

i. When a drug is provided that is ordinarily considered an infertility drug, but is provided for conditions unrelated to infertility, the claim must be sent with supporting documentation for medical review and approval of payment to the Division of Medical Assistance and Health Services, Office of Medical Affairs and Provider Relations, PO Box 712, (Mail Code #14), Trenton, New Jersey 08625-0712.

(b) Otherwise reimbursable products shall be excluded from payment, under the following condition(s):

1. Products whose costs are found to be in excess of defined costs outlined in N.J.A.C. 10:51-1.5, Basis of payment;

2. Drug products in dosage forms whose labeling, prescription or promotional material indicate the primary use is cosmetic in nature; for example, hair restoration;

3. Drug products available in unit-dose packaging and dispensed to residents in a boarding home or residential care setting or other community type setting. Other community type setting shall not include certain assisted living settings, including assisted living residences (ALRs), comprehensive personal care homes (CPCs) and alternative family care (AFC) homes licensed by the Department of Health and Senior Services.

i. Drug products commercially available only as a unit-dose packaged product are covered when not otherwise marketed as a chemically equivalent product. The potency of equivalent products may or may not equal the potency of the unit-dose packaged product;

4. Prescriptions refilled too soon, as described in N.J.A.C. 10:51-1.19(a)5; and

5. Drug products denied payment based on point-of-sale (POS) and prospective drug utilization review (PDUR) standards adopted by the Medicaid or NJ KidCare program. (see N.J.A.C. 10:51-1.26).

(c) Reimbursement shall not be made for any claim submitted by a provider which involves a beneficiary restricted to another pharmacy, except for an emergency situation (see N.J.A.C. 10:49, Administration).

Amended by R.1994 d.600, effective December 5, 1994.

See: 26 N.J.R. 3345(a), 26 N.J.R. 4762(a).

Amended by R.1995 d.358, effective July 3, 1995.

See: 27 N.J.R. 1104(a), 27 N.J.R. 2614(b).

In (a)7 added ii.

Amended by R.1995 d.359, effective July 3, 1995.

See: 26 N.J.R. 3349(a), 27 N.J.R. 2615(a).

Rewrote (b)3.

Amended by R.1996 d.144, effective March 18, 1996.

See: 27 N.J.R. 3907(a), 28 N.J.R. 1524(a).

Amended by R.1996 d.146, effective March 18, 1996 (operative April 1, 1996).

See: 27 N.J.R. 4566(a), 28 N.J.R. 1526(a).

Recodified from N.J.A.C. 10:51-1.12 and amended by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

In (a) and (b), changed N.J.A.C. references throughout. Former N.J.A.C. 10:51-1.13, Services requiring prior authorization, recodified to N.J.A.C. 10:51-1.14.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998. See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 with changes, effective September 21, 1998.

Amended by R.1998 d.488, effective September 21, 1998.

See: 30 N.J.R. 2169(b), 30 N.J.R. 3538(a).

Changed N.J.A.C. references throughout; in (a), inserted a reference to NJ KidCare fee-for-service in the first sentence and added "who are residing in a long-term care facility (except a nursing facility) or in the community" at the end of the second sentence in the introductory paragraph, deleted a former i and recodified former ii as i in 7, deleted a former 16, and recodified former 17 and 18 as 16 and 17; and in (b)5, inserted a reference to NJ KidCare.

#### 10:51-1.14 Services requiring prior authorization

(a) The provider shall obtain prior authorization, when required, by phone or in writing, from the Medicaid District Office (MDO) professional staff. The appropriate form that must be used to request prior authorization is indicated in the Fiscal Agent Billing Supplement. Information on the form is transmitted, on-line, from the MDO to the fiscal agent who, in turn, confirms the status of the authorization request by mail and provides the specific prior authorization number.

1. In an administrative emergency (see N.J.A.C. 10:49-6.1(b)3) when the MDO is unavailable, the provider may dispense a 72 hour supply of the prescribed drug.

i. If the drug is to be continued beyond 72 hours, and the MDO is unavailable, the provider may dispense a total of a five days' supply. If the drug is to be continued either beyond the 72 hours or five days period, the provider shall hold the claim and obtain prior authorization for the balance of the prescription when the MDO is available during normal business hours.

(b) The following drugs and specific therapeutic classes require prior authorization:

1. Enteral nutritional products and special infant formulas may only be authorized when medically necessary and when not available from the Women, Infants and Children (WIC) Nutritional program;

i. Medically necessary enteral nutritional products for treatment of beneficiaries, which may be administered orally, via naso-gastric tube, gastrostomy tube or needle catheter jejunostomy must be prior authorized. Special liquid or powdered diets for treatment of obesity or regular infant formulas are not considered enteral nutritional products;

ii. Electrolyte replacement supplements are not considered enteral nutritional supplements and do not require prior authorization.

2. Methadone (not eligible for reimbursement when used for drug detoxification or for addiction maintenance);

3. Drugs available only for treatment through an Investigational New Drug (IND) application shall be prior authorized; and

4. Anorexiant and antiobesics when used for treatment of conditions approved by New Jersey State Board of Medical Examiners at N.J.A.C. 13:35-6.7.

Recodified from N.J.A.C. 10:51-1.13 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998). See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:51-1.14, Quantity of medication, recodified to N.J.A.C. 10:51-1.15.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998. See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change. Amended by R.1998 d.488, effective September 21, 1998.

See: 30 N.J.R. 2169(b), 30 N.J.R. 3538(a).

In (b), deleted former 5.

#### 10:51-1.15 Quantity of medication

(a) For claims with service dates on or after July 15, 1996, the quantity of medication prescribed shall provide a sufficient amount of medication necessary for the anticipated duration of the illness or, if required, an amount sufficient to provide medication during intervals between prescriber visits. The amount of medication dispensed shall not exceed a 34-day supply or 100 unit doses, whichever is greater.

(b) Any medication continuously prescribed regardless of the frequency of administration, for a period of 14 days or more shall be considered a maintenance medication.

(c) The pharmacist shall dispense the full quantity of medication prescribed within the limitations described in (a) above.

(d) Prescriptions shall not be split or reduced in quantity, unless the quantity prescribed exceeds Program limits, in which case the quantity shall be reduced to Program limits described in (a) above.

1. Exception: When the full quantity prescribed (within Program limits) is not available when a prescription is ready to be dispensed, the pharmacist shall retain the claim form or submit an EMC claim after the balance of the medication is dispensed. The pharmacist may dispense the quantity available and shall notify the beneficiary accordingly.

Amended by R.1996 d.146, effective March 18, 1996 (operative April 1, 1996).

See: 27 N.J.R. 4566(a), 28 N.J.R. 1526(a).

Amended by R.1997 d.251, effective June 16, 1997.

See: 28 N.J.R. 2481(a), 28 N.J.R. 3221(a), 29 N.J.R. 2690(a).

In (a), inserted "For claims with service dates on or after July 15, 1996," and changed allowable supply to 34 days from 60 days; and recodified former (a)1 through 3 as (b) through (d).

Recodified from N.J.A.C. 10:51-1.14 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:51-1.15, Dosage and directions, recodified to N.J.A.C. 10:51-1.16.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

#### 10:51-1.16 Dosage and directions

(a) Dosage and directions for use shall be indicated on all prescriptions. Prescriptions written and dispensed with no specific directions, such as "prn," "as directed" or "ad lib," etc. are not eligible for reimbursement. Specific directions such as "1 tablet 4 times a day PRN" are required.

##### 1. Exceptions:

i. Topical preparations including ophthalmic and otic drops and ointments;

ii. Aerosol inhalers; and

iii. Nitroglycerin.

2. For all oral medication and injectables, the number of days the medication should last, based on the prescriber's directions of use, shall be entered in the "Days Supply" field on the pharmacy claim form or similar field in the EMC claim format.

(b) The number of days reported for the days supply dispensed on the pharmacy claim or in the appropriate field on the EMC claim must accurately reflect the intended duration of drug utilization, or a reasonable estimation by the dispensing pharmacist of a drug's intended duration of use when a drug's dosage is unrelated to a specific days supply.

Amended by R.1996 d.144, effective March 18, 1996.

See: 27 N.J.R. 3907(a), 28 N.J.R. 1524(a).

Amended by R.1996 d.146, effective March 18, 1996 (operative April 1, 1996).

See: 27 N.J.R. 4566(a), 28 N.J.R. 1526(a).

Recodified from N.J.A.C. 10:51-1.15 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998). See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:51-1.16, Telephone-rendered original prescriptions, recodified to N.J.A.C. 10:51-1.17.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

#### 10:51-1.17 Telephone-rendered original prescriptions

(a) Telephone orders from prescribers for original prescriptions shall be permitted in accordance with all applicable Federal and State laws and regulations.

(b) For purposes of reimbursement, telephone authorization to refill an original prescription with no refill remaining is considered a new order and requires a new written prescription with a new prescription number. Stamping or writing a new number on the original prescription order does not constitute a new prescription under the Medicaid or NJ KidCare programs.