



# Ohio Department of Mental Health

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30 East Broad Street  
Columbus, Ohio 43215-3430

DATE:            NUMBER:            ORIGINATOR & TITLE:  
Sept. 5, 2007    C-09-08-04        Angie Bergefurd, Chief

OFFICE:  
Office of Medicaid

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 Procedure      Other (specify):

TITLE OF CORRESPONDENCE: Changes to Ohio Medicaid Pharmacy Program/Tamper Resistant Prescription Pads

CONTENT: Attached is Ohio Department of Job & Family Services (ODJFS) Medical Assistance Letter (MAL) No. 535. This MAL communicates changes to the Ohio Medicaid Pharmacy Program that will be effective October 1, 2007. In particular, this MAL includes information related to the federal requirement for the use of tamper-resistant prescription blanks. Also attached for your reference is the federal Centers for Medicare and Medicaid Services (CMS) guidance dated August 17, 2007 which provides clarity of this provision. Please be aware of the applicability and exclusions to this requirement which are contained on page 3 and 4 of the MAL. Please note that this requirement does not apply to prescriptions for which payment will be made by a Medicaid managed care entity (i.e., this requirement applies only to prescriptions written for patients who receive a monthly paper Ohio Medicaid card, not prescriptions written for patients enrolled in a Medicaid managed health care organization.) Therefore, it is important that prescribers are aware when a consumer is eligible for Medicaid, but not enrolled in a Medicaid managed care plan.

ODJFS has indicated that it will not be providing the tamper-resistant prescription pads; however, there are numerous vendors who supply materials that meet the new federal requirements. Many of these vendors have websites. In addition, community mental health centers may want to check with current vendors who are supplying prescription pads on the availability of pads which meet these federal requirements.

Additional sites that provide guidance on this requirement:

APHA Issue Brief:

<http://www.aphanet.org/AM/Template.cfm?Section=Home&CONTENTID=8391&TEMPLATE=/CM/ContentDisplay.cfm>

OSMA Site:

<http://osma.org/i4a/pages/headlinedetails.cfm?id=553&archive=1>

**REQUIRED ACTION:** Please share this information with all those in your community mental health center who have prescribing authority as well as any pharmacy staff that you may have.

**DATES FOR REQUIRED ACTION:** October 1, 2007.

**NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S):** Questions related to the contents of this memo may be referred to Angie Bergefurd, Chief, Office of Medicaid, Ohio Department of Mental Health at 614-387-2799 or [bergefurda@mh.state.oh.us](mailto:bergefurda@mh.state.oh.us).

Questions pertaining to ODJFS MAL No. 535 should be referred to the Office of Ohio Health Plans at the address and phone numbers listed on the last page of the MAL.