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 Express Pharmacy #3 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 Express Pharmacy #3 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, Express Pharmacy #3 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 4, 2023

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Final (Audit) Report

Express Pharmacy #3
NPI: 1598256760

Report Date
August 4, 2023

MYERS AND STAUFFER LC
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 Express Pharmacy #3 (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.

The Provider is a community independent pharmacy which operates at 1445 SW Military Drive, San Antonio, Texas 78221. There are two other Express Pharmacy locations in San Antonio and Lockhart; however, the Provider opened in 2018. The pharmacies are owned by JASH Healthcare LLC.

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 and Controlled Substances Act; Texas Controlled Substances 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 $1,300,584 at risk of $5,805,756 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 MCO health plan claims from the final set of claims data provided for audit, with the exception of Superior HealthPlan, covering the period of March 1, 2018, through February 28, 2022, during which the Provider was reimbursed $4,133,639.

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

- Abilify.
- Abilify Maintena ER.
- Aripiprazole.
- Invega ER.
- Invega Sustenna.
- Latuda.
- Olanzapine.
- Olanzapine-Fluoxetine.
- Paliperidone ER.
- Quetiapine ER.
- Quetiapine Fumarate.
- Rexulti.
- Risperidone.
- Saphris.
- Seroquel.
- Seroquel XR.
- Thioridazine.
- Vraylar.
- Ziprasidone HCL.

Furthermore, an additional universe was created to focus on certain other medications. This universe is comprised of the following:

- Budesonide-Formoterol.
- Bydureon Bcise.
- Creon DR.
- Dyanavel XR.
- Esomeprazole Mag DR.
- Ezetimibe.
- Focalin XR.
- Gralise ER.
- Horizant ER.
- Humalog Mix.
- Invokamet.
- Invokana.
- Lantus Solostar.
- Linzess.
- Lyrica.
- Myrbetriq ER.
- Novolog.
- Novolog Mix.
- Onglyza.
- Oxtellar XR.
- Proair HFA.
- Soliqua.
- Symbicort.
- Synjardy.
- Tresiba Flextouch.
- Trokendi XR.
- Trulicity.
- Victoza 3-Pak.
- Vyvanse.
- Xigudo XR.
- Xultophy.
- Ztlido.

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

- **Antipsychotic Medications:** Universe consists of 1,346 claims for 154 unique recipients for which the Provider was reimbursed $600,630. The sample includes 98 claims for 48 unique recipients for which the Provider was reimbursed $120,613.
- **Other Medications:** Universe consists of 2,997 claims for 215 unique recipients for which the Provider was reimbursed $1,626,343. The sample includes 90 claims for 44 unique recipients for which the Provider was reimbursed $68,188.

Audit Process

Scope

The scope of this audit includes the review of Medicaid MCO encounter pharmacy claims 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 HHSC-OIG, if the claims adjudicated for payment through the HHSC VDP claims processing system, the following assumptions will be 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 testing 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 conducted 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 prescriber's 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 TSBP rules concerning 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:”).
  - 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 were 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 pick-up 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 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 10 of 188 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	Controlled Substance Intended Use	The prescription for the Schedule II controlled substance does not include the intended use of the controlled substance or the diagnosis for which the controlled substance was prescribed.	1	Texas Health and Safety Code §481.075(e)(1)
2	Original Prescription Missing Prescriber Address	The original prescription did not meet all record requirements. All original prescriptions shall bear the name, address and telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped.	1	22 TAC §291.34(b)(7)
3	Quantity Dispensed Less Than Prescribed	The quantity dispensed is less than the quantity prescribed without documentation of physician approval.	6	1 TAC §354.1901(b) 22 TAC §291.31(1) 22 TAC §291.32(c)(1)(F) 22 TAC §291.34(b)(1)(A) 22 TAC §291.34(l)
4	Transfer Prescription Information Is Insufficient	The transfer prescription did not meet all record requirements. The transfer prescription did not include the recipient's address, prescriber's address, identification of the transcribing pharmacist, and/or quantity prescribed.	2	22 TAC §291.34(b)(7) 22 TAC §291.34(g)(6)

As demonstrated by the results of this audit, the Provider's overall internal control system appears to be functioning as designed. However, to address the findings included in the table above, the Provider should continue to place additional emphasis on ensuring that the controls in place are designed to

adequately review, document, and retain records to support that the billed services were provided in accordance with required regulations on a consistent basis.

Management's Response

A draft copy of this report was sent to the Provider on July 10, 2023. An exit conference was held on July 19, 2023 to discuss the preliminary findings. During the exit conference, the Provider did not contest the findings and stated they do not have any additional documentation to submit.

Revised Findings

Upon further review of documentation submitted by the Provider during the audit process, the findings were revised resulting in the number of questioned pharmacy claims decreasing from the 11 identified in the Draft Audit Report to 10 questioned pharmacy claims. One finding for quantity dispensed less than prescribed was rescinded as the quantity dispensed was less than prescribed due to plan limitations.

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 $2,145.36. 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 $2,145.36 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 $2,145.36, 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

Express Pharmacy #3

Project Number 021

NPI 1598256760

Original Claims Information																	Audit Determination					
Sample Line Number	Claims Universe	State Issued Medicaid ID	Member Full Name	Claim Number	Prescription Number	Prescribing Provider NPI	Prescribing Provider Name	Drug Name	National Drug Code	DEA Code	Date of Service	Date Prescribed	Quantity Dispensed	Days Supply	Dispensing Fee	Total Reimbursed Amount	Finding Type	Supporting Policy Reference	Recoupment Type	Quantity Prescribed (if applicable)	Corrected Claim Payment	Overpayment Amount
61	[redacted]												56.00	28	$0.05	$779.43	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	60	$779.38	$0.05
112													30.00	30	$0.05	$377.71	CONTROLLED SUBSTANCE INTENDED USE	F	2	N/A	$0.00	$377.71
119													30.00	30	$0.35	$7.36	TRANSFER PRESCRIPTION INFORMATION IS INSUFFICIENT	B, G	2	60	$0.00	$7.36
135													12.00	6	$0.00	$426.50	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	60	$426.50	$0.00
147													50.00	22	$0.05	$1,427.10	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	60	$1,427.05	$0.05
148													84.00	84	$0.05	$1,447.11	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	90	$1,447.06	$0.05
152													50.00	25	$0.35	$1,473.32	ORIGINAL PRESCRIPTION MISSING PRESCRIBER ADDRESS	B	2	58	$0.00	$1,473.32
155													50.00	21	$0.35	$1,473.32	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	60	$1,472.97	$0.35
168													45.00	28	$0.05	$1,594.40	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	60	$1,594.35	$0.05
176													10.20	30	$1.31	$286.42	TRANSFER PRESCRIPTION INFORMATION IS INSUFFICIENT	B, G	2	N/A	$0.00	$286.42
Antipsychotic															**$0.40**	**$1,601.76**					**$1,594.35**	**$7.41**
Other Medications															**$2.21**	**$7,690.91**					**$5,552.96**	**$2,137.95**
Totals															**$2.61**	**$9,292.67**					**$7,147.31**	**$2,145.36**

Legends

Finding Type	Supporting Policy Reference(s)	Recoupment Type	Definition
CONTROLLED SUBSTANCE INTENDED USE	F	2	The prescription for the Schedule II controlled substance does not include the intended use of the controlled substance or the diagnosis for which the controlled substance was prescribed.
ORIGINAL PRESCRIPTION MISSING PRESCRIBER ADDRESS	B	2	The original prescription did not meet all record requirements. All original prescriptions shall bear the name, address and telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped.
QUANTITY DISPENSED LESS THAN PRESCRIBED	A, C, D, E, H	1	The quantity dispensed is less than the quantity prescribed without documentation of physician approval.
TRANSFER PRESCRIPTION INFORMATION IS INSUFFICIENT	B, G	2	The transfer prescription did not meet all record requirements. The transfer prescription did not include the prescriber's address, identification of the transcribing pharmacist, and/or quantity prescribed.

Recoupment Type	Definition
1	Dispensing Fee
2	Full

Policy Reference	Supporting Policy	Policy
A	22 TAC §291.34(l)	(l) Documentation of consultation. When a pharmacist, pharmacist-intern, or pharmacy technician consults a prescriber as described in this section, the individual shall document such occurrences on the hard copy or in the pharmacy's data processing system associated with the prescription and shall include the following information: (1) date the prescriber was consulted; (2) name of the person communicating the prescriber's instructions; (3) any applicable information pertaining to the consultation; and (4) initials or identification code of the pharmacist, pharmacist-intern, or pharmacy technician performing the consultation clearly recorded for the purpose of identifying the individual who performed the consultation if the information is recorded on the hard copy prescription.

Policy Reference	Supporting Policy	Policy
B	22 TAC §291.34(b)(7)	(7) Prescription drug order information. (A) All original prescriptions shall bear: (i) the name of the patient, or if such drug is for an animal, the species of such animal and the name of the owner; (ii) the address of the patient; provided, however, that a prescription for a dangerous drug is not required to bear the address of the patient if such address is readily retrievable on another appropriate, uniformly maintained pharmacy record, such as medication records; (iii) the name, address and telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped, and if for a controlled substance, the DEA registration number of the practitioner; (iv) the name and strength of the drug prescribed; (v) the quantity prescribed numerically, and if for a controlled substance: (I) numerically, followed by the number written as a word, if the prescription is written; (II) numerically, if the prescription is electronic; or (III) if the prescription is communicated orally or telephonically, as transcribed by the receiving pharmacist; (vi) directions for use; (vii) the intended use for the drug unless the practitioner determines the furnishing of this information is not in the best interest of the patient; (viii) the date of issuance; (ix) if a faxed prescription: (I) a statement that indicates that the prescription has been faxed (e.g., Faxed to); and (II) if transmitted by a designated agent, the name of the designated agent; (x) if electronically transmitted: (I) the date the prescription drug order was electronically transmitted to the pharmacy, if different from the date of issuance of the prescription; and (II) if transmitted by a designated agent, the name of the designated agent; and (xi) if issued by an advanced practice nurse or physician assistant in accordance with Subtitle B, Chapter 157, Occupations Code: (I) the name, address, telephone number, and if the prescription is for a controlled substance, the DEA number of the supervising practitioner; and (II) the address and telephone number of the clinic where the prescription drug order was carried out or signed; and (xii) if communicated orally or telephonically: (I) the initials or identification code of the transcribing pharmacist; and (II) the name of the prescriber or prescriber's agent communicating the prescription information. (B) At the time of dispensing, a pharmacist is responsible for documenting the following information on either the original hardcopy prescription or in the pharmacy's data processing system: (i) the unique identification number of the prescription drug order; (ii) the initials or identification code of the dispensing pharmacist; (iii) the initials or identification code of the pharmacy technician or pharmacy technician trainee performing data entry of the prescription, if applicable; (iv) the quantity dispensed, if different from the quantity prescribed; (v) the date of dispensing, if different from the date of issuance; and (vi) the brand name or manufacturer of the drug or biological product actually dispensed, if the drug was prescribed by generic name or interchangeable biological name or if a drug or interchangeable biological product other than the one prescribed was dispensed pursuant to the provisions of the Act, Chapters 562 and563.
C	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.
D	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.
E	1 TAC §354.1901(b)	(b) Providers must dispense the quantity prescribed or ordered by the prescriber except as limited by the policies and procedures described in the Commission's pharmacy provider procedure manual, or as allowed by §354.1868 of this subchapter (relating to Exceptions in Disasters). Where the actual quantity dispensed deviates from the prescribed quantity, the provider must bill for the amount actually dispensed. The quantity of drugs must be entered in the metric decimal quantity field. The quantity shown as the metric decimal quantity unit must be calculated after referencing the pricing unit shown in the Texas Drug Code Index.

Policy Reference	Supporting Policy	Policy
F	Texas Health and Safety Code §481.075(e)(1)	(e) Each prescription used to prescribe a Schedule II controlled substance must contain: (1) information provided by the prescribing practitioner, including: (A) the date the prescription is issued; (B) the controlled substance prescribed; (C) the quantity of controlled substance prescribed, shown numerically; (D) the intended use of the controlled substance, or the diagnosis for which the controlled substance is prescribed, and the instructions for use of the substance; (E) the practitioner's name, address, and Federal Drug Enforcement Administration number issued for prescribing a controlled substance in this state; (F) the name, address, and date of birth or age of the person for whom the controlled substance is prescribed; and (G) if the prescription is issued to be filled at a later date under Section 481.074(d-1), the earliest date on which a pharmacy may fill the prescription; (2) information provided by the dispensing pharmacist, including the date the prescription is filled; and (3) the prescribing practitioner's electronic signature or other secure method of validation authorized by federal law.
G	22 TAC §291.34(g)(6)	(6) The individual receiving the transferred prescription drug order information shall: (A) write the word "transfer" on the face of the prescription or indicate in the prescription record that the prescription was a transfer; and (B) reduce to writing all of the information required to be on a prescription as specified in subsection (b)(7) of this section, and the following: (i) date of issuance and prescription number; (ii) original number of refills authorized on the original prescription drug order; (iii) date of original dispensing; (iv) number of valid refills remaining, and if a controlled substance, the date(s) and location(s) of previous refills; (v) name, address, and if for a controlled substance, the DEA registration number of the transferring pharmacy; (vi) name of the individual transferring the prescription; and (vii) name, address, and if for a controlled substance, the DEA registration number, of the pharmacy that originally dispensed the prescription, if different; or (C) if the prescription is transferred electronically, create an electronic record for the prescription that includes the receiving pharmacist's name and all of the information transferred with the prescription including all of the information required to be on a prescription as specified in subsection (b)(7) of this section, and the following: (i) date of original dispensing; (ii) number of refills remaining and if a controlled substance, the prescription number(s), date(s) and location(s) of previous refills; (iii) name, address, and if for a controlled substance, the DEA registration number; (iv) name of the individual transferring the prescription; and (v) name, address, and if for a controlled substance, the DEA registration number, of the pharmacy that originally filled the prescription.
H	22 TAC §291.34(b)(1)(A)	(A) Pharmacists shall exercise sound professional judgment with respect to the accuracy and authenticity of any prescription drug order they dispense. If the pharmacist questions the accuracy or authenticity of a prescription drug order, he/she shall verify the order with the practitioner prior to dispensing.