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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 June 13, 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**

HALOPERIDOL  
0.5 MG, TABLET, ORAL, 100  
1MG, TABLET, ORAL, 100  
2 MG, TABLET, ORAL, 100  
5 MG, TABLET, ORAL, 100

Haldol

PREDNISOLONE SODIUM PHOSPHATE  
EQ 0.9% PHOSPHATE, SOLUTION/DROPS,  
OPHTHALMIC, 5 ML

Inflamase  
Mild & Forte

THEOPHYLLINE  
450 MG, TABLET, EXTENDED RELEASE,  
ORAL, 100

Theodur  
Elixophyllin

Reimbursement by the New Jersey Division of Medical Assistance and Health Services (Medicaid) Programs, NJ FamilyCare program, Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, Senior Gold Prescription Discount (SGPD) program and Cystic Fibrosis Drug (CFD) program for pharmaceutical claims for the above drug 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.

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

<b>GENERIC NAME</b>	<b>NEW MAC PRICE</b>	<b>BRAND NAME</b>
ACETAMINOPHEN; CODEINE PHOSPHATE 300 MG; 15 MG, TABLET, ORAL, 100	<b>\$0.1124 B</b>	Tylenol with Codeine
300 MG; 30 MG, TABLET, ORAL, 100	<b>\$0.2137 B</b>	
300 MG; 60 MG, TABLET, ORAL, 100	<b>\$0.2812 B</b>	
ACETAMINOPHEN; HYDROCODONE BITARTRATE 500 MG; 7.5 MG, TABLET, ORAL, 100	<b>\$0.2340 R</b>	Vicodin Zydone Vicodin-ES
AMITRIPTYLINE HYDROCHLORIDE 50 MG, TABLET, ORAL, 100	<b>\$0.0666 B</b>	Elavil
DIFLUNISAL 500 MG, TABLET, ORAL, 60	<b>\$0.5135 B</b>	Dolobid
DIPYRIDAMOLE 75 MG, TABLET, ORAL, 100	<b>\$0.1359 B</b>	Persantine
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	<b>\$2.2185 B</b>	Neosporin Opht. Sol.
METOCLOPRAMIDE 10 MG, TABLET, ORAL, 100	<b>\$0.1095 B</b>	Reglan
PRAZOSIN HYDROCHLORIDE EQ 1MG BASE, CAPSULE, ORAL, 100	<b>\$0.1335 B</b>	Minipress
EQ 2 MG BASE, CAPSULE, ORAL, 100	<b>\$0.2692 B</b>	
EQ 5 MG BASE, CAPSULE, ORAL, 100	<b>\$0.4328 B</b>	

THEOPHYLLINE		Theodur
200 MG, TABLET, EXTENDED RELEASE, ORAL, 100	<b>\$0.1284 B</b>	Elixophyllin
300 MG, TABLET, EXTENDED RELEASE, ORAL, 100	<b>\$0.1313 B</b>	
VERAPAMIL HYDROCHLORIDE		Calan
240 MG, CAPSULE, EXTENDED RELEASE, ORAL, 100	<b>\$0.3593 B</b>	Isoptin

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 Provider Services at 1-800-776-6334.

If you have any questions regarding PAAD, ADDP, SGPD or CFD, please contact the Chief, Pharmaceutical Services, Office of Support Services for the Aged, Department of Health and Senior Services (DHSS), at (609) 588-7032.

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