



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

NEWSLETTER

Volume 5 No. 17

March 1995

TO: Providers of Pharmaceutical Services

Applicable to Providers of Newark General Assistance (GA) Pharmaceutical Services

SUBJECT: New Prior Authorization Requirements For Certain Drugs And Related Products Covered By The Newark GA Program

EFFECTIVE: GA claims with service dates on and after March 6, 1995

BACKGROUND: The New Jersey Division of Medical Assistance and Health Services (DMAHS), in cooperation with the Division of Family Development (DFD), is implementing a new Prior Authorization (PA) program for residents of the City of Newark to closely monitor utilization of certain drugs, enteral nutritional supplements, needles and syringes eligible for coverage by the Newark GA program. It is important to note that this new PA program **only** applies to GA pharmacy services provided to residents of the City of Newark. For these GA recipients, the first four (4) characters of the Medicaid identification number are the values "5244". This requirement does not apply to Medicaid, Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP), Cystic Fibrosis (CF) or other General Assistance (GA) pharmacy claims.

ACTION: DFD is establishing a PA requirement for certain drugs, all enteral nutritional supplements, needles and syringes prescribed for residents eligible for pharmaceutical coverage by the Newark GA program. A list of the drugs requiring PA is attached to this Newsletter. All solid dosage forms and strengths of the drugs listed, except albuterol for inhalation (aerosol), require PA.

Prior to a pharmacy dispensing one or more of the prescription drugs included in the attached list, including refills of an original prescription, the DFD must be contacted to request a PA number for drug coverage. A **HOTLINE** has been established by DFD and this number is **1-800-609-0106**. DFD will be available to pharmacies requesting PA during normal weekday business hours from 9:00 AM to 5:00 PM. It is important to note that should a pharmacy receive a prescription for the listed drugs or related products when DFD 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, CN 4807, Trenton, New Jersey 08650. All prescriptions for the listed drugs and related products not considered emergencies must be held until the DFD HOTLINE is available, typically the next business day.

DRUGS AND RELATED PRODUCTS REQUIRING PRIOR AUTHORIZATION FOR RESIDENTS OF THE CITY OF NEWARK

COMMONLY KNOWN BRAND NAME	GENERIC NAME	STRENGTH
Biaxin	Clarithromycin	250mg
"	"	500mg
Cipro	Ciprofloxacin	250mg
"	"	500mg
"	"	750mg
Diflucan	Fluconazole	50mg
"	"	100mg
"	"	150mg
"	"	200mg
Hivid	Zalcitabine	0.375mg
"	"	0.750mg
Mepron	Atovaquone	250mg
Mevacor	Lovastatin	10mg
"	"	20mg
"	"	40mg
Mycobutin	Rifabutin	150mg
Oruvail	Ketoprofen	200mg
Procardia XL	Nifedipine(SA)	30mg
"	"	60mg
"	"	90mg
Proventil Inhaler	Albuterol Aerosol	90mcg
Prozac	Fluoxetine	10mg
"	"	20mg
Retrovir	Zidovudine	100mg
Rifadin	Rifampin	150mg
"	"	300mg
Seldane	Terfenadine	60mg
Seldane-D	Terfenadine/ Pseudoephedrine	60mg/ 120mg
Ventolin	Albuterol Aerosol	90 mcg
Videx	Didanosine	100mg
"	"	150mg
"	"	25mg
"	"	50mg
Zantac	Ranitidine	150mg
"	"	300mg
Zoloft	Sertraline	50mg
"	"	100mg
Zovirax	Acyclovir	200mg
"	"	400mg
"	"	800mg
"	"	5%
Specific Therapeutic Drug Classes: Enteral Nutritional Supplements Needles and Syringes		

All Newark GA pharmacy claims for the listed drugs and related products must include the ten (10) digit PA number issued by DFD in Field 21 on the MC-6 pharmacy claim or the related field in the EMC claim format. Any claim for these drugs or related products submitted to Unisys without the required PA number reported on the claim shall be denied payment by the Newark GA program.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, at (609) 588-2724.

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(BLUE TAB MARKED "5")**

