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# Newsletter

Volume 10 No. 53

July 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:** Changes/Additions to PDUR Standards

**EFFECTIVE:** Claims with service dates on or after August 1, 2000

**PURPOSE:** 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 or 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.

**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. Pharmacists should refer to Newsletter, Volume 9, No. 67, dated November 1999, for information regarding the MEP.

**ACTIONS:**

- (1) For claims with service dates **on or after August 1, 2000**, the following additions have been made to Maximum Daily Dosage Standards, as described in Newsletter, Volume 10, No. 34, dated May 2000.

Generic Name	Maximum dosage standards ages 18 to 65	Maximum dosage standards over age 65
rabeprazole	60mg	60mg
zaleplon	20mg	10mg

- (2) **Effective immediately**, the following drug conflicts have been **deleted** from the list of approved Therapeutic Duplication Standards, as described in the MEP Newsletter, Volume 9, No. 67, dated November 1999:

- Cisapride and Proton Pump Inhibitors
- Buspirone and Benzodiazepines
- Trazadone and Selective Serotonin Reuptake Inhibitors

- (3) **Effective August 1, 2000**, Medicaid coverage of Synagis Injection, Lyophilized 100mg, has been limited to children under two (2) years of age. In addition to a NJDURB/State recommendation/approval, this change is consistent with maximum age limitations recommended by its manufacturer.

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 Pharmaceutical Assistance to the Aged and Disabled (PAAD), Cystic Fibrosis (CF), or AIDS Drug Distribution Program (ADDP), please contact the PAAD Pharmacy Consultant at (609) 588-7034.

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