



Newsletter

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TO: Providers of Pharmaceutical Services – **For Action**
Physicians, Certified Nurse Practitioners, Clinical Nurse Specialists,
Independent Clinics, Federally Qualified Health Centers (FQHCs) Health
Maintenance Organizations – **For Information Only**

SUBJECT: Additions/Changes to PDUR Standards

EFFECTIVE: Claims with service dates on or after August 1, 2001

PURPOSE: To notify providers of pharmaceutical services of additions/changes to the State's Prospective Drug Utilization Review (PDUR) program recommended by the New Jersey Drug Utilization Review Board (NJDURB) and approved by the New Jersey Department of Human Services (DHS) and the New Jersey Department of Health and Senior Services (DHSS).

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) and 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, maximum daily dosage, drug-drug interactions, and duration of drug use. This program is also designed to provide pharmacists with important information to assist them with their patient consultation responsibilities.

Please see the Medicaid/DHSS Newsletter Volume 9, No. 67, dated November 1999, for additional information concerning this program and the Medical Exception Process (MEP).

ACTION: For Medicaid and NJ FamilyCare fee-for-service (FFS) pharmacy claims, Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP), and Cystic Fibrosis (CF) pharmacy claims with service dates on or after August 1, 2001, the following additions/changes to the State's PDUR standards shall apply:

(1) Maximum Daily Dosage Standards (Error Code 535):

Drug	GCN	Min/Max Age (Yrs)	Standard *
Esomeprazole 20mg (Nexium)	12867	18/999	2
Esomeprazole 40mg (Nexium)	12868	18/999	1
Rabeprazole 20mg (Aciphex)	94639	18/999	6
Pantoprazole 40mg (Protonix)	40120	18/999	1
Ziprasidone 20mg (Geodon)	13331	18/999	8
Ziprasidone 40mg (Geodon)	13332	18/999	4
Ziprasidone 60mg** (Geodon)	13333	18/999	3
Ziprasidone 80mg (Geodon)	13334	18/999	2
Beclomethasone Dipropionate (QVAR) 40ug*	80128	18/999	1.33
Beclomethasone Dipropionate (QVAR) 80ug*	80131	18/999	0.58
Methylphenidate 54mg (Concerta)	12248	6/999	1

*Note: Compliance with standards based on the quotient of Metric Quantity/Days Supply reported on pharmacy claims.

See Medicaid/DHSS Newsletter Volume 10, No. 34, dated May 2000 for additional information concerning Maximum Daily Dosage standards.

Therapeutic Duplication Standards (Error Code 405):

Description	STC	Min/Max Age (Yrs)
NSAIDS*	S2B	18-999
ACPS**	H3A	18-999

*Note: Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

**Note: Acetaminophen Combination Products (ACPs)

See Medicaid/DHSS Newsletter Volume 9, No. 67, dated November 1999 for additional information concerning Therapeutic Duplication standards.

It is important to also note that overlapping claims for NSAIDs or ACPs prescribed by the same physician are excluded from Error Code 405.

Examples of NSAIDs include celcoxib, ibuprofen, naproxen and rofecoxib.

Examples of ACPs include Percocet, Fioricet, Fiorinal, Vicodin, Lortab and Darvocet.

(2) Duration Standards (Error Code 403):

Drug	GCN	Min/Max Age (Yrs)	Standard*	Duration	Absence Interval
Esomeprazole 20mg (Nexium)	12867	18/999	2,3,4,5,6	90 days	90 days
Esomeprazole 40mg (Nexium)	12868	18/999	2,3,4,5,6	90	90
Rabeprazole 20mg (Aciphex)	94639	18/999	2,4,5,6	90	90
Pantoprazole 40mg (Protonix)	40620	18/999	2,3,4,5,6	90	90
Bipropion HCL (Zyban)	27901	18/999	2	98	30
Omeprazole 20mg (Prilosec)	08450	18/999	3,4,5,6,7,8	90	90
Omeprazole 40mg (Prilosec)	08452	18/999	2,3,4,5,6	90	90
Lansoprazole 15mg (Prevacid)	02521	18/999	3,4,5,6,7,8	90	90
Lansoprazole 30mg (Prevacid)	02529	18/999	2,3,4,5,6	90	90
Temazepam 15mg (Restoril)	13840	65/999	0.53	90	90
Temazepam 30mg (Restoril)	13841	65/999	0.26	90	90
Temazepam 7.5mg (Restoril)	13845	65/999	1	90	90
Triazolam 0.125mg (Halcion)	14282	65/999	0.18	90	90
Triazolam 0.25mg (Halcion)	14280	65/999	0.09	90	90

Ketoralac 10mg (Taradol)	32531	65/999	4	5	275
Itraconazole 10mg/ml (Sporanox)	49100	65/999	20	84	281
Itraconazole 100mg (Sporanox)	49101	65/999	2	84	281

*Note: Compliance with standard based on the quotient of Metric Quantity/Days Supply reported on pharmacy claims.

See Medicaid/DHSS Newsletter Volume 10, No. 45, dated June 2000 for additional information concerning Duration Standards.

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 the PAAD, ADDP, or CF programs, please contact the PAAD Pharmacy Consultant at (609) 588-7034.

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