



Newsletter

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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 Duration of Therapy Standards**

EFFECTIVE: PAAD claims with service dates on or after **June 15, 2000**

PURPOSE: The Department of Health and Senior Services (DHSS) is publishing this Newsletter to notify providers of pharmaceutical services to Pharmaceutical Assistance to the Aged and Disabled (PAAD) beneficiaries of enhancements to the State's Prospective Drug Utilization Review (PDUR) program that are in accordance with the Medical Exception Process or MEP. PAAD claims affected by MEP are those recommended by the New Jersey Drug Utilization Review Board (NJDURB) and approved by the Commissioner of Health and Senior Services. This information will pertain to and affect drugs for which the NJDURB has approved standards for duration of drug use.

BACKGROUND: 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 PAAD pharmaceutical services. Currently, PAAD 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 providing information to assist pharmacists with their patient consultation responsibilities. Pharmacists should refer to Newsletter Volume 9 No. 67, dated November 1999, for information regarding MEP.

The DHSS is enhancing its PDUR program to monitor patient utilization based on new standards that apply to duration of drug use. These enhancements shall only apply to PAAD pharmacy claims.

ACTION: For PAAD claims with service dates on or after June 15, 2000, Error Code 403, "Dosage Duration Exceeded," shall apply to PAAD claims that exceed DUR standards listed in the attached table. These standards shall be applied in accordance with age limitations for both brand and generic drug formulations listed in the attached table. PAAD claims will continue to be subject to the 75 percent "early refill rule" that currently applies to claim payments.

- Error Code 403 will monitor application of duration standards. For example, a duration standard for ranitidine is 600 mg per day for 90 days. This means ranitidine should only be used **at this dosage** for a maximum period of 90 days unless further use is medically necessary.
- When there are no days remaining in the duration period, and a claim for ranitidine **at this dosage** is processed through POS, Error Code 403 will post to the claim notifying the pharmacist to contact First Health Services to request prior authorization.
- When there are days remaining in the duration period, and a claim being processed through POS exceeds the number of days in the duration period (i.e. 20 days remaining in duration; days supply on POS claim is 30 days), the POS claim will be denied. Error Code 404, "Duration Standard Exceeded-Possible Cutback," will post to the denied claim, notifying pharmacists of the number of units remaining in the duration period (i.e. 20 days). A pharmacist can then resubmit the claim reporting the number of remaining units (i.e. 20 days).

Therapy Duration Table

Generic Name	Age	Daily Dosage	Days Duration	Non- Covered Interval
cimetidine 200mg tablet	18 to 999	8	90	90
cimetidine 300mg tablet	18 to 999	5	90	90
cimetidine 400mg tablet	18 to 999	4	90	90
cimetidine 800mg tablet	18 to 999	2	90	90
cimetidine 300mg/5ml solution	18 to 999	26	90	90
famotidine 20mg tablet	18 to 999	4	90	90
famotidine 40mg tablet	18 to 999	2	90	90
famotidine 40mg/5ml suspension	18 to 999	10	90	90
lansoprazole 15mg capsule	18 to 999	2	90	90
lansoprazole 30mg capsule	18 to 999	1	90	90
nizatidine 150mg capsule	18 to 999	2	90	90
nizatidine 300mg capsule	18 to 999	1	90	90
omeprazole 10mg capsule	18 to 999	4	90	90
omeprazole 20mg capsule	18 to 999	2	90	90
omeprazole 40mg capsule	18 to 999	1	90	90
ranitidine 15mg/ml syrup	18 to 999	40	90	90
ranitidine 150mg tablet	18 to 999	4	90	90
ranitidine 150mg efferdose gel	18 to 999	4	90	90
ranitidine 300mg gel tablet	18 to 999	2	90	90
ranitidine 300mg tablet	18 to 999	2	90	90

If you have any questions regarding this Newsletter, please contact First Health Services Customer Service at (877) 888-2939, or a PAAD Pharmacy Consultant at (609) 588-7640.

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