



DUR Capsules

News and Information for West Virginia Providers from the West Virginia Bureau for Medical Services (WVBMS)

Tamper-Resistant Prescription Pad Requirements Effective April 1, 2008

A similar notice was posted to the West Virginia Department of Health and Human Resources at the following link on February 22, 2008. <http://www.wvdhhr.org/bms/sPharmacy/tamperxletter22008.pdf>

Since the requirements went into effect April 1, 2008, a hard copy is being forwarded to all Medicaid providers as a reminder.

In 2007, Congress enacted Section 2002(b) of PL. 110-28 of the Iraq War Supplemental Appropriations Bill. This provision requires all **written** Medicaid prescriptions to be on "tamper-resistant" pads/paper in order to be eligible for federal reimbursement to Medicaid. This new requirement does not apply to telephoned, faxed, or electronic prescriptions.

While this is a federal law, there is not a single national regulation. Each State Medicaid Agency must implement its own requirements regarding what tamper-resistant features will be required in that state, following general guidelines released by the Centers for Medicare and Medicaid Services (CMS). The guidance from CMS included three (3) general characteristic categories as listed on page 2. The West Virginia Bureau for Medical Services (BMS) has reviewed the recommendations

of industry, of states that currently use tamper-resistant prescription pads/paper, and of CMS. In order to eliminate confusion and to more narrowly define BMS requirements, BMS with the assistance of local physicians, pharmacists, and professional association representatives, chose security features that were most economical and reasonable to implement within the short time frame available to comply with the Federal Law.

Effective April 1, 2008, BMS began requiring that all prescription pads/paper to be used for written prescriptions for Medicaid members have **AT LEAST ONE** of the recognized characteristics listed on the following page.

By October 1, 2008, prescription pads/paper will be required to have **ALL** the features listed on the following page. Additional features are optional and can be added if desired.

Providers who write prescriptions for Medicaid members should contact their printer to secure an appropriate supply of prescription pads or paper and should have begun using this paper. It may be more economical for providers to order pads/paper that meet the October 1, 2008 BMS requirements.

(NPI) numbers will be required in the near future, it is suggested that a space for or a preprinted NPI be part of the design for any prescription forms ordered. Please see page 3 for more information about NPI numbers.

If you or your printer/vendor requires additional information, please refer to the BMS website, www.wvdhhr.org/bms. BMS will not be directing providers to specific vendors. However, the following websites from other states whose requirements exceed the CMS' guidelines may be helpful in selecting a vendor.

California: www.ag.ca.gov/bne/security_printer_list.php

Florida: www.floridamedicaid.consultec-inc.com/XJContent/RX_07_071003_Prescription_Pad_List_ver1.2.xls?id=000005500053

Maine: www.mainecarepd.org/index.pl/home/tamper-resistant-prescription-pads

Required Features of Tamper Resistant Prescription Pads or Paper

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.

Feature	Description
"Void" pantograph	The word "Void" appears when document is photocopied. Pharmacy will need to record on document if received via fax.

2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.

Feature	Description
Uniform non-white background color – preferably green	Background is one color (preferably green), inhibits a forger from physically erasing written or printed information on a prescription form. If someone tries to erase copy – the consistent background color will look altered.
Quantity check off boxes, or border characteristics for computer generated printed prescriptions	In addition to the written quantity on the prescription, quantities are indicated in ranges of 25s (or some other, similar range). Box MUST be checked for this feature to be valid. An example of a valid border characteristic is the use of asterisks to surround the numeric quantity prescribed on a computer generated printed prescription. (Example: ***50***)
Refill indicator, or border characteristic for computer generated printed prescriptions	Refill indicator (circle or check number of refills or "NR"). Refill indicator must be used to be a valid feature. An example of a valid border characteristic is the use of asterisks to surround the number of refills permitted. (Example : ****5 refills****)

3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Feature	Description
Security features and descriptions listed on the front of the prescription	Listing of the security features of the prescription for compliance purposes. This will assist the pharmacist and auditors on what security features are included on the pads/paper.

Retrospective Drug Utilization Review

Since the fall of 2007, all Retrospective Drug Utilization Review (RDUR) services for the West Virginia Medicaid Pharmacy Program have been provided by Health Information Designs (HID). As West Virginia's RDUR provider, HID is responsible for identifying Medicaid patients who may be at risk for adverse outcomes due to potential drug therapy problems, such as drug-drug interactions, overutilization, drug-disease interactions, non-adherence and therapeutic duplication.

HID views the RDUR process and any resulting interventions as educational opportunities. Educational intervention letters are being sent to providers that are non-confrontational and designed to help providers understand that evidence-based prescribing decisions provide the most effective means for improving patient outcomes and controlling costs. If you receive one of these intervention letters, please fax or mail back the response form at your convenience. Feedback from the intervention letters helps to improve the RDUR program.

HID also is responsible for identifying patients who may be receiving excessive quantities of controlled substances. Patients can be identified who utilize multiple pharmacies, multiple prescribers, or both, and whose profiles show patterns of abuse and/or gross overuse of controlled drugs. Both providers and patients are sent intervention letters. If excessive utilization of controlled drugs is not reduced, patients may be recommended to the Medicaid Program to be restricted to a single pharmacy.

Mandatory Use of National Provider Identifier (NPI) Number

Effective May 23, 2008, the Centers for Medicare and Medicaid Services (CMS) requires all prescriptions to contain the National Provider Identifier (NPI) number of the prescriber. All Medicare and Medicaid providers, including prescribers and pharmacies, will be required to have an NPI number. If you do not already have an NPI number please visit the following website for more information <http://www.cms.hhs.gov/NationalProvIdentStand/>.

Therefore, as of May 23, 2008, the Bureau for Medical Services (BMS) will require the use of the NPI number for the prescribing practitioner of all West Virginia Medicaid prescriptions to be reported on the electronic pharmacy claims submitted. BMS will continue to accept the prescriber's DEA number on paper (batch) claims.

National Council for Prescription Drug Programs (NCPDP) Claim Submission Requirements

Prescriber NPI will be required for use on all NCPDP Version 5.1 (V5.1) Claim (B1) transactions. The following table identifies the NPI required NCPDP V 5.1 fields and descriptions.

NCPDP V5.1 Field	NCPDP V5.1 Field Name	NCPDP V5.1 Transaction Instructions
411-DB	Prescriber ID Field	Enter the Prescriber's NPI
466-EZ	Prescriber ID Qualifier	01-NPI

Unisys has provided a custom edit to warn pharmacies that the NPI is required for the prescribing provider. This edit number is 7238, Invalid Prescriber – NPI required after May 22, 2008. The edit will warn until the deadline and then be set to deny on May 23, 2008. An additional edit is 7237, Invalid Prescriber – Pharmacy NPI Used. Pharmacies should access the prescriber's NPI and not use their pharmacies' NPI numbers. The erroneous reporting of the prescriber's NPI affects federally mandated drug utilization review and editing of certain claims.

The NPI Registry allows a user to query by NPI or provider name and return a list of all National Plan and Provider Enumeration System (NPPES) records that match the query qualifications. The NPPES website is <https://nppes.cms.hhs.gov>. BMS encourages providers to utilize this source of information for assistance in obtaining the NPI for a prescribing provider for reporting on the claim.

Questions regarding this should be directed to Unisys Pharmacy Provider Helpdesk at 888-483-0801.

350 Capital Street, Room 251
Charleston, West Virginia 25301-3709



Responsible Use of Prospective DUR Intervention Codes

As the community pharmacist is well aware, the West Virginia Medicaid Pharmacy Program performs a prospective drug utilization review (ProDUR) on pharmacy claims. ProDUR alerts are designed to prevent and reduce adverse drug effects. They do so by identifying conflicts in drug therapy, including therapeutic duplication, drug-drug interactions, and use of high doses. Claims can be overridden when the prescriber has been consulted, the pharmacist has reviewed the patient drug profile, or the pharmacist counsels the patient.

The West Virginia Medicaid Pharmacy Program relies on the pharmacist to use his or her best clinical judgment in determining when the prescriber should be consulted. Only use the intervention code MO (MD interface) when the prescriber is consulted. Please do not

use the MO code if the patient was counseled without contacting the prescriber or the pharmacist performed a drug history review. In cases where the pharmacist performed a review, the RO (Pharmacists Review) code should be used. If the patient was consulted, the PO (Patient Interface) code should be used.

The Program counts on the pharmacist to use the intervention codes responsibly and to monitor their use by the pharmacy technical staff.

Preferred Drug List

The Pharmaceutical and Therapeutics Committee met on February 8, 2008 to review and update the West Virginia Medicaid Preferred Drug List. Thirty-two (32) classes were reviewed and the changes made were implemented on April 1, 2008.

On Wednesday, February 12, 2008, the Drug Utilization Review Board reviewed prior authorization criteria for non-preferred drugs in therapeutic categories included on the Preferred Drug List. The criteria changes were also implemented on April 1, 2008.

The updated Preferred Drug List, including prior authorization criteria for non-preferred drugs, can be found on the Bureau for Medical Services website at: http://www.wvdhhr.org/bms/sPharmacy/PDL/bms_PDList_Page.asp

Prior authorization criteria for drugs not included on the PDL can also be found on the BMS website at: http://www.wvdhhr.org/bms/sPharmacy/drugs/bms_drugs_main.asp

If you need further information about the Pharmacy Services Program, please call 304-558-1700.

The DUR Capsules is a quarterly newsletter published for West Virginia Medicaid Providers. Information concerning West Virginia Medicaid can be accessed online at www.wvdhhr.org/bms



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