



Stop repackaged, physician-dispensed drugs

Physician dispensing of repackaged drugs makes millions for a few by taking millions away from employers and taxpayers. How does this scheme work?

A repackager buys 500 pills for \$0.046 per pill. The repackager puts the pills in smaller 30-count bottles, which allows them to set a new price — \$0.26 per pill.

A physician dispenses the prescription to a work comp patient for \$1.89 per pill. A physician dispensing company buys the prescription from the doctor and sends it to the work comp payer (insurance company, employer or government entity) for \$2.53 per pill.

Net? The same pill that cost less than 5 cents now costs \$2.53. That's a 5500% mark-up.

Instead of hiring people, improving roads or schools, employers and — ultimately — taxpayers are paying outrageous markups.

Find out how to stop physician dispensing of marked-up, repackaged drugs. Contact Helen Knight at CompPharma, 813-837-1701 or hknight@comppharma.com.



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**The Role of a
PBM in Workers'
Compensation**

Understanding the role of workers' compensation pharmacy benefit managers (WC-PBMs) can help state and local government agencies ensure the timely delivery of pharmacy benefits to injured employees on behalf of employers, insurers and other payers.



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**What is a Workers' Compensation-
Pharmacy Benefit Manager?**

A WC-PBM is a specialized company that manages prescription drug programs for its clients, which are workers' compensation payers, including insurance companies, third-party administrators, state funds, and government agencies as well as other self-funded employers.

While business models vary slightly, typically WC-PBMs:

- Process claims and reimburse pharmacies for dispensed medications
- Monitor patient drug utilization
- Work with physicians on drug utilization
- Provide clinical oversight and pharmacy cost containment
- Make sure that only compensable prescriptions are dispensed
- Ensure compliance with state reporting and billing mandates

**What Would Happen if WC-PBMs
Were Not Doing Business in a
Particular State?**

- Pharmacies and payers would face significant new administrative costs
- Both entities would need to make phone calls to research injured employees' claims, obtain authorization for services and handle paper bills
- Insurance carriers would need to create their own systems for communicating with pharmacies in real time so injured employees will quickly receive medications
- Carriers and other payers would need to develop systems to monitor patient safety issues, such as drug interactions, multiple dispensing and potential drug abuse and/or addiction
- Pharmacies would face uncertain reimbursement and slower payments
- Pharmacies might stop filling prescriptions for injured employees
- Injured workers' recoveries and return to work may be compromised