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## Board of Registration in Pharmacy

### Policy 2020-15: Scope of Practice

The Massachusetts Board of Registration in Pharmacy ("Board") issues this policy regarding licensee scope of practice. The American Pharmacists Association ("APhA") describes "scope of practice" as the boundaries within which a health professional may practice. The purpose of this policy is to outline practice requirements and permitted professional duties by pharmacists, pharmacy interns, and pharmacy technicians. This policy is not intended to be an exhaustive list of all professional activities. Please contact the Board for any scope of practice questions that fall outside this policy.

#### I. Pharmacist / Intern

As outlined by APhA, **pharmacists** may provide a broad spectrum of services that include but are not limited to managing chronic diseases, performing medication management, administering immunizations, and partnering with health care providers to advance health and wellness. Pharmacists practicing in different settings may have other factors to consider.

A **pharmacist** is responsible for the accuracy of the final dispensed prescription. Except for final prescription verification, a **pharmacy intern** may perform the same activities as a pharmacist as long as they are under the direct supervision of a licensed pharmacist.

**Collaborative Drug Therapy Management ("CDTM"):** In order for a pharmacist to order drug-related laboratory tests and prescribe medications, a CDTM agreement with a physician is required. Only pharmacists in an authorized practice setting may enter into a CDTM agreement. Please see links below for CDTM requirements and scope of practice details:

<https://www.mass.gov/doc/247-cmr-16-collaborative-drug-therapy-management/download>

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section24B1>  
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**Independent Practice:** Pharmacists practicing independently (without an employee / employer relationship with a pharmacy) may not order or possess drugs without a Massachusetts Controlled Substances Registration (“MCSR”). An independently practicing pharmacist may perform compliance packaging services for patients. Sorting a patient’s oral medications within their home from prescription vials into a dose planner is not considered “re-dispensing.” These pharmacists should obtain informed patient consent before providing services and maintain policies and procedures for their services.

## **A. Testing**

No aspects of testing (including machine-processing of specimens), may be conducted within a pharmacy’s licensed prescription area, including the service counter.

### **1. Health Promotion Screening Tests:**

A pharmacist and pharmacy intern may administer, process, read, and report the results of Health Promotion Screening tests to patients, but may not interpret any test results, diagnose, or initiate / modify drug therapy based on the results of the tests. For more information on Health Promotion Screening, contact the DPH Clinical Laboratory Program:

<https://www.mass.gov/how-to/apply-for-approval-of-health-promotion-screening-laboratory-testing>

### **2. COVID-19 Tests:**

Pursuant to a prescription or standing order, a pharmacist and pharmacy intern may administer, process, read, and report results of COVID-19 tests to patients, but may not interpret any test results, diagnose, or initiate / modify drug therapy based on the results of the tests. See [Policy 2023-03: COVID-19 Control Measures](#) for details.

### **3. CDTM Testing:**

Pharmacists engaged in a CDTM agreement may order and evaluate the results of laboratory tests directly related to drug therapy when performed in accordance with approved protocols applicable to the practice setting and when the evaluation does not include a diagnostic component.

## **B. Telepharmacy**

In Massachusetts, the scope of telepharmacy is limited to remote pharmacist clinical activities and verification of final patient-specific products. Please

review requirements outlined in [Policy 2021-02: Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy](#).

1. Unless provided in conjunction with a prescription filled in a non–resident pharmacy, each non-resident pharmacist must maintain a Massachusetts license in order to provide cognitive services to a Massachusetts patient.
2. The practice of having a pharmacy technician fill and dispense a prescription without a pharmacist on site is not currently permitted within Massachusetts.

### **C. Immunizations / Injections**

1. Massachusetts regulations and policies dictate which medications a pharmacist is permitted to administer. After completing the requisite training, pharmacists and interns may only administer:
  - a. vaccines and medications to manage adverse events in accordance with [Policy 2023-02: Vaccine Administration](#);
  - b. medications for the treatment of mental illness and substance use disorder as specified in [Circular Letter: DCP 23-04-118](#).
  - c. COVID-19 control measures that have been FDA-approved or otherwise authorized may be dispensed / administered in accordance with [Policy 2023-03: COVID-19 Control Measures](#).
2. Board-licensed pharmacies may conduct off-site immunization clinics utilizing trained pharmacy personnel as long as a Massachusetts-licensed pharmacist is present.
3. At this time, pharmacists may not administer any other medications or perform skin testing.
4. Pharmacists engaged in an CDTM agreement may administer “travel vaccines” well as other indicated “non-routine” vaccines in accordance with [Policy 2023-02: Vaccine Administration](#).

### **D. Veterinary Drugs**

1. Pharmacists are prohibited by federal law to recommend a human OTC drug for an animal. Any such use must be pursuant to a prescription or documentation from a veterinarian.

2. Pharmacists may compound Schedule VI emergency medications for veterinary office use in accordance with [Policy 2019-06: Compounded Emergency Medications for Veterinarian Use](#).

## **II. Pharmacy Technician**

- A. Under the supervision of a pharmacist, **all licensed pharmacy technicians (including pharmacy technician trainees who must be under direct pharmacist supervision, unless otherwise noted)** may:

1. enter prescription data into a computerized pharmacy system;
2. take stock bottles from the shelf to fill prescriptions for Schedules III through VI medications;
3. affix label to a prescription container;
4. reconstitute a medication;
5. prepare patient compliance packaging with Schedule III through VI medications;
6. compound sterile and non-sterile Schedule III through VI medications;
7. extend the offer to counsel;
8. assist in the transport of filled and verified Schedule II through VI prescriptions or orders (e.g., delivering filled prescriptions from the pharmacy to a nurse, retrieving the medication from a pickup bin and ringing out the transaction at the register, etc.); and
9. transport, load, remove, and / or perform expiration date checking of non-patient specific medications in **Schedules III through VI** in [Automated Dispensing Devices \(“ADD”\)](#).

**Note:** If performed within a Massachusetts-licensed health care facility (e.g., hospital), pharmacy technician trainees may perform this function without direct pharmacist supervision in accordance with [Policy 2023-08: Pharmacy Technician Stocking of Automated Dispensing Devices \(ADD\)](#).

- B. Under the supervision of a pharmacist, **all licensed pharmacy technicians (EXCEPT pharmacy technician trainees)** may also:

1. request and accept orally transmitted REFILL authorizations for Schedule III through VI medications if there have not been any changes to the prescription;

2. conduct remote processing of prescriptions in accordance with [Policy 2021-02: Shared Pharmacy Service Models Including Central Fill, Remote Processing, and Telepharmacy](#);
  3. trained pharmacy technicians may prepare and administer COVID-19 and other vaccines in accordance with [Policy 2023-02: Vaccine Administration](#);
  4. transport, load, remove, and / or perform expiration date checking of **Schedule II** medications in ADDs within a Massachusetts-licensed health care facility (e.g., hospital) in accordance with [Policy 2023-08: Pharmacy Technician Stocking of Automated Dispensing Devices \(ADD\)](#).
- C. Under the supervision of a pharmacist, **licensed pharmacy technicians that have national certification (CPhT or ExCPT)** may also:
1. use technology to conduct certain inventory management functions for Schedule VI medications (excluding PMP drugs such as gabapentin) in accordance with [Policy 2023-08: Pharmacy Technician Stocking of Automated Dispensing Devices \(ADD\)](#).
  2. transport, load, remove, and / or perform expiration date checking of Schedule II medications in [ADDs](#);
  3. perform Schedule II perpetual inventory counts with a second licensed nationally certified technician provided that the supervising pharmacist verifies that the perpetual inventory has been completed in accordance with Board regulations;
  4. make entries into the Schedule II perpetual inventory;
  5. accept NEW orally transmitted Schedule III through VI prescriptions;
  6. perform prescription transfers between pharmacies for Schedule VI drugs;
  7. assist in the HANDLING of Schedule II medications (e.g., counting pills, working in a vault, performing inventory related tasks, filling / checking ADDs, compounding, etc.) EXCEPT for any hydrocodone-only extended-release medication that is not in an abuse deterrent form; and
  8. perform medication histories.

**D. Pharmacy Technicians may not:**

1. administer medications (except for vaccines and emergency medications in accordance with [Policy 2023-02: Vaccine Administration](#));
2. perform final patient dispensing process validation;
3. counsel patients;
4. perform a drug utilization review (“DUR”);
5. resolve clinical issues;
6. contact prescribers concerning drug therapy clarification or modification; or
7. compound, fill, and / or dispense prescriptions without a pharmacist on site.

**Please direct any questions to: [Pharmacy.Admin@mass.gov](mailto:Pharmacy.Admin@mass.gov)**

## **References:**

### **APhA:**

<https://pharmacist.com/Practice/Practice-Resources/Scope-of-Practice>

### **ACCP:**

<https://www.accp.com/docs/govt/advocacy/Leadership%20for%20Medication%20Management%20-%20MTM%20101.pdf>

<https://www.accp.com/docs/positions/misc/scopeofpractice.pdf>

### **ASCP:**

[https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-](https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-675AB7E4ECD8/Quality_Standards_and_Practice_Principles_for_Senior_Care_Pharmacists.pdf)

[675AB7E4ECD8/Quality Standards and Practice Principles for Senior Care Pharmacists.pdf](https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-675AB7E4ECD8/Quality_Standards_and_Practice_Principles_for_Senior_Care_Pharmacists.pdf)

### **CDC:**

<https://www.cdc.gov/dhds/pubs/toolkits/pharmacy.htm>

### **Pharmacy Times:**

<https://www.pharmacytimes.com/publications/issue/2018/december2018/you-cannot-beat-a-healthy-heart-how-brown-bagging-can-bring-clarity>

<https://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/august2015/compliance-packaging-one-way-to-help-the-medicine-go-down>

### **NABP:**

[https://nabp.pharmacy/wp-content/uploads/2018/04/White-Bagging-and-Brown-Bagging-Report-2018\\_Final.pdf](https://nabp.pharmacy/wp-content/uploads/2018/04/White-Bagging-and-Brown-Bagging-Report-2018_Final.pdf)