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Newsletter

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TO: Providers of Pharmaceutical Services – For Action
Physicians, Clinical Nurse Practitioners and
Health Maintenance Organizations – For Information Only

SUBJECT: PDUR Duration Standards

EFFECTIVE: Claims with service dates on or after November 15, 1998

PURPOSE: The purpose of this Newsletter is to notify providers of pharmaceutical services of enhancements to the State's Prospective Drug Utilization Review (PDUR) program intended to monitor the duration of drug use for certain prescription drugs at approved daily dosage levels.

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) and the Department of Health and Senior Services (DHSS) are enhancing the PDUR program to monitor the duration of use for certain prescription drugs at approved daily dosage levels. PDUR duration standards have been established by the State based on current medical literature and reflect common medical practice for the pharmaceutical management of certain acute medical conditions.

These PDUR standards shall apply to Medicaid/NJ KidCare fee-for-service (FFS), General Assistance (GA), Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP) and Cystic Fibrosis (CF) pharmacy claims, **regardless of the mode of claim submission to the State.**

ACTION: Effective for Point-of-Sale (POS) claims with service dates on or after November 15, 1998, the State has enhanced PDUR monitoring to include the duration of use for certain prescription drugs at approved daily dosage levels for the pharmaceutical management of certain *acute medical conditions*. These drugs include those reported in the table entitled, *Medicaid and PAAD PDUR Duration Standards*

included on the attachment to this Newsletter. Please note the following concerning the table:

1. For your information, the *Generic Code Number (GCN)** has been included for reference purposes only.
2. *Min/Max Age Category* reflects the age limits (in years) for the PDUR Duration Standards included in the table.
3. The daily drug dosage for a PDUR Duration Standard is reported in *Units/Day*. For example, ranitidine 150 mg has a daily drug dosage limit of two (2) *Units/Day* or 300 mg daily.
4. The *Duration Period* for a drug included in the table is reported as a number of calendar days. For example, the *Duration Period* for twice a day dosing of ranitidine 150 mg or ranitidine 300 mg daily dosing is ninety (90) calendar days.
5. The *Denial Period* is the time period (in days) between episodes of an acute medical condition during which claims for a drug reported in the table would be denied payment unless the dose is reduced below the acute dose upon activation of edits for monitoring PDUR Duration standards.
6. The *Effective Date* is the date of implementation of the standard.

*Note: The *italicized* terms reflect headings in the Table.

Initially, pharmacies will receive POS **warning messages** to indicate non-compliance of claims with these PDUR Duration Standards. These messages are intended to familiarize pharmacists, prescribers and beneficiaries with the new PDUR editing criteria.

Claims found noncompliant with these Standards will not be denied until the State has established a Medical Exception Process (MEP) to intervene with physicians for the purpose of requesting written justification for continuing drug therapies which exceed PDUR Duration Standards. Pharmacists will be notified further concerning the MEP in a future Newsletter.

Error Code 403, "Initial Duration of Drug Use Std. Exceeded" is currently posting to claims for drugs reported in the attached table when a *Duration Standard* at the indicated daily drug dosage for the pharmaceutical management of an acute medical condition has been exceeded.

A related Error Code, Error Code 404, "Duration Std. Exceeded/Poss. Payment Cutback" is currently posting to these same claims and provides an indication of the cutback in anticipated claim payments based on the number of drug doses remaining in the *Duration Period*. Please note that the State is in the process of enhancing this warning message to provide pharmacists with additional information concerning the number drug doses and/or days supply related to the change in claim payment. *Currently*, Error Code 404 allows full claim payment to be provided until the MEP is in place.

An additional Edit is also being developed that will post to claims subject to Edit 403. This new Edit will provide *additional notice* to pharmacists 30 days prior to the close of the *Duration Period* regarding the requirement to contact the MEP contractor to initiate the MEP.

Please be advised that the State will deny claims with service dates in early 1999 which exceed certain PDUR standards when written justification is not provided by a prescriber. For this purpose, the State is in the process of procuring a MEP contractor which can authorize claim payments for prescriptions exceeding established PDUR standards due to warranted deviations from normal prescribing practices. Pharmacists are encouraged to consult their software vendor for the purpose of translating Error Codes 403 and 404 into written POS messages to assist with the MEP process.

If you have any questions regarding this Newsletter, please do not hesitate to contact the Unisys Pharmacy Consultant at (609) 588-6039.

If you have any questions concerning Medicaid or NJ KidCare fee-for-service policy, please do not hesitate to contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724.

If you have any questions concerning PAAD, CF or ADDP policy, please do not hesitate to contact the PAAD Pharmaceutical Consultant at (609) 588-7034.

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

MEDICAID AND PAAD PDUR DURATION STANDARDS

DRUG NAME	GCN	MIN/MAX AGE CATEGORY	UNITS/ DAY	DURATION PERIOD (DAYS)	DENIAL PERIOD (DAYS)	EFFECTIVE DATE
Ranitidine 150mg	19551	Over 18	2	90	275	11/15/98
Zantac Efferdose	19551	Over 18	2	90	275	11/15/98
Ranitidine 300mg	19552	Over 18	1	90	275	11/15/98
Cimetidine 20mg	46430	Over 18	2	90	275	11/15/98
Cimetidine 300mg	46750	Over 18	5	90	275	11/15/98
Cimetidine 400mg	46752	Over 18	4	90	275	11/15/98
Cimetidine 800mg	46753	Over 18	2	90	275	11/15/98
Axid 150mg	47710	Over 18	2	90	275	11/15/98
Axid 300mg	47711	Over 18	1	90	275	11/15/98
Pepcid 40mg	46431	Over 18	1	90	275	11/15/98
Sporanox 100mg	49101	Over 65	2	84	281	11/15/98
Prilosec 10mg	08453	Over 18	4	400	365	11/15/98
Prilosec 20mg	08450	Over 18	2	400	365	11/15/98
Prilosec 40mg	08452	Over 18	1	400	365	11/15/98
Prevacid 15mg	02521	Over 18	2	400	365	11/15/98
Prevacid 30mg	02529	Over 18	1	400	365	11/15/98
Zyban	27901	Over 18	2	84	281	11/15/98