CHAPTER 83E

PROVISION OF PHARMACEUTICAL SERVICES UNDER THE SENIOR GOLD PROGRAM

Authority

P.L.2001, c.96.

Source and Effective Date

R.2001 d.429, effective November 19, 2001.
See: 33 N.J.R. 1954(a), 33 N.J.R. 3940(a).

Chapter Expiration Date

Chapter 83E, Provision of Pharmaceutical Services under the Senior Gold Program, expires on November 19, 2006.

Chapter Historical Note

Chapter 83E, Provision of Pharmaceutical Services under the Senior Gold Program, was adopted as emergency new rules by R.2001 d.202, effective May 18, 2001. See: 33 N.J.R. 1954(a). Chapter 83E, Provision of Pharmaceutical Services under the Senior Gold Program, expired on July 17, 2001.

Chapter 83E, Provision of Pharmaceutical Services under the Senior Gold Program, was adopted as new rules by R.2001 d.429, effective November 19, 2001. See: Source and Effective Date.

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SUBCHAPTER 1. REQUIREMENTS FOR PROVISION OF PHARMACEUTICAL SERVICES

8:83E-1.1 Introduction

(a) It is intended that the Senior Gold Prescription Discount Program shall extend assistance to certain persons whose level of income disqualifies them for benefits and medical assistance under the New Jersey Medical Assistance and Health Services Act and for prescription benefits under the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Act, but who have significant needs for more affordable prescription drugs.

(b) This chapter has been developed as a statement of policy and procedures and is applicable only to eligibility for the Senior Gold Prescription Discount Program.

8:83E-1.2 Participation of eligible providers

(a) A pharmacy, with a retail or institutional permit, may participate in the Senior Gold Program as a provider or pharmaceutical services.

(b) To be approved as a provider of pharmaceutical services, the pharmacy shall:

1. Operate under a valid retail and/or institutional permit issued by the Board of Pharmacy of the State of New Jersey. A pharmacy operating under an out-of-State retail or institutional pharmacy permit may not participate as an approved provider in the Senior Gold Program;

2. File an application and sign an agreement with the Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS).

i. Upon sale or other change of ownership of an approved pharmacy, the agreement is automatically terminated. To execute a new agreement to participate in the Program, the new owner(s) shall apply to the Division of Medical Assistance and Health Services, Department of Human Services, by contacting the Medicaid Provider Enrollment Unit (see N.J.A.C. 10:49, Administration) or the fiscal agent Provider Enrollment Unit.

ii. To enroll as a Medicaid provider of pharmaceutical services, a pharmacy shall contact the Fiscal Agent Provider Enrollment Unit (see N.J.A.C. 10:51, Appendix D, Fiscal Agent Billing Supplement).

8:83E-1.3 Conditions for participation as a provider of pharmaceutical services

(a) All participating pharmacies shall provide complete prescription services, including injectables and injectable anti-neoplastic agents, compounding, and prescription refill

services, when allowable. Prescriptions must be dispensed in compliance with all current existing Federal and State laws.

(b) All drugs must be prescribed.

1. "Prescribed drugs" mean simple or compounded substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are:

i. Prescribed by a practitioner licensed or authorized by the State of New Jersey, or the state in which he or she practices, to prescribe drugs and medicine within the scope of his or her license and practice;

ii. Dispensed by licensed pharmacists in accordance with regulations promulgated by the New Jersey State Board of Pharmacy, N.J.A.C. 13:39; and additional prescription pricing information in accordance with P.L. 1994, c.67, as revised by P.L. 1995, c.5 (see N.J.A.C. 8:83E–1.13(b)); and

iii. Dispensed by a licensed pharmacist on the basis of a written prescription that is recorded and maintained in the pharmacist's records.

(c) Participating pharmacies shall permit properly identified representatives of the Division of Medical Assistance and Health Services or the Department to:

1. Inspect written prescriptions on file;

2. Audit records pertaining to covered persons;

3. Inspect private sector records, where deemed necessary to determine a pharmacy's usual and customary charges to the public;

i. Information pertaining to the patient's name, address, and prescriber will remain confidential within the limits of the law. Only the following items may be reviewed:

(1) Drug name;

(2) Quantity dispensed;

(3) Price;

(4) Prescription number (for reference purposes only); and

(5) Date dispensed.

ii. The pharmacy shall provide sufficient information with regard to its contractual agreement(s) and payment history with other private third party prescription plans to identify and verify number of claims, amount paid, and dispensing fee paid by group contracts within the plan. Records and contracts shall be available on-site at the time of audit; or available within 10 working days of an on-site audit. Records shall include, but not be limited to:

(1) Payment vouchers;

(2) Contracts; and

(3) Agreements; and

4. Inspect records of purchases of covered drugs for which claims have been made for reimbursement.

8:83E–1.4 Program restrictions affecting payment for prescribed drugs

(a) The choice of prescribed drugs shall be at the discretion of the prescriber within the limits of applicable laws. However, the prescriber's discretion is limited for certain drugs. Reimbursement may be denied if the requirements of the following rules are not met:

1. Covered and non-covered pharmaceutical services as listed in N.J.A.C. 8:83E–1.12 and 1.13, respectively;

2. Quantity of medication (see N.J.A.C. 8:83E–1.14);

3. Pharmaceutical services requiring pharmacist intervention as part of the Senior Gold Prospective Drug Utilization Review (PDUR) program (see N.J.A.C. 8:83E–1.26);

4. Dosage and directions (see N.J.A.C. 8:83E–1.15);

5. Telephone rendered original prescriptions (see N.J.A.C. 8:83E–1.16);

6. Changes or additions to the original prescription (see N.J.A.C. 8:83E–1.17);

7. Prescription refill (see N.J.A.C. 8:83E–1.18);

8. Prescription Drug Price and Quality Stabilization Act (N.J.S.A. 24:6E–1 et seq.) (see N.J.A.C. 8:83E–1.19);

i. Products listed in the current New Jersey Drug Utilization Review Council (DURC) Formulary (hereafter referred to as "the Formulary"), and all subsequent revisions, distributed to all prescribers and pharmacists; and

ii. Non-proprietary or generic dispensing (see N.J.A.C. 8:83E–1.10);

9. Federal regulations (42 CFR 447.301, 331–333) that set the aggregate upper limits on payment for certain multi-source drugs if Federal Financial Participation (FFP) is to be made available. The limit applies to all "maximum allowable costs" (MAC) drugs (see N.J.A.C. 8:83E–1.5, Basis of payment); and

10. Drug Efficacy Study Implementation (DESI); "Less than effective drugs" subject to a Notice of Opportunity for Hearing (NOOH) by the Federal Food and Drug Administration (see N.J.A.C. 8:83E–1.20 and listing of DESI drugs in N.J.A.C. 10:51, Appendix A).