

MATRIX OF PRESCRIPTION TYPES AND REQUIRED PRESCRIPTION FORMS FOR MEDICAID/MEDI-CAL

| Type of Prescription | Required Rx Form | | |
|---|--|--|--------------------------|
| | CA Controlled Substance Security Prescription Form | Medicaid/Medi-Cal Minimum Standards Tamper Resistant Prescription Form | No Special Form Required |
| Controlled Substances | | | |
| Schedule II Prescriptions (must be written) | X | | |
| Schedules III - V <u>Written</u> Prescriptions | X | | |
| Schedules III - V Faxed, Phoned, or E-Prescribed Controlled Substances | | | X |
| Refills of Schedules III - V <u>Written</u> Prescriptions Filled Before October 1, 2007 | X | | |
| Non-Controlled Substances | | | |
| Non-Controlled Medicaid/Medi-Cal <u>Written</u> Prescriptions | X | X | |
| Refills of Non-Controlled Medicaid/Medi-Cal <u>Written</u> Prescriptions | X | X | |
| Non-Controlled Faxed, Phoned, or E-Prescriptions | | | X |
| Non-Controlled Non-Medicaid/Medi-Cal | X | X | X |
| Other Exceptions | | | |
| Any Non-Controlled Medicare/Medi-Cal Prescriptions Paid for by Managed Care Entity | X | X | X |
| Non-Controlled Medicaid/Medi-Cal <u>Written</u> Prescriptions Filled Before October 1, 2007 for Retroactive Eligible | X | X | X |
| Refills for Retroactive Eligible for Non-Controlled Medicaid/MediCal <u>Written</u> Prescriptions Originally Filled Before October 1, 2007 (can also be turned into a phone or fax order) | X | X | |
| Controlled and Non-Controlled Substances Provided in Nursing Facilities, Intermediate Care Facilities, and Other Specified Institutional and Clinical Settings (when written in medical record, ordered by medical staff directly, and patient never handles prescription form) | X | X | X |

Note: Prescription types that indicate no special form required but also indicate the use of both of the tamper-resistant form styles means that no special form is required; however, use of any tamper-resistant form style is also acceptable.