



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 8 No. 45

June 1998

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 (PA) Requirements to Additional Drugs Covered by the Newark GA and East Orange GA Programs
- EFFECTIVE:** For claims with service dates on or after July 1, 1998
- PURPOSE:** To notify providers of East Orange GA and Newark GA Pharmaceutical services of an addition to the list of drugs requiring PA.
- BACKGROUND:** The New Jersey Medicaid Newsletter, Volume 6, No. 9, dated March 1996, provided a complete list of drugs requiring PA from the Newark GA and East Orange GA programs. These requirements applied to all drugs listed in the attachment to the March '96 Newsletter, regardless of dosage form or strength. For additional information concerning PA requirements, see the Medicaid Newsletter Volume 6, No. 7, dated February 1996.
- ACTION:** The following drugs have been **added** to the list of drug products requiring PA for the East Orange and Newark GA programs for claims with service dates on or after July 1, 1998.

Viagra 25mg
Viagra 50 mg
Viagra 100mg

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

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