

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

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

October 5, 2023

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

Join by video

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*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 September 7, 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• Research Drug Study report pursuant to Staff Action Policy 18-02		

8:15	V	FLEX <ul style="list-style-type: none"> Summary of the NABP District I & II meeting Walgreens Central Fill #21400: DS90395: Report to Board Controlled Substance Loss Protocol 		J. Petrillo																																				
8:30	VI	PROBATION VIOLATION HEARINGS <ul style="list-style-type: none"> CVS #1251, DS3422, PHA-2021-0056 CVS #1006, DS2715, PHA-2022-0026 CVS #861, DS3550, PHA-2021-0072. 		J. Petrillo																																				
9:00	VII	APPLICATIONS <ul style="list-style-type: none"> Springfield Pharmacy; DS90286-Petition for Waiver Pelmeds Community Pharmacy DS89647: Relocation 																																						
9:30	VIII	POLICIES <ul style="list-style-type: none"> Policy 2023-11: Pharmacy Technician Training and Examinations Policy 2023-09: Action Level Environmental Monitoring Results Policy 2021-04: Continuing Education (CE) Requirements for Pharmacists 		M. Chan																																				
9:45	IX	ADVISORIES <ul style="list-style-type: none"> Environmental Monitoring Action Level Environmental Monitoring Remediation Considerations 		M. Chan																																				
10:00	X	FILE REVIEW <table border="1"> <tr> <td>1</td> <td>CAS-2023-0034</td> <td>SA-INV-21819</td> <td>Daniel Sylvia, PH241198</td> </tr> <tr> <td>2</td> <td>CAS-2023-0335</td> <td>SA-INV-21820</td> <td>Loren Sampson, PI164155</td> </tr> <tr> <td>3</td> <td>CAS-2023-0364</td> <td>PHA-2023-0100</td> <td>Derick Young, PH238928</td> </tr> <tr> <td>4</td> <td>CAS-2023-0768</td> <td>PHA-2023-0134</td> <td>Health Care Technology, WD507</td> </tr> <tr> <td>5</td> <td>CAS-2023-0968</td> <td>PHA-2023-0163</td> <td>Health Care Technology, WD522</td> </tr> <tr> <td>6</td> <td>CAS-2022-1111</td> <td>PHA-2023-0126</td> <td>Walgreens #19240, DS90207</td> </tr> <tr> <td>7</td> <td>CAS-2023-0046</td> <td>PHA-2023-0127</td> <td>Alicia Picard, PH234605</td> </tr> <tr> <td>8</td> <td>CAS-2023-0697</td> <td>PHA-2023-0123</td> <td>Winchester Pharmacy, DS89848</td> </tr> <tr> <td>9</td> <td>CAS-2023-0697</td> <td>PHA-2023-0124</td> <td>Kyle O'Connor, PH23103</td> </tr> </table>	1	CAS-2023-0034	SA-INV-21819	Daniel Sylvia, PH241198	2	CAS-2023-0335	SA-INV-21820	Loren Sampson, PI164155	3	CAS-2023-0364	PHA-2023-0100	Derick Young, PH238928	4	CAS-2023-0768	PHA-2023-0134	Health Care Technology, WD507	5	CAS-2023-0968	PHA-2023-0163	Health Care Technology, WD522	6	CAS-2022-1111	PHA-2023-0126	Walgreens #19240, DS90207	7	CAS-2023-0046	PHA-2023-0127	Alicia Picard, PH234605	8	CAS-2023-0697	PHA-2023-0123	Winchester Pharmacy, DS89848	9	CAS-2023-0697	PHA-2023-0124	Kyle O'Connor, PH23103		
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		FILE REVIEW					
		10	CAS-2023-0697	PHA-2023-0125	Maneh Sahakyan, PT20985		
		11	CAS-2023-0659	PHA-2023-0118	CVS #1011, DS3537		
		12	CAS-2023-0656	PHA-2023-0119	CVS #220, DS17722		
		13	CAS-2023-0804	PHA-2023-0131	CVS #704, DS3605		
		14	CAS-2022-0587	PHA-2022-0116	CVS #799, DS3604		
		15	CAS-2022-1194	PHA-2022-0188	CVS #799, DS3604		
11:30	XI	EXECUTIVE SESSION The Board will meet in Executive Session as authorized pursuant to M.G.L. c. 30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition, or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. Specifically, to evaluate the Good Moral Character as required for registration for a pending applicant.					
12:00		LUNCH BREAK					
1:00	XII	ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)					
2:00	XIII	M.G.L. c. 112, § 65C SESSION					
4:00	XIV	ADJOURNMENT					

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

MINUTES OF THE GENERAL SESSION

Via Remote WebEx Meeting

October 5, 2023

Board Members Present

Caryn Belisle, RPh, MBA, President
Carly Jean-Francois, RN, NP (arrives 805a)
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 (arrives 8:15a)
Rita Morelli, PharmD, BCACP, RPh
Julie Lanza, CPhT
Delilah Barnes, RPh

Board Members Not Present

Johanna Lopez, MS
Jennifer Chin, RPh, Secretary
Dawn Perry, JD

Board Staff Present

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 8:02 AM

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

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

Topic II.

Approval of Agenda

TIME 8:05 AM

Page 1 of 20

Draft Minutes General Session: 10/5/23

BOP Approved: 11/2/23

Agenda: 10/5/2023

DISCUSSION:

ACTION:

Motion by S. Hamilton, seconded by D. Barnes and voted unanimously by those present to approve the agenda with the noted changes by roll call vote.

Topic III

Approval of Board Minutes

TIME: 8:06 AM

Minutes

1. Draft 9/7/2023

Change: no changes

Action:

Motion by D. Barnes seconded K. Thornell and voted unanimously to approve the regular session minutes of 9/7/23 with no noted changes by roll call vote.

TOIC IV

REPORTS

Applications approved pursuant to Licensure Policy 13-01

TIME: 8:05 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported a total of 15 Change of Manager applications and 9 facility closures that have been approved via Staff Action since the September 7th Board meeting.

So noted.

Topic IV.

REPORTS

Monthly Report from BDCR pursuant to Policy 14-02

TIME: 8:05 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported 5 Continuing Education deficiencies that were closed with completed remediation. 5 inspectional deficiencies were reported, each issued a reprimand.

So noted.

Topic IV.

REPORTS

PSUD report by Staff Action 17-03

TIME: 8:05 AM

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported no new changes to the report since the last Board meeting. Currently, there are 8 participants enrolled in the PSUD program.

So noted.

Topic IV.

REPORTS

Research Drug Study report pursuant to Staff Action Policy 18-02

TIME: 8:06 AM

PRESENTED BY: M. CHAN

DISCUSSION: M. Chan reported a total of 13 active studies, 5 of which involve investigational drug studies. Currently, there are 2 pharmacies participating in the program. 1 new study has been approved since the last Board meeting.

So noted.

TOPIC V

Flex

1. Summary of the NABP District I & II meeting

Time: 8:06

Presented by: Katie Thornell and John Rocchio

Recusal: none

Discussion:

- Meeting occurred in September 2023 in New Jersey
- MA resolution regarding drug shortages was approved and expanded
- EC: National forum for pharmacy recovery services
- MA will host the 2023 District 1 meeting 10/6/2024-10/9/2024

So noted.

2. Walgreens Central Fill #21400: DS90395: Report to Board

Time: 8:09

Presented by: Site Director Kevin McMurray, Director of Pharmacy Affairs Jeenu Philip, MOR Ahlam Antar

Recusal: none

Discussion:

- Pages 25 to 30 of the General Session packet
- Update concerning Micro Fulfillment Center in Mansfield and waiver for supervisory ratios of 1:10
- Automation has improved accuracy resulting in a lower error rate

- Currently staffed by 100-150 licensed support staff, 9 full-time pharmacists, 2 part-time pharmacists, MOR Antar, and Site Director McMurray
- Unlicensed team members do not perform pharmacy technician duties

So noted.

3. Controlled Substance Loss Protocol
Presented by: Jacqueline Petrillo
Recusal: none

Time: 8:24

Discussion:

- Request to formalize the protocol in place since 2017 as an informal protocol and discussed at the 02/02/2023 Board meeting
- Protocol outlined in the memorandum provided to the Board members to include that exact counts with a reconciliation must be performed and that the area pharmacy supervisor or loss prevention manager review and validate, at least once every 30 days, the pharmacy's compliance with medication counts as well as to maintain documentation of such with a copy readily available in the pharmacy.

Action: A motion was made by C. Belisle to adopt the Controlled Substance Loss Protocol as outlined in the memorandum; Seconded by Carly then Board Members present voted unanimously by roll call to adopt the protocol.

TOPIC VI

PROBATION VIOLATION HEARINGS

1. CVS #1251, DS3422, PHA-2021-0056

TIME: 8:33 AM

Represented by: Karen Fishman, Jacqueline Petrillo, Joanne Trifone, Joe Lavino (CVS)

Recusal: Rocchio

Discussion: Karen Fishman summarized the stayed probation consent agreement and the list of facts supporting the determination that they are in violation of the conditions. Joe Lavino addressed the violations and listed that additional documents submitted show the pharmacy is not in violation of the consent agreement. Jacqueline Petrillo indicated the discussion and votes will be taken under advisement by the Board and CVS will be notified of the results.

Action: None

2. CVS #1006, DS2715, PHA-2022-0026

TIME: 9:07 AM

Represented by: Karen Fishman, Jacqueline Petrillo, Joanne Trifone, Joe Lavino (CVS)

Recusal: Rocchio

Discussion: Karen Fishman summarized the stayed probation consent agreement and the list of facts supporting the determination that they are in violation of the conditions. Joe Lavino addressed the

violations and listed that additional documents submitted show the pharmacy is not in violation of the consent agreement. Jacqueline Petrillo indicated the discussion and votes will be taken under advisement by the Board and CVS will be notified of the results.

Action: None

3. CVS #861, DS3550, PHA-2021-0072 **TIME: 9:13 AM**

Represented by: Karen Fishman, Jacqueline Petrillo, Joanne Trifone, Joe Lavino (CVS)

Recusal: Rocchio

Discussion: Karen Fishman summarized the stayed probation consent agreement and the list of facts supporting the determination that they are in violation of the conditions. Joe Lavino addressed the violations and listed that additional documents submitted show the pharmacy is not in violation of the consent agreement. Jacqueline Petrillo indicated the discussion and votes will be taken under advisement by the Board and CVS will be notified of the results.

Action: None

TOPIC VII

APPLICATIONS

1. Springfield Pharmacy; DS90286 **Petition for Waiver** **TIME: 9:34**

Represented by: MOR Alexander Wu, Tobias Billups

Recusal: none

Discussion:

- Pages 31 to 35 of General Session packet
 - Waiver requested for Policy 2022-07: Automated Pharmacy Services to install an APS in a common space or mailroom of an off-site high rise apartment that is independent of the pharmacy
 - APS would be stocked by the Pharmacy's delivery driver
 - Boston DEA office was contacted by BORP staff and they stated an off-site APS is not authorized by federal regulations
 - BORP has no pathway to regulate or license placement of an APS in unlicensed space; therefore, BORP staff and Board Counsel recommended the pharmacy withdraw the requested waiver prior to the BORP meeting
 - MOR Wu withdrew the waiver request
-

2. Pelmeds Community Pharmacy DS89647 **Relocation** **TIME: 9:19**

Represented by: Aimee Drew, Ernie Gates, David Dobbs, Dennis Lyons, Robert Falkum

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Draft Minutes General Session: 10/5/23

BOP Approved: 11/2/23

Recusal: none

Discussion:

- Pages 36 to 77 of General Session packet
- Relocation from Bear Hill Road in Waltham to Green Street in Waltham to be completed in 2 phases with expansion into 797 compounding in addition to current complex non-sterile compounding
- Plan to hire a sterile compounding pharmacist who will be sent to formal accredited training and current non-sterile compounding technicians will be ; 797 P&Ps will be developed with Gates Consulting
- Phase 1 - to open retail operation on the first floor which is primarily compliance packaged medications for approximately 3,000 patients in 600 LTCFs
- Phase 2 - anticipated date of 12/2023 or 1/2024 for the compounding suite due to backlog of obtaining HVAC equipment

Action: A motion was made by Delilah to approve Pelmeds' application for a relocation pending a certificate of occupancy and a successful inspection; Seconded by Katie then Board Members present voted unanimously by roll call to approve motion.

TOPIC VIII

POLICIES

1. Policy 2023-11: Pharmacy Technician Training and Examinations Time: 10:14 AM

Presented by: M. CHAN

Discussion: Based on established criteria, the development of pharmacy technician licensing examinations will now be placed upon the employer. The policy no longer requires Board review or approval prior to use, but the exam must be readily available upon request. There was also an edit to the opening paragraph to make it clear that any one of the outlined pathways can be used to obtain licensure.

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

2. Policy 2023-09: Action Level Environmental Monitoring Results Time: 10:16 AM

Presented by: M. CHAN

Discussion: Based on the new USP <797> sterile compounding chapter that will be effective 11/1/23, updates were made to the language and BUDs in the ISO 7 and 8 areas if the pharmacy will be compounding during remediation.

Action: Motion by S. AHMED, seconded by S. HAMILTON, and voted unanimously by roll call of those present, to approve this updated policy.

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

Time: 10:12

AM

Presented by: M. CHAN

Discussion: The immunization CE requirement has been updated to reflect the changes from the recently approved vaccine policy which is 1 hour each year. Also, the compounding CE criteria was updated to allow more flexibility for licensees.

Action: Motion by D. BARNES, seconded by R. LOPEZ, and voted unanimously by roll call of those present, to approve the edits to this policy.

TOPIC IX

ADVISORIES

1. Environmental Monitoring

Time: 10:22

AM

Presented by: M. CHAN

Discussion: Based on the new USP <797> sterile compounding chapter that will be effective 11/1/23, this new document was developed with general recommendations for environmental monitoring. In accordance with state law, all sterile compounders are required to follow all current chapters of USP.

Action: Motion by S. HAMILTON, seconded by S. AHMED, and voted unanimously by roll call of those present, to approve this new advisory.

2. Action Level Environmental Monitoring Remediation Considerations **Time: 10:25 AM**

Presented by: M. CHAN

Discussion: Based on the new USP <797> sterile compounding chapter that will be effective 11/1/23, general updates were made for things to consider when remediating environmental action levels.

Action: Motion by R. MORELLI, seconded by R. LOPEZ, and voted unanimously by roll call of those present, to approve the edits to this advisory.

TOPIC X

FILE REVIEW

RECUSAL: C. Belise, S, Ahmed, C. Jean-Francois, and Intern J. Boutilier 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.

- OPP received a consumer complaint alleging Pharmacist Sylvia was practicing beyond the scope of his Pharmacy Intern license, as a pharmacist without a valid pharmacist license, on or about 02/2022 through 02/2023.
- Pharmacist Sylvia denied the allegation and indicated that he was properly licensed during his employment at the Hospital.
- He noted that he was first licensed as a pharmacy intern on 09/14/2017 and performed assigned pharmacy tasks under the supervision of a pharmacist.
- Of note, Pharmacist Sylvia did submit a copy of his CV with his response which represented himself as a Senior Pharmacist at the Hospital from August 2021-present and a Pharmacy Intern from May 2016-August 2021.
- Per MLO, Pharmacist Sylvia was issued a pharmacy intern license from 09/14/2017-03/14/2023. Then, he was issued a pharmacist license on 10/20/2022. "

ACTION: Motion by J. ROCCHIO, seconded by R. LOPEZ, and voted unanimously by those present, to CLOSE the matter (SA-INV-21819), Insufficient Evidence.

RECUSAL: C. Belise, S, Ahmed, C. Jean-Francois, and Intern J. Boutilier 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.

- On 03/09/2023, OPP received a consumer complaint alleging that PI Sampson was practicing at a [Hospital] without a valid pharmacist license for alleged time period from 02/2022 through 02/2023.
- PI Sampson states that she has been practicing as a pharmacy intern and not as a "licensed pharmacist" from the dates of 2-2022 to 3-2023 and she indicated that any complaint regarding this matter is possible retaliation for personal reasons.
- She sent email screen shots from the Hospital HR department requesting that she verified her renewal of her pharmacy intern license before it expired on 02/28/2023.
- She started her PGY1 Residency at the [Hospital] on 06/28/2021. On 01/07/2022, the grace period for obtaining her pharmacist licensure expired and her role as a pharmacy resident at the [Hospital] transitioned to a pharmacy intern with an extension granted by the Board of Pharmacy from 08/23/2022 to expire on 02/28/2023 after the submission of a formal extension request. On 02/05/2023, she utilized all of her paid leave accrued and never returned back to work. On 02/28/2023, her pharmacy intern license expired, and she was subsequently terminated.
- She says she is not employed right now to focus on passing her licensure exam.

ACTION: Motion by S .HAMILTON, seconded by D.BARNES, and voted unanimously by those present, to CLOSE the matter (SA-INV-21820), Insufficient Evidence.

Case #3/CAS-2023-0364

PHA-2023-0100

Derick Young, PH238928

Time: 10:34 AM

RECUSAL: NONE

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

- During March 2023, BORP was notified through the National Association of Boards of Pharmacy (NABP)'s Clearinghouse that IL BOP suspended Pharmacist Young's Illinois pharmacist license. Upon further investigation, IL BOP suspended Pharmacist Young's license after he failed to file and/or pay Illinois state income taxes. IL BOP signed the order of suspension on January 9, 2023 but enforcement was stayed for 60 days. IL BOP then suspended Pharmacist Young's license effective March 13, 2023.
- Pharmacist Young was notified about this complaint and offered the opportunity to enter into a non-disciplinary voluntary agreement not to practice (VANP) with BORP until his IL BOP issues were resolved. Pharmacist Young indicated that he was interested in the VANP but had not entered into an agreement as of June 28, 2023.

ACTION: Motion by C. BELISLE, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0100), 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 SUSPENSION.

Case #4/CAS-2023-0768

PHA-2023-0134

Health Care Technology, WD507

Time: 10:41 AM

RECUSAL: NONE

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

- BORP received an application for relocation from HCT in Ashland, MA on 12-05-2022 to relocate to Holliston. On 06-02-2023, Investigator Murray conducted a relocation inspection at the Holliston site as part of standard operating procedure for licensure. He discovered that HCT in Holliston was "currently being used to store prescription medications (heparin flushes)" prior to being licensed as a WD and a POC was issued.
- CSM Jenny Morey submitted a POC. She explained that "request to move our license to our new location is ongoing. During this transition, product has been placed in a quarantine location to prevent any sales until our license has been approved." CSM Morey added that HCT Holliston would "maintain active license with the pharmacy board" going forward.
- BORP opened a complaint against HCT in Ashland and CEO Andrew Benson responded. According to CEO Benson, HCT in Ashland initially inquired about the licensing process for relocation during a routine wholesale distributor compliance inspection on 10-04-2022. He explained that "our understanding from the communication was we would not be able to sell the products we have under our pharmacy license until the new address had been approved but were not aware we could not

move the product to the new location even though we had it quarantined, we apologize for this misunderstanding.”

- CA: CEO Benson explained that “to make sure we are following the proper process if this does occur again [additional relocations], we will be creating a SOP for the Quality Assurance team to follow.” CEO Benson also emphasized that HCT in Holliston quarantined the heparin flushes at the relocation site “to prevent any sales from shipping until we have approval from the Massachusetts Board of Pharmacy.”

ACTION: Motion by S. AHMED, seconded by R. LOPEZ, and voted unanimously by those present, to refer the matter (PHA-2023-0134), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #5 /CAS-2023-0968

PHA-2023-0163

Health Care Technology, WD522

Time: 10:44 AM

RECUSAL: NONE

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

- BORP received an application for relocation from HCT in Ashland, MA on 12-05-2023 to relocate to Holliston. On 06-02-2023, Investigator Murray conducted a relocation inspection at the Holliston site as part of standard operating procedure for licensure. He discovered that HCT in Holliston was “currently being used to store prescription medications (heparin flushes)” prior to being licensed as a WD and a POC was issued.
- HCT Holliston CSM Jenny Morey submitted a POC. She explained that “request to move our license to our new location is ongoing. During this transition, product has been placed in a quarantine location to prevent any sales until our license has been approved.” CSM Morey added that HCT Holliston would “maintain active license with the pharmacy board” going forward.
- CA/POC: CSM Morey indicated that flushes stored at HCT Holliston prior to licensure were quarantined and will be destroyed. She emphasized that HCT Holliston “have not shipped this product to customers or placed orders for additional product while we were waiting for a response from the pharmacy board” regarding licensure. In addition, CSM Morey indicated that HCT Holliston audited its existing policies and procedures to ensure accuracy. CSM Morey also indicated that HCT Holliston was in the process of “establishing more detailed SOPs detailing the regulations outlined in 247 CMR 7.00...”
- Ultimately, HCT Holliston was issued a wholesale distributor license on June 29, 2023 after a satisfactory follow up site visit (ISP-21601) by Investigator Murray on June 23, 2023.

ACTION: Motion by R. LOPEZ, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2023-0163), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #6/CAS-2022-1111

PHA-2023-0126

Walgreens #19240, DS90207

Time: 10:47 AM

RECUSAL: NONE

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

- During its 03-2023 Meeting, BORP reviewed the staff-assignment investigations concerning WAG 10319 and Pharmacist Cushing after BORP learned that Pharmacist Cushing engaged in the administration of vaccines on 14 occasions at two different Walgreens Pharmacies and oversaw the administration of vaccines on 119 occasions at three different Walgreens Pharmacies prior to completing the prerequisite 20 contact hour training course.
- BORP voted to close-DNW-RC the investigation concerning WAG 10319. BORP then voted to open a complaint against Pharmacist Cushing for not completing the requisite vaccine training and CE deficiencies incidentally discovered during the investigation. In addition, BORP voted to open a staff-assignment concerning WAG 19240 for failing to properly vet Pharmacist Cushing’s credentials as his home pharmacy.
- During the 06-2023 Board Meeting, BORP voted to authorize a CA for 6-month probation with special terms to remediate deficiencies in annual CE to resolve the matter against Pharmacist Cushing. BORP then voted to open a complaint against WAG 19240 for failing to properly vet Pharmacist Cushing’s credentials.
- WAG 19240 was notified about the complaint and HCS DeLeo responded. She emphasized that MOR Wershoven was not involved with the hiring or vetting process for Pharmacist Cushing. Instead, she vetted Pharmacist Cushing’s credentials including his immunization training. She explained that the immunization certification Pharmacist Cushing “produced did not look like the normal APHA certificate... but [HCS DeLeo] thought that his training as an EMT was sufficient to support the certificate, and his previous experience as immunizing for the state during the pandemic.”
- CA: HCS DeLeo wrote, “Since this incident occurred and moving forward when reviewing Immunization credentials for pharmacists where they are not APHA Certification documents, the Healthcare Supervisor will send them to our Support Office for review by our legal team to ensure appropriateness and meeting all regulatory and legal standards for that state.”

ACTION: Motion by J. ROCCHIO, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2023-0126), 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-2023-0046

PHA-2023-0127

Alicia Picard, PH234605

Time: 10:51 AM

RECUSAL: NONE

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

- Companion to PHA-2023-0086 for Letourneau’s Pharmacy initially heard at 4/6/23 BORP meeting. On 12/23/22, MOR Picard contacted the BORP for guidance for compounding acetaminophen on prescription due to the shortage. MOR Picard was notified oral acetaminophen products were not on the FDA shortage list and may not be compounded. MOR Picard agreed to cease compounding acetaminophen on 12/23/22 and the remaining compounded acetaminophen was discarded with the Pharmacy’s hazardous waste company.
- The week of 12/19/22, the Pharmacy had received calls from prescribers and patients for liquid acetaminophen that was on back-order. MOR Picard compounded 5 prescriptions for acetaminophen

160mg/5mL suspension from 12/21/22-12/23/22. All parents were aware it was compounded and no adverse reactions were reported as of 1/23/23.

- MOR Picard compounded 2 batches (1,000mL each) of “Acetaminophen - Spectrum Formula 160mg/5mL” based off a formula for acetaminophen 65mg/mL found on spectrumrx.com. She documented on the first batch it contained 32mg/mL and did not properly calculate the conversion to 160mg using this formula (160mg/2.46mL). The formula did not identify the dosage form, complete instructions, physical description of the final preparation, all labeling requirements, and all QC procedures. A 90-day BUD was assigned for room temperature and refrigerated storage. A copy of a Medisca formula was obtained by this investigator with a 14 BUD, refrigerated. MOR Picard didn’t test and adjust the pH of the compound.
- FDA posted FAQs (current as of 3/10/23) indicating compounded acetaminophen oral suspension could be compounded as long as it was not compounded regularly or in inordinate amounts and complied with the conditions of section 503A.
- In response to PHA-2023-0086, MOR Picard stated the Pharmacy doesn’t compound commercially available products. She acknowledged she should have done her due diligence per her normal practice prior to compounding acetaminophen suspension. There was no intent behind compounding it other than providing care to the patients. Provided SOPs encompass the elements of USP 1163 QA in Pharmaceutical Compounding. MOR Picard failed to follow the Pharmacy’s SOPs.
- Going forward, MOR Picard will always check the FDA shortage list prior to compounding a commercially available product. MOR Picard discussed the Pharmacy’s related policy for “Procedure: Determining the Availability of a Commercial Drug” with the Pharmacy staff with a signed and dated copy submitted confirming review.
- On 6/1/23, PHA-2023-0086 for the Pharmacy was heard at the BOP meeting. Board members voted to issue the Pharmacy a Reprimand and opened a complaint on MOR Picard.
- MOR Picard stated she searched the Pharmacy’s Medisca account for a MFR for acetaminophen but the only viewable MFR used a specific mixer the Pharmacy didn’t have so she did an internet search. The Spectrum formula used Trissel’s as a reference, and it contained ingredients and methods similar to Medisca formulas used by the Pharmacy. She didn’t analyze the formula and identify the deficiencies in the instructions and QC.
- MOR Picard provided her calculations she used to determine the quantities of the components for the MFR she created. She failed to recognize she didn’t properly convert the concentration of the Spectrum 65mg/mL formula. She acknowledged her failure to create a field to document the pH.
- The incident and reporting process were reviewed with the Pharmacy staff along with SOPs of the MFR and compound requirements. MOR Picard stated, “This has taught me to examine a formula thoroughly before utilizing it...and really evaluate the comprehensiveness of a formula, its quality control, and its references, before applying it to our practice”. As of 07/01/2023, the Pharmacy contracted with PCCA’s clinical services which includes access to compounding expert consultants and a substantial library of validated formulas that are tested and updated periodically.

ACTION: Motion by S. AHMED, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2023-0127), 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.

Case #8/CAS-2023-0697

PHA-2023-0123

Winchester Pharmacy, DS89848

Time: 10:58 AM

RECUSAL: NONE

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

- Unlicensed practice by PT Sahakyan observed during an inspection on 5/15/23 who had been working since 9/22/22 with an expired license. The Pharmacy was previously cited on 7/1/22 for allowing unlicensed practice by two PTTs with the matter of PHA-2022-0144 pending for a Reprimand.
- MOR O'Connor stated neither he nor PT Sahakyan were aware her license had expired, and it was an oversight on his part. Documentation provided showed she had worked approximately 1,231 hours with an expired license from 9/22/22-5/15/23. MOR O'Connor indicated PT Sahakyan performed data entry and production, filled single-dose blister cards, answered phone calls, worked as at the register, and made the offer to counsel. He provided his job description which states, "Responsible for ensuring compliance with all state and federal regulations regarding the practice of pharmacy and operation of a community pharmacy".
- PT Sahakyan related she was allowed to renew her license onsite during the inspection. She related she didn't receive notification to renew. PT Sahakyan contended she had never previously missed a license renewal while working at the Pharmacy. Her duties include answering phone calls, filling electronic prescriptions when they are received, counting medications, and receiving the daily orders and putting them away.
- MOR O'Connor stated, "Going forward, both Maneh and myself have added reminders to our personal calendars to notify each of us when the next expiration date is approaching. I have also asked Maneh to ensure that the board has her correct email address on file". MOR O'Connor attested to review of 247 CMR 6.07 Pharmacist Manager of Record, 247 CMR 8.00 Pharmacy interns and technicians and 247 CMR 9.00 Code for professional conduct; professional standards for registered pharmacists, pharmacies, and pharmacy departments. PT Sahakyan stated she will be more vigilant and make sure all of my documents are up-to-date.
- On 7/10/23, a transfer of ownership occurred with MOR O'Connor named as the MOR of Winchester Pharmacy Inc.

ACTION: Motion by C.BELISLE, seconded by R.MORELLI, and voted unanimously by those present, to COMBINE the matter (PHA-2023-0128), with PHA-2022-0144, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #9/CAS-2023-0697

PHA-2023-0124

Kyle O'Connor, PH23103

Time: 11:03 AM

RECUSAL: NONE

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

- Unlicensed practice by PT Sahakyan observed during an inspection on 5/15/23 who had been working since 9/22/22 with an expired license. The Pharmacy was previously cited on 7/1/22 for allowing unlicensed practice by two PTTs with the matter of PHA-2022-0144 pending for a Reprimand.
- MOR O'Connor stated neither he nor PT Sahakyan were aware her license had expired and it was an oversight on his part. Documentation provided showed she had worked approximately 1,231 hours with an expired license from 9/22/22-5/15/23. MOR O'Connor indicated PT Sahakyan performed data

entry and production, filled single-dose blister cards, answered phone calls, worked as at the register and made the offer to counsel. He provided his job description which states, "Responsible for ensuring compliance with all state and federal regulations regarding the practice of pharmacy and operation of a community pharmacy".

- PT Sahakyan related she was allowed to renew her license onsite during the inspection. She related she didn't receive notification to renew. PT Sahakyan contended she had never previously missed a license renewal while working at the Pharmacy. Her duties include answering phone calls, filling electronic prescriptions when they are received, counting medications, and receiving the daily orders and putting them away.
- MOR O'Connor stated, "Going forward, both Maneh and myself have added reminders to our personal calendars to notify each of us when the next expiration date is approaching. I have also asked Maneh to ensure that the board has her correct email address on file". MOR O'Connor attested to review of 247 CMR 6.07 Pharmacist Manager of Record, 247 CMR 8.00 Pharmacy interns and technicians and 247 CMR 9.00 Code for professional conduct; professional standards for registered pharmacists, pharmacies, and pharmacy departments. PT Sahakyan stated she will be more vigilant and make sure all of my documents are up-to-date.
- On 7/10/23, a transfer of ownership occurred with MOR O'Connor named as the MOR of Winchester Pharmacy Inc.

ACTION: Motion by R. LOPEZ, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0124), 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 #10/CAS-2023-0697

PHA-2023-0125

Maneh Sahakyan, PT20985

Time: 11:04 AM

RECUSAL: NONE

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

- Unlicensed practice by PT Sahakyan observed during an inspection on 5/15/23 who had been working since 9/22/22 with an expired license. The Pharmacy was previously cited on 7/1/22 for allowing unlicensed practice by two PTTs with the matter of PHA-2022-0144 pending for a Reprimand.
- MOR O'Connor stated neither he nor PT Sahakyan were aware her license had expired and it was an oversight on his part. Documentation provided showed she had worked approximately 1,231 hours with an expired license from 9/22/22-5/15/23. MOR O'Connor indicated PT Sahakyan performed data entry and production, filled single-dose blister cards, answered phone calls, worked as at the register and made the offer to counsel. He provided his job description which states, "Responsible for ensuring compliance with all state and federal regulations regarding the practice of pharmacy and operation of a community pharmacy".
- PT Sahakyan related she was allowed to renew her license onsite during the inspection. She related she didn't receive notification to renew. PT Sahakyan contended she had never previously missed a license renewal while working at the Pharmacy. Her duties include answering phone calls, filling electronic prescriptions when they are received, counting medications, and receiving the daily orders and putting them away.

- MOR O'Connor stated, "Going forward, both Maneh and myself have added reminders to our personal calendars to notify each of us when the next expiration date is approaching. I have also asked Maneh to ensure that the board has her correct email address on file". MOR O'Connor attested to review of 247 CMR 6.07 Pharmacist Manager of Record, 247 CMR 8.00 Pharmacy interns and technicians and 247 CMR 9.00 Code for professional conduct; professional standards for registered pharmacists, pharmacies, and pharmacy departments. PT Sahakyan stated she will be more vigilant and make sure all of my documents are up-to-date.
- On 7/10/23, a transfer of ownership occurred with MOR O'Connor named as the MOR of Winchester Pharmacy Inc.

ACTION: Motion by S. HAMILTON, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2023-0125), 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-2023-0659

PHA-2023-0118

CVS #1011 DS3537

Time: 11:05 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.

- Inspectional deficiency on 5/5/23 cited for failure to have the door alarmed from the immunization room into the Pharmacy. The POC received stated the Pharmacy was working with corporate to confirm date when clinic room would be alarmed.
- Sr. Analyst Furtado sent an email indicating that MOR Scott confirmed the interior door had a functioning alarm and that it may have been overlooked during the inspection since it is a more discrete alarm. MOR Scott was not on duty at the time of the inspection. Investigator Lathum had discussed this issue with the Pharmacy staff present and no one had knowledge of whether the door was alarmed, so the POC was issued.
- Director Lariviere responded that the sensor on the immunization door looks different than those used on the other doors. He contended that this issue was not mentioned on previous inspections after a renovation of the Pharmacy in 2020. A letter dated 01/21/2020 for an approval of the plans for a proposed renovation/expansion of the Pharmacy was submitted. The renovation/expansion on file indicated the purpose was to add 59-square feet to the Pharmacy to better accommodate the prescription volume and did not state it was for an adding an immunization/consultation room.
- A follow-up Site Visit on 6/29/23 confirmed the door was alarmed. MOR Scott tested the alarm for Investigator Geaney with the alarm pad showing the door was alarmed. MOR Scott was informed the door from the store into the immunization room did not require an alarm. No prescription items are stored in this room.
- According to the POC, "Going forward, for any future instance when an alarm would be warranted, MOR to identify and expedite to ensure continued compliance".

ACTION: Motion by R. MORELLI, seconded by K. THORNELL, and voted unanimously by those present, to DISMISS the matter (PHA-2023-0118), No Violation.

Case #12

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 #60 methylphenidate 10mg tablets discovered on 4/17/23 when a prescription was not found in the waiting bin. MOR Rogers claimed the prescription was filled on 4/16/23 to be delivered to the patient on 4/17/23. The waiting bins were searched by several staff members with no success. Video was reviewed. MOR Rogers stated, ““The assumption is that during another patient’s checkout, that the prescription was given in error without being scanned through the register”. It was verified that all patients had been dispensed the correct amount of medication and no dispensing error was suspected. All back counts and reconciliations were accurate.
- Pharmacist Dabritz filled and verified the prescription for #60 methylphenidate 10mg. She indicated she double-counted and back-counted the medication. Once completed, the prescription was bagged and placed to the side of the verification station for a PT to file in the waiting bin. MOR Rogers indicated that it was unclear which staff member filed the prescription in the waiting bin.
- According to the documentation provided, the prescription was filled and verified by Pharmacist Dabritz on 4/11/23, not 4/16/23 as stated by MOR Rogers. On 4/17/23, MOR Rogers adjusted the perpetual inventory. MOR Rogers reprinted the label to dispense the medication.
- MOR Rogers stated, “The entire staff was coached on the importance of ensuring every prescription that leaves the pharmacy is properly scanned out to prevent future occurrences such as this from happening”. A statement was provided that was signed and dated by the Pharmacy staff confirming review of all policies and procedure for the proper storage and handling of controlled substance.

ACTION: Motion by S. HAMILTON, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2023-0119), and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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.

- Inspectional deficiencies cited for epinephrine auto-injectors in an unsecured immunization room and expired epinephrine auto-injectors in in the Pharmacy. According to the POC, the emergency bag in the immunization room was moved to a hook in the Pharmacy. The expired epinephrine was removed from the bag and replaced with in-date epinephrine.
- MOR Haley related the emergency bag that was in the immunization room had been placed in the cabinet in the immunization room at the start of the business day and removed at close of business. She stated the door from the store into the immunization room was locked with a deadlock bolt when not in use and after each immunization. That door is in the pharmacist on duty’s direct line of site.

The door from the immunization room into the Pharmacy is also locked and can only be unlocked with the pharmacist's key. She indicated the bag containing the expired epinephrine was stored in a cabinet that the Pharmacy staff failed to check during the monthly outdate check.

- The immunizing pharmacist will bring the emergency bag into the immunization room when actively performing an immunization and return it to Pharmacy when the immunization has been completed. A monthly check off expiration chart was placed on the cabinet to be dated and initialed by the staff member checking outdates each month. Additional alarm sensors were installed on the door leading into the Pharmacy. A statement was provided from the immunizing staff attesting to review of all policies and procedures for storage of all prescription medications within the Pharmacy including those related to immunizations. A statement was provided from the staff attesting to review of all policies and procedures for checking for expired medications in the Pharmacy including immunization emergency kits.

ACTION: Motion by S. AHMED, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0131), 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 #14/CAS-2022-0587

PHA-2022-0116

CVS #799, DS3604

Time: 11:15 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 5, 2022, CVS 799 submitted an initial notification of a possible unknown loss of 494 tramadol 50mg tablets (CIV, 500 tablet stock bottle) discovered on April 28, 2022. CVS 799 then submitted a final RLCS, DEA 106, and supplemental information in accordance with BORP Policy 2022-01 on May 10, 2022.
- According to the reports, CVS 799 ultimately determined that an unknown loss of 496 tramadol 50mg tablets was discovered on April 28, 2022 by CVS Health's corporate controlled substance monitoring program. CVS 799 acknowledged that a reason for the loss was unable to be determined.
- CA: MOR Morais indicated that "all Loss Prevention policy and procedures was reviewed with the Pharmacy Team to prevent future losses. This includes diligent inventory management."
- CVS reported in its response to the complaint that "neither the District Leader... nor [MOR Morais]... have any additional information to provide... outside of what was submitted with the drug loss investigation notes."

ACTION: Motion by C. BELISLE, seconded by K. THORNELL, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2022-0116), with PHA-2022-0188, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for PROBATION, for a period of 1 year, with special terms to include the CS Loss Protocol for all tramadol containing products.

Case #15/CAS-2022-1194

PHA-2022-0188

CVS #799, DS3604

Time: 11:16 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 10-14-2022, CVS 799 reported a theft of 200 tramadol 50mg tablets by unlicensed staff working as a clerk. The theft was discovered on 09-22-2022 when the clerk was observed “removing medication from prescription bags in the waiting bin” and the diversion was confirmed “via video review as well as admission by the employee.”
- CVS 799 provided an admission statement and promissory note signed by the clerk in which she acknowledged that she stole tramadol on eight different occasions but did not provide a total quantity stolen. She diverted the drugs by concealing the drugs in her smock. She also acknowledged that she stole cyclobenzaprine and “blood pressure medications” on one occasion.
- DEA also inspected and audited CVS 799 on December 13, 2022. Significantly, DEA found additional losses which CVS 799 reported as unknown losses in violation of requirements for the security of drugs in 247 CMR 9.01(5) as follows: 111 oxycodone-acetaminophen 5-325mg tablets (CII, 100 tablet stock bottle) and 72 amphetamine mixed-salt 20mg tablets (CII, 100 tablets stock bottle) [Exhibit 5]. However, DEA did not discipline CVS 799.
- CA: The clerk’s employment was terminated. In addition, “pharmacy and front store teams have been re-trained on importance of thorough white coat/pocket/bag checks when exiting the pharmacy and when exiting the building.”

ACTION: Motion by C. BELISLE, seconded by S. HAMILTON, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2022-0188), with PHA-2022-0116, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for PROBATION, for a period of 1 year, with special terms to include the CS Loss Protocol for all tramadol containing products.

Topic XI: Executive Session Call to Order: Time: 11:23 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 J. Lanza and Board Members present voted unanimously by roll call to approve motion. Roll call attendance: Roll call attendance: J. Lanza, yes; S. Hamilton, yes; C. Belisle, yes; D. Barnes; J. Rocchio, yes; R. Lopez, yes; S. Ahmed, yes; R. Morelli, yes; K. Thornell, yes; C. Jean Francois, yes.

Topic XII: ADJUDICATORY SESSION (M.G.L. ch. 30A, §18) Time: 11:55 AM

DISCUSSION: None

ACTION: President C. Belisle request a motion to enter Adjudicatory session.

At 11:55 AM S. Hamilton, seconded by J. Rocchio and voted unanimously by all those present to enter Adjudicatory session by roll call vote.

Topic XIII:

65C SESSIONS MGL c. 112 section 65C

Time: 1:05 PM

DISCUSSION: None

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

At 1:05 PM S. Hamilton, seconded by K. Thornell and voted unanimously by all those present to enter 65C by roll call vote.

Lunch 11:55 AM to 12:30 pm

C. Jean-Francois leaves meeting at 12:00 PM

Topic XIV:

ADJOURNMENT OF MEETING

TIME: 11:21 AM

ACTION: Motion by S. Hamilton seconded by R. Lopez and voted unanimously by those present, to adjourn from General Session by roll call vote.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 10/5/23 General Session
2. Draft Minutes of the 9/7/23 Meeting
3. Report on Applications approved pursuant to Licensure Policy 13-01
4. Report on Board Delegated Complaint Review to licensure policy 14-02
5. Report on PSUD 17-03
6. Research Drug Study Report pursuant to Staff Action Policy 18-02
7. Walgreens Central Fill #22400 Report to Board
8. Controlled Substance Loss Protocol
9. Probation Hearing: CVS #1251; DS3422; PHA-2021-0056
10. Probation Hearing: CVS #1006; DS2715; PHA-2022-0026
11. Probation Hearing: CVS #861; DS3550; PHA-2021-0072
12. Application: Springfield Pharmacy; DS90286 – Petition for Waiver

13. Application: Pelmeds Community Pharmacy; DS89647 - Relocation
14. Policy 2023-11: Pharmacy Technocian Training and Examination
15. Policy 2023-09: Action Level Environmental Monitoring Results
16. Policy 2021-04: Continuing Education (CE) Requirements for Pharmacists
17. Advisory: Environmental Monitoring
18. Advisory: Action Level Environmental Monitoring Remediation Consideration
19. CAS-2023-0034 SA-INV-21819 Daniel Sylvia, PH241198
20. CAS-2023-0335 SA-INV-21820 Loren Sampson, PI164155
21. CAS-2023-0364 PHA-2023-0100 Derick Young, PH238928
22. CAS-2023-0768 PHA-2023-0134 Health Care Technology, WD507
23. CAS-2023-0968 PHA-2023-0163 Health Care Technology, WD522
24. CAS-2022-1111 PHA-2023-0126 Walgreens #19240, DS90207
25. CAS-2023-0046 PHA-2023-0127 Alicia Picard, PH234605
26. CAS-2023-0697 PHA-2023-0123 Winchester Pharmacy, DS89848
27. CAS-2023-0697 PHA-2023-0124 Kyle O'Connor, PH23103
28. CAS-2023-0697 PHA-2023-0125 Maneh Sahakyan, PT20985
29. CAS-2023-0659 PHA-2023-0118 CVS #1011, DS3537
30. CAS-2023-0656 PHA-2023-0119 CVS #220, DS17722
31. CAS-2023-0804 PHA-2023-0131 CVS #704, DS3605
32. CAS-2022-0587 PHA-2022-0116 CVS #799, DS3604
33. CAS-2022-1194 PHA-2022-0188 CVS #799, DS3604