



# Newsletter

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Management*

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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 May 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) in January 2002, 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 May 1, 2002, the following additions/changes to the State's PDUR standards shall apply:

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

**Lysodren (mitotane)**

Drug	Min/Max Age (Yrs)	Standard*
Lysodren (mitotane) 500mg	18/999	32

\*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.

**(2) Warfarin/Antibiotic Retrospective Project (Error Code 870)**

**Levaquin (levofloxacin) has been added to the list of antibiotics that may increase the international normalized ratio (INR). Prescribers that have a warfarin prescription that overlaps with a prescription for levofloxacin shall receive a retrospective intervention letter.**

See Medicaid/DHSS Newsletter Volume 11, No. 10, dated February 2001 for additional information concerning Retrospective Reviews of Potential Warfarin/Antibiotic Drug-Drug Interactions.

**(3) Therapeutic Duplication Standards (Error Code 405)**

Ultracet (tramadol/acetaminophen) has been added to the list of narcotic-containing acetaminophen products. Error code 405 will post to claims representing overlapping narcotic/acetaminophen containing products.

See Medicaid/DHSS Newsletters Volume 9, No. 67, dated November 1999, and Volume 11, No. 65, dated August 2001, for additional information concerning Therapeutic Duplication standards.

**(4) Bisphosphonates and Acid-Related Drugs (ARDs) (Error Code 870)**

The bisphosphonate/ARD retrospective process shall terminate effective May 1, 2002. See the Medicaid/DHSS Newsletter Volume 11, No. 34, dated May 2001, for additional information regarding the bisphosphonate and ARD process.

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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