



**KENTUCKY MEDICAID
TAMPER-RESISTANT
PRESCRIPTION PAD**

Educational Purposes Only

- This presentation does not constitute legal advice. Issues of pharmacy law are fact specific. As such, specific questions should be referred to your legal counsel.
- The opinions expressed are those of the presenter and should be confirmed and/or researched by those utilizing them in their pharmacy practice.



DISCLOSURE STATEMENT

I declare that neither I nor any immediate family member have a current affiliation or financial arrangement with any potential sponsor and/or organization(s) that may have a direct interest in the subject matter of the above stated continuing education program.



CMS Letter August 17, 2007

- Effective October 1, 2007 all Medicaid Tamper-Resistant Prescription Pads had to meet at least one of the following three characteristics:
 1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;



CMS Letter August 17, 2007 (continued)

2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber;
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Delayed until April 1, 2008.

All three characteristics by October 1, 2008



Kentucky Medicaid Tamper-Resistant Prescription Pad

Kentucky Medicaid Letter dated September 14, 2007 stated that Medicaid out-patient medications will be reimbursable only if written outpatient and over-the-counter prescriptions are executed on a tamper-resistant pad that meets or exceeds the requirements of 902 KAR 55:105.



The original prescription blank has a reflective watermark on the back - hold at angle to view

[Redacted]

[Redacted]

[Redacted]

Name _____ Age _____

Address _____ Date _____

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

Refills: _____ M.D. _____
 NR 1 2 3 4 5

Prescription is void if more than one (1) prescription is written per blank



REQUIREMENTS

902 KAR 55:105

1. A latent, repetitive “void” pattern screened at five (5) percent in pantone green shall be printed across the entire front of the prescription blank. If a prescription is photocopied, the word “void” shall appear in a pattern across the entire front of the prescription.



REQUIREMENTS

902 KAR 55:105 (continued)

2. A water mark shall be printed on the backside of the prescription blank so that it shall only be seen at a forty-five (45) degree angle. The watermark shall consist of the words “Kentucky Security Prescription”, and appear horizontally in a step-and-repeated format in five (5) lines on the back of the prescription using twelve (12) point Helvetica bold type style.



REQUIREMENTS

902 KAR 55:105 (continued)

3. An opaque Rx symbol shall appear in the upper right-hand corner, one-eighth ($1/8$) of an inch from the top of the prescription blank and five-sixteenths ($5/16$) of an inch from the right side of the prescription blank. The symbol shall be three-fourths ($3/4$) of an inch in size and disappear if the prescription is lightened.



REQUIREMENTS

902 KAR 55:105 (continued)

4. Six (6) quantity check off boxes shall be printed on the form and the following quantities shall appear:
 1. 1-24;
 2. 25-49;
 3. 50-74;
 4. 75-100;
 5. 101-105;
 6. 151 and over;



REQUIREMENTS

902 KAR 55:105 (continued)

5. A logo may appear on the prescription blank. The upper left one (1) inch square of the prescription blank shall be reserved for a logo.
6. The following statement shall be printed on the bottom of the prescription blank:
“Prescription is void if more than one (1) prescription is written per blank”.



REQUIREMENTS

902 KAR 55:105 (continued)

7. Refill options shall appear below any logo on the left side of the prescription blank in the following order: Refill NR 1 2 3 4 5.
8. A prescription blank shall be four and one-quarter (4 1/4) inches high and five and one-half (5 1/2) inches wide.
9. A prescription shall bear the preprinted, stamped, typed, or manually printed name, address, and telephone number of the prescribing practitioner.



REQUIREMENTS

902 KAR 55:105 (continued)

10. A prescription blank shall for a controlled substance shall not contain:

- An advertisement on the front or back of the prescription blank
- The preprinted name of a controlled substance
- The written, typed, or rubber-stamped name of a controlled substance until the prescription blank is signed, dated and issued to a patient



REQUIREMENTS

902 KAR 55:105 (continued)

11. A prescription blank for a controlled substance shall provide space for the patient's name and address, the practitioner's signature and the practitioner's DEA registration number.

12. Only one (1) prescription shall be written per prescription blank.



REQUIREMENTS

902 KAR 55:105 (continued)

13. A quantity check-off box that corresponds to the quantity prescribed shall be marked.
14. If a prescribed drug is a schedule III, IV, or V controlled substance, a refill option shall be marked.



KENTUCKY POSITIVE IMPACT

Reduce the instances:

1. Unauthorized prescriptions
2. Improperly altered prescriptions
3. Counterfeit prescriptions



EXCEPTIONS: YES/NO

1. If a facility uses computer paper for their prescriptions, will they be exempt? NO
2. If in a long-term care facility a patient has a telephone order transcribed by a nurse and it is given directly to the pharmacy, does it need to be on a T-R Rx Pad? YES
3. If the nurse called it in or faxed it, then NO.



EXCEPTIONS: YES/NO

(continued)

4. Retro-eligibility: if a patient has a prescription filled and later becomes Medicaid eligible for that date of service, is that situation exempt? NO.
5. If a clinic has a pharmacy on-site, do the prescriptions have to be on T-R Rx Pads? YES.



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