ePrescribing At-a-Glance

January 1, 2020

Department of Public Health Bureau of Health Professions Licensure Drug Control Program

Ref. DCP 19-12-108: Electronic Prescribing and Dispensing Manual

Controlled Substance Schedules

- Controlled Substances are placed in a Federal schedule based on
 - currently accepted medical use in treatment in the United States,
 - relative abuse potential, and
 - likelihood of causing dependence when abused.
- Schedule I Controlled Substances have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse. Examples: heroin, LSD, peyote, & Ecstasy.
- Schedule II Controlled Substances have a high potential for abuse which may lead to severe psychological or physical
 dependence. Examples: most opioids and stimulants like Adderall[®] & Ritalin[®].
- Schedule III Controlled Substances have a lesser potential for abuse than Schedules I or II, and abuse may lead to moderate or low physical dependence or high psychological dependence.
 Examples: buprenorphine, ketamine & anabolic steroids
- Schedule IV Controlled Substances have a lower potential for abuse than Schedule III. Examples: Xanax[®], Valium[®] & Ativan[®]
- Schedule V Controlled Substances have a lower potential for abuse than Schedule IV and consist primarily of
 preparations containing limited quantities of certain narcotics.
 Examples: Robitussin AC[®], and Phenergan with Codeine[®].
- Schedule VI Controlled Substances (in Massachusetts) include all other prescription drugs that are not included in Schedules I-V. Examples: antibiotics, naloxone, sterile saline, chemotherapy treatments, oxygen and epi-pens.

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Although the CARE Act's ePrescribing mandate becomes effective on January 1, 2020, one-year regulatory grace period makes universal ePrescribing mandate effective on January 1, 2021 1/1/21 1/1/20 7/1/20 Grace period ends Effective date of ePrescribing (CARE Act) Education and Guidance Continues * All prescriptions must be electronic, One-year grace period begins unless exception applies 1/1/20 2/1/20 3/1/20 4/1/20 5/1/20 7/1/20 8/1/20 9/1/20 10/1/20 12/1/20 6/1/20 11/1/20 12/1/19 1/1/21 12/27/19 3/1/20 10/1/20 Effective date of regulation COMPLETE implementation of Submit waiver requests 105 CMR 721 CMS-mandated switch to NCPDP SCRIPT to ensure processing by 1/1/21 ** Version 2017071 * Education and outreach, including published guidance, ** Waiver requests may be submitted at any time will begin prior to 1/1/20 and continue throughout 2021. following effectiveness of the regulation. Please visit the Drug Control Program page at Mass.gov To ensure processing and approval by 1/1/21, to learn more about the implementation of 105 CMR 721. please submit request by 10/1/20.













No written or oral prescription may be issued under any enumerated exception in an effort to circumvent ePrescribing requirements

Shared Responsibility

Exceptions and waivers build flexibility into the ePrescribing requirements, subject to an expectation of responsible prescribing practices and open communication to ensure the safety and security of controlled substances and quality of patient care.





A pharmacist who receives an otherwise valid written or oral prescription is not required to verify that such prescription properly falls under an ePrescribing waiver or exception