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MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619

KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

**CIRCULAR LETTER: DCP 25-04-122**

**TO:** Authorized Prescribers and Registered Pharmacists

**FROM:** James G. Lavery, Director

Bureau of Health Professions Licensure, Drug Control Program

**DATE:** April 22, 2025

**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(E).

MAP is a direct authorization model. In order to administer anything to persons supported by MAP, there must be both a prescription and a Health Care Provider (HCP) order for the items. This includes over-the-counter (OTC) Medications and dietary supplements (e.g., multivitamins). To avoid confusion and aid in safe administration, the order and the prescription must use the same language. MAP Certified Staff are trained to compare the order with the prescription as part of the medication administration process. *Differences in language between the two may cause a delay in treatment and additional calls to you for clarification.*

The following documentation is required to ensure safe administration of medication/supplements to MAP-supported patients:

* 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. **NOTE: for once daily medications, HCP must write the time of day medication should be administered e.g., morning, bedtime**
  + route, and

# reason for administration.

* A printed copy of the prescription may be provided to the MAP site to be utilized as an HCP order if it includes all information listed above.
* 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 the requirements listed in section 1 above.

If the medication is ordered to be administered on a PRN as needed basis, the HCP Order and the prescription/label must also include the following:

* + Reason for use
    - Example: Anxiety (This can be part of the historical record)
  + Target signs and symptoms for use as MAP Certified staff cannot perform an assessment
    - This will be listed as subjective or objective criteria
      * Examples:
        + For complaints of anxiety
        + For pacing and nail biting for more than 5 minutes
  + Time between PRN and scheduled doses of the same medication
    - Examples:
      * Do not give within 2 hours of a scheduled dose
      * Twice daily as needed, doses must be separated by at least 4 hours
  + Not to exceed instructions, *only when less than maximum daily dose is warranted*
    - Example: Do not administer more than 2 doses in 24 hours
  + When to notify the HCP if administered and not effective
    - Example: If symptoms continue after 2 doses in 24 hours notify the Health Care Provider
  + Examples of HCP PRN medication orders:
    - Ativan 0.5mg every 4 hours as needed by mouth for complaints of anxiety. Not to exceed 2 doses in 24 hours. Notify the Health Care Provider if symptoms continue after the second dose.
    - Ativan 0.5mg every 4 hours as needed by mouth for anxiety as evidenced by pacing and nail biting for more than 5 minutes. Do not give within 2 hours of a scheduled dose. Notify the Health Care Provider if 3 as needed doses are administered in 24 hours.

Thank you for your cooperation and compliance in service to your 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@mass.gov](mailto:dcp.dph@mass.gov)

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](http://www.mass.gov/dph/dcp).