



*To the Texas Health and Human Services Commission Office of the Inspector General  
Austin, Texas*

Myers and Stauffer LC (Myers and Stauffer) has completed the performance audit of Aapex Pharmacy to determine whether pharmacy claims billed and paid under the state Medicaid program were in accordance with applicable state and federal Medicaid laws, regulations, rules, policies, and contractual requirements. The specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements to be tested were agreed to by Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG) in the approved audit test plan.

Our audit was performed under Myers and Stauffer's Master Contract #529-17-0117-00004, Work Order Contract #HHS000721400016, Purchase Order #HHSTX-3-0000306334 with HHSC. Our audit covered the period of March 1, 2018, through February 28, 2022.

We conducted this audit in accordance with the performance audit provisions of Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to sufficiently obtain appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Management responses from Aapex Pharmacy are included in this report.

The purpose of this performance audit report is to clearly communicate the results of the audit to those charged with governance, Aapex Pharmacy management, and the appropriate oversight officials.

If we can be of any assistance to you or if you have any questions concerning this report, please contact us.

Sincerely,

Myers and Stauffer LC  
August 21, 2023



# Final (Audit) Report

Aapex Pharmacy  
NPI 1629013156

Report Date  
August 21, 2023



**MYERS AND  
STAUFFER** L.C.  
CERTIFIED PUBLIC ACCOUNTANTS



## Background and Criteria

The Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG) contracted Myers and Stauffer LC (Myers and Stauffer) to conduct audits of Medicaid claims billed by providers and paid by the state Medicaid program. In coordination with the Texas HHSC-OIG, Myers and Stauffer has been engaged to perform a claims audit of Aapex Pharmacy (Provider). The audit focused on managed care organization (MCO) encounter pharmacy claims having dates of service during the period of March 1, 2018, through February 28, 2022.

According to their website, the Provider is a community independent pharmacy which operates at 1307 W. Clay Street, Houston, TX 77019 They have been providing medications and medical supplies since 2003 and have provided diabetic supplies for over 15 years, allowing patients access to a large variety of brands and medications. In addition to pharmacy and durable medical equipment (DME) services, they offer free delivery and medical nutrition therapy.

Pharmacies receive, process, and dispense prescription drug or medication orders. Texas pharmacies must enroll with the HHSC Vendor Drug Program (VDP) prior to dispensing outpatient prescriptions to Medicaid managed care enrollees. The HHSC contracts with MCOs licensed by the Texas Department of Insurance and pays them a monthly amount to coordinate health services for Medicaid clients enrolled in their health plan. The health plans contract directly with doctors and other health care providers to create provider networks their members can use. The health plans are required to provide all covered, medically-necessary services to their members.

Claims for MCO pharmacies enrolled in the HHSC VDP should comply with the Texas Administrative Code (TAC); United States Code, including the False Claims Act; Uniform Managed Care Manual; Texas State Board of Pharmacy (TSBP), and MCO rules, if applicable.

## Audit Objective

The objective of the claims audit is to determine whether pharmacy claims billed to, and paid under, the state Medicaid program were in accordance with applicable state and federal Medicaid laws, regulations, rules, policies, and contractual requirements. The specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements to be tested were agreed to by the HHSC-OIG in the approved audit test plan.

## Sampling Overview

For the period of January 1, 2018, through December 31, 2021, the HHSC-OIG identified \$14,050,767 at risk of \$21,688,193 total pharmacy reimbursements for the Provider. The HHSC-OIG subsequently provided encounter data for the period of September 1, 2019, through February 28, 2022, to Myers and Stauffer for review. The claims data was further analyzed, and due to claims volume and contracting guidelines, the HHSC-OIG excluded all Fee-For-Service and all MCO health plan claims, with the exception of the Texas Children's Health Plan (TCHP), from the final set of claims data provided for audit



covering the period of March 1, 2018, through February 28, 2022 during which the Provider was reimbursed \$11,517,571.

Through additional analysis of the MCO encounter data, a claims universe was created focused on the following drugs:

- Tresiba Flextouch 200 Units.
- Tresiba Flextouch 100 Units.

Furthermore, an additional universe, Other Diabetes Medications and Supplies, was created to focus on certain items. This universe is comprised of the following medications and supplies:

- BD UF Nano Pen Needle 4mmx3.
- Freestyle Insulinx Test Strips.
- Freestyle Lite Test Strips.
- Freestyle Test Strips.
- Glucagon Emergency Kit.
- Humalog Kwikpen.
- Humalog Vial.
- Humalog Jr Kwik.
- Lantus Vial.
- Lantus Solostar.
- Novolog Cartrid.
- Novolog Flexpen.
- Novolog Vial.
- Precision Xtra Test Strips.
- Sodium Phenylbutyrate Powder.
- Unifine Pentips 32gx5/32.
- Victoza 3-Pak.

Statistically valid random samples were selected from the claims universes described above. Additional information for the respective claim universes is as follows:

- **Tresiba Flextouch:** Universe consists of 3,164 claims for 176 unique recipients for which the Provider was reimbursed \$1,662,243. The sample includes 57 claims for 46 unique recipients for which the Provider was reimbursed \$32,205.
- **Other Diabetes Medications and Supplies:** Universe consists of 25,694 claims for 561 unique recipients for which the Provider was reimbursed \$8,849,178. The sample includes 130 claims for 130 unique recipients for which the Provider was reimbursed \$179,484.

## Audit Process

### Scope

The scope of this audit included the review of Medicaid MCO encounter pharmacy claims only, due to contracting guidelines, with dates of service during the period of March 1, 2018, through February 28, 2022.

Testing of the HHSC VDP claims processing system is outside the scope of the audit. As such, pursuant to guidance from the Texas HHSC-OIG, if the claims adjudicated for payment through the HHSC VDP claims processing system, the following assumptions were made:

- Drug prescribed/dispensed was included in the Texas Drug Code Index.
- Prescribing practitioner was enrolled with the VDP.



In gaining an understanding of internal controls, Myers and Stauffer limited the review to the Provider's overall internal control structure significant to the audit objectives. Myers and Stauffer determined significant internal controls to the audit objective include:

- **Control Environment:** The foundation for an internal control system. It provides the discipline and structure to help an entity achieve its objectives.
- **Control Activities:** The actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system, which includes the entity's information system.
- **Monitoring:** Activities management establishes and operates to assess the quality of performance over time and promptly resolve the findings of audits and other reviews.

### Methodology

Myers and Stauffer will conduct this performance audit in accordance with Generally Accepted Government Auditing Standards (GAGAS) and applicable TAC rules, including 1 TAC §371.1719 and §354.1891, as appropriate. Those standards require that the audit is planned and performed to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. Audit testing was performed to verify compliance in the following areas:

- Verify pharmaceuticals were dispensed by a licensed pharmacist by obtaining and reviewing licensing documentation for all dispensing pharmacists during the period under review.
- Verify pharmaceuticals were prescribed by a practitioner licensed to prescribe legend drugs by obtaining and reviewing documentation of prescribers' licensing and original signed prescriptions.
- Verify claims included the prescriber's correct identification number by obtaining and reviewing the pharmacy claims data and original prescription.
- Verify original prescription met documentation requirements by obtaining and reviewing original signed prescriptions and documentation of telephone orders and faxed orders, if applicable.
  - Verify original prescription conformed to the TSBP rules concerning the records to be maintained by a pharmacy.
  - Verify original prescription was signed.
  - Verify initials or identification code of the transcribing pharmacist was documented if the prescription order was communicated orally or telephonically.
  - Verify faxed prescriptions included a statement that indicated that the prescription had been faxed (e.g., "Faxed To:").



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- Verify prescriptions for covered pharmaceuticals submitted to a pharmacy in written form were executed on tamper-resistant prescription paper.
  - Verify original prescription included the following information:
    - Name and address of the recipient.
    - Name of the prescriber and their work address.
    - Name and strength of the drug prescribed.
    - Quantity prescribed.
    - Directions for use.
    - Date of issuance.
  - Verify pharmacist documented the following on either the original hardcopy prescription or in the pharmacy's data processing system when the prescription is dispensed:
    - Unique identification number of the prescription drug order.
    - Initials or identification number of the dispensing pharmacist.
    - Quantity dispensed (if different from the quantity prescribed).
    - Date of dispensing (if different from the date of issuance).
    - National Drug Code of the drug actually dispensed.
    - Name of the drug actually dispensed (if different from the one prescribed).
  - Verify refill prescriptions met all requirements by obtaining and reviewing the original prescriptions as well as pharmacy records of refills.
    - Verify pharmacist dated the prescription and initialed the refills.
    - Verify total amount of prescriptions authorized (up to 11 refills) were dispensed within one year of the original prescription by obtaining and reviewing records of refills dispensed and their corresponding original signed prescription.
    - Verify refills were dispensed as authorized by the prescriber by obtaining and reviewing the original signed prescription, record of refill, and other pharmacy records as needed.
  - Verify pharmacist dispensed and billed drugs safely and accurately, as prescribed, by obtaining and reviewing the original signed prescription and prescriber authorizations as needed.
    - Verify only authorized drugs were dispensed and billed.
      - Verify substitutions were authorized by the prescribing physician and the substituted drug was dispensed accurately as prescribed.



- Verify prescriptions properly documented when a brand was necessary.
- Verify the prescribed and dispensed drug was picked up by the recipient/recipient’s guardian by reviewing signed prescription pickup logs.
- Verify quantity dispensed was the same as the quantity prescribed and billed, except as limited by the HHSC’s policies and procedures, by obtaining and reviewing the original signed prescription and pharmacy claims data.
- Verify prescription label met documentation requirements by obtaining and reviewing the prescription back tag.

Inquiries, observations, inspection of documents and records, review of other audit reports, and/or direct tests were performed to assess the design, implementation, and/or operating effectiveness of controls determined significant to the audit objectives stated in the scope.

## Audit Results

Myers and Stauffer believes the evidence obtained during the course of the claims audit provides a reasonable basis for the findings and conclusions based on the audit objective. The audit was not intended to discover all possible errors and any errors not identified within this report should not lead to a conclusion the practice is acceptable. Due to the limited nature of the review, no inferences should be drawn from this report with respect to the Provider’s overall level of performance.

## Findings

Myers and Stauffer identified findings on 36 of 187 pharmacy claims. The table below provides a summary of the findings that have been identified in the audit for all combined claims universes. The findings for each individual claims universe are listed in detail in Appendix A. The list of findings and supporting policies follows in the table below:

List of Findings and Supporting Policies				
Finding No.	Finding Type	Finding Definition	Number of Claims with Finding	Supporting Policy
1	Incorrect Prescriber	The prescriber identified on the prescription record did not match the prescriber identified on the claim despite holding a valid license and active National Provider Identification (NPI) number.	35	1 TAC §354.1835 Navitus Pharmacy Provider Manual 2016, 2020, 2022





List of Findings and Supporting Policies				
Finding No.	Finding Type	Finding Definition	Number of Claims with Finding	Supporting Policy
2	Incomplete Directions for Use	The directions for use printed on the prescription label do not document the full directions for use written on the original prescription order by the prescriber.	1	22 TAC §291.31(1) 22 TAC §291.32(c)(1)(F)

A lack of internal controls has been identified as a contributing cause of all findings included in the table above. The Provider has not placed enough emphasis on designing, implementing, and/or effectively operating internal controls, to adequately review and document records to support that the billed services were provided in accordance with required regulations. A lack of policies and/or oversight of established policies creates an environment in which management or personnel are unable to achieve the applicable control objectives and address related risks.

### Recommendations

The testing of original prescriptions included in the audit identified one prescription missing the prescriber address and three prescriptions missing the drug strength. Although these items did not result in findings with corresponding overpayment determinations, Myers and Stauffer recommends the Provider update internal processes to better document the prescribing physician’s address on the original prescription and the drug strength of the medication prescribed in accordance with 1 TAC §354.1863(b), (c), & (d) and 22 TAC §291.34 (b)(7)(A) & (B).

### Management’s Response

A draft copy of this report was sent to the Provider on June 20, 2023. An exit conference was held on July 6, 2023 to discuss the preliminary findings. During the exit conference and in their subsequent response to the Draft Audit Report, the Provider stated the following in connection with the individual findings:

- **Finding No. 1 Incorrect Prescriber:** The Provider stated the prescription record indicated both the midlevel provider and the supervising physician and, due to the MCO requirements, the claims had to be submitted using the identifier associated with the supervising physician. The Provider also referenced prescription documentation submitted during the audit process which included the NPI of the supervising physician indicating the prescriber identified on the prescription record matched the prescriber identified on the claim.
- **Finding No. 2 Incomplete Directions for Use:** The Provider stated that due to the prescribing physician counseling the patient at the office regarding use of the medication prescribed, the





prescribing physician requested that the directions on the prescription label be limited so as not to confuse the patient who had already received the instructions in the office.

In addition, in response to the quantity dispensed less than prescribed and unauthorized refill findings included in the Draft Audit Report, the Provider stated that in order to meet the MCO's requirements, which allowed no more than a 34-day supply, the Provider dispensed a smaller quantity of the medications in question.

Lastly, in response to the recommendation of updating internal processes to better document the prescriber address on the original prescription, the Provider submitted system screenshots to support that the system includes the address for each prescriber. The Provider indicated that the address is found by entering the prescriber name and phone number included on the submitted prescription.

In their response, the Provider objected to certain questioned claim lines and submitted additional documentation for 103 of 103 claims with findings identified in the Draft Audit Report (claims with findings excludes no recoupment findings [e.g., recommendations]).

### Revised Findings Based on Evaluation of Management's Response

After reviewing the Provider's response and the additional documentation submitted, as well as discussions with the TCHP, the findings were revised resulting in the number of questioned pharmacy claims decreasing from the 103 identified in the Draft Audit Report to 36 questioned pharmacy claims. Findings were revised as follows:

- Upon further discussions with the TCHP regarding their monthly pharmacy dispensing limitations, findings for quantity dispensed less than prescribed were rescinded for all 78 claims where the quantities dispensed were less than prescribed due to plan limitations. In addition, findings for unauthorized refill were also removed from 27 of the aforementioned claims since the additional refills were also the result of the monthly dispensing plan limitations.
- After reviewing the Provider's response and documentation submitted for the finding of incorrect prescriber, the findings identified were not revised from the Draft Audit Report. The findings on the claims were upheld due to the Provider failing to provide support that the correct prescriber was identified on the claim. While plan requirements may restrict who is allowed to prescribe certain items, claims submitted for payment should indicate the correct and valid prescriber. Although the supervising physician may have been included on the prescriptions in question, the prescriptions do not support that they were the actual prescriber. It is the Provider's responsibility to ensure that prescriptions support the claims that are submitted for payment.
- After reviewing the Provider's response and documentation submitted for the finding of incomplete directions for use, the finding identified was not revised from the Draft Audit Report. This finding was upheld due to the Provider failing to provide support that the prescribing



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physician requested that the directions included on the prescription label be limited so that the patient, who had already received instruction in the doctor's office, would not be confused.

### Final Determination of Overpayment

The Medicaid paid claims with identified findings are listed in detail in Appendix A of this report. The corresponding overpayment amount in Appendix A is only applicable to the sampled claims Myers and Stauffer reviewed during the audit. The overpayment calculated from our sample is \$12,683.42. The samples were not confirmed to be representative of their universes; therefore, it would not be appropriate to project the test results to the universes.

The total amount due to the HHSC-OIG is \$12,683.42 for the claims reviewed. Based on the findings cited in this Final Audit Report, the Provider is directed to:

- Remit the overpayment in the amount of \$12,683.42, pursuant to 1 TAC §371.1719, Recoupment of Overpayments Identified by Audit, 1 TAC §354.1891, Vendor Drug Providers Subject to Audit, and §354.1892, Exception Notification. Payment is to be made to the Texas HHSC-OIG.
- Comply with all state and federal Medicaid laws, regulations, rules, policies and contractual requirements.

Appendix A - Detailed Findings

Apex Pharmacy  
Project Number 019  
NPI 1629013156

Original Claims Information													Audit Determination								
Sample Line Number	Claims Universe	State Issued Medicaid ID	Claim Number	Prescription Number	Prescribing Provider NPI	Prescribing Provider Name	Drug Name	National Drug Code	No. of Refills Authorized	Refill Number	Date of Service	Date Prescribed	Quantity Dispensed	Days Supply	Dispensing Fee	Total Reimbursed Amount	Finding Type	Supporting Policy Reference(s)	Prescribing Provider Name (if applicable)	Corrected Claim Payment	Overpayment Amount
1	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	5	5			200	33	\$0.75	\$52.35	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.35
2	Other Diabetes						NOVOLOG 100 UNIT/ML VIAL	00169750111	5	4			20	34	\$0.70	\$558.70	INCORRECT PRESCRIBER	A, D		\$0.00	\$558.70
6	Other Diabetes						FREESTYLE LITE TEST STRIP	99073070822	3	1			200	33	\$0.75	\$282.08	INCORRECT PRESCRIBER	A, D		\$0.00	\$282.08
10	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	10	8			200	28	\$0.75	\$52.35	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.35
15	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	1			200	28	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
25	Tresiba						TRESIBA FLEXTOUCH 200 UNIT/	00169255013	6	7			18	32	\$1.00	\$1,190.71	INCORRECT PRESCRIBER	A, D		\$0.00	\$1,190.71
27	Other Diabetes						FREESTYLE LITE TEST STRIP	99073070822	11	3			250	31	\$1.00	\$354.84	INCORRECT PRESCRIBER	A, D		\$0.00	\$354.84
31	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	2			200	34	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
38	Other Diabetes						FREESTYLE TEST STRIPS	99073012050	6	2			200	28	\$0.70	\$280.64	INCORRECT PRESCRIBER	A, D		\$0.00	\$280.64
42	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	6	0			30	30	\$0.70	\$981.16	INCORRECT PRESCRIBER	A, D		\$0.00	\$981.16
48	Tresiba						TRESIBA FLEXTOUCH 200 UNITS	00169255013	6	0			12	32	\$1.00	\$757.10	INCORRECT PRESCRIBER	A, D		\$0.00	\$757.10
51	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	5	2			15	30	\$0.70	\$490.93	INCORRECT PRESCRIBER	A, D		\$0.00	\$490.93
52	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	6	0			200	33	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
56	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	6	8			9	30	\$0.70	\$294.84	INCORRECT PRESCRIBER	A, D		\$0.00	\$294.84
63	Other Diabetes						NOVOLOG 100 UNIT/ML FLEXPEN	00169633910	6	1			12	30	\$0.70	\$431.76	INCORRECT PRESCRIBER	A, D		\$0.00	\$431.76
64	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	5			200	34	\$0.75	\$52.35	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.35
75	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	6	0			6	24	\$0.70	\$196.79	INCORRECT PRESCRIBER	A, D		\$0.00	\$196.79
77	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	5			100	25	\$0.70	\$29.18	INCORRECT PRESCRIBER	A, D		\$0.00	\$29.18
78	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	5	0			15	30	\$0.70	\$490.93	INCORRECT PRESCRIBER	A, D		\$0.00	\$490.93
79	Other Diabetes						LANTUS SOLOSTAR 100 UNIT/ML	0008221905	5	5			15	30	\$0.70	\$410.78	INCORRECT PRESCRIBER	A, D		\$0.00	\$410.78
80	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	8			200	33	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
89	Other Diabetes						NOVOLOG 100 UNITS/ML FLEXPEN	00169633910	6	3			30	33	\$1.00	\$1,090.73	INCOMPLETE DIRECTIONS FOR USE	B, C		\$0.00	\$1,090.73
90	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	9	7			200	30	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
91	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	5			200	34	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
127	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	7			200	28	\$1.00	\$52.92	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.92
129	Tresiba						TRESIBA FLEXTOUCH 200 UNITS	00169255013	6	5			18	30	\$1.00	\$1,135.15	INCORRECT PRESCRIBER	A, D		\$0.00	\$1,135.15
134	Other Diabetes						LANTUS SOLOSTAR 100 UNIT/ML	0008221905	6	4			9	30	\$0.70	\$246.75	INCORRECT PRESCRIBER	A, D		\$0.00	\$246.75
135	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	6	2			200	34	\$0.70	\$57.67	INCORRECT PRESCRIBER	A, D		\$0.00	\$57.67
141	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	6	1			15	33	\$0.70	\$490.93	INCORRECT PRESCRIBER	A, D		\$0.00	\$490.93
149	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	8			200	33	\$0.75	\$52.35	INCORRECT PRESCRIBER	A, D		\$0.00	\$52.35
168	Other Diabetes						HUMALOG 100 UNIT/ML VIAL	00002751001	5	4			30	30	\$0.70	\$790.30	INCORRECT PRESCRIBER	A, D		\$0.00	\$790.30
171	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	0	0			15	30	\$0.70	\$490.93	INCORRECT PRESCRIBER	A, D		\$0.00	\$490.93
175	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	9			200	34	\$0.70	\$57.67	INCORRECT PRESCRIBER	A, D		\$0.00	\$57.67
184	Other Diabetes						UNIFINE PENTIPS 32GX5/32"	08470354001	11	9			200	34	\$0.75	\$58.00	INCORRECT PRESCRIBER	A, D		\$0.00	\$58.00
185	Tresiba						TRESIBA FLEXTOUCH 100 UNIT/	00169266015	6	5			12	30	\$0.75	\$394.89	INCORRECT PRESCRIBER	A, D		\$0.00	\$394.89
187	Other Diabetes						GLUCAGON 1 MG EMERGENCY KIT	00002803101	6	0			2	2	\$0.65	\$540.12	INCORRECT PRESCRIBER	A, D		\$0.00	\$540.12
																\$8.65	\$6,914.36			\$0.00	\$6,914.36
Tresiba																\$20.45	\$5,769.06			\$0.00	\$5,769.06
Other Diabetes																\$29.10	\$12,683.42			\$0.00	\$12,683.42
Totals																					



Legends

Finding Type	Supporting Policy Reference(s)	Definition
INCORRECT PRESCRIBER	A, D	The prescriber identified on the prescription record did not match the prescriber identified on the claim despite holding a valid license and active National Provider Identification (NPI) number.
INCOMPLETE DIRECTIONS FOR USE	B, C	The directions for use printed on the prescription label do not document the full directions for use written on the original prescription order by the prescriber.

Reference	Supporting Policy	Policy
A	1 TAC §354.1835	Unless an exception is needed during a disaster, as described in §354.1868 of this subchapter (relating to Exceptions in Disasters), vendors must enter the identification number of the prescriber, as listed with the appropriate medical specialty board, on each claim.
B	22 TAC §291.31(1)	(1) Accurately as prescribed--Dispensing, delivering, and/or distributing a prescription drug order: (A) to the correct patient (or agent of the patient) for whom the drug or device was prescribed; (B) with the correct drug in the correct strength, quantity, and dosage form ordered by the practitioner; and (C) with correct labeling (including directions for use) as ordered by the practitioner. Provided, however, that nothing herein shall prohibit pharmacist substitution if substitution is conducted in strict accordance with applicable laws and rules, including Chapter562 of the Texas Pharmacy Act.
C	22 TAC §291.32(c)(1)(F)	(F) A dispensing pharmacist shall be responsible for and ensure that the drug is dispensed and delivered safely and accurately as prescribed, unless the pharmacy's data processing system can record the identity of each pharmacist involved in a specific portion of the dispensing processing. If the system can track the identity of each pharmacist involved in the dispensing process, each pharmacist involved in the dispensing process shall be responsible for and ensure that the portion of the process the pharmacist is performing results in the safe and accurate dispensing and delivery of the drug as prescribed. The dispensing process shall include, but not be limited to, drug regimen review and verification of accurate prescription data entry, including prescriptions placed on hold, packaging, preparation, compounding, transferring, labeling, and performance of the final check of the dispensed prescription. An intern has the same responsibilities described in this subparagraph as a pharmacist but must perform his or her duties under the supervision of a pharmacist.
D	Navitus Pharmacy Provider Manual 2016, 2020, 2022	Prescriber Identifiers: Navitus requires the correct and valid NPI of the prescriber be submitted for each claim. No organizational NPI numbers will be accepted.