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Newsletter

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TO: Providers of Pharmaceutical Services - For Action
Health Maintenance Organizations - For Information Only

SUBJECT: Notification of Medicaid Drug Federal Upper Limit (FUL)
Changes - ACTION

ACTION: As a result of changes in the marketplace, generic versions of the following drug products are **no longer** available at or below the Medicaid Drug Federal Upper Limit prices. Consequently, the Medicaid FUL is suspended for the following products:

GENERIC NAME	BRAND NAME	EFFECTIVE DATE
Acetaminophen; Hydrocodone Bitartrate 500 mg; 5 mg, Tablet, Oral 100	Vicodin	January 15, 2000
Cephadrine 250 mg, Capsule, Oral 100	Velosef	January 15, 2000
Cyproheptadine Hydrochloride 4 mg, Tablet, Oral 100	Periactin	January 15, 2000
Disopyramide Phosphate Eq. 100 mg base, Capsule, Oral 100 Eq. 150 mg base, Capsule, Oral 100	Norpace	January 15, 2000
Hydrochlorothiazide 25 mg, Tablet, Oral 100 50 mg, Tablet, Oral 100	Esidrix Hydrodiuril	January 15, 2000
Tolmetin Sodium Eq. 400 mg base, Capsule, Oral 100 Eq. 600 mg base, Tablet, Oral 100	Tolectin	January 15, 2000

Reimbursement by the New Jersey Medicaid program (Medicaid), NJ KidCare program, Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, General Assistance (GA) program, and Cystic Fibrosis Drug (CFD) program for pharmaceutical claims for the above drugs will be based **on the lower of a drug's Average Wholesale Price (AWP) minus 10% discount, plus a dispensing fee (if applicable); or a provider's Usual and Customary Charge.**

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

If you have any questions regarding PAAD and CFD, please contact Kathleen Mason, Director of PAAD, Department of Health and Senior Services, at (609) 588-7032.

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