Q3.2023

RxProtect® AlignRx

Audit News

AUDIT QUESTION OF THE MONTH

How do I know when to bill a patient's insulin to Medicare Part D or Medicare Part B?

INSIDE THIS ISSUE

- REMS of the Month: Zyprexa® Relprevv™
- Drug Setup of the Month: Wegovy®
- Audit Tips & Tricks
- Audit Documentation Checklist
- Partial Filling of Prescriptions for Schedule II Controlled Substances
- RxProtect: Weekly Claims Report, Technician Training, & Billing Questions
- Aberrant Product List from Caremark

Billing a patient's insulin to Medicare Part B or Medicare Part D will depend on if the patient uses an insulin pump, and if they do, what type of pump they use. Check the directions on the prescription hard copy to find this information.

Income-Based Medicare Advantage Programs

Ask the patient if they are enrolled in an income-based Medicare Advantage program. If they are unsure, call their Medicare Part D plan to find out. If the patient is on the Medicare Advantage Program, bill their insulin through Medicare Part D.

Billing for Insulin Pumps

If the prescription hard copy does not specify the patient must use an insulin pump, and the patient is taking a large dose of insulin, call the prescriber and confirm the patient is using the insulin with a pump. If the answer is "yes," ask the prescriber if the device is a classic insulin pump or an Omnipod pump.

Document the information on the hard copy and submit the claim to **Medicare Part B** if the patient:

- Uses a classic insulin pump

Submit the claim to **Medicare Part D** if the patient:

- Does not use an insulin pump for their insulin
- Uses an Omnipod pump (since this pump is tubeless, it is the only type of pump allowed to be billed to Medicare Part D)

It is important to document this information, as PBMs hold pharmacies accountable for confirming if the patient is using insulin with a pump. PBMs will verify this information in a PBM audit.

Still Unsure Which Medicare to Use for Your Patients?

We can help! Contact RxProtect at **844-ALIGNRX (844-254-4679), option 2,** or **RxProtect@AlignRx.org.**

REMS OF THE MONTH

Zyprexa® Relprevv™

Generic Name: Olanzapine
Dosage Formulation: 150mg to 300mg injected every two weeks or 405mg injected every 4 weeks
Company: Eli Lilly
Classification: Atypical antipsychotic
Indications: Treatment of schizophrenia
Contraindications: Pregnancy; may interact with blood pressure medications, alprazolam, diazepam, clonazepam, lorazepam, temazepam, or oral olanzapine
Warnings: Can cause delirium, severe drowsiness, or coma

Prescribers

Certification

- Review the Healthcare Professional Training.
- Enroll in the REMS Program by completing the Prescriber Registration Form and submitting it to the REMS Program.

Before First Dose

- Counsel the patient or patient guardian using the Medication Guide.
- Enroll the patient in the REMS Program by completing the Patient Registration Form and submitting it to the REMS Program. Provide a completed copy of the form to the patient.

Maintain Certification

- Re-enroll in the REMS Program by completing the Prescriber Registration Form every three years.

At All Times

- Report post-injection delirium sedation syndrome (PDSS) events to the REMS Program using the Post-Injection Delirium/Sedation Form.

Pharmacies

Certification

- Train all relevant staff involved in the REMS Program using the Patient Care Program Instruction Brochure.
- Designate an authorized representative to carry out the certification process on behalf of the pharmacy or healthcare setting.
- Have the authorized representative review the Patient Care Program Instruction Brochure.

Before Dispensing

- Do not dispense Zyprexa Relprevv directly to patients.
- Obtain authorization to dispense each prescription by contacting the REMS Program Call Center or using the REMS Program Website.

After Dispensing

- Report the date of dispensing to the REMS Program.

Maintain Certification

- Have the authorized representative re-enroll in the REMS Program by completing the Pharmacy Registration Form or Buy & Bill Pharmacy Service Provider Registration Form.

DRUG SETUP OF THE MONTH

Wegovy®

Product Information

Medication	NDC	How Supplied	Package Size	Metric Size	Dosage Form
Wegovy 0.25mg injection	00169-4525-14	4 auto-injector syringes per carton, 0.5mL each	4	4 syringes * 0.5mL = **2mL**	mL
Wegovy 0.5mg injection	00169-4505-14	4 auto-injector syringes per carton, 0.5mL each	4	4 syringes * 0.5mL = **2mL**	mL
Wegovy 1mg injection	00169-4501-14	4 auto-injector syringes per carton, 0.5mL each	4	4 syringes * 0.5mL = **2mL**	mL
Wegovy 1.7mg injection	00169-4517-14	4 auto-injector syringes per carton, 0.75mL each	4	4 syringes * 0.75mL = **3mL**	mL
Wegovy 2.4mg injection	00169-4524-14	4 auto-injector syringes per carton, 0.75mL each	4	4 syringes * 0.75mL = **3mL**	mL

AUDIT TIPS & TRICKS

Check Your Audit Recoveries for Clerical Errors

If your pharmacy receives initial results or audit findings from an audit, it is important to analyze any recoveries carefully. Several state laws consider many discrepancies to be clerical errors, which should not result in recovery for a pharmacy.

Below is a list of recoveries that state laws may classify as clerical errors:

- Incorrect origin code
- Wrong prescriber ID/name
- Incorrectly written date

If your pharmacy receives audit findings with these discrepancies noted, along with associated recovery amounts, check your state's audit laws to ensure they are not already defined as clerical errors in your state.

Questions About Your Pharmacy's Audit Findings?

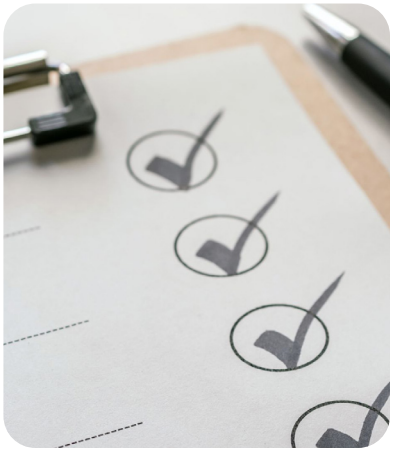
Contact our RxProtect team at **844-ALIGNRX (844-254-4679), option 2,** or **RxProtect@alignrx.org**.

Audit Documentation Checklist

When it comes to PBM audits, you can avoid recovery by making sure the appropriate documentation is on your hard copy before the auditor reviews it. The following is a list of common items that may cause PBMs to recoup funds if documentation is missing:

1. DAW Codes

If your pharmacy submitted any type of DAW code on the claim, supporting documentation of the appropriate DAW code must be included on the hard copy.



2. Submission Clarification Codes

If the pharmacy uses a submission clarification code, applicable evidence supporting the code must be documented on the hard copy.

3. Cut Quantities

It is not uncommon for a patient to request less than the originally written amount of medication prescribed on the prescription. PBMs want to know why the pharmacy chose to dispense less than what the prescriber originally authorized. If the pharmacy reduced the quantity for any reason, this change must be documented on the hard copy.

4. Plan Limitations

Your pharmacy may periodically receive a rejection for a maximum day supply. While it is strongly advised to dispense less for an accurate day supply, if the pharmacy cannot dispense less (smallest package size), RxProtect recommends filling the smallest package size for the greatest day supply allowed. Documentation of the plan limits must be on the hard copy to validate the day supply submitted on the claim.

5. Change in Doses

In some cases, your pharmacy may need to request a change in dose from the prescriber. For example, the pharmacy does not have 150mg Venlafaxine ER in stock but has 75mg strength. Though the final dose is the same, the original prescription still changed.

Not only does the pharmacy need to document changes like these, but it must also verify the change with the prescriber and note the date and time of the authorization. Ideally, the pharmacy should obtain a new hard copy and update the prescription number.

6. Maximum Daily Dose

For medications without clear-cut dosages (such as insulin), having a maximum daily dose helps validate the day supply submitted on the claim. Because one of the biggest areas of recovery often involves the miscalculation of insulin day supply, it is necessary to include as much information about the patient's dosage as possible, especially if they are on a sliding scale dosage.

7. Topical Medications

When it comes to topical medications, pharmacy sig codes, such as "apply twice daily," are not specific enough to prevent the pharmacy from recovery. Auditors must be able to calculate an accurate day supply from the directions. Additionally, it is necessary to document the specific amount and area of application.

8. REMS Documentation

Some REMS prescriptions have additional requirements. Though not all REMS medications require further action from the pharmacy, some mandate that the pharmacy have the appropriate documentation on the hard copy to validate it has met the REMS conditions. Most REMS requirements can be found via:

- Manufacturer websites
- Facts and Comparisons

Partial Filling of Prescriptions for Schedule II Controlled Substances

On July 21, 2023, the Drug Enforcement Administration (DEA) published a Final Rule regarding partial filling of Schedule II controlled substances. Effective August 21, 2023, the rule includes provisions on how a pharmacy must document partial filling of a prescription for a Schedule II controlled substance.

These provisions may be similar to requirements under existing regulations for other situations. The DEA states, "a partial fill may be authorized by the prescribing practitioner during subsequent communication between the pharmacist and practitioner following the date after the prescription was first issued. This authorization would still be considered a request by the practitioner and a new prescription will not be required. The pharmacist must add the partial fill request to the prescription for a Schedule II controlled substance by notating on the prescription 'Authorized by Practitioner to Partial Fill.'"

What to Include in Documentation

In addition to noting "Authorized by Practitioner to Partial Refill," the annotation must also include the:

- Name of the practitioner with whom the pharmacist spoke
- Date and time of the communication
- Pharmacist's initials

The dispensing pharmacist must then document the quantity dispensed in one of three places:

1. The face of the written prescription hard copy
2. The pharmacy's electronic records
3. The face of an emergency oral prescription

Also, the pharmacist must retain a record with the:

- Date of each dispensing
- Name or initials of the individual who dispensed the substance
- Other information for Schedule II and IV prescription refills

For more information, view the full published Final Rule from the DEA.

RxProtect® WEEKLY CLAIMS REPORT
AlignRx

RxProtect provides pharmacies with weekly reports that identify claims from the previous week that may be at risk of an audit. **Please remember to check your weekly RxProtect email for a link to access your pharmacy's report**. It is crucial for these reports to be reviewed on a weekly basis in order to have time to reverse and resubmit any errors when necessary. This is a proactive way to prevent an audit recovery! If your claims and documentation are correct, PBMs will find no reason to recoup money in a future audit.

Please note: Our weekly report can only show potential errors, as prescription directions are not transmitted on claims data, and RxProtect does not have access to images of your prescription hard copies. We can only flag claims with the highest audit risk, as PBMs will target them should you be audited.

TECHNICIAN TRAINING AVAILABLE TO RxPROTECT MEMBERS

RxProtect offers technician training for hard copy documentation requirements and billing guidelines. The training educates technicians on preventing audit recovery by providing key documentation requirements for prescriptions. It also guides technicians through proper billing techniques, which are necessary to prevent charge backs from PBMs. Technician training is available to all stores enrolled in RxProtect.

To request training for your employees, please call 844-ALIGNRX (844-254-4679), option 2, or email rxprotect@alignrx.org.

PRESCRIPTION BILLING QUESTIONS

Please have our number available for your pharmacy staff at all times. We are happy to answer your billing questions whenever necessary in order to protect your pharmacy from an audit charge back at a later date. **844-ALIGNRX (844-254-4679), option 2**.

ABERRANT PRODUCT LIST FROM CAREMARK

As a reminder, Caremark now monitors pharmacies every month for Covered Items on the "Aberrant Product List."

If, in one month, any one or combination of products on the Aberrant Product List accounts for 25 percent of the pharmacy's claims or dollars (as measured by Caremark), the pharmacy will be in breach of the contract provision shown below. Caremark plans to make updates and regular changes to the Aberrant Product list and will communicate these changes through its pharmacy portal.

"Providers must not dispense aberrant quantities of a Covered Item and/or high volume of claims within a therapeutic category (e.g., topicals, dermatologicals), as measured by the number of claims, quantity dispensed or dollars, inconsistent with the habits of local Prescribers or Plan Sponsor formularies, at Caremark's sole determination. In the event a Provider breaches this provision of the Provider Manual, Caremark, on its behalf, or on behalf of a Plan Sponsor, may terminate the Provider Agreement (or Provider's participation in specific Plans or networks), and may exercise other remedies available to Caremark, including charge back of applicable claims."

Pharmacies will receive notice from Caremark indicating that a breach has occurred. Pharmacies will then have 30 days to cure the breach if they wish to continue their participation as a provider with Caremark.

If a pharmacy breaches this contract provision at any time after the 30-day cure period, the pharmacy will be subject to termination and other remedies available to Caremark, including charge back of applicable claims.

The most recent additions to the Aberrant Product List from Caremark can be found on the AlignRx Member Portal.

Look for a link in the banner on the RxProtect page labeled, "Aberrant Product List New Additions."