

APPLICABLE TO PROVIDERS OF NEWARK GENERAL ASSISTANCE (GA)
PHARMACEUTICAL SERVICES

TO: Providers of Pharmaceutical Services

SUBJECT: Additional Drugs Covered by the Newark GA Program Requiring Prior Auth

EFFECTIVE: Claims with Service Dates on and after May 8, 1995

BACKGROUND: The New Jersey Medicaid Newsletter, Volume 5, No. 17, dated March 1995
monitor utilization of certain drugs, enteral nutritional supplements, needles
and syringes eligible for coverage by the Newark GA program. The procedures
described in this Newsletter have not changed and providers are encouraged to
reference the March Newsletter for further information.

ACTION: DFD is expanding its Prior Authorization (PA) requirements for
drugs covered by the Newark GA program to also include the ADDITIONAL
prescription drugs described in the attachment to this Newsletter. These
requirements shall only apply to all solid dosage forms and strengths of the
drugs listed.

If there are any questions concerning this Newsletter, please call the New
Jersey Medicaid program's Chief, Pharmaceutical Services, at (609) 588-2724, or
your Medicaid District Office.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")