

TO: Providers of Pharmaceutical Services

SUBJECT: Early Replacement of Prescriptions by the Medicaid and
Pharmaceutical Assistance to the Aged and Disabled (PAAD) Programs

EFFECTIVE: Claims with service dates on and after August 1, 1995

BACKGROUND: In accordance with N.J.A.C. 10:51-1.18, prescription refills shall not
situations in which a prescription is lost or destroyed, requiring the early
replacement of a prescription, the replacement prescription must be a new
prescription assigned a unique prescription number.

Due to a significant increase in the volume of prescriptions replaced early by
new original prescriptions or refilled earlier than required based on a
prescriber's written directions, the New Jersey Division of Medical Assistance
and Health Services (DMAHS) is changing its policy regarding Medicaid and PAAD
coverage of prescriptions requiring early replacement.

ACTION: For claims with service dates on or after August 1, 1995, the foll

- (1) The number of days reported for "Days Supply" in field #17 on the pharmacy claim form (MC-6) or related field in the Electronic Medium Claim (EMC) format must accurately reflect the intended duration of a drug's use. For prescriptions in which the daily dosage is not related to a specific day's supply, such as ointments or creams, the pharmacist must report a "reasonable" estimation of a drug's intended duration of use.
- (2) The Division will no longer accept a reported value of "1" for "Days Supply" in Field #17 on pharmacy claims for solid dosage forms (i.e., tablets, or capsules) unless the pharmacist is reporting the dispensing of a single day's supply of medication.
- (3) When a prescription is lost or destroyed, requiring the early replacement of a prescription, a hard-copy pharmacy claim with attached written justification must be submitted to Unisys for payment consideration. Written justification shall include a written explanation prepared by the pharmacist which indicates the reason for the early replacement of the prescription. The claim and attachment must be submitted to:

Unisys
P.O. Box 4804
Trenton, NJ 08650-4804

NOTE: The requirements described regarding the early replacement of Medicaid and PAAD prescriptions shall not apply to prescriptions for solid dosage forms of drugs (i.e., tablets and capsules) which require replacement due to changes in daily dosage, in accordance with a prescriber's new directions for administration.

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")