

MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY

*Newsletter to Promote Pharmacy
and Drug Law Compliance.*

Multiple Schedule II Prescriptions

Federal law allows prescribers to issue multiple Schedule II prescriptions (up to a 90-day supply) using the date of issuance (date written) and a “do not fill before” date. Since prescriptions may not be post-dated, the clock would start from the later “do not fill before” date (if there is one).

If issued by a **Massachusetts prescriber**, Schedule II prescriptions are valid for 30 days from the date

of issuance or the “do not fill before” date, as applicable.

If issued by a **nonresident prescriber**, Schedule II prescriptions are only valid for five days from the date of issuance or the “do not fill before” date, as applicable. Don’t forget that Schedule II opioid prescriptions may only be accepted from Maine and contiguous states (New York, Vermont, New Hampshire, Connecticut, and Rhode Island).

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Permitted Technician Duties

The assistance of pharmacy technicians is invaluable to pharmacists and pharmacy operations. Technicians require a Massachusetts **license** and pharmacist supervision; however,

their permitted duties vary. Review the **scope of practice policy** for full details, but see below for highlights of each type of pharmacy technician.

Permitted Technician Duties

(cont)

Pharmacy Technician Trainee (PTT)

Pharmacy technician trainee (PTT) is a beginner role for those starting in the profession. They must be at least 16 years old and always directly supervised by a pharmacist. Their permitted tasks are limited as they gain experience.

CAN:

- Enter prescription data into the computer system
- Fill and label prescriptions (except Schedule II)
- Reconstitute and compound Schedule III-VI drugs

CANNOT:

- Administer vaccines
- Accept verbal refills or new verbal prescriptions
- Handle Schedule II drugs

Pharmacy Technician (PT)

A **pharmacy technician (PT)** must be at least 18 years old and pass an exam to obtain this license. In addition to the duties of a PTT, a PT may engage in a larger role in supporting the pharmacist.

CAN:

- Administer vaccines, as outlined by [policy](#)
- Request and accept verbal refills if there are no changes
- Conduct remote processing of prescriptions

CANNOT:

- Verify the work of another pharmacy technician
- Count/fill Schedule II prescriptions
- Transfer prescriptions
- Accept new verbal prescriptions

Certified Pharmacy Technician (CPhT)

A **certified pharmacy technician (CPhT)** is a PT who also has national certification. In addition to tasks that PTTs and PTs may do, CPhTs may also engage in more advanced duties.

CAN:

- Transfer Schedule VI prescriptions
- Accept new verbal Schedule III-VI prescriptions
- Handle Schedule II drugs to fill a prescription, compound, etc

Prohibited Technician Duties

No pharmacy technician is ever permitted to:

- Compound, fill, and/or dispense prescriptions without a pharmacist on site
- Contact prescribers concerning drug therapy clarification or modification
- Administer medications (except for vaccines and emergency medications in accordance with [Policy 2023-02: Vaccine Administration](#))

Board Meeting Schedule

Board meeting agendas are posted at least 48 hours prior to the meetings. Clicking on the upcoming event at the bottom of the Massachusetts Board of Registration in Pharmacy [home page](#) will take you to the agenda. The 2026 Board meetings are as follows:

- January 8, 2026
- February 5, 2026
- March 5, 2026
- March 26, 2026
- May 7, 2026
- June 4, 2026
- *No July Meeting*
- August 6, 2026
- September 3, 2026
- October 1, 2026
- November 5, 2026
- December 3, 2026

Renewal Reminder

All pharmacies must renew their licenses by December 31, 2025, to remain active. There is no grace period, so any license(s) must be renewed on time.

Nonresident pharmacies licensed to dispense sterile and complex nonsterile compounds into Massachusetts must renew their compounding licenses annually and must have obtained an inspection from a Massachusetts Board-approved inspector within one year before submitting the renewal

application. Please review the [Pharmacy Application Checklist](#) for a list of approved inspectors.

Additionally, resident and nonresident compounding pharmacies must provide a list and volume of all sterile and/or complex nonsterile prescriptions dispensed into, within, or from Massachusetts from October 1, 2024, through September 30, 2025, for this renewal year. Consolidate the list of compounds with the same drug/compound name and route

of administration/dosage form regardless of concentration/strength (eg, liothyronine (T3) capsules; progesterone suppositories; cyclobenzaprine gel; ceftriaxone IV; TPN with lipids IV).

Resident compounders must also provide a list of the states/ jurisdictions to which any sterile and/or complex nonsterile prescriptions were dispensed and the status of any nonresident licenses issued by other states/ jurisdictions.

Getting to Know Your Board Members – John Rocchio

Since September 2021, John Rocchio, PharmD, RPh, has been serving the Board as a chain pharmacist member.

After graduating from Massachusetts College of Pharmacy in 2003, John practiced as a pharmacist across multiple CVS pharmacies with varied patient populations. In his work, John focused on safe patient access and workflow efficiency to meet patient needs and provide a positive,

rewarding work environment for the pharmacy team members.

Once he became a district pharmacy supervisor, John sought to provide pharmacists and technicians with the support necessary to practice top-level care for their patients. An emphasis was placed on entrusting pharmacists to make informed and patient-centric decisions. “A pharmacist has spent over a half-decade earning their advanced degree, and they have the ability to

make decisions in the best interest of their patients. While I was always available for support in making decisions, empowering pharmacists to make decisions facilitated their growth, improved their confidence, and ultimately enhanced patient care,” said John.

In 2012, John became the manager of quality process improvement, enhancing safe pharmacy workflow while innovating simple designs to aid pharmacy teams in maintaining a

Getting to Know Your Board Members – John Rocchio (cont)

controlled prescription filling process that, when adhered to, would minimize pharmacy production-based dispensing incidents. John also became familiar with the state-of-the-art technological enhancements that were increasing patient safety and pharmacy efficiencies. He maintains that enabling innovation and technology to assist our pharmacy teams is imperative to improving patient access to care and facilitating the well-being of our clinicians.

In 2014, John began to work with boards of pharmacy as an advocate for rules that would preserve the safety of patients while enabling pharmacy teams to leverage technology and skilled pharmacy technicians to deliver top-of-the-line patient care. These two components,

technology and technicians, are the driving forces behind supporting pharmacists in providing patient care and services at the height of their clinical abilities, gained through education and clinical practice.

In his current role as executive director of public policy with CVS Health, John is responsible for developing policy positions and informing state and federal initiatives that impact the pharmacy profession across varied practice settings. He has been a significant contributor to efforts at the federal level that would provide Medicare Beneficiary coverage for testing, assessment, and treatment services for respiratory illnesses. This legislation, dubbed [Equitable Community Access to Pharmacist Services](#), would be the first of its

kind in recognizing the clinical ability and scope of practice granted to pharmacists in states while providing a covered pathway for patient access to these services.

John embraces his role on the Board and is grateful to serve the patients of the commonwealth with his fellow Board members. He states, “while Board members share different perspectives and experiences which may not always align in their suggested approach, I believe that all do so with the intent of preserving the safety of care for our patients. Considering these perspectives is essential to arrive at the best decisions within our regulatory space, and the discussions we have as a Board serve to ensure continuous improvement in Massachusetts pharmacy practice.”



Did You Know?

- Are you confused about what must be reported to the prescription monitoring program (PMP)? How about ID requirements for dispensing federally controlled substances and gabapentin? Review the PMP’s [pharmacy reporting and data submission](#) page, especially the [PMP data submission dispenser guide](#).
- If you are leaving the manager of record (MOR) position at a Massachusetts-located pharmacy, don’t forget that you must **personally email** the Board. Otherwise, if the pharmacy does not submit a timely change of MOR application, you may be responsible for pharmacy issues after leaving. Review this [reporting overview](#) for other requirements.
- The pharmacist seat on the Massachusetts Board of Registration in Nursing has opened. Please review this [link](#) if you are interested in applying.

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