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

EFFECTIVE: Claims with Service Dates on or after April 2, 2001

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 Limits of Payment. Consequently, the Medicaid MAC is suspended for the following products:

| GENERIC NAME | BRAND NAME |
|---|-----------------------|
| CEPHALEXIN EQ 125 MG BASE/5 ML, POWDER FOR RECONSTITUTION, ORAL, 200 EQ 250 MG BASE/5 ML, POWDER FOR RECONSTITUTION, ORAL, 100 EQ 250 MG BASE/5 ML, POWDER FOR RECONSTITUTION, ORAL, 200 | Keflex |
| HALOPERIDOL 10 MG, TABLET, ORAL, 100 | Haldol |
| PENICILLIN V POTASSIUM EQ 250 MG BASE, TABLET, ORAL, 100 | Pen-Vee K |
| PROCAINAMIDE HYDROCHLORIDE 500 MG, TABLET, EXTENDED RELEASE, ORAL, 100 | Pronestyl & Procan-SR |
| TRIMETHOPRIM 100 MG, TABLET, ORAL, 100 | Trimpex Proloprim |

Reimbursement by the New Jersey Medicaid program (Medicaid), NJ FamilyCare program, Pharmaceutical Assistance to the Aged and Disabled (PAAD) 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 the provider's usual and customary charge.

In addition, there are **changes** to the current Medicaid MAC price assigned to the drugs listed below:

| GENERIC NAME | NEW MAC PRICE | BRAND NAME |
|--|--------------------------|-------------------------|
| ACETAMINOPHEN; CODEINE PHOSPHATE 300 MG; 30 MG, TABLET, ORAL, 100 | \$0.1465 B | Tylenol with Codeine |
| 300 MG; 60 MG, TABLET, ORAL, 100 | \$0.2364 B | |
| BROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDRO 2 MG/5 ML; 10 MG/5 ML; 30 MG/5 ML, SYRUP, ORAL, 480 ML | \$0.0205 R | Dimetane- DX |
| CARBIDOPA; LEVODOPA 10 MG; 100 MG, TABLET, ORAL, 100 | \$0.3645 B | Sinemet |
| 25 MG; 100 MG, TABLET, ORAL, 100 | \$0.3915 B | |
| 25 MG; 250 MG, TABLET, ORAL, 100 | \$0.4657 B | |
| GRAMICIDIN; NEOMYCIN SULFATE; POLYMYXIN B SULFATE 0.025 MG/ML; EQ 1.75 MG BASE/ML; 10,000 UNITS/ML, SOLUTION/DROPS, OPHTHALMIC, 10 ML | \$1.8525 B | Neosporin Opht. Sol. |
| ISONIAZID 300 MG, TABLET, ORAL, 100 | \$0.0672 B | INH |
| METOCLOPRAMIDE HYDROCHLORIDE EQ 10 MG BASE, TABLET, ORAL, 100 | \$0.0435 B | Reglan |
| NYSTATIN 500,000 UNITS, TABLET, ORAL, 100 | \$0.4717 R | Nilstat |

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 the PAAD, ADDP or CFD programs, please contact the Chief, Pharmaceutical Services, Office of Support Services for the Aged, Department of Health and Senior Services, at (609) 631-4887.

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