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# Newsletter

Volume 10 No. 69

September 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:** Revised PDUR Standards for Somatropin

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

**PURPOSE:** To notify providers of pharmaceutical services of revised Prospective Drug Utilization Review (PDUR) standards for somatropin powder for injection, lyophilized.

**BACKGROUND:** The Medicaid/DHSS Newsletter Volume 10, No. 60, dated August 2000, notified providers of pharmaceutical services that somatropin powder for injection, lyophilized, would be subject to Error Code 403, "Dosage Duration Exceeded" and Error Code 404, "Duration Standard Exceeded".

**ACTION:** Please be advised that PDUR standards for somatropin powder for injection, lyophilized, have been revised discontinuing the application of Error Codes 403 and 404.

**For claims with dates of service on or after September 1, 2000,** claims for somatropin powder for injection, lyophilized, shall be subject to Error Code 535, "Daily Quantity Possibly Exceeded" when PDUR standards are exceeded. Please see the Medicaid/DHSS Newsletter, Volume 10, No. 45, dated June 2000, for additional information concerning Edit 535.

The PDUR requirements outlined in the Medicaid/DHSS Newsletter Volume 10, No. 60, dated August 2000, for somatropin powder for injection, lyophilized, shall remain unchanged. Pharmacists are required to contact First Health Services at (877)888-2939 to request prior authorization.

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 Services Customer Service 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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