

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

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

November 2, 2023

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

Join link

<https://eohhs.webex.com/eohhs/j.php?MTID=m1aee272d1136c95f9428d216b0164403>

Webinar number

2531 528 9272

Webinar password

J3pdNckxu73 (53736259 from phones and video systems)

Join by phone

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

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Access code: 253 152 89272

*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		C. Belisle
8:02	II	APPROVAL OF AGENDA		
8:05	III	APPROVAL OF BOARD MINUTES <ul style="list-style-type: none">• Draft of October 5, 2023 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"> Nomination of Board Officers Proposed Board meetings for 2024 Thank you to Jenny Chin ELX Update 																																																		
9:00	VI	APPLICATIONS <ul style="list-style-type: none"> Cornerstone Health Solutions - DS90083- Removal from Pilot Status Request CVS/Specialty; DS3416 - Renovation 																																																		
9:20	VII	POLICIES Policy 14-02: Board Delegated Review (BDR): The "unknown loss protocol" was removed from the policy since the Board voted for a new "controlled substance loss protocol" at the October meeting. Also added was the ability for BDR to issue a reprimand for the loss of less than #100 units of a Schedule II controlled substance. Policy 2021-04: Continuing Education (CE) Requirements for Pharmacists: Details for the required pain management training for CDTM pharmacists was added to the CE policy. With this addition, we request that the advisory titled "Pain Management Training for CDTM Pharmacists" be rescinded. Policy 2023-01: Compliance Packaging and Reusable Dose Planners Th change to this policy allows Schedule II and III maintenance medications to be placed in multi-drug-single-dose compliance packages.		M. Chan																																																
9:30	VIII	RECONSIDERATION <ul style="list-style-type: none"> Innocent Akani; PHA-2022-0119; PH25261 		M. Egan																																																
9:45	IX	FILE REVIEW <table border="1"> <tr> <td>1</td> <td>CAS-2023-0539</td> <td>PHA-2023-0090</td> <td>Springfield Pharmacy, DS90353</td> </tr> <tr> <td>2</td> <td>CAS-2023-0569</td> <td>PHA-2023-0103</td> <td>SaVcare Pharmacy, DS90261</td> </tr> <tr> <td>3</td> <td>CAS-2023-0559</td> <td>PHA-2023-0101</td> <td>Walgreens #10128, DS3472</td> </tr> <tr> <td>4</td> <td>CAS-2023-0012</td> <td>PHA-2023-0142</td> <td>Domenico Carbone, PH16514</td> </tr> <tr> <td>5</td> <td>CAS-2023-0899</td> <td>PHA-2023-0157</td> <td>Wal-Mart 10-2629, DS3508</td> </tr> <tr> <td>6</td> <td>CAS-2023-0864</td> <td>PHA-2023-0140</td> <td>Baystate Specialty Pharmacy, DS90099</td> </tr> <tr> <td>7</td> <td>CAS-2023-0815</td> <td>PHA-2023-0148</td> <td>Nicholas Gopal, PH239310</td> </tr> <tr> <td>8</td> <td>CAS-2023-0969</td> <td>PHA-2023-0164</td> <td>Rite Aid #10084, DS2780</td> </tr> <tr> <td>9</td> <td>CAS-2023-0655</td> <td>PHA-2023-0116</td> <td>CVS #209, DS89915</td> </tr> <tr> <td>10</td> <td>CAS-2023-0810</td> <td>PHA-2023-0152</td> <td>CVS #1893, DS2355</td> </tr> <tr> <td>11</td> <td>CAS-2023-0965</td> <td>PHA-2023-0158</td> <td>CVS #507, DS89841</td> </tr> <tr> <td>12</td> <td>CAS-2023-0802</td> <td>PHA-2023-0150</td> <td>CVS #117, DS3207</td> </tr> </table>	1	CAS-2023-0539	PHA-2023-0090	Springfield Pharmacy, DS90353	2	CAS-2023-0569	PHA-2023-0103	SaVcare Pharmacy, DS90261	3	CAS-2023-0559	PHA-2023-0101	Walgreens #10128, DS3472	4	CAS-2023-0012	PHA-2023-0142	Domenico Carbone, PH16514	5	CAS-2023-0899	PHA-2023-0157	Wal-Mart 10-2629, DS3508	6	CAS-2023-0864	PHA-2023-0140	Baystate Specialty Pharmacy, DS90099	7	CAS-2023-0815	PHA-2023-0148	Nicholas Gopal, PH239310	8	CAS-2023-0969	PHA-2023-0164	Rite Aid #10084, DS2780	9	CAS-2023-0655	PHA-2023-0116	CVS #209, DS89915	10	CAS-2023-0810	PHA-2023-0152	CVS #1893, DS2355	11	CAS-2023-0965	PHA-2023-0158	CVS #507, DS89841	12	CAS-2023-0802	PHA-2023-0150	CVS #117, DS3207		
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		FILE REVIEW					
		13	CAS-2023-0937	PHA-2023-0162	CVS #1204, DS2239		
		14	CAS-2023-0339	PHA-2023-0075	CVS #730, DS1048		
		15	CAS-2023-0532	PHA-2023-0092	CVS #1253, DS1961		
		16	CAS-2023-0744	SA-INV-22287	Coram CVS/ Specialty Infusion Services, DS3601		
		17	CAS-2023-0599	SA-INV-22167	CVS #38, DS3510		
		18	CAS-2023-0663	PHA-2023-0117	CVS #4471, DS3552		
		19	CAS-2023-0767	PHA-2023-0133	CVS #1576. DS3505		
11:30	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.					
12:00		LUNCH BREAK					
2:00	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

November 2, 2023

Board Members Present

Caryn Belisle, RPh, MBA, President
Carly Jean-Francois, RN, NP
Katie Thornell, RPh, MBA President Elect
Dr. Richard Lopez, MD
Sebastian Hamilton, Pharm D, MBA, RPh
John Rocchio, RPh, PharmD
Sami Ahmed, PharmD., RPh, BCPS, BCSCP
Rita Morelli, PharmD, BCACP, RPh
Johanna Lopez, MS
Julie Lanza, CPhT
Delilah Barnes, RPh

Board Members Not Present

Dawn Perry, JD

Board Staff Present

David Sencabaugh, RPh, Executive Director
Monica Botto, Associate Executive Director
Jacqueline Petrillo, PharmD, RPh, JD, Board Counsel
Michael Egan, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance
Michelle Chan, RPh, Quality Assurance Pharmacist
Richard Harris, Program Analyst
Joanna Chow, Program Analyst
Taylor Lee, Office Support Specialist
Joanne Trifone, RPh, Director of Investigations
Gregory Melton, JD, PharmD, BCPS, Investigator
Julienne Tran, RPh PharmD, Investigator
Christina Mogni, RPh, Investigator
Keith Johnston, Compliance Officer

TOPIC I. Attendance by roll call:

CALL TO ORDER 8:05 AM

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

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

Topic II.
Agenda: 11/2/23

Approval of Agenda

TIME 8:08 AM

DISCUSSION: Deferred: CVS/Specialty; DS3416 Renovation
CVS #38, DS35610; CAS-2023-0599 SA-INV-22167

ACTION:

Motion by J. Lanza, seconded by R. Morrelli 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: 8:09 AM

Minutes

1. Draft 10/5/23

Change: Remove J. Lopez from Board Members Present list

Action:

Motion by D. Barnes seconded S. Ahmed and voted unanimously to approve the regular session minutes of 10/5/2023 with no noted changes by roll call vote.

TOIC IV

Reports

Applications approved pursuant to Licensure Policy 13-01

TIME: 8:09 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported a total of 51 Change of Manager applications and 1 facility closure that have been approved via Staff Action since the October 5th Board meeting.

So noted.

Topic IV.

REPORTS

Monthly Report from Probation

TIME: 8:10 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto indicated nothing to report from monthly probation since the last Board meeting.

So noted.

Topic IV.

REPORTS

Monthly Report from BDCR pursuant to Policy 14-02

TIME: 8:10 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported 6 inspectional deficiencies, each issued a reprimand. 1 CE deficiency case was closed with no discipline warranted. 1 CS loss was reported, resulting in stayed probation for one year with controlled substance protocol.

So noted.

Topic IV.

REPORTS

PSUD report by Staff Action 17-03

TIME: 8:10 AM

PRESENTED BY: E. TAGLIERI

DISCUSSION: E. Taglieri reported 1 discharge from the PSUD program due to non-compliance. Currently, there are 7 active participants enrolled in the program. Per the law outlined in Chapter 177 Acts of 2022, DPH will be transitioning from PSUD/SARP to a bureau-wide program known as URAMP (Unified Rehabilitation and Monitoring Program). An advisory committee will be held on 11/9/2023 to further discuss program operations.

So noted.

TOPIC V

Flex

1. Nomination of Board Officers

Time: 8:13am

Presented by: David Sencabaugh

Recusal: N/A

Discussion: You may nominate a board member or you may nominate yourself. There are two offices [Office of President and Office of Secretary], if you are nominated for both then we should pick the president elect first. If you don't win the presidency you would still be eligible for secretary. Jen Chin was the previous secretary, and she did not seek re-appointment. Whomever becomes secretary will fill that role in December 2023. Whomever becomes president-elect, will be the president elect for the calendar year of 2024 to serve as president in 2025. Those who are nominated will have an opportunity at the December Board meeting to express why they would be the best pick for the role. Roll Call should be done after a nomination. The vote taken next month will be public as well.

Action: Nominations

Nomination of Sami Ahmed for President-Elect

M: Julie Lanza

S: Sebastian Hamilton

V: Unanimous approval for the nomination of Sami Ahmed

Nomination of Delilah Barnes for president Elect

M: Sami Ahmed
S: John Rocchio
V: Unanimous approval for the nomination of Delilah Barnes

Nomination of Joanna Lopez for President elect

M: Sebastian Hamilton
S: Sami Ahmed
V: Unanimous approval for the nomination of Johanna Lopez

Nomination of Rita Morelli for the Office of Secretary

M: Delilah Barnes
S: Johanna Lopez
V: Unanimous approval for the nomination of Rita Morelli

Nomination of Johanna Lopez for the Office of Secretary

M: Julie Lanza
S: Sebastian Hamilton
V: Unanimous approval for the nomination of Johanna Lopez

2. Proposed Board meetings for 2024

Time: 8:23am

Presented by: David Sencabaugh and Richard Harris

Recusal N/A

Discussion: You all should have received the proposed Board meeting dates for 2024. And we need your vote for approval. The meetings are scheduled as they have been which is the first Thursday of the month beginning at 8am with two exceptions. 1st exception is that there would be no meeting for July. The 2nd exception is that the meeting has been moved from the 1st week of October to the 2nd week to allow for religious holidays. Additionally, the January 2024 meeting will be on the 2nd week due to holidays.

Action: Motion to accept the proposed 2024 meeting dates

M: **Sebastian**
S: **Julie**
V: Unanimous approval of the motion to accept the proposed 2024 meeting dates.

3. Thank you to Jenny Chin
Presented by: David Sencabaugh

Time: 8:22am

Recusal: N/A

Discussion: We would like to formally thank Jenny Chin for her 3 years of service for her first term. While she could not make it to this meeting, it is important to recognize the time, effort, and work she has put in during this term. It's volunteer work and takes time out of your routine, and we appreciate all that she has done and wish her the best of luck going forward. We are still looking for a replacement to her seat and are hoping to have an update at the next board meeting.

Action: No vote or other action taken

4. ELX Update

Time: 8:26am

Presented by: Monca Botto and Taylor Lee

Recusal: N/A

Discussion: We have moved to an online licensing system called ELx. It started at the end of August. This has been a learning experience for the Board staff, in addition to the general public. Office Support Specialist Taylor Lee has created slides to go over some of the frequently asked questions. If there are any additional questions please email us. We have a new licensing email (pharmacy.licensing@mass.gov). [Presentation begins]. When logging into the portal, you may register for a new license or you may link your license to you account once you have registered your account. If you will be registering a new license make sure to click the "view other types" option. Once you've gone to view other types, you will need to navigate to the Board of Registration in Pharmacy page, which is further down the screen, and choose the "view more" option. Once there you will need to then choose which license you are applying for. We are now also requiring a CORI for all applicants moving forward, and we need to make sure that sections 1 and 3 of each page match. Licensees can now print a verification of their licenses at no cost. You would go to the DPH check a license web page and lclick the "generate verification of licensure." And those are the major points, we really want to make sure that licensees are applying for the correct licensure so they are not incurring additional fees. [Presentation completed]. If you have any questions feel free to contact using the Pharmacy.licensing@mass.gov email or the Pharamcy.admin@mass.gov.

Action: No vote or other action taken.

TOPIC VI

Applications

1. Cornerstone Health Solutions - DS90083- Removal from Pilot Status Request

TIME: 8:36am

Represented by: Sam Lee

Recusal: Rita Morelli, Sebastian Hamilton

Discussion:

- Pages 28-36 of the General Session packet
- Director of Compliance William Frisch provided the following update: Cornerstone Health Solutions Pharmacy (DS90083) located in Randolph, MA, appears before the Board today to present a petition requesting removal from pilot project status for the Central Fill Pharmacy

services pilot project. Under the pilot project, Cornerstone Health Solutions Pharmacy (herein referred to as “Cornerstone”) provides central fill pharmacy services for Schedule VI prescriptions only for both clinic and retail pharmacies within Boston Medical Center (BMC) facilities. A 1-year pilot project was approved by the Board on August 4, 2022. According to Cornerstone’s first report dated December 2022, the Doctor’s Office Building (DOB) went live on 09/26/2022 and Yawkey went live on 10/17/2022 with other locations to follow. In May of this year, Cornerstone representatives provided a status report on the pilot project to the Board and requested the addition of their newly licensed Crosstown Pharmacy to the pilot project. As of the most recent report submitted, the Crosstown Pharmacy was not listed as a pharmacy participating in the central fill pharmacy services project. As part of the original pilot project, Cornerstone requested 2 partial waivers to Board Policy 2021-02: *Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy*:

- Partial Waiver: Section IV(B)(iii) of Policy 2021-02: *Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy* to not require the words "central fill" on Schedule VI prescriptions that are centrally filled.
- Partial Waiver: Section IV(A) of Policy 2021-02: *Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy* to allow central fill activities to occur between clinic pharmacies licensed by the Bureau of Health Care Safety and Quality and Board-licensed pharmacies.
- As part of the petition to request removal from pilot project status, Cornerstone has submitted petitions for these two waivers. During the term of the pilot project, Cornerstone has complied with all reporting requirements and attested to performing pharmacy self-inspections at all involved pharmacy locations. The last Board inspection of Cornerstone in June 2023 was deemed satisfactory. Board staff has consulted with representatives at the DPH Bureau of Health Care Safety & Quality and Drug Control Program who expressed no objection in making permanent the central fill pharmacy services provided by Cornerstone to the respective licensed healthcare facility pharmacies.
- Sam Lee presented the results of the pilot project with the requested waivers and answered questions from the Board members

Action: A motion was made by C. Belisle to approve Cornerstone Health Solutions’ request to be removed from pilot project status to include that the BORP must be notified if there are any changes to the program; Seconded by J. Rocchio then Board Members present voted unanimously by roll call to approve motion.

Action: A motion was made by C. Belisle to approve Cornerstone Health Solutions’ requested partial waivers of Section IV(B)(iii) and Section IV(A) of Policy 2021-02: *Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy*; Seconded by K. Thornell then Board Members present voted unanimously by roll call to approve motion.

2. CVS/Specialty; DS3416

Renovation

TIME: 8:07am

**Deferred
TOPIC VII**

Policies

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

Time: 8:56 AM

Presented by: M. CHAN

Discussion: The "unknown loss protocol" was removed from the policy since the Board voted for a new "controlled substance loss protocol" at the October meeting. Also added was the ability for BDR to issue a reprimand for the loss of less than #100 units of a Schedule II controlled substance.

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

2. Policy 2021-04: Continuing Education (CE) Requirements for Pharmacists

Time: 8:57 AM

Presented by: M. CHAN

Discussion: Details for the required pain management training for Collaborative Drug Therapy Management (CDTM) pharmacists was added to the CE policy. With this addition, the request was made to rescind the advisory titled "*Pain Management Training for CDTM Pharmacists*".

Action: Motion by D. BARNES, seconded by S. AHMED, and voted unanimously by roll call of those present, to approve the edits to this policy and rescind advisory "*Pain Management Training for CDTM Pharmacists*".

3. Policy 2023-01: Compliance Packaging and Reusable Dose Planners

Time: 8:58 AM

Presented by: M. CHAN

Discussion: The change to this policy allows Schedule II and III maintenance medications to be placed in multi-drug-single-dose compliance packages.

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

VIII.

RECONSIDERATION

1. Innocent Akani; PHA-2022-0119; PH25261

Time: 8:59am

Presented by: Michael Egan

Recusal: None

Discussion: MICHAEL EGAN explained that INNOCENT AKANI entered into an agreement with the Texas Board of Pharmacy in 2018 for a five-year probation. In turn, BDRP voted to authorize resolution with a consent agreement for probation during the August 2022 Board Meeting which paralleled the Texas

Board of Pharmacy agreement's end date in August 2023. However, the intended probation period elapsed prior to AKANI entering into the agreement. Consequently, EGAN recommended that BORP authorize resolution of the matter with a consent agreement for a stand-alone, one-year probation.

Action: A MOTION was made by SEBASTIAN HAMILTON to modify the prior consent agreement to a stand-alone, one-year probation; SECONDED by DELILAH BARNES then Board Members present voted unanimously by roll call to APPROVE motion.

TOPIC IX

File Review

Case #1 /CAS-2023-0539

PHA-2023-0090

Springfield Pharmacy, DS90353

Time: 09:04 AM

RECUSAL: NONE

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

- Investigator Brosnan went on site for a site-visit (ISP-21060) on 04/05/2023 and observed that the Pharmacy was closed with a sign noting the Pharmacy would be closed for several days.
- The Pharmacy did not adhere to hours of operation on file with BORP and did not notify BORP of the temporary closure. There were signs posted on the front door that this location would close on April 4-6th, April 11, April 13, April 18, April 19, and April 20. The signs directed patients to call the Springfield location (on April 4-6th) with a phone number listed if there were questions.
- Prior to closing, BORP received the "Pharmacy Initial Closing Notice" on 04/06/2023 listing the anticipated closing date as 04/21/2023 timely. However, they did not indicate that there would be intermittent closings.
- The application on file 'Pharmacy Final Closing Notice' with the BORP was obtained that is submitted to BORP within 10 days after closing. In the closing notice, it lists the closing date of 04/21/2023 with the MOR of the Receiving Pharmacy listed as Pharmacist Wu.
- This pharmacy has since closed and all the inventory has been transferred to Springfield Pharmacy, LLC located on 2547 Main St, Suite #105 in Springfield, MA 01107.

ACTION: Motion by S. HAMILTON, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2023-0090), 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-2023-0569

PHA-2023-0103

SaVcare Pharmacy, DS90261

Time: 09:07 AM

RECUSAL: NONE

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

- During a site-visit (ISP-21178) conducted on 04/21/2023, Investigator Murray observed Josh Courtemanche performing pharmacy technician trainee functions to include counting medications, pouring into a vial and labeling the prescription without being licensed by BORP.

- MOR Shah indicated that on 04/07/2023, he faxed the PTT application and mailed it on 4/10/2023. He assumed that the application was processed quickly. On 04/21/2023, Mr. Courtemanche started working as a PTT. From 04/18/2023-04/21/2023, Mr. Courtemanche worked 15.3 hours as an unlicensed PTT.
- MOR Shah indicated that going forward, he will not have Technician in Training working without verification or physical letter of approval.

ACTION: Motion by D. BARNES, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2023-0103), 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-2023-0559

PHA-2023-0101

Walgreens #10128, DS3472

Time: 09:09 AM

RECUSAL: NONE

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

- RLCS- noted during a retail compliance inspection on 04/18/2023 for #24 Oxycodone 30 mg tabs due to an unknown loss first discovered on 02/03/23.
- In the reconciliation report, there was a discrepancy documented for #24 oxycodone 30mg immediate release tablets. The reconciliation note stated “previous on-hand [quantity] of 121.00 [with] -24 tablets short? Bottle with back count of 86 only contained 62 tablets”.
- MOR Moore indicated that on 02/03/2023, Staff Pharmacist Conrad completed a back count of oxycodone 30mg tablets and discovered that the bottle was short 24 tablets. Investigation for the loss was completed including checking if it was an error in dispensing or a prescription was miscounted, but they were unable to verify that and contacted the District Supervisor to notify her of the loss.
- On 04/17/2023, MOR Moore filed a one-day notification form of the loss with the DEA . On 04/24/2023, the corporate office completed their investigation and did not find any losses, so the DEA 106 form was retracted. However, MOR Moore investigated the loss and found that the corporate office’s audit was incorrect because they did not have the 2 missing invoices included in their audit. As a result, on 05/02/2023, MOR Moore resubmitted the DEA 106 form. The corporate office completed another audit and confirmed the loss of 24 oxycodone 30mg tablets. However, the loss was deemed insignificant due to the amount missing being less than 1% of the monthly dispensing and no pattern of additional losses. On 05/04/2023, the corporate office closed out the DEA 106 form.
- On 05/09/2023, MOR Moore stated in the POC that the reporting of controlled substances will be completed in a timely manner according to the MA Board of Pharmacy Policy.

ACTION: Motion by S. HAMILTON, seconded by J. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2023-0101), 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 #4/CAS-2023-0012

PHA-2023-0142

Domenico Carbone, PH16514

Time: 09:12 AM

RECUSAL: NONE

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

- SA-INV-21354 was elevated by BORP staff action on 6/21/2023 for failure to remediate 2021 and 2022 CE deficiencies. On 12/28/2022 Pharmacist Carbone renewed his license then self-reported failure to complete his 2022 CEs on 12/30/2022. Investigator Geaney instructed him to remediate by 4/14/23.
- On 2/20/2022, Pharmacist Carbone stated he was retired in 2020 and 2021 then returned to work in April 2022 at Worcester Recovery Center and Hospital. He stated he would complete 40 CEs for 2023 and understood CEs completed for remediation shall not be used to fulfill any other CE requirements. He provided a copy of his CPE Monitor from 1/1/2020 to 2/20/2023 which showed he completed no CEs in 2021 and only 2.75 CEs including 1 law CE in total in 2022. Additionally, he did not complete any live CEs in 2020. On 4/20/2023 and 5/1/2023, Investigator Geaney sent follow up emails requesting the remediation and Pharmacist Carbone reiterated he would obtain 40 CEs by the end of 2023.
- On 5/19/2023, a letter of notification was sent notifying him he was deficient a total of 37.25 CEs for 2021 and 2022 including 10 live CEs and 3 law CEs and was given until 6/19/2023 to remediate. On 6/20/2023, a review of his CPE Monitor showed completion of 1.5 CEs including 1 CE in law which did not show a good faith effort to remediate. The matter was elevated to a complaint. Pharmacist Carbone was notified and given until 7/27/2023 to remediate. On 7/27/2023, he sent an email with no documentation claiming he completed 12.95 CEs.
- On 07/31/2023, Chief Rogers confirmed Pharmacist Carbone worked for Cardinal Health and would be asking to have him removed from his current duties by the end of the week.
- As of 09/18/2023, Pharmacist Carbone had only completed 6.5 CEs as remediation for his 2021 and 2022 CE deficiencies.

ACTION: Motion by S. HAMILTON, seconded by R. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2023-0142), 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 STAYED PROBATION until 12/31/2023 with special terms to include completion of his 2021 and 2022 CE deficiencies.

Case #5 /CAS-2023-0899

PHA-2023-0157

Walmart 10-269, DS3508

Time: 09:17 AM

RECUSAL: NONE

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

- During a retail inspection on 6/28/23, it was discovered the Pharmacy did not report a loss of #66 hydrocodone/apap 10/325mg. MOR Lopriore stated the loss was realized during a back count on 4/4/23. Security footage was reviewed, and the pharmacist was observed discarding a bottle in the trash on 3/30/23 which was followed on camera until it was disposed of in the trash compactor. No documentation was available during the inspection and a POC was issued.
- In the POC, MOR Lopriore indicated a Walmart Controlled Substance Incident Report was submitted on 4/4/23 and the incident was recorded on a resolution form. The whereabouts of the medication was known and not a significant loss.

- On 7/14/23, the Pharmacy was asked to submit RLCS reports and provide a response. On 8/1/23, Director Creel responded to the complaint stating the loss was insignificant and did not have to be reported to the BORP and DEA. He indicated there were previous communications with the DEA regarding what is considered a significant loss, and this did not quality. He stated “...we do not feel like any additional action is required”.
- According to the POC, all thefts and losses will be researched and reported accordingly. Internal investigation procedure will continue to be followed. Pharmacy leadership will reiterate the action plan and applicable SOPs and policies. The MOR will follow up with internal departments on any future submitted losses to confirm if reporting was necessary to BORP or DEA so that documentation is kept up to date.

ACTION: Motion by D. BARNES, seconded by R. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2023-0157), 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-2023-0864

PHA-2023-0140

Baystate Specialty Pharmacy DS90099

Time: 09:20 AM

RECUSAL: NONE

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

- Inspectional deficiency on 6/20/23 for failure to submit a renovation application for a change in configuration of the Pharmacy discovered during a retail inspection. The POC stated all work ceased on 6/20/23 until the application was approved. A copy of the application was provided along with an email dated 5/31/23 to Investigator Brosnan and Director of Compliance Frisch relating construction would be occurring at the Pharmacy. As of 8/14/23, the application was still pending approval.
- Attorney Deskus and MOR Dupras indicated it was mistakenly believed since there was no change to the square footage of the Pharmacy, an application was not needed. They contended the BORP was contacted but no response was provided. MOR Dupras stated the only construction performed was the placement of a temporary containment wall, the capping of certain vents, and the installation of a vent to facilitate negative air flow. Work will not restart until the application is approved.
- Director Miller stated, “Going forward, BMC will first confirm with the Board whether any application or formal approval is necessary before any material alteration to licensed space. Work on any future projects will only begin after any requirements from the Board are met. The Pharmacy’s staff have also been educated on the regulatory requirements governing alterations to licensed space”.

ACTION: Motion by S. HAMILTON, seconded by J. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2023-0140), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #7/CAS-2023-0815

PHA-2023-0148

Nicholas Gopal. PH239310

Time: 09:37 AM

RECUSAL: NONE

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

- On June 9, 2023, Investigator Lathum discovered during an inspection at Watch City Pharmacy that Pharmacist Gopal was practicing as a pharmacist while his license was expired. He explained that he thought his license was renewed but he forgot to pay his renewal fee. In addition, Pharmacist Gopal was deficient 2.75 contact hours of CE in 2021 because he went over the 8 contact hour per calendar day limit for CE and completed only 1 of 2 contact hours of CE in immunization required every two years.
- CA: Pharmacist Gopal underscored that “going forward, [he] will take due care in ensuring that [he] take[s] the correct and appropriate steps to keep [his] license active as a practicing pharmacist.” In addition, he completed 2.75 contact hours of CE to remediate his 2021 deficiency, including 1 immunization related CE, and attested that the remedial CE cannot be used to satisfy any other CE requirements.

ACTION: Motion by S. HAMILTON, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2023-0148), 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-2023-0969

PHA-2023-0164

Rite Aid #10084, DS2780

Time: 09:39 AM

RECUSAL: NONE

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

- On July 12, 2023, Investigator Paul Seed discovered “4 epinephrine auto injectors stored in the immunization room” outside of the pharmacy’s licensed prescription area during a RCI. Accordingly, Investigator Seed issued a plan of correction (POC) to the pharmacy as a result of the violation.
- CA/POC: MOR Fullem indicated that “the epinephrine pens were moved to the pharmacy shelves adjacent to the immunization room in the pharmacy and labeled for immunization use only. We will refrain from keeping these supplies in the immunization room, and upon an emergency they are readily retrievable.”

ACTION: Motion by S. AHMED, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0164), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #9/CAS-2023-0655

PHA-2023-0116

CVS #209, DS89915

Time: 09:41 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.

- On May 4, 2023, Investigator Cheryl Lathum discovered that that the door from the vaccination room to the pharmacy was not alarmed during a RCI at CVS 209. The vaccination room door was part of the pharmacy's licensed prescription area and used to secure the licensed prescription area when the pharmacy department closed. The vaccination room was built as part of a renovation between November 2022 and December 2022, but an alarm was not installed at that time.
- CA/POC: MOR Roche indicated that "according to the project manager, alarm will be installed on 6/3/23. MOR will confirm installation with District Leader and MA BOP will be notified once complete." Ultimately, OPP Investigator John Murray confirmed that the alarm was installed during a site visit (ISP-21650) on July 5, 2023.

ACTION: Motion by D. BARNES, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2023-0116), 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 #10/CAS-2023-0810
PHA-2023-0152

CVS #1893, DS2355

Time: 09:43 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.

- On June 5, 2023, CVS 1893 reported an unknown loss of 90 oxycodone 5mg tablets (CII, 100 tablet stock bottle) discovered on May 13, 2023 during cycle counts.
- MOR Connelly explained that he spent a significant amount of time attempting to determine the cause of the loss including reviewing surveillance video for a dispensing error. However, he ultimately was unable to determine a reason. MOR Connelly added that "as the drug loss investigation took place in May, I cannot recall if I was able to reach any of the individuals who were dispensed Oxycodone 5mg..."
- CA: MOR Connelly indicated that he reviewed "all Loss Prevention policy and procedures with the pharmacy team to prevent future losses."

ACTION: Motion by J. LOPEZ, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0152), 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/CAS-2023-0965
PHA-2023-0158

CVS #507 DS89841

Time: 09:44 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.

- On July 6, 2023, Investigator Seed conducted a retail compliance inspection at CVS 507. During the inspection, Investigator Seed observed “[a] red emergency bag containing 4 epinephrine auto injectors in the unlicensed/unsecured immunization room...” in violation of 247 CMR 6.02(6)(b). Accordingly, Investigator Seed issued a plan of correction (POC) to CVS 507 based in part on the epinephrine autoinjectors stored outside of the pharmacy’s licensed prescription area.
- CA/POC: In turn, MOR Acquah submitted a POC as required. MOR Acquah wrote, “The red emergency bag [containing epinephrine autoinjectors] has now been relocated back to the pharmacy along with the refrigerator containing vaccines... All medications including covid vaccine supplies and emergency kits will now be kept in the pharmacy.” The pharmacy did not have any additional information to provide in response to the complaint.

ACTION: Motion by R. MORELLI, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2023-0158), 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 #12/CAS-2023-0802
PHA-2023-0150

CVS #117, DS3207

Time: 09:46 AM

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

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

- RLCS for #371 lorazepam 0.5mg identified via corporate controlled substance monitoring on 5/17/23.
- On 7/31/23, Sr. Analyst Furtado responded the DEA 106 had been withdrawn as the potential loss was accounted for. She indicated a formal letter of closure would be sent to the BORP.
- MOR Hill stated that on 5/15/23, a patient received the stock bottle of lorazepam 0.5mg along with their prescription for #90 modafinil 100mg. On 7/6/23, the patient contacted the Pharmacy concerning the error and returned the bottle. The staff pharmacist filed a report, and the lorazepam was damaged out and disposed of by the hazardous waste company.
- On 8/8/23, the DEA closure letter and amended RLCS that was submitted to the BORP on 7/28/23 was forwarded to this Investigator.
- The DEA 106 stated, “All loss prevention policy and procedures have been reviewed with the pharmacy team to prevent future losses. This includes diligent inventory management”.

ACTION: Motion by R. MORELLI, seconded by S. AHMED, and voted unanimously by those present, to DISMISS the matter (PHA-2023-0150), No Discipline Warranted, Remediation Complete.

Case #13/CAS-2023-0937
PHA-2023-0162

CVS #1204, DS2239

Time: 09:49 AM

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

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

- Allegation by the Technician Manager at the Veterinary Hospital the Pharmacy refused to accept a veterinary prescription for ursodiol on 6/28/23 without veterinarian's DEA number. The staff member told MOR DeSimone DEA numbers are only provided for controlled medications. MOR DeSimone refused to accept it and said to call it in elsewhere. The Complainant spoke with her, asked her to search by the facility name and telephone number, and related they call CVS all the time with no issue. She still refused. The owner then spoke with her, and MOR DeSimone stated to go elsewhere "and fill it illegally". The owner informed her it's not illegal to fill the prescription without a DEA number and stated to process the prescription under the Hospital owner's name as the provider. Allegedly, MOR DeSimone replied, "fine I will" and hung up on the owner. The Complainant reported the incident to DL Lee who apologized and stated he would deal with the situation. Believing the issue was resolved, on 6/30/23 they tried to call in the prescription again and it was refused.
- A response was requested from DL Lee, but he was on a LOA. MOR DeSimone indicated she was unable to locate the prescriber in the system and requested the DEA number although she understood it wasn't required. She claimed she said it would take more time to locate/add the prescriber without it. MOR DeSimone stated, "For all I know, anyone could be calling in a fraudulent prescription if they don't know, or aren't willing to provide, any verifying information". Since the Pharmacy was backed up, she advised them to call another pharmacy if it was urgent. She claimed she offered to fill it under another prescriber's name if they had someone else to phone it in.
- A telephone prescription for #90 ursodiol 250mg tablets was filled at CVS #669 in Swampscott on 6/30/23. Sr. Analyst Furtado stated CVS has no P&P for veterinary prescriptions. No corrective action was submitted.

ACTION: Motion by C. BELISLE, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2022-0162), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #14/CAS-2023-0339

PHA-2023-0075

CVS #730, DS1048

Time: 09:56 AM

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

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

- During a retail compliance inspection (ISP-20844) conducted on 03/08/2023, the Pharmacy was cited for deficiencies, including but not limited to, storing emergency medications (diphenhydramine, epinephrine auto-injectors), and vaccines in the immunization room (unlicensed space).
- The POC stated that all vaccines and emergency medications were removed from the immunization room and stored within the Pharmacy effective 03/23/2023.
- MOR Mclver indicated that when she became MOR the immunization room was being used to store emergency kits and vaccinations. She did not realize that the immunization room is considered unlicensed space.

- Going forward, it is now known that such a room is considered unlicensed space in which going forward I will continue to keep any form of medications out of that room and will store everything within the pharmacy.

ACTION: Motion by S. AHMED, seconded by J. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2023-0075), 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 #15/CAS-2023-0532
PHA-2023-0092

CVS #1253, DS1961

Time: 09:58 AM

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

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

- On 04/11/2023, Investigator Horn conducted a retail compliance (ISP-21101) inspection at the Pharmacy. There were immunization supplies in the unlocked immunization room which is unlicensed space.
- In the POC, MOR Moran indicated that the immunization room had been cleaned, and all the supplies including syringes, needles, and sharps container were relocated into the pharmacy space.
- MOR Moran explained that the deficiency was following months of expansive construction and remodeling of the location.
- The CVS' Pharmacist Administered Immunization Program" policy submitted stated that following successful administration of the vaccine, and disinfection of the area, the immunizer should return to the pharmacy with all administration and emergency safety supplies, including the Sharps container.
- MOR Moran stated that all immunizers have been instructed to lock the immunization room following each vaccine. Additionally, immunizers have been trained to bring sharps container in and out of immunization room with each vaccine. The MOR is to monitor compliance of bringing supplies back into the pharmacy after use.

ACTION: Motion by S. HAMILTON, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2023-0092), 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 #16/CAS-2023-0744
SA-INV-22287

Coram CVS/ Specialty Infusion Services DS3601

Time: 10:04 AM

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

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

- Mandatory reporting of a Defective Drug Preparation (DDP) related to the preparation of a parenteral nutrition (PN) infusion prescribed with 45 grams of SMOFlipids filled and dispensed with 75 grams of SMOFlipids, a sterile compound, that occurred on or about 05/08/2023.

- The order was transcribed as 75 grams SMOFlipids daily. Additional communication from the prescriber’s clinic was not reviewed prior to the transcription error. The patient was contacted of the error, but the patient had the bags infused.
- MOR Bennett indicated that the drug preparation reached the patient but was corrected upon discovery in collaboration with the prescriber. She reports that the patient is okay and continues to use the Pharmacy. She identified that a contributing factor to this incident included the transition to a new pharmacy software system occurring during this time.
- MOR Bennett provided an in-service to review prescription processing with emphasis on verification and second check. They changed to a new pharmacy software for increased communication and visibility of documentation. The MOR also noted that the staff involved in this incident respectfully declined to complete CEs or review 247 CMR 15.

ACTION: Motion by R. MORELLI, seconded by D. BARNES, and voted unanimously by those present, to CLOSE the matter (SA-INV-22287), No Discipline Warranted, Remediation Complete.

Case# 17/CAS-2023-0599
SA-INV-22167

CVS #38, DS35610

Time:

DEFERRED

Case #18/CAS-2023-0663
PHA-2023-0117

CVS #4471, DS3552

Time: 10:00 AM

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

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

- On 05/09/2023, during a retail compliance inspection (ISP-21317), it was observed that there was a refrigerator containing vaccines stored in the vaccination room, which is unlicensed space.
- On 05/31/2023, MOR Keeley submitted a response to the POC. She indicated that all the vaccines will be stored in the pharmacy.
- MOR Keeley indicated that after the inspection held on 05/09/2023, the vaccines in the refrigerator are now kept in a refrigerator within the pharmacy space.
- MOR Keeley indicated that all staff is aware, vaccines must be kept in the fridge within the pharmacy. Additionally, she stated that all colleagues have been instructed to no longer keep any vaccines in the vaccination room. Upon shipment of any vaccines, they are to be checked into inventory and then placed in the appropriate fridge located within the licensed pharmacy blueprint.

ACTION: Motion by J. LOPEZ, seconded by K. THORNELL, and voted unanimously by those present, to refer the matter (PHA-2023-0117), 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.

#19/CAS-2023-0767
PHA-2023-0133

CVS #1576, DS3505

Time: 10:02 AM

Case

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

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

- During a retail compliance inspection (ISP-21445) conducted on 05/31/2023, it was observed that the door from the immunization room to the pharmacy was not alarmed.
- MOR Rezendes noted that there was a remodel of the Pharmacy to include a new consultation room connected to the pharmacy. Upon completion, the door leading into the pharmacy was not immediately alarmed. After it was noted during the inspection on 05/31/2023, MOR Rezendes contacted the security team at CVS to initiate the installation of an alarm to properly secure and alarm the pharmacy. The part needed to alarm the pharmacy was on backorder during the remodel and it was not communicated by the construction team until after the fact.
- MOR Rezendes indicated that the alarm was installed, and the pharmacy is properly secured at this time.

ACTION: Motion by R. LOPEZ, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2023-0133), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Topic X: Executive Session Call to Order: Time: 10:07 AM

By: Caryn Belisle reads the executive session language and requests a motion to enter executive session.

Action: A motion was made by to S. Hamilton enter Executive Session; Seconded by K. Thornell and Board Members present voted unanimously by roll call to approve motion. Roll call attendance: Roll call attendance: J. Lanza, yes; S. Hamilton, yes; D. Barnes; J. Rocchio, yes; K. Thornell, yes; R. Lopez, yes; S. Ahmed, yes; R. Morelli, yes; J. Lopez, yes; C. Jean-Francois, yes. C. Belisle, yes.

Topic XI: 65C Sessions MGL c. 112 section 65C Time: 11:04 AM

DISCUSSION: None

ACTION: President C. Belisle request a motion to enter 65C.

At 11:04 AM S. Ahmed, seconded by J. Lopez and voted unanimously by all those present to enter 65C by roll call vote.

Topic XII: ADJOURNMENT OF MEETING TIME: 12:30 PM

ACTION: Motion by S. Hamilton seconded by K. Thornell 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 11/2/2023 General Session
2. Draft Minutes of the 10/5/23 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. Policy 14-02: Board Delegated Review (BDR)
8. Policy 2021-04: Continuing Education (CE) Requirements for Pharmacists
9. Policy 2023--01: Compliance Packaging and Reusable Dose Planners
10. Policy 2022-02: Extended Absence of a Manager of Record