



Division of Medical Services Program Planning & Development

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OFFICIAL NOTICE

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TO: Health Care Providers – Ambulatory Surgical Centers; Certified Nurse-Midwife; Child Health Services/Early Periodic Screening Diagnosis and Treatment; Chiropractic; Critical Access Hospital; Dental; End-Stage Renal Disease; Federally Qualified Health Center (FQHC); Hospital; Inpatient Psychiatric Services; Medicaid/Medicare Crossover; Nurse Practitioner; Pharmacy; Physician; Podiatry; Program of All Inclusive Care for the Elderly (PACE); Rehabilitative Hospital; Rehabilitative Services for Persons with Mental Illness and Rural Health Clinic(RHC)

DATE: October 1, 2007

SUBJECT: Tamper-Resistant Prescription Pads Under the Medicaid Program

(1) This rule implements the federal U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 provision (Section 1903(i) (23) of the Social Security Act) stating that effective October 1, 2007, federal Medicaid funding shall not be available for any amounts expended for prescription drugs for which the prescription was executed in written (and non-electronic) form unless the prescription was executed on a tamper-resistant pad. Accordingly, non-electronic prescriptions executed on or after October 1, 2007, for any outpatient drugs reimbursed by Medicaid, must be written on tamper-resistant pads. Medicaid will make no payment for outpatient drugs dispensed pursuant to non-compliant prescriptions.

(2) EFFECTIVE DATE: This rule applies to prescriptions executed after September 30, 2007.

(3) SCOPE: Regardless of whether Medicaid is the primary or secondary payer of the prescription being filled, this rule applies to all non-electronic Medicaid-covered outpatient drugs except:

- (a) Refills of written prescriptions presented at a pharmacy before October 1, 2007;
- (b) Emergency fills of non-controlled or controlled dangerous substances for which a prescriber provides the pharmacy with a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled;
- (c) Drugs provided in nursing facilities, intermediate care facilities for the mentally retarded, and other federally specified institutional and clinical settings so long as those drugs are not billed separately to Medicaid, for example, those billed by an individual pharmacy provider.

For purposes of this rule, "electronic prescriptions" include e-prescriptions transmitted to the pharmacy, prescriptions faxed to the pharmacy, or prescriptions communicated to the pharmacy by telephone by a prescriber.

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(4) REQUIREMENTS:

(a) Any pharmacist who receives a prescription on a non-compliant prescription form must contact the prescriber for verification. If the prescriber cannot be contacted, and the pharmacist deems that the patient is at risk without the prescribed drugs, the pharmacist may fill the prescription as an emergency. A prescription verification must be received within 72 hours in a form that complies with this rule. Arkansas State Board of Pharmacy and federal laws and regulations pertaining to written and electronic prescriptions for Schedule II drugs still apply.

(b)

Required tamper-resistant characteristics One or more industry-recognized features designed to:		Examples include but are not limited to
1	Prevent unauthorized copying of a completed or blank prescription form	Anti-mimic measures, such as <ul style="list-style-type: none"> ●High security watermark or Copy VOID pantographs ●Color shifting or Thermo-chromic ink
2	Prevent the erasure or modification of information written on the prescription by the prescriber	Anti-alteration measures, such as <ul style="list-style-type: none"> ●Chemical stains or erasable ink backgrounds to reveal erasures or attempts to change written information
3	Prevent the use of counterfeit prescription forms	Anti-theft measures such as <ul style="list-style-type: none"> ●Sequentially numbered blanks, ●Duplicate or triplicate blanks, ●Control numbers

(c) To facilitate the dispensing of a prescription the prescription should include the prescribing provider's name and NPI number, phone number and address. This information may be preprinted. Multiple prescribers may be preprinted on the security form, with check boxes next to the names to allow the identification of the specific prescribing provider.

(d) For claims with dates of service on and after October 1, 2008, to be considered tamper resistant, a prescription pad must contain all three characteristics described in paragraph 4(b).

Thank you for your participation in the Arkansas Medicaid Program.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.