

**MINUTES**  
**UTAH BOARD OF PHARMACY**  
**ELECTRONIC MEETING**  
**April 26, 2022 | 8:30 A.M.**  
**Held Electronically, No Anchor Location**

**CONVENED: 8:30 A.M.**

**ADJOURNED: 12:58 P.M.**

**DOPL STAFF PRESENT ELECTRONICALLY:**

**Bureau Manager: Larry Marx**  
**Board Secretary: Julie Pulsipher**  
**Lead Investigator: Camille Farley**  
**Investigator: Travis Drebing**  
**CSD Admin: Jeff Henrie**  
**Compliance Manager: Tracy Naff**  
**Compliance Specialist: Bernice Palama**  
**CS Policy Manager: Connie Kitchens**  
**Investigator: Kaila Silcox**  
**Pharmacy/Health Specialist: Jim Garfield**

**BOARD MEMBERS PRESENT ELECTRONICALLY:**

**Carrie Dunford, PharmD, Chairperson**  
**Christopher Sheard, PharmD, Vice Chairperson**  
**Karen Gunning, Pharm D**  
**Sepidah Daeery, Pharm D**  
**Gary Hale, R.Ph.**  
**Autumn Hawks, Pharmacy Technician**

**BOARD MEMBERS NOT PRESENT:**

**Public Member—Position Vacant**

**GUESTS IN ATTENDANCE ELECTRONICALLY:**

<b>Jaime Montuoro—Smith's Pharmacy</b>	<b>Erin Johanson—Roseman University</b>
<b>Bill Stilling</b>	<b>Dustin Christensen-Grant--Roseman</b>
<b>Christopher Christiansen—Stapley</b>	<b>Daniel Jenkins—Roseman University</b>
<b>Pharmacy</b>	<b>Kathy Varley—MedQuest Pharmacy</b>
<b>Asha Parekh</b>	<b>Adam Gee</b>
<b>Cliff Holt—Utah Family Pharmacies</b>	<b>Kathryn Simpson</b>
<b>Dallin Toronto</b>	<b>Lorri Walmsly—Walgreen's Pharmacy</b>
<b>RJ Evans—MedQuest Pharmacy</b>	<b>Mark Brinton--UMA</b>
<b>Barb Keyser—Intermountain Healthcare</b>	<b>Hali O'Malley APCEC</b>
<b>Greg Jones—Harmon's Pharmacy</b>	<b>Mindie Hooley</b>
<b>Deeb Eid</b>	<b>W735 PHM</b>
<b>Donelle Perez</b>	<b>Efren Corado</b>
<b>Roseman University Students</b>	

*Note: Other guests may have been in attendance electronically but were not identified.*

**ADMINISTRATIVE BUSINESS:**

**CALL MEETING TO ORDER**

**Dr. Dunford called the meeting to order to 8:30 A.M.**

**REVIEW AND APPROVE MARCH 22, 2022 MINUTES**

*(See Audio 1 for Specifics 00:03:56-00:15:41)*

**Mr. Hale motioned to approve Minutes for March 22, 2022 meeting, with mentioned revisions.**

**Dr. Sheard seconded the Motion.**

**Motion passed unanimously.**

**INVESTIGATIVE REPORT—CAMILLE FARLEY**

*(See Audio 1 for Specifics 00:40:15-00:44:40) (Out of order)*

**Lead Investigator Farley presented the Pharmacy Report for March, as provided.**

**Lead Investigator Farley stated with regard to updates with Investigations, the NABP email will go out around May 18<sup>th</sup>. Lead Investigator Farley asked if the positive identification email should be a separate email or together with the NABP newsletter email.**

**Dr. Gunning stated separate emails would be appropriate--to put the proper amount of emphasis on each of the subjects.**

**Lead Investigator Farley introduced Kaila Silcox, new Investigator.**

**Investigator Silcox stated she had been working with Investigations for a month, and has been a pharmacy technician for almost 13 years. Investigator Silcox stated it has been a learning process, and she is happy to be here.**

**CSD UPDATE—JEFF HENRIE**

*(See Audio 1 for Specifics 00:44:45-01:09:43) (Out of Order)*

**CSD Admin Jeff Henrie presented CSD Update, as provided.**

**Mr. Henrie stated things are progressing nicely for DSP12. Mr. Henrie stated the Rule takes effect May 1, 2022.**

**Dr. Sheard asked if there was a hard set deadline when forgiveness will be going away for E-prescribing, and all-electronic prescribing will be mandatory.**

**Mr. Marx stated December 31, 2023 is the target deadline due to challenges providers of non-major healthcare networks have had. Mr. Marx stated Centers for Medicare & Medicaid Services (CMS) have not finished their Rules, so the Division will wait for that deadline of January 1, 2024 to start enforcing all-electronic prescribing.**

*(See Audio 1 for Specifics 00:46:11-01:09:43)(Out of Order)*

**Mr. Henrie prepared a chart of what he found in the first quarter for MME and high opioid prescribers. Mr. Henrie stated there were two providers in Utah's section having a high number of scripts. Mr. Henrie asked what the Board would like to have done with the data gathered.**

**Dr. Dunford stated the reason for the inquiry was for determining the purpose and audience for the scripts. Dr. Dunford stated with having detailed information, Investigation teams could see what current practices are. Dr. Dunford stated from a pharmacy perspective, when prescribers are still giving out prescriptions in high quantities, the patient has to find a pharmacy that will fill those prescriptions. Dr. Dunford stated with the quantity of opioid dispensing decreasing, high prescribing of opioids affects drug quantity availability.**

**Mr. Henrie stated he had a meeting this afternoon to discuss workload items going out to the academic detailing team. Mr. Henrie stated he would include this report as part of the items of discussion at that meeting. Mr. Henrie stated there will be collaboration with the Investigations team.**

**Dr. Gunning stated it would be helpful to report this information to the Physician's Board as well as the Board of Pharmacy—as it is a shared responsibility amongst several Boards. Dr. Gunning stated there is an expectation things are being done about prescribing practices; it creates a huge ripple effect on pharmacies in a geographic area.**

**Dr. Dunford stated there is raised concern patients are seeing a doctor in Nevada, but filling the prescription in Utah. Dr. Dunford stated depending on the location of the cities these prescriptions are being filled, it could potentially be considered suspect.**

**Ms. Kitchens asked if it were in the scope of the database to see locations of where these prescriptions are being filled. Ms. Kitchens asked if the database could determine if there were specific pharmacies filling the prescriptions, or if it were spread out over many pharmacies.**

**Ms. Hawks asked if the providers were working in hospice care or pain clinics.**

**Mr. Henrie said they could discuss these subjects in his meeting this afternoon.**

**Dr. Sheard stated support for sharing this information with the Physician's Board. Dr. Sheard stated educating providers will also be essential in the movement of decreasing opioid use. Dr. Sheard stated it will need to be a collaborative effort for helping patients get the care they need, and also decrease opioid usage.**

**Mr. Henrie stated RXcheck is going to a new version May 1, 2022. Mr. Henrie stated there are still a few bugs they are working on. Mr. Henrie stated the database is also moving into a cloud environment.**

**Mr. Henrie stated he would be working with Ms. Kitchens on the Rules, and will have a draft hopefully next month to review with the Board.**

**(As part of CSD UPDATE)**

*(See Audio 1 for Specifics 00:16:55-00:39:50) (Out of Order)*

Efren Corado stated he works with several refugee groups who are having difficulties getting prescriptions filled because they do not have the necessary government issued identification (ID).

**Dr. Dunford stated these refugees have a legitimate need and a legitimate prescription, but they are being turned away. Many have a temporary driving record, but they do not have a Utah Driver's License because of their current status. Dr. Dunford asked if there were any other forms of identification refugees could obtain.**

Mr. Corado stated refugees have this temporary ID because they do not have any other government issued ID. This temporary license allows the opportunity to sit behind a vehicle and also purchase car insurance. Mr. Corado stated there wouldn't be any other forms of ID other than school ID or work ID having a picture on it. Mr. Corado stated he wants to make sure these families have the best opportunity of obtaining needed medications. Mr. Corado stated shelter identification cards are sometimes used. Mr. Corado stated signed medical records could also be an avenue to be able to prove identity.

**Dr. Daeery stated most refugees have their necessary identification with them. Dr. Daeery asked Mr. Corado if these referenced refugees had documentation with them when going to have a prescription filled.**

Mr. Corado stated the immigration population were more affected by this barrier than the refugee population. Mr. Corado stated it says right on the temporary driver's license that it cannot be used for a government issued ID.

**Dr. Sheard stated the CSD database rule outlines what pharmacies can accept for identificaion. Dr. Sheard asked if it is an issue of not having the documentation, or whether it is pharmacists not accepting the identification because of company policy or unfamiliarity with Rules. Dr. Sheard stated perhaps pharmacists are not fully aware of other ways allowed to dispense medications. Dr. Sheard stated Utah Rule and Law have flexibility to allow dispensing, so it is more on the part of pharmacist education rather than in changing Rule and Statute.**

Mr. Corado stated often the temporary driver's card is the only form of ID they have.

**Dr. Dunford asked for suggestions on how to address the issue of patients going to get their medications at a pharmacy and are denied. Dr. Dunford stated it could possibly be a language barrier issue.**

Greg Jones, Harmon's Pharmacy, stated the last section in Rule was written to be more flexible so people could get their medications. Mr. Jones stated most of the time the person has an identification of some kind that can match to the prescription.

**Dr. Dunford states the homeless population has no ID. Dr. Dunford stated she has no way of positively identifying a person. Dr. Dunford posed the question of what it would mean to be positively identified. Dr. Dunford stated with cases in the past, she has identified it back to the medical record.**

Jaime Montuoro from Smith's Pharmacies stated their policy spells out the need for a picture government issued ID. Ms. Montuoro stated in their policy, professional judgment needs to be used if they do not have a government ID. Ms. Montuoro stated education of pharmacists is probably the most effective way to handle this situation.

Asha Parekh stated an I94 was a document that allows refugees to enter into the United States, and is a legal form of identification. Ms. Parekh stated to her knowledge there have not been difficulties getting medication because they do have this identification. Ms. Parekh stated the trouble is with those who are using the driver privilege card because it has not been an acceptable form of ID. For immigrants, however, it is the only form of ID they have. Ms. Parekh stated if temporary licenses were to be considered acceptable, it would solve this problem.

**Dr. Dunford asked if DOPL would be able to check into having other Rule language which allowed another form of ID.**

Bill Stilling stated he remembers when this rule was promulgated and the question of these ID's was discussed. The Rule was kept vague because the Board wanted to keep it flexible so people could get medications they needed. Mr. Stilling stated it is about using common sense and professional judgment.

**Dr. Dunford asked how to help pharmacists move from a rigid way of thinking. Dr. Dunford asked if DOPL was willing to send out an email blast explaining options for dispensing medications. Dr. Dunford stated for people who are in a different status, an I94 or a driver's privilege card would be beneficial.**

**Dr. Sheard stated there may be rules and regulations company-wide requiring some kind of ID, and this challenge will be more difficult to overcome. Dr. Sheard stated it is important to have education out there, but there may be some limitations with company policy.**

**Mr. Hale stated an email blast is a good idea. Mr. Hale stated identification is one way to help minimize fraud; for these people, however, it is a legitimate prescription, but there is not proper identification. Mr. Hale stated he hoped pharmacists used professional judgment in their care-giving to take care of the patient and not deny patients their medicine.**

*(See Audio 1 for Specifics 01:03:30-01:05:28) (Out of Order)*

Mr. Henrie stated there is a code in the database called **99 OTHER** which allows pharmacists to use phrases such as “confirmed another way”, “verified visually”, or “clinical judgment” as acceptable answers in national reporting fields. Mr. Henrie stated as long as it is not more than 20 characters long, these types of responses are allowed.

Dr. Dunford asked Mr. Henrie to send Lead Investigator Farley the language of **99 OTHER** to use in the blast email she will be sending to pharmacists in May.

## **R156-37 PRESCRIBING AND DISPENSING STIMULANTS**

*(See Audio 1 for Specifics 01:09:48-01:19:14)*

Dr. Dunford addressed R156-37-6, prescribing and dispensing stimulants.

Board members created draft language for section (11)(c) of R156-37-601 of Utah Controlled Substance Act Rule.

### **R156-37-603**

(11) A practitioner may prescribe, dispense or administer a Schedule II controlled stimulant when properly indicated for any purpose listed in Subsection (10), provided that all of the following conditions are met:

(a) before initiating treatment utilizing a Schedule II controlled stimulant, the practitioner obtains an appropriate history and physical examination, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized;

(b) the practitioner shall not prescribe, dispense or administer any Schedule II controlled stimulant when he knows or has reason to believe that a recognized contraindication to its use exists;

(c) the practitioner shall not prescribe, dispense or administer any Schedule II controlled stimulant in the treatment of a patient who he knows or should know is **pregnant; and unless the prescribers clinical judgment determines the benefit of therapy outweighs the risk of treatment with a Schedule II controlled stimulant.**

## **PHARMACY PRACTICE ACT 58-17B-502 UNLAWFUL AND UNPROFESSIONAL CONDUCT**

*(See Audio 1 for Specifics 01:19:27-01:47:20)*

Board Members discussed sections of Pharmacy Practice Act 58-17b-502, 58-17b-503, 58-17b-602, and SB236 from the 2022 Legislative Session.

Comments, Questions, and Concerns were discussed regarding practices of accepting and redistributing returned medications.

Dr. Dunford stated the context of the language “or the manufacturer’s sealed container, as defined in rule;” was referring to situations of nursing homes or a hospital pharmacy

where a medication was being sent somewhere in the hospital, and was returned to the pharmacy.

**Dr. Dunford stated there was need to have this Rule expanded to clarify that section.**

**SB0236, Redistribution of Drugs section, referenced as follows:**

111 (2) A pharmacist may accept and redistribute an unused drug, or part of it, after is has  
112 left the premises of the pharmacy:

113 (a) ~~[accept and redistribute an unused drug under]~~ in accordance with Part 9, Charitable

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114 Prescription Drug Recycling Act; ~~[or]~~

115 (b)~~[accept back and redistribute any unused drug, or a part of it, after it has left the~~  
116 ~~premises of the pharmacy]~~ if:

117 (i) the drug was prescribed to a patient in a nursing care facility, licensed intermediate  
118 care facility for people with an intellectual disability, or state prison facility, county jail, or state  
119 hospital;

120 (ii) the drug was stored under the supervision of a licensed health care provider  
121 according to manufacturer recommendations;

122 (iii) the drug is in a unit pack or in the manufacturer's sealed container;

123 (iv) the drug was returned to the original dispensing pharmacy;

124 (v) the drug was initially dispensed by a licensed pharmacist or licensed pharmacy  
125 intern; and

126 (vi) accepting back and redistributing of the drug complies with federal Food and Drug  
127 Administration and Drug Enforcement Administration regulations [-];

128 (c) if:

129 (i) the pharmacy has attempted to deliver the drug to a patient or a patient's agent via  
130 the United States Postal Service, a licensed common carrier, or supportive personnel;

131 (ii) the drug is returned to the pharmacy by the same person or carrier that attempted to  
132 deliver the drug; and

133 (iii) in accordance with United States Food and Drug Administration regulations and  
134 rules established by the division, a pharmacist at the pharmacy determines that the drug  
has not

135 been adversely affected by the drug's attempted delivery and return.

Mark Brinton, UMA, stated line 125 contains the word "and"; all Roman numerals 1-6 do not stand alone. Mr. Brinton stated all content of lines 117 to 127 have to apply in order for the requirements to be met.

**Dr. Dunford asked if it was a widely known fact such specific criteria need to be met in order to re-dispense.**

**Mr. Hale stated the rule of thumb in his pharmacy is if a prescription leaves the pharmacy counter, it is now in the patient's possession. If the prescription is returned, it cannot be re-dispensed.**

**Dr. Dunford asked Mr. Marx to convey this clarification to the person who originally sent the inquiry email.**

**Board members created draft Rule language regarding delivery via United States Postal Service, a licensed common carrier, or supportive personnel.**

**Board Member Drafted Rule language read as follows:**

1. The pharmacist evaluates the integrity of the drug before the drug is redistributed and determines in their clinical judgment that the drug's integrity is intact and security of the drug packaging has not been compromised.
2. If a controlled substance that the report to the database is corrected.
3. The drug is returned to the original pharmacy no more than 14 days of the shipped date.

### **SB23, SB16, AND 2022 SB43**

*(See Audio 1 for Specifics 01:47:30-01:51:57)*

**Mr. Marx stated SB43, passed this last session, made changes for practice acts that do not have endorsement provisions in them. Mr. Marx stated the Board did a lot of work on last year's SB23 and SB16. Mr. Marx stated there are endorsement provisions for pharmacists in those sections of language. Mr. Marx stated SB43 is mostly educational. Mr. Marx stated if pharmacists want to come to Utah, they have to qualify for the endorsement in the Statute and Rule. Mr. Marx stated NABP wants the Division to utilize their transfer of license process which helps validate pharmacists' qualifications if they're coming from out of state.**

**Dr. Dunford stated the Board had worked on this earlier, and the question at the time was whether the MPJE needed to be required or not. The Board had concurred at the time they wanted applicants to have taken the MPJE.**

**Board members concurred their stance in keeping the MPJE and NABP transfer requirements in place.**

**Mr. Marx stated SB16 was a bill last year that dealt with examinations and compatibility with other states' testing requirements. Mr. Marx stated Utah residents still have to take the Law and Rule exam for pharmacy.**

**Dr. Dunford stated there was a lot of variation with the requirements for Pharmacy Technician licenses across the states.**

**Pharmacy Program Specialist Jim Garfield stated there have been one or two pharmacy technician complexities for coming across by endorsement, but for pharmacists the transition has been fairly smooth.**

**Meeting adjourned at 10:22 A.M.**

**Resumed at 10:46 A.M.**



## **RUCOP—PHARMACIST LICENSURE** *(Out of Order)*

*(See Audio 2 for Specifics 00:00:24- 00:02:14)*

*(See Audio 2 for Specifics 00:20:33-00:46:13)*

**Dr. Dunford stated there is a day each year where pharmacy students go up on Capitol Hill and give a poster presentation. Dr. Dunford stated there were some pharmacy students in attendance interested in license portability. Dr. Dunford stated she invited some of these students to speak to the Board at this meeting.**

**Dr. Dunford stated Idaho has explored the idea of a compact or some type of licensure portability allowing pharmacists to practice across state lines. Dr. Dunford stated telepharmacy is becoming a lot more common, and questions of working for a facility while being present in another state have surfaced. Dr. Dunford stated she wanted to get ahead of these issues by establishing Rule and Statute beforehand.**

Ms. Erin Johanson, Roseman University, shared her screen indicating the following:  
Pharmacist License Portability: Removing Barriers to Patient Care.

Students from Roseman University presented their poster on topics detailed above.

**Comments, Questions, and Concerns about the presentation were discussed.**

Roseman University students stated the intent is to extend research to create a poll with all registered licensed pharmacists, if they have more licenses in other states, and what their specialties are. Roseman University students stated their hope is to be more specific in the next presentation material.

**Dr. Gunning stated she is licensed in three states, and there needs to be more universal language for portability to be effective.**

**Mr. Marx stated legislative backing is necessary for compacts because they have a large political dynamic.**

**Dr. Dunford stated she, Dr. Sheard, and Ms. Hawks would be hearing Roseman students present at the NABP Conference in May.**

## **SB236-RULES FOR DISPENSING MEDICATIONS FOR STI**

*(See Audio 2 for Specifics 00:02:18-00:20:19)*

*(See Audio 2 for Specifics 00:46:11-00:57:44)*

**Dr. Dunford stated there is need for Rules in dispensing medications for sexually transmitted infections (STI). Dr. Dunford stated there is a Rule in the Nursing Practice Act that allows a nurse employed by a health department to dispense medications to treat an STI as prescribed per protocol, but they weren't allowed to dispense those medications.**

**Dr. Dunford stated they came to the Board last year asking for something in Rule to allow them to dispense something prepackaged.**

**Dr. Dunford quoted the Statute change, and stated Rule can now be made to clarify how to dispense the medications.**

**Dr. Dunford asked input from the Board.**

**Comments, Questions, and Concerns were discussed.**

**SB236 lines 273-286 read as follows:**

274 (7) Notwithstanding Sections 58-17b-302 and 58-17b-309, a nurse who is employed by  
a health department and licensed under Title 31b, Nurse Practice Act, may dispense a  
drug to  
275 treat a sexually transmitted infection if the drug is:  
276 (a) a prepackaged drug as defined in Section 58-17b-802;  
277 (b) dispensed under a prescription authorized by this section;  
278 (c) provided at a location that is described in Subsection (2)(a) or (b) and operated by the  
health department;  
280 (d) provided in accordance with a dispensing standard that is issued by a physician who is  
employed by the health department; and  
282 (e) if applicable, in accordance with requirements established by the division in  
collaboration with the board under Subsection (8).  
284 (8) The division may make rules in collaboration with the board and in accordance with  
title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish specific  
requirements regarding the dispensing of a drug under Subsection (7).

**Board Draft Rule recommendations:**

Complies with administrative rules adopted by the division in consultation with the Board of Pharmacy that establish labeling, record keeping, patient counseling, purchasing and distribution, operating, treatment, quality of care, and storage requirements.

- (1) A seven-day supply of sexually-transmitted infections (STI) prophylaxis or treatment;
- (2) Labeling for a prescription under Section 58-17b-610.6 (601 (5)) shall at a minimum include:
  - (a) prescribing practitioner's name, facility name, and telephone number;
  - (b) patient's name or patient delivered partner therapy;
  - (c) name and strength of medication;
  - (d) date given;
  - (e) instructions for use; and
  - (f) beyond use date.
- (3) Guidance document that describes record keeping, patient counseling, purchasing and distribution, operating, treatment, quality of care, and storage requirements.

Or just have a Board Approved Guidance document.

**Dr. Dunford asked Mr. Marx to check with Assistant Director Deborah Blackburn to determine if there is need for information specific in Rule or if a Guidance Document similar to PEP/PrEP would be sufficient.**

## **SB236—DIABETIC SUPPLY RULES**

*(See Audio 2 for Specifics 00:57:48-01:19:01)*

**Board members discussed draft Rule language for Lines 169-177 of SB236.**

**SB236 lines 169-177 read as follows:**

169    ~~[(9)]~~ (7) A pharmacist may dispense ~~[the]~~ a therapeutic equivalent when filling a  
170    prescription for:  
171    (a) a glucometer,  
172    (b) diabetes test strips;  
173    (c) lancets; ~~[or]~~  
174    (d) syringes ~~[;]~~;  
175    (e) needles; or  
176    (f) other supplies for treating diabetes designated by rule made by the division in  
177    accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act

### **Board Draft Rule Recommendations:**

Therapeutic equivalent for 58-17b-608.2.(7) is a device that provides a similar therapeutic effect for a similar intended use.

Other supplies:

Insulin pump supplies

Continuous glucose monitoring supplies

Alcohol prep pads

Glucagon products

**Lunch break at 12:05 P.M.**

**Resumed at 12:35 P.M.**

## **COMPLIANCE REPORT—BERNICE PALAMA**

*(See Audio 3 for Specifics 00:00:08-00:09:30)*

**Ms. Palama presented the Pharmacy Compliance Report.**

**Ms. Palama stated Derek Roylance did not submit his 2 hours of CE that were needed to complete the 10-hour CE course requirement detailed in his Stipulation and Order. Ms. Palama stated an option would be to have Dr. Roylance return to the next meeting.**

**Ms. Palama stated January 25, 2022 was the deadline to have his CE requirements submitted to the Division. Ms. Palama stated Dr. Roylance submitted 8 CE credits on March 1, 2022, and has not submitted any other CE's as of today's date. Ms. Palama stated Dr. Roylance's time has been tolling since November of 2021.**

**Mr. Marx stated the Board can recommend action now or ask to have him meet with the Board in the next Board meeting.**

**Dr. Sheard said he didn't know how much more they could do to have Dr. Roylance submit his CE's.**

**Dr. Dunford stated it could go to a revocation of his license.**

**Mr. Marx stated his non-compliance can result in a fine--up to a revocation of a licensure. Mr. Marx stated the options are to have Dr. Roylance appear at the next board meeting, or have a Notice of Action written to revoke his license.**

**Dr. Dunford asked to have Dr. Roylance give a detailed list of his CE's he has submitted--the CE course, the title of it, and the ASHPE code a week before the next Board meeting.**

**Ms. Palama stated she sent the CE document used in the last Board meeting by Board members to Dr. Roylance the day of the last Board meeting. Ms. Palama stated she will re-send the document today.**

#### **DANIEL RICHARDS—PROBATIONARY INTERVIEW**

*(See Audio 3 for Specifics 00:09:31- 00:14:18)*

**Dr. Gunning conducted the interview for Dr. Richards.**

**Dr. Gunning stated Dr. Richards' Stipulation Order was for 5 years. Dr. Gunning stated Dr. Richards last met with the Board in January and is still working at Musely Pharmacy. Dr. Gunning asked how many hours Dr. Richards was working.**

**Dr. Richards stated his hours were capped at 40 hours. Dr. Richards stated Musely Compounding Pharmacy is increasing to a few hundred prescriptions per day.**

**Dr. Gunning made a Motion to follow-up every six months with Dr. Richards unless there was any change in his employment.**

**Dr. Sheard seconded the Motion.**

**Motion passed unanimously.**

**Dr. Dunford stated Dr. Richards would be meeting with the Board in October of 2022.**

**MEETING ADJOURNED: 12:58 P.M.**

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

**NEXT SCHEDULED MEETING: Tuesday, May 24, 2022**

**2022 Board Meeting Tentatively Scheduled:**

**May 24, June 28, July 26, Aug 23, Sept 27, Oct 25, Nov 29, Dec 13**

*Carrie Dunford*

Carrie Dunford (May 24, 2022 12:51 MDT)

05/24/2022

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**Carrie Dunford, PharmD, Chairperson**

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**Date**

*Larry Marx*

05/24/2022

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**Larry Marx, Acting Bureau Manager**

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**Date**