Dear Physician / Prescriber,

As you are undoubtedly aware, your prescriptions for fee-for-service Medicaid patients have had to be compliant with the Medicaid Tamper-Resistant Requirements since April 1, 2008. Please be aware that compliance with this same law changes as of October 1, 2008. Here are the highlights:

- As of October 1, 2008, all fee-for-service Medicaid prescriptions that are either handwritten or printed from an Electronic Medical Records (EMR)/ePrescribing application must contain <u>at least one feature from each of the three categories of tamper-resistance for</u> <u>a total of three features</u> (see below for details). Note – compliance as of April 1, 2008 <u>only</u> required one feature from one category of tamper-resistance – so continuing in compliance for October may require additional steps by your prescription pad or software vendor.
- Prior guidance for printed prescriptions generated from EMRs or ePrescribing applications stated that special copy resistant paper would likely be required for printed prescriptions to be in compliance as of October 1, 2008. CMS has clarified this statement, and is now stating that while special paper <u>may</u> be used to achieve copy resistance it is <u>not</u> necessary. EMR or ePrescribing generated prescriptions <u>may be printed on plain</u> <u>paper</u>, and be fully compliant with all three categories of tamper-resistance provided they contain at least one feature from each of the three categories detailed below.

Review of CMS Requirements for October 1, 2008

By October 1, 2008, a hand-written or computer generated/printed prescription must contain at least one feature in **all three** categories. No feature may be used twice:

- 1) One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription.
- 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 prescriptions.

For more details on these requirements, please go to CMS' Web site at: <u>http://www.cms.hhs.gov/DeficitReductionAct/30_GovtInfo.asp</u> and click on Medicaid Tamper-Resistant Prescription Information, Top Questions about Tamper-Resistant Prescriptions (FAQs), and Medicaid Prescription Resistant Prescription Pad Law - Pharmacist Fact Sheet.

For best practices and examples of tamper-resistant prescription pads and prescriptions printed from EMRs/ePrescribing applications that are fully compliant with the October 1, 2008 requirements, please go to NCPDP's Web site at: <u>www.ncpdp.org/</u>. (Then click on the "Tamper Resistant Prescription Pads link on the right side of the web page.). Click on Identifying Tamper-Resistant Prescription Pad Features and Best Practices for Hand-written and EMR/Printed Tamper-Resistant Prescriptions.

While these requirements are federally mandated, individual states are responsible for issuing guidance which may be more (but not less) proscriptive than the CMS guidance (listed above). Some states have

already issued guidance which is pertinent for this second implementation phase, and others have not. It is likely that the company who supplies your prescription pads/paper, and/orEMRs/ePrescribing software is aware of these additional requirements and will be able to work with you to ensure your Medicaid prescriptions comply with the requirements in your state.

If your prescription pad vendor cannot meet the needs of these requirements, the following Web sites list vendors that comply with the requirements of states that already mandate tamper-resistant prescription pads for some or all prescriptions:

California: <u>http://www.ag.ca.gov/bne/security_printer_list.php</u> Indiana: <u>http://www.in.gov/pla/3207.htm</u> Maine: <u>http://www.mainecarepdl.org/index.pl/home/tamper-resistant-prescription-pads</u>

For additional information on your specific state requirements, it is suggested that you either check your state Medicaid Web site or click on your specific state information available on the National Association of State Medicaid Directors (NASMD) Web site at: <u>www.NASMD.org/issues/TRPP.asp</u>.

Please note that if you are using the Void/Illegal/Copy pantograph security feature to prevent photocopying on your tamper-resistant prescription, pharmacies <u>will not</u> be able to accept these as a legitimate prescription when <u>faxed</u> because of the pantograph appearing as Void/Illegal/Copy wording across the prescription. To send a compliant prescription, you can write the prescription on plain paper and fax using a cover sheet; call the pharmacy with the prescription; or send an electronic prescription.

Impact on Medicaid Patients

In order to ensure that your Medicaid patients do not see any adverse impact regarding their access to medications, you must be compliant with these requirements – whether you prescribe on prescription pads, or print prescriptions from an EMR/ePrescribing application. As noted in prior guidance, in an emergency situation, prescriptions that are not tamper-resistant will be permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant prescription within 72 hours after the date on which the prescription was dispensed.

Thank you for your efforts to comply with these new Federal requirements.

This information was compiled by American College of Physicians, American Pharmacists Association, Centers for Medicare & Medicaid Services (CMS), Computer Sciences Corporation, JenKare, LLC; HP Labs; Medical Group Management Association, MedStar Health, National Association of Chain Drug Stores, National Community Pharmacists Association, National Council for Prescription Drug Programs, North Carolina Division of Medical Assistance, Promex Group – Medi Scripts Services, Standard Register, and Wyoming Department of Health.

This document is provided as a courtesy for informational purposes. It is based on our review of the law and CMS guidance. If you have any questions about your responsibilities, we urge you to contact your state Medicaid agency for clarification and guidance.

