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# Newsletter

Volume 8 No. 49

July 1998

- TO:** Providers of Pharmaceutical Services - **For action**  
Health Maintenance Organizations (HMOs) - **For information only**
- SUBJECT:** **Changes in Coverage and Reimbursement for Pharmaceutical Services**
- EFFECTIVE:** For claims with service dates on or after July 1, 1998
- PURPOSE:** To notify providers of pharmaceutical services of changes in coverage and reimbursement for fee-for-service (FFS) pharmaceutical services in accordance with adoption of the State Fiscal Year 1999 Appropriations Act. These changes apply to New Jersey Medicaid, NJ KidCare, General Assistance (GA), Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP), and Cystic Fibrosis Drug (CFD) claims.
- BACKGROUND:** The State Fiscal Year 1999 Appropriations Act changes the days supply effective for medications dispensed on or after July 1, 1998.
- ACTION:** For pharmacy claims with service dates on or after July 1, 1998, reimbursement shall be limited to a 34-day supply per prescription.

For your convenience, we have attached a notice for displaying this change in policy to eligible beneficiaries.

**Attachment:** Notice of Change

If you have any Medicaid-related questions regarding this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services, at (609) 588-2724, or the Unisys Pharmacy Consultant at (609) 588-6039.

If you have any questions regarding PAAD, ADDP and CF, please contact Kathleen Mason, Director of PAAD, DHSS, at (609) 588-7032.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
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## **ATTENTION:**

**NEW JERSEY MEDICAID BENEFICIARIES  
NJ KIDCARE BENEFICIARIES  
PHARMACEUTICAL ASSISTANCE TO THE AGED AND  
DISABLED BENEFICIARIES (PAAD)  
GENERAL ASSISTANCE (GA) BENEFICIARIES  
AIDS DRUG DISTRIBUTION PROGRAM (ADDP)  
BENEFICIARIES  
CYSTIC FIBROSIS (CF) BENEFICIARIES**

## **NOTICE:**

**FOR PHARMACY SERVICES PROVIDED BY ANY OF THE ABOVE STATE PROGRAMS ON OR AFTER JULY 1, 1998, THE QUANTITY OF MEDICATION WHICH MAY BE DISPENSED IS LIMITED TO A 34-DAY SUPPLY PER PRESCRIPTION. A SIMILAR LIMITATION MAY BE APPLIED BY HMOS THAT PROVIDE PHARMACY BENEFITS TO SOME OF THESE BENEFICIARIES.**