



Newsletter

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N.J. Dept. of Human Services,
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Div. of Consumer Support*

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TO: Providers of Pharmaceutical Services - **For Action**
Physicians, Dentists, Podiatrists, Certified Nurse
Practitioners/Clinical Nurse Specialists, Optometrists, Independent
Clinics, and Health Maintenance Organizations - **For Information
Only**

SUBJECT: **PDUR Monitoring Based on Additional Maximum Daily Dosage
Standards**

EFFECTIVE: Claims with service dates on or after effective dates indicated in the
attached table

PURPOSE: The purpose of this Newsletter is to notify providers of pharmaceutical
services of enhancements to the State's Prospective Drug Utilization
Review (PDUR) program that are in accordance with the Medical Exception Process
(MEP). Claims affected by the MEP are those recommended by the New Jersey Drug
Utilization Review Board (NJDURB) and approved by the Commissioners of Human
Services and Health and Senior Services. This information will pertain to and affect
drugs for which the NJDURB has approved standards for maximum daily dosage.

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS)
and the Department of Health and Senior Services (DHSS) through
the State's Point-of-Sale (POS) claims processing system implemented a PDUR
program designed to ensure the cost-effective delivery of quality pharmaceutical
services. Currently, the program monitors duplicate and early refill claim payments,
utilization of certain drugs based on State policy, sex and age categories, therapeutic
duplication, severe drug-drug conflicts, maximum daily dosage for certain inhalant
solutions, as well as provides information to assist pharmacists with their patient
consultation responsibilities. Pharmacists should refer to Newsletter Volume 9 No. 67,
dated November 1999, for information regarding the Medical Exception Process.

The State is enhancing its PDUR program to monitor patient utilization based on additional maximum daily dosage standards. These enhancements shall apply to fee-for-service (FFS) pharmacy benefit programs administered by DMAHS, including Medicaid, General Assistance (GA), and NJ KidCare programs.

These same enhancements shall also apply to programs administered by DHSS, including the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, as well as the Cystic Fibrosis (CF) and AIDS Drug Distribution Programs (ADDP), where applicable.

ACTION: Edit Code 535, "Daily Quantity Possibly Exceeded", shall apply to claims in excess of DUR standards listed in the attached table for adults according to the age restrictions indicated. These standards shall apply to both brand and generic drug formulations for each product listed on the attachment. Also, these claims are subject to the 75 percent "early refill rule" that currently applies to claim payments.

Please refer to the attached table for the effective date of the maximum daily dose standard for each drug product listed.

- For drugs belonging to the Specific Therapeutic Classes known as angiotensin converting enzyme (ACE) Inhibitors, beta-blockers, calcium channel blockers, cardiotonics and hydroxy-methyl-glutaryl-coenzyme-A reductase inhibitors (HMG Co A RI), the **effective date shall be** service dates on or after **May 15, 2000**. Providers must contact First Health Services to request prior authorization.
- For drugs belonging to the Specific Therapeutic Classes known as sedative-hypnotics, the **effective date shall be May 30, 2000**. Providers must contact First Health Services to request prior authorization.
- For drugs belonging to the Specific Therapeutic Classes known as anxiolytics, gastrointestinal agents, H2 antagonists, non-steroidal anti-inflammatory drugs (NSAIDs) and proton pump inhibitors (PPIs), the **effective date shall be June 15, 2000**. Providers must contact First Health Services to request prior authorization.
- For drugs belonging to the Specific Therapeutic Classes known as antidepressants and antipsychotics, the **effective date shall be June 30, 2000**. Providers must contact First Health Services to request prior authorization.

When these claims are processed with a maximum daily dosage that exceeds an approved standard, Error Code 535 shall post to these claims. MEP Error Codes 927, 928 and 929 may also post as described in Newsletter Volume 9, No. 67. In addition, Error Code 423 will post when payment is requested without prior authorization.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, or First Health Services Customer Service at (877) 266-3589. If you have any questions concerning PAAD, CF or ADDP, please contact the PAAD Pharmacy Consultant at (609) 588-7034.

Maximum Daily Dosage Standards

Generic Name	Maximum Daily Dosage Standards Ages 18 to 65	Maximum Daily Dosage Standards Over Age 65	Drug Class	Effective Date
Benazepril	80mg	80mg	ACE Inhibitor	05/15/2000
Captopril	450mg	450mg	ACE Inhibitor	05/15/2000
Enalapril	40mg	40mg	ACE Inhibitor	05/15/2000
Fosinopril	80mg	80mg	ACE Inhibitor	05/15/2000
Lisinopril	40mg	40mg	ACE Inhibitor	05/15/2000
Quinapril	40mg	40mg	ACE Inhibitor	05/15/2000
Ramipril	20mg	20mg	ACE Inhibitor	05/15/2000
Acebutolol	1200mg	800mg	beta-blocker	05/15/2000
Atenolol	200mg	200mg	beta-blocker	05/15/2000
Betaxolol	20mg	20mg	beta-blocker	05/15/2000
Bisoprolol	20mg	20mg	beta-blocker	05/15/2000
Labetalol	2400mg	2400mg	beta-blocker	05/15/2000
Metoprolol	450mg	450mg	beta-blocker	05/15/2000
Metoprolol XR	400mg	400mg	beta-blocker	05/15/2000
Nadolol	320mg	320mg	beta-blocker	05/15/2000
Pindolol	60mg	60mg	beta-blocker	05/15/2000
Propranolol	640mg	640mg	beta-blocker	05/15/2000
Propranolol SR	640mg	640mg	beta-blocker	05/15/2000
Sotalol	640mg	640mg	beta-blocker	05/15/2000
Timolol	120mg	120mg	beta-blocker	05/15/2000
Amlodipine	10mg	10mg	calcium channel blocker	05/15/2000
Diltiazem	480mg	480mg	calcium channel blocker	05/15/2000
Diltiazem CD	480mg	480mg	calcium channel blocker	05/15/2000
Diltiazem SR	360mg	360mg	calcium channel blocker	05/15/2000
Diltiazem XR	540mg	540mg	calcium channel blocker	05/15/2000
Felodipine	10mg	10mg	calcium channel blocker	05/15/2000
Isradipine	20mg	20mg	calcium channel blocker	05/15/2000
Nicardipine	120mg	120mg	calcium channel blocker	05/15/2000
Nifedipine	180mg	180mg	calcium channel blocker	05/15/2000
Nifedipine CC	120mg	120mg	calcium channel blocker	05/15/2000
Nifedipine XL	120mg	120mg	calcium channel blocker	05/15/2000
Verapamil	720mg	720mg	calcium channel blocker	05/15/2000
Verapamil HS	540mg	540mg	calcium channel blocker	05/15/2000
Verapamil SR	480mg	480mg	calcium channel blocker	05/15/2000
Digitoxin	0.1mg	0.1mg	Cardiotonic	05/15/2000
Digoxin	0.5mg	0.5mg	Cardiotonic	05/15/2000
Atorvastatin	80mg	80mg	HMG CoA RI	05/15/2000
Cerivastatin	0.3mg	0.3mg	HMG CoA RI	05/15/2000
Fluvastatin	80mg	80mg	HMG CoA RI	05/15/2000
Lovastatin	80mg	80mg	HMG CoA RI	05/15/2000
Pravastatin	40mg	40mg	HMG CoA RI	05/15/2000
Simvastatin	80mg	80mg	HMG CoA RI	05/15/2000

Generic Name	Maximum Daily Dosage Standards Ages 18 to 65	Maximum Daily Dosage Standards Over Age 65	Drug Class	Effective Date
Amobarbital and Secobarbital	200mg/200mg	200/200mg	sedative-hypnotic	05/30/2000
Butabarbital	120mg	120mg	sedative-hypnotic	05/30/2000
Chloral Hydrate	2000mg	2000mg	sedative-hypnotic	05/30/2000
Estazolam	2mg	2mg	sedative-hypnotic	05/30/2000
Ethchlorvynal	1000mg	1000mg	sedative-hypnotic	05/30/2000
Flurazepam	30mg	15mg	sedative-hypnotic	05/30/2000
Pentobarbital	200mg	200mg	sedative-hypnotic	05/30/2000
Quazepam	15mg	15mg	sedative-hypnotic	05/30/2000
Secobarbital	200mg	200mg	sedative-hypnotic	05/30/2000
Temazepam	30mg	15mg	sedative-hypnotic	05/30/2000
Triazolam	0.5mg	0.25mg	sedative-hypnotic	05/30/2000
Zolpidem	10mg	10mg	sedative-hypnotic	05/30/2000
Alprazolam	10mg	0.375mg	Anxiolytic	06/15/2000
Chlordiazepoxide	300mg	300mg	Anxiolytic	06/15/2000
Clonazepam	20mg	20mg	Anxiolytic	06/15/2000
Clorazepate	90mg	90mg	Anxiolytic	06/15/2000
Diazepam	30mg	30mg	Anxiolytic	06/15/2000
Diazepam SR	30mg	30mg	Anxiolytic	06/15/2000
Halazepam	40mg	40mg	Anxiolytic	06/15/2000
Lorazepam	10mg	10mg	Anxiolytic	06/15/2000
Oxazepam	60mg	60mg	Anxiolytic	06/15/2000
Cisapride	80mg	80mg	Gastrointestinal agent	06/15/2000
Metoclopramide	60mg	40mg	Gastrointestinal agent	06/15/2000
Misoprostol	800mcg	800mcg	Gastrointestinal agent	06/15/2000
Sucralfate	4gm	4gm	Gastrointestinal agent	06/15/2000
Cimetidine	2400mg	900mg	H2 antagonist	06/15/2000
Famotidine	640mg	640mg	H2 antagonist	06/15/2000
Nizatidine	300mg	300mg	H2 antagonist	06/15/2000
Ranitidine	600mg	300mg	H2 antagonist	06/15/2000
Celecoxib	400mg	400mg	NSAID	06/15/2000
Choline Mg Sulfate	7.2gm	7.2gm	NSAID	06/15/2000
Diclofenac	200mg	200mg	NSAID	06/15/2000
Diclofenac Potassium	200mg	200mg	NSAID	06/15/2000
Diclofenac XR	225mg	225mg	NSAID	06/15/2000
Diflunisil	1.5gm	1.5gm	NSAID	06/15/2000
Etodolac	1200mg	1200mg	NSAID	06/15/2000
Etodolac XL	1200mg	1200mg	NSAID	06/15/2000
Fenoprofen	3200mg	3200mg	NSAID	06/15/2000
Flurbiprofen	300mg	300mg	NSAID	06/15/2000
Ibuprofen	3200mg	3200mg	NSAID	06/15/2000
Indomethacin	200mg	200mg	NSAID	06/15/2000
Indomethacin SR	150mg	150mg	NSAID	06/15/2000
Ketoprofen	300mg	300mg	NSAID	06/15/2000

Generic Name	Maximum Daily Dosage Standards Ages 18 to 65	Maximum Daily Dosage Standards Over Age 65	Drug Class	Effective Date
Ketorolac	40mg	40mg	NSAID	06/15/2000
Meclofenmate	500mg	500mg	NSAID	06/15/2000
Nabumetone	2000mg	2000mg	NSAID	06/15/2000
Naproxen	1500mg	1500mg	NSAID	06/15/2000
Naproxen Sodium	1100mg	440mg	NSAID	06/15/2000
Naproxen SR	1500mg	1000mg	NSAID	06/15/2000
Oxaprozin	1800mg	1800mg	NSAID	06/15/2000
Piroxicam	20mg	20mg	NSAID	06/15/2000
Rofecoxib	25mg	25mg	NSAID	06/15/2000
Salsalate	4000mg	4000mg	NSAID	06/15/2000
Sulindac	400mg	400mg	NSAID	06/15/2000
Tolmetin	2000mg	2000mg	NSAID	06/15/2000
Lansoprazole	180mg	180mg	PPI	06/15/2000
Omeprazole	360mg	360mg	PPI	06/15/2000
Amitriptyline	300mg	300mg	Antidepressant	06/30/2000
Amoxapine	400mg	400mg	Antidepressant	06/30/2000
Bupropion	450mg	450mg	Antidepressant	06/30/2000
Bupropion CR	400mg	400mg	Antidepressant	06/30/2000
Citalopram	60mg	40mg	Antidepressant	06/30/2000
Clomipramine	250mg	250mg	Antidepressant	06/30/2000
Desipramine	200mg	150mg	Antidepressant	06/30/2000
Doxepin	300mg	150mg	Antidepressant	06/30/2000
Fluoxetine	80mg	80mg	Antidepressant	06/30/2000
Fluvoxamine	300mg	300mg	Antidepressant	06/30/2000
Imipramine	300mg	150mg	Antidepressant	06/30/2000
Maprotiline	225mg	125mg	Antidepressant	06/30/2000
Nefazodone	600mg	600mg	Antidepressant	06/30/2000
Nortriptyline	150mg	150mg	Antidepressant	06/30/2000
Paroxetine	50mg	40mg	Antidepressant	06/30/2000
Phenelzine	90mg	90mg	Antidepressant	06/30/2000
Protriptyline	60mg	30mg	Antidepressant	06/30/2000
Sertraline	200mg	200mg	Antidepressant	06/30/2000
Tranlycypromine	60mg	0mg	Antidepressant	06/30/2000
Trazadone	400mg	400mg	Antidepressant	06/30/2000
Trimipramine	200mg	200mg	Antidepressant	06/30/2000
Venlafaxine	375mg	375mg	Antidepressant	06/30/2000
Venlafaxine SR	225mg	225mg	Antidepressant	06/30/2000
Chlorpromazine	1000mg	200mg	Antipsychotic	06/30/2000
Clozapine	450mg	450mg	Antipsychotic	06/30/2000
Fluphenazine	40mg	40mg	Antipsychotic	06/30/2000
Haloperidol	100mg	100mg	Antipsychotic	06/30/2000
Loxapine	250mg	250mg	Antipsychotic	06/30/2000
Mesoridazine	400mg	400mg	Antipsychotic	06/30/2000
Olanzapine	20mg	20mg	Antipsychotic	06/30/2000
Perphenazine	64mg	48mg	Antipsychotic	06/30/2000
Risperidone	6mg	3mg	Antipsychotic	06/30/2000

Generic Name	Maximum Daily Dosage Standards Ages 18 to 65	Maximum Daily Dosage Standards Over Age 65	Drug Class	Effective Date
Thioridazine	800mg	300mg	Antipsychotic	06/30/2000
Thiothixene	60mg	30mg	Antipsychotic	06/30/2000
Trifluoperazine	80mg	60mg	Antipsychotic	06/30/2000

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