



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

# NEWSLETTER

Volume 9 No. 77

November 1999

**TO:** Providers of Pharmaceutical Services - For Action

**SUBJECT:** Revised Effective Date and Threshold Value for the Monthly Prescription Volume Threshold Process

**EFFECTIVE:** Claims with service dates on or after December 1, 1999

**PURPOSE:** To notify providers of pharmaceutical services of (1) a revised effective date for the monthly prescription volume threshold process (MPTP) for certain prescriptions provided to Medicaid, NJ KidCare and General Assistance (GA) beneficiaries; and (2) a change in the MPTP Threshold value for these same beneficiaries. **This policy change does not apply to Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP), or Cystic Fibrosis Program (CF) pharmacy claims.**

**BACKGROUND:** The New Jersey Division of Medical Assistance and Health Services (DMAHS) and New Jersey Division of Family Development (DFD) issued Newsletter Volume 9, No. 70, dated November 1999, concerning prior authorization of pharmacy services exceeding a monthly prescription volume threshold. Pharmacies were subsequently notified via a Remittance Advice message that this change was temporarily put on hold.

**ACTION:** The Division of Medical Assistance and Health Services (DMAHS) is implementing the MPTP for Medicaid, NJ KidCare and GA pharmacy claims with service dates on or after December 1, 1999. The previously announced procedures and exceptions will continue to apply.

The Division will phase-in the MPTP over several months. During the initial phase, the MPTP threshold value shall be twelve (12) prescriptions. During this period, only prescriptions for the same beneficiary that exceed 12 during the same calendar month shall require prior authorization. It is important to note that DMAHS will gradually reduce the MPTP threshold value during this phase-in period until the value of seven (7) prescriptions per calendar month has been successfully implemented. Pharmacies will receive prior notification of any threshold reduction.

Physicians and beneficiaries may inquire about the Monthly Prescription Volume Threshold Process by contacting First Health Services at 1-877-266-3589. If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, or First Health Services.

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