

Tamper-Resistant Prescription Form Requirements for Medicaid and Medi-Cal
Prescriptions Effective October 1, 2007

Effective October 1, 2007, all written, non-electronic prescriptions for Medicaid and Medi-Cal outpatient prescriptions must be on a tamper-resistant prescription form in order to be reimbursable.

According to CMS guidelines, tamper-resistant prescription forms must have one or more features that meet the following three fraud prevention characteristics by October 1, 2007, and must contain features that meet all three required fraud prevention characteristics by October 1, 2008.

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

The California controlled substance security prescription form must be used for all written “controlled substance” prescriptions, as currently required by Health and Safety Code section 11162.1. This requirement includes those controlled substance prescriptions written for Medicaid and Medi-Cal outpatients. The California controlled substance security prescription forms, purchased from a Department of Justice-approved security prescription vendor, meet and exceed the CMS requirement

The board encourages prescribers to use the California controlled substance security prescription form for all prescriptions to minimize fraud and ensure prescriptions are written on the proper form regardless of the drug or provider. An added benefit of using the California controlled substance prescription form is that prescribers carry only one prescription pad rather than three different pads.

Prescribers can purchase separate tamper-resistant prescription pads for use when writing “non-controlled” medications for Medicaid and Medi-Cal outpatient prescriptions as long as the form satisfies the minimum CMS requirements. The matrix on page three provides some of the more commonly used industry-recognized tamper-resistant features that satisfy each of the three fraud prevention characteristics.

HB Fast Print is approved by the Department of Justice and State Board of Pharmacy as a Security Printer, and our forms exceed not only the April, 1st 2008 deadline, but the October, 1st 2008 deadline as well.

MEDICAID & MEDI-CAL TAMPER RESISTANT PRESCRIPTION FORMS

MEDICAID/MEDI-CAL APPROVED SECURE RX PADS CONTAIN ALL OF THE REQUIRED SECURITY FEATURES, INCLUDING:

- Script Size: 5-1/2" x 4-1/4" • 1 Part and 2 Part Forms Available • Hidden "VOID" Message Technology
- Distinctive BLUE Colored Background • Blue Background Erasure Protection • Chemical Reactive Security Paper
 - Secure Rub™ Color Change Ink • Hidden Fibers
- Secure Control Batch Number • Security Watermark • Security Feature Warning Band

SINGLE PAGE Rx FORMS

<u>#Rx Forms</u>	<u>Singles</u>	<u># Pads</u>
<input type="checkbox"/> 100	\$49.00	1
<input type="checkbox"/> 200	\$59.00	2
<input type="checkbox"/> 400	\$69.00	4
<input type="checkbox"/> 1,000	\$89.00	10
<input type="checkbox"/> 2,000	\$119.00	20
<input type="checkbox"/> 3,000	\$159.00	30
<input type="checkbox"/> 4,000	\$199.00	40
<input type="checkbox"/> 5,000	\$239.00	50

* Padded in sets of 100 forms.

CARBONLESS DUPLICATE Rx FORMS

<u>#Rx Forms</u>	<u>Duplicates</u>	<u>Optional - Add for wrap-around pads of 50 forms</u>
<input type="checkbox"/> 100	\$79.00	<input type="checkbox"/> \$5.00 - 2 pads
<input type="checkbox"/> 200	\$89.00	<input type="checkbox"/> \$5.00 - 4 pads
<input type="checkbox"/> 400	\$99.00	<input type="checkbox"/> \$10.00 - 8 pads
<input type="checkbox"/> 1,000	\$139.00	<input type="checkbox"/> \$20.00 - 20 pads
<input type="checkbox"/> 2,000	\$199.00	<input type="checkbox"/> \$40.00 - 40 pads
<input type="checkbox"/> 3,000	\$259.00	<input type="checkbox"/> \$60.00 - 60 pads
<input type="checkbox"/> 4,000	\$319.00	<input type="checkbox"/> \$80.00 - 80 pads
<input type="checkbox"/> 5,000	\$379.00	<input type="checkbox"/> \$90.00 - 100 pads

Prices quoted do not include sales tax or delivery and are subject to change



www.hbfastprint.com

17610 Beach Blvd., Suite 24 • Huntington Beach, CA 92647 • Ph: (714) 848-0015 • (877) 900-HBFP (4237) • Fax: (714) 375-6596

Email: print@hbfastprint.com



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Medicaid/Medi-Cal Prescription Pad Fax Order Form

Please print a copy of this Prescription Pad Order Form.

After completing all of the information, send your order by FAX to (714) 375-6596

You may also send your order by mail to:

HB Fast Print, Inc. – 17610 Beach Blvd., Suite 24 • Huntington Beach, CA 92647

Person Entering Order _____

Order Date: _____

Practice Name: _____

Physician Name: _____

Street Address (No P.O. Boxes Please): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone (include Area Code): _____

Evening Phone (include Area Code): _____

We will send you a proof on all first time orders. Please indicate if you would like to have your proof sent by email or fax. For reorders please fax a copy of the RX along with the credit card form:

E-mail: _____ **Fax Number:** _____

SHIPPING INFORMATION:

“SHIP TO ADDRESS” (if different than above) “I WILL PICK UP WHEN COMPLETE”

Practice Name: _____

Physician Name: _____

Street Address (No P.O. Boxes Please): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

IMPRINTING INFORMATION for upper portion of Prescriptions

Please fill in the information that needs to be imprinted on the top of each sheet. Un-imprinted forms are not available. Note: We can imprint a combined total of up to nine prescribers **and/or** addresses. We will typeset your information on our standard layout for no charge. If you would like your current RX reproduced or a custom layout please fax a copy with your order. A nominal first time typesetting fee will apply.

• Name: _____

Facility Name (if applicable) _____

DEA# _____ State Lic.# _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

• Name: _____

Facility Name (if applicable) _____

DEA# _____ State Lic.# _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

• Name: _____

Facility Name (if applicable) _____

DEA# _____ State Lic.# _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

• Name: _____

Facility Name (if applicable) _____

DEA# _____ State Lic.# _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

• Name: _____

Facility Name (if applicable) _____

DEA# _____ State Lic.# _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

• Name: _____

Facility Name (if applicable) _____

DEA# _____ State Lic.# _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

Mark Box if Applicable All doctors on same RX Separate RX for each doctor

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Credit Card Payment Information
We accept Visa, Mastercard, Discover, and American Express



Credit Card Type:

Visa, Mastercard, Discover, American Express

Credit Card Number: _____

Exp. Date (MM/YY): _____ Security Code: _____

Name: _____
(as it appears on the card)

Credit Card Billing Address: _____

City, State: _____

Zip Code: _____

For California Orders:

***Please list your Sales Tax Rate _____%**

**All other states: We do not charge Sales Tax on orders
shipped outside California.**