



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
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Board of Registration in Pharmacy

Sterile Compounding Reporting Form

Each pharmacy that is licensed by the Massachusetts Board of Registration in Pharmacy ("Board") that engages in sterile compounding, including nuclear pharmacies, is required to submit prescription, volume, and distribution data every six months pursuant to [247 CMR 6.15\(5\)](#). All prescriptions (new and refill) for sterile compounded preparations dispensed within or from Massachusetts must be reported (including veterinary compounds).

The completed forms must be submitted to the Board on or before **August 15th** (for the January through June report) and on or before **February 15th** (for the July through December report). The FAILURE of any Massachusetts licensed pharmacy to provide the requested information by the reporting deadline may be grounds for discipline under 247 CMR 10.03(q).

Please send this form as an electronic fillable version only (no copies or scanned images) along with the separate "List of Compounded Sterile Preparations" to: sterilecompoundingreportingforms@mass.gov

DO NOT send by mail or fax. Paper versions will not be accepted.

Name of Pharmacy _____
Street Address _____
City/Town _____ State _____ Zip Code _____
Pharmacy E-mail _____
Pharmacy License Number _____
Name of Manager of Record (MOR) _____
MOR License Number _____

Please fill out the information on the next page as well as the separate "List of Compounded Sterile Preparations". Thank you.

Identify (by checking below) all state(s) and jurisdiction(s) to which the pharmacy delivers / ships prescriptions for sterile compounded preparations. For any identified state(s) or jurisdiction(s), the pharmacy acknowledges it holds a current license where sterile compounded preparations are delivered / shipped.

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> DC | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Other: _____ |
| | | | <input type="checkbox"/> Other: _____ |

Are all non-resident licenses held by the pharmacy in good standing without any disciplinary or non-disciplinary actions or restrictions?

☐ Yes ☐ No ☐ N/A

If answered "No" above, on a separate document, please identify the state(s) / jurisdiction(s), the status of the license(s), and provide a summary and any relevant supporting documentation.

Does the pharmacy engage in non-sterile to sterile compounding?

☐ Yes ☐ No

I, _____ (MOR name), attest under the pains and penalties of perjury that all information provided as part of the "Sterile Compounding Reporting Form" and "List of Compounded Sterile Preparations" is complete and accurate to the best of my knowledge, the pharmacy is in compliance with all laws, regulations, and standards pertinent to sterile compounding, including USP <797> or USP <825>, as applicable, and will only dispense medication pursuant to a valid prescription as defined in M.G.L. c. 94C, §19 for a single patient for any medications dispensed within or from Massachusetts.

Date (mm/dd/yyyy): _____