



MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

newsletter to promote pharmacy and drug law compliance

Standards of Pharmacy Patient Care

In October 2021, Massachusetts Board of Registration in Pharmacy staff introduced a program called the Standards of Pharmacy Patient Care Initiative (SPCI) in response to a substantial increase in concerns involving community pharmacies. The concerns focused primarily on poor service, seemingly caused by coronavirus disease 2019 (COVID-19)-related staffing issues, which often resulted in difficult working conditions as well as sudden and unexpected pharmacy closures. As closures became a regular event, patients were growing tired of the inconveniences while being worried about access to their medications.

Board staff kicked off SPCI by meeting with community pharmacy leadership, organization by organization, to discuss these issues and engage in thoughtful dialogue around potential solutions. Since most of the problems seemed to be the result of increased COVID-19-related pressures at a time when pharmacy staff responsibilities had greatly increased (pharmacies have become an integral part of COVID-19 testing and immunizations), the initial idea was to determine if and how the Board could help them navigate through tough times, which hopefully would help consumers and employees alike.

After listening to the pharmacy groups, Board staff did, in fact, find that there were several ways they could assist in freeing up some of the workload. **Temporary measures**, such as requiring less frequent perpetual counts, allowing increased staffing ratios for stores providing immunizations, adding flexibility

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in pharmacy management oversight, and providing quick turnaround for pharmacy staff licensing were some of the ways the Board stepped in to help. Additionally, pharmacy investigators were deployed specifically to track and monitor pharmacies' abilities to uphold safe and effective standards and to provide timely information to leadership when there is need for quick intervention in certain stores.

Now more than a year into the program, the Board sees this as an ongoing effort aimed at keeping lines of communication open. The Board has received very positive feedback from pharmacy management and frontline staff alike, indicating that there is some value in the project for all concerned. Of course, this situation is not yet in the past, but so far SPCI seems to show promise as an effective tool, not only to handle current issues, but to improve long-term circumstances as well.

It has long been the goal of the Board to be more educational and helpful, and SPCI helps reach that goal. The spirit of collaboration is alive and well!

Inspectional Deficiencies

Pharmacy investigators conduct over 2,000 pharmacy inspections annually where they continually observe many of the same deficiencies. The most common inspectional deficiency has been the failure to submit a timely application for a change in manager of record (MOR) or to at least name an **interim MOR**. Additionally, when a new or interim MOR assumes the responsibility for a pharmacy, a controlled substance inventory must be completed for Schedule II-V medications. It is important for the Board to know who the current responsible pharmacist is, as well as for the new or interim MOR to know exactly what is entailed with their responsibility. Be aware that there is also a **requirement** for each individual MOR to notify the Board by **email** when leaving that position to show that they are no longer answerable for the pharmacy's activities.

Another commonly observed deficiency has been technicians practicing with an expired license. It is important to note that pharmacy technician trainee (PTT) licenses are only valid for one year, during which they are expected to obtain at least 500 hours of on-the-job training. PTT extensions may be granted by the Board upon submission of an **application**.

Once licensed as pharmacy technicians, individuals must renew their **license** every two years on their birthday. The Board recommends developing a proactive method of regularly checking license expiration dates to avoid unlicensed practice. Such situations can often disrupt staffing ratios, another common inspectional deficiency, when an individual's license expires, prohibiting them from staffing in the pharmacy until it is renewed.

Lastly, there have been many instances observed in which prescription medication has been found in an unlocked, unattended immunization area. As a reminder, all prescription medication must be properly secured in the pharmacy's licensed space.

To ensure ongoing compliance, MORs are encouraged to proactively perform regular self-inspections utilizing the [Board's inspection tools](#).

Getting to Know Your Board Members: Caryn Belisle

Sitting in the hospital pharmacy seat of the Board is Caryn Belisle, MBA, RPh, who is the director of pharmacy regulatory compliance, quality, and safety at Brigham and Women's Hospital (BWH). She received her bachelor of pharmacy degree from the Massachusetts College of Pharmacy and Health Sciences and received her master of business administration from the University of Massachusetts Boston.

Caryn started her career in retail pharmacy as an intern in 1994, and that is where she thought she would spend her career. However, shortly after she graduated pharmacy school, an opportunity came to her to switch gears completely and work in the hospital pharmacy at BWH. She took a leap of faith and immersed herself in learning all aspects of hospital pharmacy. She quickly gained experience by attending rounds on the inpatient units, and working in the operating room, sterile products room, and the anticoagulation clinic. Having always had an interest in leadership, she knew she wanted to move into a management role. Caryn was promoted to manager of the sterile products service in 2006 and then to her current role in 2015.

She has a passion for her profession and continues to serve in any capacity she can to promote pharmacists and pharmacy technicians working at the top of their licenses and certifications. Caryn has served as president of the Massachusetts Society of Health-System Pharmacists and vice chair of the Council on Public Policy for the American Society of Health-System Pharmacists House of Delegates. She also serves on the Food and Drug Administration Cross-Sector Stakeholder Group for the Compounding Quality Center of Excellence.

Caryn became very interested in serving on the Board after being a member of the Pharmacy Advisory Committee. She was able to witness firsthand how the Board can move change forward but has come to realize that moving change is one of Board members' biggest challenges due to the lengthy regulatory process. She was very excited to begin her term as the 2023 president of the Board but knows she has some big shoes to fill after seeing the past presidents in action!

Caryn has one piece of advice for pharmacy interns and newly licensed pharmacists and technicians: "Always remember that no matter where you work, what your job is, or how important you think the role is or isn't, never lose sight that the patients are at the end of everything you do. The patients are the reason we come to work every day. The patients are the reason why we persevere through challenging times. The patients are the reason why we strive to be better interns, better technicians, and better pharmacists."

Did You Know?

- **MassHealth** changed prescription drug days **supply limitations**, effective December 19, 2022. Pharmacists are permitted to make quantity changes for drugs that do not require prescription monitoring program (PMP) reporting in accordance with **Board policy**.
- A statewide standing order is now in place for pharmacists to dispense **emergency contraception** pills. Please visit this **web page** for frequently asked questions as well as for a copy of the standing order.
- 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 all at once. Check with the insurer for any questions. Pharmacists are permitted to make quantity changes for drugs that do not require PMP reporting in accordance with **Board policy**.
- Suspected **fraudulent e-prescriptions** should be directly reported to Surescripts at **support@surescripts.com** or 866/797-3239. Although this is the general support line, these reports will be immediately forwarded to the anti-fraud team. To date, fraudulent prescriptions have been the result of identity theft, providing approved access to register with an electronic prescription for controlled substances system. To their knowledge, the system has not been hacked.
- As a reminder, prescriptions issued by **nurse practitioners**, pharmacists, and physician assistants may all be filled without a **supervising practitioner's name** on them.
- Please review the updated **Data Submission Guide for Dispensers** for **acceptable identification** and dispensing procedures for when identification is not available.
- Remember to keep **naloxone** in stock and educate all staff members regarding **naloxone availability**.

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