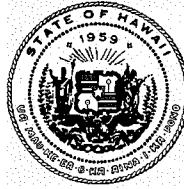


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April 25, 2008

MEMORANDUM

ACS M07-13D
(Continuation of ACS M07-13,
ACSM07-13A and ACSM07-13B, ACSM07-17C)

TO: Medicaid Physicians, Dentists, Physician Assistants, Advanced Practice Registered Nurses, Optometrists, Medicaid Participating Hospital Emergency Rooms, Other Providers with Prescribing Authority and Pharmacy Providers

FROM: Aileen C. Befitel, Acting Med-QUEST Assistant Administrator

SUBJECT: FEE-FOR-SERVICE (FFS) PROGRAM ONLY
PRESCRIBERS REQUIRED TO USE TAMPER RESISTANT PRESCRIPTION PADS (TRPP) APRIL 1, 2008 FOR WRITTEN PRESCRIPTIONS; PHARMACISTS CONTACT PRESCRIBERS IF TRPP NOT USED

Effective **April 1, 2008**, the requirements for Tamper Resistant Prescription Pads¹ (TRPP) for drugs (not supplies) apply when prescribers **write a prescription** for any of the following:

1. **Medicaid FFS recipients; or**
2. **Medicaid/Medicare recipients and copayments/deductibles for Part B billed to Medicaid FFS; or**
3. **Medicaid FFS recipients with a Third Party Liability (TPL) such as Kaiser with copayments billed to Medicaid FFS; or**
4. **QUEST recipients when prescribed by a dentist.**

¹Section 7002 (b) amends 1903b(i) of the Social Security Act 42 USC193b(i), by adding a new paragraph (23), which states that payment shall not be made for...“amounts expended for medical assistance for covered outpatient drugs [as defined in section 1927(k)(2)] for which the prescription was executed in written (and non-electronic) form unless the prescription was executed on tamper-resistant pad.”

When Federal Medicaid funds are used to pay drug claims, TRPP is required for written prescriptions for the billing provider to be reimbursed. If no Federal Medicaid funds are used to pay claims, TRPP is not required. Example: Medicare Part D drugs are paid by Medicare and the copayments are paid by State Pharmacy Assistance Program (SPAP) with state funds.

Points of Interest

- **All drugs prescribed in writing by dentists for QUEST recipients are impacted because these claims are reimbursed by Medicaid FFS.**
- TRPP must be used for all drugs: Over-the-counter (OTC), non-controlled and controlled.
- **An emergency fill can be dispensed if the prescription is written on non-TRPP, as long as the prescriber provides a faxed, electronic, oral/telephone or compliant written prescription on TRPP within 72 hours after the date on which the prescription was filled.**
- **The pharmacist can telephone a prescriber to obtain a verbal order for a prescription written on a non-TRPP.**
- **“CII” prescriptions must be written. If they are provided on non-TRPP, the pharmacist may either verbally confirm the prescription or request a fax of the prescription from the prescriber. Otherwise, the prescriber will need to provide a new written prescription on TRPP.**
- Some items not impacted: Supplies such as syringes, medications paid by Medicare Part D, Part D copayments paid by the State Pharmacy Assistance Program (SPAP) or QUEST plans (except when prescribed in writing by a dentist).

Reminder:

Prescription Type	NO CHANGE
Oral/Telephone	
Faxed	<ul style="list-style-type: none">• Should be written on NON-tamper-resistant prescription paper.• Should contain the name of the receiving pharmacy.
Electronic (e-prescription)	
Handwritten	<ul style="list-style-type: none">• When a QUEST (managed care) plan is the payor. (Note: drugs prescribed by a dentist for QUEST recipients are NOT paid by the QUEST plans).• 100% State funds; i.e., State Pharmacy Assistance Program (SPAP) or Contingency Plan.
Refills	When the prescription was originally filled prior to April 1, 2008 and refills are obtained on or after April 1, 2008.

“CII” drugs require a paper prescription.

If not on TRPP, the pharmacist shall obtain one (1) of the following:

- An appropriate telephonic confirmation of the prescription from the prescriber; **or**
- A faxed confirmation of the prescription from the prescriber; **or**
- A prescription that is on tamper-resistant paper.

Note: If prescriber does not have TRPP yet, the pharmacy can be provided a telephonic confirmation ahead of time or a copy of the prescription can be faxed to the pharmacy so the prescription is not rejected.

TAMPER RESISTANT PRESCRIPTION REQUIREMENTS

Effective April 1, 2008:

- **The TRPP must have at least one (1) of the three (3) categories of industry-recognized safety features²** as required by the Centers for Medicare and Medicaid Services (CMS).
- After reviewing recent recommendations from the National Council for Prescription Drug Programs (NCPDP), the Med-QUEST Division (MQD) has recommended **basic** features for TRPP in **Table 1**.
- There is no single specific format, size or color for the TRPP. Additional expensive safety features such as unique batch numbers, holograms or paper toner fusion, etc., may be used.

Please direct printers that may contact you to the home page of the MQD website at www.himed-questffs.org for the minimum requirements and the MQD’s recommendations for TRPP.

On **October 1, 2008**, the CMS requirements for TRPP will change to the following: **All three (3)** of the industry-recognized categories of safety features listed in Table 1 are to be contained on the TRPP².

Prescription Type	CHANGES In CMS Requirement for Medicaid Reimbursement	Effective Date
Handwritten	Must be written on a tamper-resistant prescription pad, which contains all three (3) of the CMS and industry-recognized safety features.	October 1, 2008

If you have questions regarding Medicaid drug claims processing, please contact the ACS PBM Call Center at 1 (877) 439-0803.

Attachments

²The Centers for Medicare and Medicaid Services (CMS) letter to State Medicaid Directors (SMDL #07-012, 08/17/07).

Table 1

<p align="center">Required Tamper-Resistant Categories or Features</p>	<p align="center">Med-QUEST Division Recommendations (Include but are not limited to the following one or more of the industry-recognized features¹)</p>
<p>1. Unauthorized copying of a completed or blank prescription form:</p>	<p>“VOID” pantograph: The word “VOID” appears on the document when the prescription is photocopied.</p>
<p>2. Erasure or modification of information written on the prescription by the prescriber:</p> <ul style="list-style-type: none"> • Any one of a, b, or c can be used. • Or any combination of a, b, or c can be used. 	<p>a. Uniform non-white background color:</p> <ul style="list-style-type: none"> • The background must consist of a solid color or consistent pattern that has been printed onto the paper. • If someone tries to erase or copy, the consistent background color will look altered and show the color of the underlying paper. <p>b. Quantity check off boxes:</p> <ul style="list-style-type: none"> • In addition to the written quantity on the prescription, quantities are indicated in ranges. • It is recommended that ranges be in multiples of 25’s with the highest being “151 and over”. • The range box corresponding to the quantity prescribed MUST be checked for the prescription to be valid. <p>c. The Refill Indicator:</p> <ul style="list-style-type: none"> • This indicates the number of refills on the prescription and requires a circle or check of the number of refills or “NR”. • The refill numbers must be used to be a valid prescription.
<p>3. Use of counterfeit prescription forms:</p>	<p>Security features and descriptions listed on prescriptions: A complete list of the industry-recognized features is printed on the prescription paper to aid the pharmacists’ identification of security features implemented on the TRPP.</p>

See the illustration in Appendix A. There is no single specific format, size or color for the security prescription forms. Additional expensive safety features such as unique batch numbers, holograms or paper toner fusion, etc., may be used.

¹The National Council for Prescription Drug Programs (NCPDP) letter to State Medicaid Directors (dated February 1, 2008).

Appendix A

Sample Tamper-Resistant Prescription Pad With Recommended Features

VOID Pantograph

Security features listed
on prescription

#000001

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN. LINE, REVERSE RX, SECURITY BACKPRINT
THERMOCHROMATIC INK FEATURE, NUMBERING, PRINTED ON SAFETY PAPER

JOHN SMITH, M.D.
Specialty
123 Your Address
Yourtown, USA 0000
(000) 000-0000

Lic. # G39656
DEA # AH9729489

Rx

Name _____ Date _____

Address _____

Refill NR. 1 2 3 4 5

Signature _____

Quantity check-off boxes

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units

Prescription is void if the number of drugs prescribed is not noted

Quantity
check-off boxes

Printed on Safety Paper
with uniform
background color

Refill indication
(circle quantity)