



*Published by the  
N.J. Dept. of Human Services,  
Div. of Medical Assistance & Health Services  
and the N.J. Dept. of Health & Senior Services  
Div. of Senior Benefits & Utilization  
Management*

# Newsletter

Volume 12 No. 95

September 2002

**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 per the New Jersey State  
Drug Utilization Review Board Meeting in April 2002**

**EFFECTIVE:** Claims with service dates on or after October 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 October 1, 2002, the following additions/changes to the State's PDUR standards shall apply:

(1) **New Patient Compliance Standards (Error Code 433):**

DMAHS shall provide, as a component of the POS response, Error Code 433 advising pharmacists of certain medications being under-utilized by State beneficiaries. Initial advisories will be provided for glucocorticoid steroid inhalers. See the following table for a list of sample drugs that will be subject to this new Error Code.

Under-utilization shall be determined by a search of previously paid pharmacy claims for the same drug product. Based on under-utilization standards recommended by the NJDURB and approved by the State (for example 200% of the prior claim days supply), an assessment of utilization will be performed by the POS system. If the days supply on the current claim exceeds the patient compliance standard, the Error Code 433 shall post to the pharmacy claim advising pharmacists that a medication is being under-utilized. Error Code 433 description shall read, "Possible Under-Utilization; FH to Contact MD."

DRUG NAME
AEROBID
AEROBID-M
AZMACORT
BECLOVENT
FLOVENT 44UG
FLOVENT 110UG
FLOVENT 220UG
PULMICORT
QVAR
VANCERIL
VANCERIL DS
Anti-retroviral Drugs*

**Note: See Medicaid Newsletter Volume 12, No. 16 for examples of anti-retroviral drugs**

(2) **Weight based drug warning (Error Code 434)**

The following drugs in the table below are examples of weight-based medications. As a component of the POS response, Error Code 434 will advise pharmacists of certain medications with dosage that is sensitive to body weight. Error Code 434 shall read, "Verify Dosage Based on Weight." The pharmacist in performing utilization review should grossly assess a patient's body weight to ensure that the dosage prescribed is appropriate for the patient.

Drug Name
ACTIMMUNE 2MMIU/0.5 VIAL
ADRIAMYCIN RDF 10MG VIAL
ADRIAMYCIN RDF 150MG VIAL
ADRIAMYCIN RDF 20MG VIAL
ADRIAMYCIN RDF 50MG VIAL
ADRIAMYCIN-PFS 2MG/ML VIAL
ADRIAMYCIN-PFS 50MG VIAL
ADRUCIL 50MG/ML BULK VIAL

<b>Drug Name</b>
ADRUCIL 50MG/ML VIAL
ALKERAN 2MG TABLET
ALKERAN 50MG VIAL
ALOPRIM 500MG VIAL
AZATHIOPRINE 50MG TABLET
BICNU 100MG VIAL
BLENOXANE 15U VIAL
BLENOXANE 30U VIAL
BLEOMYCIN SULFATE 15U VIAL
BLEOMYCIN SULFATE 30U VIAL
BUSULFEX 6MG/ML AMPUL
CAMPTOSAR 20MG/ML VIAL
CEENU 100MG CAPSULE
CEENU 10MG CAPSULE
CEENU 40MG CAPSULE
CEENU DOSE PACK
CELLCEPT 200MG/ML ORAL SUSP
CELLCEPT 250MG CAPSULE
CELLCEPT 500MG TABLET
CELLCEPT 500MG VIAL
CERUBIDINE 20MG VIAL
CISPLATIN 1MG/ML VIAL
CISPLATIN-AQ 1MG/ML VIAL
CLADRIBINE 1MG/ML VIAL
COSMEGEN 0.5MG VIAL
CYCLOPHOSPHAMIDE 25MG TAB
CYCLOPHOSPHAMIDE 50MG TAB
CYCLOSPORINE 100MG SOFTGEL
CYCLOSPORINE 25MG SOFTGEL
CYCLOSPORINE 50MG/ML VIAL
CYTARABINE 100MG VIAL
CYTARABINE 100MG/ML VIAL
CYTARABINE 1GM VIAL
CYTARABINE 20MG/ML VIAL
CYTARABINE 2GM VIAL
CYTARABINE 500MG VIAL
CYTOSAR-U 100MG VIAL
CYTOSAR-U 1GM VIAL
CYTOSAR-U 2GM VIAL
CYTOSAR-U 500MG VIAL
CYTOXAN 25MG TABLET
CYTOXAN 50MG TABLET
CYTOXAN LYOPHILIZED 100MG
CYTOXAN LYOPHILIZED 1GM

<b>Drug Name</b>
CYTOXAN LYOPHILIZED 200MG
CYTOXAN LYOPHILIZED 2GM
CYTOXAN LYOPHILIZED 500MG
DACARBAZINE 100MG VIAL
DACARBAZINE 200MG VIAL
DAUNORUBICIN 20MG VIAL
DAUNORUBICIN 5MG/ML VIAL
DAUNORUBICIN HCL 20MG VIAL
DAUNOXOME 2MG/ML VIAL
DEPOCYT 50MG/5ML VIAL
DOXIL 2MG/ML VIAL
DOXORUBICIN 10MG VIAL
DOXORUBICIN 20MG VIAL
DOXORUBICIN 2MG/ML VIAL
DOXORUBICIN 50MG VIAL
DTIC-DOME IV 200MG VIAL
ELLENCE 2MG/ML VIAL
ELSPAR 10000U VIAL
ETOPOPHOS 100MG VIAL
ETOPOSIDE 20MG/ML VIAL
FLOXURIDINE 500MG VIAL
FLUDARA 50MG VIAL
FLUOROURACIL 50MG/ML VIAL
GEMZAR 1G VIAL
GEMZAR 200MG VIAL
GENGRAF 100MG CAPSULE
GENGRAF 25MG CAPSULE
HERCEPTIN 440MG VIAL
HEXALEN 50MG CAPSULE
HYCANTIN 4MG VIAL
HYDREA 500MG CAPSULE
HYDROXYUREA 500MG CAPSULE
IDAMYCIN 20MG VIAL
IDAMYCIN PFS 1MG/ML VIAL
IFEX 1GM VIAL
IFEX 3GM VIAL
IFEX/MESNEX KIT
IMURAN 50MG TABLET
INTRON A 10MMU INJ PEN
INTRON A 10MMU VIAL
INTRON A 10MMU/ML KIT
INTRON A 10MMU/ML VIAL
INTRON A 18MMU VIAL
INTRON A 25MMU VIAL

<b>Drug Name</b>
INTRON A 3MMU INJECTION PEN
INTRON A 3MMU VIAL
INTRON A 3MMU/0.5ML KIT
INTRON A 3MMU/0.5ML VIAL
INTRON A 50MMU VIAL
INTRON A 5MMU INJECTION PEN
INTRON A 5MMU VIAL
INTRON A 5MMU/0.5ML KIT
INTRON A 5MMU/0.5ML VIAL
INTRON A 6MMU/ML VIAL
LEUCOVORIN CAL 10MG/ML VIAL
LEUCOVORIN CALCIUM 100MG VL
LEUCOVORIN CALCIUM 10MG TAB
LEUCOVORIN CALCIUM 15MG TAB
LEUCOVORIN CALCIUM 200MG VL
LEUCOVORIN CALCIUM 25MG TAB
LEUCOVORIN CALCIUM 350MG VL
LEUCOVORIN CALCIUM 500MG VL
LEUCOVORIN CALCIUM 50MG VL
LEUCOVORIN CALCIUM 5MG TAB
LEUKERAN 2MG TABLET
LEUPROLIDE 1MG/0.2ML VIAL
LEUPROLIDE 2WK 1MG/0.2ML KT
LOPURIN 100MG TABLET
LOPURIN 300MG TABLET
LUPRON 1MG/0.2ML VIAL
LUPRON 2-WK 1MG/0.2ML KIT
LUPRON DEPOT 3.75MG KIT
LUPRON DEPOT 7.5MG KIT
LUPRON DEPOT-3 MONTH KIT
LUPRON DEPOT-4 MONTH KIT
MEGESTROL 20MG TABLET
MEGESTROL 40MG TABLET
MESNEX 100MG/ML VIAL
METASTRON VIAL
METHOTREXATE 100MG VIAL
METHOTREXATE 1GM VIAL
METHOTREXATE 2.5MG TABLET
METHOTREXATE 20MG VIAL
METHOTREXATE 25MG/ML VIAL
METHOTREXATE LPF 25MG/ML VL
MITHRACIN 2500MCG VIAL
MITOMYCIN 20MG VIAL
MITOMYCIN 40MG VIAL

<b>Drug Name</b>
MITOMYCIN 5MG VIAL
MUSTARGEN 10MG VIAL
MUTAMYCIN 20MG VIAL
MUTAMYCIN 40MG VIAL
MUTAMYCIN 5MG VIAL
MYLERAN 2MG TABLET
MYLOCEL 1000MG TABLET
MYLOTARG 5MG VIAL
NAVELBINE 10MG/ML VIAL
NEORAL 100MG GELATN CAPSULE
NEORAL 100MG/ML SOLUTION
NEORAL 25MG GELATIN CAPSULE
NEOSAR 100MG VIAL
NEOSAR 1GM VIAL
NEOSAR 200MG VIAL
NEOSAR 2GM VIAL
NEOSAR 500MG VIAL
NILANDRON 150MG TABLET
NILANDRON 50MG TABLET
NIPENT 10MG VIAL
NOVANTRONE 2MG/ML VIAL
ONCASPAR 750IU/ML VIAL
ONCOVIN 1MG/ML VIAL
ONCOVIN 2MG/2ML SYRINGE
ONTAK 150MCG/ML VIAL
ONXOL 150MG/25ML VIAL
ONXOL 300MG/50ML VIAL
ONXOL 30MG/5ML VIAL
PARAPLATIN 150MG VIAL
PARAPLATIN 450MG VIAL
PARAPLATIN 50MG VIAL
PEG-INTRON 100MCG KIT
PEG-INTRON 160MCG KIT
PEG-INTRON 240MCG KIT
PEG-INTRON 300MCG KIT
PHOTOFRIN 75MG VIAL
PLATINOL-AQ 1MG/ML VIAL
PROGRAF 0.5MG CAPSULE
PROGRAF 1MG CAPSULE
PROGRAF 5MG CAPSULE
PROGRAF 5MG/ML AMPULE
PROLEUKIN 22MILLION IU VIAL
PURINETHOL 50MG TABLET
QUADRAMET VIAL

<b>Drug Name</b>
RAPAMUNE 1MG/ML ORAL SOLN
RITUXAN 10MG/ML VIAL
ROFERON-A 18MMU VIAL
ROFERON-A 36MMU/ML VIAL
ROFERON-A 3MMU/0.5ML KIT
ROFERON-A 3MMU/ML VIAL
ROFERON-A 6MMU/0.5ML KIT
ROFERON-A 6MMU/ML VIAL
ROFERON-A 9MMU/0.5ML KIT
ROFERON-A 9MMU/0.9ML VIAL
RUBEX 100MG VIAL
RUBEX 50MG VIAL
TARABINE PFS 20MG/ML VIAL
TAXOL 100MG/16.7ML VIAL
TAXOL 300MG/50ML VIAL
TAXOL 30MG/5ML VIAL
TAXOTERE 20MG/0.5ML VIAL
TAXOTERE 40MG/ML VIAL
TEMODAR 100MG CAPSULE
TEMODAR 20MG CAPSULE
TEMODAR 250MG CAPSULE
TEMODAR 5MG CAPSULE
TESLAC 50MG TABLET
THERACYS 81MG VIAL
THIOPLEX 15MG VIAL
THIOTEPA 15MG VIAL
TICE BCG VIAL
TOPOSAR 20MG/ML VIAL
TRISENOX 10MG/10ML AMPULE
URACIL MUSTARD 1MG CAPSULE
VALSTAR 40MG/ML VIAL
VELBAN 10MG VIAL
VELSAR 10MG VIAL
VEPESID 20MG/ML VIAL
VEPESID 50MG CAPSULE
VESANOID 10MG CAPSULE
VIADUR IMPLANT KIT
VINBLASTINE 1MG/ML VIAL
VINBLASTINE SULF 10MG VIAL
VINCASAR PFS 1MG/ML VIAL
VINCRISTINE 1MG/ML VIAL
VUMON 10MG/ML AMPUL
XELODA 150MG TABLET
XELODA 500MG TABLET

Drug Name
ZANOSAR 1GM STERILE POWDER
ZOLADEX 10.8MG IMPLANT SYRN
ZOLADEX 3.6MG IMPLANT SYRN

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

- The maximum daily dosage standards for 5 HT drugs were approved for the treatment of migraine headaches. Up to eight (8) headaches per month was established as a standard for this class of drugs.

Drug Name	Tablet Strengths	Package Size	Number of Tablets for 8 headaches per month	Packages allowed for 8 headaches per month (rounded up)
Amerge (naratriptan)	1mg	9	40	5
	2.5mg	9	16	2
Axert (almotriptan)	6.25mg	6	32	6
	12.5mg	6	16	3
Imitrex (sumatriptan)	25mg	9	64	8
	50mg	9	32	4
	100mg	9	16	2
Maxalt (rizatriptan)	5mg	6	48	8
	10mg	6	24	4
Zomig (zolmitriptan)	2.5mg	6	32	6
	5mg	3	16	6

- The maximum daily dosage standard for Viread (tenofovir) is 300mg per day for adults over 18 years of age.
- The maximum daily dosage standard for Bextra (valdecoxib) is 10mg per day.
- The maximum daily dosage standard for Pravachol was changed from 40mg to 80mg.
- The maximum daily dose standards for bisphosphonates are as follows:

Actonel (risedronate)	5mg	once-a-day
Actonel (risedronate)	30mg	once-a-day
Actonel (risedronate)	35mg	once-a-week
Fosamax (alendronate)	5mg	once-a-day
Fosamax (alendronate)	10mg	once-a-day
Fosamax (alendronate)	40mg	once-a-day
Fosamax (alendronate)	35mg	once-a-week
Fosamax (alendronate)	70mg	once-a-week

**(4) New Duration of Therapy Standard (Error Code 403):**

- The duration of therapy standard for Bextra (valdecoxib) is 40mg per day for up to seven (7) days.
- The duration of therapy for Vioxx (rofecoxib) was set at a 50mg dose for up to one week.

**(5) Prior Authorization Required (Error Code 537):**

- According to Medicaid Newsletter Volume 9, Number 69, the new Attention Deficit Disorder drug, Focalin (dexmethylphenidate), shall require prior authorization.
- Botulinum toxin utilization shall require automatic prior authorization. Coverage shall be allowed for non-cosmetic indications that are FDA approved or documented in peer reviewed medical literature. For additional information see, Senior Services Newsletter Volume 5, Number 3 for the PAAD and Senior Gold prescription drug programs.

**(6) Therapeutic Duplication Standard (Error Code 405):**

A therapeutic duplication standard was approved for anti-impotency drugs, including Muse, Caverject and Viagra.

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) 631-4887 or First Health Services

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**