

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

TO: Providers of Pharmaceutical Services

SUBJECT: Expansion of Prior Authorization Requirements to Claims Covered by the East Orange GA Program

EFFECTIVE: Claims with Service Dates on or after March 1, 1996

BACKGROUND: The New Jersey Medicaid Newsletter, Volume 5, No. 17, dated March 1995, describes a cooperative effort between the Division of Family Development (DFD) and the New Jersey Division of Medical Assistance and Health Services (DMAHS) to closely monitor utilization of certain drugs, enteral nutritional supplements, needles and syringes provided to Newark GA-eligible beneficiaries. The procedures described in this Newsletter have not changed and providers are encouraged to reference the March Newsletter for further information.

The purpose of this Newsletter is to announce to pharmacies the intentions of the Division of Family Development (DFD) to expand Prior Authorization (PA) requirements, which currently apply to certain pharmaceutical services covered by the Newark GA program, to the same pharmaceutical services covered by the East Orange GA Program.

ACTION: Certain claims with service dates on or after March 1, 1996, reflecting pharmacy services provided to East Orange GA-eligible beneficiaries shall be subject to PA. The eligibility identification number for East Orange GA-eligible beneficiaries have the values, "5235" in the first four positions of their identification number.

For your use, a complete list of drugs requiring PA by Newark GA and East Orange GA programs is included with this Newsletter. **It is important to note that these requirements shall apply to all drugs listed, regardless of dosage form or strength.**

As a reminder, pharmacists **must** contact the **DFD HOTLINE** at **1-800-609-0106**, between the weekday business hours of 9:00 AM and 5:00 PM to receive a PA number **prior** to providing any of these pharmaceutical services to Newark GA-eligible or East Orange GA-eligible beneficiaries. The approved PA number must be reported in Field 21 on the pharmacy claim form (MC-6) or appropriate field in the EMC format. In emergency situations, in which the DFD HOTLINE is unavailable, a 72-hour supply may be dispensed. 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 claim form. These claims must be submitted to: Unisys, Box 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.

Note: Pharmacy claims for drugs and related products not authorized by the Newark GA or East Orange GA programs will be denied payment by the Division of Family Development.

If you have any questions regarding this Newsletter, please contact the DFD HOTLINE, or the Chief, Pharmaceutical Services, New Jersey Medicaid program, at (609) 588-2724.

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