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Newsletter

Volume 11 No. 84

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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 November 15, 2001**

PURPOSE: This Newsletter is to notify providers of pharmaceutical services of enhancements to the Medical Exception Process (MEP) as a component of the State's Prospective Drug Utilization Review (PDUR) program. Changes/additions to PDUR standards have been recommended by the New Jersey Drug Utilization Review Board and approved by the Commissioners of the Departments of Human Services and of 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 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 interactions, maximum daily dosage, and durations of drug use, 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:

- (1) The following additions to existing maximum daily dosage standards were approved:

Generic Name	Maximum dosage standard ages 18 to 65	Maximum dosage standard over age 65
Advair 100/50	1 canister/month	1 canister/month
Advair 250/50	1 canister/month	1 canister/month
Advair 500/50	1 canister/month	1 canister/month
Butorphenol NS	4 vials/month	4 vials/month

Note: These claims will be subject to Error Code 535. For additional information concerning maximum daily dosage standards, please see the Medicaid/DHSS Newsletter Volume 10, No. 34, dated May 2000.

- (2) First Health Services will send letters to prescribers of oral glucocorticoids (see attachment) when a retrospective review of paid pharmacy claims indicates that the duration of glucocorticoid therapy has exceeded 90 days. Prescribers of the glucocorticoid will be encouraged to evaluate their patients to determine the need for bone mineral density monitoring.

First Health Services will perform a review of paid Medicaid fee-for-service (FFS) and Pharmaceutical Assistance to the Aged and Disabled (PAAD) pharmacy claims. Error Code **880** will post to these claims indicating to pharmacists that these claims are being subject to a retrospective review process by First Health Services.

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 (877) 266-3589.

If you have any questions concerning PAAD, Cystic Fibrosis, or AIDS Drug Distribution Program, please contact the PAAD Pharmacy Consultant at (609) 588-7034.

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