



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

October 20, 2008

Dear Health Care Provider:

Louisiana Medicaid's Pharmacy Benefits Management (LMPBM) staff and Louisiana Medicaid's Drug Utilization Review (DUR) Board are charged with assuring that pharmacy services billed to Medicaid are appropriate and medically necessary. In compliance with federal and state regulations, the LMPBM continually reviews pharmacy claims to assure they are reimbursed in accordance with Medicaid's policies and procedures. In the upcoming months, Louisiana Medicaid's Pharmacy Benefits Program will update the following edits to help ensure appropriate billing for pharmacy services.

- Therapeutic duplication edits effective October 29, 2008 for several classes of drugs including:
  - **Antihypertensive Agents,**
  - **Proton Pump Inhibitors and**
  - **Sedative Hypnotic Agents**

Procedures in the pharmacy audit program have been established to verify the providers compliance associated with program policy.

**Other Policy Updates**

- The LMPBM Program no longer requires a history of insulin to be present in order for insulin syringes or needles claims to process.
- **Effective October 1, 2008, all written, non-electronic prescriptions for recipients must be tamper-resistant. Prescriptions must contain all three characteristics required by statute.**

Please see the enclosures for specific information.

If you have concerns or comments regarding this correspondence, you may contact the LMPBM Section at 225-342-9768. We appreciate your continued cooperation and support of our DUR efforts as well as new policies.

Sincerely,

Jerry Phillips  
Director

Enclosures

JP/mjt

### **Therapeutic Duplication**

To help ensure the safety and well being of Medicaid recipients and to avoid duplication of benefits, the classes of drugs listed below will be reviewed for therapeutic duplications. **Effective October 29, 2008**, any incoming claim for a drug in these therapeutic classes will deny when the recipient has an active prescription for another drug in the same therapeutic class on his file. As new agents within these specified therapeutic classes are marketed, they will be included in the screening process to prevent therapeutic duplications. The antihypertensive agents being reviewed include:

- Angiotensin Converting Enzyme Inhibitors (ACEIs)
- Angiotensin Receptor Antagonists (ARBs)
- Angiotensin Receptor Antagonist/ Calcium Channel Blocker Combinations
- Angiotensin Receptor Antagonist/Thiazide Diuretic Combinations
- Angiotensin Converting Enzyme Inhibitor/Calcium Channel Blocker combinations
- Angiotensin Converting Enzyme Inhibitor/Diuretic Combinations
- Beta-adrenergic Blocking Agents
- Beta-adrenergic Blocking Agent/Diuretic Combinations
- Calcium Channel Blocking Agents
- Calcium Channel Blocking Agent/Antihyperlipidemia Combinations

In addition, the therapeutic classes listed below will also be screened for therapeutic duplications.

- Proton Pump Inhibitors
- Sedative Hypnotic Agents

The pharmacist may override the denial **after consultation with the prescriber** in isolated instances when a change in medication therapy is requested by a prescriber before the course of the active prescription is exhausted. An active prescription is a prescription in which the days supply has not expired. Therefore, prescribers are asked to assist pharmacists in obtaining required documentation and notations.

### **Tamper Resistant Prescription Pads**

Effective **October 1, 2008**, in order to comply with the “TMA, Abstinence Education, and QI Program Extension Act of 2007” (H.R. 3668) and the “U.S. Troop Readiness, Veterans’ Health Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007” (H.R. 2206), **Louisiana Medicaid requires written, non-electronic prescriptions for recipients to be tamper-resistant.**

Since **April 1, 2008**, Medicaid has allowed prescriptions to be compliant with only **one** of the features below. For **dates of service on or after October 1, 2008**, to be considered tamper-resistant, a prescription which is handwritten, printed from an EMR (electronic medical record) or an ePrescribing application must contain **all three** characteristics listed below. Exceeding these guidelines is permissible.

- **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; and**
- **One or more industry-recognized features designed to prevent the use of counterfeit prescription forms**

This provision **applies** to all **written (non-electronic) prescriptions**:

- For outpatient drugs including over-the-counter drugs paid by the Medicaid Pharmacy Program
- Regardless of whether Medicaid is the primary or secondary payer

The tamper-resistant requirement **does not apply** to prescriptions which are:

- Communicated by the prescriber to the pharmacy electronically, verbally or by facsimile;
- Refills of written prescriptions presented at the pharmacy prior to October 1, 2008.

If a prescription does not meet the requirements for tamper-resistance, pharmacies may obtain verbal confirmation and document appropriately. The pharmacy does not need to speak with the prescriber directly. They may receive confirmation from a nurse or administrative staff person who has authority to act on behalf of the prescriber. **Emergency fills** with non-compliant written prescriptions are permissible as long as the prescriber provides a verbal, faxed, electronic or compliant written prescription within 72 hours after the date on which the prescription was filled. If an emergency fill is confirmed with a verbal order, the pharmacist must document the call on the face of the written prescription.

When a recipient has **retroactive eligibility**, pharmacies are not required to obtain compliant prescriptions for the period of retroactive eligibility. However, the pharmacy must obtain a tamper-resistant prescription for any refills after the date of eligibility.

Prior guidance for **prescriptions generated from an EMR or an ePrescribing application** stated that tamper-resistant paper would be necessary for the prescriptions to be compliant with the October 1, 2008 deadline. CMS has clarified this statement. Although special paper may be utilized, prescriptions generated by these applications may be printed on plain paper and be fully compliant with all three categories of the tamper-resistant regulations presuming they contain at least one feature from each of the three categories. The first category which is to prevent unauthorized copying of a completed or blank prescription form may be met by these systems by utilizing microprinting or a “void” pantograph accompanied by a reverse “Rx”. For descriptions of these best practices, refer to the table below.

The National Council for Prescription Drug Programs (NCPDP) formed a focus group to identify **best practices** and made recommendations regarding tamper-resistant prescriptions. Recently the group has strongly suggested the following best practices to meet the tamper-resistant requirements.

**Best Practices for Tamper Resistant Printed Prescriptions**

<b>Category 1 – Copy Resistance:</b> One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.	
<b>Feature</b>	<b>Description</b>
“Void,” “Illegal” or “Copy” pantograph with or without Reverse “Rx”	The word “Void,” “Illegal” or “Copy” appears when the prescription is photocopied. The pantograph should be configured so as not to obscure the security feature description contained on the prescription, the patient and prescriber demographics, or the medication and directions.  The Reverse Rx disappears when copied at a light setting – thus making the pantograph more effective in copy resistance. The pantograph may be used with a reverse Rx, but Reverse Rx is not effective as a feature by itself.
Microprinting signature line for prescriptions generated by an EMR if they cannot produce “Void,” “Illegal” or “Copy” pantograph with or without Reverse Rx	Very small font which is legible (readable) when viewed at 5x magnification or greater, and illegible when copied.

<b>Category 2 – Erasure / Modification Resistance:</b> One or more industry-recognized features designed to prevent the erasure of modification of information written / printed on the prescription by the prescriber.	
<b>Feature</b>	<b>Description</b>
An erasure revealing background (resists erasures and alterations) for written prescriptions or printed on “toner-lock” paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions.	Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form.  Toner-lock paper is special printer paper that establishes a strong bond between laser-printed text and paper, making erasure obvious. Note – this is NOT necessary for inkjet printers – as the ink from inkjet printers is absorbed into normal “bond” paper.
Quantity check off boxes, refill indicator (circle number of refill or “NR”), or border characteristics (dispense and refill number bordered by asterisks and optionally spelled out) for prescriptions generated by an EMR	In addition to the written quantity on the prescription, quantities are indicated in ranges. The refill indicator indicates the number of refills on the prescription. Refill number must be used to be a valid prescription.  Quantities and refill # are surrounded by special characters such as an asterisk to prevent modification, e.g. QTY **50**
<b>Category 3 – Counterfeit Resistance:</b> One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.	
<b>Feature</b>	<b>Description</b>
Security features and descriptions listed on prescriptions	Complete list of the security features on the prescription paper aids pharmacists in identification of features and determine compliance

In addition to the best practices listed above, a list of other tamper-resistant features recognized by the work group is on the Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com).

Louisiana Medicaid recommends that a listing of the security features of the prescription be printed to meet the third requirement. This will assist the pharmacist in identifying that the prescription is tamper-resistant.

The Medicaid Pharmacy Section has received numerous inquiries regarding this new requirement. Prescribers have contacted local printers who are able to meet the tamper-resistant prescription pad criteria. Additionally, prescribers may consult the National Association of State Medicaid Directors (NASMD) website at [www.nasmd.org](http://www.nasmd.org) for vendors of compliant prescription pads.

It is the responsibility of the prescriber to obtain and purchase tamper-resistant prescription pads.

Examples of tamper-resistant prescriptions and other guidance are posted at [www.lamedicaid.com](http://www.lamedicaid.com) as well as the Centers of Medicare and Medicaid Services website at [www.cms.hhs.gov](http://www.cms.hhs.gov).

Any questions regarding this policy should be directed to Louisiana Medicaid Pharmacy Program 1-800-437-9101 or 225-342-9768.

Your cooperation and adherence to this policy will ensure Louisiana’s Medicaid recipients receive their needed medication. It is greatly appreciated.