



# 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), and  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** Additions/Changes to PDUR Standards

**EFFECTIVE:** Claims with service dates on or after March 1, 2002

**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 March 1, 2002, the following additions/changes to the State's PDUR standards shall apply:

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

**Rofecoxib (Vioxx):**

Drug	Min/Max Age (Yrs)	Standard*
Rofecoxib 12.5mg (Vioxx)	18/999	<b>Formerly 2 4</b>
Rofecoxib 25mg (Vioxx)	18/999	<b>Formerly 1 2</b>
Rofecoxib 50mg (Vioxx)	18/999	<b>Formerly 0.5 1</b>
Rofecoxib 25mg/5ml (Vioxx)	18/999	<b>Formerly 5 10</b>

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

**Non-Weight-Based Oral Chemotherapy drugs:**

BRD NM	GEN NM	MIN AGE	MAX AGE	STD*
Arimidex 1mg	Anastrozole	18	999	1 <b>1mg</b>
Aromasin 25mg	Exemestane	18	999	1 <b>25mg</b>
Casodex 50mg	Bicalutamide	18	999	1 <b>50mg</b>
Droxia 200mg	Hydroxyurea	18	999	12.25 <b>2450mg</b>
Droxia 300mg	Hydroxyurea	18	999	8.17 <b>2450mg</b>
Droxia 400mg	Hydroxyurea	18	999	6.125 <b>2450mg</b>
Emcyt 140mg	Estramustine	18	999	9.14 <b>1280mg</b>
Eulexin 125mg	Flutamide	18	999	6 <b>750mg</b>
Fareston 60mg	Toremifene	18	999	1 <b>60mg</b>
Femara 2.5mg	Letrozole	18	999	1 <b>2.5mg</b>
Gleevac 100mg	Imatinib	18	999	8 <b>800mg</b>
Matulane 50mg	Procarbazine	18	999	4 <b>200mg</b>
Megace 40mg/cc	Megestrol Acetate	18	999	40 <b>1600mg</b>
Megace 20mg	Megestrol Acetate	18	999	16 <b>320mg</b>
Megace 40mg	Megestrol Acetate	18	999	8 <b>320mg</b>
Nolvadex 10mg	Tamoxifen	18	999	4 <b>40mg</b>
Nolvadex 20mg	Tamoxifen	18	999	2 <b>40mg</b>
Targretin	Bexarotene	18	999	9.07

75mg				<b>680mg</b>
Thioquanine 40mg	Thioquanine	18	999	3.5 <b>140mg</b>

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

### HIV/AIDS drugs:

BRD NM	GEN NM	MIN AGE	MAX AGE	STD*
Agenerase 150mg	Amprenavir	4	999	16 <b>2400mg</b>
Agenerase 15mg/cc	Amprenavir	4	999	186.67 <b>2800mg</b>
Combivir	Zidovudine/Lamivudine	1	999	2 <b>2/day</b>
Crixivan 100mg	Indinavir	3	999	24 <b>2400mg</b>
Crixivan 200mg	Indinavir	3	999	12 <b>2400mg</b>
Crixivan 333mg	Indinavir	3	999	7.21 <b>2400mg</b>
Crixivan 400mg	Indinavir	3	999	6 <b>2400mg</b>
Epivir 150mg	Lamivudine	1	999	2 <b>300mg</b>
Epivir 10mg/cc	Lamivudine	1	999	30 <b>300mg</b>
Fortovase 200mg	Saquinavir	16	999	18 <b>3600mg</b>
Hivid 0.375mg	Zalcitabine	1	999	6 <b>2.25mg</b>
Hivid 0.750mg	Zalcitabine	1	999	3 <b>2.25mg</b>
Invirase 200mg	Saquinavir	16	999	9 <b>1800mg</b>
Kaletra	Lopinovir/Ritonavir	18	999	8 <b>8/day</b>
Kaletra Oral Soln	Lopinovir/Ritonavir	18	999	13 <b>6/day</b>
Norvir 100mg	Ritonavir	0 (1 mo.)	999	12 <b>1200mg</b>
Norvir 80mg/cc	Ritonavir	0 (1 mo.)	999	15 <b>1200mg</b>
Rescriptor 100mg	Delavirdine	16	999	12 <b>1200mg</b>
Retrovir 100mg	Zidovudine	0 (3 mo.)	999	20 <b>2000mg</b>
Retrovir 100mg	Zidovudine	0 (3 mo.)	999	20 <b>2000mg</b>
Retrovir 100mg	Zidovudine	0 (3 mo.)	999	20 <b>2000mg</b>
Retrovir	Zidovudine	0	999	20

100mg		(3 mo.)		<b>2000mg</b>
Sustiva 100mg	Efavirenz	3	999	6 <b>600mg</b>
Trizivir	Zidovudine/Lamivudine/Abacavir	0	999	2 <b>2/day</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Videx 150mg	Didanosine	0 (2 mo.)	999	2.67 <b>400mg</b>
Viracept 250mg	Nelfinavir	2	999	10 <b>2500mg</b>
Viramune 200mg	Nevirapine	0 (2 mo.)	999	2 <b>400mg</b>
Zerit 15mg	Stavudine	0	999	5.33 <b>80mg</b>
Zerit 15mg	Stavudine	0	999	5.33 <b>80mg</b>
Zerit 15mg	Stavudine	0	999	5.33 <b>80mg</b>
Zerit 15mg	Stavudine	0	999	5.33 <b>80mg</b>
Zerit 15mg	Stavudine	0	999	5.33 <b>80mg</b>
Ziagen 300mg	Abacavir	0 (3 mo.)	999	2 <b>600mg</b>
Ziagen 300mg	Abacavir	0 (3 mo.)	999	2 <b>600mg</b>

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

**(2) Drug-Drug Interactions:**

**HIV/AIDS Drugs (Error Code 869):**

Drug Name	Conflict Drug Name
Agenerase	Bepiridil
Agenerase	Rifampin
Agenerase	Zocor
Agenerase	Mevacor
Agenerase	Versed
Agenerase	Triazolam
Agenerase	Ergomar
Agenerase	Viagra
Combivir	Stavudine
Crixivan	Zocor
Crixivan	Mevacor
Crixivan	Versed
Crixivan	Triazolam
Crixivan	Ergomar
Crixivan	Viagra
Crixivan	Mevacor
Crixivan	Versed
Fortovase	Rifampin
Fortovase	Mycobutin
Fortovase	Zocor
Fortovase	Mevacor
Fortovase	Versed
Fortovase	Triazolam
Fortovase	Ergomar
Fortovase	Viagra
Hivid	Pentamidine
Invirase	Zocor
Invirase	Mevacor
Invirase	Versed
Invirase	Triazolam
Invirase	Ergomar
Invirase	Viagra
Kaletra	Tambocor
Kaletra	Rifampin
Kaletra	ORAP
Kaletra	Propafenone
Kaletra	Zocor
Kaletra	Mevacor
Kaletra	Versed
Kaletra	Triazolam
Kaletra	Ergomar
Kaletra	Viagra
Kaletra	ORAP
Kaletra	Propafenone
Norvir	Amiodarone
Norvir	Bepiridil
Norvir	Bupropion
Norvir	Tambocor
Norvir	Meperidine
Norvir	Quinidine
Norvir	Pimazide
Norvir	Zocor

Norvir	Mevacor
Norvir	Versed
Norvir	Triazolam
Norvir	Ergomar
Norvir	Viagra
Rescriptor	Rifampin
Rescriptor	Viagra
Rescriptor	Versed
Rescriptor	Triazolam
Rescriptor	Ergomar
Retrovir	Stavudine
Sustiva	Versed
Sustiva	Triazolam
Sustiva	Ergomar
Trizivir	Stavudine
Videx	Allopurinol
Videx	Pentamidine
Videx	Hydroxyurea
Viracept	Amiodarone
Viracept	Zalcitabine
Viracept	Zocor
Viracept	Mevacor
Viracept	Versed
Viracept	Triazolam
Viracept	Ergomar
Viracept	Viagra
Viramune	Ketoconazole
Zerit	Zidovudine
Rescriptor	Proton Pump Inhibitors
Rescriptor	H2 Antagonists

**Angiotensin Converting Enzyme Inhibitors:  
(Error Code 916)**

Drug Name	Conflict Drug Name
Angiotensin 1 Converting Enzyme Inhibitors*	Angiotensin 2 Converting Enzyme Inhibitors**

\*Examples of ACE Inhibitors Type 1 include: captopril, fosinopril, lisinopril, enalapril

\*\*Examples of ACE Inhibitors Type 2 include: losartan, valsartan, irbesartan, candesartan.

See Medicaid/DHSS Newsletter Volume 9, No. 67, dated November, 1999 for additional information concerning Drug-Drug Interactions.

**(3) Additional Age/Sex Standards:**

Description	Min/Max Age (Yrs)
Serafem	18-999

Serafem, indicated for the treatment of premenstrual syndrome (PMS), is restricted to females.

**(4) Additional Retrospective Review Standards**

First Health Services will perform Retrospective Drug Utilization Reviews of the following drugs to advise physicians regarding potential drug-drug interactions. These interactions are identified by Error Code 870.

Drug Name	Conflicting Drug Name
Cytovene	Retrovir
Zerit	Videx
Videx	Hydroxyurea
Videx	Pentamidine
Hivid	Pentamidine

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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