



Network Notification

Date: May 23, 2016
To: Kentucky Medicaid Health Care Providers
From: Humana – CareSource®
Subject: Tamper-Resistant Prescription Pads Reminder

To prevent Medicaid prescription fraud, and in compliance with The Centers for Medicare & Medicaid Services and Kentucky Board of Pharmacy Statutes and Regulations (902 KAR 55:105), we ask prescribers and pharmacies to adhere to Kentucky Medicaid tamper-resistant prescription requirements on all hand-written and hard-copy prescriptions.

To be classified as “**tamper-resistant**,” prescriptions must contain one or more industry-recognized features:

- Designed to prevent unauthorized copying of a completed or blank prescription form
- Designed to prevent erasure or modification of information written on the prescription by the prescriber
- Designed to prevent use of counterfeit prescription forms

Medicaid medications are reimbursable only if they include the following security features:

1. **Void pantograph** background screened at five percent in Pantone green shall be printed across the entire front of the prescription blank.
2. **Artificial watermark** placed on backside of script so that it shall only be seen at a 45 degree angle. The watermark shall consist of the words “Kentucky Security Prescription,” and appear horizontally in a step-and-repeated format in five lines on the back of the prescription using 12 point Helvetica bold-type style.
3. **Opaque Rx symbol** shall appear in the upper right corner, 1/8 of an inch from the top of the prescription blank and 5/16 of an inch from the right side of the prescription blank. The symbol shall be 3/4 of an inch in size and disappear if the prescription is lightened.
4. **Six quantity check-off boxes** printed on the form and the following quantities shall appear and be marked:

<input type="checkbox"/> 1-24	<input type="checkbox"/> 50-74	<input type="checkbox"/> 101-105
<input type="checkbox"/> 25-49	<input type="checkbox"/> 75-100	<input type="checkbox"/> 151 and over

5. 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.**”

6. **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 and 5, and be marked if the prescribed drug is a schedule III, IV or V controlled substance.
7. **Size of a prescription blank** shall be 4 1/4 inches high and 5 1/2 inches wide.
8. A prescription shall bear the preprinted, stamped, typed or manually printed name, address and telephone number of the prescribing practitioner.
9. 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.
10. A prescription blank for a controlled substance shall not contain:
 - a. Advertisement(s) on the front or back of the prescription blank
 - b. The preprinted name of a controlled substance
 - c. The written, typed or rubber-stamped name of a controlled substance until the prescription blank is signed, dated and issued to a patient

Excluded from this requirement are faxed, electronic or phoned prescriptions.

If you have questions regarding tamper-resistant prescription requirements, please contact the pharmacy department by calling 1-855-852-7005 and following the prompts. Hours of operation are Monday through Friday, 7 a.m. to 7 p.m. Eastern time.