



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health
Services
and
Department of Health & Senior Services
Division of Senior Benefits and
Utilization Management

Newsletter

Volume 16 No. 9

June 2006

TO: Providers of Pharmaceutical Services - **For Action**
Physicians, Advanced Practice Nurses, 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 2005

EFFECTIVE: Claims with service dates on or after September 1, 2005.

PURPOSE: To notify providers of pharmaceutical services of additions or 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 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 September 1, 2005, the following additions or changes to the State's PDUR standards shall apply:

(1) Prior Authorization for Synagis™

Prior authorization for Synagis™ (palivizumab) can be obtained through the Division's MEP unit for up to six monthly injections between November 1 and April 30 of each calendar year for:

- Premature infants ≤ 28 weeks' gestation without Chronic Lung Disease (CLD) up to 12 months of age at the start of the RSV season;
- Premature infants 29-35 weeks' gestation without CLD up to 6 months of age at the start of the RSV season;
- Children < 2 years of age at the start of the RSV season with CLD who have required medical therapy within 6 months or less prior to the RSV season (supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy);
- Children < 2 years of age with hemodynamically significant cyanotic and acyanotic congenital heart disease.

(2) Therapeutic Duplication of Second Generation Antihistamines

The therapeutic duplication edit (Error Code 405) posts when a claim for a peripherally selective (second generation) antihistamine overlaps with another claim for a second generation antihistamine written by a different prescriber. Prior authorization is required from the Division's MEP unit .

(3) Drug-drug interaction with Symlin™

The drug-drug interaction edit (Error Code 916) posts when a claim for Symlin™ (pramlintide) overlaps with a claim for a drug that stimulates gastrointestinal motility. Prior authorization is required from the Division's MEP unit.

If you have any questions regarding this newsletter, please contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, or the Division's MEP unit at (877) 888-2939.

If you have any questions concerning the PAAD, Senior Gold, ADDP, or CF programs, please contact the PAAD Pharmacy Consultant at (609) 631-4887 or the Division's MEP unit at (877) 888-2939.

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