



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

NEWSLETTER

Volume 9 No. 2

January 1999

APPLICABLE TO PROVIDERS OF NEWARK AND EAST ORANGE 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:** Claims with Service Dates on or after January 1, 1999
- PURPOSE:** The purpose of this Newsletter is to announce to pharmacies the intention of the Division of Family Development (DFD) to expand PA requirements to additional drugs covered by both the Newark GA and East Orange GA programs.
- BACKGROUND:** The New Jersey Medicaid Newsletter, Volume 6, No. 9, dated March 1996, provided a complete listing of drugs requiring PA from the Newark GA and East Orange GA programs. This list is the result of cooperative efforts between the DFD and the New Jersey Division of Medical Assistance and Health Services to closely monitor utilization of certain drugs, enteral nutritional supplements, needles and syringes provided by each of these programs.
- Procedures for requesting PA for services provided to Newark GA and East Orange GA-eligible beneficiaries are described in the Medicaid Newsletter, Volume 5, No. 17, dated March 1995. Please note that providers may request PA from the DFD PA Unit during its **new business hours of 8:30 A.M. to 4:30 P.M., Monday through Friday.** With the exception of this change in business hours, all other procedures related to this program have remained the same, and providers are encouraged to reference this Newsletter for further information.
- ACTION:** For your use, a revised complete list of drugs requiring PA from the Newark GA and East Orange GA programs is attached to this Newsletter. Those drugs currently requiring PA are indicated by asterisks on the attached list. Other drugs included on this list represent additional drugs requiring PA for claims with service dates **on or after January 1, 1999.** **It is important to note that the attached list includes individual drugs and additional therapeutic drug classes now requiring PA from the Newark GA and**

East Orange GA programs. All drugs included in each of these drug classes require PA.

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

Attachment

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