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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 of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)**

EFFECTIVE: Claims with service dates on or after December 8, 2000

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

GENERIC NAME

BRAND NAME

ALBUTEROL
0.09 MG/INH, AEROSOL, METERED, INHALATION, 17 GM

Proventil

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

If you have any questions regarding this Newsletter, please 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 DHSS Pharmacy Consultant, Office of Support Services for the Aged, Department of Health and Senior Services (DHSS), at 609 588-7640.

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