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Circular #DCP 20-3-110

TO: Authorized Prescribers
Registered Pharmacists
FROM: James G. Lavery, Director
Bureau of Health Professions Licensure, Drug Control Program
DATE: March 6, 2020
SUBJECT: Medication Administration Program (MAP) – Patient Prescribing Directives

The following guidance details existing law and does not constitute a change in policy. The Medication Administration Program (MAP) was implemented to increase the safety and security of medication administration for individuals living in registered community residential programs, either as their primary residence or as a day program or short-term respite program, authorized by 105 CMR 700.003(F).

These MAP-supported patients rely on licensed prescribers to direct the appropriate dispensing of medications by registered pharmacists. **Unique to MAP-supported patients, Over-the-Counter (OTC) Medications, and Dietary Supplements (e.g., multivitamins) require an Authorized Prescriber’s Health Care Provider (HCP) order, and it is highly recommended that they also have a prescription/label to optimize patient safety.**

As MAP is a direct authorization model, using unlicensed MAP Certified staff, the following documentation is required to ensure safe administration of medication/supplements to MAP-supported patients:

1. A current signed HCP order for all Schedule II-VI and **OTC Medications**, and **Dietary Supplements**. The HCP order shall be written without medical abbreviations or symbols and shall include the following:
 - patient’s name,
 - name of medication/supplement,
 - dosage,
 - frequency (including **time of day** for **once daily** medications)
 - route, and
 - **reason for administration.**
2. A pharmacy prescription/label that accurately reflects the HCP Order for all Schedule II-VI and, if applicable, **OTC Medications** and **Dietary Supplements**, including all of the requirements listed in section 1 above.
3. If the medication is ordered to be administered on a PRN as needed basis, the HCP Order and the prescription/label should also include the following:
 - **times between doses**, and
 - **objective criteria for administration**, as Certified staff cannot perform an assessment.
Example: Acetaminophen 500 mg by mouth every 6 hours as needed for a temperature over 101°F.

Thank you for your cooperation and compliance in service to these patients who need support with medication administration. If you have any questions, concerns or feedback to ensure continued implementation and enforcement of this important policy, please contact us: dcp.dph@state.ma.us. If you need further information regarding MAP regulations, and policies and procedures, please visit the Department of Public Health’s Bureau of Health Professions Licensure, Drug Control Program website: www.mass.gov/dph/dcp.