

Pharmacy Check List

Tamper-Resistant Prescription Pad/Paper

THE EXAMPLES BELOW ARE NOT ALL-INCLUSIVE. THIS LIST IS MEANT TO PROVIDE EXAMPLES FOR EACH OF THE THREE REQUIREMENTS.

Unauthorized copying

- Check the back of the RX for a statement like 'Security Prescription.'
- Look for ink that changes color when rubbed by a coin.
- Very small font printing perhaps acting as a signature line. (*may be difficult to read*)
- Hold the prescription to a light source; look for a watermark on the front or back.
- If no watermark can be seen, make a photocopy of the prescription. The copy will illustrate the word "VOID," "ILLEGAL," or similar words to indicate that the original was on tamper-resistant paper.

Prevention of erasure or modification

- Evaluate the prescription for uniform non-white solid color or a pattern printed onto the paper. If someone tries to erase or copy, the background color will look altered and show the color of the underlying paper.
- Quantity check off boxes-the blank should have a double check for the quantity ordered. This could mean the quantity is specified as numeric (e.g., 10) and has a quantity range check-off box. Normal ranges are 1-24, 25-49, 50-74, 75-100, 101-150, 151 and over.
- Quantities can have both alpha and numeric representation (such as 10 and "ten").
- Each blank should have the number of medications prescribed. This prevents the addition of medications after the initial prescription is written. Look for a statement of 'RX is void if more than ____RXs on paper.'
- Paper is chemically reactive and will leave a visible mark if exposed to chemical solvents/acids.
- Check refill numbers on RX. Refill number must be used to be a valid RX.

Prevent counterfeit prescription forms

- List of security features on the RX for compliance and to help pharmacist with identification.
- Thermo-chromic ink (sensitive to heat and changes color) will demonstrate an authentic prescription. The specified area will change colors when tightly held between two fingers or rubbed quickly. These areas normally are colored and change to white.
- Holograms that interfere with photocopying or scanning.
- RX has a design or imprint; touch the imprint or design and design disappears.
- Check the back of the prescription for a pattern break that may indicate it has been cut and taped.

If a prescription is not on tamper-resistant paper, the pharmacy personnel should:

1. Call the practice and verify the beneficiary, both name and age.
2. Verify the drug (including strength), the quantity, and refills. If more than one medication is specified, verify that all the medications were ordered.
3. Document the date, time, and person who verified the prescription. Notations can be made on the hard copy of the prescription or electronically.
4. If the prescription cannot be confirmed at the time the medication is needed, dispense a 72-hour supply. If the medication is in a non-divisible package (e.g., antibiotic suspension, ophthalmic or optic drops) or any specialized packaging, dispense the entire quantity. If the prescription is a schedule II, document the reason the prescription was believed to be unaltered on the prescription and dispense the full quantity.

Exemptions:

- E-prescriptions, faxed or telephoned prescriptions to the pharmacy;
- Transfer of a prescription between two pharmacies, provided that the receiving pharmacy is able to confirm by facsimile or phone call the authenticity of the tamper-resistant prescription with the original pharmacy;
- Written orders prepared in an institutional setting (which include Intermediate Care Facilities and Nursing Facilities), provided that the beneficiary never has the opportunity to handle the written order and the order is given by licensed staff directly to the dispensing pharmacy;
- Written prescriptions dispensed to MS Medicaid beneficiaries who become retroactively eligible after April 1, 2008, provided the prescription was filled on or after April 1, 2008, and before the beneficiary became retroactively eligible for MS Medicaid;
- Refills of written prescriptions presented at a pharmacy before April 1, 2008;