Newsletter

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Volume 12 No. 99 **November 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 June 2002

EFFECTIVE: Claims with service dates on or after November 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 the Department of Health and Senior Services (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 therapy, early refill claim payments, utilization of certain drugs based on State policy, sex and age categories, 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 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 November 1, 2002, the following additions/changes to the State's PDUR standards shall apply:

MEP Expansion to Aids Drug Distribution Program (ADDP) Pharmacy Claims

The New Jersey Department of Health and Senior Services is expanding the Medical Exception Process (MEP) to include ADDP pharmacy claims. All PDUR standards and MEP protocols previously approved for Medicaid shall also apply to ADDP claims.

Additions/Changes to Maximum Daily Dosage Standards:

- In the DMAHS/DHS Newsletter Volume 12, No. 16, dated February 2002, pharmacies were notified of a maximum daily dosage standard for zidovudine (Retrovir) of 2000 mg. daily. A new maximum daily dosage standard of 1200 mg. daily shall apply to claims for zidovudine.

- A maximum daily dosage standard of 27 tablets in 30 days shall apply to claims for Frova. This standard is based on the use of three (3) doses per migraine-type headache, up to 8 headaches per month.

- A maximum daily dosage standard of two (2) capsules per day shall apply to claims for formoterol fumerate (Foradil) aerolizer.

- Dextroamphetamine/amphetamine combination (Adderall XR) and dexmethylphenidate HCl (Focalin) are new Attention Deficit Disorder (ADD) drugs requiring immediate prior authorization based on Medicaid policy (maximum daily dosage standard set at '0').

- A maximum daily dose of 40 mg. per day shall apply to claims for pantoprazole (Protonix).

Additional Patient Compliance Standards

- Claims for angiotensin I converting enzyme (ACE I) inhibitors, angiotensin receptor blockers (ARBs), beta blockers and oral hypoglycemics shall be subject to patient compliance monitoring. When utilization drops below 200 percent of the prior paid claim's days supply, a point-of-sale (POS) response will notify the pharmacist of a patient compliance concern. In addition, First Health Clinical Services will notify physicians of compliance concerns.

Growth Hormone and Epoetin Prior Authorization:

- Growth Hormones used in the treatment of wasting in patients with HIV/AIDS shall be subject to immediate prior authorization. The MEP protocol for authorizing Growth Hormone may be found at www.njdur.org, the First Health Services website.

- Pegfilgrastim (Neulasta) and darbepoetin alpha (Aranesp), extended-release versions of epoetin, shall be subject to immediate prior authorization. The MEP protocol for extended-release epoetin may be found at www.njdur.org.

Additional Retrospective Drug-Drug Interaction Review Criteria

- Clarithromycin (Biaxin) XL has been added to those antibiotics currently monitored for potential antibiotic-warfarin drug interactions. Macrolide antibiotics are known to inhibit warfarin metabolism and interfere with warfarin blood monitoring techniques. Patients receiving antibiotics, including but not limited to macrolides and quinolones, may be at risk, requiring further monitoring and adjustments in drug treatment.

Additional Cosmetic Drug Requirements

Tazarotene (Tazorec) cream has been added to the list of cosmetic drugs requiring immediate prior authorization by the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, First Health Services Customer Service at (877) 266-3589 or the Chief of Pharmaceutical Services, PAAD at (609) 588-7640.

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