



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

NEWSLETTER

Volume 17 No. 01

January 2007

TO: Providers of Pharmaceutical Services - **For Action**
Health Maintenance Organizations - **For Information Only**

SUBJECT: Plan B ® Drug Coverage

EFFECTIVE: Immediately

PURPOSE: The purpose of this letter is to notify providers of pharmaceutical services of a decision by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to provide New Jersey FamilyCare (NJFC)/Medicaid drug coverage for Plan B ®, commonly referred to as the "Morning After Pill."

BACKGROUND: DMAHS is providing New Jersey FamilyCare (NJFC)/Medicaid drug coverage for Plan B ®. Plan B ® may be dispensed as a prescription or over-the-counter medication based on the patient's age.

The purpose of this Newsletter is to notify pharmacies of how to request payment for Plan B ®. Requirements for dispensing Plan B ® are outside of the scope of this Newsletter.

ACTION: **Effective Immediately**, DMAHS will provide NJFC/Medicaid coverage for Plan B ®. Pharmacists requesting payment for Plan B ® should send a standard NCPDP V5.1 claim transaction through the State's point-of-sale (POS) claims processing system.

When billing Plan B ® as an over-the-counter medication, pharmacists must report a Service Reference Number in Field No. 402-D2 within the NCPDP Claim Segment. This Service Reference Number may be up to 7-digits.

If you have any questions, please do not hesitate to contact Unisys Provider Services at 1-800-676-6562.

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