



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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APPLICABLE TO PROVIDERS OF PHARMACEUTICAL SERVICES TO GENERAL ASSISTANCE (GA) BENEFICIARIES RESIDING IN PATERSON AND CAMDEN CITIES

- TO:** Providers of Pharmaceutical Services
- SUBJECT:** **Expansion of Prior Authorization Requirements to Claims Covered by the Paterson and Camden city GA Programs**
- EFFECTIVE:** Claims with service dates on or after February 1, 2000
- PURPOSE:** To notify pharmaceutical providers who provide pharmaceutical services to Paterson and Camden city Work First New Jersey/General Assistance (WFNJ/GA) eligible beneficiaries that the Division of Family Development (DFD) is expanding Prior Authorization (PA) requirements for certain pharmaceutical services to the Paterson and Camden city WFNJ/GA Programs.
- BACKGROUND:** The New Jersey Medicaid Newsletter, Volume 5, No. 17, dated March 1995 (attached), describes a cooperative effort between the Division of Family Development (DFD) and the New Jersey Division of Medical Assistance and Health Services (DMAHS) to closely monitor utilization of certain drugs, enteral nutritional supplements, needles and syringes provided to Newark GA-eligible beneficiaries. This program was further expanded to include the East Orange GA Program, as described in the Medicaid Newsletter, Volume 6, No. 7, dated February 1996. The procedures described in the March 1995 Newsletter have not changed and providers are encouraged to reference this Newsletter for further information.
- ACTION:** Certain claims with service dates on or after February 1, 2000, reflecting pharmacy services provided to Paterson and Camden city GA-eligible beneficiaries shall be subject to PA. The eligibility identification number for Paterson GA-eligible beneficiaries have the values "5538" and for Camden city GA-eligible beneficiaries have the values "5748" in the first four positions of their identification number.

Prior to a pharmacy dispensing one or more of the prescription drugs included in the attached list, including refills of an original prescription, the PA Unit must be contacted to request a PA number for drug coverage. The **HOTLINE** number is **1-800-609-0106**. This Unit will be available to pharmacies requesting PA during normal weekday business hours from **8:30 A.M. to 4:30 P.M.** It is important to note that should a

pharmacy receive a prescription for the listed drugs or related products when the Unit is unavailable, a seventy-two (72) hour supply may be dispensed for emergency situations only. Claims for emergency prescriptions must be submitted to Unisys as an original, hard-copy claim with the word, “**Emergency**” reported in field 18 on the MC-6 pharmacy claim form. This claim must be submitted to: **Unisys, P.O. Box 4807, Trenton, New Jersey 08650-4807**. All prescriptions for the listed drugs and related products not considered emergencies must be held until the HOTLINE is available, typically the next business day.

For your use, a complete list of drugs requiring PA by Newark GA, East Orange GA, Paterson GA and Camden city GA programs is included with this Newsletter. **It is important to note that these requirements shall apply to all drugs listed, regardless of dosage form.**

If you have any questions regarding this Newsletter, please contact the WFNJ/GA Medical Policy Unit, OSHA, DMAHS, at (609) 588-2718.

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(BLUE TAB MARKED “5”)**