



**DRUGS THAT LOST
 PATENT PROTECTION**

October 2008		
BRAND NAME	GENERIC NAME	INDICATION
Condylox	podofilox	genital warts
Cosopt	dorzolamide/ timolol	glaucoma
Feridex IV	ferumoxides	MRI contrast
Gastomark	ferumoxsil	contrast agent
Trusopt	dorzolamide	glaucoma
Zemuron	rocuronium	neuromuscular block

COMMENT: Please check your formulary and benefits to ensure that patients have the choice to pay generic copy for the drug above.

**NEW CMS E-PRESCRIBING
 REGULATIONS COULD
 IMPACT PRESCRIBING VOLUME**

Starting January 1, 2009, all computer-generated new prescriptions for Medicare Part D must comply with the NCPDP SCRIPT standard and must be transmitted electronically and not by computer generated fax.

The Medicare Improvement for Patients and Providers Act will provide positive Medicare payment incentives of up to 2% for practitioners who use qualified e-prescribing systems in 2009 through 2013, and a reduction in payments of up to 2% to providers who fail to e-prescribe by 2012.

Any refills associated with a new or renewed

**BOSTON TERMINATES
 DRUGS FROM CANADA**

[The Boston Globe](#) reported that four years after Boston's mayor, Tom Menino, bucked federal regulators and made Beantown the biggest city to offer low-cost Canadian prescription drugs to employees and retirees, the program has fizzled. The program never attracted more than a few dozen participants.

The falling interest in Canadian supplies was driven by Medicare Part D, which provides seniors a lower-cost alternative, competitive prices of generic drugs, and a growth of generic drug programs in the US.

Boston City Council member Michael Ross believes the city was forced to abandon the program because of federal pressure. The FDA strongly opposed efforts by cities and states to offer Canadian prescription drugs, saying the suppliers were not regulated by the US and drug safety could not be guaranteed.

COMMENT: Of interest is that patients may still be getting prescriptions from Canada or Mexico, but the motivation for public and private entities to sponsor this practice is waning.

**CHECK YOUR PHARMACY INVOICE
 LIKE YOU CHECK YOUR
 SUPPLY INVOICES**

Invoices for payments to PBMs and Health Plans for prescriptions filled by their network pharmacies (both retail and mail), should be checked the same as you would a grocery

prescription do not incur a transaction fee. As an example, if a prescriber sends a new prescription electronically to a pharmacy with 4 refills and the pharmacy's vendor charges \$0.25 per transaction, that \$0.25 should be divided by the original prescription plus the total number of refills, which in this example would be \$0.05 per prescription dispensed.

COMMENT: This is for your information. Pharmacies are charged e-prescription fees as are payers and health plans. Review your contracts for fees that you will be required to pay for Medicare e-prescriptions and ensure that you are paying a **pass-through fee**.

receipt.

The assumption that electronic claim adjudication is without errors is dangerous for both medical and pharmacy claims. Pro Pharma experience indicates that at least 5-7% of drug spend is incorrectly paid. Prime areas for errors are eligibility, pricing, claim validity, payments for benefit exclusions, etc.

Pro Pharma screens pharmacy invoices within 72 hours to validate invoices prior to payment.

CONTACT: Carol Stern at: **(888) 701-5438** or carol.stern@propharmaconsultants.com to order.

Pro Pharma Pharmaceutical Consultants, Inc. has assisted Payers and Providers for over 22 years to Maintain Quality while Controlling Costs.

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