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Newsletter

Volume 11 No. 01

January 2001

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

SUBJECT: **Revised Federal Upper Limits of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)**

EFFECTIVE: Claims with Service Dates on or after December 7, 2000

PURPOSE: This Newsletter is intended to notify providers of pharmaceutical services of changes to the current listing of MAC drugs as described in APPENDIX B (Rev. 10/98) of Newsletter Volume 8, No. 71, dated December 1998. A revised list (Rev. 12/7/2000), published by the Health Care Financing Administration (HCFA), is attached for your information. **This information is also available on the HCFA Internet website @ www.hcfa.gov/medicaid/drug10.htm.** This HCFA listing is based on data current as of January 2000 from the First Data Bank (Blue Book, Medi-Span, and the Red-Book).

Commonly known brand names have been provided by the Division of Medical Assistance and Health Services (DMAHS) for reference purposes only. Other brands of the same products which are not listed are also subject to the MAC limitation. Please note that changes from the MAC list of October 1, 1998, are highlighted in **bold**.

Note:

The attached Federal upper limits of payment for Maximum Allowable Cost (MAC) drugs are applicable to the Medicaid FFS beneficiaries, NJ KidCare FFS beneficiaries, General Assistance (GA) program, the AIDS Drug Distribution Program (ADDP), the Cystic Fibrosis (CF) program and the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. Products listed in APPENDIX B may not be covered by the Medicaid and/or the PAAD programs or may require prior authorization in accordance with existing DMAHS policies.

Manual Maintenance:

To properly maintain your Manual:

***HMOs:** Please discard the listing of MAC drugs (Rev. 10/98) attached to the Newsletter Volume 8, No. 71 and insert this new MAC Drug List (Rev 12/7/2000), as APPENDIX B, in the Pharmaceutical Services Manual.

***Providers of Pharmaceutical Services:** Please discard the listing of MAC drugs (Rev. 10/98) attached to the Newsletter Volume 8, No. 71 and insert this new MAC Drug List (Rev 12/7/2000), as APPENDIX B, in the Pharmaceutical Services Manual.

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, ADDP or CF, please contact Kathleen M. Mason, Director, Office of Support Services for the Aged, Department of Health and Senior Services (DHSS), at 609) 588-7032.

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