



# MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

*newsletter to promote pharmacy and drug law compliance*

## **Veterinary Prescriptions**

Most veterinary medications are dosed by weight, similar to pediatric medicine, and may seem significantly higher or lower than a typical human dose. For instance, since dogs metabolize levothyroxine very quickly, doses are usually quite high and are therefore dosed in mg not mcg.

Human over-the-counter (OTC) drugs are not labeled for use in any species other than humans. Consequently, pharmacists are prohibited by federal law to recommend a human OTC drug for an animal unless such use is pursuant to a prescription or documentation from a veterinarian.

Veterinarians do not have National Provider Identifier (NPI) numbers because they do not provide care to humans. Their **prescriptions** require either their Massachusetts Controlled Substances Registration (MCSR) number for Schedule VI or Drug Enforcement Administration (DEA) number for Schedule II-V. If you have difficulty with the data entry process using the MCSR number, contact your pharmacy's IT department/help desk to walk you through it.

Food and Drug Administration's (FDA's) "**Green Book**" contains a listing of FDA-approved drugs for animals, most of which are sold by veterinary distributors that limit distribution only to veterinarians.

Pharmacists who fill veterinary prescriptions should have access to at least one veterinary drug reference (eg, Plumb's Veterinary Drugs). References will contain valuable information such as:

- xylitol, which is found in commercial gabapentin 50 mg/ml, is toxic to dogs;

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- since cats do not absorb or convert prednisone to prednisolone very well, prednisolone is preferred over prednisone; and
- any amount of acetaminophen is toxic to cats.

As a reminder, there are no requirements for veterinarians in Massachusetts to review the [Massachusetts Prescription Awareness Tool](#) prior to issuing prescriptions. Monitor veterinary prescriptions for federally controlled drugs for any potential substance misuse.

## ***Nonsterile Compounding***

In order to reduce barriers to providing common compounded nonsterile medications, the Massachusetts Board of Registration in Pharmacy has updated its [nonsterile compounding policy](#) to address many of the changes to the recently revised United States Pharmacopeia (USP) Chapter <795>.

For instance, the Board does not intend to enforce the USP Chapter <795> cleaning and sanitizing requirements for pharmacies that are not engaged in [complex nonsterile compounding](#) as long as the pharmacy and equipment are maintained in a clean and sanitary manner. Retail pharmacies that only compound products such as Miracle Mouthwash or add flavoring agents to commercially available products would not be expected to perform or document extensive cleaning and sanitizing. There is a similar provision for temperature monitoring. Please note that although USP has removed the prohibition against carpeting, they do not recommend having carpets in nonsterile compounding areas.

Allowances have been made to simplify the documentation requirements for pre-measured compounding kits and flavoring agents. A log sheet may be used as long as it contains (at a minimum):

1. date of preparation
2. prescription number
3. name, vendor/manufacturer/National Drug Code, lot number, and expiration date of each component
4. any relevant calculations and quantities/volumes of additives (eg, water, flavoring agents)
5. beyond-use date and any special storage requirements (eg, refrigerate)
6. identifier (eg, name, initials) of the individual who prepared the product (eg, reconstitution)

Pharmacies may not compound commercially available, FDA-approved drugs except to meet the unique medical need of an individual patient by producing a significant difference between the compounded drug preparation and a comparable commercially available product.

For instance, [Konvomep®](#) is FDA approved and commercially available, so you may not compound omeprazole suspension unless a specific patient has a specific need (eg, allergy to

a dye or excipient). The fact that Konvomep is not FDA approved for children does not justify compounding it for this population. Board [Policy 2020-02: Compounding Copies of Commercially Available Drugs](#) has more details.

### **Transfer of Unfilled Prescriptions**

There has been some confusion recently about transferring unfilled prescriptions for initial fill. DEA allows unfilled original electronic prescriptions for Schedule II-V to be electronically transmitted to another pharmacy on a one-time basis, as long as the prescription contents are not changed in any way. Although the technology exists, the Centers for Medicare & Medicaid Services must finalize a new rule allowing the information technology industry to adopt this function to make the ability to transfer an electronic prescription a reality.

Please be aware that DEA regulations do not permit the transfer of any other original unfilled prescriptions for federally controlled substances that have been received via paper, fax, or verbally. Entering such prescriptions into a database does not make them electronic prescriptions.

Since Schedule VI prescriptions are not regulated by DEA, unfilled Schedule VI prescriptions received by any means – including electronic, paper, fax, and oral – may be electronically transmitted or transferred to another pharmacy in accordance with [247 Code of Massachusetts Regulations 9.00](#).

Please review Board [Policy 2023-10: Unfilled Prescriptions](#) for more details.

### **PMP: Recording Delivery Entries**

Regardless of whether prescription deliveries are made in person or through common carriers, the prescription monitoring program (PMP) does not require a customer ID to be collected or reported. Additionally, the date of delivery to the patient should be entered as the “Date Sold.”

When submitting data for deliveries, pharmacies should populate the American Society for Automation in Pharmacy (ASAP) fields as follows:

<b>Field</b>	<b>Description</b>	<b>Value</b>
<b>PAT21</b>	<b>Patient Location Code</b>	The pharmacist should use their professional judgment to determine which of the available ASAP location codes applies. Be as accurate as possible in selecting the code. <b>Do not leave the field blank.</b>
<b>DSP17</b>	<b>Date Sold</b>	Enter the date delivered to the patient.
<b>AIR03</b>	<b>Issuing Jurisdiction of the Customer ID</b>	Leave blank.

Field	Description	Value
AIR04	ID Qualifier	Leave blank.
AIR05	Customer ID	Enter the word "delivery."
AIR06	Relationship of the Customer to the Patient	Choose "Other" for relationship to patient; ASAP code 99.
AIR07	Last Name of Person Picking Up Rx	Leave blank.
AIR08	First Name of Person Picking Up Rx	Leave blank.

Please see the [Data Submission Guide for Dispensers](#) for more information on PMP reporting, and contact the PMP at [mapmp.dph@mass.gov](mailto:mapmp.dph@mass.gov) or Clearinghouse at 855/562-4767 with any questions.

### Did You Know?

- Effective March 4, 2024, **MassHealth changed coverage for fluticasone**. Generic fluticasone propionate hydrofluoroalkane inhalers now require prior authorization (PA) for members  $\geq$  five years old, and generic fluticasone propionate Diskus<sup>®</sup> requires PA for all ages. Review this [MassHealth Pharmacy Facts document](#) for details and inhaled corticosteroid conversion information.
- **Pharmacist Prescribing of Certain Hormonal Contraceptives for MassHealth Members:** The [MassHealth Nonbilling Provider Application](#) has been updated to facilitate enrollment of pharmacists who wish to [prescribe hormonal contraceptives](#) under provider type 90, labeled as "Pharmacist – Other." This type is for pharmacists who have not entered into a [collaborative drug therapy management](#) agreement. Pharmacists must possess a valid NPI to enroll. Please visit the [MassHealth website](#) for more information on enrolling, or contact MassHealth Customer Service at 800/841-2900, TDD/TTY: 711.
- There has recently been an increase in **scam phone calls**. Anyone receiving a telephone call from a person purporting to be a DEA agent, FBI investigator, Board of Pharmacy investigator, or similar individual who is seeking money, should refuse the demand. The Board encourages you to report the call to the Federal Trade Commission (FTC) at [ReportFraud.ftc.gov](https://www.ftc.gov).

- Please take advantage of a free one-credit continuing education program offered by the Massachusetts Department of Public Health titled *Responsive Practice: Providing Health Care and Screenings to Individuals with Disabilities*.
- If your pharmacy does not utilize **free pediatric vaccines** through the **Immunization Program**, the parents/guardians of patients under 19 years of age must be informed of the potential costs and that their primary care provider can provide vaccines at no charge.
- Recent inspections have found epinephrine auto-injectors, vaccines, and other **medications in vaccination/counseling areas**. Since these are not licensed pharmacy areas, no medications may be stored there.
- Certificates of Achievement for the American Pharmacists Association's (APhA's) *Pharmacy-Based Immunization Administration by Pharmacy Technicians* training program expire after three years. There is a two-hour APhA home study program that **immunizing pharmacy technicians** can take to get an updated certificate.

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