



APPLICATION FOR COUNTERFEIT-PROOF PRESCRIPTION PAD VENDOR

Effective July 1, 2011, counterfeit-proof prescription pads or blanks must be used by licensed healthcare practitioners who prescribe controlled substances listed in Chapter 893, Florida Statutes. Section 456.42(2), Florida Statutes, was amended requiring licensed healthcare practitioners to purchase counterfeit-proof prescription blanks from vendors approved by the Department of Health (Department).

INSTRUCTIONS: A prospective vendor must submit a complete and legible Counterfeit-Proof Prescription Pad Vendor application to the Department and be approved before his or her name will be added to the Department's approved vendor list located online at <http://www.floridahealth.gov/licensing-and-regulation/counterfeit-proof-prescription-pad-vendors/index.html> To complete the application process, sign and date the enclosed application, attach a separate document with your response to questions 1-10, and submit a sample counterfeit-proof prescription blank that meets the specifications required by the Department.

MAIL TO: Department of Health
Division of Medical Quality Assurance
Board of Pharmacy
4052 Bald Cypress Way, Bin C-04
Tallahassee, Florida 32399-3260

EMAIL TO: Info@floridaspharmacy.gov

FAX TO: (850) 413-6982

If you fax or email your application to the Department, you are required to mail a sample counterfeit-proof prescription blank or a sample of the paper you will use to produce a counterfeit-proof prescription blank to the Department. The sample must meet the specification required by the Department.

COUNTERFEIT-PROOF PRESCRIPTION PAD/BLANK SPECIFICATIONS: To ensure the quality and security of counterfeit-proof prescription pads provided by the vendor, the vendor must agree to produce a counterfeit-proof prescription pad or blank that meet the minimum specifications listed below:

- A. Resist erasures and reproductions. The blank must be printed on artificial watermarked paper and must be 50# white or other quality approved by the Department.
- B. Contain blue or green background ink that resists reproduction. The color must be consistent on every blank and listed on the blank as a security feature.
- C. Display the word "VOID" or "ILLEGAL" if the prescription pad is copied. The language used must not obstruct or render illegible any portion of the drug name, quantity or direction for use.

- D. Contain the following information (NOTE: Counterfeit-proof blanks may be sold to licensed healthcare practitioners or facilities who print prescriptions using an Electronic Medical Record System):
 - 1. The preprinted name, address, and category of professional licensure of the prescribing practitioner; and
 - 2. A space for the prescribing practitioner's federal Drug Enforcement Administration registration number for controlled substances.
- E. List security features and descriptions on the prescription blanks, preferably on the reverse side, to assist dispensing pharmacists in detecting forgeries. Examples of such feature listings are: the blank resist erasures and alterations, the background color must appear blue (if blue) or green (if green), the words VOID (if void) or ILLEGAL (if illegal) will appear when copied. Additional security features beyond those required are encouraged, but must be listed on the blank.
- F. List a unique tracking identification number for each order which is printed on the front of the blank and readily visible. A unique tracking identification number and the name of the licensed healthcare practitioner or health-care facility that purchased the prescription blank must be maintained by the vendor and available to the Department upon request. The unique tracking identification number must consist of three subsets: (1) a unique alphabetic prefix that readily identifies the vendor, (2) the date of printing, and (3) a batch number. The alpha characters used to identify the vendor will be assigned by the Department and must appear first in the tracking identification number in upper case. The date the blank was printed must immediately follow the vendor's unique alpha identifier and must be presented in a six character numerical field using the format YRMODY (for example, June 3, 2011, would be coded as 110603). The batch number assigned by the vendor must immediately follow the print date. From left to right, the tracking identification number must appear as alpha prefix, print date, and then batch number, with no blank spaces between subsets. For example, ABC1106030001.
- G. Contain no advertisement on the actual prescription blank. Prescription pads may vary in size and style and contain appropriate advertising on the inside front cover and on alternate sheets within the pad. Advertisements shall be restricted to medically related topics and must be professional in nature.

PRODUCTION AND DISTRIBUTION: An approved vendor must agree to take responsibility for the secure production and distribution of the prescription blanks to licensed healthcare practitioners to include:

- A. Maintain a secure facility and safeguards for the operational processes that ensure the integrity of receiving, verifying, manufacturing, storing, distributing to intended parties, and recalling or voiding counterfeit-proof prescription pad orders from licensed healthcare practitioners or healthcare facilities.
- B. Receive orders in writing signed by a licensed healthcare practitioner or health-care facility.
- C. Ship prescription pads in sturdy containers that resist loss or damage to the pads. The product must be shipped by the vendor or by a reliable shipping firm that uses tracking numbers to locate missing shipments or verifies delivery to licensed healthcare practitioner or healthcare facilities.
- D. Collect payment for prescription pads from the licensed healthcare practitioner or healthcare facility. The State of Florida is not responsible for any payments to the vendor for services or products.
- E. Maintain records and information about the production and distribution of counterfeit-proof prescription blanks for use by licensed healthcare practitioners.
- F. Submit a monthly report to the Department which, at a minimum, documents the number of prescription pads sold and identifies the purchasers. This report must be received in the Department by the 15th day of the following month upon which the generated report is based on.
- G. Comply with local, state, and federal statutes regulating the use of counterfeit-proof prescription pads.
- H. Allow the Department to inspect any facilities where the blanks are printed, produced, stored, or mailed. The Department may conduct random examinations of the blanks produced by the vendor.

COUNTERFEIT-PROOF PRESCRIPTION PAD VENDOR APPLICATION

Vendor Name:	
Primary Business Address:	
Contact Person and Title:	
Federal Tax ID Number:	
Telephone Number:	
E-Mail Address:	

VENDOR HISTORY: Provide a response to the following questions on a separate document prepared on your letterhead. Restate the question exactly as listed below followed by your response. You should sign and date your prepared response and attach it to the application packet.

1. Provide a brief history of your company, what products it provides, and the clientele your company serves.
2. Provide a brief description of your company's experience, including the number of years it has been in business, the extent of its experience, and the number of years in producing and distributing fraud-resistant secure documents, and specifics about its experience in producing and distributing counterfeit-proof prescription blanks or pads.
3. Describe the fraud-resistant secure document safety paper currently being used by your company, each counterfeit-proof feature the company currently offers for use on fraud-resistant secure documents and specifically which features are currently offered on the counterfeit-proof prescription blanks, and the level of quality of these products.
4. Describe the methodology your company uses on its counterfeit-proof prescription blanks to identify the printer, the print date, the batch number, and licensed healthcare practitioner.
5. Describe the type of accounts your company will accept and service under the agreement with the Department of Health (e.g., paying customers, sponsored customers).
6. Describe the quality of the fraud resistant secure document safety paper your company will present for use under your agreement with the Department.
7. Describe each type and style of counterfeit-proof prescription blank or pad your company will offer to licensed healthcare practitioners under this program (e.g., standard 5 x 5 single entry blank, large 6 x 10 multiple entry blank, 8 ½ x 11 blanks, duplicate carbon blank, hospital/clinic blank, computer blank, customized blank).

8. Describe in detail your company's operational processes and safeguards for manufacturing a counterfeit-proof prescription blank or pad and describe the security features of your facility. Include, but do not necessarily limit the description to:
 - a. Receiving a prescription blank or pad order;
 - b. Verifying the prescription blank or pad order is from an authorized licensed healthcare practitioner;
 - c. Accurately producing the prescription blank order including meeting program specifications;
 - d. Maintaining the security of the produced prescription blank order prior to shipment;
 - e. Verifying and shipping the prescription blank order to the licensed healthcare practitioner or healthcare facility's approved address;
 - f. Tracking and verifying receipt of the prescription blank or pad order by an approved healthcare practitioner;
 - g. Recalling and/or voiding a prescription blank order;
 - h. Destroying unused blanks and other destruction procedures.

9. Describe the methodology your company will use to comply with the record keeping requirements for tracking orders, production data, delivery and receipt, recalls, producing reports, and storage of records.

10. Describe the methodology your company will use to submit monthly reports to the Department, which at a minimum, document the number of prescription pads or blanks sold and identify the purchasers.

VENDOR REFERENCES: Provide at least three references for your company's experience with production of fraud-resistant secure documents and/or counterfeit-proof prescription blanks or pads. For each reference, provide the name and address of the company, the name and title of the contact person, and that person's telephone number.

Company's Name	Company's Address	Contact Name/Title	Contact's Telephone Number

VENDOR SIGNATURE:

I state that I am the person referred to in this application as an approved counterfeit-proof prescription vendor for the Florida Department.

I state that these statements are true and correct. I recognize that providing false information may result in the Department rescinding the approval of my company to produce counterfeit-proof prescription pads or blanks as described in Section 456.42(2), Florida Statutes.

VENDOR SIGNATURE

DATE