

# PACE PROVIDER BULLETIN

October 8, 2004

## DUR Edits

Effective **October 18, 2004**, several new initial therapy , appropriate diagnosis , maximum quantity, initial quantity, maximum duration, maximum quantity and duplicate therapy criteria will be added to the PACE ProDUR Program. The criteria is as follows:

| Drug Name   | Initial Therapy   | Approved Diagnosis  | Maximum Quantity  | Initial Qty.                           | Maximum Duration  | Duplicate Therapy                       |
|---|---|---|---|--|---|---|
| Xanax XR®   |   | Approved only for Panic Disorder<br>"CH" –Call Help Desk response returned.       |   |  |   |   |
| Duragesic® Patches  | Conversion with an opiate is required prior to reimbursement of a 25mcg patch.<br><b>*DUR Conflict code: PP –“Plan Protocol” response returned.</b> |   | 10 patches will be permitted every 30 days. An additional 10 patches will be permitted if dose is increased |  |   |   |
| Actiq®  |   | Approved only for diagnosis of Cancer.<br>"CH" –Call Help Desk response returned. | A maximum of 48 units will be reimbursed every 30 days.   | Initial quantity cannot exceed 6 units |   |   |
| Duragesic®, acetaminophen w/hydrocodone<br>Oxycontin®, acetaminophen /oxycodone |   |   |   |  | Therapy beyond 180 days will require diagnostic information from the physician. |   |
| MS Contin®  | Prior conversion with an opiate must be shown before approval of 200 mg.<br><b>*DUR Conflict code: PP –“Plan Protocol” response returned.</b>       |   |   |  |   |   |
| Duragesic®, MS Contin®, Oramorph®, Oxycontin®, Kadian                           |   |   |   |  |   | Duplicate Therapy edit will be applied. |

Providers are encouraged to examine their DUR response for additional information.

**Note: PP—“Plan Protocol” may be over-ridden based on additional information from provider.**

Questions may be directed to PACE ProDUR operators at 1-800-835-4080.

PPB-04-016