Dispensing Pharmacy/Location Requirements

Services for which claims are submitted must be personally rendered by a pharmacist in the legal employ of the pharmacy provider or under the personal direction of a pharmacist employed by the pharmacy provider. Legal employ includes pharmacists who are owners.

Further, the provider cannot dispense prescriptions in off-site locations. An off-site location is one that is different from the provider's actual address (physical location of the pharmacy).

Prescribing Providers

DOM recognizes a provider as a prescribing provider when he/she is duly licensed and is acting within the scope of practice of his/her profession according to State law. Types of practitioners may include but are not limited to physicians, nurse practitioners, physician assistants, and dentists.

Tamper Resistant Prescription Pad/Paper

Refer to Provider Policy Manual Section 31.27 for Tamper Resistant Prescription Pad/Paper policy.

Telephone and/or Faxed Prescriptions

The prescription shall be in writing from a provider licensed under State law; however, a telephoned or faxed prescription from the prescriber may be accepted when it is not in conflict with Federal and State laws and regulations. Telephone prescriptions are allowed for the convenience of the prescriber. Telephone prescriptions are to be transcribed to a written document including all pertinent information and also, including the name or initials of the pharmacist taking the oral order and the name of the individual giving the order. It is the provider's responsibility to ensure the integrity of the prescription.

Transfer of Prescriptions

DOM allows the transfer of a prescription from one pharmacy to another pursuant to State and Federal regulations.

Prescriptions for Newborns

Physicians who write a prescription for a newborn must clearly indicate "NEWBORN" on the prescription. This will assure the pharmacist that he/she can file a claim. Pharmacists must use the baby's name, baby's date of birth, the mother's ID number, and the infant exception code (K) when filing a claim for these prescriptions.

Prescription Documentation Requirements

All written prescriptions must contain (but are not limited to) the following components and information:

- Patient name and address
- Date of prescription
- Name of prescribed drug and quantity to be dispensed (no more than a 31-day supply).
- Specific directions for its use (specific directions are needed in order that the pharmacist may dispense medication within the framework of rules and regulations of DOM regarding prescribed drugs)
- Prescriber signature
- Authorized refills

- Name and address of the prescriber (with DEA number when required)
- Date filled and serial number of prescription
- Drug name

Prescription Limitations

All Medicaid beneficiaries are limited to five (5) prescriptions per month with no more than two (2) being brand name drugs, including refills, with the exception of long-term care residents.

Children under the age of twenty-one (21) may receive more than the prescription limit as allowed through expanded EPSDT when medically necessary and the physician receives prior authorization from the Division of Medicaid's Pharmacy Benefits Manager.

Maximum Dispensing Amounts (Units)

A pharmacy may not bill for a quantity that exceeds a 31-day supply. DOM will allow a prescription to be billed the maximum dose calculation as determined by the Food and Drug Administration and the manufacturer's recommended maximum total daily dose and supplied to First DataBank. If a beneficiary requires more than this amount, the prescriber must request an exception override of this requirement by seeking approval from DOM's Pharmacy Benefits Manager. Supporting documentation must be in the beneficiary's medical record to substantiate a request for total maximum daily dose in excess of recommended maximum dose. Approval will not be granted for non-FDA approved indications.

The following exceptions are allowed:

- Contraceptives issued by the MS State Department of Health (MSDH) may be dispensed in a one year supply.
- Six vials (60ml) of insulin may be dispensed at one time.
- Those products with cumulative maximum daily and/or monthly units as recommended by the Food and Drug Administration and the manufacturer and supplied to First DataBank and/or as recommended by the Drug Utilization Board and approved by DOM.
- Those products limited by authority of the Division of Medicaid with the potential for misuse abuse, or diversion for the public safety, well-being and/or health.
- A limited listing of generic maintenance medications which may be dispensed in no more than ninety (90) day increments.

Refer to the Pharmacy Services page on the DOM website at www.dom.state.ms.us for a listing of these medications.

72-Hour Emergency Supply

According to Title XIX of the Social Security Act for Mississippi, in emergency situations, DOM will allow payment for a 72-hour supply of drugs that are to be prior authorized.

Emergency supplies should be reserved for situations in which the pharmacist may dispense a one time only 72-hour supply without prior authorization (PA), if the beneficiary's monthly prescription benefit limit has not been met. A 72-hour emergency supply may be provided to beneficiaries who are awaiting the acknowledgment of PA. The pharmacy will be reimbursed for this product even if the prescription is changed to an alternative medication or the PA is denied.

If the drug is approved for PA, the emergency supply should be submitted as part of the original fill. The dispensing fee and beneficiary co-pay may not be collected until the remainder of the drug is dispensed.

Claims for a 72-hour supply when the PA is not approved should be billed by hard copy claim to:

~~Division of Medicaid~~ ~~Attn: Pharmacy Bureau~~ ~~239 N. Lamar Street, Suite 801~~ ~~Jackson, MS 39201-1399~~	Division of Medicaid Attn: Pharmacy Bureau Walter Sillers Building 550 High Street, Suite 1000 Jackson, MS 39201

Dispensing NDC Requirements

Prescription drugs that are available as over-the-counter (OTC) products must not be billed with the National Drug Code (NDC) for the legend product.

All non-electronic prescriptions must be written on tamper-resistant pads/paper in order to be eligible for reimbursement by Medicaid. The tamper-resistant prescription pads/paper requirement applies to all outpatient drugs, including over-the-counter drugs. Tamper–resistant prescription pads/paper are more difficult to erase, alter, or fraudulently reproduce. This type of hard copy prescription pad/paper includes features that resist duplication and changes. The intent of this policy is to reduce forged, unauthorized and altered prescriptions and to deter drug abuse.

This mandate applies whether DOM is the primary or secondary payer of the prescription being filled. This new provision impacts all DOM prescribers: physicians, dentists, optometrists, nurse practitioners and other providers who prescribe outpatient drugs.

A prescription must contain at least **one** of the three characteristics outlined below in order to be considered "tamper-resistant."

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form. Examples may include but are not limited to:
   - "Void" or "Illegal" pantograph
   - Watermarking (forderiner)

Or

2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber. Examples may include but are not limited to:
   - Quantity Border / Refill Border and Fill (Computer generated prescriptions on paper only)
   - Uniform non-white background color

Or

3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms. Examples may include but are not limited to:
   - Holograms that interfere with photocopying
   - Security features and descriptions listed on prescriptions

For additional information regarding industry-recognized features refer to the DOM website at www.dom.state.ms.us under Pharmacy Services.

Note that computer generated prescriptions are not exempt from the CMS mandate.

Pharmacies presented with a prescription written on a non-tamper resistant prescription pad/paper may satisfy the federal requirement by calling the provider's office and verbally confirming the prescription with the physician or prescriber. The pharmacy should document through notations on the hard copy of the prescription, or electronically, that such communication and confirmation has taken place. Documentation should include the following:

- Date
- Time
- Person who verified the prescription
- Beneficiary name
- Beneficiary age
- Drug information (name, strength, quantity, number of refills) and
- Verification that all medications were ordered if more than one medication is specified

Emergency fills with a non-compliant written prescription are allowed as long as the prescriber provides a verbal, faxed, electronic or compliant written prescription within 72 hours.

Exemptions

Exemptions to this mandate include:

- prescriptions presented by other modes of transmission, e.g., facsimile, electronic or e-prescribed, and telephone;
- refills for which the original prescription was filled prior to April 1, 2008;
- written orders prepared in an institutional setting, including 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;
- transfer of a prescription between two pharmacies, provided that the receiving pharmacy is able to confirm by facsimile or telephone call the authenticity of the tamper-resistant prescription with the original pharmacy;

A prescription order written on a tamper resistant prescription pad/paper does not automatically make the prescription compliant or valid. The pharmacist must ensure the validity of any prescription received and comply with federal and state statutes, laws and regulations when dispensing. Prescribing providers are required to comply with federal and state statutes and laws.

A uniform layout, format, or style is not required. Prescribing providers who prescribe for Medicaid beneficiaries are responsible for ordering the pads. Prescribers may choose to customize the layout and use the pads for non-Medicaid beneficiaries.

Refer to Provider Policy Manual Section 31.27 for Tamper Resistant Prescription Pad policy.