



INLAND EMPIRE HEALTH PLAN

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

October 11, 2010

## Schedule II (C-II) Security Prescription Requirements [Revised]

This letter is provided to inform and remind you of the regulations regarding C-II prescription forms. Included is the pertinent information required on all C-II prescription forms per the California State Board of Pharmacy (Health & Safety Code Section 11162.1 et seq. Updated information is available at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)). IEHP continues to recognize and emphasize the problem of prescription drug abuse and will persist to monitor C-II prescriptions through ongoing safety review and maybe subject to pharmacy audit. In order to comply with State laws and regulations, the following items must be included on all C-II prescriptions in order to be considered a valid prescription. **Pharmacists must comply with Board of Pharmacy Regulations when dispensing medications. Thus, any violation of Board of Pharmacy prescription requirements found in the audit will not be re-considered.**

**VOID APPEARS WHEN COPIED**   **REVERSE RX**   **MICROPRINT SIGNATURE LINE**   **CA WATERMARK**   Z999999-0001

Group Practice Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Prescriber Name, Category of Licensure, DEA Number, State License Number  
 Prescriber Name, Category of Licensure, DEA Number, State License Number  
 Prescriber Name, Category of Licensure, DEA Number, State License Number  
 Prescriber Name, Category of Licensure, DEA Number, State License Number

**Rx**   Name \_\_\_\_\_   DOB \_\_\_\_\_   Sex:  M    F   **Rx**

**SAMPLE ONLY – ACTUAL FORM DESIGNS WILL VARY**

Quantity:  
 1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 - over

Unit \_\_\_\_\_  
 Refills: 0 - 1 - 2 - 3 - 4 - 5  
 Do Not Substitute  
 Initials \_\_\_\_\_

X \_\_\_\_\_   Date \_\_\_\_\_

Prescription is void if more than one controlled substance is written per blank

**THERMOCHROMIC INK SYMBOL**   **QUANTITY CHECK BOXES**   **CHEMICAL VOID PROTECTION**

- Thermochromic ink feature changes color or disappears temporarily with hot breath or when rubbed briskly. It slowly returns to normal as it cools.
- Microprint Signature Line – seen only with a magnifier and becomes a solid line when copied, faxes or scanned.
- Description of security features in warning bands on face or listed on back of prescription.
- Statement that identifies form as a single drug prescription form
- Batch/Lot Numbers – Unique batch and sequential lot numbers assigned by approved security printers. Not tracked by the State.
- Opaque Writing fades or disappears when photocopied repeatedly
- Six quantity check boxes allow quick confirmation that the quantity prescribed has not been altered.
- Refills – CII drugs cannot be refilled, only CIII – V can be refilled.
- Do Not Substitute – prescriber must check box and initial

(Single-prescription form)

303 E. Vanderbilt Way, Suite 400, San Bernardino, CA 92408  
Tel (909) 890-2067 Fax (909) 890-2058  
Visit our web site at: [www.iehp.org](http://www.iehp.org)

A Public Entity

## Required Items on Single C-II Prescription Form:

- The name & address of patient. If address is not filled out by MD, pharmacy may fill it out as accessible
- The original date of prescription (**expires after 6 months**)
- The controlled substance name, strength, quantity, refills, and directions for use
- Prescriber's name, contact/licensure information, and signature, completed in ink. If multiple prescribers are preprinted on the forms, the prescribing physician must have their name checked

**VOID APPEARS WHEN COPIED** • **REVERSE RX** • **MICROPRINT SIGNATURE LINE** • **CA WATERMARK**

Institution's State License Number: 9999999-0001  
 Institution Name  
 Address  
 City, State Zip  
**Designated Prescriber:** Designated Prescriber Name, Category of Licensure, DEA Number, State License Number

Prescriber Name & Category of Licensure: \_\_\_\_\_ DEA Number: \_\_\_\_\_ State License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex:  M  F

1) Quantity:  1-24  25-49  50-74  
 75-100  101-150  151-over  
 Unit: \_\_\_\_\_ Refills: 0 - 1 - 2 - 3 - 4 - 5  
 Do Not Substitute Initials: \_\_\_\_\_

2) **SAMPLE ONLY – ACTUAL FORMS MAY VARY SIGNIFICANTLY**

3) Quantity:  1-24  25-49  50-74  
 75-100  101-150  151-over  
 Unit: \_\_\_\_\_ Refills: 0 - 1 - 2 - 3 - 4 - 5  
 Do Not Substitute Initials: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Prescription is void if the number of drugs is not noted: \_\_\_\_\_

**THERMOCHROMIC INK SYMBOL** • **QUANTITY CHECK BOXES** • **CHEMICAL VOID PROTECTION**

• **Batch/Lot Numbers** – Unique batch and sequential lot numbers assigned by approved security printers. Numbers are not tracked by the State.

• **Actual Prescriber** – the prescription is not valid without the actual prescriber information filled in.

• **Opaque Writing** fades or disappears when photocopied repeatedly to lighten.

• **Six quantity check boxes** allow quick confirmation that the quantity prescribed has not been altered.

• **Do Not Substitute** – prescriber must check box and initial

• **Refills** – CII drugs cannot be refilled, only CIII – V can be refilled.

• **Description of security features** in warning bands on face or listed on back of prescription. (see sample of backside)

• **ThermoChromic ink** feature changes color or disappears temporarily with hot breath or when rubbed briskly. It slowly returns to normal as it cools.

• **Microprint signature line** – seen only with a magnifier, which becomes a solid line when copied.

• **Statement** allows multiple prescriptions on one form. Prescribers must note the number of drugs prescribed.

(Multiple-prescription form)

## Required Items on Multiple C-II Prescription Form:

- The name & address of patient. If address is not filled out by MD, pharmacy may fill it out as accessible
- The original date of prescription (**expires after 6 months**)
- The controlled substance name, strength, quantity, refills, and directions for use
- Prescriber's name, contact/licensure information, and signature, completed in ink. If multiple prescribers are preprinted on the forms, the prescribing physician must have their name checked
- The number of drugs prescribed

If you have any questions or comments, you may contact us at (909) 890-2067.

Sincerely,

IEHP Pharmaceutical Services

303 E. Vanderbilt Way, Suite 400, San Bernardino, CA 92408  
 Tel (909) 890-2067 Fax (909) 890-2058  
 Visit our web site at: [www.iehp.org](http://www.iehp.org)

A Public Entity