmacist Diesz's credentials to rebill an insurance claim. He and Pharmacist Diesz asserted that Pharmacist Diesz had no knowledge and did not provide nor permit Technician Teabo to use Pharmacist Diesz's credentials to rebill the claim. In addition, Pharmacist Diesz and Technician Rambharose denied that Technician Rambharose used any other staff members' credentials.
- Technician Teabo admitted that she routinely used Pharmacist Diesz's credentials to complete DUR, final verification, and redo otherwise completed prescriptions for issues such as insurance claims. She asserted that Pharmacist Diesz provided her credentials and told her to complete DUR, final verification, and redo otherwise completed prescriptions for over a year.
- MOR Tessier affirmed that he "reviewed the professional standards of practice (247 CMR 8.00, 9.00 and BOP Policy 2020-15) with all licensees... currently working at CVS Pharmacy #109 to ensure that no one should be sharing credentials or working out of their scope of practice." In addition, MOR Tessier expressed that Technician Teabo's employment was terminated.
- Technician Teabo explained that she only worked as a technician at CVS 109, so she presumed Pharmacist Diesz's practice was acceptable. She acknowledged that she used poor judgment when she presumed the practice was acceptable. She now understood that sharing credentials and performing tasks outside of those permitted by her licensure were poor practices and not in the best interest of patients. She pledged that she would refuse to participate in such practices and immediately notify her manager if faced with a similar situation in the future. Lastly, Technician Teabo offered to come before the BORP to answer any questions.

ACTION: Motion by K. THORNELL, seconded by M. SCIARAFFA, and voted unanimously by those present, to CLOSE the matter (INV212198), No Discipline Warranted, Remediation Complete. A second motion was made by K. THORNELL, seconded by M. SCIARAFFA, and voted unanimously by those present, to open a complaint against Pharmacist Natalie Diesz (PH1001202).

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

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

- During 09/2025, BORP received information from a technician at CVS 109 that pharmacists were sharing credentials with technicians so the technicians could perform DUR on prescriptions.
- MOR Tessier indicated that Technician Teabo admitted that she used Pharmacist Diesz’s credentials to rebill an insurance claim. He and Pharmacist Diesz asserted that Pharmacist Diesz had no knowledge and did not provide nor permit Technician Teabo to use Pharmacist Diesz’s credentials to rebill the claim. In addition, Pharmacist Diesz and Technician Rambharose denied that Technician Rambharose used any other staff members’ credentials.
- Technician Teabo admitted that she routinely used Pharmacist Diesz’s credentials to complete DUR, final verification, and redo otherwise completed prescriptions for issues such as insurance claims. She asserted that Pharmacist Diesz provided her credentials and told her to complete DUR, final verification, and redo otherwise completed prescriptions for over a year.
- MOR Tessier affirmed that he “reviewed the professional standards of practice (247 CMR 8.00, 9.00 and BORP Policy 2020-15) with all licensees... currently working at CVS Pharmacy #109 to ensure that no one should be sharing credentials or working out of their scope of practice.” In addition, MOR Tessier expressed that Technician Teabo’s employment was terminated.
- Technician Teabo explained that she only worked as a technician at CVS 109, so she presumed Pharmacist Diesz’s practice was acceptable. She acknowledged that she used poor judgment when she presumed the practice was acceptable. She now understood that sharing credentials and performing tasks outside of those permitted by her licensure were poor practices and not in the best interest of patients. She pledged that she would refuse to participate in such practices and immediately notify her manager if faced with a similar situation in the future. Lastly, Technician Teabo offered to come before the BORP to answer any questions.

ACTION: Motion by K. THORNELL, seconded by D. BARNES, and voted unanimously by those present, to DISMISS the matter (PHA-2026-0003), No Discipline Warranted, Remediation Complete.

Topic IX: Executive Session Call to Order: TIME: 09.59 AM

By: President-Elect T. FENSKY reads the executive session language and requests a motion to enter executive session.

ACTION: Motion by T. FENSKY, Seconded by K. THORNELL, voted unanimously by roll call to enter executive session #1.

Topic X: 65C Sessions MGL c. 112 section 65C TIME: 10:33 AM

By: President-Elect T. FENSKY request a motion to enter M.G.L 65 c Session.

ACTION: At 10:33 AM, K. THORNELL, seconded by S. AHMED and voted unanimously by all those present to enter M.G.L. chapter 65 c Session by roll call vote.

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

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. March 5, 2026, Agenda
2. February 5, 2026, Board Minutes
3. Licensure Policy 13-01 Report
4. BDR Licensure Report pursuant Policy 14-02
5. Proposed Resolutions for NABP Annual Meeting
6. Walgreens Central Fill 214000 Petition for Waiver
7. BILH Specialty Pharmacy Petition for Waiver
8. PHA-2025-0123, Agnus Rubin
9. PHA-2025-0131, Walgreens 19441
10. INV23815, Daniel Nova Castaner
11. PHA-2025-0107, J&B Pharmacy Services
12. PHA-2025-0116, Boothwyn Pharmacy
13. PHA-2025-0152, Boothwyn Pharmacy
14. PHA-2025-0095, Caring Pharmacy
15. PHA-2025-0105, Seaside Pharmacy
16. PHA-2025-0127, CVS 8437
17. PHA-2025-0110, CVS 10649
18. 003PHA-2025-0155, CVS10649
19. INV21298, CVS 109
20. PHA-2026-0003, Amelia Taebo