

Bulletin Number: MSA 08-03

Distribution: Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Hospice, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies

Issued: February 1, 2008

Subject: Tamper Resistant Prescription Pad Policy

Effective: April 1, 2008

Programs Affected: Medicaid

The purpose of this bulletin is to remind providers of the upcoming tamper resistant prescription pad requirement.

Effective April 1, 2008, the Michigan Department of Community Health (MDCH) is federally mandated to require all **written** drug prescriptions for Medicaid Fee-for-Service (FFS) beneficiaries be executed on a tamper resistant prescription pad. This policy includes drugs that have been carved out at point of sale for the Medicaid Health Plan (MHP) enrollees and are covered as a FFS benefit. Refer to MSA policy bulletins MSA 07-51 and MSA 07-56 for additional information on the tamper resistant policy.

As a reminder the following still apply:

Prescribers must use at least one of the following security features:

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

Effective October 1, 2008, prescribers will be required to use a tamper resistant prescription pad that contains all three security features listed above.

The following prescriptions are **exempt** from the tamper resistant policy:

- Prescriptions transmitted verbally or electronically by telephone, facsimile or modem to the pharmacy as allowed by federal and state laws.
- Prescriptions reimbursed by the MHPs directly.

Refer to policy bulletins MSA 07-51 and MSA 07-56 for a comprehensive list of exemptions.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration