

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
 Post Office Box 8206  
 Columbia, South Carolina 29202-8206  
 www.scdhhs.gov

August 30, 2007

# MEDICAID BULLETIN

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**TO: Providers Indicated**

**SUBJECT: Rules for Medicaid Tamper-Resistant Prescription Pads**

Effective October 1, 2007, Medicaid covered outpatient prescription and OTC (over-the-counter) drugs will be reimbursable **only** if non-electronic prescriptions are issued on a tamper-resistant pad. These new federal requirements result from amendments to section 1903(i) of the Social Security Act, as required by Section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007. Electronic prescriptions meeting Federal and State requirements are excluded from this requirement.

To be considered tamper-resistant a prescription pad must contain as of October 1, 2007, **at least one** of the following three characteristics:

- \* One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.
- \* One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- \* One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

No later than October 1, 2008, a prescription pad **must contain all three** characteristics to be considered tamper-resistant and Medicaid reimbursable.

This rule **does** apply to nursing facilities, intermediate care facilities for the mentally retarded, and other like residential facilities where their prescriptions are separately reimbursed by Medicaid and not included in the facility's rate.

The tamper-resistant pad requirement rule does **NOT** apply to refills of prescriptions presented at a pharmacy before October 1, 2007. In addition the requirement does **NOT** apply to e-prescriptions transmitted to the pharmacy, prescriptions faxed to the pharmacy or prescriptions communicated to the pharmacy by telephone by a prescriber. The requirement does **NOT** apply to managed care entities when the managed care entity pays for the prescription.

To the extent permissible under State and Federal law and regulation, this requirement does not restrict emergency fills of non-controlled or controlled substances for which a prescriber provides the pharmacy with a verbal, faxed, electronic or compliant written prescription(s) within 72 hours after the date on which the prescription(s) was issued.

Future post-payment audits of pharmacy claims for Medicaid reimbursement, whether conducted by the DHHS Division of Program Integrity or any other agent, will review compliance with the above requirements. After October 1, 2007, any pharmacy that received Medicaid reimbursement for written, non-electronic outpatient prescriptions and/or their refills, issued on prescription pads that did not meet the above criteria for tamper-resistant or those that were not exempt from the criteria, will be required to repay the full Medicaid reimbursement for the prescription(s).

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876 or your program representative. We appreciate your continued support of the South Carolina Medicaid program.

/s/

William Wells  
Deputy Director

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**NOTE:** To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.  
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>



With guidance coming less than two months before implementation, the AOA supports a delay in the October 1, 2007 compliance deadline.

If you have specific questions or concerns relating to the implementation of tamper-resistant prescription pads, please submit them to Carol Monaco at [cmonaco@osteopathic.org](mailto:cmonaco@osteopathic.org). This information will assist the AOA with further discussions with CMS on this issue.

### ***States with Existing Equivalent Laws***

The below states have equivalent or more stringent laws governing tamper resistant prescription drug pads.

California  
Florida  
Idaho  
Indiana  
Kentucky  
Louisiana  
Maine  
Massachusetts  
Mississippi  
New Jersey  
Pennsylvania  
Texas  
West Virginia



<http://www.dhhs.state.sc.us/Internet/pdf/Rules%20for%20Medicaid%20TamperResistant%20Prescription%20Pads.pdf>

Check out the above address for South Carolina tamper resistant information updates.

1-7-08

Medicaid dictates the tamper resistant portion, but the format of a prescription, but the SC Board of Pharmacy dictates the format of what is required on a prescription.

Below are the sections that are from the Board of Pharmacy Laws and Policies section. In addition, now that the NPI number is required by insurance companies, it is also included. I am also attaching a prescription format that I put in Word. Also, of note if the blank is for a Nurse Practitioner or PA, the physician that they work under must be on the blank also. It is also acceptable to put the name of the practice with the address and phone # and put all practitioners in the practice on the top of the blank with their information.

## **SECTION 40-43-86**

(E) A prescription drug order shall contain at a minimum, the:

- (1) full name and address of the patient;
- (2) name, address, telephone number, and degree classification of the prescriber; license number, and Drug Enforcement Agency registration number of the prescribing practitioner where required by law;
- (3) date of issuance;
- (4) name, strength, dosage form, and quantity of drug prescribed;
- (5) directions for use;
- (6) number of refills authorized. No prescription marked "PRN" or any other nonspecified number of refills may be refilled more than two years beyond the date it was originally written. Nothing in this subsection abridges the right of a pharmacist to refuse to fill or refill a prescription; and
- (7) a written order signed by the prescriber, which shall bear the name of the patient; name, strength, and quantity of the drug or device prescribed; directions for use; date of issue; and, either rubber stamped, typed, printed by hand, or typeset, the name, address, telephone number, and degree classification of the prescriber; and, if a controlled substance is prescribed, the prescriber's federal registration number;
- (8) only one drug and set of instructions for each blank, if preprinted;
- (9) a chart order is exempt from the requirements of this subsection.

(H)(1) Upon receiving a prescription for a brand name product, a registered pharmacist may in his professional judgment substitute an equivalent drug product as provided in this subsection.

(2) Every oral or written drug prescription shall provide an authorization from the practitioner as to whether or not an equivalent drug product may be substituted.

(3) A written prescription shall have two signature lines at opposite ends on the bottom of the form. Under the line at the left side shall be clearly printed the words "Dispense As Written".

Under the line at the right side shall be clearly printed the words "Substitution Permitted". The practitioner shall communicate the instructions to the pharmacist by signing on the appropriate line. No written prescription is valid without the signature of the practitioner on one of these lines.

*Clelia Sanders, RPh*  
*Inspector, SC Board of Pharmacy*  
*803-260-9818*

**Physician's Name and Degree of Classification  
Physician's Address and Telephone #**

**State License #**

**NPI#**

**DEA#**

**Patient's Full**

**Name** \_\_\_\_\_ **Telephone#** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**Drug, Dosage form and Strength**

**Quantity**

**Sig: (Directions for use)**

\_\_\_\_\_ **Dispense as Written**

\_\_\_\_\_ **Substitution Permitted**

**Refills** \_\_\_\_\_