bottom of

blank

The Office of Inspector General would like to remind all pharmacists and practitioners of **902 KAR 55:105 Controlled substance prescriptions blanks**.

With the advancement of computer generated prescription blanks and new CMS tamper- resistant requirements, our office has received several calls about the compliance of certain controlled security blanks recently. As a reminder, all practitioners in Kentucky are mandated by law to utilize a security prescription blank when prescribing a controlled substance while practicing within the Commonwealth.

Please use the diagram below to assist in determining if your **controlled substance prescription blanks** meet all of the requirements established in 902 KAR 55:105. Please note this is for **controlled substance prescription blanks ONLY**.

Federal law requires prescriber name, address, telephone

## number & DEA Registration Number 3/4 inch opaque "Rx" symbol Dr. John Doe, M.D. that is 1/8 inch Rx is 4 1/4 Optional 123 Practice Avenue Lexington, Kentucky 00000-0000 logo from top, & inches high (000) 000-0000 here Lic. # 00000000 DEA #000000000 $\frac{5}{16}$ inch from and 5 $\frac{1}{2}$ inches wide side that disappears if prescription is Name lightened 1-24 A latent, repetitive "VOID" pattern at 5% 25-49 6 quantity in pantone green printed across the Refill 50-74 script. If copied, "VOID" appears in check-off options on 75-100 pattern across entire script. boxes left Side in 101-150 (location not this order ☐ 151 and over specific) Refill NR 1 2 3 4 5 Prescription is void if more than one (1) prescription is written per blank This statement must be at

Additional guidance regarding controlled substance prescriptions:

❖ A controlled substance prescription may **NOT** be pre-printed or written, typed or rubber stamped with the name of the controlled substance until issued to patient.

Printed watermark on back of prescription blank: "Kentucky Security

Prescription" only seen at 45° angle. Watermark appears horizontally

❖ All prescriptions shall be dated and signed by the practitioner **on the date issued.**If the prescription is sent via fax:

in 5 step-and repeat lines in a 12 pt. Helvetica Bold type.

- Prior to transmission, the practitioner or practitioner's agent shall write or stamp "FAXED" on the face of the original prescription along with the date and the person's initials.
- ❖ The original prescription shall be filed in the patient's record.