Delay Enforcing New Rule on Hazardous Drugs, Pharmacy Groups Urge

NCPA and six other national pharmacy organizations are asking state boards of pharmacy to postpone to 2021 the enforcement date for USP General Chapter <800>. The current enforcement implementation date is scheduled for July 1, 2018. The other organizations are the American Pharmacists Association, the American Society of Consultant Pharmacists, the College of Psychiatric and Neurologic Pharmacists, the International Association of Compounding Pharmacists, the National Alliance of State Pharmacy Associations, and the National Association of Chain Drug Stores.

The organizations believe that an enforcement delay is warranted, similar to the phased-in approach that accompanied the introduction of USP General Chapter <797> Pharmaceutical Compounding – Sterile. The grace period would allow state-licensed practitioners to assess and plan for the significant operational and structural changes needed as well as budget for and obtain the necessary resources.

The purpose of General Chapter <800> is to describe practice and quality standards for handling hazardous drugs in health care settings and help promote patient safety, worker safety, and environmental protection, USP says. The chapter defines processes intended to minimize the exposure to hazardous drugs in health care settings and applies to all health care personnel who handle hazardous drug preparations.

### Independent Pharmacy Today

**Average Number of Rxs Dispensed/Pharmacy Location**

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<th></th>
<th>New Rxs</th>
<th>Renewed Rxs</th>
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<tr>
<td>N</td>
<td>29,532 (49%)</td>
<td>30,961 (51%)</td>
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Average Rx Charge—$56.37

Source: 2016 NCPA Digest, sponsored by Cardinal Health
**ADVOCACY ALERT**

**Lame Duck Congress Could Still Ban Retroactive DIRs**

In the post-election legislative session, Congress could act on legislation that would outlaw retroactive direct and indirect remuneration pharmacy fees in Medicare Part D. Original cosponsors of the Senate bill, S. 3308, are Sens. Shelley Moore Capito (R-W.Va.), Jon Tester (D-Mont.), John Boozman (R-Ark.), and Tom Cotton (R-Ark.). In the House, Reps. Morgan Griffith (R-Va.), Peter Welch (D-Vt.), Lou Barletta (R-Pa.), Rod Blum (R-Iowa), Earl "Buddy" Carter (R-Ga.), Doug Collins (R-Ga.), Rick Crawford (R-Ark.), Walter Jones (R-N.C.), Cathy McMorris Rodgers (R-Wash.), Austin Scott (R-Ga.), and Pete Sessions (R-Texas) are original cosponsors of H.R. 5951. The Senate bill now has nine signed supporters and the House version has 24.

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**THE AUDIT ADVISOR**

**Can Transplant Medications Be Billed to Medicare Part D**

**Q:** The pharmacy just received a prescription for a transplant medication. Can we bill it to Medicare Part D?

**A:** If your pharmacy does not bill for Medicare Part B, be careful about the drugs you are dispensing. Pharmacies are continuing to see full recoupment on transplant drugs that should have been billed to Medicare Part B, not Part D. Medicare B will pay for transplant drugs if Medicare covered the transplant.

Here's a list of the most common transplant medications:

- Azathioprine (Imuran)
- Mycophenolate Mofetil or Sodium (CellCept or Myfortic)
- Cyclosporine A (Neoral or Sandimmune generics)
- Prednisone (Deltasone)
- Everolimus (Zortress)
- Sirolimus (Rapamune)
- Methylprednisolone (Medrol)
- Tacrolimus (Prograf)

When you receive prescriptions for these medications, ask the patient if they've had a transplant. If they have and you do not bill for Part B, do not fill these prescriptions. The claim may not reject, but the insurance company will turn around and take back a full recoupment. If the patient is using the medication for another diagnosis, verify the diagnosis code with their physician. Having the diagnosis code will help protect you in an audit. For a list of more transplant drugs, please visit http://bit.ly/paas-transplant.

By Mark Jacobs, RPh, PAAS National®, the Pharmacy Audit Assistance Service. For more information, call 888-870-7227 toll-free, or visit www.paasnational.com.