

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

TO: Fee-for-Service Providers of Pharmaceutical Services

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

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

PURPOSE: 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 to additional drugs covered by both the Newark GA and East Orange GA programs.

BACKGROUND: New Jersey Medicaid Newsletter, Volume 5, No. 17, dated March 1995 describes cooperative efforts between 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 by Newark GA and East Orange GA-eligible beneficiaries. A similar Newsletter, Volume 6, No. 9, dated March 1996 provides a listing of those drugs which currently require PA based on these efforts to monitor drug utilization by these GA programs. The procedures described in these Newsletters have not changed and providers are encouraged to reference them for further information.

ACTION: For claims with service dates on or after December 15, 1996, the following **additional** drugs require prior authorization for pharmaceutical services provided to Newark GA and East Orange GA-eligible beneficiaries: **Drug products belonging to the drug class, known as Protease Inhibitors, and Lotrisone Cream.**

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.

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