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Newsletter

Volume 14 No. 4 **January 2004**

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 2003

EFFECTIVE: Claims with service dates on or after January 1, 2004

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, 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), Senior Gold, AIDS Drug Distribution Program (ADDP) and Cystic Fibrosis (CF) pharmacy claims with service dates on or after January 1, 2004, the following additions/changes to the State's PDUR standards shall apply:

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

An additional maximum daily dosage standard was approved by the State.

Drug Name	Maximum Daily Dosage (drug units per day)
Enfuvirtide	0.00

***Note: A maximum daily dosage standard of '0' means all claims for this drug require immediate prior authorization.**

(2) Severe Drug-Drug Interaction Standards (Error Code 869/916):

Additional severe drug-drug interaction standards were approved by the State. These additional standards are described in the following table:

Drug Name	Conflicting Drug Name
Retrovir	Combivir
Retrovir	Trizivir
Epivir	Combivir
Epivir	Trizivir
Ziagen	Trizivir
Combivir	Trizivir
Kaletra	Norvir
Retrovir	Zerit
Hivid	Videx
Hivid	Zerit
Hivid	Epivir
Methadone	Subutex

(3) New Weighted Cumulative Standards (Error Code 447)

The State has approved new maximum daily dosage standards for certain combination drugs. Previous dosage standards approved by the State were for single drugs, not those available in combination with other drugs. For example, acetaminophen is available in many combination products. Until now, the State has been unable to set an acetaminophen standard to minimize adverse reactions from overutilization. Now, different strengths of acetaminophen found in combination products can be 'weighted and accumulated,' based on prior paid claims, to determine if a problem with overutilization exists. When overutilization is determined, the claim will be denied by Error Code 447, "Daily Dose Exceeds Recommended Limits," requiring prior authorization.

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, Senior Gold or CF programs, please contact the PAAD Pharmacy Consultant at (609) 631-4887, or First Health Services.

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