

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

TO: Providers of Pharmaceutical Services
SUBJECT: Additional Drugs Covered by the Newark GA Program
EFFECTIVE: Claims with service dates on and after July 24, 1995

BACKGROUND: The Medicaid Newsletter, Volume 5, No. 17, dated and Health Services (DMAHS) to closely 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 Newsletter for further information.

ACTION: DFD is expanding its Prior Authorization (PA) Newsletter. These requirements shall only apply to all solid dosage forms and strengths of the drugs listed. **All brand name drugs of the chemical entities included in the list with same strength and route of administration also require PA from the Newark GA program.**

For your use, a complete list of drugs requiring PA by the Newark GA program has been included in this Newsletter. It is important to note that the "additional" drugs referred to in this Newsletter are indicated in **bold** on the list.

Revision

This revised Newsletter replaces the Newsletter Volume 5, No. 43, dated July 1995. Please note the addition of Zantac 150 mg and 300 mg to the list which were deleted from the former list in error.

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

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