

DO YOUR OWN AUDIT BEFORE THEY DO!!!!!!!!!!!!

Everyone is understaffed, but that is no reason to cut corners that may someday cost you thousands of dollars. Please review the following as to what you should be checking for on each Rx before you file it.

1. Patient Name: make sure computer & Rx match
2. Physician:
 - a. Rx & Computer match – watch for Certified Registered Nurse Practitioners (CRNP) & Physician Assistants (PA) and know what they can write for & NOT.
 - b. If a Scheduled Drug:
 - 1.) If not E-script, DEA # handwritten, not preprinted – Label tag not accepted by most auditors
 - 2.) Physician & Patient address on Rx
 - 3.) NPI number matches the Rx and your computer
 - 4.) Faxes for CS are not allowed
 - 5.) CS Rx's must be electronic-with some exceptions (vets, emergency, hospice/nursing home, no internet)
3. Date Written:
 - a. Must be written on the Rx's – Label tag not good enough
 - b. Date on Rx must be PRIOR to fill date or today's date
 - c. Refills cannot exceed 6 months from date written, (not first fill date) for Schedule 3-5
4. Drug:
 - a. Name, Strength & Dosage form match and are accurate
 - b. NDC # using must match product NDC # dispensing (Test Strips as an example) Invoice Audits
5. Directions:
 - a. Day's supply must be calculated correct as per units dispensed as per directions. Especially Insulin Rx's.
 - b. Use of "as directed" SHOULD NEVER be used – insert on Rx directions as told to you by patient or physician.
 - c. Insulin Rx – Do the math – If minimum package size exceeds # of days allowed, get an authorization number from the PBM for the excessive days. Auditors look for early refills and claw back the money. Do not just enter 30 days when pen may last 43 days.
 - d. Inhalers, Eye/Ear drops, Foams, etc. – Use proper size of container
 - e. High Quantities & Multipacks – must write on Rx proper documentation dated & initialed by pharmacist with what the patient or physician passed on to you for reason.
 - f. Sublingual directions must state "under the tongue" on the label (Suboxone)
 - g. **Labels** – auditors are comparing contents of labels to what is written on RX by prescriber.
6. Refills:
 - a. Refill number on Rx must match what you placed in computer
 - b. Max Refill allowed = 5 for Schedule 3-5 – must be used within 6 months of date written.
 - c. Most plans mandate the limit of 5-12 refills within one year of date written for all Non-Scheduled Rx's. Computer should warn you to obtain the Rx.
7. Origin Codes:
 - a. Type of Rx must match origin code – PACE is very strict on this.
 - b. Telephoned Rx's must have first name of Doctors personnel calling in Rx.
8. DAW Codes: Must be documented on Rx
9. Prior Authorization Codes:

Must be documented on Rx with date, who talked to, authorization # and Pharmacist signature.

10. Medicaid Fee-for-Service Rx's must be written on an approved tamper-proof Rx blank
11. Called in Rx's must contain the date & the handwritten signature or initials of the dispensing pharmacist.
12. Daily hardcopy report of Rx's filled during a day shall bear the signature or initials of the pharmacist to show that it is was reviewed.
13. Purchase records: Must be able to produce 5 years of purchase records. Optum/Caremark only accept purchases from VAWD approved suppliers (purchasing/transferring inventory from one pharmacy to another is NOT from a VAWD approved supplier)
 - a. MAKE SURE YOU BILL FOR A GENERIC NDC THAT YOU HAVE PURCHASED
14. CVS/Caremark audits – Will only accept invoices from Authorized Distributors of test strips.
15. Any changes you make to an Rx, must be noted & initialed by pharmacist, no matter how small of a change. If verified by physician or nurse, please note their name.
16. **Faxed Rx's** – a fax sent from the prescriber's fax machine directly to your fax is not LEGAL, it must come to you encrypted via an electronic program. Rewrite the Rx and treat as a called in Rx or obtain the original Rx signed by prescriber and use that as original Rx.
17. Transferring an Rx –
 - a. Cannot do for a Schedule II drug
 - b. Pharmacist transferring the Rx must:
 - a. Cancel the original Rx in their records by indicating on the Rx that it has been transferred.
 - b. Include the name of pharmacy being transferred to, the date of the transfer, and the name or initials of the transferring pharmacist
 - c. Pharmacist receiving the transferred Rx must:
 - a. Note on Rx that it is a transferred Rx
 - b. Record all the following on the Rx in addition to other info required by law:
 - i. Date of issuance
 - ii. Date of original filling of Rx
 - iii. Original number of refills authorized
 - iv. Number of valid refills remaining
 - v. Last fill date of rx
 - vi. Note the location & rx number of the original Rx
 - vii. Note the name of the pharmacy & pharmacist & DEA # from where the Rx was transferred.
 - viii. Note the name of manufacturer dispensed by the transferring pharmacy
 - ix. Date and time of transfer
 - x.
18. Prescriptions not picked up – place back in stock after removing label – date it – only good for 6 months.
19. All PBMs and plans have limits of 7-14 days where Rxs not picked up must be reversed and returned to stock. Check your contracts.
20. Some meds must be dispensed in original packaging per MFG requirements—these can not be repacked and must be billed in original package size (some examples: Biktarvy, Pradaxa, Genvoya, Tekturna, Effient, all ODT meds, Carafate Susp, Linzess)

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