Pharmacy Auditing and Dispensing Job Aid: Billing Injectable Products

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 started 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]

Occasionally, pharmacists and pharmacy staff members submit claims for injectable products using the incorrect billing unit. Staff members may submit a claim in excess of the appropriate BUS by submitting a claim for an injectable product by the number of syringes, vials, or injections instead of by the milliliter. Staff members may also submit a claim for the incorrect days' supply when the staff member does not consider the dosing interval of the injectable.

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.[6]

Dosage Calculations for Injectable Dosage Forms

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

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.

Special Situations – Insulin

To calculate the days' supply for insulin, first calculate the total number of units to be dispensed by multiplying the number of units per milliliter by the number of milliliters to be dispensed. Then divide the total number of units to be dispensed by the number of units prescribed per day. Keep in mind, some insulin products have an expiration date after opening. The days' supply should not exceed the expiration date after opening. For as directed per sliding scale directions, consult the prescriber to determine the maximum number of units that may be administered daily and use this maximum value to correctly calculate the days' supply.

Injectable Products Billing Unit Standard and Days' Supply Matrix

Please review the following tables to help identify the correct BUS and the correct days' supply for injectable products commonly associated with billing errors.

Table 1. Anticoagulants

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
Lovenox	Enoxaparin	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00075062161	100 mg/ml x 0.6 ml prefilled syringe	14	Syringes	7 days	8.4	ml	7 days	Prophylaxis of deep vein thrombosis (DVT): 30 mg by subcutaneous (sub-Q) injection every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and pulmonary embolism (PE): 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until international normalized ratio (INR) 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.

Table 1. Anticoagulants (cont.)

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
Lovenox	Enoxaparin	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00075062040	100 mg/ml x 0.4 ml prefilled syringe	10	Syringes	10 days	4	ml	10 days	Prophylaxis of DVT: 30 mg by sub-Q every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and (PE): 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until INR 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.
Lovenox	Enoxaparin	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00075062430	100 mg/ml x 0.3 ml prefilled syringe	10	Syringes	10 days	3	ml	10 days	Prophylaxis of DVT: 30 mg by sub-Q every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and (PE): 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until INR 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.

Table 1. Anticoagulants (cont.)

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
Lovenox	Enoxaparin	Prefilled syringe	This strength and package size not commonly associated with billing errors.	00075062300	100 mg/ml x 1 ml prefilled syringe	14	Syringes	7 days	14	ml	7 days	Prophylaxis of DVT: 30 mg by sub-Q every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and (PE): 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until INR 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.
Lovenox	Enoxaparin	Prefilled syringe	This strength and package size not commonly associated with billing errors.	00075291501	150 mg/ml x 1 ml prefilled syringe	14	Syringes	7 days	14	ml	7 days	Prophylaxis of DVT: 30 mg by sub-Q every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and (PE: 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until INR 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.

Table 1. Anticoagulants (cont.)

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
Lovenox	Enoxaparin	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00075801810	100 mg/ml x 0.8 ml prefilled syringe	14	Syringes	7 days	11.2	ml	7 days	Prophylaxis of DVT: 30 mg by sub-Q every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and (PE): 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until INR 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.
Lovenox[7, 8]	Enoxaparin	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00075802210	150 mg/ml x 0.8 ml prefilled syringe	14	Syringes	7 days	11.2	ml	7 days	Prophylaxis of DVT: 30 mg by sub-Q every 12 hours in patients undergoing hip or knee replacement surgery beginning 12 to 24 hours after surgery, provided hemostasis has been established. For hip replacement surgery, a dose of 40 mg once daily given 12 hours prior to surgery may be considered. It is recommended that continued prophylaxis be administered for 3 weeks. The usual duration of administration is 7 to 10 days. DVT prophylaxis in medical patients at risk due to severely restricted mobility during acute illness: 40 mg by sub-Q once a day for 6 to 11 days. Outpatient treatment of DVT and (PE): 1 mg/kg by sub-Q every 12 hours. Treatment should be continued for a minimum of 5 days until INR 2 to 3 achieved with warfarin sodium. The average duration of administration is 7 days. Prophylaxis of ischemic complications of unstable angina and non-q-wave myocardial infarction: 1 mg/kg by sub-Q every 12 hours. Treatment should be prescribed for a minimum of 2 days and continued until clinical stabilization. The usual duration of treatment is 2 to 8 days.

Table 1. Anticoagulants (cont.)

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
Arixtra	Fondaparinux	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00007323211	12.5 mg/ml - 5 mg in 0.4 ml syringe x 10 per box	7	Syringes	7 days	2.8	ml	7 days	Prophylaxis of DVT: 2.5 mg by sub-Q once daily after hemostasis has been established. The initial dose should be given no earlier than 6 to 8 hours after surgery and continued for 5 to 9 days. For patients undergoing hip fracture surgery, extended prophylaxis up to 24 additional days is recommended. DVT and PE: 5 mg (body weight <50 kg), 7.5 mg (50 to 100 kg), or 10 mg (>100 kg) by sub-Q once daily. Treatment should continue for at least 5 days until INR 2 to 3 achieved with warfarin sodium.
Arixtra	Fondaparinux	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00007323611	12.5 mg/ml - 10 mg in 0.8 ml syringe x 10 per box	7	Syringes	7 days	5.6	ml	7 days	Prophylaxis of DVT: 2.5 mg by sub-Q once daily after hemostasis has been established. The initial dose should be given no earlier than 6 to 8 hours after surgery and continued for 5 to 9 days. For patients undergoing hip fracture surgery, extended prophylaxis up to 24 additional days is recommended. DVT and PE: 5 mg (body weight <50 kg), 7.5 mg (50 to 100 kg), or 10 mg (>100 kg) by sub-Q once daily. Treatment should continue for at least 5 days until INR 2 to 3 achieved with warfarin sodium.
Arixtra	Fondaparinux	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00007323411	12.5 mg/ml - 7.5 mg in 0.6 ml syringe x 10 per box	7	Syringes	7 days	4.2	ml	7 days	Prophylaxis of DVT: 2.5 mg by sub-Q once daily after hemostasis has been established. The initial dose should be given no earlier than 6 to 8 hours after surgery and continued for 5 to 9 days. For patients undergoing hip fracture surgery, extended prophylaxis up to 24 additional days is recommended. DVT and PE: 5 mg (body weight <50 kg), 7.5 mg (50 to 100 kg), or 10 mg (>100 kg) by sub-Q once daily. Treatment should continue for at least 5 days until INR 2 to 3 achieved with warfarin sodium.
Arixtra[9]	Fondaparinux	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00007323011	5 mg/ml - 2.5 mg in 0.5 ml syringe x 10 per box	7	Syringes	7 days	3.5	ml	7 days	Prophylaxis of DVT: 2.5 mg by sub-Q once daily after hemostasis has been established. The initial dose should be given no earlier than 6 to 8 hours after surgery and continued for 5 to 9 days. For patients undergoing hip fracture surgery, extended prophylaxis up to 24 additional days is recommended. DVT and PE: 5 mg (body weight <50 kg), 7.5 mg (50 to 100 kg), or 10 mg (>100 kg) by sub-Q once daily. Treatment should continue for at least 5 days until INR 2 to 3 achieved with warfarin sodium.

kg = kilograms mg = milligram(s) ml = milliliter(s)

Table 2. Antidiabetic agents

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
Byetta	Exenatide	Prefilled syringe	Excessive quantity when billed for number of injections instead of ml.	00310651201	0.005 mg/actuations - 60 actuations per 1.2 ml	60	Injections	30 days	1.2	ml	30 days	Type 2 diabetes mellitus: 5 mcg per dose twice daily; increase to 10 mcg twice daily after 1 month based on clinical response.
Byetta[10]	Exenatide	Prefilled syringe	Excessive quantity when billed for number of injections instead of ml.	00310652401	0.01 mg/actuations - 60 actuations per 2.4 ml	60	Injections	30 days	1.2	ml	30 days	Type 2 diabetes mellitus: 5 mcg per dose twice daily; increase to 10 mcg twice daily after 1 month based on clinical response.

mcg = micrograms mg = milligram(s) ml = milliliter(s)

Table 3. Biologic therapy agents

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
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074433907	50 mg/ml x 0.8 ml pens plus alcohol pad x 4 trays per box	4	Trays	4 days	4	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.

Table 3. Biologic therapy agents (cont.)

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
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074379903	50 mg/ml x 0.8 ml syringes plus alcohol pad x 3 trays per box	3	Trays	3 days	3	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074937402	50 mg/ml x 0.4 ml syringes plus alcohol pad x 2 trays per box	2	Trays	2 days	2	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074379906	50 mg/ml x 0.8 ml syringes plus alcohol pad x 6 trays per box	6	Trays	6 days	6	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.

Table 3. Biologic therapy agents (cont.)

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
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074379902	50 mg/ml x 0.8 ml syringes plus alcohol pad x 2 trays per box	2	Trays	2 days	2	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074433902	50 mg/ml x 0.8 ml pens plus alcohol pad x 2 trays per box	2	Trays	2 days	2	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.
Humira	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074634702	50 mg/ml x 0.2 ml syringes plus alcohol pad x 2 trays per box	2	Trays	2 days	2	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.

Table 3. Biologic therapy agents (cont.)

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
Humira[11]	Adalimumab	Prefilled syringe	Incorrect days' supply.	00074433906	50 mg/ml x 0.8 ml pens plus alcohol pad x 6 trays per box	6	Trays	6 days	6	Each (tray)	28 days	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis: 40 mg every other week. Juvenile idiopathic arthritis: 10 to 40 mg every other week. Adult Crohn's disease and ulcerative colitis: initial dose (day 1): 160 mg, second dose two weeks later (day 15): 80 mg, two weeks later (day 29): begin a maintenance dose of 40 mg every other week. Pediatric Crohn's disease: initial dose (day 1): 80 mg to 160 mg, second dose two weeks later (day 15): 40 mg to 80mg, two weeks later (day 29): begin a maintenance dose of 20 mg to 40 mg every other week. Plaque psoriasis: 80 mg initial dose followed by 40 mg every other week starting one week after initial dose.
Kineret[12]	Anakinra	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	66658023428	149 mg/ml - 100 mg per 0.67 ml per syringe x 7 syringes per tray x 4 trays per pack	28	Syringes	28 days	18.76	ml	28 days	Active rheumatoid arthritis: 100 mg/ 0.67 ml syringe administered by sub-Q injection once per day. Cryopyrin-associated period syndromes (caps): starting dose is 1-2 mg/kg per day. Dose may be individually adjusted to a maximum of 8 mg/kg.
Enbrel	Etanercept	Injectable solution	This strength and package size not commonly associated with billing errors.	58406042534	25 mg per 1 ml vial x 4 multiple use vials	8	Vials	28 days	8	ml	28 days	Adult rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis: 50 mg once weekly. Adult plaque psoriasis: 50 mg twice weekly for 3 months, followed by 50 mg once weekly. Polyarticular juvenile idiopathic arthritis: 0.8 mg/kg weekly, with a maximum of 50 mg per week.
Enbrel	Etanercept	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	58406043504	50mg in 0.98 ml syringe x 4 syringes per box	8	Syringes	28 days	7.84	ml	28 days	Adult rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis: 50 mg once weekly. Adult plaque psoriasis: 50 mg twice weekly for 3 months, followed by 50 mg once weekly. Polyarticular juvenile idiopathic arthritis: 0.8 mg/kg weekly, with a maximum of 50 mg per week.
Enbrel[13]	Etanercept	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	58406045504	50 mg/ml - 25mg in 0.51 ml syringe x 4 syringes per box	4	Syringes	28 days	2.04	ml	28 days	Adult rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis: 50 mg once weekly. Adult plaque psoriasis: 50 mg twice weekly for 3 months, followed by 50 mg once weekly. Polyarticular juvenile idiopathic arthritis: 0.8 mg/kg weekly, with a maximum of 50 mg per week.

Table 3. Biologic therapy agents (cont.)

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
Simponi	Golimumab	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	57894007001	100 mg/ml - 50 mg per 0.5 ml per syringe	1	Syringe	28 days	0.5	ml	28 days	Moderate to severely active rheumatoid arthritis, active psoriatic arthritis, and active ankylosing spondylitis: 50 mg/0.5 ml syringe administered by sub-Q injection once a month. Ulcerative colitis: 200 mg initially, administered by sub-Q injection at week 0, followed by 100 mg at week 2 and then 100 mg every 4 weeks.
Simponi	Golimumab	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	57894007002	100 mg/ml - 50 mg per 0.5 ml per syringe	1	Syringe	28 days	0.5	ml	28 days	Moderate to severely active rheumatoid arthritis, active psoriatic arthritis, and active ankylosing spondylitis: 50 mg/0.5 ml syringe administered by sub-Q injection once a month. Ulcerative colitis: 200 mg initially, administered by sub-Q injection at week 0, followed by 100 mg at week 2 and then 100 mg every 4 weeks.
Simponi	Golimumab	Prefilled syringe	This strength and package size not commonly associated with billing errors.	57894007101	100 mg per 1 ml per syringe	1	Syringe	28 days	1	ml	28 days	Moderate to severely active rheumatoid arthritis, active psoriatic arthritis, and active ankylosing spondylitis: 50 mg/0.5 ml syringe administered by sub-Q injection once a month. Ulcerative colitis: 200 mg initially, administered by sub-Q injection at week 0, followed by 100 mg at week 2 and then 100 mg every 4 weeks.
Simponi[14]	Golimumab	Prefilled syringe	This strength and package size not commonly associated with billing errors.	57894007102	100 mg per 1 ml per syringe	1	Syringe	28 days	1	ml	28 days	Moderate to severely active rheumatoid arthritis, active psoriatic arthritis, and active ankylosing spondylitis: 50 mg/0.5 ml syringe administered by sub-Q injection once a month. Ulcerative colitis: 200 mg initially, administered by sub-Q injection at week 0, followed by 100 mg at week 2 and then 100 mg every 4 weeks.
Arcalyst[15]	Rilonacept	Injectable solution	Insufficient quantity when billed for number of vials instead of ml.	61755000101	80 mg/ml x 2 ml vials x 4 vials per pack	4	Vials	28 days	8	ml	28 days	Cryopyrin-associated periodic syndromes (caps): adult patients 18 years and older: initiate with a loading dose of 320 mg delivered as two, 2 ml, sub-Q injections of 160 mg on the same day at two different sites. Continue dosing with a once-weekly injection of 160 mg administered as a single, 2 ml, by sub-Q injection. Pediatric patients aged 12 to 17 years: initiate with a loading dose of 4.4 mg/kg, up to a maximum of 320 mg, delivered as one or two sub-Q injections with a maximum single-injection volume of 2 ml. Continue dosing with a once-weekly injection of 2.2 mg/kg, up to a maximum of 160 mg, administered as a single sub-Q injection, up to 2 ml.

Table 3. Biologic therapy agents (cont.)

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
Stelara	Ustekinumab	Prefilled syringe	This strength and package size not commonly associated with billing errors.	57894006103	90 mg per 1 ml per syringe	1	Syringe	28 days	1	ml	28 days	Adult patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy: for patients weighing ≤100 kg (220 pounds): 45 mg initially and 4 weeks later, followed by 45 mg every 12 weeks. For patients weighing >100 kg (220 pounds): 90 mg initially and 4 weeks later, followed by 90 mg every 12 weeks. Adult patients for active psoriatic arthritis: 45 mg initially and 4 weeks later, followed by 45 mg every 12 weeks. For patients with co-existent moderate-to-severe plaque psoriasis weighing >100 kg (220 pounds): 90 mg initially and 4 weeks later, followed by 90 mg every 12 weeks.
Stelara[16]	Ustekinumab	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	57894006003	90 mg/ml - 45 mg per 0.5 ml per syringe	1	Syringe	28 days	0.5	ml	28 days	Adult patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy: For patients weighing ≤100 kg (220 pounds): 45 mg initially and 4 weeks later, followed by 45 mg every 12 weeks. For patients weighing >100 kg (220 pounds): 90 mg initially and 4 weeks later, followed by 90 mg every 12 weeks. Adult patients for active psoriatic arthritis: 45 mg initially and 4 weeks later, followed by 45 mg every 12 weeks. For patients with co-existent moderate-to-severe plaque psoriasis weighing >100 kg (220 pounds): 90 mg initially and 4 weeks later, followed by 90 mg every 12 weeks.

kg = kilograms mg = milligram(s) ml = milliliter(s)

Table 4. Colony stimulating factors

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
Aranesp	Darbepoetin alfa	Injectable solution	This strength and dosage form is not usually associated with billing errors.	55513000204	25 mcg/1 ml vial x 4 vials per pack x 10 packs per case	4	Vials	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemotherapy (chemo): 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.

Table 4. Colony stimulating factors (cont.)

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
Aranesp	Darbepoetin alfa	Injectable solution	This strength and dosage form is not usually associated with billing errors.	55513000304	40 mcg/1 ml vial x 4 vials per pack x 10 packs per case	4	Vials	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Injectable solution	This strength and dosage form is not usually associated with billing errors.	55513000404	60 mcg/1 ml vial x 4 vials per pack x 10 packs per case	4	Vials	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Injectable solution	This strength and dosage form is not usually associated with billing errors.	55513000504	100 mcg/1 ml vial x 4 vials per pack x 10 packs per case	4	Vials	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Injectable solution	This strength and dosage form is not usually associated with billing errors.	55513000601	200 mcg/1 ml syringe x 1 vial per pack x 4 packs per case	4	Vials	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Injectable solution	This strength and dosage form is not usually associated with billing errors.	55513011001	300 mcg/1 ml vial x 1 vial per pack x 4 packs per case	4	Vials	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Injectable solution	Excessive quantity when billed for number of syringes instead of ml.	55513005304	150 mcg/0.75 ml vial x 4 vials per pack x 10 packs per case	4	Syringes	28 days	3	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.

Table 4. Colony stimulating factors (cont.)

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
Aranesp	Darbepoetin alfa	Injectable solution	Excessive quantity when billed for number of syringes instead of ml.	55513009804	10 mcg/0.4 ml syringe x 4 syringes per pack x 10 packs per case	4	Syringes	28 days	1.6	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513005704	25 mcg/0.42 ml syringe x4 syringes per pack x 10 packs per case	4	Syringes	28 days	1.68	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513002104	40 mcg/0.4 ml syringe x 4 syringes per pack x 10 packs per case	4	Syringes	28 days	1.6	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513002504	100 mcg/0.5 ml syringe x 4 syringes per pack x 10 packs per case	4	Syringes	28 days	2	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513002304	60 mcg/0.3 ml syringe x 4 syringes per pack x 10 packs per case	4	Syringes	28 days	1.2	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513011101	300 mcg/0.6 ml syringe x 1 syringe per pack x 4 packs per case	4	Syringes	28 days	2.4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.

Table 4. Colony stimulating factors (cont.)

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
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513002801	200 mcg/0.4 ml syringe x 1 syringe per pack x 4 packs per case	4	Syringes	28 days	1.6	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp	Darbepoetin alfa	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	55513002704	150 mcg/0.3 ml syringe x 4 syringes per pack x 10 packs per case	4	Syringes	28 days	1.2	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Aranesp[17]	Darbepoetin alfa	Prefilled syringe	This strength and package size not commonly associated with billing errors.	55513003201	500 mcg/1 ml syringe x 1 syringe per pack x 4 packs per case	4	Syringes	28 days	4	ml	28 days	Starting dose for CKD patients on dialysis: 0.45 mcg/kg intravenously or by sub-Q weekly, or 0.75 mcg/kg intravenously or by sub-Q every 2 weeks. Starting dose for CKD patients not on dialysis: 0.45 mcg/kg intravenously or by sub-Q at 4-week intervals. Starting dose for cancer patients on chemo: 2.25 mcg/kg by sub-Q weekly or 500 mcg by sub-Q every 3 weeks.
Epogen	Epoetin alfa	Injectable solution	Excessive quantity when billed for number of vials instead of ml.	55513028310	10000 units per ml x 2 ml per vial x 10 vials per package (preserved vial)	12	Vials	28 days	10	ml	28 days	Anemia due to chronic kidney disease (CKD), due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Epogen	Epoetin alfa	Injectable solution	Excessive quantity when billed for number of vials instead of ml.	55513047810	20000 units per ml per vial x 10 vials per package (preserved vial)	12	Vials	28 days	5	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Epogen	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	55513014410	10000 units per ml per vial x 10 vials per box	12	ml	12 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.

Table 4. Colony stimulating factors (cont.)

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
Epogen	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	55513012610	2000 units per ml per vial x 10 vials per box	12	ml	12 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Epogen	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	55513026710	3000 units per ml per vial x 10 vials per box	12	ml	28 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Epogen[18]	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	55513014810	4000 units per ml per vial x 10 vials per box	12	ml	28 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Procrit	Epoetin alfa	Injectable solution	Incorrect days' supply.	59676031001	10000 units per ml per vial x 6 vials per box	12	ml	12 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Procrit	Epoetin alfa	Injectable solution	Incorrect days' supply.	59676030201	2000 units per ml per vial x 6 vials per box	12	ml	12 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Procrit	Epoetin alfa	Injectable solution	Excessive quantity when billed for number of vials instead of ml.	59676032004	20000 units per ml per vial x 4 vials per box (preserved vial)	12	Vials	28 days	5	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.

Table 4. Colony stimulating factors (cont.)

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
Procrit	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	59676030301	3000 units per ml per vial x 6 vials per box	12	ml	28 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Procrit	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	59676030401	4000 units per ml per vial x 6 vials per box	12	ml	28 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.
Procrit[19]	Epoetin alfa	Injectable solution	This strength and package size not commonly associated with billing errors.	59676034001	40000 units per ml per vial x 4 vials per box	12	ml	28 days	12	ml	28 days	Anemia due to CKD, due to zidovudine in HIV-infected patients, due to chemo in cancer patients, and reduction of allogeneic red blood cell transfusions in patients undergoing elective, non-cardiac, nonvascular surgery: the starting dose for adult patients is 50 to 100 units/kg 3 times weekly by sub-Q.

kg = kilogram(s) mcg = micrograms mg = milligram(s) ml = milliliter(s)

Table 5. Hormonal agents

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
Depo-Provera	Medroxyprogesterone	Injectable suspension	Incorrect days' supply.	00009737611	150 mg per ml per syringe	1	ml	30 days	1	ml	91 days	Prevention of pregnancy: 150 mg every 3 months (13 weeks).
Depo-Provera[20, 21]	Medroxyprogesterone	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00009470913	Medroxyprogesterone acetate 160 mg/ml - 104 mg per 0.65 ml syringe	1	Syringe	30 days	0.65	ml	91 days	Prevention of pregnancy and management of endometriosis-associated pain: 104 by sub-Q injection once every 3 months (12 to 14 weeks).

mg = milligram(s) ml = milliliter(s)

Table 6. Interferons

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
Betaseron[22]	Interferon beta-1b	Injectable solution	Incorrect days' supply.	50419052335	0.25 mg per 1 ml vial x 14 vials per box	14	ml	14 days	14	ml	28 days	Multiple sclerosis: start at 0.0625 mg (0.25 ml) every other day, and increase over a 6-week period to 0.25 mg (1 ml) every other day.
Avonex[23]	Interferon beta-1a	Injectable solution	Incorrect days' supply.	59627000103	30 mcg in 1 ml vial x 4	4	Syringes	4 days	4	ml	28 days	Multiple sclerosis: 30 mcg (mcg) once a week.
Rebif	Interferon beta-1a	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	44087002203	22 mcg per 0.5 ml per syringe x 12 syringes per box	12	Syringes	28 days	6	ml	28 days	Relapsing multiple sclerosis: 22 mcg/ 0.5 ml or 44 mcg/ 0.5ml injected by sub-Q three times per week at least 48 hours apart. Patients should be started at 20% of the prescribed dose three times per week and increased over a 4-week period to the targeted dose.
Rebif	Interferon beta-1a	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	44087882201	8.8 mcg per 0.2 ml per syringe x 6 syringes per box; and 22 mcg per 0.5 ml per syringe x 6 syringes per box	12	Syringes	28 days	4.2	ml	28 days	Relapsing multiple sclerosis: 22 mcg/ 0.5 ml or 44 mcg/ 0.5ml injected by sub-Q three times per week at least 48 hours apart. Patients should be started at 20% of the prescribed dose three times per week and increased over a 4-week period to the targeted dose.
Rebif[24]	Interferon beta-1a	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	44087004403	44 mcg per 0.5 ml per syringe x 12 syringes per box	12	Syringes	28 days	6	ml	28 days	Relapsing multiple sclerosis: 22 mcg/ 0.5 ml or 44 mcg/ 0.5ml injected by sub-Q three times per week at least 48 hours apart. Patients should be started at 20% of the prescribed dose three times per week and increased over a 4-week period to the targeted dose.
Actimmune[25]	Interferon gamma-1b	Injectable solution	Excessive quantity when billed for number of syringes instead of ml.	42238011101	0.2 mg/ml - 0.5ml single-use vial	12	Syringes	28 days	6	ml	28 days	Chronic granulomatous disease and severe, malignant osteopetrosis is 50 mcg/m2 (1 million IU/m2) for patients whose body surface area is greater than 0.5 m2 and 1.5 mcg/kg/dose for patients whose body surface area is equal to or less than 0.5 m2.
Pegasys	Peginterferon alfa-2a	Injectable solution	Incorrect days' supply.	00004035009	180 mcg per ml per vial	4	ml	4 days	4	ml	28 days	Chronic hepatitis c all genotypes (adults): administer 180 mcg by sub-Q injection once weekly for 48 weeks. Chronic hepatitis c (pediatric patients): administer 180 mcg/1.73 m2 x BSA by sub-Q 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 sub-Q injection once weekly for 48 weeks.

Table 6. Interferons (cont.)

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
Pegasys	Peginterferon alfa-2a	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00004036030	135 mcg per 0.5 ml per Autoinjector x 4 Autoinjectors per box	4	Syringes	28 days	2	ml	28 days	Chronic hepatitis c all genotypes (adults): administer 180 mcg by sub-Q injection once weekly for 48 weeks. Chronic hepatitis c (pediatric patients): administer 180 mcg/1.73 m2 x BSA by sub-Q 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 sub-Q injection once weekly for 48 weeks.
Pegasys[26]	Peginterferon alfa-2a	Prefilled syringe	Excessive quantity when billed for number of syringes instead of ml.	00004036530	180 mcg per 0.5 ml per Autoinjector x 4 Autoinjectors per box	4	Syringes	28 days	2	ml	28 days	Chronic hepatitis c all genotypes (adults): administer 180 mcg by sub-Q injection once weekly for 48 weeks. Chronic hepatitis c (pediatric patients): administer 180 mcg/1.73 m2 x BSA by sub-Q 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 sub-Q injection once weekly for 48 weeks.

mcg = micrograms mg = milligram(s) ml = milliliter(s)

Table 7. Osteoporosis agents

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
Boniva	Ibandronate	Prefilled syringe	Incorrect days' supply.	00004019109	1 mg/ml - 3 mg in 3 ml syringe	3	ml	30 days	3	ml	90 days	Osteoporosis in postmenopausal women: 3 mg every 3 months.
Boniva[27]	Ibandronate	Injectable solution	Incorrect days' supply.	00004010109	1 mg/ml - 3 mg in 3 ml vial	3	ml	30 days	3	ml	90 days	Osteoporosis in postmenopausal women: 3 mg every 3 months.
Forteo[28]	Teriparatide	Prefilled syringe	Excessive quantity when billed for number of doses instead of ml.	00002840001	20 mcg per dose x 28 doses per 2.4 ml pen	28	Doses	28 days	2.4	ml	28 days	Postmenopausal women with osteoporosis at high risk for fracture, to increase of bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture, and men and women with glucocorticoid-induced osteoporosis at high risk for fracture: 20 mcg by sub-Q once a day.

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.

Follow us on Twitter #MedicaidIntegrity

References

1 Klimek, J. (2011, February 28). NCPDP Standard for Accurate Billing, Reimbursement and Access. Retrieved April 15, 2015, from http://pharmaceuticalcommerce.com/information_technology?articleid=2358

2 National Council for Prescription Drug Programs. (2015, July). Standards Matrix. Retrieved October 6, 2015, from http://ncpdp.org/NCPDP/media/pdf/StandardsMatrix.pdf

3 National Council for Prescription Drug Programs. (2015, July). Standards Matrix. Retrieved October 6, 2015, from http://ncpdp.org/NCPDP/media/pdf/StandardsMatrix.pdf

4 National Council for Prescription Drug Programs. (2013, September). NCPDP Billing Unit Standard Fact Sheet. Retrieved April 6, 2015, from http://www.ncpdp.org/NCPDP/media/pdf/BUS_fact_sheet.pdf

5 National Council for Prescription Drug Programs. (2013, September). NCPDP Billing Unit Standard Fact Sheet. Retrieved April 6, 2015, from http://www.ncpdp.org/NCPDP/media/pdf/BUS_fact_sheet.pdf

6 Pharmacist's Letter/Pharmacy Technician's Letter. (2015, February). PL Technician Tutorial: Calculating Days' Supply. Retrieved April 6, 2015, from https://pharmacistsletter.therapeuticresearch.com/pl/ArticleDD.aspx?cs=STUDENT&s=PL&pt=2&fpt=31&dd=310230&pb=PL&searchid=51087400

7 sanofi-aventis U.S. LLC. (2013, October 23). Lovenox. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/020164s102lbl.pdf

8 sanofi-aventis U.S. LLC. (2007, May 16). Lovenox. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/022138,020164s075lbl.pdf

9 GlaxoSmithKline LLC. (2014, July 15). Arixtra. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/021345s032lbl.pdf

10 AstraZeneca Pharmaceuticals LP. (2015, February 25). Byetta. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/021773s040lbl.pdf

11 AbbVie Inc. (2014, September 30). Humira. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/125057s367lbl.pdf

12 Swedish Orphan Biovitrum AB (publ). (2013, October 23). Kineret. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/103950s5150lbl.pdf

13 Immunex Corporation. (2015, March 25). Enbrel. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/103795s5548lbl.pdf

14 Janssen Biotech, Inc. (2013, November 13). Simponi. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/125289s094lbl.pdf

15 Regeneron Pharmaceuticals, Inc. (2008, February). Arcalyst. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/125249lbl.pdf

16 Janssen Biotech, Inc. (2014, March 4). Stelara. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/125261s114lbl.pdf

17 Amgen Inc. (2013, December 31). Aranesp. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/103951s5349lbl.pdf

18 Amgen Inc. (2013, December 31). Epogen. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/103234s5323lbl.pdf

19 Janssen Products, LP. (2013, December 31). Procrit. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/103234s5323lbl.pdf

20 Pharmacia and Upjohn Company. (2015, June). Depo-Provera. Retrieved October 6, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/012541s083lbl.pdf

21 Pharmacia and Upjohn Company. (2015, January 30). Depo-SubQ Provera 104. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/021583s025lbl.pdf

22 Bayer HealthCare Pharmaceuticals Inc. (2014, January 28). Betaseron. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/103471s5185lbl.pdf

23 Biogen Idec MA Inc. (2014, August 28). Avonex. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/103628s5129s5177s5194s5224lbl.pdf

24 EMD Serono, Inc. (2015, March 10). Rebif. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/103780s5172lbl.pdf

25 Vidara Therapeutics Inc. (2007, January 26). Actimmune. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/103836s5098LBL.pdf

26 Genentech, Inc. (2015, March 18). Pegasys. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/103964s5264lbl.pdf

27 Genentech, Inc. (2015, April 8). Boniva. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/021858s020lbl.pdf

28 Eli Lilly and Company. (2012, March). Forteo. Retrieved April 15, 2015, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021318s036lbl.pdf

Disclaimer

This job aid was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This job aid was prepared as a service to the public and is not intended to grant rights or impose obligations. This job aid may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

December 2015