TENNESSEE BOARD OF PHARMACY
665 Mainstream Dr.
Nashville, TN 37243

**BOARD MEMBER PRESENT**
Katy Wright, D. Ph President
Adam Rodgers, D.Ph., Vice President
Richard Breeden, D.Ph.
Rissa Pryse, D.Ph.
Shanea McKinney, D.Ph
Melissa McCall, D.Ph.
Jake Bynum, Consumer Member

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**STAFF PRESENT**
Matthew Gibbs, Associate General Counsel
Mark Cole, Associate General Counsel
Rebecca Moak, Pharmacy Investigator
Robert Shutt, Pharmacy Investigator
Larry Hill, Pharmacy Investigator
Andrea Miller, Pharmacy Investigator
Derek Johnston, Pharmacy Investigator
Scott Denaburg, Pharmacy Investigator
Patricia Beckham, Pharmacy Investigator
Rita Golden, Pharmacy Investigator
Sheila Bush, Administrator Director

**STAFF ABSENT**
Terry Grinder, Interim Executive Director
Richard Hadden, Pharmacy Investigator

The Tennessee Board of Pharmacy convened on Tuesday, January 12, 2022, in the Iris Room, 665 Mainstream Drive, Nashville, TN. A quorum of the members being present by the meeting was called to order at 9:01 a.m. with Dr. Wright presiding. Dr. Rodgers welcomed pharmacy students from Belmont University, University of Tennessee and South College.

**Elections**
Dr. McCall made the motion to elect Dr. Rodgers as president. Dr. Breeden seconded the motion. The motion carried. Dr. Breeden made the motion to elect Dr. McCall for vice president. Dr. McKinney seconded the motion. Roll call vote was taken. The motion carried.

**Minutes**
Mr. Bynum made the motion to accept the November 16, 2021, minutes as presented as corrected. Dr. Pryse seconded the motion. The motion carried.

## OGC/Investigative Report

Mr. Gibbs stated that there are currently 57 cases open for discipline within the Office of General Counsel. Of those 57 cases, 6 are eligible for a contested hearing.

Mr. Gibbs stated that The Tennessee Board of Pharmacy along with the Tennessee Department of Health has been named as two of the defendants contained in the master docket for the National Prescription Opiate Litigation. The Office of the Attorney General is aware of this litigation.

Mr. Gibbs stated that the Complaint Review Committee has reviewed 22 complaints.

**General Discussion**

The Board discussed the approving travel for Dr. Breeden and Dr. Wright to attend the TSHP (Tennessee Society of Health Pharmacy) meeting as part of TPA Winter Meeting scheduled for February 26, 2022, thru March 1, 2022. After discussion, Dr. McCall made the motion to approve travel for Dr. Breeden and Dr. Wright to attend the THSP meeting. Dr. Pryse seconded the motion. The motion carried.

**Presentation**

Dr. Lucy Shell representing the Tennessee Pharmacist Association (TPA), updated the board on the issues that TPA has been working on and the progress.

1. **Emergency Preparedness & Response**
    a. TPA discussed the recent tornados and severe storms. TPA would like to look for a more collaborative response from the association and the Board of Pharmacy. When these extreme weather situations are rare, TPA has felt unprepared to offer a response for assistance to those pharmacies and hospitals impacted. TPA is engaging with stakeholders at TDH, Pharmacists Mutual, and others in the profession to have appropriate messaging via email, social media, and other media outlets. They would like the Board of Pharmacy to collaborate with TPA on improving communications to all licensed and registered professionals during these events.

2. **TPA Legislative Priorities for 2022**
    a. Enforcement of PBM Regulations
        i. Working with TDCI and Senator Reeves and multiple stakeholders to look at clean-up of Public Chapter 569
    b. Codifying PREP Act Provision
        i. Authority for pharmacists to order and administer immunizations.
        ii. Authority for pharmacists to delegate the act of immunization administration to pharmacy technicians. .
        iii. Authority for pharmacists to order & administer tests and treat for conditions concerning the public health of Tennesseans.
    c. TPA is closely monitoring and collaborating with other entities to address issues impacting the profession
        i. White-bagging
        ii. Take back law
        iii. Prescription drug donation repository
        iv. Naloxone

3. **#PizzaIsNotWorking**
    a. TPA issued a press release on Monday, December 20th after learning of a potential pharmacy walkout/sick out due to workplace conditions pushing pharmacists and technicians to the brink.
    b. TPA has engaged in conversations with the leadership of the national movement dubbed #PizzaIsNotWorking, many of which are members of TPA's Society of Chain Pharmacists.
    c. TPA, in collaboration with the American Pharmacists Association and other state pharmacy associations, has developed the Pharmacy Workplace and Well-being Reporting (PWWR) tool, a safe, confidential, and anonymous space for pharmacy personnel to report positive and negative workplace experiences. PWWR reports create a pool of aggregated data that will be used to influence and educate our pharmacy

community and leaders. TPA believes that this information can be useful to the Board moving forward.

d. TPA would request a discussion/presentation with the Board and representatives from frontline community pharmacists to discuss the issues and understand where there is opportunity within the Board of Pharmacy's jurisdiction to make meaningful change.
e. TPA has called upon chain pharmacy leadership to consider recommendations from their frontline workers to address these urgent matters at a corporate level.
f. TPA mentioned that there seems to be a role for TPRN and they have started to have dialogue with TPRN leadership to discuss enhanced programming that could be offered through this group.

**4. COVID – 19**

a. Oral antivirals:
    i. Currently a limited supply to some Wal-mart locations within the state
b. Vaccination Audit
    i. Still ongoing

**5. Technician Product Verification**

a. Pilot project is still ongoing and TPA requested to make a formal presentation around TPV at a later meeting.

7. **TN Pharmacy Coalition Meeting** – Friday, Feb 25th at TPA offices from 1pm-4pm
    a. TPA invited members of the Board and Board staff/leadership to attend the coalition meeting.
    b. Agenda items include: 2022 legislative updates, pharmacy workplace conditions, and pharmacy technicians workforce

**Application Review**
**Eric Sendykar, D.Ph.**

Dr. Sendykar is applying for licensure by reciprocity and he answered yes to the question that asked "Have your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority" and "Have you ever been charged or convicted (including nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned form any such offense?" Dr. Sendykar VA pharmacist license was suspended for substance abuse in 2009. Dr. Sendykar completed 3 months of in-patient treatment and a 6-year monitoring contract in 2015. Dr. Sendykar was also convicted a misdemeanor in 2012. Dr. Sendykar's AL pharmacist license was disciplined based on the VA board order on 10/4/2010 and suspended on 10/11/2013 for failure to comply with a random continuing education audit. Dr. Sendykar's VA and AL pharmacist license are in good standing. After discussion, Dr. Breeden made the motion to approve Dr. Sendykar's application for licensure by reciprocity. Dr. McCall seconded the motion. The motion carried.

**Dionne Mitchell, RT**

Ms. Mitchell appeared before the board to request approval to reapply for registration as a pharmacy technician. Ms. Mitchell's registration was revoked by the board on March 13, 2018. After discussion, Dr.

Breeden made the motion to allow approve Ms. Mitchell's request to reapply for registration as a pharmacy technician. Dr. Wright seconded the motion. The motion carried.

**Waivers**
**Board rule 1140-03-.17**

The Board denied Brad Medling, Pharm. D request to waiver of board rule 1140-03-.17. This rule cannot be waived.

**Board rule 1140-04-15 (7)(b)(1)**

Dr. Wright made the made the motion to approve the request from **Ballad Health** to waive the requirement for direct supervision by a pharmacist for filing/stocking of medication to the automated dispensing machines (ADMS) at Hancock County Hospital, Johnson City Community Hospital and Unicoi County Memorial Hospital for one (1) year. Dr. Breeden seconded the motion. Dr. McKinney abstained and Mr. Bynum voted no. A roll call vote was taken. The motion carried.

**Board rule 1140-5-.01**

The Board decided to delay a decision on **James Baker's** request until the March 8, 2022, board meeting. The Board is requesting additional information.

**Board rule 1140-01-.07 (3)**

Dr. McCall made the motion to approve the request from **Whitney Wallis, D.Ph.** to waive the one hundred and sixty (160) internship hours but she must successfully take and pass the MPJE. Dr. Breeden seconded the motion. The motion carried.

**General Discussion**
**USP-Compounding Pharmacy**

Mr. Gibbs spoked to the board about rule 1140-07 which is the Sterile Product Preparation in Pharmacy Practice rules and that statute changed in 2021 to allow the board to enforce any and all chapters of USP. Mr. Gibbs presented a policy statement to the board to allows a compounding pharmacy to engage in either the current official USP or allow the pharmacy to dictate that they are utilizing an active purposed/revised version of USP. The intent of the policy is that it is active even after a rule change. After discussion, Dr. McCall made the motion to adopt the following policy: The Board interprets "applicable USP standards" under Official Compilation of the Rules and Regulations of the State of Tennessee 1140-07-.02 to mean a pharmacy engaged in prescription drug compounding under either: (1) the active proposed/revised version of USP chapter or (2) the currently official chapter and version of the USP compendium. The Board shall evaluate the compounding practices under the version of the USP chapter chosen by the pharmacy. Dr. Breeden seconded the motion. The motion carried.

Mr. Gibbs presented the board with proposed rules for sterile product preparation in pharmacy practice. Mr. Gibbs asked the Board there need to be an effective date for pharmacies to become

compliant. The Board decided to grant pharmacies 24 months to comply. After discussion and some changes, the Board asked that the rules begin the official rule-making process.

**1140-07-.02. STANDARDS.**

(1) Any pharmacy that creates a compounded prescription drug product shall comply with currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, and 825, including all chapters referenced therein, and any subsequent chapters.

(2) The Board of Pharmacy, upon a showing of good cause and in the best interest of the public health, safety and welfare, may waive the requirements of any applicable portion of USP standards.

(a) All waiver requests submitted pursuant to this part shall be submitted in writing.

(b) The Board of Pharmacy may authorize the Executive Director to exercise some, or all, of its waiver authority under this part.

(3) Noncompliance by a licensee with applicable standards and guidelines, or any other violation of the provisions of this rule, shall be considered unprofessional conduct within the meaning of T.C.A. 63-10-305 and a violation of a duly promulgated rule of the Board of Pharmacy.

(4) Any licensed pharmacy which compounds sterile products, except hospital pharmacies compounding for inpatients of a hospital, shall maintain and make available upon request to the Board or its investigators, a report listing the quantity of non-sterile to sterile compounded drug products or batch sterile products, as defined by USP standards. compounded and dispensed by the pharmacy during the previous 12-month period and any other information as required by USP standards.

(a) The format for reports submitted pursuant to this paragraph shall be determined by the Board of Pharmacy through policy and made available to the public on the Board of Pharmacy's website.

(5) Any licensed pharmacy which compounds and dispenses prescription drug products shall provide at a minimum upon request of the Board of Pharmacy the following information for any drug product compounded, dispensed, traded, sold, or otherwise distributed:

(a) Name, strength, and dosage form;

(b) Quantity compounded, dispensed, traded, sold, or otherwise distributed during the preceding 12-month period;

(c) All components and an accurate statement of the weight or measure of each component;

(d) The beyond-use date;

(e) Storage requirements;

(f) Labels and labeling with appropriate beyond-use date and instructions for storage and use.

(6) Any licensed pharmacy which compounds and dispenses prescription drug products must ensure that the following information is on file at the practice site and readily accessible for sterile compounded prescription drug products:

(a) Documentation of the name and strength of all drug products compounded over the past three (3) years;

(b) The sources, lot numbers, and expiration dates of the components used in those drug products;

(c) The total number of dosage units compounded over the past three (3) years;

(d) The name of the person who prepared the drug product;

(e) The name of the pharmacist who approved the drug product;

(f) The name of the practitioner or the name of the patient or healthcare entity who received the compounded drug product;

(g) The results of any sampling, testing or other quantitative evaluation conducted for the purposes of quality control for any compounded prescription drug products, as defined by chapter 1140-01, compounded over the past three (3)years.

(7) Upon request, the Board may waive selected portions of these requirements so long as any waiver granted is consistent with the Board's authority under Tenn. Code Ann. Title 63, Chapters 1 and 10, and Tenn. Code Ann. Title 4, Chapter 5.

**1140-07-.03 PERSONNEL**

(1) The pharmacist in charge or the pharmacist designated by the pharmacist in charge shall be responsible for, at a minimum, the following:

(a) Procurement, storage, compounding, labeling, repackaging, dispensing, and distribution of all prescription drugs and devices and related materials necessary in compounding and dispensing of prescription drug products;

(b) Establishment of policies and procedures for the compounding and dispensing of prescription drug products.

(c) Documentation of competency in aseptic techniques of all pharmacists, pharmacy interns and pharmacy technicians. The aseptic technique of each person compounding and dispensing prescription drug products shall be observed and evaluated as satisfactory during orientation and training and pursuant to currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, or 825 or whenever unacceptable techniques are observed or detected;

(d) Establishment of a quality assurance program;

(e) Reviewing and updating annually all policies and procedures; and

(f) Provision of compounded prescription drug products on a twenty-four (24) hour a day basis.

(2) All pharmacists, pharmacy interns and pharmacy technicians as defined in 1140-2-.02 responsible for compounding or dispensing prescription drug products shall:

(a) Obtain practical and/or academic training in the compounding and dispensing of prescription drug products;

(b) Complete education pursuant to currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, or 825 related to prescription drug product compounding and dispensing and utilization; and

(c) Maintain, in the pharmacy practice site, documentation of completion of the required training and continuing education.

(d) Use proper technique in all prescription drug product compounding as defined by the pharmacy practice site's policies and procedures and in compliance with all currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, or 825

(3) A pharmacist shall be available to respond to patients' and other health care practitioners' information needs on a twenty-four (24) hour a day basis.

(4) The pharmacist in charge shall be assisted by such additional pharmacists, pharmacy interns, pharmacy technicians as defined by 1140-2-.02 and supportive personnel necessary to operate the pharmacy practice site competently and safely and to provide services in a timely and appropriate manner.

(5) All pharmacists, pharmacy interns and pharmacy technicians must be qualified through an appropriate combination of specific training and experience to operate or manipulate any item of equipment, apparatus, or device to which such pharmacists, interns and technicians will be assigned to use to compound and dispense prescription drug products.

(6) A written record of initial and subsequent training and competency evaluations shall be maintained in the pharmacy practice site and contain the following information:

(a) Name of the person receiving the training or evaluation;

(b) Date(s) of the training or evaluation;

(c) General description of the topics covered; and

(d) Signature of the person receiving the training or evaluation and the pharmacist in charge or the pharmacist designated by the pharmacist in charge.

(7) Upon request, the Board may waive selected portions of these requirements so long as any waiver granted is consistent with the Board's authority under Tenn. Code Ann. Title 63, Chapters 1 and 10, and Tenn. Code Ann. Title 4, Chapter 5.

**1140-07-.04 PHYSICAL REQUIREMENTS.**

(1) Any facility that compounds prescription drug products shall comply with currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, and 825, including all chapters referenced therein, and any subsequent chapters.

(2) Upon request, the Board may waive selected portions of these requirements so long as any waiver granted is consistent with the Board's authority under Tenn. Code Ann. Title 63, Chapters 1 and 10, and Tenn. Code Ann. Title 4, Chapter 5.

**1140-07-.05 POLICY AND PROCEDURE MANUAL.**

(1) A policy and procedure manual related to prescription drug product compounding shall be available for inspection at the pharmacy practice site. The manual shall include policies and procedures for prescription drug product compounding pursuant to USP standards, and shall, at a minimum, include:

(a) Security;

(b) Equipment;

(c) Sanitation;

(d) Reference materials;

(e) Prescription drug and device and related material storage;

(f) Prescription drug and device and related material compounding and dispensing;

(g) Prescription drug and device and related material labeling and relabeling;

(h) Prescription drug and device and related material destruction and returns;

(i) Dispensing of compounded prescription drug products;

(j) Record keeping;

(k) Quality assurance;

(l) Quality control;

(m) Duties for pharmacist(s), pharmacy intern(s), pharmacy technician(s) and supportive personnel;

(n) Public safety relative to harmful compounded prescription drug products, including the active notification of
patients if they may be affected by a product found to have a defect or an out-of -specification result including any recall policy and procedures;

(o) Attire;

(p) Pharmacist, pharmacy intern, and pharmacy technician training.

(q) Compliance with all applicable currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, and 825, including all chapters referenced therein, and any subsequent chapters.; and

(r) Response to adverse events, outbreaks, and other public health threats associated with products compounded, dispensed, manufactured, propagated, distributed, or otherwise processed at the facility, including procedures for the rapid compilation and dissemination of records to appropriate authorities.

(2) Any licensed facility which engages in compounding of prescription drug products shall conduct an annual review of its policy and procedure manual and shall update its policy and procedure manual as necessary.

(3) Failure by any licensee or registrant to comply with its policy and procedure manual, or any part of this rule shall be considered a violation of a duly promulgated rule of the Board of Pharmacy and may be considered dishonorable, immoral, unethical or unprofessional conduct within the meaning of T.C.A. § 63-10-305(6).

**1140-07-.06 DISPENSING LABEL.**

(1) At the time of dispensing of the compounded prescription drug product, the dispensing container must bear a label which contains the following information:

(a) Patient's name (if for outpatient use) or healthcare entity name;

(b) Prescriber (s) name (if for outpatient use);

(c) Pharmacy practice site name, address, and phone number (if for outpatient use);

(d) Identification of the pharmacist who compounded the prescription drug product;

(e) When applicable, identification of the pharmacy intern or pharmacy technician who assisted in the compounding of the prescription drug product;

(f) Name and amount of drug added;

(g) The date, or the hour and date, beyond which the compounded prescription drug product must not be used and must be discarded (“BUD”). The BUD is determined from the date and time that preparation of the compounded drug product is initiated.;

(h) Date of compounding;

(i) Appropriate auxiliary label(s); and

(j) Directions for use (if for outpatient), if applicable.

(2) Original medical or prescription orders for compounded prescription drug products shall comply with applicable state and federal laws and regulations.

**1140-07-.07 HAZARDOUS PRODUCTS.**

(1) Physical Requirements.

(a) If the pharmacy practice site is engaged in the compounding of hazardous prescription drug products, a suitable facility to prepare such products and minimize the risk associated with such products shall be provided.

(b) Such pharmacy practice site shall be designed and equipped for storage and have a procedure for disposal of materials containing hazardous residues in accordance with state and federal laws.

**1140-07-.09 QUALITY ASSURANCE.**

(1) There shall be a documented, ongoing quality assurance program that monitors process validation; pharmacist(s), pharmacy intern(s), and pharmacy technician(s) performance; equipment; and environment.

(2) The program shall be designed to assure that the pharmacy practice site is capable of consistently compounding quality prescription drug products.

(3) All quality assurance programs shall comply with currently enforceable standards in the United States Pharmacopeia chapters 795, 797, 800, and 825, including all chapters referenced therein, and any subsequent chapters.

(4) The pharmacy shall create, maintain, and make available upon request a compounded record for each compounded prescription drug product created by the pharmacy. A compounded record shall be maintained for a period of three (3) years.

(5) Failure by any licensee or registrant to comply with its quality assurance program shall be considered a violation of a duly promulgated rule of the Board of Pharmacy and may be considered dishonorable, immoral, unethical or unprofessional conduct within the meaning of T.C.A. § 63-10-305(6).

**1140-07-.10 NON-STERILE SIMPLE PREPARATION EXCLUSIONS**

(1) The combining of commercially manufactured ready-to-use products shall be exempt from USP 795 compounding standards under the following conditions:

(a) No more than four (4) commercially manufactured ready-to-use products (that have not been manipulated) are used;

(i) Manipulation occurs when a change of a commercially available drug product happens for patient-specific needs beyond United States Food and Drug Administration approved labeling. Crushing, diluting or using a dosage form that exists as a fine particle (powder) is manipulating for the purpose of this section.

(b) Compounding is not prepared in anticipation of medication orders;

(c) The pharmacy shall use Beyond Use Dates under the currently enforceable standards of USP 795;

(d) The prescription label shall comply with the labeling requirements as set forth in Tenn. Comp. R. and Regs. 1140-07-.06 and also:

(1) The name of the compounded prescription drug product;

(2) The strength, concentration, lot number and expiration date of each component used to create the compounded prescription drug product;

(3) The beyond Use Date;

(4) Special storage requirements, if applicable; and

(5) Cautionary auxiliary labels, if applicable.

**Reinstatement**
**Corey Bradley, Pharm.D.**
Dr. Bradley requested to have his licensed reinstated. Dr. Bradley's license was revoked on 01/26/2021. After discussion, Dr. Wright made the motion to reinstate Dr. Bradley's license. Dr. Bradley's license will be placed on probation for ten (10) years. Dr. Breeden seconded the motion. The motion carried.

(a) The Respondent shall completely abstain from the consumption of alcohol or any other drugs, except as specified in (b);
(b) The Respondent shall be able to consume legend drugs or controlled substances prescribed by the Respondent's primary physician, except in the case of an emergency or upon proper referral from the Respondent's primary physician. Upon ratification of this order, the Respondent shall immediately notify the Board office in writing of the name of the Respondent's primary physician. Respondent shall immediately notify the Board Office in writing of the name of the Respondent's primary physicians each time the Respondent changes primary physicians;
(c) The Respondent shall not obtain or attempt to obtain any prescriptions in the Respondent's name for any legend drugs, controlled substances or devices containing same from the physician other than the Respondent's primary physician or from any other health care provider, such as a nurse practitioner, physician's assistant or psychiatrist;
(d) The Respondent shall destroy any unused controlled substances prescribed under the provisions of subsection (b) no later than thirty (30) days following the completion of the prescribed course of treatment;
(e) The Respondent shall report to the Board, in writing, the ingestion of any and all legend drugs or controlled substances (a copy of the prescription will satisfy the requirement);
(f) The Respondent shall submit to random sampling of urine, blood or bodily tissues for the presence of drugs and alcohol, at the Respondent's own expense, by agents of the Board, such as the Tennessee Pharmacist Recovery Network for as long as the Respondent has an active license. In the event that the sampling indicates the presence of drugs for which the Respondent does not have a valid prescription, or the sampling indicates the presence of

alcohol, then formal disciplinary charges may be brought against the Respondent which could result in the revocation of the Respondent's remaining term of probation or the suspension or revocation of the Respondent's license to engage in the practice of pharmacy. Prior to such disciplinary charges being heard by the Board, the Respondent's license may be summarily suspended;

(g) The Respondent shall comply with all of the terms and conditions of the extended aftercare contract he entered into the Tennessee Pharmacists Recovery Network. Respondent shall return a copy of said contract with this Consent Order to the Board Office.

(h) The Respondent shall not serve as pharmacist-in-charge the respondent's pharmacist-in-charge for a period of three (3) years from the state date of probation; however, after a period of two (2) years' probation the Respondent may petition the Board for a modification of this Consent Order to remove the restriction upon show of good cause. The Respondent shall not work as a "floater" for a period of three (3) years meaning that the Respondent shall not work at more than one (1) pharmacy location at the same time without permission of the Board;

**Agreed Orders**

Mr. Bynum made the motion to accept **Hubert Morton Jr. D.Ph**. agreed order to voluntarily retired his pharmacist license. Dr. Morton violated T.C.A. § 63-10-305 (8). Dr. Breeden seconded the motion. The motion carried.

Dr. Breeden made the motion to accept **Jeffrey Verstreet, RT** agreed order to voluntarily surrendered his registration as a pharmacy technician. Mr. Verstreet violated T.C.A. § 63-10-305 (6). Dr. Pryse seconded the motion. The motion carried.

Dr. Wright made the motion to accept **Nichelle LaBoudy, RT** agreed order to voluntarily surrendered her registration as a pharmacy technician. Ms. LaBoudy violated T.C.A. § 63-10-305 (6). Dr. Breeden seconded the motion. The motion carried.

Dr. Breeden made the motion to accept **Bradley Extended Care** agreed order with a $3675.00 civil penalty. Bradley Extended Care violated T.C.A. § 63-10-305. Mr. Bynum seconded the motion. The motion carried.

**General Discussion.**

Mr. Gibbs talked with the board on how pharmacist administer and dispense vaccines. Mr. Gibbs stated that an order that is written for an injectable vaccine can be administered without being dispensed. After discussion, the Board interpretation is that a prescription order for an injectable vaccine can be administered without being dispensed.

Dr. Rodgers asked Mr. Gibbs to explain the make-up of the Complaint Committee and asking about an out- going board member being appointed. This issue will be presented at the March 8-9, 2022, board meeting.

Mr. Bynum made the motion to adjourn at 3:05 p.m. Dr. McKinney seconded the motion. The motion carried.

**The minutes were approved and ratified at the March 8, 2022 board meeting**.