



# *Prescribing and Dispensing Profile*

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## Massachusetts

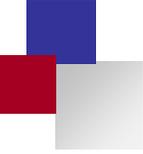


**Research current through November 2015.**

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## Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances may only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency situation
  - Emergency situation means those situations in which the practitioner determines:
    - That the immediate administration of the controlled substance is necessary for the proper treatment of the patient
    - That no appropriate alternative treatment is available, including administration of a substance that is not a Schedule II
    - That it is not reasonably possible for the practitioner to provide a written prescription prior to dispensing
  - Must be limited to a quantity sufficient to treat the patient during the emergency period
  - Must be immediately reduced to writing by the pharmacist
  - If the prescribing practitioner is not known to the pharmacist, the pharmacist must make a reasonable good faith effort to determine that the oral authorization came from a registered individual practitioner, including a call back to the prescriber using his phone number as listed in the telephone directory or other good faith efforts to verify his identity
  - Prescriber must deliver a written prescription to the pharmacy within seven days
    - Within 72 hours by regulation

A prescription for a Schedule II substance shall become invalid 30 days after issuance

Schedule II prescriptions shall not be filled for more than a 30-day supply upon any single filling

- May be filled for up to a 60-day supply for dextro amphetamine sulphate and methyl phenidate hydrochloride if such substance is being used for the treatment of minimal brain dysfunction or narcolepsy
- Prescriptions for implantable infusion pumps consisting of Schedule II substances may be filled for a maximum of 90 days

Schedule II prescriptions shall be kept separately from other prescriptions

Schedule II prescriptions shall not be refilled

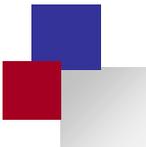
## Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III and IV substances may only be dispensed on the written or oral prescription of a practitioner

Schedule III prescriptions shall not be filled for more than a 30-day supply upon any single filling

- May be filled for up to a 60-day supply for dextro amphetamine sulphate and methyl phenidate hydrochloride if such substance is being used for the treatment of minimal brain dysfunction or narcolepsy
- Prescriptions for implantable infusion pumps consisting of Schedule III substances may be filled for a maximum of 90 days

Schedule III – V prescriptions shall be filed separately from all other prescriptions



## Miscellaneous Prescribing/Dispensing Requirements

A practitioner may dispense by delivering to an ultimate user a controlled substance in a single dose or quantity that is, in the opinion of such practitioner, essential for the treatment of a patient

- Amount or quantity of any controlled substance dispensed shall not exceed the quantity of controlled substance necessary for the immediate and proper treatment of the patient until it is possible for the patient to have a prescription filled by a pharmacy
- All controlled substances required by the patient as part of the patient's treatment shall be dispensed by prescription to the ultimate user

When prescribing a hydrocodone only extended release medication that is not in an abuse deterrent form, a prescriber must:

- Thoroughly assess the patient, including an examination of the patient's risk factors, substance abuse history, presenting condition, a determination that other pain management treatments are inadequate, and a check of the patient's data through the PMP
- Discuss the risks and benefits with the patient
- Enter into a pain management treatment agreement that shall appropriately address drug screening, pill counts, safe storage and disposal, and other requirements based on the patient's diagnosis, treatment plan, and risk assessment unless such agreement isn't clinically indicated due to the severity of the patient's medical condition
- Supply a letter of medical necessity

Prescriptions shall contain the following information:

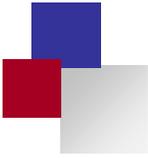
- Name, address, and registration number of prescriber
- Date of delivery of the prescription
- Name, dosage, dosage strength, directions for use, and any cautionary statements
- Name and address of the patient
  - In the case of a naloxone prescription, the name of the person taking delivery of the naloxone may be used in place of the name of the patient and the address may be left blank
- Number of refills

## Prescribing/Dispensing Limitations for Dentists

Dentists are limited to writing prescriptions for controlled substances for legitimate dental purposes in the usual course of practice

When prescribing a hydrocodone only extended release medication that is not in an abuse deterrent form, a dentist must:

- Thoroughly assess the patient, including an examination of the patient's risk factors, substance abuse history, presenting condition, a determination that other pain management treatments are inadequate, and a check of the patient's data through the PMP
- Discuss the risks and benefits with the patient
- Enter into a pain management treatment agreement that shall appropriately address drug screening, pill counts, safe storage and disposal, and other requirements based on the patient's diagnosis, treatment plan, and risk assessment unless such agreement isn't clinically indicated due to the severity of the patient's medical condition
- Supply a letter of medical necessity



## Prescribing/Dispensing Limitations for Optometrists

Optometrists may only prescribe substances listed in Schedule VI

### Pain Clinic/Pain Management Regulations

No specific statutes or regulations identified.

### Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

As a prerequisite to obtaining or renewing a medical license, applicants who prescribe controlled substances shall complete appropriate pain management training, identification of patients at high risk for substance abuse, counseling patients about the side effects, addictive nature, proper storage and disposal of prescription medications, and opioid education

- Pain management training shall consist of at least three credits of Board-approved continuing professional development

### Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDDL website at [www.namsddl.org](http://www.namsddl.org).

Debilitating medical condition means:

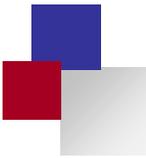
- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, multiple sclerosis and other conditions as determined in writing by a qualifying patient's physician

Certifying physician must have a bona fide physician-patient relationship for a qualifying patient before writing a certification for said patient

- Bona fide physician-patient relationship means a relationship between a certifying physician, acting in the usual course of his or her professional practice, and a patient in which the physician has conducted a clinical visit, completed and documented a full assessment of the patient's medical history and current medical conditions, has explained the potential risks and benefits of using medical marijuana, and has a role in the ongoing treatment and care of the patient

A physician who wishes to issue a written certification for a qualifying patient shall have at least one established place of practice in Massachusetts and shall hold:

- An active, full license with no prescribing restrictions, to practice medicine in Massachusetts
- A Massachusetts controlled substance registration from the Department



## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

To register as a certifying physician, a physician shall submit the physician's full name and business address, license number issued by the Board of Medicine, Massachusetts controlled substance registration number, and any other information required by the Department

- Once registered with the Department, a certifying physician will retain indefinitely a registration to certify a debilitating condition for a qualifying patient unless:
  - The physician's license to practice in Massachusetts is suspended, revoked, or restricted with regard to prescribing, or the physician has voluntarily agreed not to practice medicine in Massachusetts
  - The physician's Massachusetts controlled substance registration is suspended or revoked
  - The physician has fraudulently issued a written certification of a debilitating medical condition
  - The physician has certified a qualifying patient for a debilitating medical condition on or after July 1, 2014, without appropriate completion of continuing professional education credits
  - The physician surrenders his or her registration

A certifying physician issuing a written certification on or after July 1, 2014 must have completed a minimum of 2.0 Category 1 continuing education credits

- Such program must explain the proper use of marijuana, including the side effects, dosage, and contraindications, including with psychotropic drugs, as well as substance abuse recognition, diagnosis, and treatment related to marijuana

Certifying physician must use the PMP prior to issuing a written certification

Physicians shall not be subject to penalty, in any manner, under Massachusetts law for:

- Advising a qualifying patient about the risks and benefits of medical use of marijuana
- Providing a qualifying patient with written certification, based upon a full assessment of the qualifying patient's medical history and condition, that the medical use of marijuana may benefit a particular qualifying patient

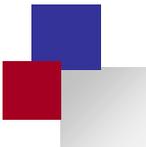
A patient who had a debilitating condition in the past, but is not currently suffering the effects of such condition, and is not undergoing treatment for such condition, is not suffering from a debilitating medical condition for which the medical use of marijuana is authorized

An initial written certification issued prior to a clinical visit is prohibited

- Renewal certificate may be submitted after a clinical visit or telephone consultation; however, clinical visit must occur no less than once per year

Certifying physician may determine and certify that a qualifying patient requires an amount of marijuana exceeding ten ounces as a 60-day supply and shall document the amount and the rationale in the medical record and in the written certification

- For that qualifying patient, that amount of marijuana constitutes a 60-day supply



## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

Certifying physician, and such physician's co-worker, employee, or immediate family member, shall not:

- Have ever directly or indirectly accepted or solicited from, or offered to an RMD, a board member, or executive of an RMD, any RMD personnel, or any other person associated with an RMD, or a personal caregiver, anything of value
- Offer a discount or any other thing of value to a qualifying patient based on the patient's agreement or decision to use a particular caregiver or RMD
- Examine or counsel a patient, or issue a written certification, at an RMD
- Have a direct or indirect financial interest in an RMD
- Directly or indirectly benefit from a patient choosing a written certification, which shall not prohibit the physician from charging an appropriate fee for the clinical visit

Research shall be conducted into the use of marijuana as a therapeutic modality in alleviating the nausea and ill effects of chemotherapy and radiation therapy, in decreasing intraocular pressure in glaucoma patients, and in decreasing airway resistance in asthmatics

- Participation limited to patients to whom the physician has certified the following:
  - The patient is threatened by loss of life or sight
  - Asthmatics who experience severe respiratory problems or discomfort
  - The patient is not responding to or has incurred severe side effects from the administration of conventional controlled substances
  - The patient has given his informed consent in writing
- Department shall contract with the National Institute on Drug Abuse, the National Cancer Institute, or any other manufacturer, distributor, or analytical laboratory for the receipt of analyzed marijuana for distribution to an approved patient

### **PMP Requirements for Mandatory Registration and Access**

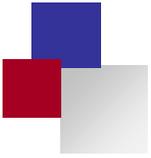
Upon obtaining or renewing a professional registration, a practitioner who prescribes controlled substances shall automatically and without further action be registered as a participant in the PMP

- Department shall provide each participant with a unique user name and access code for the program

Prescribers must access the PMP prior to initially prescribing a Schedule II or III narcotic to a patient

Physician certifying a patient for use of medical marijuana must use the PMP prior to issuing any such certification

Physicians, dentists, and pharmacists are required to check the PMP prior to prescribing or dispensing any hydrocodone only extended release substance in a non-abuse deterrent formula



## Patient Referral to Treatment

No specific statutes or regulations identified.

## Board Guidelines

None.

