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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 and Changes to PDUR Standards per the New Jersey State
Drug Utilization Review Board Meeting in October 2003

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

PURPOSE: To notify providers of pharmaceutical services of additions and 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 and the New Jersey Department of Health and Senior Services.

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

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

Additional maximum daily dosage standards were approved for Crestor (Rosuvastatin Calcium), Pravigard, Iressa (Gefitinib), Levitra (Vardenafil) and Cialis (Tadalafil). Prior authorization shall be required when these maximum daily dosage standards are exceeded. These additional standards are described in the following table.

Drug Name	Maximum Daily Dosage
Cialis*	4 treatments in 30 days
Crestor	40 mg
Iressa	250 mg
Levitra*	4 treatments in 30 days
Pravigard	80 mg

***Note: Based on State policy, the maximum daily dosage standard for these drugs is 4 treatments in 30 days. When this standard is exceeded, Error Code 538 will deny payment.**

(2) **Severe Drug-Drug Interactions**

Additional severe drug-drug interaction standards were approved for the following drugs. Prior authorization shall be required when these severe drug-drug interactions are identified by the point-of-sale claims processing system.

Drug	Drug	Min. Age	Max. Age
Levitra	Nitrates	18	999
Cialis	Nitrates	18	999
Reyataz	Proton Pump Inhibitors	18	999
Reyataz	Calcium Channel Blockers	18	999
Reyataz	Vasacor	18	999
Reyataz	Rifadin	18	999
Reyataz	Viagra	18	999
Reyataz	Levitra	18	999
Reyataz	Cialis	18	999
Reyataz	Camptosar	18	999
Reyataz	Lovastatin	18	999
Reyataz	Zocor	18	999
Reyataz	Crixivan	18	999

(3) Therapeutic Duplication

The anti-impotency drugs Viagra, Levitra and Cialis shall be subject to therapeutic duplication monitoring. Prior authorization shall be required when two or more of these drugs are prescribed concurrently.

(4) Gender Restriction

Like Viagra, the new anti-impotency drugs, Levitra and Cialis, are intended for use by males only. State pharmacy benefit payments for Levitra and Cialis shall be limited to male beneficiaries only. Claim payments shall be denied for these drugs when prescribed for female beneficiaries.

(5) Additional Exceptions to Mandatory Generic Substitution Requirements

The Division of Medical Assistance and Health Services has approved additional exemptions to the mandatory generic substitution requirements described in the Medicaid/DHSS Newsletter Volume 13, No. 50, dated July 2003. These new exemptions include all antipsychotic and antidepressant drugs. The following drugs are exempt from prior authorization for brand-name multi-source drug dispensing:

- All Antipsychotics and antidepressant drugs
- AIDS/HIV Drugs
- Anticonvulsants
- Digoxin
- Warfarin
- Cyclosporin
- Levothyroxine
- Theophylline
- Lithium Carbonate
- Hormone Replacement Therapy

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.

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