

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

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

February 2, 2017
239 Causeway Street ~ Room 417 A&B
Boston, Massachusetts 02114

Agenda

Time	#	Item	Exhibits	Contact
8:30	I	CALL TO ORDER		E. Taglieri
8:35	II	APPROVAL OF AGENDA Introduction of Intern: Joanna Yen		
8:40	III	APPROVAL OF BOARD MINUTES <ul style="list-style-type: none"> • Draft of January 5, 2017 Regular Session Minutes • Draft of December 1, 2015 Regular Session Minutes 		
8:50	IV	APPLICATIONS <ul style="list-style-type: none"> • US PharmaTrade – Wholesale Distributor • Genoa/Acton – New Community Pharmacy • Berkshire Community Pharmacy, North Adams – New Community Pharmacy • GE Healthcare – Wholesale Distributor • New England Life Care – Revised Renovation request • Integriscript – Renovation/Expansion 		
9:50	V	REPORTS <ul style="list-style-type: none"> • Applications approved pursuant to Licensure Policy 13-01 • Monthly report from probation • Board Delegated Complaint Review pursuant to licensure policy 14-02 • Above Action Levels approved by Staff Action • Board approved CE for 2016 	Reports	R. Harris K. Fishman M. Chan V. Thaker

10:10	VI	FLEX <ul style="list-style-type: none"> Inquiries from July, 2016 to December, 2016 Pharmacy Substance Use Disorder (PSUD) program discussion 	V. Thaker V. Berg	
10:25	VII	POLICIES <ul style="list-style-type: none"> Amendments to Licensure Policy 13-01 Pharmacy Technician reciprocity and training policies 	M. Chan W. Frisch V. Thaker	
10:50	VIII	ADVISORY <ul style="list-style-type: none"> Advisory of Testosterone Days Supply 	W. Frisch M. Chan	
11:10	IX	REGULATION REVIEW UPDATE <ul style="list-style-type: none"> 247 CMR 8.00: Pharmacy Interns and Technicians 247 CMR 16.00: Collaborative Drug Therapy Management 	V. Berg H. Engman	
11:40	X	FILE REVIEW		
		1	PHA-2016-0213- Rite Aid #10189, DS3113 (reconsideration)	Melton
		2	PHA-2017-0002- Rite Aid #10189, DS3113	Melton
		3	PHA-2016-0214 Rite Aid #10198, DS2386	Melton
		4	SA-INV-10594 CAPS of Woburn, DS3312	Melton
		5	PHA-2016-0189 CVS #915, DS3395	Tran
		6	PHA-2016-0190 Omnicare of Northern MA, DS89931	Santoro
		7	PHA-2016-0211 Kimberly Godfrey, PT7891	
		8	PHA-2016-0130 Saigon, DS2696	Horn
		9	PHA-2016-0131- Kiet Ngo, PH19274	
		10	SA-INV-9406 Pentec Health, DS89913	Melton
		11	PHA-2016-0118 Walgreens #4403, DS2805	Geaney
		12	PHA-2016-0119, Matthew Moy, PH27731	
13	PHA-2016-0215 Stop and Shop #12, DS2958	Santoro		

12:30		LUNCH BREAK	
1: 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, the Board will discuss and evaluate the Good Moral Character as required for registration for pending applicants.	CLOSED SESSION
2:30	XII	ADJUDICATORY SESSION (M.G.L. c. 30A, § 18)	CLOSED SESSION
2:45	XIII	M.G.L. c. 112, § 65C SESSION	CLOSED SESSION
5:00	XIV	ADJOURNMENT	

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

**MINUTES OF THE GENERAL SESSION
239 Causeway Street, Fourth Floor ~ Room 417A
Boston, Massachusetts, 02114**

February 2, 2017

Board Members Present

Timothy Fensky, R.Ph. President
William Cox, CPhT
Michael Godek, R.Ph., President-Elect
Garret Cavanaugh, R.Ph.
Catherine Basile, Pharm D, R.Ph
Andrew Stein, Pharm D, R.Ph.
Phillippe Bouvier, R.Ph.
Richard Tinsley, MBA, Med,
Ed Taglieri Jr., R.Ph. President (left at 12:30)
Karen Conley, DNP, RN, AOCN,NEA-BC

Board Members Not Present

Ali Raja, MD, MBA, MPH
Patrick Gannon, R.Ph
Susan Cornacchio, JD, RN, Secretary

Board Staff Present

David Sencabaugh, R.Ph, Executive Director
Monica Botto, CPhT, Associate Executive Director (out from 9:30 – 1:30)
Heather Engman, JD, MPH, Pharmacy Board Counsel
William E. Frisch, Jr., R.Ph., Director of Compliance
Christina Mogni, R.Ph., Investigator
Michelle Chan, R.Ph. Quality Assurance Pharmacist
Richard Harris, Program Analyst
Greg Melton, JD, R.Ph., Investigator
Joanne Trifone, R.Ph., Director of Pharmacy Investigations
Joe Santoro, R.Ph. Contract Investigator
Kimberly Morton, CPhT, Compliance Officer
Vishal Thaker, PharmD, Pharmacist
Sam Penta, R.Ph., Chief Investigator
Cheryl Lathum, PharmD, Senior Investigator

TOPIC I

CALL TO ORDER

TOPIC I.

CALL TO ORDER 8:30 AM

DISCUSSION: A quorum of the Board was present, established by roll call. President T. FENSKY chaired the meeting and asked if anyone was recording. Hearing “no”, he explained that the Board of Pharmacy was recording the meeting.

TOPIC II.

APPROVAL OF AGENDA

DISCUSSION: None

ACTION:

- Motion by M. GODEK, seconded by C. BASILE, and voted unanimously to approve the agenda, with changes (items deferred; 12/1/15 minutes, no testosterone advisory, No USPharmatrade, No Integrascript, and no section 8 and 16 regulation review.)
- Executive Director D. SENCABAUGH introduced APPE Intern J. YEN from Northeastern University, and T. FENSKY asked other interns in the audience to stand up and introduce themselves.

TOPIC III.

APPROVAL OF BOARD MINUTES

1. Draft January 5, 2017, Regular Session Minutes

DISCUSSION: R. TINSLEY wanted to remove the “improve notes” statement on notes from 247 CMR section 8 discussion.

ACTION:

Motion by C. BASILE, seconded by E. TAGLIERI, and voted affirmatively by all to accept, the January 5, 2017 General Session Minutes (with the one noted change), with B. COX and K. CONLEY abstaining, as they were not present at the January 5, 2017 meeting.

TOPIC IV:

APPLICATIONS

TIME: 8:35 am

US Pharmatrade- Wholesale Distributor

DEFERRED

Genoa / Acton New Community Pharmacy

TIME: 8:36 am

RECUSAL: None

DISCUSSION: Genoa, a closed-door mental/behavioral health pharmacy, was represented by proposed MOR Jason Kan. He answered the Board members questions to their satisfaction, and pointed to the same set of waivers as on their previous application (no compounds).

ACTION: Motion by C. BASILE, seconded by, K. CONLEY, and voted unanimously in the affirmative to approve the application for the new Genoa Pharmacy in Acton, pending a successful inspection.

Berkshire Community Pharmacy (North Adams) – New Community Pharmacy

RECUSAL: None

DISCUSSION: Berkshire Community was represented by Katelyn Foster (Proposed MOR), Director of Operations Keith Preston, and Dave McCaffery, (MOR of Pittsfield, MA location.) Representatives answered

the Board Member's questions to their satisfaction. They were advised to add "moderate" to their compounding attestation

ACTION: An initial motion by M. GODEK, seconded by C. BASILE, and unanimously voted to approve the New Community Pharmacy application from Berkshire, pending the change to the attestation as noted, and a successful inspection.

GE Healthcare – Wholesale Distributor License

TIME 8:50 am

RECUSAL: None.

DISCUSSION: GE Healthcare, located in Marlborough, was represented by David Barnes, R.Ph., BCNP. Mr. Barnes answered all the Board Member's questions about the virtual wholesaler, to their satisfaction.

ACTION: Motion by M. GODEK, seconded by G. CAVANAUGH, and voted unanimously to approve GE Healthcare as a Wholesale Distributor, pending successful inspection.

New England Lifecare – Revised Renovation

RECUSAL: None

DISCUSSION: New England Lifecare was represented by Brad Snow, Regional Director. NELC petitioned the Board to extend BUDs from 3 to 4 days during their renovation period.

ACTION: Motion by P. BOUVIER, seconded by C. BASILE, and approved unanimously by all to approve the request to change BUDs from 3 days to 4 days during renovation. W. FRISCH explained to the Board that Pharmacy Quality Assurance Pharmacists at the Board had reviewed and would support this change with no objections.

Integriscrypt- Renovation and Expansion

DEFERRED

TOPIC V.

REPORTS

Applications Approved Pursuant to Licensure Policy 13-01, 8:55 am

DISCUSSION: R. HARRIS noted that during the past month there have been twenty-two (22) change-of-managers, one (1) closing, and one (1) non-resident outsourcing facility license approved.

So noted

Board Delegated Review Pursuant to BDCR Policy

There were 11 Board Delegated Review (all Staff Assignments) cases heard on January 25th, 2017. All 11 were self-reports of CE deficiency. They had all been satisfactorily remediated and the files were closed with no discipline warranted. The Board Delegated Review session was attended by T. FENSKY as the Board Member,

W. FRISCH as Director of Pharmacy Compliance, H. ENGMAN, Board Counsel, and Executive Director D. SENCABAUGH.

ACTION: So noted

Report of activities Probation Monitor

DISCUSSION: D. SENCABAUGH (for K.FISHMAN) provided the November 30, 2016 – January 3, 2017, Board of Pharmacy Statistics Report for the Probation monitor, which noted that there are forty-four (44) licensees on probation, thirty-five (35) satisfactorily completed probation, eight (8) licensees given the opportunity to cure, four (4) licensee did not cure within 30 days, eight (8) given the opportunity to cure, two (2) notices of further discipline, and one (1) extension granted..

ACTION: So noted

Report of Above Action Level Results Closed Pursuant to Licensure Policy 16-04:

DISCUSSION: V. THAKER provided the January 5, 2017, Board of Pharmacy Statistics Report for the Above Action Level issues. He reported that there were 10 cases reviewed, and all had been properly remediated. This was the first presentation of this recently approved staff action policy.

ACTION: So noted

Board Approved CE in 2016

DISCUSSION: Quality Assurance Pharmacist M. CHAN presented the Board Members a report showing that she had approved 141 CE programs in 2016.

ACTION: So noted

TOPIC VI

FLEX SESSION

Inquiries from July 2016 – December, 2016

DISCUSSION: V. THAKER presented the report to the Board Members, complete with pie chart, showing that there were 721 inquiries logged and handled by Board staff in the 6th month period, compared to 574 for the entire previous year. The effort to improve response to inquiries has been on-going for a couple of years now, but this is the first time a “time to respond” has been tracked. Removing a couple of questions that needed extensive research, it was determined

That the average response time was 29 hours. This sets the bar for staff in an on-going effort to improve in this area.

ACTION: So noted

Pharmacy Substance Use Disorder (PSUD) Program Discussion Presented by Vita Berg

DISCUSSION: V. Berg summarized proposed PSUD Program, which was based off of the Board of Nursing rehabilitation program.

ACTION: Motioned by A. STEIN, seconded by C. BASILE and voted unanimously to adopt the language (minus typos) proposed in V. BERG's handout, including application for admission to the PSUD Program, proposed PSUD Staff Action policy, PSUD Urine Testing Protocol, and Standard Provisions for Participant Rehabilitation Programs.

TOPIC VII POLICIES

Pharmacy Technician Reciprocity

Time: 9:50 AM

DISCUSSION: Presented by M. CHAN

New policy to allow technician reciprocity from other states; certified statements from other states' Boards verifying good standing will be required for reciprocity.

ACTION: Motion by M. GODEK, seconded by B. COX and voted unanimously to approve conditions with minor noted changes to the policy.

TOPIC VII POLICIES

Amendments to Licensure Policy 13-01

DISCUSSION: Presented by W. FRISCH

Guideline for sterile compounding with regards to above action level EM. Document was passed around to Board members to review. Questions were raised with regards to how long the documentation should be kept on site, as well as the legal aspects, i.e. peer review protection. Members agreed that it gave good guidance and roadmap for pharmacies to use. Board Members agreed to just leave as guidance with some adjustments.

ACTION: Motion by P. GANNON, seconded by A. STEIN and voted unanimously to approve Above Action Level Environmental Monitoring Results pending recommendations

TOPIC XIII ADVISORY

DEFERRED

TOPIC IX REGULATIONS

- 247 CMR 8.00: Technicians and Interns -- DEFERRED
- 247 CMR 16.00: Collaborative Drug Therapy Management – DEFERRED

TOPIC X**OPEN FILE REVIEW**

TOPIC X

OPEN FILE REVIEW

TIME: 09:59 AM

Case #1

PHA-2016-0213**Rite Aid #10189, DS3113**

Time: 09:59AM

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

DISCUSSION: G.MELTON presented and summarized the investigative report that pertained to these matters.

- RLCS for 100 tabs of oxycodone 10mg. Loss identified during weekly inventory count. Internal investigation found that Verification Pharmacist was fixing a data entry error for a prescription for quantity of 120 entered as 220. He poured the extra 100 tablets into another vial that he intended to return to stock and labelled it with the incorrect prescription label.

- In addition, video surveillance showed that the safe was left unlocked and opened and that technicians were accessing the safe.

- Former MOR Leach searched through trash and found empty stock bottles which would correspond to 220 tablets accidentally prepared and no vial of the missing medication. Pharmacist Nguyen was disciplined by Rite Aid.

- Former MOR Leach became MOR as a temp till new MOR identified. She indicated that the store lacked continuity with staff pharmacists.

- New MOR has extensive experience in retail setting. She is from the area and has worked in the area as a pharmacist. She pointed out that she was the 3rd MOR in a year and the store has suffered due to the lack of continuity.

ACTION: Motion by C.BASILE, seconded by M.GODEK and voted unanimously by those present to consolidate with PHA-2017-0002 and refer the matter to the Office of Prosecution for the issuance of an Order to Show Cause and to authorize a Consent Agreement for a REPRIMAND.

Case #2**PHA-2017-0002****Rite Aid #10189, DS3113**

Time: 09:59AM

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

DISCUSSION: G.MELTON presented and summarized the investigative report that pertained to these matters.

- Unknown RLCS for 100 tablets of oxycodone 15mg. Internal investigation showed that Pharmacist Nathan Molina received 13 bottles of 100 tablets of oxycodone 15mg on 8-24-2016. The shipment was scanned by a Pharmacy Technician. The loss was reported by former MOR Leach to PDM Daniel Maloof on September 2, 2016 during weekly reconciliation.

- Covert cameras were set up for internal investigations. No suspicious activity or diversion was discovered but that video surveillance showed “the bottles being taken in and the safe doors being left open.” She was unable to determine the reason for the loss.

- Current MOR Mary M. Rosenbach indicated that “the perpetual inventories, cycle counts, biennial inventory, and inventory reports for the period including three months prior to the loss... are currently under review to the present... as I just assumed the position of MOR at the end of last month [December 2016].” In addition, PDM Maloof noted in the RLCS that he “reviewed proper security and accountability procedures for the controlled substances with pharmacy associates.”

ACTION: Motion by M.GODEK, seconded by C.BASILE and voted unanimously by those present to consolidate with PHA-2016-0213 and refer the matter to the Office of Prosecution for the issuance of an Order to Show Cause and to authorize a Consent Agreement for a REPRIMAND. Additionally, it was agreed to open a staff assignment investigation on the MOR Leach.

Case #3

PHA-2016-0214

Rite Aid #10198, DS2386

Time: 10:17 AM

RECUSAL: G.CAVANAUGH and W.COX recused and were not present for the discussion or vote in this matter.

DISCUSSION: G.MELTON presented and summarized the investigative report that pertained to these matters.

- On 2-5-16, Rite Aid Pharmacy #10198 submitted a report of loss of 62 tablets of oxycodone 15mg that occurred on 1-5-16 allegedly due to a miscount.

- MOR wrote that he was interrupted at his workstation while verifying a prescription for 28 tablets of oxycodone 15mg. He returned to his work station and completed the verification process. He then dispensed the prescription to the patient.

- MOR described his usual practice for dispensing Schedule II controlled substances. He counts out the quantity of tablets required for a prescription. He back-counts the number of tablets remaining in the stock bottle and records the quantity on the outside of the bottle.

- At that time, he believed that he had completed the back-count. He later discovered the missing the 62 tablets while returning the stock bottle to the safe. He attempted to contact the patient several times but patient did not respond and has not since returned to the pharmacy.

- MOR retrained staff to avoid interrupting RPh during verification. In addition, glass partitions were installed to close off the pharmacy from the front store to reduce distractions and interruptions

- Discussion by Board member M.Godek as to the role of PDM in these stores.

ACTION: Motion by C.BASILE, seconded by A.STEIN, and voted unanimously by those present, to DISMISS PHA-2016-0214, no discipline warranted.

Case #4

SA-INV-10594

CAPS of Woburn, DS3312

Time: 10:24 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to these matters.

- SA-INV opened regarding unlicensed practice by an intern after CAPS intern submitted affidavit of hours of training completed that incorrectly included hours completed prior to registration as an intern with a request for acceptance of those hours.

- Intern did not include information that he was registered as a technician prior to becoming an intern and those hours were incorrectly included in the tally in his affidavit of hours completed.

- After investigating, no unlicensed practice occurred, as intern was registered technician doing registered technician duties during the time in question.

ACTION: Motion by C.BASILE, seconded by W.COX, and voted unanimously by those present, to CLOSE SA-INV-10594 due to no violation.

Case #5

PHA-2016-0189

CVS #915, DS3395

Time: 10:26 AM

ACTION: Deferred to closed session.

Case #6

PHA-2016-0190

Omnicare of Northern MA, DS89931

TIME: 10:28AM

RECUSAL: K. GRIFFITH, J. YEN

DISCUSSION: J. SANTORO presented and summarized the investigation report that pertained to these matters:

- On September 12, 2016, OPP received a DEA 106 report with an unknown loss of #4 fentanyl 75mcg patches.
- Narcotic room pharmacist recalls seeing #4 fentanyl patches in a plastic baggie affixed to a card in a blue bin for a medication run. Upon review of video footage, it was revealed that the technician was bagging medication and matching up manifests quickly while being interrupted by phone calls/text messages on her cellphone. MOR indicated that it was possible that the 4 patches were mis-bagged and sent to the wrong facility.
- On October 13, 2016, a second DEA 106 report was submitted with an unknown loss of #91 oxycodone 5mg tablets.
- MOR indicated several small, non-significant losses spanning June 28, 2016 to September 30, 2016. MOR believes these losses to be due to a dispensing system error. Oxycodone tablets are prepared in advance in cards of 60, and it is believed that a card may have been mistakenly scanned as 30 since the system is off by a count of 30.

- Corrective action included, but was not limited to, changing 60-count pre-production cards to 30-count cards. Label scan also changed to a maximum of 30 tablets.

ACTION: Motion by A. STEIN, seconded by C. BASILE, and voted unanimously by those present, to dismiss PHA-2016-0190, no discipline warranted, remediation complete.

Case #7

PHA-2016-0211 **Kimberly Godfrey, PT7891**

TIME: 10:28 AM

RECUSAL: K. GRIFFITH, J. YEN

DISCUSSION: J. SANTORO presented and summarized the investigation report that pertained to these matters:

- On September 12, 2016, OPP received a DEA 106 report with an unknown loss of #4 fentanyl 75mcg patches.
- Narcotic room pharmacist recalls seeing #4 fentanyl patches in a plastic baggie affixed to a card in a blue bin for a medication run. Upon review of video footage, it was revealed that Technician Godfrey was bagging medication and matching up manifests quickly while being interrupted by phone calls/text messages on her cellphone. MOR indicated that it was possible that the 4 patches were misbagged and sent to the wrong facility.
- Company policy of no cell phones while working was not followed and may have contributed to this error. Procedure for bagging medications, which includes checking medication and quantity against facility name, was also not followed.
- Technician Godfrey provided a statement indicating that she does not remember bagging or seeing #4 patches, but must have grabbed the card they were attached to and sent to the wrong facility.
- Corrective action included a written and documented performance improvement plan regarding the use of cell phones while on duty. Bagging medication procedure was also included in performance plan.
- Technician Godfrey sent documentation and signed attestations that 2 additional CE's were completed in the area of patient safety. Statements that she reviewed 247 CMR 15, Continuous Quality Improvement Program, in its entirety were also submitted.

ACTION: Motion by A. STEIN, seconded by B. COX, and voted unanimously by those present, to dismiss PHA-2016-0211, no discipline warranted, remediation complete.

Case #8

PHA-2016-0130 **Saigon Pharmacy, DS82696**

TIME: 10:32 AM

RECUSAL: NONE

DISCUSSION: S. HORN presented and summarized the investigation report that pertained to these matters:

- Saigon Pharmacy has one prior complaint of inspectional deficiencies (PHA-2015-0098) and entered into 1-year probation agreement effective January 12, 2016.
- On August 29, 2016, complaints were opened against Saigon Pharmacy and MOR/owner Kiet Ngo (PH19274) due to repeat inspectional deficiencies. An incomplete plan of correction (POC) was submitted on October 17, 2016 and November 30, 2016.

- On December 20, 2016, OPP investigators completed a site visit (ISP-6549) in an attempt to obtain the requested information; none were available at the site, though MOR stated he would fax the documents to OPP office.

ACTION: Motion by M. GODEK, seconded by K.CONLEY, and voted unanimously by those present, to refer the matter to the office of prosecution for the issuance of an order to show cause and to extend probation by one year and issue a notice of violation of probation.

Case #9

PHA-2016-0131

Kiet Ngo, PH19274

TIME: 10:32 AM

RECUSAL: NONE

DISCUSSION: S. HORN presented and summarized the investigation report that pertained to these matters:

- MOR provided POC 9/9/16, complaint responses on 10/17/16 and 11/30/16
- MOR response did not provide complete records from a reverse distributor detailing specific controlled substance (CII-V) were returned
- MOR response did not provide complete records from a reverse distributor the expired CVI medications that were observed on the 8/24/16 inspection as requested
- MOR response did not provide documentation detailing third party reversals multiple billings
- MOR's response stated that pharmacy will be kept clean, new prescription vials will be used, inventory will be monitored for outdates
- Observed 11 outdates on follow up site visit 12/20/16

ACTION: Motion by E. TAGLIERI JR, seconded by G. CAVANAUGH, and voted unanimously by those present, to refer the matter to the office of prosecution for the issuance of an order to show cause for probation for one year and to issue a written agreement for K. NGO not to be manager of record during the time of probation.

Case #10

SA-INV-94106

Pentec Health, DS89913

TIME: 10:40 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigation report that pertained to these matters:

- Former employee reported that he heard from a sterile compounding technician that MOR instructed technicians to clean the sink area while EM monitoring was being performed. He also admitted that he did not leave on good terms with MOR
- MOR stated that she did instruct technicians to clean the sink area because the EM vendor's technicians used poor handwashing techniques and soaked the floor of the anteroom leaving standing water
- MOR reported the issue to vendor and also banned a particular technician from performing EM at her pharmacy
- A second former employee independently confirmed MOR's description including pointing out a particular problematic technician that the vendor would send to do the EM
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ACTION: Motion by A. STEIN, seconded by M. GODEK, and voted unanimously by those present, to close SA-INV-94106, no violation.

BORP Agenda:

February 2, 2017

Case #11

PHA-2016-0118

Walgreens #4403, DS2805

TIME: 10:42 AM

RECUSAL: M. GODEK and W. COX recused and were not present for the discussion or vote on this matter.

DISCUSSION: R. GEANEY presented and summarized the investigation report that pertained to these matters:

- Repeated deficiencies surrounding CII inventory control and CII returns. Duplicate CII order received but not entered into the inventory system or removed. CII patient returns accepted by pharmacist and returned. No documentation of patient return, only reverse 222 form showing a return

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ACTION: Motion by C. BASILE, seconded by A. STEIN, and voted unanimously by those present, to dismiss PHA-2016-0118, no discipline warranted, remediation complete.

Case #12

PHA-2016-0119

Matthew Moy, PH27731

TIME: 10:42 AM

RECUSAL: M. GODEK and W. COX recused and were not present for the discussion or vote on this matter.

DISCUSSION: R. GEANEY presented and summarized the investigation report that pertained to these matters:

- Repeated deficiencies surrounding CII inventory control and CII returns. Duplicate CII order received but not entered into the inventory system or removed. CII patient returns accepted by pharmacist and returned. No documentation of patient return, only reverse 222 form showing a return

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ACTION: Motion by C. BASILE, seconded by A. STEIN, and voted unanimously by those present, to dismiss PHA-2016-0119, no discipline warranted, remediation complete.

Case #13

PHA-2016-0215

Stop & Shop #12, DS2958

TIME: 10:44 AM

RECUSAL: NONE

DISCUSSION: J. SANTORO presented and summarized the investigation report that pertained to these matters:

- Two separate RLCS, # 90 Dextroamph-Amph 20mg tablets were discovered loss on September 22, 2016 and #398 Alprazolam 0.5mg tablets were discovered loss on September 29, 2016
- MOR indicated that in both incidents was due to bottles being thrown into the trash
- The pharmacist on duty filled the prescription for Dextroamph-Amph 20mg tablets and placed it to the side because the wrong prescriber name was entered and believes that he threw the bottle and the paperwork into the trash-**Note:** Rx was not rung through the register or signed on the electronic log
- MOR indicated that he filled a script for Alprazolam 0.5mg tablets at closing on the evening of September 29, 2016 and threw the stock bottle into the basket used to return bottles back to the shelf. The next morning the pharmacist on duty started filling prescriptions and used the basket to throw empty bottles for recycling
- MOR informed the staff to place any script that needs to be edited back into a basket with the old paperwork until the edit is completed and the script is bagged and put into the pick-up bin. MOR has eliminated the

basket used to return the drugs back to the shelf and now uses a trash bucket clearly labeled “For Recycling” to avoid the full bottles from becoming mixed up with the recycling.

ACTION: Motion by R. TINSLEY, seconded by E. TAGLIERI JR., and voted by the majority of those present, to dismiss PHA-2016-0215, no discipline warranted, remediation complete. A. STEIN, T. FENSKY, M. GODEK, and K. CONLEY voted against this action.

TOPIC XI

EXECUTIVE SESSION

DISCUSSION: None

ACTION: At 10:49 pm President T. FENSKY read the statement on reasons for Executive Session.

At 1:31, he called for a motion to enter Executive Session, and the open session ended.

Motion by W. COX, seconded by K. CONLEY and voted unanimously by roll call to enter into Executive Session. E. TAGLIERI; yes, T. FENSKY; yes, P. BOUVIER; yes, C. BASILE; yes, A. STEIN: yes G. CAVANAUGH: yes; M. GODEK; yes R.TINSLEY; yes, W. COX; yes, K. CONLEY; yes

TOPIC XII

Adjudicatory Session

DISCUSSION: None

ACTION: At 11:02 am, on a motion by W. COX, seconded by A. STEIN, the members voted unanimously to enter into Adjudicatory session.

TOPIC XIII

At 11:07 am, on a Motion by E. TAGLIERI, seconded by G. CAVANAUGH, and voted unanimously to enter into M.G.L. c. 65C Session.

P. GANNON, seconded by C. BASILE and voted unanimously by roll call to enter into Executive Session. E. TAGLIERI; yes, T. FENSKY; yes, P. BOUVIER; yes, C. BASILE; yes, S. CORNACCHIO yes, A. STEIN: yes G. CAVANAUGH: yes; R.TINSLEY; yes, P. GANNON; yes (M. GODEK, who attended from opening until lunch, was not present.)

TOPIC XIV.

ADJOURNMENT OF MEETING

DISCUSSION: NONE

ACTION: At 3:20 pm motion by M. GODEK, seconded by G. CAVANAUGH, and voted unanimously to adjourn the meeting.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 2/2/2017 General Session
2. Draft Minutes of the 1/5/2017 Meeting
3. Draft Amended Policy 13-01 for proposed Review Group to have staff action authority to approve initial work for remodeling, change in configuration, or change in square footage of certain compounding pharmacies.
4. Application of Genoa Pharmacy / Acton New Community Pharmacy
5. Application of Berkshire Community Pharmacy, New Community Pharmacy
6. Application of GE Healthcare, – New Wholesale Distributor
7. Application of New England Lifecare, Revised Renovation Request
8. From Vita Berg, draft application to enter Pharmacy Substance Use Disorder (PSUD) Program
9. From Vita Berg, copy of M.G.L.A. 112 section 24H Rehabilitation Program for Registered Pharmacists, Pharmacy Interns, and Pharmacy Technicians
10. From Vita Berg, Proposed staff action policy for Implementation of PSUD
11. Report on applications Approved Pursuant to Licensure Policy 13-01
12. Report of activities Probation Monitor 01/04/17 – 1/31/2017
13. Report of Board Delegated Review Session pursuant to Policy 14-02, from 1/25/2017
14. Report of Above Action Level Results Closed Pursuant to Licensure Policy 16-04
15. Report of Continuing Education Programs approved by the Board Staff in 2016
16. Report on Inquiries made to the Board in calendar 2016, 7/1/2016 – 12/31/2016
17. Proposed Policy 2017-02, Pharmacy Technician Licensure by Reciprocity
18. Investigation report in the matter of PHA-2016-0213 Rite Aid #10189, DS3113
19. Investigation report in the matter of PHA-2017-0002 Rite Aid #10189, DS3113
20. Investigation report in the matter of PHA-2016-0214 Rite Aid #2386, DS2386
21. Investigation report in the matter of SA-INV-10594 CAPs of Woburn, DS3312
22. Investigation report in the matter of PHA-2016-0189, CVS #915, DS3395
23. Investigation report in the matter of PHA-2016-0190, Omnicare, DS89931,
24. Investigation report in the matter of PHA-2016-0211, Kimberly Godfrey, PT7891
25. Investigation report in the matter of PHA-2016-0130, Saigon Pharmacy, DS2696
26. Investigation report in the matter of PHA-2016-0131, Kiet Ngo, PH19274
27. Investigation report in the matter of SA-INV-9406, Pentec Health, DS89913
28. Investigation report in the matter of PHA-2016-0118, Walgreens #4403, DS2805
29. Investigation report in the matter of PHA-2016-0119, Mathew Moy, PH27731
30. Investigation report in the matter of PHA-2016-0215, Stop & Shop Pharmacy #12, DS2958

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Respectfully submitted by:
S. CORNACCHIO, R.Ph.
Secretary