

Volume 6 No. 9

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

**TO:** Providers of Pharmaceutical Services

**SUBJECT:** Expansion of Prior Authorization Requirements to Additional Drugs Covered by the Newark GA and East Orange GA Programs

**EFFECTIVE:** Claims with Service Dates on or after March 15, 1996

**BACKGROUND:** New Jersey Medicaid Newsletter, Volume 5, No. 17, dated March 1995 and Volume 6, No. 7, dated February 1996, describe cooperative efforts 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 and East Orange GA - eligible beneficiaries, respectively. The procedures described in these Newsletters have not changed and providers are encouraged to reference them for further information.

The purpose of this Newsletter is to announce to pharmacies the intentions of DFD to expand Prior Authorization (PA) requirements to additional drugs covered by both the Newark GA and East Orange GA programs.

**ACTION:** For your use, a complete list of drugs requiring PA from the Newark GA and East Orange GA programs is attached to this Newsletter. PA shall apply to additional drugs **highlighted** in the list for claims with service dates on or after March 15, 1996. It is important to note that these requirements shall apply to all drugs listed, regardless of dosage form or strength.

If you have any questions regarding this Newsletter, please contact the DFD (PA) hotline at 1-800-609-0106.

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