



MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

newsletter to promote pharmacy and drug law compliance

Out-of-State Schedule II Prescriptions

On January 1, 2021, [Chapter 260 of the Acts of 2020](#), “An Act Promoting a Resilient Health Care System That Puts Patients First,” was signed into law. One of its provisions now allows Massachusetts pharmacies to fill Schedule II prescriptions from **any nonresident practitioners** (eg, nurse practitioners, dentists) who are authorized to prescribe in the state where they are located.

There have been no other changes to out-of-state Schedule II prescription validity:

- All Schedule II prescriptions issued from out of state are only valid for five days from the date of issuance.
- Schedule II **nonnarcotic** prescriptions may be filled from any state.
- Schedule II **narcotic** prescriptions may only be filled if issued from Maine or states contiguous to Massachusetts (Connecticut, New Hampshire, New York, Rhode Island, and Vermont).

Supervising Practitioner Names on Mid-Level Prescriber Prescriptions

Supervised practitioners (eg, [nurse practitioner](#), [nurse anesthetist](#)) are responsible for ensuring that their supervisor’s name is on each prescription they issue. However, there are some mid-level practitioners with independent prescriptive practice authority who are not required to have a supervisor and therefore, not required to include a supervisor’s name on the prescription.

As there is no current process for a pharmacist to determine whether a mid-level practitioner is supervised or independent, a pharmacist who receives an otherwise valid prescription without a supervisor’s name may fill the prescription as written.

Substance Use Disorder

Substance use disorder (SUD) is **defined** by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “the recurrent use of alcohol and/or drugs [causing] clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.”

Although the **physiologic causes of SUD** are not completely understood and appear to differ depending on the substance abused, positive reinforcement is the key aspect in the development of addiction. In the case of **opioids**, increased concentrations of dopamine are believed to cause the euphoria or “high” that drives individuals to continue their intake. As tolerance escalates, increased amounts of the opioid must be utilized to achieve the same level of euphoria. Cessation after chronic use will result in the symptoms of withdrawal, including nausea, sweating, depressed mood, and irritability.

As the most accessible health care providers, pharmacists are well poised to **address SUD**. While addressing this with a patient can be anxiety provoking, it can lead to a remarkable change in a patient’s life. Provide education, encouragement, and support. Familiarize yourself with the SUD resources in your area and gather information on harm reduction practices (eg, syringe exchange programs, naloxone distribution programs). Engaging in and referring patients to harm reduction services builds trust with patients and will ultimately result in a higher acceptance of SUD treatment.

Although the rates of SUD are similar for health care providers and the general population, pharmacists have one of the highest risks for SUD among health care providers. The reasons pharmacists may struggle with SUD more than other health care providers – despite increased education about the risks and perils of SUD – include greater accessibility to a variety of medications with a high potential for abuse, high-stress environments, and feelings of “invincibility” from SUD due to their knowledge of addictive drug pharmacodynamics.

The Massachusetts Board of Registration in Pharmacy encourages all pharmacists to further expand their knowledge of SUD with continuing education and training programs. The following resources may also be helpful: the **Massachusetts Pharmacy Substance Use Disorder Program**, **SAMHSA**, and the **Massachusetts Substance Use Helpline**.

Getting to Know Your Board Members – Sebastian Hamilton

As a kid growing up in the Bronx, Sebastian Hamilton, MBA, PharmD, RPh, never imagined he would become a pharmacist. He learned the value of great customer service from his father, a furniture retailer in Harlem, New York, and always appreciated the concept of being of service to others, especially during a time of need. As he got older, Sebastian developed an interest in human physiology, so becoming a pharmacist was a career option that satisfied both of those interests.

Sebastian obtained his bachelor of science degree in pharmacy at Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences, and his doctor of pharmacy degree

from the University of Florida College of Pharmacy (Go Gators!). He has practiced in many settings, including inpatient, outpatient/retail/community, mail order, and government.

Sebastian's interest in being a board member drew from a perception among some pharmacists to fear the board. When practicing in Delaware, his experiences with the Delaware State Board of Pharmacy were always positive and he could not understand why some pharmacists felt such angst about the board of pharmacy. Sebastian felt that its purpose of promoting, preserving, and protecting the public health, safety, and welfare is honorable, so he applied to serve on the Delaware Board. After a two-year wait, he was appointed to the Delaware Board in 2006. Serving as a Delaware Board member reaffirmed that not only is the board supportive, but it can and should also be called upon for assistance when faced with professional challenges and/or barriers.

After relocating to Boston in 2015, Sebastian found the same supportive culture with the Massachusetts Board. Following a meeting with David Sencabaugh, RPh, and the rest of the Massachusetts Board's team on the topic of central filling and central processing, Sebastian was so impressed with the overall professionalism, sound knowledge base, depth of talent, and willingness to support, that he applied for an appointment to the Massachusetts Board shortly thereafter.

Although disagreements happen among board members, Sebastian feels that this should be expected and that this is how the process is intended to work. The disagreements allow for collaborative dialogue, debate, and discussion among members – with welcomed and valuable guidance from board staff – so that all angles, opinions, and experiences can be examined. Ultimately, decisions are guided by what is within the purview of the board and stipulated in laws and regulations. But, if board members can all agree with the goal of ensuring public safety, it will help the group come to a well-thought-out resolution.

Sebastian felt honored to be elected by his fellow Massachusetts Board members to serve as Massachusetts Board president for 2022. His specific goals for his upcoming presidency are to “continue to serve in the spirit of the Board to which I have become so appreciative of, which is to be respectful, fair, and supportive to everyone who comes before the Board, no matter the reason.” He also supports new areas of evolving responsibilities and growth for pharmacy technicians so they can make even more impactful contributions to the profession. Finally, he would like to increase pharmacist access, responsibility, and exposure not just during the coronavirus disease 2019 pandemic, but post-pandemic as well.

Sebastian's advice to students? “You are not expected to know everything. No one does. You just need to know how to get to accurate information which is vital to a successful career.”

Did You Know?

- Even though **e-prescribing** is required for federally controlled substances, a pharmacist receiving an otherwise valid written or oral prescription for **any** legend drug may dispense it without having to verify that a waiver has been granted or that an exception applies. Essentially, there has been no change to this aspect of pharmacy practice!

- Most Massachusetts insurance plans, including **MassHealth**, Group Insurance Commission, and private insurers, are required to cover a 12-month supply of birth control pills to be dispensed at once. Check with the insurer for any questions.
- Paper reminder notices regarding license renewal will no longer be provided. The Board will soon move to email reminders, so please keep your **email address updated**.
- If you have not already done so, consider being added to the Board's email list for any new updates the Board may have to share. Simply **email** the Board and ask to be placed on the distribution list!

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