



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

NEWSLETTER

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TO: Providers of Pharmaceutical Services, Physicians, Advance Practice Nurses, Midwives, Independent Clinics, Hospital Outpatient Departments, and Skilled Nursing Facilities – **For Action**
Health Maintenance Organizations - **For Information Only**

SUBJECT: Medicare Part D Wraparound Drug Coverage

EFFECTIVE: Immediately

PURPOSE: The purpose of this Newsletter is to provide providers of pharmaceutical services a revised list of wraparound Drugs covered by the NJ FamilyCare (NJFC)/Medicaid program with or without prior authorization.

BACKGROUND: For full-benefit dual eligibles, that is, NJFC/Medicaid beneficiaries with Medicare coverage, the NJFC/Medicaid program will consider coverage for certain drugs denied payment by a Medicare-authorized Prescription Drug Plan (PDP). Coverage of these drugs will be considered under the NJFC/Medicaid Wraparound Program for Medicare Part D beneficiaries.

If a PDP formulary does not provide drug coverage, the pharmacist and/or beneficiary may contact the prescriber. It is expected that the prescriber would initiate a request for formulary exception with the PDP. *For wraparound drugs, this first step taken by a prescriber avoids an unnecessary expenditure by the State of New Jersey.*

ACTION: A listing of wraparound drugs may be found in Attachment A to this Newsletter. **Table 1 requires no prior authorization from the State of New Jersey.** **Table 2 requires prior authorization from the State.** Please be advised that this list may be subject to change.

- NJFC/Medicaid will reimburse pharmacies for dispensing an emergency supply of medication intended to provide beneficiaries access to medication during the exception process. An emergency supply will only be provided one time for this process to be completed.
- Pharmacists must first receive a denial of drug coverage from the PDP before submitting a claim to Unisys to request payment for a wraparound drug. A PDP must report a NCPDP denial code when denying coverage of a non-formulary drug. These drugs may be eligible for wraparound payments from the State of New Jersey.

- When a pharmacy is advised that a drug is not on a PDP's formulary and the beneficiary is advised of his/her need to have the prescriber initiate a request for exception with the PDP, the pharmacy may dispense up to a 6-day emergency supply of medications.
- Antibiotics are exempt from the 6-day supply limitation and beneficiaries may receive the quantity of antibiotic prescribed within normal program limits. In certain cases, a PDP-denial and/or prior authorization from the State may be required for antibiotics.
- Drugs packaged in unbreakable packages, such as ophthalmic solutions, inhalers, topical products, may be dispensed reporting the metric quantity for one package unit and a days supply of '6'.
- The pharmacy is required to coordinate benefits with all other pharmacy benefit plans providing drug coverage for a NJFC/Medicaid beneficiary. **The State of New Jersey is always the payer of last resort.**

Information concerning Part D is available on the Medicare website, www.Medicare.gov or by phone at 1-800-Medicare. This site may be used by beneficiaries and providers to identify a beneficiary's PDP and to determine drug coverage available from a PDP.

- Claim submission criteria may be found at www.njmmis.com, NCPDP HIPAA Companion Guide.
- The Division of Medical Assistance and Health Services recently enhanced the Medicaid Hotline, 1-800-356-1561, to provide beneficiaries information concerning MMA. For example, an Interactive Voice Response (IVR) system will provide PDP contact information and information on how to reach Medicare.

If you have any questions regarding this Newsletter, please do not hesitate to contact Unisys Provider Services at 1-800-776-6334 or the Medicaid Hotline at 1-800-356-1561.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

ATTACHMENT A
WRAPAROUND DRUGS NOT REQUIRING PRIOR AUTHORIZATION

TABLE 1

Specific Therapeutic Drug Class Code Source: First Data Bank	Therapeutic Drug Class	Examples of drugs in Class
C6K	Vitamin K preparations	Phytonadione
C7D	Metabolic deficiency agents	Levocarnitine
C8A	Metallic poison, agents to treat	Succimer
D7D	Drugs to treat hereditary Tyrosinemia	Nitisinone
G3A	Oxytocics	Methergine
G8D	Abortifacient, Progesterone Receptor antagonist	Mifepristone
M9D	Antifibrinolytic agents	Aminocaproic acid
U6C	Thickening agents, oral	Thick –it
X1A	Condoms	Condoms, latex
X1B	Diaphragms	Diaphragms
X1C	Intra-uterine Devices	Levonorgestrel

WRAPAROUND DRUGS REQUIRING PRIOR AUTHORIZATION

TABLE 2

	Pharmacologic Class	Drugs in Class
STC	Parathyroid hormone	Teriparatide
P4B	Parathyroid hormone	Teriparatide
C5C	Infant formulas	Goodstart Alimentum
C5F	Dietary supplement, miscellaneous	Ensure Sustacal Boost
C5U	Nutritional therapy Med con special formulation	Glucerna
P4B	Parathyroid hormone	Teriparatide
V1A	Alkylating agents	Cyclophosphamide
V1B	Antimetabolites	Methotrexate
W5D	Antiviral monoclonal antibodies	Palivizumab