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**To:** Hospitals with Emergency Departments Where Medical-Forensic Examinations Are Provided as Part of Emergency Response

**From:** David E. Johnson, Director, Drug Control Program  
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**Date:** June 13, 2024

**Subject:** Dispensing Medications to Hospital Patients, Including After a Medical-Forensic Examination

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Department of Public Health (DPH) regulation 105 CMR 722.000: *Dispensing Procedures for Clinic and Hospital Pharmacies*. 105 CMR 722.090(A) allows hospital pharmacies to dispense controlled substances to hospital in-patients, hospital outpatients, and hospital employees. Additionally, 105 CMR 722.090(B), allows hospital pharmacies to dispense up to 14 days of prescribed medication to emergency room patients, or more than a 14-day supply in qualified situations<sup>1</sup>..

Importantly, these allowable dispensing mechanisms also apply to hospitals where licensed medical professionals are providing sexual assault medical-forensic examinations as part of the emergency department response. As addressed below, a hospital pharmacy may – and is encouraged to – dispense the controlled substances recommended by the Department of Public Health (DPH) Sexual Assault Nurse Examiner (SANE) Program and prescribed by an authorized provider to emergency room patients who have received a medical-forensic exam, either as part of the emergency department visit, or as part of the discharge process.

This practice, recommended by both the CDC and the DPH SANE Program, is in the best interest of the patient to receive these recommended and prescribed medications upon exam and prior to leaving the hospital as opposed to obtaining aftercare medications from a retail pharmacy upon leaving the hospital. The current list of aftercare medications recommended by the CDC and the DPH SANE program are attached to this guidance.

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<sup>1</sup> Hospital pharmacies may dispense a greater than 14-day supply where the particular drug product is only available from the manufacturer in greater than 14-day quantities. 105 CMR 722.090(B)(2)

The aftercare medications listed in the attached circular meet the criteria set out in 105 CMR 722.090(B)(2), and therefore, a hospital may dispense them to a patient who has received a medical-forensic examination in the hospital's emergency department. The hospital pharmacy may dispense the aftercare medications either as part of the emergency department visit where the patient receives the medical-forensic examination by a licensed medical professional, or as part of the discharge process.

The requirements of 105 CMR 722.090(A) and (B) apply to all hospitals, and not only to those providing a medical-forensic examination as part of an emergency room response. All hospitals must comply with the 14-day rule set out in 105 CMR 722.090(A), and all hospitals can use the exceptions stated in 105 CMR 722.090(B).

Questions regarding 105 CMR 722.000 and hospital pharmacy practice should be emailed to the Drug Control Program at: [dcp.dph@mass.gov](mailto:dcp.dph@mass.gov).

Questions regarding the SANE Program should be emailed to the Bureau of Community Health & Prevention at: [masane@massmail.state.ma.us](mailto:masane@massmail.state.ma.us).



# Adult/Adolescent SANE

## Recommended Treatment Post Sexual Assault

### Per CDC/MDPH Guidelines

*ED medical providers are responsible for ordering medications. Hospital staff must address the possibility of pregnancy and allergies before administration of medications.*

**THIS IS NOT AN ORDER FORM**

**Antiemetic:** 30 minutes prior to STI prophylaxis

### Pregnancy Prophylaxis

**Plan B** (Levonorgestrel 1.5mg) by mouth x 1 **OR** Ulipristal acetate 30mg (ella) by mouth x 1

### STI Prophylaxis Recommendations (based on 2021 CDC treatment guidelines)

INFECTION	PROPHYLAXIS	
Gonorrhea	Ceftriaxone 500mg IM x 1 (1g IM x 1 for patients ≥ 150kg) <b>Contraindications:</b> Allergy to Cephalosporins	
Chlamydia	Doxycycline 100mg by mouth twice daily x 7 days <b>Contraindications:</b> Allergy to Tetracyclines, pregnancy, chest/breastfeeding <b>Alternative Treatment:</b> Azithromycin 1g by mouth x 1 for pregnant persons and when nonadherence to Doxycycline regimen is a substantial concern	
Trichomoniasis	<b>Patients with a vagina:</b> Metronidazole 500mg by mouth twice daily x 7 days* (This regimen is also used to treat bacterial vaginosis (BV), which is not considered an STI) *For patients with a penis: testing and treatment is not recommended after assault	
Hepatitis B	<b>For all ages:</b> Hepatitis B Vaccine (or HBIG if indicated) Administer if Hepatitis status of assailant is unknown and patient has NOT been previously vaccinated; patients should be informed of the need for follow-up for completion of the vaccination series for Hepatitis B immunization	
HPV Administer if patient has NOT been vaccinated or is incompletely vaccinated	<b>Age 9 – 14 Years</b> HPV Vaccine 2 dose series 1 <sup>st</sup> dose given in the ED Subsequent dosing per follow-up provider	<b>Age 15 – 45 Years</b> HPV Vaccine 3 dose series 1 <sup>st</sup> dose given in the ED Subsequent dosing per follow-up provider

### HIV Post Exposure Prophylaxis (PEP)

<b>HIV</b> To be initiated within 72 hours of exposure (1 <sup>st</sup> dose should be given ASAP) Dispense a 3 – 7 day supply and a prescription for the remainder of the 28-day regimen	Truvada (Tenofovir 300mg + Emtricitabine 200mg) 1 tablet by mouth once daily <b>WITH</b> Isentress (Raltegravir 400mg) 1 tablet by mouth twice daily <b>OR</b> Tivicay (Dolutegravir 50mg) 1 tablet by mouth once daily  Recommend HIV testing, Hepatitis B testing, Serum Creatinine, AST and ALT <i>before</i> HIV PEP Provide follow-up info for remainder of HIV PEP
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