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# Newsletter

Volume 10 No. 35

May 2000

**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 of Maximum Daily Dosage Standards of  
Pharmaceutical Inhalers**

**EFFECTIVE:** Claims with service dates on or after January 18, 2000

**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 orally and nasally administered pharmaceutical inhalant solutions submitted through the Point-of-Sale (POS) claims processing system for prescription services. This information was previously communicated to pharmacists in a Remittance Advice (RA) statement message.

**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, as well as provides information to assist pharmacists with their patient consultation responsibilities.

This Newsletter replaces the information provided in Newsletter Volume 9, No. 11 dated August 1999. Pharmacists should refer to Newsletter Volume 9, No. 67 dated November of 1999, regarding the Medical Exception Process.

The State is enhancing its PDUR program to monitor patient utilization of orally and nasally-administered inhalant solutions. 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 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:** For claims with service dates on or after January 18, 2000, **Edit Code 535, "Daily Quantity Possibly Exceeded"**, shall apply to orally and nasally-administered inhalant solutions that exceed the maximum daily dosage standards. For your use, please find attached a listing of those drug products affected, including established Maximum Days Supply standards. These standards shall apply to beneficiaries twelve (12) years of age or older and are based on current product literature. These standards shall apply to both brand and generic formulations for each product listed on the attachment. Also, these claims are subject to the 75 percent "early refill rule" which currently applies to claim payments.

When these claims are processed with a maximum daily quantity that exceeds an approved standard, **Edit 535** will post to these claims. **MEP Edits 927, 928 and 929** may also post as described in Newsletter Volume 9, No. 67. In addition, **Edit 423** will post when payment is requested without prior authorization. Providers must contact First Health Services to request prior authorization.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, or the Unisys Pharmacy Consultant at (609) 588-6039.

If you have any questions concerning PAAD, CF or ADDP, please contact the PAAD Pharmacy Consultant at (609) 588-7034.

Attachments

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**

**Maximum Daily Dosage Standards**  
**Pharmaceutical Inhalants Only**

DRUG NAME*	PKG. SIZE	NUMBER ACTUATIONS PER UNIT	MAXIMUM DOSE/DAY (ACTUATIONS)+	MAXIMUM DAY SUPPLY
AEROBID	7 GM	100	8	13
AEROBID-M	7 GM	100	8	13
AZMACORT	20 GM	240	16	15
ATROVENT .03%	30 CC	345	12	29
ATROVENT .06%	15 CC	165	16	11
ATROVENT	14 GM	200	12	17
ASTELIN	34 CC	200	8	25
BECLOVENT	17 GM	200	20	10
BECONASE	17 GM	200	6	34
BECONASE AQ	25 GM	200	8	25
COMBIVENT	15 GM	200	12	17
DDAVP	5 CC	50	4	13
FLOXONASE	16 GM	120	4	30
FLOVENT 44UG	13 GM	120	40	3
FLOVENT 110UG	13 GM	120	16	8
FLOVENT 220UG	13 GM	120	8	15
INTAL	14 GM	200	8	25
MAXAIR	26 GM	300	12	25
MAXAIR AUTO	14 GM	400	12	34
NASACORT	10 GM	100	8	13
NASACORT AQ	17 GM	120	4	30
NASAREL	25 CC	200	16	13
NASALIDE	25 CC	200	12	13
NASONEX	17 GM	120	4	30
PULMICORT	200 MCG	200	8	25
RHINOCORT	7 GM	200	8	25
SEREVENT	13 GM	120	4	30
TILADE	16 GM	104	8	13
TORNALATE	16 GM	300	12	25
VANCENASE AQ	19 GM	120	4	30
VANCENASE PKT	7 GM	200	8	25
PROVENTIL	17 GM	200	12	17
VANCERIL	17 GM	200	20	10
VENTOLIN	17 GM	200	12	17
PROVENTIL HFA	7 GM	200	12	17
VANCERIL DS	12 GM	120	10	12

\*ALL PRODUCTS TRADEMARK PROTECTED  
+ 12 YEARS OF AGE AND OLDER