

# Pharmacy Auditing and Dispensing Job Aid: Billing Kits

Pharmacists and their staff members have a responsibility to ensure patients receive the correct medication in the correct dosage form. The correct billing of selected dosage forms can sometimes be difficult to decipher. A National Council for Prescription Drug Programs (NCPDP) pharmacist explains, “Billing unit errors can have serious consequences when State Medicaid agencies are involved, as underpayment or overpayment of rebates could generate a fraud investigation by the State or by the Centers for Medicare and Medicaid Services (CMS).”[1] The NCPDP billing unit standard (BUS) helps pharmacists and staff members submit accurate claims for pharmaceutical products. NCPDP created the BUS to provide guidance to pharmacy claims software developers and to promote uniformity and consistency across standard billing units.[2] The standards implemented by NCPDP address billing unit inconsistencies in the health care delivery industry that may result in incorrect reimbursement or difficulties defining what constitutes a billing unit. The standards provide a consistent and well-defined billing unit for use in pharmacy transactions, provide a method to assign a standard billing unit, reduce the time it takes for a pharmacist to accurately bill a prescription and get paid correctly, provide a standard billing unit for use in the calculation of accurate reimbursement, and provides a standard size unit of measure for use in drug utilization review.[3]

The BUS employs only three billing units to describe any and all drug products. These billing units are milliliter, gram, and each.[4] Items billed as “milliliter” include any product measured by liquid volume, such as injectable products of 1 milliliter or greater, reconstitutable non-injectable products at the final volume after reconstitution, and some inhalers. Items billed as “grams” include those measured by weight, such as creams or ointments in packages of 1 gram or greater, and some inhalers. Items billed as “each” include tablets, capsules, suppositories, transdermal patches, non-filled syringes, tapes, blister packs, oral powder packets, powder-filled vials for injection, unit-of-use packages with less than 1 milliliter or gram, and kits.[5] Pharmaceutical manufacturers often incorporate a variety of materials in the packaging for marketed products. While it may seem logical to consider a packaged product that contains more than one item as a kit, keep in mind that the following items included with a drug should be ignored for purposes of billing. The billing unit of the drug item determines the billing unit for the packaged product:

- Syringes;
- Mixing containers;
- Needles;
- Nit combs;
- Diluents;
- Measuring devices;
- Tubing for administration;
- Finger cots;
- Applicators;
- Oral syringes;
- Actuation devices (for example, lancets and lancet devices);
- Mandatory patient education information; and
- Inhalation aids (for example, spacers).[6]

The BUS defines kits as products having at least two different or discreet items in the same package, intended for the dispensing as a unit.[7] Kits carry only a single national drug code (NDC) and are designed with the intent to be dispensed and billed as a unit of each. However, pharmacists and staff members often submit claims for kits using the incorrect billing unit. Staff members may submit a claim in excess of the appropriate BUS by submitting a claim for

a kit by the number of syringes, milliliters, applicators, or grams instead of by the kit. Staff members may submit a claim for an insufficient quantity of product by submitting a claim for a kit when another billing unit was appropriate.

In addition to selecting the correct billing unit, calculation of the correct days' supply can also be confusing. The dose of a drug is the quantitative amount of drug for administration or consumption that will produce the desired effect. If the calculated quantity does not appear on the prescription blank, the pharmacist or staff member must multiply the number of doses per day by the number of days treatment is required to calculate the quantity to be dispensed. To calculate the days' supply, the pharmacist or staff member should divide the given or calculated quantity by the number of doses per day. However, days' supply calculation is not always easy or intuitive when the pharmacist or staff member must consider kits, complex dosing regimens, and atypical dosing regimens. Arriving at the correct days' supply is as important as using the correct BUS when billing Medicaid. An incorrect days' supply calculation can cause the beneficiary to receive the wrong amount of medication, can cause claim rejections, or may raise audit red flags.[8]

## Dosage Calculations

Follow these steps to calculate the correct days' supply based on injectable dosage forms.

### Oral Products

Divide the number of doses dispensed (capsules, tablets, or milliliters) by the number of daily doses. For example, 30 doses divided by 3 doses per day equals 10 days' supply. When calculating pro re nata (prn) or "as-needed" dosing, use the maximum allowable daily dose as the number of daily doses. For example, if the drug is prescribed every 4 to 6 hours as needed, with a quantity of 42 doses, calculate the days' supply by dividing 42 doses by 6 doses per day to determine a 7 days' supply. If the product is not dosed daily, multiply the number of doses dispensed by the dosing interval. For example, 4 doses multiplied by 7 days per dose equals 28 days' supply. When dispensing a single dose, determine the days' supply by considering only the dosing interval. For example, if 1 dose of ibandronate 150 milligrams is dispensed, the correct days' supply is 30 based on the approved dosing interval of 30 days for ibandronate 150 milligrams.[9] For inconsistent dosing intervals, calculate the days' supply by considering the total time elapsed for the beneficiary to use the entire amount of product dispensed. For example, if a drug is dosed once daily on days 0, 7, and 21, the correct days' supply would be 21. For reconstituted non-injectable products, calculate the days' supply using the final volume after reconstitution in milliliters, considering stability and beyond-use dates after reconstitution.

### Injectable Products

Divide the total number of milliliters of the product available in vials, ampules, or syringes by the number of milliliter daily doses. If the injectable product is provided as a powder-filled vial for injection, the BUS for each vial is "each." In this case, calculate the days' supply by dividing the total number of vials to be dispensed by the number of vials to be used daily.

### Topical Products

Consider the frequency and size of the area to be treated. Generally, the smallest package size available should be sufficient to treat for Food and Drug Administration labeled indications. Also, consider the "Rule of Hand"—each gram will usually cover an area represented by four handprints.[10] For complex chronic conditions and those that involve frequent or large treatment areas, work with the prescriber to determine the maximum amount of topical product the beneficiary may need. Document all calculations and prescriber clarification on the prescription blank. When dispensing a unit dose product of less than 1 gram per unit dose, consider each unit dose "each." Calculate the days' supply by dividing the number of unit doses by the number of doses prescribed per day.[11]

Because kits may include a variety of dosage forms, calculate the appropriate days' supply by determining the length of time it would take the patient to use the entire active ingredient contents of a kit. For example, if the kit contains alcohol pads in addition to an injectable liquid, determine the days' supply based only on the injectable liquid.

## Kits Billing Unit Standard and Days' Supply Matrix

Please review Table 1 to help identify the correct BUS and the correct days' supply for products available as kits that are commonly associated with billing errors.

**Table 1. Kits Billing Unit Standard and Days' Supply Matrix**

Brand Name of Drug	Generic Name of Drug	Dosage Form	Billing Errors	National Drug Code	Package Size	Common Incorrect Billing Quantity	Common Incorrect Billing Units	Common Incorrect Days' Supply	Correctly Billed Quantity	Correctly Billed Units	Correctly Billed Days' Supply	Labeled Indications & Dose
Moviprep[12]	Ascorbic acid/polyethylene glycol/potassium chloride/sodium ascorbate/sodium chloride	Oral solution kit	Excessive quantity when billed for number of milliliters instead of by the kit.	65649020175	2000 ml	2000	ml	2 days	1	Each (kit)	2 days	Bowel cleansing (2 doses): 240 ml every 15 minutes until all solution is consumed. Repeat with second dose on day 1 or day 2 depending on prescribing instructions.
Nulytely[13]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters.	52268040001	4000 ml	1	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.
Gavilyte-n[14]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters.	43386005019	4000 ml	1	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.
Trilyte[15]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters.	51525683104	4000 ml	1	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.
Golytely[16]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters.	52268010001	4000 ml	4000 ml	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.

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Gavilyte-C[17]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters.	43386006019	4000 ml	1	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.
Gavilyte-G[18]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters	43386009019	4000 ml	1	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.
Colyte [19]	Polyethylene glycol/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate	Oral solution kit	Insufficient quantity when billed for a kit instead of number of milliliters	00037682004	4000 ml	1	Kit	1 day	4000	ml	1 day	Bowel cleansing: 240 ml every 10 minutes, until 4 liters are consumed or the rectal effluent is clear.
Cimzia	Certolizumab	Injectable solution kit	Excessive quantity when billed for number of milliliters instead of by the kit.	50474070062	200 mg per ml per vial x 2 vials per box plus alcohol swabs	2	ml	28 days	1	Each (kit)	28 days	Crohn's disease: 400 mg initially and at weeks 2 and 4. If response occurs, follow with 400 mg every 4 weeks. Rheumatoid arthritis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week; for maintenance dosing, 400 mg every 4 weeks can be considered. Psoriatic arthritis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week; for maintenance dosing, 400 mg every 4 weeks can be considered. Ankylosing spondylitis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week or 400 mg every 4 weeks.

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Cimzia	Certolizumab	Prefilled syringe kit	Excessive quantity when billed for number of milliliters instead of trays.	50474071081	200 mg per ml per vial x 2 syringes per box tray plus alcohol swabs x 3 trays per box	6	Syringes	28 days	3	Each (kit)	28 days	Crohn's disease: 400 mg initially and at weeks 2 and 4. If response occurs, follow with 400 mg every 4 weeks. Rheumatoid arthritis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week; for maintenance dosing, 400 mg every 4 weeks can be considered. Psoriatic arthritis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week; for maintenance dosing, 400 mg every 4 weeks can be considered. Ankylosing spondylitis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week or 400 mg every 4 weeks.
Cimzia [20]	Certolizumab	Prefilled syringe kit	Excessive quantity when billed for number of milliliters instead of by the kit.	50474071079	200 mg per ml per vial x 2 syringes per box tray plus alcohol swabs	2	Syringes	28 days	1	Each (kit)	28 days	Crohn's disease: 400 mg initially and at weeks 2 and 4. If response occurs, follow with 400 mg every 4 weeks. Rheumatoid arthritis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week; for maintenance dosing, 400 mg every 4 weeks can be considered. Psoriatic arthritis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week; for maintenance dosing, 400 mg every 4 weeks can be considered. Ankylosing spondylitis: 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week or 400 mg every 4 weeks.
Diastat	Diazepam	Prefilled applicator kit	Excessive quantity when billed for number of applicators instead of by the kit.	66490065020	0.005 mg/mg - 2.5 mg per 0.5 ml per syringe x 2 syringes per box	10	Applicators	30 days	5	Each (kit)	30 days	Increased seizure activity: 0.2 to 0.5 mg/kg initially; may repeat 4 to 12 hours after the first dose. May treat no more than 5 episodes per month and no more than 1 episode every 5 days.
Diastat	Diazepam	Prefilled applicator kit	Excessive quantity when billed for number of applicators instead of by the kit.	00187065820	0.005 mg/mg - 10 mg per 2 ml per syringe x 2 syringes per box	10	Applicators	30 days	5	Each (kit)	30 days	Increased seizure activity: 0.2 to 0.5 mg/kg initially; may repeat 4 to 12 hours after the first dose. May treat no more than 5 episodes per month and no more than 1 episode every 5 days.

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Diastat[21]	Diazepam	Prefilled applicator kit	Excessive quantity when billed for number of applicators instead of by the kit.	00187065920	0.005 mg/mg - 20 mg per 4 ml per syringe x 2 syringes per box	10	Applicators	30 days	5	Each (kit)	30 days	Increased seizure activity: 0.2 to 0.5 mg/kg initially; may repeat 4 to 12 hours after the first dose. May treat no more than 5 episodes per month and no more than 1 episode every 5 days.
Picato	Ingenol mebutate	Topical gel kit	Excessive quantity when billed for number of applications instead of tubes.	50222050247	0.015% 0.25 grams per tube x 3 tubes per carton	9	Applications	3 days	3	Each (unit of use tube of less than 1 g)	3 days	Actinic keratosis on the face and scalp: apply to the affected area using 1 unit dose tube once daily for 3 consecutive days.
Picato[22]	Ingenol mebutate	Topical gel kit	Excessive quantity when billed for number of applications instead of tubes.	50222050347	0.05% 0.25 grams per tube x 2 tubes per carton	4	Applications	2 days	2	Each (unit of use tube of less than 1 g)	2 days	Actinic keratosis on the face and scalp: apply to the affected area using 1 unit dose tube once daily for 3 consecutive days.
Avonex[23]	Interferon beta-1a	Prefilled syringe kit	Excessive quantity when billed for number of syringes instead of by the kit.	59627000205	0.06 mg/ml - 30 mcg in 0.5 ml syringe x 4	4	Syringes	28 days	1	Each (kit)	28 days	Multiple sclerosis: 30 mcg once a week.

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Lamictal	Lamotrigine	Oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173059402	49 tablets per kit	1	Kit	35 days	49	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.
Lamictal	Lamotrigine	Oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173081728	98 tablets per kit	1	Kit	35 days	49	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.
Lamictal	Lamotrigine	Oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173078000	56 tablets per ODT green titration kit	1	Kit	35 days	56	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.

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Lamictal	Lamotrigine	Oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173077900	28 tablets per ODT blue titration kit	1	Kit	35 days	28	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.
Lamictal[24]	Lamotrigine	Oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173077800	35 tablets per ODT orange titration kit	1	Kit	35 days	35	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.
Lamictal XR	Lamotrigine	Extended release oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173075900	35 tablets per 50 mg green titration kit	1	Kit	35 days	35	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.

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Lamictal XR	Lamotrigine	Extended release oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173076000	35 tablets per orange titration kit	1	Kit	35 days	35	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.
Lamictal XR[25]	Lamotrigine	Extended release oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	00173075800	28 tablets per blue titration kit	1	Kit	35 days	28	Each (tablet)	35 days	Epilepsy (monotherapy in patients aged 16 years and older for partial-onset seizures), epilepsy (adjunctive therapy in patients aged 2 years and older for partial-onset seizures, primary generalized tonic-clonic seizures, and generalized seizures of lennox-gastaut syndrome), and maintenance treatment of bipolar disorder in adults. Factors impacting initial dose, dose escalation, and maintenance therapy may include: age, indication, concurrent medication therapy, renal and hepatic function, and history of allergy or rash to other anti-epileptic drugs.
Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply.	00074366303	7.5 mg per ml x 1.5 ml per syringe; alcohol swab	1	Kit	28 days	1	Each (kit)	84 days	Endometriosis, including pain relief and reduction of endometriotic lesions: 3.75 mg (1 month kit) or 11.25 mg (3 month kit) via intramuscular injection for no more than 6 months. Uterine leiomyomata (fibroids): 3.75 mg (1 month kit) or 11.25 mg (3 month kit) via intramuscular injection for no more than 3 months.
Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply.	00074364103	3.75 mg per ml per syringe; alcohol swab	1	Kit	1 day	1	Each (kit)	28 days	Endometriosis, including pain relief and reduction of endometriotic lesions: 3.75 mg (1 month kit) or 11.25 mg (3 month kit) via intramuscular injection for no more than 6 months. Uterine leiomyomata (fibroids): 3.75 mg (1 month kit) or 11.25 mg (3 month kit) via intramuscular injection for no more than 3 months.

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Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply.	00074228203	11.25 mg per ml per syringe; alcohol swab	1	Kit	1 day	1	Each (kit)	28 days	Central precocious puberty: starting dose 7.5 mg (body weight less than or equal to 25 kg), 11.25 mg (body weight greater than 25 kg up to 37.5 kg), or 15mg (body weight greater than 37.5 kg) administered as a single intramuscular injection once a month. If adequate hormonal and clinical suppression is not achieved with starting dose, increase to next available higher dose at the next monthly injection. Similarly, the dose may be adjusted with changes in body weight.
Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply.	00074244003	15 mg per ml per syringe; alcohol swab	1	Kit	1 day	1	Each (kit)	28 days	Central precocious puberty: starting dose 7.5 mg (body weight less than or equal to 25 kg), 11.25 mg (body weight greater than 25 kg up to 37.5 kg), or 15mg (body weight greater than 37.5 kg) administered as a single intramuscular injection once a month. If adequate hormonal and clinical suppression is not achieved with starting dose, increase to next available higher dose at the next monthly injection. Similarly, the dose may be adjusted with changes in body weight.
Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply.	00074347303	30 mg per ml x 1.5 ml per syringe; alcohol swab	1	Kit	28 days	1	Each (kit)	144 days	Palliative treatment of advanced prostatic cancer: 7.5 mg for 1-month administration, 22.5 mg for 3-month administration, 30 mg for 4-month administration, and 45 mg for 6-month administration.
Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply.	00074364203	7.5 mg per ml per syringe; alcohol swab	1	Kit	1 day	1	Each (kit)	28 days	Palliative treatment of advanced prostatic cancer: 7.5 mg for 1-month administration, 22.5 mg for 3-month administration, 30 mg for 4-month administration, and 45 mg for 6-month administration.
Lupron	Leuprolide	Prefilled syringe kit	Incorrect days' supply; or excessive quantity when billed for number of milliliters instead of by the kit.	00074334603	15 mg per ml x 1.5 ml per syringe; alcohol swab	1.5	ml	28 days	1	Each (kit)	84 days	Palliative treatment of advanced prostatic cancer: 7.5 mg for 1-month administration, 22.5 mg for 3-month administration, 30 mg for 4-month administration, and 45 mg for 6-month administration.

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Lupron[26]	Leuprolide	Prefilled syringe kit	Incorrect days' supply; or excessive quantity when billed for number of milliliters instead of by the kit.	00074368303	20 mg per ml x 1.5 ml per syringe; alcohol swab	1.5	ml	28 days	1	Each (kit)	112 days	Palliative treatment of advanced prostatic cancer: 7.5 mg for 1-month administration, 22.5 mg for 3-month administration, 30 mg for 4-month administration, and 45 mg for 6-month administration.
Centany AT[27]	Mupirocin topical ointment	Topical ointment kit	Excessive quantity when billed for number of grams instead of by the kit.	43538031030	Mupirocin 0.02 mg/mg topical ointment - one 30-gram tube	30	g	5 days	1	Each (kit)	5 days	Impetigo due to staphylococcus aureus and streptococcus pyogenes: apply a small amount to the affected area three times daily.
Pegasys	Peginterferon alfa-2a	Prefilled syringe kit	Excessive quantity when billed for number of syringes instead of by the kit.	00004035239	180 mcg per 0.5 ml per syringe x 4 syringes per box with alcohol swabs	4	Syringes	28 days	1	Each (kit)	28 days	Chronic hepatitis c all genotypes (adults): administer 180 mcg by subcutaneous injection once weekly for 48 weeks. Chronic hepatitis c (pediatric patients): administer 180 mcg/1.73 m <sup>2</sup> x BSA by subcutaneous (sub-Q) injection once weekly, to a maximum dose of 180 mcg for 48 weeks for genotype 2 or 3 and 24 weeks for all other genotypes. Chronic hepatitis B (adults): administer 180 mcg by subcutaneous injection once weekly for 48 weeks.
Pegasys[28]	Peginterferon alfa-2a	Prefilled syringe	Insufficient quantity when billed for a kit instead of number of milliliters.	00004035730	180 mcg per 0.5 ml per syringe x 4 syringes per box	1	Kit	28 days	2	ml	28 days	Chronic hepatitis c all genotypes (adults): administer 180 mcg by subcutaneous injection once weekly for 48 weeks. Chronic hepatitis c (pediatric patients): administer 180 mcg/1.73 m <sup>2</sup> x BSA by sub-Q injection once weekly, to a maximum dose of 180 mcg for 48 weeks for genotype 2 or 3 and 24 weeks for all other genotypes. Chronic hepatitis B (adults): administer 180 mcg by subcutaneous injection once weekly for 48 weeks.

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Brand Name of Drug	Generic Name of Drug	Dosage Form	Billing Errors	National Drug Code	Package Size	Common Incorrect Billing Quantity	Common Incorrect Billing Units	Common Incorrect Days' Supply	Correctly Billed Quantity	Correctly Billed Units	Correctly Billed Days' Supply	Labeled Indications & Dose
Xarelto[29]	Rivaroxaban	Oral tablet	Insufficient quantity when billed for a kit instead of number of tablets.	50458058451	51 tablets	1	Kit	28 days	51	Each (tablet)	28 days	Treatment of deep vein thrombosis or treatment of pulmonary embolism: 15 mg twice daily for first 21 days. After 21 days, transition to 20 mg once daily for remaining treatment.
Tobi[30]	Tobramycin 28 mg	Capsules	Insufficient quantity when billed for a kit instead of number of capsules.	00078063035	224 capsules	1	Kit	28 days	224	Each (capsule)	28 days	Management of cystic fibrosis patients with pseudomonas aeruginosa: 4 28-mg capsules twice daily for 28 days.

g = grams    kg = kilograms    mcg = micrograms    mg = milligram(s)    ml = milliliter(s)

To see the electronic version of this job aid and the other products included in the “Pharmacy Self-Auditing: Control Practices to Improve Medicaid Program Integrity and Quality” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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