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Newsletter

Volume 10 No. 60

August 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: **SOMATROPIN PDUR Standards**

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

PURPOSE: 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, in accordance with N.J.A.C. 10:51-1.26. This Newsletter will provide approved standards for the drug, Somatropin Powder for Injection, Lyophilized.

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.

ACTION: For claims with dates of service on or after August 1, 2000, claims for Somatropin Powder for Injection, Lyophilized, Error Code 403, "Dosage Duration Exceeded", and Error Code 404, "Duration Standard Exceeded – Possible Cutback" shall apply where applicable. Pharmacists should refer to Newsletter Volume 10, No. 45, dated June 2000, for additional information regarding duration standards.

The DUR requirements for Somatropin are:

- (1) Initial claims for Somatropin Powder for Injection, Lyophilized shall require prior authorization from the First Health Services Corporation (First Health). First Health shall authorize an initial 14-day supply of medication.
- (2) After First Health obtains the appropriate information from the prescriber to justify continued use of Somatropin Powder for Injection, Lyophilized, First Health Services will issue additional prior authorizations for this drug. Additional prior authorizations may be issued by **First Health** for drug quantities that do not exceed a 12-week supply.
- (3) These claims will continue to be subject to the 75 percent "early refill rule" that currently applies to all other claim payments.

The pharmacist shall make requests for prior authorization directly to **First Health** by calling **(877) 888-2939**.

If you have any Medicaid or NJ KidCare questions regarding this Newsletter, please contact the Chief, Pharmaceutical Consultant, DMAHS, at (609) 588-2724, or the First Health Customer Service Department at (877) 266-3589.

If you have any questions concerning this Newsletter and the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, Cystic Fibrosis (CF) program, or the AIDS Drug Distribution Program (ADDP), please contact the PAAD Pharmacy Consultant at (609) 588-7034.

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