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NEWSLETTER

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June 2001

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: **New PDUR Standards for Epoetin, Filgrastim and
Linezolid**

EFFECTIVE: **July 1, 2001**

PURPOSE: To notify practitioners that the New Jersey Drug Utilization Review Board (NJDURB) has recommended that the State implement Prospective Drug Utilization Review (PDUR) standards for epoetin, filgrastim or linezolid, which have been approved by the Department of Human Services and the Department of Health and Senior Services.

These standards shall apply to Medicaid fee-for-service (FFS), NJ FamilyCare FFS, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Cystic Fibrosis (CF), Senior Gold Prescription Discount and AIDS Drug Distribution (ADDP) program pharmacy claims.

BACKGROUND: In accordance with Public Law (P.L.) 1998, c. 41, the NJ DURB is responsible for developing a Drug Utilization Review (DUR) program for State pharmacy benefit programs. The NJDURB is currently composed of physicians and pharmacists appointed by the Governor and approved by the NJ State Legislature.

Error Code 537 monitors claims to ensure that recommended daily dosage standards are not exceeded. Error code 537 requires pharmacists to notify First Health Clinical Services prior to dispensing certain prescriptions, and allows approved quantities of prescription drugs to be dispensed without prior authorization.

The NJDURB has recommended standards that require the pharmacist to notify First Health Clinical Services prior to dispensing epoetin, filgrastim and linezolid prescriptions to initiate the Medical Exception Process (MEP). Pharmacists are not required to notify First Health Clinical Services if they have previously obtained prior authorization for a prescription that is valid at the time of dispensing a new or refill prescription.

ACTION: Effective for claims with service dates on or after July 1, 2001, the following revised PDUR standards shall apply to Medicaid, PAAD, CF, Senior Gold and ADDP FFS pharmacy claims:

- (1) The pharmacist shall notify First Health Clinical Services prior to dispensing epoetin, filgrastim and linezolid prescriptions to initiate the MEP.
- (2) Pharmacists may contact **First Health Clinical Services at 1-877-888-2939, 24 hours a day, 7 days a week to request prior authorization** for pharmacy claims.
- (3) In an emergency, initial epoetin, filgrastim and linezolid prescriptions may be dispensed for up to a 6-day supply without prior authorization.
- (4) First Health shall outreach prescribers to request diagnostic information and to discuss whether the diagnosis is appropriate for continuing epoetin, filgrastim or linezolid therapy.
- (5) Appropriate diagnoses for continuing usage of epoetin include anemia associated with end stage renal disease, chronic renal disease, AIDS/ARC, chemotherapy or pre-operative transfusion reduction therapy.
- (6) Appropriate diagnoses for continuing usage of filgrastim include: bone marrow transplant, myelosuppressive chemotherapy-induced neutropenia, chronic neutropenia, congenital neutropenia, idiopathic or cyclic neutropenia, peripheral blood stem cell mobilization, mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis, peripheral blood progenitor cell collection and treatment in cancer patients, leukapheresis procedure, leukemia, acute myeloid leukemia, receiving induction or consolidation chemotherapy, HIV, congenital and/or drug induced agranulocytosis, glycogen storage disease, mucositis, mycobacterial infections, myelodysplastic syndromes, neutropenia-preeclampsia, neonatal sepsis due to preeclampsia-associated neutropenia, pancytopenia, peripheral blood stem cell transplantation (PBSCT), and Schwachman's Syndrome.

- (7) Appropriate patient history/diagnoses for continuing usage of linezolid include: a previous hospitalization requiring linezolid on discharge for a susceptible organism. Appropriate diagnoses include: bacteremia, enterococcus faecalis*, enterococcus faecium, pasteurilla multocida*, skin and skin structure infections, MRSA, MSSA, staphylococcus epidermidis*, staphylococcus haemolyticus*, streptococcus agalactiae (group B streptococci), streptococcus pneumoniae, streptococcus pyogenes (group A beta-hemolytic streptococci), VRE, viridans streptococci, nocardia*, tuberculosis*.

*Note: Not FDA-approved indications

If you have any questions regarding this Newsletter, please contact the Chief Pharmaceutical Consultant, DMAHS, at (609) 588-2724, or the First Health Services Customer Service at 1-877-266-3589.

If you have any questions concerning PAAD, CF, Senior Gold or ADDP, please contact the PAAD Pharmacy Consultant at (609) 631-4887.

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