



MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

newsletter to promote pharmacy and drug law compliance

Unfilled Prescriptions

There have been many questions on how to handle prescriptions presented for initial fill that are unable to be filled for various reasons, especially electronic ones. To prevent delays in therapy, the Massachusetts Board of Registration in Pharmacy has developed a **policy** that details procedures for sending and receiving certain unfilled prescriptions for initial filling. The procedure depends on whether the original prescription was prescribed electronically or by other means (oral, fax, or written), as well as the schedule of the drug.

Unfilled original electronic prescriptions for controlled substances (EPCS) in Schedule II-V may be sent to another pharmacy for initial fill on a one-time basis. This may be done either verbally with a follow-up fax that includes a printout of the original EPCS information, or **electronically transmitted** without any alteration of the prescription contents.

In each scenario, the transfer requirements of **21 Code of Federal Regulations §1306.25** must be followed (except for the prescription number). The date of issuance of the original prescription should be used in lieu of the original dispensing date. After the initial fill, any authorized refills may be transferred in accordance with Drug Enforcement Administration (DEA) requirements.

DEA does not permit **unfilled paper, oral, or faxed Schedule II-V prescriptions** to be transferred from pharmacy to pharmacy. These must always be handled as paper, fax, or oral prescriptions. Even if they have been entered into the pharmacy's electronic database, this does not convert them into electronic prescriptions,

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and they may not be transferred for initial filling. **Any unfilled prescriptions for Schedule VI medications**, regardless of how they were received (ie, paper, oral, or fax), may be electronically transmitted or transferred to another pharmacy in accordance with [247 Code of Massachusetts Regulations \(CMR\) 9.02](#).

Pilot Projects

The Board encourages new project ideas to expand pharmaceutical care services that contribute to positive patient outcomes. To have a pilot project considered by the Board for approval, a detailed summary (petition) of the proposal must be submitted and include the following project details:

- goals, hypothesis, and/or objectives;
- full explanation of the project, how it will be conducted, and how it will optimize patient care;
- time frame, including the proposed start date and length (typically, pilot projects are granted for a duration of 12-18 months);
- background information and/or literature review to support the proposal;
- any regulation(s) that need to be waived to complete the project; and
- procedures and safeguards to be used during the project to ensure that the health and safety of the public are not compromised.

Keep in mind that the Board develops, adopts, and enforces the regulations under 247 CMR and has the ability to grant exceptions to those regulations when approving pilot projects. Statutes (laws), however, are put into effect by the state legislature, and the Board cannot waive them.

After the petition is received by Board staff, you will be contacted for discussion and additional documentation, if needed. You will then be scheduled to present the pilot project idea to the Board members at a regularly scheduled meeting.

Board Staff vs Board Members: What Is the Difference?

The Board staff consists of full-time state employees who perform many tasks on behalf of the Board members. They can complete the licensing process for certain individuals and pharmacies, inspect pharmacies for compliance, respond to public inquiries, administer the substance use disorder program, and provide education.

The **Board members** consist of 13 individuals appointed by the governor and represent several areas of health care, including a pharmacy technician, nurse, physician, and eight pharmacists each representing a different area of practice. These unpaid members meet monthly to review

and make final decisions on investigations, licensing applications, regulations, policies, and many other items.

The Board's mission is to protect and preserve the health and safety of the public, and the Board members and staff work closely together in support of this mission.

Advisory Committee to the Board

In 2015, the advisory committee was established to provide recommendations to the Board on various topics, including sterile compounding. The committee members are appointed by the commissioner of public health and have backgrounds in clinical pharmacology, microbiology, pharmacoconomics, current Good Manufacturing Practices, and United States Pharmacopeia Chapters <71>, <795>, and <797>.

The committee members have been meeting twice yearly to provide expert input for several sterile compounding advisories and policies including failed HEPA filters, media fill testing, remediation of action level environmental monitoring results, and HVAC excursions. They have also been instrumental in the development of the sterile and nonsterile compounding regulations, as well as other non-compounding documents.

Getting to Know Your Board Members: Richard Lopez

Richard "Rick" Lopez, MD, attended Boston University and did his residency in Boston, MA, before serving two years in the National Health Service Corps in an underserved rural town in West Virginia. After returning to the Boston area, he joined a primary care practice that was then Harvard Community Health Plan and is now Atrius Health. He joined this physician-employed practice – the employment of physicians by a health care organization being an oddity in 1982 – with the intent of practicing his craft full-time, undistracted by the business side of medicine.

However, Rick soon discovered talents for leadership and management, and over the years had a progressive career as a physician executive, becoming chief medical officer of Atrius Health and later serving as senior vice president of Population Health. To stay grounded, he continued to have a small primary care practice throughout his entire career.

Many Atrius Health clinic sites have pharmacies where Rick enjoyed a close working relationship with the pharmacists. When he became the associate medical director responsible for pharmacy and pharmaceutical costs, he had more interaction with the pharmacists who ran the drug utilization committee (later called P&T), developed a drug formulary, and educated clinicians on making high-quality, cost-effective drug therapy decisions. The pharmacists convinced him that clinical pharmacy – working closely with pharmacy operations – could play an important role in quality and cost in their integrated practice.

When Rick decided to retire, there were 16 employed clinical pharmacists who were physically seated in the practice sites – shoulder to shoulder with clinicians – educating patients and

clinicians and performing collaborative drug management for common chronic conditions. They were, and still are, his highly valued colleagues throughout the Atrius Health practices.

After retirement in 2018, Rick was looking for opportunities to use his experience and expertise to give back to the community in a meaningful way. When the physician seat on the Board became available, it seemed like a great opportunity to contribute his clinical knowledge, as well as expand his interest in the profession of pharmacy. As a fan of what he saw pharmacists could achieve as part of the health care team, it seemed like a perfect fit.

What is Rick's advice to new pharmacists? "The pharmacy profession is a vital part of the health care team, expanding and evolving its scope in ways not even conceptualized a decade ago. Pharmacists will be integral to meeting the health care needs of this country and must take on this challenge head on!"

Did You Know?

- This is a renewal year for pharmacists. You will be able to **renew** your license online starting October 1, 2022. Keep your **contact information** current in the Bureau of Health Professions Licensure database since paper reminder notices regarding license renewal are no longer provided. Make sure that you are caught up on your **continuing education requirements**.
- Brass weights are not sealable. The National Institute of Standards and Technology does not recognize brass weights as they are too unstable. They tarnish, corrode, and oxidize, thus changing their composition and weight. Stainless steel has replaced brass as the standard.
- As a reminder, do not leave prescription items (eg, epinephrine and vaccines) in areas such as unattended immunization spaces. All legend items must be secured within the pharmacy.
- Remember to complete any requested prescription transfers as soon as possible to avoid therapy delays. Your patients are counting on you!

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